

Key External Influences on Smoking Initiation by Indian Youth

Sheenal Prakash

**A thesis submission to Auckland University of Technology in partial
fulfilment of the requirement for the degree of Master of Business**

2017

Faculty of Business, Economics and Law

Table of Contents

List of Figures	5
List of Tables.....	6
Attestation of Authorship	7
Acknowledgements	8
Ethical Approval	9
1.0 Introduction	12
1.0 a) Objective	12
b) Contribution.....	12
1.1 Background to the research	12
1.1 a) Cigarettes.....	12
1.1 b) Youth initiation age and prevalence.....	13
1.1 c) Distribution of Population	14
1.1 d) Smoking Prevalence in Developing Countries	15
1.1e) India’s Smoking Prevalence	16
1.2 Justification	17
1.3 Research Problem	17
1.4 Methodology.....	17
1.5 Definition of Smoker.....	18
1.6 Outline of Thesis.....	18
2.0 Introduction	19
2.1 Influences on Consumer Behaviour.....	19
2.2 Reference Groups	20
2.2 a) Parents	20
2.2 b) Peers.....	22
2.3 Marketing Activities.....	25
2.3 a) Advertising Ban	25
2.3 b) Other Promotional Activities.....	27
2.4 Culture and Values.....	30
2.5 Conclusion.....	33
3.0 Introduction	34
3.1 Research Question	34

3.2 Qualitative Research	35
3.3 Narrative Inquiry	37
3.4 Good Interview Technique.....	39
3.4 a) Interviewing.....	39
3.4 b) Interview Types	40
3.4 c) Rapport	40
3.4 d) Individual Interviews	41
3.4 e) Probing	42
3.5 Sample.....	43
3.5 a) Interviews	44
i) Indian Ethnicity	44
ii) Comparison Group	44
3.6 Interview Guide	45
3.7 Analysis.....	46
4.0 Introduction	47
4.1 Prior to Smoking.....	47
4.1 a) Family	47
4.1 c) Media Exposure	52
4.2 First Experience Verses Initiation.....	55
4.3 Lack of Barriers	59
4.4 Smoking and Socialisation.....	62
4.5 Quitting	64
4.6 Conclusion.....	67
5.0 Introduction	68
5.1 Summary of Findings	68
5.1 a) Family and Culture.....	68
5.1 b) Media Exposure.....	70
5.2 First Experience Verses Initiation.....	70
5.3 Lack of Barriers	72
5.4 Smoking and Socialisation.....	73
5.5 Quitting	75
5.6 Theoretical Contribution-Conceptual Model.....	78
5.7 Conclusion.....	82
6.0 Introduction	83

6.1 Managerial Implications.....	83
6.3 Limitations	84
6.4 Future Research	85
6.5 Conclusion.....	85
Appendix A Ethics Approval.....	94
Appendix B Tools	96
a) Participant Information Sheet.....	97
b) Consent Form.....	100
c) Interview Guide	101
d) Recruitment Poster.....	103
e) Sample Transcript.....	104
f) Sample Coding.....	121
g) Transcriber Confidentiality Agreement.....	124

List of Figures

Figure 1 Most Common Birthplace of overseas born, 2001-2013 15
Figure 2 Conceptual Model of Smoking Initiation amongst Indian Youth..... 77

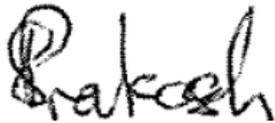
List of Tables

Table 1 Family Smoking Status	48
Table 2 Cultural Boundaries	49
Table 3 Media Exposure	52
Table 4 First Experience vs Initiation.....	56
Table 5 Lack of Barriers	60
Table 6 Smoking and Socialisation	62
Table 7 Quitting.....	64

Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except when specifically defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

Signature

A handwritten signature in black ink that reads "Prakash". The letters are cursive and connected, with a prominent loop at the start of the 'P'.

Date: 15/03/2018

Acknowledgements

First I would like to thank my parents Rohit Prakash and Sharon Prakash. Thank you for all your love and patience especially these last few years. I would also like to thank my sister Sweta Prakash for her support.

I would also like to thank my supervisors Dr Ken Hyde and Dr Kate Jones. Thank you for your support, encouragement, correction and direction throughout this whole journey. I very much appreciate you both being a part of such an important milestone in my life and all that you both have done for me throughout these two years.

Thanks to my friend Vrinda Soma for all your help spreading the word and for being my go to person for technical support during the interview process. You are awesome.

Also thanks to my professional transcriber Monique Susilla for transcribing my interviews. Much appreciated.

Thank you Siew-Yan Wung for helping with the transcribing invoices and gift vouchers.

Thank you to our HOD, Roger Marshal for encouraging me to do a thesis.

Last, but definitely not the least, big thanks to all the pastors, leaders and friends at ICLC for all you love, support and prayers.

I could not have done this without you all, Thank you!

Ethical Approval

Auckland University of Technology Ethics Committee granted ethics for this research on 21 February 2017. AUTEK Application number 17/6

Abstract

Rates of smoking behaviour have declined in recent decades in many western countries, as the severe negative consequences of smoking to health become known to the public. However, youth show the lowest rates of decline in smoking behaviour. The aim of this study was to identify the key external influences on smoking initiation by youth, to be able to identify what motivates youth to initiate smoking, even if they are aware of the health problems smoking causes. Previous research shows that smoking is not typically a self-motivated behaviour (Capella, Taylor, & Webster, 2008). External influences on the imitation of smoking likely include peers, family, social class and culture (Neal, Quester, & Hawkins, 2006).

This study examines one cultural group, Indian and Indo Fijian youth in New Zealand. New Zealand is a multicultural country and migration from India and Fiji, where smoking consumption is high, has been increasing (Ministry of Social Development, 2017). A qualitative study was undertaken to address the research aim. Five young New Zealanders of Indian ethnicity, who are current or ex-smokers, were interviewed at length regarding their life experiences that lead them to become smokers, and often, to cease from smoking. In addition, two young New Zealanders of alternative ethnicities were also interviewed, as a comparison group. In each case, the narrative inquiry was employed.

Five themes emerged from the experiences of the young people interviewed; first, there was exposure to smoking early in life in the form of people smoking around them, and media exposure. Second, the first experience with cigarettes smoking wasn't the same as the initiation of smoking behaviour; the first smoking experience was prompted by peer pressure and curiosity. Third, in India and Fiji, barriers to smoking behaviour are lacking and there are ways to avoid specific barriers in place in New Zealand. Fourth, smoking is used as a socialisation tool, with the purpose of meeting like-minded people, bonding and developing friendships. The last theme was of quitting the smoking behaviour as the young people spoke of their attempts and processes of quitting.

A conceptual model is formed through these findings showing the progression of smoking behaviour over the young life-course. The model begins with exposure to smoking in early life; peer pressure and curiosity being the motivation behind the first experience; and the lack

of barriers to smoking. The model portrays the lifestyle adopted with the uptake of smoking behaviour, with enhanced peer influence from smoking initiation to smoking behaviour, becoming a habit and a part of daily lives. The model shows that this behaviour ends with some young people quitting smoking.

Chapter 1: Introduction

1.0 Introduction

This chapter provides an introduction to the thesis starting with a background to the research. Justification is provided for the study and the research problem is identified. The methodology used in this study is briefly explained and an outline of the thesis is given.

1.0 a) Objective

The objective of this thesis is to identify key external influences in the lives of Indian/Indo Fijian youth in New Zealand that may encourage cigarette smoking. The focus is on the Indian ethnicity because, to the author's knowledge, there have been no studies undertaken of this ethnic group specifically on the topic of smoking, when indeed this group demonstrates a high smoking prevalence. This research attempts to bridge that gap in the literature and contribute understanding of the Indian/Indo Fijian ethnic group in terms of key external influences on the adoption of smoking.

b) Contribution

Section 2.4 details the need for culturally-based approaches to smoking interventions among youth. This study focuses on Indian/Indo Fijian youth in New Zealand, so as to contribute to the body of knowledge on smoking initiation in the Indian community. The results of the study may assist policymakers, campaigners and other identified parties in designing appropriate smoking intervention programmes aimed at this ethnic group.

1.1 Background to the research

1.1 a) Cigarettes

Cigarettes have been around for more than a century; starting from the mid-1800's cigarettes are now a big part of many people's daily lives (Capella et al., 2008). The 1964 landmark USA Surgeon General Report was the first informing us that cigarettes are injurious to health causing cancer and recommending correctional treatment (Alberg, Shopland, & Cummings, 2014). Over the last fifty years, we have

learned of many other health issues caused by cigarette smoking (Lakier, 1992). Cigarettes have been proven to be addictive, so once a person starts smoking cigarettes it becomes hard to quit (Chaloupka, 1991). So now the question arises if we have known for over fifty years that cigarette smoking is harmful to us, and once we start it's hard to quit, why start in the first place? What influences us to start smoking even though we have been taught by anti-smoking campaigns not to do so (US Surgeon General, 1990).

1.1 b) Youth initiation age and prevalence

Adolescence is a critical period for smoking initiation (Azagba, Baskerville, & Minaker, 2015). Young people are often influenced by internal and external factors that can lead to addictive behaviours (Vasilopoulos, Gourgoulianis, Hatzoglou, & Roupa, 2015). This is the time when young people go through identity development, therefore, they negotiate, evaluate new and old views and experiment with behaviours they associate with being interesting or cool or popular (Tickle, Hull, Sargent, Dalton, & Heatherton, 2006). The cigarette smoking habits initiated in adolescence often persist into adulthood (Lakon, Hipp, Wang, Butts, & Jose, 2015).

Young adults have the highest smoking rates of all although smoking initiation often occurs before the age of 18 (Bernat, Klein, & Forster, 2012). Smoking initiation usually occurs in the early teens when young people enter high school, 14-16-year-olds (Maralani, 2013). A longitudinal study by Edwards et al. (2013) found that smoking initiation largely occurs during 15-17 years of age (Edwards, Carter, Peace, & Blakely, 2013). Research shows that early initiation means a longer period of smoking, therefore, stronger addiction to nicotine and greater difficulty quitting smoking (Krainuwat, 2005). This was shown in a survey study conducted by Breslau and Peterson (1996) where the respondents who had started smoking at an earlier age were daily smokers and those who had started smoking at a later age had almost twice as much chance of quitting smoking than the early starters. A secondary analysis of the youth risk behaviour survey by Reidpath, Davey, Kadirvelu, Soyiri, and Allotey (2014) yielded similar results that the odds of being a daily smoker strongly related to the age of initiation and increased as the age of initiation decreased.

According to the New Zealand Health Survey conducted by the Ministry of Health New Zealand smoking prevalence in the 5-19-year-olds age group fell from 20% in 2006/07 to 13% in 2012/13 (Ministry of Health, 2015). This was the highest rate of decrease among all the age groups and the lowest rate of decrease was seen in the 20-24-year-olds age group from 27% in 2006/07 to 25% in 2012/13 (Ministry of Health, 2015). Research shows that later smoking initiation leads to fewer health diseases and a higher chance of quitting (Thompson, Tebes, & McKee, 2015) yet smoking prevalence this high is still cause for concern. As children enter into high school and become young adults they have more financial resources, less parental monitoring, and more autonomy, as well as increased peer influence which together can lead to smoking initiation (Reidpath, Davey, Kadirvelu, Soyiri, & Allotey, 2014).

1.1 c) Distribution of Population

A quarter of the New Zealand population today was born overseas so not all of these people smoking are New Zealand born nor have they all grown up on the same anti-smoking campaigns, values and motives (Ministry of Social Development, 2017). The top three countries of origin for people born overseas in 2013 were England (21.5%), the People's Republic of China (8.9%), and India (6.7%) (Ministry of Social Development, 2017). The number of people migrating to New Zealand from England has been decreasing while the travellers from India, China and Fiji are increasing (Statistics NZ, 2011). The population born in England is a decreasing portion of the overall population while China and India are growing, India especially is not showing signs of slowing down (Ministry of Social Development, 2017). Hindi has become the fourth most used language in New Zealand now (Ministry of Social Development, 2017) and this can be attributed to the growing migrants from India and from Fiji as Fiji has a large number of citizens with Indian lineage (Statistics NZ, 2011).

This increases cultural openness in our country with increased diversity and freedom to operate and practice our different cultures but there is one cause for concern as these countries have high smoking prevalence according to the World Health Organisation (World Health Organisation, 2017). India has 20.4% smoking prevalence according to WHO's current statistics this is higher than New Zealand's 17.2% (World Health Organisation, 2017).

Figure 1 Most Common Birthplace of overseas born, 2001-2013

Birthplace	2001 Census		2006 Census		2013 Census	
	Number	Percent	Number	Percent	Number	Percent
England	178,203	25.5	202,401	23.0	215,589	21.5
People's Republic of China	38,949	5.6	78,117	8.9	89,121	8.9
India	20,892	3.0	43,341	4.9	67,176	6.7
Australia	56,259	8.1	62,742	7.1	62,712	6.3
South Africa	26,061	3.7	41,676	4.7	54,276	5.4
Fiji	25,722	3.7	37,746	4.3	52,755	5.3
Samoa	47,118	6.7	50,649	5.8	50,661	5.1
Philippines	10,134	1.5	15,285	1.7	37,299	3.7
Korea	17,931	2.6	28,809	3.3	26,601	2.7
Scotland	28,680	4.1	29,016	3.3	25,953	2.6

Source: Statistics New Zealand

1.1 d) Smoking Prevalence in Developing Countries

World Health Organisation statistics show developing countries tend to have a higher smoking prevalence than developed countries especially among men (World Health Organisation, 2017). In many developing countries there is a lack of barriers to smoking for example: cigarettes are readily available and available without ID checks like in the developed countries; lack of advertising bans, smoking bans in public areas (Doku, Koivusilta, Raisamo, & Rimpela, 2012). There is also a lack of policies around price taxes in many developing countries as in developed countries (Goel & Nelson 2004). That being said, these anti-smoking interventions have been successful in developed countries but are not always applicable or affordable in developing countries (Abdullah & Husten, 2004). These lack of barriers attest to people initiating smoking early and continuing to be life-long smokers and many more people initiate smoking because there is a lack of knowledge on the serious harmfulness of smoking or little attention is paid to the information that is readily available (Doku et al., 2012). Developing countries have a lower quitting rate; India's quitting rate is a low 5% (Gupta, Purohit, Bhati, & Kundu, 2013).

1.1e) India's Smoking Prevalence

According to the Global Adult Tobacco Survey (GATS) conducted in India for the period 2009-2010, 34.7% of Indians used tobacco in some way (World Health Organisation, 2010). There are many forms of tobacco consumption in India such as cigarettes, chewing tobacco and other locally made methods that source tobacco and create consumption methods out of them (A. Singh & Ladusingh, 2014). According to different surveys conducted over the years tobacco consumption is higher among males, higher among those less educated, higher in rural areas and smokeless tobacco is more consumed than smoking tobacco (Mishra, Pimple, & Shastri, 2012). Majority of the tobacco consumption in India is smokeless tobacco; yet when India's smoking prevalence is compared with other countries, it is still quite high (A. Singh & Ladusingh, 2014).

The nearly 35% of Indians consuming tobacco recorded in the GATS report amounts to 111.2 million Adults consuming tobacco 99.9 million of which were male and 11.3 million were female (World Health Organisation, 2010). The latest statistics on World Health Organisation exhibit 20.4% male and 1.9% female smoking prevalence in India whereas the same report shows 17.2% male and 15.4% female tobacco consumers in New Zealand (*Monitoring health for the SDG's Sustainable Development Goals*, 2017). Fiji is another place where people of Indian heritage migrate from and the Fijian migrant population in New Zealand is growing as well (Statistics NZ, 2011). According to the MOH statistics 38% of males and 12.4% of females smoke in Fiji which is a high prevalence (World Health Organisation, 2017). A study by Singh and Matsuba (1999) around an ethnic difference in smoking prevalence found with native Fijians having a higher smoking prevalence than Indo-Fijians. That same study found a higher smoking prevalence among rural natives and a lower prevalence among the urban natives but the opposite with Indo-Fijians where the urban Indo-Fijians had a higher smoking prevalence than the rural Indo-Fijians and the urban Indo-Fijian smoking prevalence was higher than that of the urban native Fijians smoking prevalence (B. Singh & Matsuba, 1999).

1.2 Justification

The greatest decrease in smoking prevalence in New Zealand was shown among the 15-19 year olds much of which was attributed to youth not initiating smoking (Ministry of Health, 2015). If we can identify what influences youth to initiate smoking we can put interventions in place to effectively demotivate them from initialising smoking behaviour. However not all the youth are born in New Zealand, nor brought up on the same interventions New Zealand has used over the years, and this study addresses this gap by looking at youth smokers from one of the most prominently growing cultural backgrounds the Indian community. This study focuses on the external influences on smoking initiation to identify what leads to smoking, especially at such a high rate and what happens to smoking behaviour with the change of moving to a country with a high intolerance to smoking.

1.3 Research Problem

The problem with smoking is that it is still happening even though it may be on a decrease (Ministry of Health, 2015). There are thousands of people suffering from chronic diseases caused by cigarette smoking there are so many who are dying from it every year (World Health Organisation, 2017). These are serious consequences of consumption of a product; yet in our society people are still taking it up (Alberg et al., 2014). Youth is the period where smoking initiation (Ministry of Health, 2008), happens but youth are not commonly self-motivated to initiate smoking (Capella et al., 2008). Therefore this study will look at the external influences on smoking which are reference groups and households, demographics, income and social class, marketing activities and culture and values, to identify influences on the youth to start smoking.

1.4 Methodology

The methodology employed in this study is the qualitative method of a narrative inquiry (Creswell, 2013). This is when the respondent tells his/her story and the researcher collates the stories to find commonality among them (Hollway & Jefferson, 2000). Snowball sampling was used as the sampling method for this study and the respondents were filtered by age, smoking status and ethnicity to meet the requirements of the research aim. Thematic analysis has been used to analyse the data collected assisting by NVivo software (Braun & Clarke, 2006b).

1.5 Definition of Smoker

To understand smoking behaviour, it is important to define who a “smoker” is. Alberg et al. (2014) in their study defined a current smoker as someone who has smoked in the past 30 days and has smoked at least 100 cigarettes in their lifetime and mentioned that a few puffs or even a few cigarettes does not make a person a smoker. The Ministry of Health New Zealand also defines current smokers thus, therefore for this study, we will be using this definition of a current smoker (Ministry of Health, 2008). The Ministry of Health defines an ex-smoker as a person who hasn't smoked in the past 12 months but has smoked more than 100 cigarettes in their lifetime (Ministry of Health, 2008). This definition is acceptable for this study (Reidpath et al., 2014).

1.6 Outline of Thesis

This first chapter provided an introduction to the thesis with a background to the research, justification for the study, research problem and a brief on the methodology used for the research. Chapter two is a detailed literature review on external influences on smoking behaviour. Chapter Three is a detailed discussion on the methodology employed for the research and Chapter Four is the findings of the primary data collected. The thesis then concludes with Chapter Five which is a discussion of the findings, limitations of the study, implication for policy and further research, and Chapter Six which is final conclusions.

Chapter 2: Literature Review

2.0 Introduction

Smoking was announced by the Surgeon General's Office in 1964 to be injurious to health (Alberg et al., 2014) and remains a leading cause of preventable death (Kravitz-Wirtz, 2016). Cigarette consumption has been a prominent part of our culture for decades and we are still trying to undo the damage that it has brought to our society (Capella et al., 2008). Nicotine is a highly addictive substance and once dependence is developed it becomes very hard to quit (Guo, McGee, Reeder, & Gary, 2010). Kestila et al. (2006) mentioned that smoking initiation occurs during teenage years and is deepened in young adulthood. Even though there is information presented to us that smoking causes health problems and it is addictive people still engage in smoking behaviour (Alberg et al., 2014) and the purpose of this study is to uncover what influences youth to initiate smoking behaviour.

2.1 Influences on Consumer Behaviour

According to Neal et al (2006), there are internal and external influences on consumer behaviour; internal influences are needs, motives, emotions, perceptions, personality and lifestyle and external influences are cultures, values, sociodemographic factors, reference groups and marketing activities. Young people are not commonly self-motivated to initiate smoking; they are almost always influenced by external factors (Capella et al., 2008; Chen & Jacques-Tiura, 2014). Factors in the surrounding environment such as availability of cigarettes, peer influence and social norms can be contributions to smoking uptake by young people (Miller, Sharma, Brown, & Shahabazi, 2015). It is easier to identify the impact external influences have on smoking rather than internal influences as internal influences differ from person to person (Stanton, Lowe, & Silva, 1995). What follows next is a review of the main factors associated with smoking initiation among youth. The role that reference groups play in initiating smoking is considered first.

2.2 Reference Groups

Information gathering is an important part of the decision-making process and many times we rely on other people's understandings and evaluations as a source of information (Bearden & Etzel, 1982). The groups of people that we look to for information are called reference groups (Strong & Eftychia, 2006). A reference group is formed from the decision maker's own population; people around them (Knudsen, 2008). Reference groups opinions are more valued and have more impact for publicly consumed goods (Amaldoss & Jain, 2008,).

Although smoking initiation usually occurs in adolescence (Bernat et al., 2012) it is important to note it is the period prior to adolescence when susceptibility to smoking may develop (Schuck, Otten, Kleinjan, Bricker, & Engels, 2015). According to Bearden & Etzel, (1982) we seek information when faced with uncertainty and the period before adolescence is where we are constantly seeking information about smoking, learning new values and adopting them. Smoking-specific knowledge, attitudes and skills are transferred to children, (Waa et al., 2011) through communication or observation of opinions, decisions and behaviours of the people around us (Bearden & Etzel, 1982). Children observe their elders (e.g. parents, older siblings, grandparents and teachers) and adopt their values and behaviours; these are the children's reference groups (Knudsen, 2008). However for smoking initiation behaviour, two reference groups have been found to have the most prominent impact; peers and parents (Hu, Flay, Hedeker, Siddiqui, & Day, 1995).

2.2 a) Parents

Adolescents whose parents smoke are at higher risk of being smokers (Tickle et al., 2006). Past research has found that an adolescent with at least one parent who smokes is at higher risk of smoking than adolescents with non-smoker parents (Goldade et al., 2012). According to the results of a longitudinal cohort study conducted by (Schuck et al, 2015) when both parents smoke the risk of an adolescent becoming a smoker increases threefold. Kestila et al. (2006) also found in a similar study that the risk of being a daily smoker was highest among youth with both parents as smokers. A study conducted specifically with Hispanic youth in America showed the youth who had adults (parents, grandparents, caregivers) who smoked were 9% more likely to report having smoked in the past month and 6% smoked if they had siblings who smoked, and even more for peers who smoked (Allem, Soto, Baezconde-Garbanati, Sussman, & Unger, 2015). Children

watch their parents smoking and develop the belief that smoking is an acceptable behaviour because their parents are smokers (Kestila et al., 2006).

Adolescents have increased social impact in their lives at this point as they learn and adopt values around them bringing about behavioural changes (Hu et al., 1995). Parents are important socialising agents in a child's development (Yang, Schaninger, & Laroche, 2013). Studies have shown that involving parents in intervention programs and educating them on preventing smoking in-house makes a contribution to stopping adolescents starting smoking (Hiemstra et al., 2014). Parents can influence their children to keep them from smoking by contributing non-smoking norms in childhood and early adolescence (Mahabee-Gittens et al., 2011). Parents who don't smoke need to invest in creating an atmosphere around their children that implies smoking behaviour is unacceptable (Hiemstra et al., 2014). If adolescents have strong values given by their parents already they will likely experience high switching costs between their existing values and those being presented to them by outsiders (Knudsen, 2008).

Besides not smoking themselves, parents can communicate to their children the harmful effects of smoking, set rules for not smoking at home, limit access to cigarettes and communicate and establish a non-smoking agreement with their children (Hiemstra et al., 2014). Smoking bans in restaurants and bars have resulted in a smoking prevalence decrease among the youth, and enabled the development of negative attitudes towards smoking among youth (Albers, Beiner, Siegel, Cheng, & Riggoti, 2008). Smoking bans in indoor places such as restaurants, bars, clubs and other indoor working places have seen a drop in smoking prevalence (Martinez-Sanchez et al., 2010) and lower self-reported second-hand smoking (Okoli & Kodet, 2015). This ban translates into household smoking bans, which produce similar results as social and physical environment factors that affect individual smoking behaviour (Karasek, Ahern, & Galea, 2012).

Household smoking bans change perceptions and norms about smoking prevalence and the social acceptability of smoking (Albers et al., 2008). This is associated with complete household smoking bans where the family doesn't smoke and visitors are not allowed to smoke inside the house either (Schuck et al., 2015). Parental support, supervision and strict rules about smoking shape norms

over time (Stanton et al., 1995). Parents who are more involved in the lives of their children and keep an eye on the types of friends they keep are more likely to influence their children from initiating smoking behaviour (Mahabee-Gittens et al., 2011).

Neighbourhood characteristics help shape the risk of smoking initiation and prevalence among youth (Karasek et al., 2012). Research shows that deprived neighbourhoods have higher smoking prevalence (Kravitz-Wirtz, 2016). Smoking has been found to be most common in less educated families residing in neighbourhoods with lower socioeconomic status (Mathur, Erickson, Stigler, Foster, & Finnegan, 2013). On the other hand, a neighbourhood that is close and supportive can discourage youth residing there from smoking initiation (Xue, Zimmerman, & Caidweli, 2007). Neighbourhoods which exhibit anti-smoking norms and expectations around the youth contributes to the youth perception formation on smoking behaviour just like parental influence as neighbourhoods are also a reference group (Karasek et al., 2012). Norms take a long time to formulate and germinate and research suggests youth participation in prosocial behaviour in neighbourhoods, schools and churches, can help young people overcome risk exposures to smoking initiation (Xue et al., 2007).

2.2 b) Peers

Peer influence on smoking initiation among youth exerts more impact than parental influence (Xue et al., 2007). A cross-sectional study on the influences of parental smoking, peer smoking, and sibling smoking behaviours and lack of parental restriction on R-rated films by Tickle et al, (2006) found that peer smoking was by far more influential on adolescent smoking behaviour than parental smoking. Another cross-sectional study by Guo et al., (2010) could not establish parental influence at all on adolescent smoking behaviour but they did find a great influence by peers. A longitudinal study by Hu et al., (1995) found that parental influence in adolescence decreased, however peer influence kept increasing. This emphasises the need for non-smoking norms to be formed pre-adolescence because during adolescence parental influence is overcome by peer influence (Chen & Jacques-Tiura, 2014).

Parental responsiveness is the extent to which parents use nurturance, affection, and involvement in the child rearing process (Yang & Laroche, 2011). Positive parental interaction by parents contributes to self-evaluation and slowly develops a child's self-esteem (Yang et al., 2013). An antecedent to risky behaviour is the role of social norms in self-concept development, and parental involvement is the key to the development of self-concept through social norms (Waa et al., 2011). Low self-esteem and a lack of self-concept leads to increased susceptibility to negative peer influence (Yang, Schaninger, & Laroche, 2011). Youth with higher self-esteem have been known to be able to resist peer influence (Yang & Laroche, 2011) and exhibit positive social behaviour (Veselska et al., 2008). However lack of parental responsiveness leaves an empty space in the area of a child's social norms (Hiemstra, Otten, de Leeuw, van Schayck, & Engels, 2011) which can be filled with peers when they enter into adolescence at a time when parental influence decreases (Hong, Rice, & Johnson, 2012).

During adolescence, peers become prime sources of information with an enduring effect on a young individual's identity formation and personality development (Paek & Gunther, 2007). Therefore peer influence plays a very critical role in adolescent smoking behaviour (Lakon, Hipp, & Timberlake, 2010) as it has a high impact on youth decision making (Krauth, 2005). Adolescents who report having more friends who smoke tend to initiate smoking themselves as well (Ennett & Bauman, 1994). A survey conducted by McVicar & Polanski (2014) found that adolescents who reported at least a few of their peers smoked were 51% more likely to initiate smoking as opposed to those who reported not knowing peers who smoked. A longitudinal study by Dusenbury et al., (1992) had similar findings, where the adolescents who reported at least a few peers whom they knew smoked, were 55% more likely to initiate smoking than those who reported none of the peers they knew were smokers.

Attitudes towards a behaviour and towards subjective norms contribute to intentions that in turn can result in behaviour (Tickle et al., 2006). The information that youth gather through observation and information passed to them affects their intentions, decisions and their behaviour, which is why in the absence of information from parents, youth inherit views from peers and apply them (Dusenbury et al., 1992). Therefore the most prominent risk factor for adolescent

smoking initiation is having friend(s) who smoke (Stanton et al., 1995).

Friendship ties that youth make are influenced by their views; they will always choose friends with (Harris & Gonzalez Lopez-Valcarcel, 2008) whom they have things in common or aspire to (Lakon et al., 2015).

Association with peers who smoke has shown to be a factor in youth smoking initiation (Harris & Gonzalez Lopez-Valcarcel, 2008); however, it is important to note that peers are defined as close or distant peers (Paek, 2009). Close peers are those that are chosen by the adolescents to be friends (McVicar & Polanski, 2014) and these are often youth with whom they share similarities (Schaefer, Haas, & Bishop, 2012). A longitudinal cohort study (Goldade et al., 2012) found that having at least one friend who smokes was predictive of smoking initiation and if the youth's best friend smoked then it increased the chances of his/her smoking initiation as well (Scragg & Laugesen, 2007). Another longitudinal study (Bernat et al., 2012) had similar findings where having friends who smoked was predictive of smoking initiation. Krauth, (2007) also found in his study a positive relationship between friends who smoked and smoking initiation. It was also mentioned by Vasilopoulos et al., (2015) that youth prefer to smoke with friends; i.e. smoking is predominantly a socialisation tool (Krauth, 2006).

Distant peers are peers such as classmates, with whom youth regularly associate but have no established friendships with (Aloise-Young, Graham, & Hansen, 1994). There are cliques of distant peers that an adolescent can aspire to be a part of and that may affect their smoking behaviour (Goldade et al., 2012). Youth do not just initiate smoking because of close youth but they sometimes initiate smoking with the perception that aspired cliques smoke (Paek & Gunther, 2007). Adolescents perceive that once they start smoking they will be accepted by smoking peers (Slater & Hayes, 2010); there are smoking stereotypes and social norms such as smoking is sexy that affect this aspiration (Ecsamilla, Cardock, & Kawachi, 2000). With the desire to be accepted by these peers, youth try to conform to the perceived social norms of these cliques (Huang, Soto, Fujimoto, & Valente, 2014). It is possible that youth overestimate the smoking prevalence among their distant peers and desired cliques (Gaviria & Raphael, 2001). The presence of cliques and their behaviours can be amplified by advertising, and this factor is considered next.

2.3 Marketing Activities

There had been a variety of promotional activities utilised by the cigarette industry marketers to promote cigarette consumption in the past (Bindah & Othman, 2012). Companies used the direct mail to send consumers coupons to try and persuade them to their brand of cigarette (Choi & Forster, 2014). Advertising on TV and radio were banned pretty early on but other types of advertising were still available to the cigarette industry to promote their brands (Schooler, Feigher, & Flora, 1996). Print media such as magazines were quite often used by the cigarette industry to portray the attractiveness and socialisation concept of smoking behaviour (Jiang, Cortese, Lewis, & Ling, 2016). Frequent exhibition of positively portrayed drinking and smoking behaviour can over time create the impression that smoking is an acceptable behaviour (Jiang et al., 2016). Therefore many rules, regulations and laws have been passed globally and adopted in New Zealand to prohibit tobacco promotions starting from advertising bans to bans of all types of advertising, promotions and sponsorship (Burton, Hoek, Nesbit, & Khan, 2015).

2.3 a) Advertising Ban

The purpose of advertising is to develop primary demand for a product category (Capella et al., 2008). A well defined and executed ban on secondary demand for a specific brand or category can affect individual smoking by limiting an individual's exposure to advertising (Capella et al., 2008). A ban was placed on T.V. and radio advertising in 1971 in the USA with the intent that it would decrease smoking prevalence (Gallet, 1999). The aim of the ban was to decrease the smoking prevalence and promote public health (Qi, 2013).

Studies evaluating the effects of the advertising ban on demand for cigarettes (Lamdin, 1999), have found that the advertising ban placed by the USA government in 1971 did not have an impact upon society as intended (Teel, Teel, & Bearden, 1979). There was not a decrease in smoking prevalence due to the ban (Lancaster & Lancaster, 2003). The results of a meta-analysis concluded that the 1971 cigarette ban had no lasting impact on cigarette consumption (Capella et al., 2008). Hamilton, (1972) found that smoking prevalence did not decrease significantly after the advertising ban. The demand for cigarettes had initially dropped slightly but soon rose again exceeding the demand pre-ban (Qi, 2013).

A likely reason for this could be that the cigarettes industry has reached maturity in the product life cycle and advertising no longer adds to the product category (Capella et al., 2008). Early in the introductory phase, the focus of advertising is to create demand for the product category and the cigarette industry is no longer in the introductory stage, therefore, advertising does not create new demand for the industry (Capella et al., 2008). At the maturity stage, advertising is competing with others for an existing consumer base and the marginal increments in it (Calfee & Ringold, 1990). This is brand-level advertising where the industry is no longer booming and the brands existing in the industry are competing with each other for the consumers' attention (Lancaster & Lancaster, 2003). Advertising had little impact in winning more consumers in the maturity stage, therefore, placing a ban on it had little impact as well (Czart, Pacula, Chaloupka, & Wechsler, 2001).

The impact the ban has had on the cigarette industry is therefore non-significant because the ban did not affect demand, so it did not make a significant impact on the revenues of the cigarette companies (Lamdin, 1999). The impact that the ban really had in the cigarette industry was that it decreased advertising costs (Teel et al., 1979). It also put up an entry barrier to the industry which was beneficial to the cigarette manufacturing companies (Qi, 2013). The ban limits any company entering the market for promoting the brand and since this brand is in the introductory stage without all the advertising privileges that the older companies had before the ban, it becomes harder to compete against the established firms (Mitchell & Mulherin, 1988). This ban was established in New Zealand in 1986 (Thomson & Wilson, 1997).

The most significant change in the cigarette industry has been the boost in promotional activities (Tan, 2006). Companies simply decreased their advertising expenditure and relocated large sums to promotional activities (Tan, 2006). However, advertising was not diminished fully as there were still other avenues such as print media that companies advertised through (Gallet, 1999). Cigarette companies target the print media that a cigarette consumer is likely to read, and that fits into their lifestyles in order to persuade consumers to buy their brand over others (Holak & Reddy, 1986). The effects on the demand for cigarettes as a result of the reallocation of brand expenditure to promotional activities is discussed next.

2.3 b) Other Promotional Activities

i. Branding

The majority of the new consumers of cigarettes are youth, therefore, the cigarette marketers form promotional activities and strategies to attract them to the industry and to their own brand (Pollay & Lavack, 1993). The cigarette marketers create impressions of trustworthiness and gain the sympathy of youth and positive affirmations with the tobacco industry through avenues like movies and magazines, and this leads to smoking initiation by the youth (Kira et al., 2015). Brand differentiation is a common tool used by marketers to rise above the status quo and become more appealing to the consumers (Pierce, 2007). Branding is highly effective in winning and retaining consumers because it forms strong bonds and brand decisions are mostly made emotionally (Grant, Hassan, Hastings, MacKintosh, & Eadie, 2008).

The marketers in the cigarette industry learnt well what image youth like to associate with and have used that to create brand personalities that attracted youth (Pollay & Lavack, 1993). These brands portray a positive image of smokers to fit the demographic characteristics of the targeted audience (Gibson & Maurer, 2000). As an example Marlboro at a time created the image of a rugged cowboy, which appealed to males and resonated with those with aspirations for characteristics that “cowboy” personified; that personification was a juxtaposition of the cigarette, so positive affirmations with the cowboy which is portrayed as the brand personality leads to smoking initiation (Goldberge, 2003). Males and females have different motivations behind cigarette promotions; men see associations with prestige, bravery and power, whereas women associate smoking behaviour with sex appeal, enhanced body image or to give themselves a sense of comfort and companionship, as smoking is mostly a socialisation tool (Ecsamilla et al., 2000).

Tobacco brands used packaging with distinctive and attractive attributes like the colours and the logo that was like any other product and it was a way of brand differentiating from one another (Hastings, Gallopel-Morvan, & Rey, 2008). Brand aspirations for cigarettes brands were a big part of the cigarette industries marketing strategy and packagings were very useful for this (Carrow & Dessaix,

2011). Cigarette packets are unlike other common forms of packaging, they are retained until the cigarettes are finished reinforcing cigarette use and are highly visible to others as well (Hoek, Wong, Gendall, Louviere, & Cong, 2011).

Packaging was good for industry competition but not good for the consumers and the Australian government proposed plain packaging for cigarettes which was supported by the New Zealand public in a survey by (Hoek, Gendall, Maubach, & Edwards, 2012). This regulation was adopted by the New Zealand government in 2012 as well as point-of-sale displays being banned (Ministry of Health, 2014).

Nonnemaker et al. (2016) conducted an experimental study using tobacco packaging with different groups exposed to different types of packaging; plain packaging and the branded packaging. The results were that the people exposed to the plain packaging were less likely to purchase the cigarettes because these packagings had no attractiveness to them and there were increased pictorial warnings on the plain packaging as it had more space for it with there being no branding on it (Nonnemaker et al., 2016). Similar results were found in a study by (Hoek et al., 2011) where the participants were exposed to different types of cigarette packaging and the branded packagings were the most favoured while the plain packagings were the least favoured. Another study by (Mannocci et al., 2015) found that plain packaging with textual warnings were more effective with the pictorial warnings on them that communicated the health problems associated with smoking rather than romanticising it with branding attributes. (Stanton et al., 1995)

In-store tobacco displays help promote initiation, impulse buying, experimenting and lapsing in quitters (Hoek, Vaudrey, Gendall, Edwards, & Thomson, 2012). The displays are the same logo and colours on the branded packagings reinforcing the brand personality and brand aspirations enticing experimentation, enhancing brand loyalty and attracting consumers to initiate smoking (Currow & Dessaix, 2011). The study by Nonnemaker et al. (2016) found that less people were prompted to ask for tobacco products if they were not presented with colour advertisements and had enclosed displays of tobacco. In this study there was a significant number of people who went forth to purchase tobacco products because they were introduced to tobacco brands in the form of In-store displays and branded advertising (Nonnemaker et al., 2016).

ii. Product Placement of Cigarettes

Placing tobacco products in movies is a well-known form of marketing promotion which has been done for many years helping develop the image of smoking cigarettes (Pierce, 2007). Past research shows that this usually creates a positive influence towards smoking behaviour (Goldberge, 2003). Smoking in movies has shown to be linked with increased smoking among the youth (Glantz, Kacrik, & McCullough, 2004). The portrayal of tobacco use has become more frequent in movies going from smoking presented every 10-15 min during the 1970's and 1980's to every 3-5 minutes in the 1990's (Goldberge, 2003). Smoking in movies in the 2000's had surpassed the level of smoking portrayal in 1950's, before the surgeon general's report unravelling the harmful effects that smoking has on our health (Glantz et al., 2004) but there is lack of evidence on the more recent years.

Adolescents with favourite movie stars who smoke either on screen or off screen were more susceptible to smoking initiation (Goldberge, 2003). Adolescents who like movie stars who smoked on screen or were exposed to high volumes of movies portraying smoking behaviour were likely to imitate smoking themselves (Pierce, 2007) and these movie stars are usually young and in line with the general aspirations of the youth (Ecsamilla et al., 2000). Such portrayals and information provision about movie stars who smoke has an impact upon youth perception that their peers like smoking (Gunther, Bolt, Borzekowski, Liebhart, & Dillard, 2006). In the study by Gibson and Maurer (2000), youth showed a greater likelihood of befriending someone who smoked after viewing a clip portraying a popular actor.

The peer group in conjunction with promotional activities is a key influencer on socialising behaviour choices and decisions (Prentice & Cotte, 2015). Studies have shown that peers play a role in media choice as well (Slater & Hayes, 2010). Youth who have peer groups who smoke change the preferred media consumption to those that suit the group's preferences more (Slater & Hayes, 2010). These genres fit into the lifestyle of smokers more and as a result that means increased exposure to movies with smoking behaviour endorsed by them (Kollath-Cattano et al., 2016).

2.4 Culture and Values

Culture is a complex concept which involves many things like knowledge, beliefs, art, law, morals, customs and other capabilities and habits acquired by individuals as a member of society (Neal, Quester, & Hawkins 2006). Culture influences consumers' decision making processes and preferences (Khare, 2014). Cultural ideas are passed on and represented in the form of norms and values (Neal, Quester, & Hawkins 2006). Values are widely held standards or beliefs that guide and govern what is acceptable (de Mooij, 2017). Norms are rules that come from cultural values that provide boundaries for behaviour (Neal, Quester, & Hawkins 2006).

There have been a few studies conducted on the impact culture can have on smoking behaviour by studying specific cultural groups of people. One study was done on African American women with strong cultural ideologies they were religious, community focused and around people, churches and family in a culture that prohibited smoking and that shaped their decisions to not smoke (Nasim, Corona, Belgrave, Utsey, & Fallah, 2006). It was not like they could not rebel and smoke but their need to be around family and friends and their cultural values giving them affirmation and support outweighed the need to smoke (Nasim et al., 2006) Another study conducted in South Africa found cultural influence elements on smoking were mainly strong cultural factors of identification, affirmation and belonging that help prevent smoking initiation by the youth (Brook, Morojele, Brook, Zhang, & Whiteman, 2006). This seems similar to the study by Nasim et al. (2006) however there was one contrast that youth exposed to cultural risk factors such as discrimination and experienced an increased chance of victimisation, increased chance of smoking (Brook et al., 2006).

Another study done with Swiss young boys regarding cultural impact on smoking behaviour found that those who have health values, knowledge and information and family resources were found to have value for young Swiss boys to not engage in smoking behaviour, with the highest importance given to "health values" (Gagne, Frohlich, & Abel, 2015); those that held health related values exhibited this as a strong barrier to smoking initiation. These are cultures represented in their home countries but when people move from one cultural environment to another or one country to another they tend to behave according to their cultural norms in the new countries including those of smoking but behaviours can change (Davies & Fitchett, 2004). These changes depend

on the availability or unavailability of preferred products, unfamiliar people, unfamiliar places, influence of others, trying new things in a new place, excitement, or trying to fit in and many more reasons (Davies & Fitchett, 2004). This study was not done specifically on smoking related behaviour but cigarettes are also products with many different brands, many varieties and it as smoking is a very habitual routine and addictive, so the changing cultural and physical environments can have an effect on many ways (Davies & Fitchett, 2004). These differences could include the unavailability of certain types of cigarettes, certain brands of cigarettes, price differences (*Monitoring health for the SDG's Sustainable Development Goals*, 2017). Cigarettes can be much more expensive in some countries with governments placing high taxes on cigarettes to bring their prices up as a discouragement from them and more things that are part of at least New Zealand Law and (Ministry of Health, 2015) and has been reported the same for other developed countries (*Monitoring health for the SDG's Sustainable Development Goals*, 2017).

A cross-country study on twenty-five European countries found that cultural differences such as hierarchy, harmony, autonomy and more have an impact on smoking behaviour of people (Hassan & Shiu, 2015). Different values affect decision making processes which should be kept in mind also for those that cross cultures and move from one cultural environment to another (Hassan & Shiu, 2015). A British study examined the cultural dispensation of smoking behaviour and found Black Caribbean and Bangladeshi men to be the most reported current regular smokers while the white Englishmen reported the highest numbers of ex-smokers (Karlsen, Millward, & Sandford, 2012). In the same study Indian, Pakistani and Bangladeshi women reported to never have regularly smoked whereas half of the white English-women claimed to be ex-smokers who used to smoke regularly (Karlsen et al., 2012). In the same country we see many cultures represented and differences in the smoking behaviour by cultures and gender(Karlsen et al., 2012) . There are different values and norms that affect the smoking decisions of different groups of people which should be studied individually to asses cultural influence on different people (Karlsen et al., 2012) .

A cohort study was conducted on British people who migrate to US and Australia, and tried to assess the transaction of culture when moving countries across generations (Christopoulou & Lillard, 2015). Britain was known to have a high smoking prevalence and the research looked at how this changed, evolved when they moved to a different

country (Christopoulou & Lillard, 2015). The results did not find anything significant other than smoking being transitioned from parent to child; those who had parents who smoked did end up smoking themselves (Christopoulou & Lillard, 2015). This much is expected because we tend to learn our values and norms from the family and elders (Neal, Quester, & Hawkins 2006). The need for such a study proved that smoking can be an inherent part of a culture and it can be passed down to other generations (Christopoulou & Lillard, 2015).

There are many migrants from different countries and one study has been done on culturally rooted smoking interventions on Korean immigrants in America and Korean Americans (born in America) (Kim et al., 2015). The results of this study concluded a need for more culturally adapted quitting interventions for Korean males especially because they start smoking at a very young age, majority start smoking in the mandatory military service that Koreans have to give to their country and that leaves high smoking rates among the men although the smoking rates among the women are not as high (Kim et al., 2015). Another examination into the Korean American society showed a high tolerance for cigarette smoking among the Koreans even the ladies (Abramova, Sami, Oh, & Huh, 2017). Cigarette smoking is permitted indoors by smokers of the house and guests and due to the hierarchical values of the culture the males are the leaders of the society and they are not stopped from smoking in houses and around other people (Abramova et al., 2017); we can see their cultural make-up colours their decisions including those on smoking behaviour.

Similar results were found from a study of Cambodian Americans these are migrants and those born in America which has cigarette smoking deep in the traditions of the culture with cigarettes part of religious ceremonies such as weddings where cigarettes are sometimes given as gifts after the wedding (Friis et al., 2012). The Cambodian Americans have a high cigarette consumption among the males and much less among the females just as the Korean Americans but this study found a relation of cultural values and norms that help form certain perceptions for the young males of the cultural group as the authors suggested that being gifted cigarettes by elders shows that cigarettes smoking is tolerated, is a sign of respect and is even to some extent expected of them (Friis et al., 2012). A study on Sri Lankan migrants to Australia was one of the few qualitative studies where focus groups were conducted to explore the perceptions on smoking of the Sri Lankan youth from a cultural perspective, the prominent result of this study was that

smoking was culturally very unacceptable (Ganeshasundaram & Henley, 2008). They had a high fear of their elders and the community who disapproved of the behaviour and the girls claimed to have never smoked also felt it would harm their reputation so there were high cultural consequences to smoking by the girls (Ganeshasundaram & Henley, 2008). The boys were the same they thought it was unacceptable culturally but some reported to have tried smoking under the influence of Indian movies where the actors would play tricks with cigarettes and these boys stated they did the same tricks and were more popular or cool (Ganeshasundaram & Henley, 2008). The girls in this study were also in favour of the Indian actors smoking and playing tricks with the cigarettes but not in real life (Ganeshasundaram & Henley, 2008) The study found a clear and deep influence of Indian Cinema on the formation of ideas and perception towards cigarette smoking on these Sri Lankan youth as some (mainly boys) reported that they maybe would like to try smoking sometime in the future (Ganeshasundaram & Henley, 2008).

2.5 Conclusion

The body of literature has shown us that youth smoking prevalence has the lowest rate of decrease, and the literature has identified the influences on smoking initiation by the youth in New Zealand. Youth start smoking primarily influenced by reference groups of peers and this could be supported by perceptions formed by other reference groups of parents, neighbourhood and marketing promotions that they encounter. The body of literature is predominantly quantitative in nature so the findings were mainly descriptive of the market rather than portraying the motives behind the behaviour. This leaves a gap for qualitative research to explore the external influences on smoking initiation by the Indian youth in more detail. We also see that different cultures with different norms and values have various impacts on smoking perceptions and behaviour so to identify cultural effects it would be best to look at certain cultures individually rather than assess multicultures for a deeper understanding.

Chapter 3: Methodology

3.0 Introduction

This chapter details the methodology employed in the current study. The chapter begins with a statement of the research question including the supporting questions. It then introduces qualitative research and justifies the core of qualitative research, including the use of guided interviews and narrative inquiry. The chapter describes the sample for the study and the methods of analysis.

3.1 Research Question

The central research question for this study is what are the key external influences on smoking initiation by Indian youth in New Zealand? There are many factors that affect may affect smoking initiation behaviour (Neal, Quester, & Hawkins 2006). The supporting questions (Creswell, 2013) are:

- What are the key external factors of influence on smoking initiation among Indian youth in New Zealand?
- How does each of these factors influence smoking initiation?
- Is there a synergistic effect among any of these external influences i.e. do they overlap or conjointly influence smoking initiation?

3.2 Qualitative Research

Research on the topic of smoking initiation thus far has predominantly adopted the post-positivist research paradigm (Taylor & Bogdan, 1998). Post-positivists observe, measure, predict, and build empirical phenomenon by quantifying information to make sense of it (Tracy, 2013). This approach to social research on smoking behaviour initiation has adopted an ethical perspective on the most part (Neuman, 2006). The majority of studies have been longitudinal studies, longitudinal cohort studies and cross-sectional studies which have provided a good descriptive understanding of the external influences behind smoking initiation (Taylor & Bogdan, 1998). Research has so far identified aspects such as the number of people who smoke, their ages, the age they have taken up smoking and how long they have been smoking. This information has been gathered via questionnaires, experiments and observations which were analysed statistically to provide an understanding of smoking initiation behaviour (Warren & Karner, 2010).

The quantitative studies have identified that youth with parents who smoke were higher in smoking prevalence (Goldade et al., 2012). Youth who socialised with peers who smoked had a higher smoking prevalence than the youth who did not but there is still a lack of clarity on why this happens and how (Xue et al., 2007). Youth with lower socioeconomic background and low parental guidance/supervision on the topic of smoking may be factors influencing youth smoking but research is yet to identify the extent of this influence (Stanton et al., 1995).

Past research has provided a good frame of the concepts of key external influences on smoking initiation by youth (Warren & Karner, 2010). However, qualitative research is used to explore more deeply into the topic which is what the body of literature appears to lack so far (Creswell, 2013). Qualitative research on the topic will help to better understand the fine details behind smoking initiation by youth and what influences them to smoke (Creswell, 2013). Qualitative research aims to understand the meanings people attach to their lives; understanding people from their own frame of reference (Taylor & Bogdan, 1998). The key behind qualitative research is that it looks at social life giving a more detailed depth filled outcome than quantitative research (Warren & Karner, 2010). This study is an attempt to provide a balance in the body of literature on youth smoking initiation when the body of literature is dominated by quantitative studies.

In qualitative research, the researcher is an insider in the situation interacting with the participants in order to generate the research outcome (Rubin & Rubin, 2005). It enables the researcher to empathise with the participants and for them to be more open to and comfortable to share their experiences (Olson 2011). It is acknowledged that the researcher has an opinion that has identified the need for this research (Tracy, 2013), yet they refrain from airing their opinions during the interview (Rubin & Rubin, 2005). They are moderators guiding the collection process along the lines of the objectives of the study with the participants having the stage and sharing their experiences and perceptions (Rubin & Rubin, 2005).

3.3 Narrative Inquiry

The qualitative research method which has been used in this study is the narrative inquiry (Creswell, 2013). It is the process where researchers view stories as fundamental to human experience and study the way people reveal the way they view their identities and experience through their stories (Tracy, 2013). It views experience as lived and told in the stories of these experiences (Creswell, 2013). In the narrative approach, the participant is the storyteller and the researcher is a good listener (Hollway & Jefferson, 2000).

When the interviewees narrate their experiences their thought processes flow better and they are able to give a more detailed account of what happened (Hollway & Jefferson, 2000). It makes them more comfortable because they do not have to think of the answers, we are asking for them to remember and narrate their experience, not their perspective that they may feel the need to justify (Taylor & Bogdan, 1998). Their perspectives will be reflected in the story they tell (Creswell, 2013). Narrating their experience can be more comfortable and natural than expressing their motives behind the experience but their stories of these events reveal the depth they hold and the meaning attached to them (Creswell, 2013). The interviewees give detailed descriptions of each event in the situation as it occurred and their personal reactions to the experience (Taylor & Bogdan, 1998).

Stories are arranged to provide coherence and causal sequence so they show the attributes that are chronologically connected to one another and how they contributed to the final outcome (Hollway & Jefferson, 2000). Stories give a detailed chronology revealing the antecedents to the behaviour going deep into the root of it (Taylor & Bogdan, 1998). Narrative studies can look at the expressed behaviours of one person or an experienced behaviour by several people (Creswell, 2013). This study will look at the second type, addressing the experiences of several people to develop a cohesive understanding of the experience of smoking initiation (Hollway & Jefferson, 2000). The way narratives are composed by different people gives insight into who they are and how this story of the experienced event shaped them (Taylor & Bogdan, 1998). Even if the data being collected does not explicit a chronology, the researcher arranges it that way to find more meaning attached, as spoken by the participants (Creswell, 2013).

There are different ways to undertake the narrative approach (Creswell, 2013). Some researchers look at recorded events in things such as diaries or interrogations in criminal

cases (Hollway & Jefferson, 2000). Others ask the respondents to write their experiences down giving detailed accounts of what happened, how, when and where with the full context of their emotional states and reactions to the situation (Taylor & Bogdan, 1998). In this study it is best to use an oral history by gathering personal reflections and the causes and effects as it is quicker and easier for participants to speak rather than write their stories (Creswell, 2013).

3.4 Good Interview Technique

3.4 a) Interviewing

Conversations are a basic mode of human interaction through which we share information and get to know one another by learning things about one another (Kvale, 1996). An interview is a formal conversation that is used as a research method (Olson 2011). In interviews, conversations which are an informal everyday act, composed to gather information from interviewees (Kvale, 1996). Interviewing is about creating a logically feasible and comfortable interaction which encourages an engaging, responsive, honest and pleasant dialogue (Tracy, 2013).

Interviews are based on conversations but they are not social conversations, for there are boundaries to what interviewees will disclose (Warren & Karner, 2010).

Interviews are modelled after a conversation between two equals, the researcher and participant, directed to understanding the participant's perspective on their life, experiences and situations expressed in their own words (Taylor & Bogdan, 1998).

The interview is centred around the topic of discussion (Creswell, 2013). In order to gather information, it is important to ask the right questions (Creswell, 2013).

There are different types of interviews; structured interviews which are strictly on the questions written by the researcher, unstructured interviews which are totally dependent on the current conversation, semi-structured interviews where the interviewer has several questions prepared but also allows the conversation to flow naturally and guided interviews which provide boundaries for the conversation and openers to allow people to share their stories (Olson 2011). Guided interviews are used in this study as they focus in on the stories told by people. It is important to have a limited number of questions that surround the research question covering the different aspects of it (Warren & Karner, 2010). This way all the research links have the chance of being explored through the conversation (Warren & Karner, 2010). At times, some of the prepared questions may not need to be asked because the answers might be incorporated in the story, told but it is important to have a list so the researcher does not miss out especially when there are several people to interview (Warren & Karner, 2010). It is best to have open-ended questions and wait for the participants to talk about their experiences (Taylor & Bogdan, 1998).

3.4 b) Interview Types

There are different means of conducting interviews for example telephone interviews, face-to-face interviews and focus group interviews (Creswell, 2013). A telephone interview is a professional conversation conducted over the phone that yields responses but there is no non-verbal data gathered through observation of the actions or expressions of the interviewees (Creswell, 2013). One-on-one interviews and focus groups are conducted in person and allow the researcher to examine the emotional atmosphere and thought processes through nonverbal cues such as body language, facial expressions and hand gestures (Warren & Karner, 2010). One-on-one or individual interviews are conducted privately with individual persons, one at a time (Kvale, 1996), whereas focus groups are a group of people being interviewed all at once in a small group (Stewart & Shamdassani, 2015). The type of interview selected for this study was face-to-face individual interviews.

3.4 c) Rapport

In any type of interviewing it is important to build rapport with people which is the removal of barriers and trusting the researcher enough to share truthful information (Taylor & Bogdan, 1998). An absence of rapport could mean gaps in the data collected as the interviewee may not open up to share much about themselves (Warren & Karner, 2010). Sharing something about oneself as the researcher, and about the research objective usually has a positive impact to break the ice with the participants (Rubin & Rubin, 2005). Also when the participants know the Institute you operate for and have the details of your supervisor, it provides security for them that they may be able to talk to someone if they are displeased with your conduct (Kvale, 1996). Showing respect for participants and showing a genuine interest is key to building rapport (Warren & Karner, 2010). It is possible to over-build rapport by sharing too much personal information and it could bring up barriers instead if they have a negative impact, so it is best to keep the conversation friendly but professional and treat one another with mutual respect (Warren & Karner, 2010).

3.4 d) Individual Interviews

Individual or one-on-one interviews allow more time for participants to speak and let their experiences unfold (Creswell, 2013). They allow for a safe and private platform for participants to share their views and experiences with the confidence of confidentiality on the part of the researcher (Olson 2011). The researcher can empathise with the participant and build a conversation where the participant is comfortable to open up to the researcher (Warren & Karner, 2010). Interviews generate more personal data especially in the context of narrative inquiry as the interviewees share stories relating to their own life events and experiences (Hollway & Jefferson, 2000).

There is a risk of inadequate data being gathered if a participant is shy and needs constant guidance on sharing their experiences on a topic (Creswell, 2013). A friendly approach is best with people for them to relax with the researcher and take the time to build trust with them (Tracy, 2013). It is best to begin with light questions and not go right into the core research question (Warren & Karner, 2010). Since interviews are based on conversation, it is good to model professional interviews after an everyday conversation and start by polite introductions and casual everyday greetings (Rubin & Rubin, 2005).

During the interview, it is best to start with asking general questions to accumulate demographical data that can be used later to describe the participant group, and it can be general enough that the interviewees ease into the mode of sharing about themselves (Tracy, 2013). It is important to ensure the questions are open ended so the participants can answer in many ways (Creswell, 2013). This allows the participant the opportunity to collect their thoughts and organise the way they want to answer the questions to avoid discomfort them (Rubin & Rubin, 2005). An expectation of mutual respect shown towards one another should be expressed (Olson 2011).

3.4 e) Probing

Probing is another term for follow-up questions which are used to get more depth and understanding about an idea, theme, event or issue suggested by interviewees (Rubin & Rubin, 2005). Probing is asking for specific details and specific descriptions of experiences and perspectives arising from the discussion begun from an open-ended question (Taylor & Bogdan, 1998). Probing should be done when the researcher notices that some information may of importance and relevance to the research topic (Kvale, 1996). This may be when the interviewee gives superficial or oversimplified answers, new ideas or mentions relevant stories, or if the interviewer notices information has been omitted; the researcher should right away follow-up with questions specifically targeted to the issue (Rubin & Rubin, 2005).

A great place to be on the lookout for possible probing is when people are telling stories, although it is best to wait until the story is finished and then ask the questions (Rubin & Rubin, 2005). A possible way to recognise when someone is telling a story is that it is told more smoothly, is more structured, usually told as an adventure, changes in speaking tone, has condensed symbols that summarise broad emotions (Rubin & Rubin, 2005). It is also very important for the interviewer to be interactive and responsive during the interview, to keep the conversation flowing and moving so using probes to provide pointers for the interviewees to talk about what they seem to be forgetting (Hollway & Jefferson, 2000). It is good to respond with nods or "mm," but better to repeat specific words as cues for more elaboration by the interviewee as the need for clarification and expansion on the topic is noticed (Kvale, 1996).

Follow-up questions or probes can be prepared in advance or noticed while the interview is progressing (Rubin & Rubin, 2005). Probes during the interview are when a gap is noticed and the respondent is urged to talk more about specific issues, or experiences or incidents (Taylor & Bogdan, 1998). However, probes can be set in advance with anticipation of what may be missed in the interviewee's answering of questions if they choose to answer too simply. Probes are also prepared with possible topics that need more depth for the study (Rubin & Rubin, 2005). Probes should not be leading, or the data could lose its authenticity (Kvale, 1996). However it is good to identify common speech patterns and use an interviewee's own language to help them revisit areas that need to be clarified or detailed (Kvale, 1996).

3.5 Sample

The recruitment method implemented in this study was snowball sampling (Tracy, 2013). The respondents were recruited through familiar people such as friends and family members spreading the word about the study (Kvale, 1996). Another method of recruitment was posters displayed at AUT campus inviting people to participate in the research (Hollway & Jefferson, 2000). The respondents recruited were also able to recommend other people to participate in the study (Rubin & Rubin, 2005).

All interested individuals were asked to contact the primary researcher via email and there were many people who were interested who did not meet the brief, the full requirements of the study. Interested individuals were sent an information sheet on the study and the primary researcher answered any questions, concerns and queries they had. Potential participants had a week to make their decision whether or not to participate. All participants signed consent forms prior to the interviews which were taken confidentially, and each participant was given a gift voucher to thank them for their contribution.

The ethnic spread of the sample was skewed because this study is focused on participants of Indian decent including those that identify as Indo-Fijians, in the attempt to keep the study focused culturally. There was also a comparison group with two interviewees from different ethnicities to provide a contrast to help identify the factors specific to the indian culture. There was also an age restriction of 20-24 years old as this study is looking specifically at young people's smoking behaviour. The participants who were recognised as amicable for the research made an appointment with the primary researcher for the interview. All the interviews were undertaken on campus grounds to ensure the security of both the participants and the researcher.

As snowballing was used as the sample recruitment method, there is a limitation in the sample belonging mostly the wider community of the researcher. Interviewees were mostly university students or ex-university students so they had experienced tertiary education and were from that particular socio-economic background. The researcher was not able to recruit a wider range of different people from different socio-economic backgrounds due to budget limitations and limitations on time. However, the researcher has made all efforts not to be biased in the selection of participants, as most participants were not personally known to the researcher prior to data gathering.

3.5 a) Interviewees

i) Indian Ethnicity

Date of Interview	Interviewee	Ethnicity/Origin	Gender	Age (years)	Code for Quotes
13/03/17	One	Indian	Female	24	IF1
23/03/17	Two	Indian	Female	23	IF2
27/03/17	Three	Indo-Fijian	Male	22	I-FM
28/03/17	Four	Indian	Male	24	IM
02/04/17	Five	Indo-Fijian	Female	24	I-FF

ii) Comparison Group

Date of Interview	Interviewee	Ethnicity/Origin	Gender	Age (years)	Code for Quotes
13/03/17	One	Hong Kong	Male	20	HK-M
20/03/17	Two	Japan	Female	21	JF

Aside from the interviewees there were others who expressed an interest in participating in the study but were unsuccessful. These were five boys and five girls so ten in total. The researcher only excluded one person from participating in the study because he did not meet the age criteria. The others expressed interest but decided not to participate, this was their own choice.

3.6 Interview Guide

An interview guide is a list of questions prepared by the researcher on key topics relating to the research question (Rubin & Rubin, 2005). The interview guide for this study is attached to the appendices [appendix B, c)]. The interview guide opens with general questions about the interviewees. This allowed the interviewer to collect descriptive information such as demographic. It also allowed the participants to open up and start talking and warming up to tell their story (Creswell, 2013). Interviewees were asked what their understanding was on smoking, especially in regards to the health risks involved.

The literature review revealed that smoking was influenced by parental smoking and guidance early in life, peers and marketing promotions. The next few questions were related to parental smoking status, peer involvement and influence in their smoking experiences and the marketing promotions that they remembered regarding smoking. They were asked how the smoking habit progressed and if there was anything that would impact them to change their habit. The interviewees were also asked for any other input for anything they thought would be helpful for the research. The interview guide was present but not formal; it was there for the researcher to remember topics that needed to be talked about and bring up if the interviewees did not mention said topics themselves while talking about their smoking experiences.

3.7 Analysis

In this study, we have taken multiple realities of different people in order to assess the issue of smoking initiation by youth (Creswell, 2013). The viewpoint this analysis is based on is a relativist ontology with regards that reality is socially constructed (Olson 2011). In order to understand this issue, the researcher examined these realities present in the narratives to identify the common elements of smoking initiation (Hollway & Jefferson, 2000). The method used to analyse this commonality between the interviewees experiences is thematic analysis (Braun & Clarke, 2006a). Thematic analysis is a method for identifying, analysing and reporting patterns within data (Braun & Clarke, 2006a) .

Thematic analysis has no set method to it (Braun & Clarke, 2006a). It is an iterative inductive approach with coding, finding themes, revisiting/reviewing themes and then producing a report (Braun & Clarke, 2006a). This initial process of coding is called open coding (Neuman, 2006). Coding requires finding the typical markers that speak to your research question and putting a label on them (Rubin & Rubin, 2005). It is not a linear process rather a recursive process where the researcher moves back and forth between phases and looks at the data as a point emerges (Braun & Clarke, 2006a). The software used to assist in coding the data is NVivo 10.

The more content the researcher finds to support the code the better because that leads to the identification of themes(Creswell, 2013). A theme is formed when related codes are grouped together (Warren & Karner, 2010). The researcher starts to analyse the codes and categorises them to give themes because a long set of data in the form of codes does not give the answer to the research question (Braun & Clarke, 2006a). The researcher can find themes suggested in the literature and themes that emerge from the data such as events or markers the interviewees frequently mention (Rubin & Rubin, 2005). It is possible to use mind-maps, or write each theme on a separate piece of paper and play around with them organising them into theme-piles or lists (Braun & Clarke, 2006a). The researcher can come up with a theme map which is a mind map with themes and subthemes organised together to show the findings of the study that answer the research question.

Chapter 4: Findings

4.0 Introduction

This chapter outlines the findings from the individual interviews. The interviews were held in private where the interviewees were able to discreetly talk about their smoking experience. The interviewees were asked to give a verbal narrative of their smoking experiences with some prompts from the researcher during the conversations to extract depth and clarity. The major themes identified are: prior to smoking, first experience verses initiation, lack of barriers, smoking and socialisation, and quitting.

4.1 Prior to Smoking

The research identified a number of factors that occur early in childhood that help form an understanding of what smoking is which include family members who smoke, the cultural boundaries to smoking and media exposure to smoking- both in favour of smoking such as viewing actors smoking in movies and TV as well as exposure to anti-smoking campaigns. Adults, smoking around young children, especially family members project the impression that smoking behaviour is acceptable and normal, while at the same time cultural barriers to smoking are also presented to the young people through their families. The finding shows that families, elders and the Indian culture are not in favour of smoking. Smoking is discouraged by parents and can hold serious consequences.

4.1 a) Family

Family smoking has an impact on smoking initiation. The interviewees had parents, grandparents and/or siblings who smoked. The sad fact is those in the comparison group reported having grandparents who smoked and saw their grandparents suffer illness, and one died of cancer, but it still did not resonate in these individuals not to start smoking themselves. There were reports of siblings who smoked especially older siblings and cousins who smoked in both groups. There were two interviewees in both groups with parents who used to smoke but don't smoke anymore which created the expectation that the children are not supposed to smoke.

Table 1 Family Smoking Status

Code	Explanation
Parental Smoking Status	<p>A couple of the Interviewees had parents who they reported to be ex-smokers. While all others had parents who were non-smokers.</p> <p><u>Quotes</u></p> <p><u>Primary</u> <i>I-FF: dad smoked</i></p> <p><u>Comparison Group</u> <i>H-KM: No my parents aren't smokers anymore</i></p>
Grandparents who smoked	<p>The two in the comparison group stated that they had grandparents who smoked.</p> <p><u>Quotes</u></p> <p><u>Comparison group</u> <i>H-KM: my granddad smokes</i> <i>JF: No just that guy yeah I think my grandparents my New Zealand grandparents would smoke a lot. I remember when I was younger my dad was there he'd tell your grandma you don't like her smoking and you want her to live long so I would say that and she quit for a short time but they smoked for a long time I didn't like it at that time because I was still young and then I think my grandma passed away from lung cancer from smoking and I was there during that time and that kind of made me not like it even more than I originally did even though I was probably 15 around that time I really didn't like it but straight after that I kind of found myself starting which was quite odd even though I didn't like it even more</i></p>
Sibling who smoking	<p>Interviewees stated they had siblings who were current or ex-smoker.</p> <p><u>Quotes</u></p> <p><u>Primary</u> <i>I-FM: my brother is a smoker as well</i> <i>I-FF: I found out that she did smoke when she was at Intermediate so yeah she did smoke she did try it out also but she doesn't smoke anymore</i> <i>IM: Just my brother he also smokes</i></p> <p><u>Comparison Group</u> <i>JF: The youngest doesn't smoke my older brother doesn't smoke now and my older sister still does</i></p>

4.1 b) Smoking is Unacceptable - Indian Ethnicity

The parents of these youth were quite strict when it came to smoking. The young people were not allowed to smoke and some had quite serious consequences of smoking that they were aware of. The parents did not like to have their children to smoke but these youth still smoked and many managed to hide their smoking from their parents. They went to great lengths in order to hide their smoking and devised carefully laid out plans to never let their parents find out they were smoking.

The no smoking expectation extended to others as well. Parents didn't just want their own children smoking but did not want others around them to smoke either. Parents banned guests from smoking inside the house; it is an unspoken rule in the Indian culture that one must not smoke at someone else's house. Parents also did not want their children associating with people who smoke. This shows that people who smoke are not the most highly regarded in society and it would not be good to build relationships with people who smoke. These strict rules show the parents trying their best to pass on values against smoking but the children still took up smoking. They may have thought that smoking was unacceptable during their childhood but still initiated smoking in their teenage years.

This opposes the assumption that in-house smoking bans and rules can prevent smoking initiation. The youth interviewed were subjected to in-house smoking rules yet adopted smoking outside the home, as well as succeeded at hiding their from their parents so as to avoid accountability. This idea of smoking bans at home proved ineffective because the youth did not adopt the values behind the rules. They did not understand it as children they only witnessed it carried out by the adults in their lives but the adults did not have conversations with the youth when they were young enough to start understanding the behaviour of smoking to impart to them good values against the smoking behaviour.

Parents had the bans in place but not did pass on the knowledge behind the bans to their children. The youth were exposed to new experiences and new people outside the home but not guided in terms of processing this information so they went and did exactly what they were told not to because their curiosity got the better of them. They knew it was bad for them to smoke but their parents did not take time out enough to explain exactly how bad it is and what it does to a person physically, so the children had no barriers in place when they were presented with the option of smoking.

Table 2 Cultural Boundaries

Code	Explanation
Parental Disapproval of Smoking	<p>Parents strictly disprove of smoking; they do not like it, they do not endorse it and there are consequences to smoking.</p> <p><u>Quotes</u></p> <p><u>Primary</u> <i>I-FM: Yeah like I think mum and dad first found out about my brother smoking he kicked him out for a while this was back in Fiji, yeah so he found out about him smoking back in Fiji because he did it back in his high school years like he started in his high school years yeah he kicked him out for a while I think he was out of the house for like a couple of days</i> <i>IF1: Yeah if they came to realise I'd be screwed badly</i></p>
Culturally Unacceptable	<p>In the Indian culture, it is not acceptable to smoke, it may marriage prospects.</p> <p><u>Quote</u></p> <p><u>Primary</u> <i>IF1: If my dad wants to see someone you know this arrangement in India ok yeah if my dad is looking for a guy for me he no I have a boyfriend for example if he comes to us and this guy is smoking and all no no no you are not getting married to him</i></p> <p><u>Comparison Group</u> <i>JF: and when I was younger I would always think it was a big thing for me so when I was younger I thought I am never going to marry a guy that smokes like that was the way I used to think when I was really young because I just thought I just really didn't like it</i></p>
In-house smoking bans	<p>It is not acceptable to smoke inside the house as the cigarette smoke can do others harms. In the Indian culture, it is inappropriate to smoke at someone's house if you are a guest, this is an unspoken rule that people follow.</p> <p><u>Quotes</u></p> <p><u>Primary</u> <i>I-FM: No no we don't smoke inside we don't smoke while anyone else is around so if we are smoking it's got to be us but like if there is a kid around or anything we will just walk away and go find another spot so like say for example if I am in the carport and my niece comes I will walk out of the carport and go into the shed or go into the garden or something so she doesn't get exposed to the smoke we don't smoke inside the house either</i> <i>IM: he like smokes in parking lot and comes up</i> <i>IF1: No no one would come over and smoke at your home in India nobody does that in India</i></p> <p><u>Comparison Group</u> <i>H-KM: No you can smoke on the balcony that's ok as long as you don't affect everyone</i></p>
Childhood mind-set	<p>The interviewees said they had negative opinions on smokers in their childhood.</p> <p><u>Quotes</u></p> <p><u>Primary</u> <i>IFM: I was like really against smoking for some reason</i></p> <p><u>Comparison group</u></p>

	<p><i>H-KM: When I was young I never liked smoking I never liked people smoking I think it's gross I think it smells bad I think people who smoke is bad you know because your parents portrayed that and you know in Asian countries ah smoking bad people smoke</i></p> <p><i>JF: think when you know I was always taught don't ever smoke kind of thing and I always had that image growing up that it's not a good thing it's you know creates cancer it's not good for you doesn't make your skin nice and all that kind of stuff so that's probably why I didn't like it</i></p>
--	--

4.1 c) Media Exposure

Exposure to smoking in the media, such as movies and TV shows, can have an impact on the perceptions formed about smoking. The participants associated smoking with negative characters but they still thought it was cool and rebellious. The perception that it is cool leads to following in the footsteps and trying to be cool like the TV and movie stars. Many of the Indian participants who watched Bollywood movies recounted the pre-show anti-smoking message and they remember seeing notices when a character in the movie smokes that it is injurious to health. Yet a number of interviewees commented that these pre-shows and notices did not impact them.

According to the interviewees, the pre-shows are ineffective because people have gotten used to them. The message in the pre-show was serious but it was the same pre-show clip that people had seen previously, so they would just make fun of it. It was a serious message but communicated to the people in a way that they were unable to connect with or be influenced by. One of the participants also mentioned that people were forced to watch it so they would generally be quite defensive towards it.

The messages were good but the method of communication was not effective, in fact, the people who watched it was numbed to the effect of it because they had been overexposed to it. Also though the pre-shows are shown and there are warnings that smoking is bad, there are still incidents of smoking in the movie which diminish the credibility of the anti-smoking message. These smoking messages carry deep meaning but they are not taken seriously because there are some characters in some movies who smoke so these messages are taken lightly.

Table 3 Media Exposure

Code	Explanation
Bad people Smoke	<p>The participants associate with people in movies who were bad/villainous/evil or even rebellious in movies.</p> <p><u>Quotes</u></p> <p><u>Primary</u> <i>IF1: So bad habits would be like running around with a gun shooting at people smoking a lot of that so there was always a negative personal around the movie</i></p> <p><u>Comparison Group</u> <i>HK-M: People who do bad things in those movies like they like they are in gangs and yeah those</i></p>
Smoking on Screen is shown as cool	<p>Seeing people smoke on screen in movies and TV shows built positive associations in the minds of the interviewees.</p> <p><u>Quotes</u></p> <p><u>Primary</u> <i>IF2: you think oh all the cool actors and actresses smoke maybe it's actually cool maybe it's badass so yeah (laughs)</i></p> <p><u>Comparison Group</u> <i>JF: like to see smoking in movies because I kind of like the character I guess and person because I have like a strong image around smoking not a very good one I think it kind of like creates the image of the character</i> <i>I: What kind of image would it create</i> <i>JF: Introvert</i> <i>H-KM: I watched The Walking Dead you know they are all smoking oh he's pretty cool that character I know it's fake but now it's like badass smokes people want to be cool you know trying to be cool they smoke you know</i></p>
Anti-smoking Campaign remembrance	<p>The participants remembered very specific anti-smoking campaigns, especially anti-smoking ads before movies in Bollywood movies in the cinema.</p> <p><u>Quotes</u></p> <p><u>Primary</u> <i>I-FM: As far as I know we grew up in that error where smoking is not cool rather than smoking is the cool thing to do so if you remember like those school buses that had all those Shortland Street actors. They would be like smoking, not our future.</i></p> <p><i>I-FM: Yeah like so if but like do you watch Bollywood yeah ok so you watch Bollywood so if you come across a movie where even like one scene has like someone lighting up a cigarette or at the beginning of the movie they will put like this massive display on about smoking injures your health and like they will have this little pre show kind of thing where it shows people smoking in public places getting band and smoking inside a house it has this like big smoking debacle about not doing it and then so if someone in the movie is to smoke or like on a regular basis or something you are kind of just know that it is still bad for you even though they are doing it in a movie</i></p> <p><i>IF1: Yeah movies I should tell you if you go to watch movie in any cinema there is a clip that's played before every movie about how bad smoking is. Yeah before every movie any movie every movie whatever if you go into a movie theatre in India they will have that clip for 20 30 seconds probably 30 seconds maybe. So the packaging is around 45% has to be the dodgy picture of the lungs and you</i></p>

	<p><i>know to which is spoiled due to some cancer or some tumour because of smoking so that is what is there on cigarettes.</i></p> <p><i>IF2: n India at least a lot of cinemas had like smoking ads before the movie so it was actually forced like before every movie you have to show the ad in the cinema which is not a good thing because people would be just like oh making fun of it like they were so used to it so the message was so deep it was literally a man who had cancer who was almost going to die telling people to stop smoking and that did not convince people</i></p>
--	--

4.2 First Experience Verses Initiation

One common theme that emerged from the data is that the first experience with smoking does not necessarily translate into the initiation of smoking behaviour. Initiation is when the interviewees started smoking whereas some of them spoke that after their first encounter with a cigarette they did not touch cigarettes for years. The interviewees mentioned that initiation of smoking occurred when they were in their late teens or early twenties while the first experience occurred when they were in their early teens, some were even younger.

The 'initiation' code in the table below holds proof that the first experience of did not immediately translate into smoking initiation. The interviewees specifically state that they did not initiate smoking right after their first experience. In-fact they say they did not start smoking until years later. This was especially true for those who had their first experience at a young age but did not start smoking until they were older.

The genesis of the first experience was either peer pressure or curiosity. Curiosity comes from seeing other people smoke around them and asking themselves why people smoke and these individuals try smoking to find out what is so great about it. The other scenario is peer pressure as recognised in previous research by (Xue et al., 2007), as well as the research by Tickle et al. (2006) and the study conducted by Chen and Jacques-Tiura (2014).

One of the interviewees was a social smoker who smoked only around friends, while two others developed a regular smoking habit with a strong dependence, and the rest being heavy smokers. These habits are formed with time by smoking increasingly becoming a regular activity. It gets infused in daily activities and a behavioural dependency is formed with cigarettes. This occurs by activities such as smoking every day before school, smoking before going to work, smoking during lunch break or smoking within half hour of waking up. The addiction for some had become so strong that they could not go a day without smoking.

Table 4 First Experience vs Initiation

Code	Explanation
Curiosity	<p>Some interviewees started smoking because they were curious. They wanted to try it and see what it was like. This was their smoking “experiment.”</p> <p><u>Quotes</u></p> <p><u>Primary</u> <i>IM: Yeah so after that I just had a thought that why people smoked it so I like tried it.</i> <i>I-FF: Ok so it started well I grew up in a family where everyone smoked except for my mum dad smoked my cousins brother smoked my cousins sisters smoked my aunty smoked my uncle smoked so everyone basically smoked and I remember when I was younger because we used to have cigarettes lying around so I used to get my hands on it even though when I was a kid 8 or 9 years old and I wasn't until when I was in year 7 this is back in Fiji I used to sneak a few and you know have a few puffs with the friends but then it was just a one off thing every now and then</i></p> <p><u>Comparison Group</u> <i>JF: I think the first one is curiosity like for example even my younger sister she doesn't like it but I remember she wanted to try a puff and kind of like wanting to see what this bad thing is because what had me trying it wasn't ready I wasn't looking for it in other solutions I was kind of like trying it and that kind of like kind of became the solution so I think out of curiosity.</i></p>
Peer Pressure	<p>Peer pressure on smoking.</p> <p><u>Quotes</u></p> <p><u>Primary</u> <i>I-FF: Peer pressure it came into effect as we were just sitting and talking until 2 or 3 of the friends in the group mentioned that they were talking about drinking and smoking and things like that, yeah and they mentioned cigarettes and then the conversation went on and we started talking about if there was smoking or not and there were some non-smokers as well and they started pointing out the smoking people and the smokers really and then those people asked if I smoked and I said well I did I used to I have had a few puffs and stuff but I don't anymore and then they said no it's cool you should try it and yeah we do it at school we do it outside school, not at school sorry smoking is not allowed at school obviously so we do it outside school and it's fine and we do it in the morning and by the time we go home.</i> <i>I-FM: That first time experience the first time was I actually just did it as a dare so it was just like a really dumb thing that was back in high school. I lost a dare and then the boys were around and they were like yeah well you have to take a puff and then I took a puff and I think I bum puffed it the first puff so I was like oh this is not too bad and everyone just looked at me like you didn't do it properly you have to inhale it and then the second so I had to do another puff like because I had to do it properly or some **** so I took another puff and then all I did was cough for like a good 5 minutes</i> <i>IF1: so they were just like ok let's smoke I don't want to smoke and they were just try it no not really and then I told them I have friends all over you should try one, this and that, so I was like yeah let's try so the first I smoked. I didn't like it I coughed I mean I didn't know how to inhale the smoke so I like no I am not doing it again until the second time I was like ok this is good this is good I am getting a</i></p>

	<p><i>little hit of nicotine so yeah the first time I was like I coughed and I didn't complete the cigarette I just had to give to a friend so the first time I wasn't caught up or anything it came the second time I think</i></p>
How the first cigarette was obtained	<p>There were different means of obtaining or coming across their first cigarettes.</p> <p>Those who wanted to experiment with smoking:</p> <ul style="list-style-type: none"> - Stole one from a family member - Bought it - Had an older peer buy one for them <p>Peer pressured</p> <ul style="list-style-type: none"> - Friends who were trying to persuade them to smoke <p><u>Quotes</u></p> <p><u>Primary</u> <i>IFF: think I do because my father was a regular smoker and he was actually quite a heavy smoker and when I was very young and so he used to have packets and packets of smoke around the house and I just snuck on out</i></p> <p><u>Comparison Group</u> <i>JF: he didn't smoke the pack so then I think I just kind of took it and had it to myself I kind of got his one and that's probably when I first started smoking I think</i></p>
Age at first experience	<p>Age of first experience</p> <p><u>Quotes</u></p> <p><u>Primary</u> <i>IF2: I was 16 or 15</i> <i>IFF: I am sure I was 8 or 9</i> <i>IF1: I started smoking when I was like 22</i> <i>IFM: this was when I was like 14, 15</i></p>
Initiation	<p>A trend of Initiation of smoking was shown to be years after the first experience of smoking.</p> <p><i>I-FF: Yeah it was something interesting that I started off with it was interesting I found it interesting that it moved on to a habit when I was older 17 to 18</i> <i>IF2: when I went to university that was when I actually started</i> <i>IFM: That oh after that I didn't touch another cigarette for another 3 years probably 3 or 4 years</i></p>
Habit	<p>The smoking slowly gets formed into a habit. The habit changed with circumstances and the interviewees mentioned trying to have some control over their smoking habits.</p> <p><u>Quotes</u></p> <p><u>Primary</u> <i>IM: you know what is the limit of your smoking you have to smoke only 2 cigarettes or 3 cigarettes a day it's all on your think if I am like smoking only 3 cigarettes and I am smoking 5 cigarettes a day and then after then I realise I smoked a lot so I reduce my cigarettes the second day</i> <i>IFM: Um so me and my best mate he's not a chain smoker but he's a smoker so he will like have a cigarette with me but then if he doesn't have a cigarette for a couple of days he wouldn't care but I would like I get irritated and like I need a smoke</i></p> <p><u>Comparison Group</u> <i>JF: After that, it kind of increased into a habit and my max was a box and a half</i></p>
Cigarettes in daily lives	<p>Smoking becomes just another part of everyday life. It slides into daily living patterns.</p>

Quotes

Primary

IM: Yeah that's what I'm yeah it's all the cycle that people make that if I am like getting up in the morning it's all on me that if I want to smoke it's not like if I have to smoke if I get up in the morning I will just have a coffee or something like that I will smoke after that when later I have taken my bath and everything I will go to the college and smoke one and then I will go up I will have my lunch and then after that until 5 o'clock I will smoke one and after that when I am done with my walk and everything I call or something like that I will just smoke one by 8:50 or 9

Comparison Group

H-KM: smoke like 3 cigarettes before going to work and then like in toilet breaks I wasn't allowed to smoke but I would still go for a cigarette and after work I like I chain smoke just to get off the stress

JF: Just a thing to do so I'd go to a café and I would draw and then that was something to do while I am drawing it was just kind of like a habit of substitute. I would teach English at that time to students an example if I am waiting for a student if my student is going to be late even though I would be trying to quit I would probably quickly buy a packet of cigarettes and smoke it in the time that the student isn't there.

4.3 Lack of Barriers

A number of the interviewees initiated smoking overseas and their experiences showed that there were not enough legal barriers in place to demotivate young people from smoking. The prices were very low and the cigarettes were available easily as they were distributed widely. There is a lack of taxes and restriction on cigarettes by the governments that could drive the price of cigarettes higher.

The ones who initiated smoking in New Zealand would also have older youth buy cigarettes for them if they were underage. Cigarettes in New Zealand are much more expensive to demotivate people, especially those that are young and tend not to have a high income, but the interviewees spoke of sharing the cost of a box of cigarettes and smoking. Another very concerning factor that emerged from the experiences of these individuals is that students sell cigarettes in New Zealand schools. In some schools a micro black market operated for cigarettes.

Interviewees knew general information on the harmful effects of smoking to the body. They all admitted to having some information but not the details. Their disregard for the impact smoking has on their bodies comes from a lack of information/ knowledge of the true effects of smoking. Interviewees did not give heed to doctors who asked if they smoked. They omitted, lied or just ignored their doctors when asked if they smoked because they believed it was not relevant at that point. This lack of confiding even in a confidential doctor/patient relationship shows a lack of trust and refusal to be accountable for smoking to anyone else in any form. Lack of importance placed on the potential health risks and not discussing anything with their doctors reflects a lack of knowledge of the real harms of smoking.

Participants were not accountable to parents either when it came to smoking. The majority of them hid their smoking habit from their parents because they knew their parents would not approve. Those who were open with their parents about smoking had autonomy as adults so did not consider themselves truly accountable to their parents. The interviewees of Indian descent had very strict parents when it came to smoking so they reported on doing things like waiting till the smell wore off and using deodorant and more, to make sure their parents did not get an inkling of their smoking habit.

Table 5 Lack of Barriers

Code	Explanation
Cigarettes are Cheaper Overseas	<p>Cigarettes were cheaper in their home countries than in New Zealand. Cigarettes in India were reported to be the cheapest.</p> <p><u>Quotes</u> <u>Primary</u> <i>IF2: India was like one cigarette was I remember 10 rupees 10 rupees is almost like 20 cents</i> <i>IF1: it's cheap like if you want to convert in one dollar you will get like how much 3 or 4 cigarettes</i> <i>IM: In India, you get the cigarettes like a single like 10 rupees like one cigarette or something like that</i></p> <p><u>Comparison Group</u> <i>JF: I think in Japan it is really cheap and they sell it anywhere so in Japan about 420 yen about so under \$5 so very cheap</i></p>
It is easy to get cigarettes overseas	<p>Cigarettes were easy to obtain because of the sheer number of vendors available in the home countries. In India, there are stalls on streets where cigarettes are sold and these stalls are frequent in appearance on the roads. It isn't necessary to go into formal stores to buy cigarettes or go too far as these stalls are common on most streets.</p> <p><u>Quotes</u> <u>Primary</u> <i>IF2: lot of people are just down the road and sell cigarettes or have their own tea shops or something</i></p> <p><u>Comparison Group</u> <i>JF: In Japan, we have smoking vending machines</i> <i>JF: I think you don't really need to think before you do it it's just if I feel like it or you just it's easy it's easy to get</i></p>
Cigarettes Cost a lot in New Zealand	<p>The price of cigarettes is much higher in New Zealand than in the countries of origin of the interviewees. They all reported that cigarettes are very expensive in New Zealand and it is hard to buy cigarettes here so they have had to curb their habit at times because of it.</p> <p><u>Quotes</u> <u>Primary</u> <i>IM: he cigarette was cheap as well there [India] it's more costly here [NZ]</i> <i>I-FF: obviously it cost a lot of money</i></p> <p><u>Comparison group</u> <i>H-KM: the price is so high not every kid can afford a pack of cigarettes when I used to smoke Marlboro it cost 16 bucks now it's like 30 or 20 something I think so how are they going to afford it if a kid doesn't have a job it's tough</i></p>
Share the cost of a cigarette	<p>Interviewees don't typically have a lot of money to buy cigarettes and so they pitch in and buy cigarette packets together to share the cost of it. They save money this way and can afford to keep up their habit.</p> <p><u>Quotes</u> <u>Primary</u> <i>I-FF: I remember we used to chip in all together and get cigarette packets from friends who were 18 years ago because you can't get cigarettes if you are under 18 so there was a way so we just gave it our shots and it worked out</i></p> <p><u>Comparison Group</u> <i>H-KM: Yeah like I still know kids they like they buy a pack of cigarettes together you know</i></p>

Selling cigarettes	<p>Cigarettes being sold in school by students in New Zealand. Someone older would buy the cigarettes and then trade them loosely [cigarette each not packs] in school.</p> <p><u>Quotes</u> <u>Primary</u> <i>I-FF: I was new here I didn't put my hands on it until I saw students selling it getting that money and going to the tuck shop so yeah and I did have children approach me to see if I wanted to purchase the smoke and I just rejected them</i></p> <p><u>Comparison group</u> <i>H-KM: people used to buy cigarettes off me. And I made money off it I sold 4 cigarettes for \$20 yes. They are under age and what I need to do I take off my shirt I go to the dairy I show them my ID and purchase and go back to school yeah that's what I used to do.</i></p>
Awareness of Health Risks	<p>Interviewees aware it was bad and it caused harm to the body. However they were not fully aware of the gravity of the impact cigarettes can have on their body.</p> <p><u>Quotes</u> <u>Primary</u> <i>IF2: I mean you are always told like you are told since you were young that smoking is bad drugs is bad alcohol is bad yeah I was pretty aware of it but the more I read about it the more you find out about it you are ok it's really bad</i> <i>IF1: I mean I never knew it was so bad</i> <i>I-FM: Quite a bit but then again at the same time not enough it's like I know the basics that it causes cancer all sorts of cancer you can get mouth cancer lung cancer...it causes problems in all sorts of areas of your life but I don't know what in depth</i></p>
Lack of Accountability	<p><u>Parental awareness of smoking</u> Some tried to hide their smoking habit from their parents and a few of them were quite successful in doing so.</p> <p><u>Quotes</u> <u>Primary</u> <i>IF1: Yeah my parents obviously didn't know never knew no one knew like my family no one in my family knew that I smoked</i> <i>I-FF: Yeah my parents obviously didn't know never knew no one knew like my family no one in my family knew that I smoked</i> <i>IM: No they don't know</i></p> <p><u>Doctor doesn't know I smoke</u> The doctor didn't know that they were smoking. The conversation didn't come up. Even if their doctors advised them to stop smoking they ignored the advice.</p> <p><u>Quotes</u> <u>Primary</u> <i>I-FM: I don't even know if my doctor knows I smoke</i> <i>IF2: I don't go to doctors very often, first of all, I only go like if it's something serious if it's like if I am really sick or if I broke something or some **** like that or something like that we normally never have a conversation about cigarettes</i> <i>I-FF: No because I did not admit that I was smoking yes like every time I would go to the doctors they would say do you smoke or drink and I would say no because I think at the back of my mind I knew that this is a teenage thing and it would stop in the future so yeah</i> <i>IM: No like the doctor here they asked that do you smoke but I didn't mention that I smoked because it was not related</i></p>

4.4 Smoking and Socialisation

Smoking is more than just consumption of a product it is an activity and a way for people to interact. Sharing a cigarette or smoking together builds rapport between people and builds a bond. Smoking brings people together to break the ice and make new friends. It gives something to do with established friends and deepens relationships between friends. Smoking is an important part of lifestyle; it helps in meeting people with similar tastes and continuing a string of valued social experiences.

Table 6 Smoking and Socialisation

Code	Explanation
Smoking a social behaviour	<p>Smoking is a means to socialise with others and interact with them. It gives an excuse to be around others who smoke and get to know people.</p> <p><u>Quotes</u></p> <p><i>JF: Others would be a way to socialise I think even if for example people did quit smoking they would still smoke on times for socialising, for example, going to a bar drinking having dinner with friends or something so I guess that's kind of a way to socialise</i></p> <p><i>H-KM: And smoking more means more friends, to be honest, and like if you smoke you won't you won't be lonely because maybe that person is not knowing if he like wants to be friends with you but he wants your cigarettes so he comes to you</i></p> <p><i>IF1: Yeah never alone either with a friend or a group of friends</i></p>
Smoke more with friends	<p>Cigarettes smoking increases when around friends who smoke. They tend to smoke together increasing the amount of cigarette consumption as opposed to days when they smoke by themselves.</p> <p><u>Quotes</u></p> <p><i>IF2: when you have company you definitely smoke more</i></p> <p><i>I-FM: So I guess there's like a couple of us that smoke and a couple of us that don't so I hang out with both like we hang out together obviously but like we smoke almost every day at uni so it's kind of hard to like not say no</i></p> <p><i>H-KM: the mate that brought me into smoking he smokes a lot that's why whenever he smokes hey listen want to go smoke together ok because and he paid for my cigarettes too</i></p>
Smoking and drinking	<p>Smoked more when drinking was involved.</p> <p><u>Quotes</u></p> <p><i>IM: with my friends in a bar then the quantity is very big there's a lot of cigarettes</i></p> <p><i>I-FM: Yeah so if I am drinking with either home with my brother or what not or if I am out on the town with my friends when I am drinking I definitely feel like having a cigarette</i></p> <p><i>IF2: when alcohol was involved I definitely smoked more</i></p>
Smoking a bonding agent	<p>Smoking together was a way to bond with others. It could be a way to get to know people or to deepen an already established relationship.</p> <p><u>Quotes</u></p> <p><i>IM: Yeah the smoking determine my relations like if a friend is like both of us are smoking if I offer him a cigarette that's like a bonding ingredient or something like that it's all give and take like both relations</i></p> <p><i>I-FM: So yeah and that's because like we walk like 5 minutes walk from each other's places so late at night he will just drive over it will take him like 30 seconds to drive over and he will just drive over and then we will sit outside my house and we will talk about random **** and literally just sit outside my house</i></p>

	<p><i>for like 2 or 3 hours just talking and smoking like not smoking the whole time but you know what I mean</i></p> <p><i>H-KM: Smoking for boys is a gesture you know like when you want to make a friend you smoke my cigarettes you know especially in New Zealand because cigarette cost is high like you know if you give a cigarette to others you are generous</i></p> <p><i>JF: I think because also I went there by myself to the smoking area and I would smoke and then I started making friends around there that's just kind of like so I didn't go in a place where all my friends were smoking and that tempted me so I was already there and the people who smoked were already there and it like kind of created a community in a way, not a very good one (laughs)</i></p>
--	--

4.5 Quitting

Quitting cigarettes is not easy because the addiction has so many aspects to it, the chemical, the psychological, the behavioural and there usually has to be a strong demotivation for a person to stop smoking. Many times people try to quit and are not successful but there are times when people just decide and give up smoking. Also in the picture is the availability of substitutes for smoking like vaping, sheesha and even caffeine. The addiction, the smell and the feeling get replaced and slowly becomes easier because the nicotine dependence decreases. This leads to more successful quitting attempts than just giving it up entirely in one go. The number of cigarettes is decreased over time as they try to break the habit.

Table 7 Quitting

Code	Explanation
Motivation to quit	<p>A portion of the Interviewees who quit smoking and were asked what motivated them to quit smoking. Also asked the current smokers what might motivate them to leave smoking.</p> <ul style="list-style-type: none"> - Health issues <i>H-KM: wanted to quit because of various reasons first is health and secondly is because I am religious so yeah</i> - Life change [career] <i>I-FF: knowing that I wanted to become a teacher the following year and I wanted to do a Bachelor of Education I knew what my career was and I knew that's not appropriate and that's not how I want to project myself as a teacher who smokes and so I just quit</i> - Realisation of the dire effects of smoking on ones' body <i>IF1: It was a very simple video it explained how much nicotine or whatever I don't remember the substance name something which is bad which is going to harm the lungs and it shows the quantity of the thing in one stick of cigarette and then it relates it with the harm it can do to the lungs</i>
Just Quit	<p>Participants who quit smoking did not quit using formal help such as quitline or a doctor, they just quit. They decided and worked towards being free of the addiction themselves. They did not slowly progress by decreasing the amount of cigarettes they smoked. Just left the habit and never touched another cigarette again.</p> <p><u>Quotes</u></p> <p><u>Primary</u> <i>I-FF: I just decided I didn't really like the smell I didn't like the smell it came to a stage where I didn't like the smell and so I decided that I'd stop it</i></p> <p><u>Comparison Group</u> <i>I; How did you quit smoking did you use Quitline or anything did you use Quit Line</i> <i>H-KM; No</i></p>
Substitutes for cigarettes while quitting	<p>Took up other habits to substitute for cigarette smoking in order to try and quit</p> <p><u>Quotes</u></p> <p><u>Primary</u></p>

	<p><i>I-FF: I did not I did go into the shop because I was working down the road K-Rd and they have the shop called (names shop) and they sell all sorts of smokes and cigarettes the flavoured ones and everything and they sell the pen cigarettes as well so I did go have a look and then I say no do I really want to put my money in there and go back to it and then I questioned myself and then I didn't I decided not to buy it and then it just went away what I switch because there is so much nicotine in the cigarettes and nicotine and caffeine so I just switched with coffee</i></p> <p><i>IFM: And then recently I discovered vaping and so when I don't have cigarettes on me I vape or just I try vape whenever I can but like even though I am vaping right now I still buy cigarettes and I still smoke so I don't know if it's really working for that I probably could if I wanted to just give up cigarettes altogether and just vape and it probably would be fine</i></p> <p><u>Comparison Group</u> <i>JF: if I crave it I would just go to sheesha or something but it's kind of open in New Zealand so</i> <i>H-KF: You mean oh vaping helped a bit. You can buy tobacco juice because they are using juice to create the vape so I didn't I never used tobacco juice at all I used to like different flavours like</i></p>
<p>Change in peer group/peer circle after quitting smoking</p>	<p>These people became more careful of their social environment and their close peers. They stop being around people who smoke and become part of new peer groups of peers who do not smoke.</p> <p><u>Quotes</u></p> <p><u>Primary</u> <i>I-FF: As in the environment around me yes it did and I think that plays an important part because it's something that you socialise with people these days and it's your group so if you are with a group of people that smoke then you obviously want to try it out and that's how it started with me after it had stopped in my teen years and I guess now that I am surrounding myself with people with group mindset and teaching and you know I regard myself as an adult now so I think yeah I don't have people who smoke around me</i></p> <p><u>Comparison Group</u> <i>H-KM: Yes that's why I chose my friends now I used to be friends with everyone</i></p>
<p>Tried to quit didn't succeed</p>	<p>There are incidents of current smokers who have tried to quit before but did not succeed.</p> <p><u>Quotes</u></p> <p><u>Primary</u> <i>I-FM: Too many times ok so the first time I tried to quit was when I wasn't even addicted. Yeah so that was a month and a half then I quit for about 2 weeks I think I can't remember how long ago it was just I think a few months after I like started chain smoking like so regular smoking I quit for about 2 weeks it was me coming to the realisation I don't need it anymore but then there was that addiction thing because like I told you like I came to the realisation that I am not in that bad place anymore but I was addicted so once I realised I am out of this that I don't need cigarettes anymore so I tried to give them up but what ended up happening was the cravings just kept getting stronger and stronger than on top of it all I just caved in and started smoking. Yeah it's like at one point in my life I will see someone smoking and then I am just like so like I have it and I want to use it properly but I can't because that temptation always comes back and it tastes so much nice</i></p> <p><u>Comparison Group</u> <i>JF: I would be trying to quit I would probably quickly buy a packet of cigarettes and smoke it. Yes and so the times where I tried to quit I would still go there to meet friends and that wasn't easy and I did start smoking again a few friends</i></p>

	<i>actually tried quitting but they would all come to the smoking area because it was where we all were and I think we all didn't last a long time either I think that's probably a big thing also</i>
Quitting Easier with others support	<p>It is easier to quit and stay quit with the support of others around you.</p> <p><u>Quotes</u></p> <p><u>Comparison Group</u></p> <p><i>H-KM: Like once I get back to church I don't think I smoked I obviously smoked less when I first went back to church again but just in a while I stopped everything but I have asked them to pray for me like I am struggling with smoking and they understand that and yeah it's always good to know that some people are supporting you from doing something or yeah</i></p>

4.6 Conclusion

This chapter presented the findings from the data collected in the form of themes with quotes from the interviewees to show commonality in their ideas to form these themes. This study found that there is an understanding formed on smoking prior to the initiation of smoking behaviour through family, culture and media exposure. The research also identified that there is a difference between the first experience of smoking and the actual initiation. The research also found a lack of barriers to smoking and that smoking is used for socialising. The research identified that quitting smoking is not easy and it takes diligence and support; different people quit for different reasons but the most common reason is the realisation of the gravity of the health risks involved with smoking

Chapter 5: Discussion

5.0 Introduction

This chapter discusses the findings of the study on the key external influences on smoking initiation by Indian youth and contrasts this with the findings and conclusions of previous research on the topic, as previously exemplified in Chapter two. The chapter also presents a conceptual model of the progression of smoking behaviour and elaborates on this model.

There are many possible reasons behind an action that could be its driving force. Many actions are well thought out, yet at the other times, many others are impulsive. To understand the reason behind an action we tend to look at what influenced the action in the first place and this is one such study. In this study, we have looked at what influences young people to take up smoking. More specifically what are the key external influences behind smoking initiation by Indian youth in New Zealand?

5.1 Summary of Findings

5.1 a) Family and Culture

For the young people interviewed, there was a period in their lives before they'd started smoking where they were surrounded by other people who smoked either in person, in the form of family and friends, or virtually in different media such as TV, movies, magazines and many other media that we now have to reach people. Some of the interviewees had parents who were ex-smokers and grandparents who were smokers. One interviewee saw a grandparent die of cancer but it still did not discourage them enough to prevent them from starting smoking themselves.

The majority of the interviewees also had siblings who were ex-smokers or currently smoke and the smoking behaviour of older siblings began in countries of origin not in New Zealand showing that the values don't always need to pass down from parents but can also be from siblings. One study by Allem et al. (2015) who looked at the influence of having siblings who smoke in the Hispanic community found that it increased the chance of smoking by 6%, but in this study where we looked at Indian youth, the majority of the youth had older siblings who smoked or younger siblings

who smoked following in their footsteps, and those with non-smoking siblings ensured they would not find out about that the interviewees smoked. Our findings show there is a relation between sibling smoking and smoking initiation which concurs with the findings of Allem et al. (2015) although the interviewees reported they did not bond with their siblings over smoking, in-fact, though their siblings smoked they did not smoke with their siblings, and those that did smoke with their siblings said that it was very seldom.

There were observations in the literature of parents being able to influence young people in childhood by implementing in-house smoking bans to enforce the idea that smoking is not acceptable (Hiemstra et al., 2014) but in the findings, we saw that there were in-house smoking bans on the individuals interviewed, yet they still started smoking. Past research has spoken of parents communicating with children about smoking as well as in-house smoking bans (Mahabee-Gittens et al., 2011) which the interviewees reported the parents never did. The interviewees of Indian descent did mention that their parents were strictly against smoking and they still smoked but didn't let their parents find out. They had fear of their parents but also were good at hiding their habit; even though one interviewee spoke of his parents finding out, the actual ramifications were a lot less than expected.

Smoking is culturally unacceptable in the Indian culture; smoking behaviour is discouraged and disfavoured. In this the parents were strongly against smoking and they had many rules and expectations from the children to not smoke. The interviewees of Indian descent all hid their smoking behaviour from their parents and were very afraid of their parents finding out. This shows that the opinion of parents still matters to the youth and they had formed views in childhood against smoking but something happened and they ended up as smokers.

This was a significantly different from the comparison group because the interviewees in the comparison group had parents who knew they were smoking. Though their parents were not happy about it, the interviewees were not afraid that their parents would know they smoked. Yet the interviews in the primary group of the Indian heritage went to great lengths to hide their smoking from their parents and many of their parents still don't know they smoke or used to smoke. The parents of the

interviewees in the primary group who know about the smoking habit of the interviewees are very displeased according to the interviewees.

5.1 b) Media Exposure

Smoking in movies, TV and media is shown to be cool but at the same time, the interviewees' said that smoking was often associated with negative or bad characters. This seems conflicting until they mentioned the words rebellious. The rebellious or bad-ass attitude of these characters especially those in leading roles show that it is favoured by media even though it's culturally unacceptable. These characters are rebelling against the cultural norms and values, and in exaggerated highly dangerous scenarios. 'The walking dead' was one TV show which one interviewee remembered the characters as being the best of the worst.

Smoking mixed with other risk taking behaviour projects an image of such a character that makes it attractive. This image challenging the cultural norms, and the no smoking values parents have tried to pass to their children, may be behind the reason the interviewees with strong non-smoking resolve in childhood ended up as smokers in their youth. This finding has now opened avenues for future research in this area to explore if there is a relation between media consumption and smoking initiation.

Previous research conducted on media exposure to smoking had similar findings on the ideas formed among the youth by the portrayal of smoking in movies, TV and other forms of media (Glantz et al., 2004). The studies that have been completed found increased chances of smoking initiation and uptake of smoking behaviour after such exposures and this study found that media may play a role. Further research is needed to investigate if media is the bridge between childhood mind-sets and smoking initiation in the teenage years.

5.2 First Experience Verses Initiation

Having their first experience with cigarettes doesn't mean the person is now a smoker. The actual initiation occurs later which is likely why the Ministry of Health and in the study by Azagba et al., (2015) a smoker is someone who had at least smoked a hundred cigarettes in their life time. The first experience is the first time that they try smoking a cigarette; it's the first few puffs as the some of the interviewees mentioned not even finishing the cigarettes.

They said they did not like the taste, or they inhaled wrongly and a majority of the time there was a lot of coughing involved.

Their first smoking experiences were not always influenced by peers; sometimes they tried cigarettes on their own but that doesn't mean there was no external influence to their decision. These interviewees said they were curious as to why people smoke and because cigarettes were so readily available to them, being cheap to buy or in the house because someone else smoked, they tried it. The curiosity was never for the cigarette itself but always to find out why people were smoking; they did it to learn the reason behind it, instead of asking, because generally when you ask people why they smoke they ask in return how would you know why without trying it, so they tried it. Peer pressure and persuasion always come from close friends but the distant peers also have an impact on the interviewees becoming curious to smoke.

The interviewees mentioned they had peers who persuaded them to try smoking or to take up smoking again if they had stopped. The body of literature shows us that peer influence was the greatest influence on smoking initiation (Lakon et al., 2010). A few studies even mentioned that a lack of parental guidance and care to establish anti-smoking norms leaves a gap for peer influence (Dusenbury et al., 1992) but some of the interviewees mentioned having a strong anti-smoking resolve as children but still ended up smoking and being influenced by peers later on. The incidents the interviewees talked about reported smoking because they lost a bet, or being pressured to smoke to fit in a group or just being nagged by friends until they smoked. The findings of this study are in line with all those that looked at peer influence it is the most impactful external influence on youth for smoking uptake (Stanton et al., 1995).

Initiation of smoking did not occur until they were presented with the prospect of smoking once again after their first experience with smoking. For some, it was soon after their first experience while for other it was years later, but in both cases; it was always peers who presented the idea to them. They would offer a cigarette and apply some persuasion for their friends to smoke. These friends taught the interviewees how to inhale the cigarettes properly and "showed them the ropes". The interviewees got their first few cigarettes from their friends and after some practice got into the habit of smoking as well.

Smoking became a part of daily life and the interviewees got in a routine of smoking at regular intervals which increase on the days that they were around friends who smoked. The majority of the interviewees also reported that smoking would increase when they were hanging out with their friends, drinking or partying. They would smoke more on normal days like going to university where they would meet their friends, and they would smoke more because their friends were there to accompany them. The interviewees also admitted that smoking was used as an activity to bond with friends or to spend time with friends. One interviewee reported being introverted in nature and she didn't like smoking in front of friends but she had a partner who smoked a lot at the time and her smoking habit grew by being around her partner more, so there was still peer influence.

5.3 Lack of Barriers

There are few barriers lacking between a young person being presented with the idea of smoking and them actually doing so. The first barrier is that in the overseas countries; cigarettes were very cheap and easily available to young people. The interviewees from India mentioned that cigarettes are available very easily on tea stalls and tobacco stalls on the streets of India and stalls like these are plenty in each area so they would not have to go far for it. Cigarettes are not only sold in packets but as singularly as well so they would not have to buy a full packet to satisfy cravings for a cigarette and these were told to be very cheap.

Consequently, these Indian youth were heavy smokers in India but when they arrived in New Zealand they had to cut down on the amount they smoked because they could not as easily afford the cigarettes here, because the prices are much higher and they are not sold as singles like they are in India. One interviewee bought cigarettes in cartons from duty-free to save some money when coming into the country. This is a good barrier put in place by the government that drives the price up and those that grew up in New Zealand and went to school here also said that they could not afford the cigarettes on their own. However, they did find a solution to this and spoke of sharing the cost of a box of cigarettes among friends.

Though cigarettes are not sold as singles openly in New Zealand the interviewees did mention that students in school would sell cigarettes as singles in schools. These youth could not afford the cigarette boxes but they could afford to buy single cigarettes from their friends. They found another way to bypass the rules and laws by asking older youth to buy cigarettes for them when they were underage and could not legally purchase cigarettes themselves.

Also, they would purchase cigarettes from older youths on occasions. The way they obtained cigarettes depended on their circumstances but a majority of them got into smoking when they were of age so there was nothing stopping them.

As they become legal adults they have autonomy over their lives and are less accountability to anyone. They have authority over themselves and can make their own life decisions so they cannot really be stopped, although it was shown that in the Indian culture parental authority was still recognised, otherwise would not need to hide their smoking behaviour from them. They would not share this information with their doctors because according to them it's not necessary to, even though there is doctor patient confidentiality. They hid it from people because they did not want to get in trouble or hear that they should quit. The interviewees who were current smokers mentioned that if they quit they would want to quit on their own not because someone told them to.

The biggest barrier is lack of knowledge of the harmful effects of smoking. All of the interviewees said they had little understanding of how bad smoking truly was. They knew that it was bad for health but they did not know the reality of the harmful effects of smoking. Even those who do know smoking is bad, think cancer and illnesses are miles away as they are so young. They are not thinking about the implications of smoking on them in the long run because they believe that the long run is far away.

When asked what health risks they knew, of many mentioned cancer, heart disease, skin infections, gum diseases but even knowing this was just information to them until they came across more details. Those who quit had understood the reality of it whereas the ones that currently smoke are still in the dark.

5.4 Smoking and Socialisation

The findings of this study are in line with other studies of external influences on smoking that peer influence is the greatest influence (Harris & Gonzalez Lopez-Valcarcel, 2008).

Everyone interviewed who smoked had friends who smoked, some were pressured into smoking, some did it out of curiosity but all had peers around them that influenced their smoking initiation and the progression of their smoking behaviour. They smoked more when friends are around, they'd smoke to keep friends or to make friends, and they'd smoke in order to be connected to certain people or smoke more because they were connected to others

who smoke. The bottom line for the youth interviewed: smoking increases when peers who smoke are present.

The interviewees admitted that smoking was a way to stay connected even though they knew it was not a good way. A couple of the interviewees mentioned that smokers form a small community, one even said: "this way you'll never be lonely." It fulfils a social need to be connected socially as well as being physically and psychologically addictive. The study by Ecsamilla et al., (2000) found that women use smoking as a socialisation tool but the findings of this study suggest this is true for both men and women.

There is a bonding moment when people smoke together. It's almost the same as sitting with someone and having a coffee because in that period there is one thing that takes place and that's conversation. It goes beyond a 'feeling' it's a social need that these people are fulfilling in a very unhealthy way. Smoking is a self-destructive behaviour and they are aware of that but it still is something that provides common grounds with others. It is assurance that you will have this one thing in common with people to connect with them and that builds a relationship. It's a commonality that people find in one another, a familiarity to connect and satisfy the basic human need of conversation, connection and interacting with other humans. That's not the only way to socialise but they choose to use smoking to socialise and connect/bond with people. Thus smoking has been infused in daily lives of these people.

There is a fear of missing out, a fear of being different, being alone and outcast with no one to be friends with, so people migrate to activities and actions that lead them to other people or even more importantly keep them from being cut-off from a group of peers. That's what peer pressure is in the context of the first experience with smoking. It is not so much of the cigarette that is important but the people who are offering it to you and the relationship that represents. It has a value of keeping face with peers and keeping your friends and in that moment with little to no real knowledge of the extent of harmful effects it has, they succumb to the pressure and inhale the cigarette because they want to avoid sourness with their friends. One respondent that was part of a big group of young people trying smoking at the same time mentioned that these people thought that they were being more sociable if they were smoking.

5.5 Quitting

Even though there is general knowledge that smoking causes cancer and kills, people do not understand the gravity of this. The common logic mentioned by one respondent was that dying is inevitable and at any moment they could be hit by a bus. You can't prevent being hit by a bus, not intentionally, things just happen sometimes. However, you can prevent your lungs being burned and deteriorating from the inside if you don't smoke. Once they come to the knowledge of this, they quit if they are not too far gone, and they find the strength to quit through motivation, decision and support but then there are those that don't successfully quit because they are addicted to it.

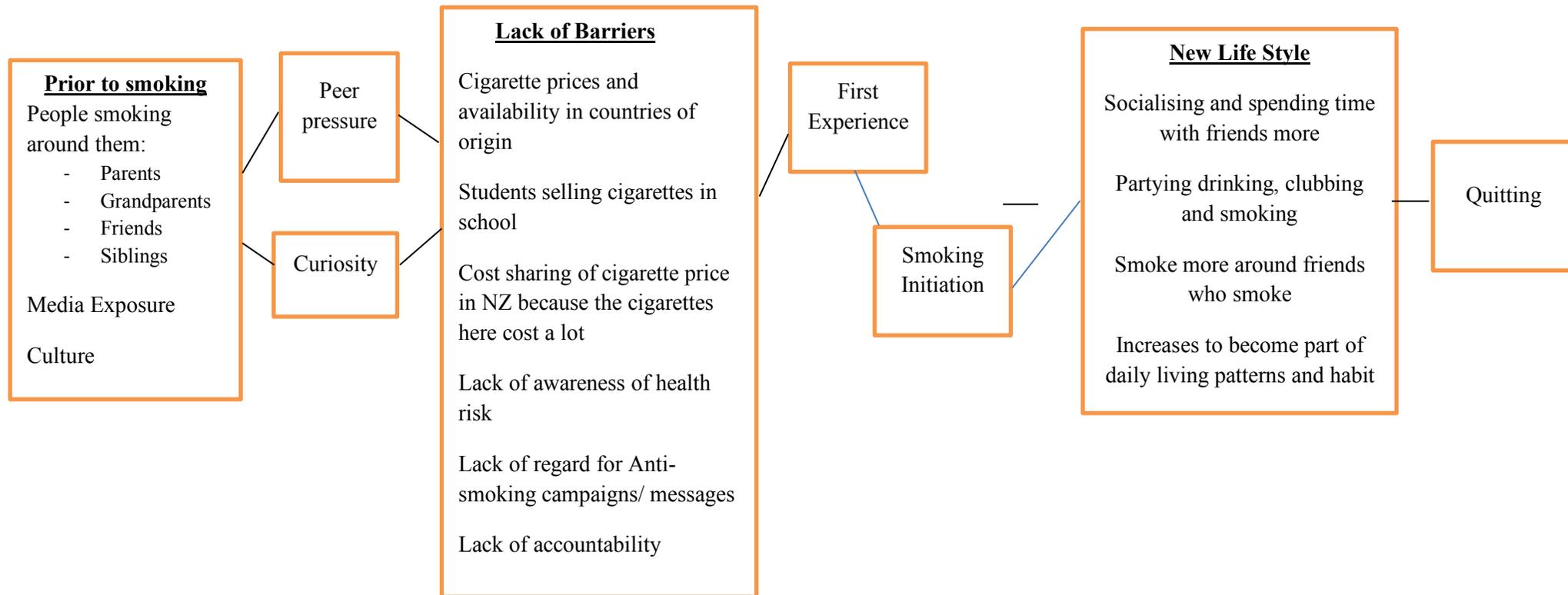
Another reason it becomes so hard to quit is that they have too many people around them who smoke. Three of the individuals who were interviewed said they now don't have people in their lives who smoke because they had to actively removed themselves from such people to avoid the pressure and the temptation. These interviewees said they surrounded themselves with supportive people who reinforced their decision to not smoke when they had decided to quit, and became parties to whom the interviewees could be accountable to. One person had this in the form of church support while the other had older friends who helped them to keep on track and on the goal of quitting and staying quit. The majority of the smokers, even those who have successfully quit smoking, had relapses because they had people smoking around them and the temptation proved too strong to stay on course.

The individuals who were current smokers mentioned that they had tried to quit more than once but were unsuccessful in doing so. The interviewees mentioned that quitting smoking required letting go of the habit slowly, by reducing the number of cigarettes they smoke slowly. There was a common thread of the individuals replacing their smoking habits with other things. One mentions taking up sheesha and others talked about vaping. Vaping is a form of e-smoking that has less tobacco and there is no nicotine in it, so it helps them leave the smoking habit by reducing the amount of tobacco they smoked.

The motivation to quit was mostly credited to the realisation of the health risks involved with smoking. One interviewee quit smoking because a friend who didn't smoke sent a video on the harmful effects of smoking. Another had other non-smoking related health issues but realised smoking would not help his condition. Also, he made a religious change in life so the decision was impacted by his religious values. One interviewee reported quitting because of a

career based decision in her life at the end of high school. This person picked a career relating to children and wanted to be a positive influence on the next generation, hence decided to quit keeping themselves from being a negative influence on the children. This shows that knowledge of the harm done by smoking and decisions that change the course of life can impact the smoking behaviour to motivate people to quit.

Figure 2 Conceptual Model of Smoking Initiation amongst Indian Youth



5.6 Theoretical Contribution-Conceptual Model

The conceptual model presented in Figure 2 shows the way the interviewees described getting into smoking. This conceptual model emerged from the common factors in the lives of the current and ex-smokers who participated in the study. The commonality was identified by the similarities in their stories and their language. Their lives were different and they had different lived experiences, but there were factors that matched with one another. This formed a conceptual model showing how the experience of smoking progressed.

The Conceptual Model in Figure 2 is a theoretical contribution this study has made. To the author's knowledge, no other New Zealand study has provided a model outlining the progression of smoking uptake in youth. The conceptual model presents the influence of parental and other family members, as well as cultural and ethnic influences. According to the youth interviewed these influences on the decision to smoke commence during childhood and then peer influence occurs when the youth enter high school. Some youth their first experience in childhood, but all of the youth interviewed did not initiate smoking, or get into the habit of smoking until they were older. The youngest reported age of initiation was around about sixteen.

Quote

I; Right when was this

P; 2013 I think

An important theoretical contribution of this study is the differentiation between the first experience and initiation of smoking. Previous research has focused on the smoking behaviour, the influences of it but has not defined initiation. This research, however, has found that the first experience with a cigarette does not make a person a smoker. The first experience does not mean the youth started smoking straight away.

The smoking came years after the first experience in some cases. The first experience was not always based on the same factor; some tried it because their parents smoked or grandparents smoked, some did it because of their friends, some did it just because they were curious. However, the initiation process was different just trying it. Many said that they did not finish the first cigarette that they had tried.

The first cigarette was not always surrounded by people encouraging them or urging them on to smoke, it was sometimes done in secrecy and privacy where they just gave it a go. Though the process of initiation was different. Initiation is not just an event, it is a process. A process takes time whereas the first experience, the first time they tried a cigarette was a specific event. This is the difference between first experience and initiation, the first experience is an event but initiation is a process.

Just as changing a diet is a process, it takes time so does the initiation of smoking. The interviewees talked about one influence- peer influence common across every interviewee that led to the initiation process. Each interviewee had at least one peer in their life that influenced them to initiate smoking. Smoking is a habit, not just an event so the habit is developed by regular exposure to the stimuli and the stimuli in the process of smoking initiation is friends or other peers who smoke.

It is the regular company of smokers which develops a smoking habit in the non-smoking interviewee. The interviewees stayed off cigarettes until they had a peer that was smoking around them, the interviewees picked up the habit from those around them. Through regular exposure, opportunity and urging from friends/peers did the habit develop. It was a mindset that they had to fit in and to fit in with these peers they had to smoke. This is reinforced in these relationships when these people urged the interviewees to have one cigarette to share a cigarette with them when they smoke.

Usually, they would share the cigarettes with their peers until they built a habit and tolerance for it. They did not like their first cigarette but the addiction kicked in with repeated exposure and use by peers around them. They coughed at the first cigarette but they started liking it after a while, this would be the nicotine addiction to it that produces the adaptation to cigarettes, to the taste of it and a liking for the act of it. They did not know how to smoke but their peers taught them how to drag it the right way and they were taught how to smoke.

Quote

"I started having a few puffs because I was in year 12 when I was at Papatoetoe High so I had a few puffs but when I got up to year 13 it became a regular thing before school or during school if I had a free period or things like that every time I would get a chance to go out of school I would be with my friends smoking."

They smoke with their peers when they would be drinking, or partying or hanging out with their friends. It just is one more thing to do when around people or when partying, or drinking that builds up a familiarity with such actions that allows and encourages more of the same behaviour when in such situations. This was shown in the lives of the interviewees, the more they went out to party, drink and hang out with friends they smoked more.

The more peers were involved in the lives of interviewees, the greater their smoking habits developed to become. This was shown in the lives of each of the heavy smokers who are smoking habit was developed because of daily and frequent association with the friends who smoked. A point to be noted here is that these friends did not force the interviewees to smoke, they just offered and the norm of smoking together was being formed. Just through frequency was the norm built and through the norm, the habit was formed. If it is done long enough the chemical addiction gets its hooks in the interviewees and they are now addicted to smoking even if it is mildly, to begin with.

This leads to developing a lifestyle that includes cigarette smoking, which in some cases, that ends up in heavy smoking. This means cigarettes get incorporated into the life where the interviewees were smoking after waking up, after eating, smoking in the evenings, smoking was more than just something to do, it was a new lifestyle. It's not just the cigarettes that get addictive but the times when they would smoke that becomes addictive. This is what builds the habit, not just an addiction to the cigarettes but also to the new way of living. This is in cases of heavy smoking, with severe addictions.

Quote

"it came about more when I was drinking I would be like I feel like oh maybe I need a smoke like it was more with alcohol thing for me especially and even now when I go out with my friends and my friends are smoking and drinking I'm like oh maybe I should try it too but then I was like you don't need it, yeah and it's too expensive which is a good thing"

This study challenges the theoretical concepts that existed around smoking. The interviewees in this study all had some concept of an in-house smoking ban yet they became smokers. This shows that the rules, the bans and ideas that have a smoke free home could contribute to youth not smoking in the future. The youth interviewed for this study just hid their smoking habits from their parents and their family members. The peer influence outweighs the bans and the rules that the family placed on them.

These interviewees were also exposed to anti-smoking media influence which was ineffective according to the interviewees of this study. The anti-smoking media has become over stimulated that has been directed towards this ethnicity through pre-shows in Bollywood movies and the viewers have become apathetic towards them. Hence they had not evoked the need to quit among the interviewees.

The entire point of anti-smoking messages is to inspire non-smoking behaviour and the smokers who viewed it did not feel motivated to quit. The message was deep according to the interviewees but the quantity was overpowering for them and the incidents when movies showed smoking behaviour nullified the pre-show. There are many existing theories that speak not to over stimulate the viewers but no study has found specific results for Indian/Hindi anti-smoking pre-movie show.

Quitting was made easier for many of them by not having people around them who smoke, so some had to change their friendship groups and remove themselves from such people in order to adapt to this life change. There was also mention that quitting is easier with others' support, but they did not use Quitline, rather they had new friends and non-smoking people around them that encouraged them, supported them and kept them accountable to their goal of quitting. The process starts with the influence of reference groups and ends with it too, and if the smoking behaviour doesn't end it's also on account of reference groups. This research concludes, for the young people interviewed, reference groups of peers is the key external influence on smoking initiation by youth.

There have been many studies that have established that peer influence impacts smoking uptake, but the quantitative nature of most of those studies did not show how this influence occurs. This qualitative study has contributed to show how peer influence impacts smoking uptake among Indian youth in New Zealand. Without a qualitative study, it would not have been easy to identify the different levels of impact that peers had on the youth in this study. The study has identified the nature of influence at different stages; for peer pressure, it is more to do with pressurising the youth whereas during initiation their role is more that of a teacher.

5.7 Conclusion

This chapter presented a summary of the findings and presented the theological contributions this study has made. This chapter answered the research question and provided evidence of the key external influences behind smoking initiation in Indian youth in New Zealand. This chapter argued that first experience of smoking and initiation of smoking are two very different things. The key external influence is peer influence.

Chapter 6: Conclusion

6.0 Introduction

This chapter presents the conclusions of the study undertaken to identify key external influences on smoking initiation by Indian youth. The chapter discusses the areas of managerial implication of the study and further research that could be done in the future to expand on this topic. It also presents the limitations of the study and final conclusions.

6.1 Managerial Implications

There are quite a few areas identified throughout this study that need to be addressed by government agencies and policymakers as well as other authorities such as schools. There are a number of students selling cigarettes in schools and there needs to be stronger monitoring and reinforcement of school rules on these young adults regarding smoking behaviour. These things happen right under the noses of teachers and careful monitoring and carrying out of school smoking rules would help stop this behaviour and would likely decrease the incidence of underage smoking.

Also for policymakers, it is important to note that these students smoked just outside of school and since technically these areas do not belong to the school they were not breaking any school rules. Perhaps it would be good for policymakers to look into this issue and consider possibly extending the authority of schools to beyond school grounds to neighbouring areas in regards to smoking. Some of the interviewees mentioned that they would smoke before school, they would be doing this in school uniform and so that would be punishable. My suggestion is that teachers undertake a cigarette patrol or extra funding be given to schools for security personnel who can patrol the school grounds and neighbouring areas such as alleyways for students who may be smoking.

There are many factors identified in this study but the most prominent influence that impacts smoking uptake externally is the influence of friendships. Smoking uptake is not impacted by the attractiveness of cigarettes but the impact of people in our lives. Currently, the anti-smoking campaigns are trying to make cigarettes unattractive but not focus on the social/relationship aspect of smoking behaviour. The HPA needs to revisit the strategies and

reassign their energies to creating anti-smoking promotional adds that discourage smoking together not alone. A suggestion for this is focused on friends helping one another quit smoking, keep each other accountable and create a community feel on quitting and staying away from cigarettes more attractive rather than make smoking an unattractive act.

Amongst the youth interviewees, there was a lack of knowledge on the harmfulness of cigarettes so increased education is in order, but as seen that the youth tend to ignore the anti-smoking campaigns when they try to communicate, so other ways must be. Though previous research has demonstrated culturally focused interventions to be successful, the pre-shows on the harmfulness on smoking that accompanies Bollywood movies do not work according to the interviewees. Therefore, it would be better if these pre-shows were shortened or removed altogether. Special speakers and lectures can be given on the topics to educate the students on the issue and people of authority like the school nurses or one of the teachers or motivational speakers can be drafted for the task. Although high school might be too late for such an education because the first experience occurs commonly during this age it can be done sometime before, perhaps during the intermediate years.

6.3 Limitations

One limitation of the study is that the sample size was quite small. A larger sample may have given a wider range of findings and more to add to the body of literature. Increased time with each interviewee may also have given a richer set of data, in the form of a second interview after the researcher had conducted a preliminary analysis to fill in any gaps in knowledge or to further develop the topic. There is also a socio-economical limitation on the sample because the sample are all educated individuals who study in university or recently studied in university. This socio-economic limitation also applies to the location the sample was taken from Auckland.

This study only undertook one type of data gathering which was individual interviews while other forms of data gathering such as focus groups may have yielded more data and richer information. The age restriction in this study was also a limitation as we did not get to see if people of different ages had similar experiences.

6.4 Future Research

The conceptual model of smoking experience can be tested against the experiences of more people from different cultural backgrounds. Previous research indicated that external influences had more impact than internal ones but now that there is a conceptual model to look at, presented in this study, internal influences can be studied to expand on this. There was a relationship identified between sibling smoking and smoking uptake and further study needs to be done to identify the details behind this. Also, the study should be extended to other age groups to see if the conceptual model would apply to their experiences as well or not. Another topic for future research is the implications of media portrayal of smoking against cultural norms and childhood mind-sets. We could also look at the experiences of those who had their first experience but it did not translate into the initiation of smoking, to identify factors in their experiences that could be potential demotivation or barriers to smoking initiation.

6.5 Conclusion

In conclusion, this study has looked at different external influences on smoking initiation and found peer influence to be the key external influence with family smoking status and media exposure also having some influence. This chapter has provided implications for action and included the limitations of the research and prompts for potential future research.

References

- Abdullah, A. S. M., & Husten, C. S. (2004). Promotion of smoking cessation in developing countries: a framework for urgent public health interventions. *Thorax*, *59*(7), 623-630. doi:10.1136/thx.2003.018820
- Abramova, Z., Sami, M., Oh, M., & Huh, J. (2017). Involuntary Tobacco Smoking Exposure Among Korean American Emerging Adults: A Qualitative Study. *J Immigr Minor Health*, *19*(3), 733-737. doi:10.1007/s10903-015-0318-6
- Alberg, A. J., Shopland, D. R., & Cummings, K. M. (2014). The 2014 surgeon general's report: Commemorating the 50th anniversary of the 1964 report of the advisory committee to the US surgeon general and updating the evidence on the health consequences of cigarette smoking. *Am J Epidemiol*, *179*(4), 403-412. doi:10.1093/aje/kwt335
- Albers, A., Beiner, L., Siegel, M., Cheng, D., & Riggoti, N. (2008). Household Smoking Bans and Adolescent Antismoking Attitudes and Smoking Initiation: Findings from a longitudinal study of Massachusetts youth cohort *American Journal of Public Health*, *98*(10), 1886-1893.
- Allem, J. P., Soto, D. W., Baezconde-Garbanati, L., Sussman, S., & Unger, J. B. (2015). Cultural and social influences on adolescent smoking dissipate by emerging adulthood among Hispanics in Southern California. *J Immigr Minor Health*, *17*(1), 192-197. doi:10.1007/s10903-013-9910-9
- Aloise-Young, A. P., Graham, W. J., & Hansen, B. W. (1994). Peer Influence in smoking initiation during early adolescence: A comparison of group members and group outsiders *Journal of Applied Psychology*, *79*(2), 281-287.
- Amaldoss, W., & Jain, S. (2008). Trading Up: A Strategic Analysis of Reference Group Effects. *Marketing Science*, *27*(5), 932-942. doi:doi 10.1287/mksc.1070.0350
- Azagba, S., Baskerville, N. B., & Minaker, L. (2015). A comparison of adolescent smoking initiation measures on predicting future smoking behavior. *Prev Med Rep*, *2*, 174-177. doi:10.1016/j.pmedr.2015.02.015
- Bearden, W., & Etzel, M. (1982). Reference Group Influence on Product and Brand Purchase Decisions *Journal of Consumer Research*, *9*, 183-194.
- Bernat, D. H., Klein, E. G., & Forster, J. L. (2012). Smoking initiation during young adulthood: a longitudinal study of a population-based cohort. *J Adolesc Health*, *51*(5), 497-502. doi:10.1016/j.jadohealth.2012.02.017
- Braun, V., & Clarke, V. (2006a). Using thematic analysis in psychology *Qualitative Research in Psychology* 77-100.
- Braun, V., & Clarke, V. (2006b). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 77-100.
- Breslau, N., & Peterson, E. (1996). Smoking cessation in young adults: Age at initiation of cigarette smoking and other suspected influences. *American Journal of Public Health*, *86*(2).
- Brook, J. S., Morojele, N. K., Brook, D. W., Zhang, C., & Whiteman, M. (2006). Personal, interpersonal, and cultural predictors of stages of cigarette smoking among adolescents in Johannesburg, South Africa. *Tob Control*, *15 Suppl 1*, i48-53. doi:10.1136/tc.2005.014878
- Burton, S., Hoek, J., Nesbit, P., & Khan, A. (2015). "Smoking is bad, it's not cool...yet I'm still doing it": Cues for tobacco consumption in a 'dark' market. *Journal of Business Research*, *68*(10), 2067-2074. doi:10.1016/j.jbusres.2015.03.004
- Calfee, J., & Ringold, D. (1990). What would happen if cigarette advertising and promotion were banned? *Advances in Consumer Research*, *17*.
- Capella, M. L., Taylor, C. R., & Webster, C. (2008). The effect of cigarette advertising bans on consumption: A meta-analysis. *Journal of Advertising*, *37*(2), 7-18. doi:10.2753/joa0091-3367370201
- Chaloupka, F. (1991). Rational addictive behaviour and cigarette smoking.pdf. *Journal of Political Economy*, *99*(4), 722-742.

- Chen, X., & Jacques-Tiura, A. J. (2014). Smoking initiation associated with specific periods in the life course from birth to young adulthood: data from the National Longitudinal Survey of Youth 1997. *Am J Public Health, 104*(2), e119-126. doi:10.2105/AJPH.2013.301530
- Christopoulou, R., & Lillard, D. R. (2015). Is smoking behavior culturally determined? Evidence from British immigrants. *J Econ Behav Organ, 110*, 78-90. doi:10.1016/j.jebo.2014.12.014
- Creswell, J. (2013). *Qualitative inquiry and research design. Choosing among Five Approaches*. London: Sage.
- Currow, D. C., & Dessaix, A. (2011). Plain packaging for tobacco products. *BMJ, 343*, d5693. doi:10.1136/bmj.d5693
- Czart, C., Pacula, R., Chaloupka, F., & Wechsler, H. (2001). The impact of prices and control policies on cigarette smoking among college students. *Contemporary Economic Policy, 19*(2), 135-149.
- Davies, A., & Fitchett, J. (2004). 'Crossing culture': A multi-method enquiry into consumer behaviour and the experience of cultural transition. *Journal of Consumer Behaviour, 3*(4), 315-330.
- de Mooij, M. (2017). Comparing dimensions of national culture for secondary analysis of consumer behavior data of different countries. *International Marketing Review, 34*(3), 444-456. doi:10.1108/imr-02-2016-0047
- Doku, D., Koivusilta, L., Raisamo, S., & Rimpela, A. (2012). Tobacco use and exposure to tobacco promoting and restraining factors among adolescents in a developing country. *Public Health, 126*(8), 668-674. doi:10.1016/j.puhe.2012.05.003
- Dusenbury, L., Kener, F. J., Barker, E., Botvin, G., James-Orti, S., & Zaubner, A. (1992). Predictors of smoking prevalence among New York latino youth. *82, 1*, 55-58.
- Ecsamilla, G., Cardock, A., & Kawachi, I. (2000). Women and smoking in hollywood movies: A content analysis. *American Journal of Public Health, 90*(3).
- Edwards, R., Carter, K., Peace, J., & Blakely, T. (2013). An examination of smoking initiation rates by age: results from a large longitudinal study in New Zealand. *Australian and New Zealand Journal of Public Health, 37*(6), 516-519. doi:10.1111/1753-6405.12105
- Ennett, T. S., & Bauman, E. K. (1994). The contribution of influence and selection to adolescent peer group homogeneity: The case of adolescent cigarette smoking. *Journal of Personality and Social Psychology, 67*(4), 653-663.
- Friis, R. H., Garrido-Ortega, C., Safer, A. M., Wankie, C., Griego, P. A., Forouzesh, M., . . . Kuoch, K. (2012). Socioepidemiology of cigarette smoking among Cambodian Americans in Long Beach, California. *J Immigr Minor Health, 14*(2), 272-280. doi:10.1007/s10903-011-9478-1
- Gagne, T., Frohlich, K. L., & Abel, T. (2015). Cultural capital and smoking in young adults: applying new indicators to explore social inequalities in health behaviour. *Eur J Public Health, 25*(5), 818-823. doi:10.1093/eurpub/ckv069
- Gallet, C. (1999). The effect of the 1971 advertising ban on behavior in the cigarette industry. *Managerial and Decision Economics, 20*, 299-303.
- Ganeshasundaram, R., & Henley, N. (2008). Cultural factors affecting smoking intentions in Sri Lankan immigrant adolescents: An exploratory study. *Journal of Research on Consumers*(14), 1-6.
- Gaviria, A., & Raphael, S. (2001). School based peer effects and juvenile behavior. *The Review of Economics and Statistics, 83*(2), 257-268.
- Gibson, B., & Maurer, J.** (2000). Cigarette smoking in the movies: The influence of product placement on attitudes toward smoking and smokers. *Journal of Applied Social Psychology, 30*(7), 1457-1473.
- Glantz, S., Kacrik, K., & McCullouch, C. (2004). Back to the future: smoking in movies in 2002 compared to 1950. *American Journal of Public Health, 94*(2), 261-263.
- Goel, R., & Nelson, M. (2004). The International Patterns of Cigarette Smoking and Global Antismoking Policies. *Journal of Economics and Finance* 382-394.
- Goldade, K., Choi, K., Bernat, D. H., Klein, E. G., Okuyemi, K. S., & Forster, J. (2012). Multilevel predictors of smoking initiation among adolescents: findings from the Minnesota Adolescent Community Cohort (MACC) study. *Prev Med, 54*(3-4), 242-246. doi:10.1016/j.ypmed.2011.12.029
- Goldberge, M. (2003). American media and the smoking-related behaviors of Asian adolescents. *Journal of Advertising Research, 1-11*. doi:10.1017/S0021849903030010

- Grant, I., Hassan, L., Hastings, G., MacKintosh, A., & Eadie, D. (2008). The influence of branding on adolescent smoking behaviour: exploring the mediating role of image and attitudes. *International Journal of Nonprofit and Voluntary Sector Marketing*, *13*, 275-285. doi:10.1002/nvsm329
- Gunther, A. C., Bolt, D., Borzekowski, D. L. G., Liebhart, J. L., & Dillard, J. P. (2006). Presumed influence on peer norms: How mass media indirectly affect adolescent smoking. *Journal of Communication*, *56*(1), 52-68. doi:10.1111/j.1460-2466.2006.00002.x
- Guo, J., McGee, R., Reeder, T., & Gary, A. (2010). Smoking behaviour and contextual influences on adolescent nicotine dependence *Health Promotion Practice*, *34*(5), 502-507. doi:10.1111/j.1753-6405.2010.00597.x
- Gupta, S. D., Purohit, N., Bhati, D. K., & Kundu, A. S. (2013). Smoking cessation: exploring predictors of change in smoking behavior in Indian male population. *Journal of Substance Use*, *19*(6), 410-415. doi:10.3109/14659891.2013.840684
- Harris, J. E., & Gonzalez Lopez-Valcarcel, B. (2008). Asymmetric peer effects in the analysis of cigarette smoking among young people in the United States, 1992-1999. *J Health Econ*, *27*(2), 249-264. doi:10.1016/j.jhealeco.2007.07.005
- Hassan, L. M., & Shiu, E. (2015). The moderating role of national cultural values in smoking cessation. *Journal of Business Research*, *68*(10), 2173-2180. doi:10.1016/j.jbusres.2015.03.017
- Hastings, G., Gallopel-Morvan, K., & Rey, J. M. (2008). The plain truth about tobacco packaging. *Tob Control*, *17*(6), 361-362. doi:10.1136/tc.2008.027755
- Hiemstra, M., Otten, R., de Leeuw, R. N., van Schayck, O. C., & Engels, R. C. (2011). The changing role of self-efficacy in adolescent smoking initiation. *J Adolesc Health*, *48*(6), 597-603. doi:10.1016/j.jadohealth.2010.09.011
- Hiemstra, M., Ringlever, L., Otten, R., van Schayck, O. C., Jackson, C., & Engels, R. C. (2014). Long-term effects of a home-based smoking prevention program on smoking initiation: a cluster randomized controlled trial. *Prev Med*, *60*, 65-70. doi:10.1016/j.ypmed.2013.12.012
- Hoek, J., Gendall, P., Maubach, N., & Edwards, R. (2012). Strong public support for plain packaging of tobacco products. *Aust N Z J Public Health*, *36*(5), 405-407. doi:10.1111/j.1753-6405.2012.00907.x
- Hoek, J., Vaudrey, R., Gendall, P., Edwards, R., & Thomson, G. (2012). Tobacco retail displays: A comparison of industry arguments and retailers' experiences *Online First*, *21*, 497-501. doi:10.1136/tc.2011.043687
- Hoek, J., Wong, C., Gendall, P., Louviere, J., & Cong, K. (2011). Effects of dissuasive packaging on young adult smokers. *Tob Control*, *20*(3), 183-188. doi:10.1136/tc.2010.037861
- Holak, L. S., & Reddy, K. S. (1986). Effects of a television and radio advertising ban: A study of the cigarette industry. *Journal of Marketing*, *50*(4), 219-227.
- Hollway, W., & Jefferson, T. (2000). *Doing Qualitative Research Differently. Free association, narrative and the interview method*. London: Sage Publications.
- Hong, T., Rice, J., & Johnson, C. (2012). Ethnic group and temporal influences of social norms: Smoking behavior among a panel of adolescents. *Journal of Communication*, *62*(1), 158-174. doi:10.1111/j.1460-2466.2011.01623.x
- Hu, F., Flay, B., Hedeker, D., Siddiqui, O., & Day, L. E. (1995). The Influence of friends' and parental smoking on adolescent smoking behavior: The effects of time and prior smoking *Journal of Applied Psychology*, *25*(22), 2018-2047.
- Huang, C. G., Soto, D., Fujimoto, K., & Valente, W. T. (2014). The interplay of friendship networks and social networking sites: Longitudinal analysis of selection and influence effects on adolescent smoking and alcohol use. *American Journal of Public Health*, *104*(8), 51-59. doi:10.2105/AJPH.2014
- Karasek, D., Ahern, J., & Galea, S. (2012). Social norms, collective efficacy, and smoking cessation in Urban neighborhoods. *American Journal of Public Health*, *102*(2), 343-351.
- Karlsen, S., Millward, D., & Sandford, A. (2012). Investigating ethnic differences in current cigarette smoking over time using the health surveys for England. *Eur J Public Health*, *22*(2), 254-256. doi:10.1093/eurpub/ckr097

- Kestila, L., Koskinen, S., Martelin, T., Rahkonen, O., Pensola, T., Pirkola, S., . . . Aromaa, A. (2006). Influence of parental education, childhood adversities, and current living conditions on daily smoking in early adulthood. *Eur J Public Health, 16*(6), 617-626. doi:10.1093/eurpub/ckl054
- Khare, A. (2014). Influence of cultural values on Indian consumers' local store loyalty. *Journal of International Consumer Marketing, 26*(4), 329-343. doi:10.1080/08961530.2014.917367
- Kim, S. S., Kim, S. H., Fang, H., Kwon, S., Shelley, D., & Ziedonis, D. (2015). A culturally adapted smoking cessation intervention for Korean Americans: A mediating effect of perceived family norm toward quitting. *J Immigr Minor Health, 17*(4), 1120-1129. doi:10.1007/s10903-014-0045-4
- Kira, A., Glover, M., Gentles, D., McCool, J., Scragg, R., Bullen, C., & Nosa, V. (2015). Children's positive attitudes towards the tobacco industry is associated with initiation of smoking. *New Zealand Medical Association, 128*(1425), 112-115.
- Knudsen, T. (2008). Reference groups and variable risk strategies. *Journal of Economic Behavior & Organization, 66*, 22-36. doi:10.1016/j.jebo.2007.02.004
- Kollath-Cattano, C., Abad-Vivero, E., Mejia, R., Perez-Hernandez, R., Sargent, J., & Thrasher, J. (2016). Portrayals of character smoking and drinking in Argentine-, Mexican-and US-produced film. *Preventive Medicine, 90*, 143-147.
- Krainuwat, K. (2005). Smoking initiation prevention among youths: implications for community health practice. *JOURNAL OF COMMUNITY HEALTH NURSING, 22*(4), 195-204.
- Krauth, B. V. (2005). Peer effects and selection effects on smoking among Canadian youth. *Canadian Economics Association, 38*(3), 735-757.
- Krauth, B. V. (2006). Simulation-based estimation of peer effects. *Journal of Econometrics, 133*(1), 243-271. doi:10.1016/j.jeconom.2005.03.015
- Kravitz-Wirtz, N. (2016). A discrete-time analysis of the effects of more prolonged exposure to neighborhood poverty on the risk of smoking initiation by age 25. *Soc Sci Med, 148*, 79-92. doi:10.1016/j.socscimed.2015.11.027
- Kvale, S. (1996). *Interviews. An introduction to qualitative research interviewing* London: Sage Publications.
- Lakier, J. B. (1992). Smoking and cardiovascular disease. *The American Journal of Medicine, 93*(1), S8-S12. doi:doi:10.1016/0002-9343(92)90620-Q
- Lakon, c., Hipp, J., & Timberlake, D. (2010). The social context of adolescent smoking: A systems perspective. *American Journal of Public Health, 100*(7), 1218-1228.
- Lakon, C., Hipp, J., Wang, C., Butts, C., & Jose, R. (2015). Simulating dynamic network models and adolescent smoking: The impact of varying peer influence and peer selection. *American Journal of Public Health, 105*(12).
- Lamdin, D. (1999). Event studies of regulation and new results on the effect of the cigarette advertising. *Journal of Regulatory Economics, 16*, 187-201.
- Lancaster, K., & Lancaster, A. (2003). The economics of tobacco advertising: spending, demand, and the effects of bans. *International Journal of Advertising, 22*, 41-65.
- Mahabee-Gittens, E. M., Khoury, J. C., Huang, B., Dorn, L. D., Ammerman, R. T., & Gordon, J. S. (2011). The protective influence of family bonding on smoking initiation in adolescence by racial/ethnic and age subgroups *Journal of Child & Adolescent Substance Abuse, 20*, 270-287. doi:10.1080/1067828X.2011.581969
- Mannocci, A., Colamesta, V., Mipatrini, D., Messina, G., Gualano, M. R., Gianfagna, F., . . . La Torre, G. (2015). From directive to practice: are pictorial warnings and plain packaging effective to reduce the tobacco addiction? *Public Health, 129*(12), 1563-1570. doi:10.1016/j.puhe.2015.08.014
- Maralani, V. (2013). Educational inequalities in smoking: the role of initiation versus quitting. *Soc Sci Med, 84*, 129-137. doi:10.1016/j.socscimed.2013.01.007
- Martinez-Sanchez, J. M., Fernandez, E., Fu, M., Gallus, S., Martinez, C., Sureda, X., . . . Clancy, L. (2010). Smoking behaviour, involuntary smoking, attitudes towards smoke-free legislations, and tobacco control activities in the European Union. *PLoS One, 5*(11), e13881. doi:10.1371/journal.pone.0013881

- Mathur, C., Erickson, D., Stigler, M., Foster, J., & Finnegan, J. (2013). Individual and neighborhood socioeconomic status effects on adolescent smoking: A multilevel cohort-sequential latent growth analysis. *American Journal of Public Health, 103*(3), 543-548.
- McVicar, D., & Polanski, A. (2014). Peer effects in UK adolescent substance use: Never mind the classmates? *Oxford Bulletin of Economics and Statistics, 76*(4), 589-604. doi:10.1111/obes.12030
- Miller, G., Sharma, M., Brown, D., & Shahabazi, M. (2015). Using social cognitive theory to predict intention to smoke in middle school students. *American Journal of Health Studies, 30*(2), 59-59.
- Ministry of Health. (2008). *Monitoring tobacco use in New Zealand* (978-0-478-31760-2). Retrieved from Ministry of health website <http://www.health.govt.nz/publication/monitoring-tobacco-use-new-zealand>
- Ministry of Health. (2014). *Tobacco achievements*. Retrieved from Ministry of health website <http://www.health.govt.nz/our-work/preventative-health-wellness/tobacco-control/smokefree-2025>
- Ministry of Health. (2015). *Annual update of key results 2014/15*. Retrieved from Ministry of health website: <http://www.health.govt.nz/publication/annual-update-key-results-2014-15-new-zealand-health-survey>
- Ministry of Social Development. (2017). *The social report 2016*. Retrieved from Ministry of social development website: <http://socialreport.msd.govt.nz/>
- Mishra, G. A., Pimple, S. A., & Shastri, S. S. (2012). An overview of the tobacco problem in India. *Indian J Med Paediatr Oncol, 33*(3), 139-145. doi:10.4103/0971-5851.103139
- Mitchell, M. L., & Mulherin, J. H. (1988). Finessing the political system: The cigarette advertising ban *Southern Economic Journal., 54*(4), 855-862.
- Monitoring health for the SDG's Sustainable Development Goals.* (2017). Retrieved from Geneva:
- Nasim, A., Corona, R., Belgrave, F., Utsey, S. O., & Fallah, N. (2006). Cultural orientation as a protective factor against tobacco and marijuana smoking for African American young women. *Journal of Youth and Adolescence, 36*(4), 503-516. doi:10.1007/s10964-006-9097-7
- Neal, C., Quester, P., & Hawkins, D. (2006). *Consumer Behaviour. Implications for marketing strategy* Sydney McGraw-Hill Australia
- Neal, C., Quester, P., & Hawkins, D. (2006). *Consumer behaviour: Implications for marketing strategy* (Vol. 4). Sydney McGraw-Hill Australia Pty Limited.
- Neuman, W. L. (2006). *Social research methods. Quantitative and qualitative approaches* Boston: Pearson.
- Nonnemaker, J., Kim, A., Shafer, P., Loomis, B., Hill, E., Holloway, J., & Farrelly, M. (2016). Influence of point-of-sale tobacco displays and plain black and white cigarette packaging and advertisements on adults: Evidence from a virtual store experimental study. *Addict Behav, 56*, 15-22. doi:10.1016/j.addbeh.2016.01.001
- Okoli, C. T., & Kodet, J. (2015). A systematic review of secondhand tobacco smoke exposure and smoking behaviors: Smoking status, susceptibility, initiation, dependence, and cessation. *Addict Behav, 47*, 22-32. doi:10.1016/j.addbeh.2015.03.018
- Olson, K. (2011). *Essentials of Qualitative Interviewing* California Left Coast Press
- Paek, H.-J. (2009). Differential effects of different peers: Further evidence of the peer proximity thesis in perceived peer influence on college students' smoking. *Journal of Communication, 59*(3), 434-455. doi:10.1111/j.1460-2466.2009.01423.x
- Paek, H.-J., & Gunther, C. A. (2007). How peer proximity moderates indirect media influence on adolescent smoking. *34, 4*, 407-432. doi:10.1177/0093650207302785
- Pierce, J. P. (2007). Tobacco industry marketing, population-based tobacco control, and smoking behavior. *Am J Prev Med, 33*(6 Suppl), S327-334. doi:10.1016/j.amepre.2007.09.007
- Pollay, R., & Lavack, A. (1993). The targeting of youths by cigarette marketers: Archival evidence on trial. *Advances in Consumer Research, 20*, 266-271.
- Prentice, C., & Cotte, J. (2015). Multiple Ps' effects on gambling, drinking and smoking: Advancing theory and evidence. *Journal of Business Research, 68*(10), 2045-2048. doi:10.1016/j.jbusres.2015.03.001

- Qi, S. (2013). The impact of advertising regulation on industry: the cigarette advertising ban of 1971. *RAND Journal of Economics*, 44(2), 215–248.
- Reidpath, D. D., Davey, T. M., Kadirvelu, A., Soyiri, I. N., & Allotey, P. (2014). Does one cigarette make an adolescent smoker, and is it influenced by age and age of smoking initiation? Evidence of association from the U.S. Youth Risk Behavior Surveillance System (2011). *Prev Med*, 59, 37-41. doi:10.1016/j.ypmed.2013.11.011
- Rubin, H., & Rubin, I. (2005). *Qualitative Interviewing. The art of hearing data*. London: Sage Publications.
- Schaefer, D. R., Haas, S. A., & Bishop, N. J. (2012). A dynamic model of US adolescents' smoking and friendship networks. *Am J Public Health*, 102(6), e12-18. doi:10.2105/AJPH.2012.300705
- Schuck, K., Otten, R., Kleinjan, M., Bricker, J. B., & Engels, R. C. (2015). Promoting smoking cessation among parents: effects on smoking-related cognitions and smoking initiation in children. *Addict Behav*, 40, 66-72. doi:10.1016/j.addbeh.2014.09.002
- Scragg, R., & Laugesen, M. (2007). Influence of smoking by family and best friend on adolescent tobacco smoking: results from the 2002 New Zealand national survey of Year 10 students. *Australian and New Zealand Journal of Public Health*, 31(3), 217-223. doi:10.1111/j.1753-6405.2007.00051.x
- Singh, A., & Ladusingh, L. (2014). Prevalence and determinants of tobacco use in India: Evidence from recent global adult tobacco survey data *PLoS ONE* 9(2), 1-18. doi:10.1371/journal.pone.0114073
- Singh, B., & Matsuba, T. (1999). Prevalence of tobacco use in Fiji. *Pacific Health Dialog*, 6(2), 178-182.
- Slater, D. M., & Hayes, F. A. (2010). The influence of youth music television viewership on changes in cigarette use and association with smoking peers: A social identity, reinforcing spirals perspective. *Communication Research*, 37(6), 751-773.
- Stanton, W., Lowe, J., & Silva, P. (1995). Antecedents of vulnerability and resilience to smoking among adolescents. *Journal of Adolescent Health*, 61, 71-77.
- Statistics NZ. (2011). *Travel and migration to and from India: 1990–2010*. Retrieved from Statistics New Zealand Website http://www.stats.govt.nz/browse_for_stats/population/Migration/travel-migration-india-1990-2010.aspx
- Stewart, D., & Shamdassani, P. (2015). *Focus Groups. Applied social research methods series* London: Sage.
- Strong, C., & Eftychia, S. (2006). The influence of family and friends on teenage smoking in Greece: Some preliminary findings *Marketing Intelligence and Planning*, 24(2), 119-126.
- Tan, W. (2006). The effects of taxes and advertising restrictions on the market structure of the U.S. cigarette market. *Review of Industrial Organization*, 28(3), 231-251. doi:10.1007/s11151-006-0015-7
- Taylor, S. J., & Bogdan, R. (1998). *Introduction to Qualitative Research Methods. A guidebook and resource* Toronto John Wiley and Sons Inc
- Teel, S., Teel, J., & Bearden, W. (1979). Lesson learnt from the broadcast and cigarette advertising *Journal of Marketing*, 43, 45-50.
- Thompson, A. B., Tebes, J. K., & McKee, S. A. (2015). Gender differences in age of smoking initiation and its association with health. *Addiction Research & Theory*, 23(5), 413-420. doi:10.3109/16066359.2015.1022159
- Thomson, G., & Wilson, N. (1997). *A brief history of tobacco control in New Zealand* Retrieved from
- Tickle, J. J., Hull, J. G., Sargent, J. D., Dalton, M., & Heatheron, T. (2006). A structural equation model of social influences and exposure to media smoking on adolescent smoking *BASIC AND APPLIED SOCIAL PSYCHOLOGY*, 28(2), 177-129.
- Tracy, S. J. (2013). *Qualitative Research Methods. Collecting evidence, crafting analysis, communicating impact* Chichester: Wiley-Blackwell
- US Surgeon General. (1990). *The health benefits of smoking cessation* Retrieved from https://profiles.nlm.nih.gov/NN/B/B/C/V/_/nnbbcv.pdf
- Vasilopoulos, A., Gourgoulanis, K., Hatzoglou, C., & Roupa, Z. (2015). Social influences and smoking habit in adolescent *Health Science Journal*, 9(2.5), 1-4.

- Veselska, Z., Geckova, M. A., Orosova, O., Gajdosova, B., van Dijk, P. J., & Reijneveld, S. (2008). Self-esteem and resilience: The connection with risky behavior among adolescents. *Addictive Behaviors, 34*, 287–291. doi:10.1016/j.addbeh.2008.11.005
- Waa, A., Edwards, R., Newcombe, R., Zhang, J., Weerasekera, D., Peace, J., & McDuff, I. (2011). Parental behaviour, but not parental smoking, influence current smoking and smoking susceptibility among 14 and 15 year olds *Health Behaviour, 35*, 530-536. doi:doi: 10.1111/j.1753-6405.2011.00772.x
- Warren, C., & Karner, T. (2010). *Discovering Qualitative Methods. Field research, interview, analysis*. New York: Oxford University Press Incorporated.
- World Health Organisation. (2010). *Global adult tobacco survey 2009-2010*. Retrieved from www.who.int/tobacco/surveillance/survey/gats/en
- World Health Organisation. (2017). *World health statistics 2017: Monitoring health for sustainable development goals* Retrieved from World Health Organisation Website http://www.who.int/gho/publications/world_health_statistics/2017/en/
- Xue, Y., Zimmerman, M., & Caidweli, C. (2007). Neighborhood residence and cigarette smoking among urban youths: The protective role of prosocial activities. *American Journal of Public Health, 97*(10).
- Yang, Z., & Laroche, M. (2011). Parental responsiveness and adolescent susceptibility to peer influence: A cross-cultural investigation. *Journal of Business Research, 64*(9), 979-987. doi:10.1016/j.jbusres.2010.11.021
- Yang, Z., Schaninger, C. M., & Laroche, M. (2011). Negative peer influence and teen drinking and smoking: The longitudinal roles of self-esteem and parenting *Marketing and Public Policy Conference Proceedings*, 112-113.
- Yang, Z., Schaninger, C. M., & Laroche, M. (2013). Demarketing teen tobacco and alcohol use: Negative peer influence and longitudinal roles of parenting and self-esteem. *Journal of Business Research, 66*(4), 559-567. doi:10.1016/j.jbusres.2012.01.004

Appendices

Appendix A Ethics Approval



AUTEC Secretariat

Auckland University of Technology
D-88, WU406 Level 4 WU Building City Campus
T: +64 9 921 9999 ext. 8316
E: ethics@aut.ac.nz
www.aut.ac.nz/researchethics

21 February 2017

Ken Hyde
Faculty of Business Economics and Law

Dear Ken

Re Ethics Application: **17/6 Key external influences on initiation of smoking behaviour by youth**

Thank you for providing evidence as requested, which satisfies the points raised by the Auckland University of Technology Ethics Sub Committee (AUTECH).

Your ethics application has been approved for three years until 21 February 2020.

As part of the ethics approval process, you are required to submit the following to AUTECH:

- A brief annual progress report using form EA2, which is available online through <http://www.aut.ac.nz/researchethics>. When necessary this form may also be used to request an extension of the approval at least one month prior to its expiry on 21 February 2020;
- A brief report on the status of the project using form EA3, which is available online through <http://www.aut.ac.nz/researchethics>. This report is to be submitted either when the approval expires on 21 February 2020 or on completion of the project.

It is a condition of approval that AUTECH is notified of any adverse events or if the research does not commence. AUTECH approval needs to be sought for any alteration to the research, including any alteration of or addition to any documents that are provided to participants. You are responsible for ensuring that research undertaken under this approval occurs within the parameters outlined in the approved application.

AUTECH grants ethical approval only. If you require management approval from an institution or organisation for your research, then you will need to obtain this.

To enable us to provide you with efficient service, please use the application number and study title in all correspondence with us. If you have any enquiries about this application, or anything else, please do contact us at ethics@aut.ac.nz.

All the very best with your research,



Kate O'Connor
Executive Secretary
Auckland University of Technology Ethics Committee

Cc: sheenalp93@live.com; katharine.jones@aut.ac.nz

Appendix B Tools

a) Participant Information Sheet

The logo for Auckland University of Technology (AUT) is displayed in white, bold, sans-serif capital letters on a black rectangular background.

TE WĀNANGA ARONUI
O TĀMAKI MAKĀU RAU

Individual Interview Participant Information Sheet

Date Information Sheet Produced:

03 March 2017

Project Title

Key External Influences on Smoking Initiation by Youth

An Invitation

Hello my name is Sheenal Prakash I am a Masters student studying marketing in the business school at Auckland University of Technology (AUT). I would like to invite you to participate in a research study. This investigation is on understanding the key external influences that are at play in the act of smoking initiation. I am interesting in the outside influences like friends, family and other related things that may have impacted your decision to take up smoking. I need to invite youth aged 20-24 year olds because research has shown this age group has the most smokers compared to the others.

I am mainly interested in the individual first time smoking experiences and how smoking habits have evolved since then. I would love to hear the stories that the participants would have to share on this topic and am very keen on listening to different perspectives and ideas on smoking initiation. There is a small gift voucher of \$25 which will be awarded to each participant for the kind contribution of your time. This study will help me gain a Masters of Business qualification. Participation in this study is entirely voluntary; it will neither advantage nor disadvantage you.

What is the purpose of this research?

The main aim of this research is to identify the key external influences that impact the decision to start smoking by talking to people who have smoked and still smoke. Hearing their stories and learning from their experiences to know what are the external factors in play with regards to smoking behaviour and the decision to smoke. Hearing the real life experiences of people and understanding the common factors between different people may bring to light the real influences behind smoking initiation attributing to add to the current body of academic literature. This research will result in a Master's thesis as part of my Master of Business qualification. This study is being conducted with academic purposes so the resulting thesis may attribute to the overall understanding of smoking behaviour to the wider community.

How was I identified and why am I being invited to participate in this research?

I approached friends, family, colleagues and other known people to spread the word about this study and you were identified by common friends as a young adult aged 20-24 year olds who has smoking experience. You are being invited because for this study, it is important to learn of the real life smoking experiences of people and you would be an excellent candidate. Non-smokers are not invited for this study because of their lack of required smoking experience also family members and close personal contacts cannot participate due to conflict of interest. Your contact details were obtained from these common friends/ associations but they were asked to consult with you before they shared your contact details. Or you saw the poster advertising this study and contact the researcher via the contact details available on it to volunteer for it.

How do I agree to participate in this research?

Your participation in this research is voluntary (it is your choice) and whether or not you choose to participate will neither advantage nor disadvantage you. You will be asked before the interview to sign a consent form based on the decision you make after reading this information sheet, asking any questions and carefully considering this invitation to participate. You are able to withdraw from the study at any time. If you choose to withdraw from the study, then you will be offered the choice between having any data that is identifiable as belonging to you removed or allowing it to continue to be used. However, once the findings have been produced, removal of your data may not be possible.

What will happen in this research?

This research is being conducted as interviews of people's smoking experiences. You are being invited to participate in an individual face-to-face interview with the researcher (Sheenal Prakash). This interview will be conducted on campus grounds and will be audio recorded which will later be transcribed as Data for this research. You will be asked to share your stories and experiences on smoking especially the story of the first time you smoked a cigarette. This study focuses on smoking initiation majorly so you will be asked to describe the first time you smoke and provide some context to it by telling about your family background, family circumstances at the time, talking about the friendship ties at the time and what really led you to try smoking a cigarette.

The aim of this study is to provide a friendly and fun environment for a professional discussion with respectful conduct. You will be asked as series of questions, one by one to guide the course of the discussion to cover the topics relevant to this study. The interview is expected to take about an hour any may go half hour over the time depending on the discussion therefore there will be a break halfway through. As AUT is a smoke-free facility if you wish to smoke during the break you will need to smoke outside of the campus grounds. You will be asked to share your personal experiences so if you feel any discomfort at any time please inform the researcher (Sheenal Prakash) and we will move on from that question. The data collected for this study will be used to formulate a thesis that will help me gain my Masters of Business qualification and there are no other intended purposes for the data produced from this interview.

What are the discomforts and risks?

There may be a possibility of painful or discomforting memories to arise during this discussion. As this study requires you to share your past experiences discomforting past memories may arise. In such situation you may request a break and take time away or you may choose to withdraw from the study. It is your choice to participate or not also any information you would not be comfortable sharing because of other present you are also welcome to keep to yourself. The objective of this study is to be a friendly discussion and it will be make as fun as possible.

How will these discomforts and risks be alleviated?

There are services available to help you quit smoking if you wish to. The Quitline service is available to those who wish to stop smoking. They have a range of services to help people quit smoking and provide support during the process. They have empathetic counsellors available that have experience in quitting smoking. There are stories available on the website showing progress and success of quitting smoking.

Phone: 0800 778 778

Website: <https://www.quit.org.nz/>

What are the benefits?

There is \$25 gift for you as the participant for being so kind to participate and it will help me gain my Masters of Business qualification. It might be interesting for the participants to share their experiences and hear of the experiences of their peers. It would be a contribution to the current body of literature, also there are no other uses of the data that will be gathered from this study.

How will my privacy be protected?

No data will be used to identify the participants and names will be replaced with nom de plume (made up names or titles e.g. participant A) so your identity is protected. All electronic data will be stored securely for six years and will be password protected. No contact details will be recorded or stored anywhere. The complete consent forms will be securely stored at AUT University for six years after the completion of data analysis. As confidential documents these will be shredded after six years for disposal.

What are the costs of participating in this research?

The research will take approximately 1 hour to 1 and half hours. You would need to make your way to campus grounds to ensure this study is undertaken in a safe and secure location.

What opportunity do I have to consider this invitation?

You have one week to consider this invitation.

Will I receive feedback on the results of this research?

You may email the researcher (Sheenal Prakash) for any feedback or an executive summary results if you wish. It is not compulsory.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Assoc. Prof. Ken Hyde, ken.hyde@aut.ac.nz, (09) 921 9999 ext 5605

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTECH, Kate O'Connor, ethics@aut.ac.nz , 921 9999 ext 6038.

Whom do I contact for further information about this research?

Please keep this Information Sheet and a copy of the Consent Form for your future reference. You are also able to contact the research team as follows:

Researcher Contact Details:

Sheenal Prakash email [bxq99941@aut.ac.nz](mailto:bqx99941@aut.ac.nz)

Project Supervisor Contact Details:

Assoc. Prof. Ken Hyde, ken.hyde@aut.ac.nz, (09) 921 9999 ext 5605

Approved by the Auckland University of Technology Ethics Committee 21 February 2017 AUTECH
Reference number 17/6.

b) Consent Form

The logo for Auckland University of Technology (AUT) features the letters 'AUT' in a bold, white, sans-serif font against a black rectangular background.

TE WĀNANGA ARONUI
O TĀMAKI MAKĀU RAU

Consent Form

Project title: Key External Influences on Smoking Initiation by the Youth

Project Supervisor: Associate Professor Ken Hyde and Dr Katharine Jones

Researcher: Sheenal Prakash

- I have read and understood the information provided about this research project in the Information Sheet dated __/03/2017
- I have had an opportunity to ask questions and to have them answered.
- I understand that notes will be taken during the interviews and that they will also be audio-taped and transcribed.
- I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.
- I understand that if I withdraw from the study then I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used. However, once the findings have been produced, removal of my data may not be possible.
- I agree to take part in this research.
- I wish to receive a summary of the research findings (please circle one): **Yes** **No**

Participant Name: _____

Contact Information

Phone Number: _____

Email: _____

Date: _____

Signature: _____

Approved by the Auckland University of Technology Ethics Committee on type the date on which the final approval was granted AUTEK Reference number type the AUTEK reference number

Note: The Participant should retain a copy of this form.

c) Interview Guide

Individual Interview

1. **Please tell me a little about yourself- where you grew up, your family, hobbies, occupation, or anything else you would like to share**

2. **Please tell me a little about your current status, are you a smoker?**

Probing questions:

- How often do you smoke?
- How many cigarettes per day?
- Does it increase when you are around people and are smoking with others?

3. **What would you like to share about your understanding of smoking?**

Probing Questions

- What do you know about the health risks involved?
- Have you been recommended to quit smoking by a doctor or nurse?

4. **Tell me a little about your parents smoking status- are they smokers?**

Probing Questions

- How was the environment at home growing up with regards to smoking?
- Were there any rules against it?
- Were guests allowed to smoke in the house?

5. **Please tell me about your first time experience smoking a cigarette, what motivated you to do it?**

Probing questions

- Where were you?
- What age?
- What were you doing?
- How you obtained the cigarette?

6. **Did you have any friends or peers who smoked when you initiated smoking?**

Probing Questions

- If so how close were you?
- Did you have distant peers who smoked?
- Did you have siblings or close cousins who smoked?

7. **What was your exposure like to smoking behaviour outside of people e.g. movies, magazines, T.V. shows, music videos etc.**

Probing questions

- Do you remember any celebrities you favoured at that time?
- Did they smoke on screen or off screen?
- Did your friends favour these celebrities too?

8. **How has your smoking experience changed with time?**

Probing Questions

- Has it increased with age?
- Do you now have more friends who smoke?
- Do you now have a partner who smokes?

9. **Are there circumstances or situations that come to mind that you think might change your smoking behaviour in the coming years?**

Probing Questions

- Getting married
- Having a child
- Health issues, sicknesses diseases

10. Reflecting upon all that we have talked about, what do you think most influenced you to start smoking?

11. Is there anything else you would like to share?

Probing questions

- Anything you believe will help me with my study of why people start smoking?
- Why would you say that, how would it help to know this information?

How does it relate to you?

d) Recruitment Poster

PARTICIPANTS NEEDED

- Are you 20-24 years old?
- Have you ever smoked?

We are conducting a study to understand the external influences smoking initiation behaviour. The aim of the study is to hear from people with smoking experience and understand what are the external influences behind starting to smoke cigarettes.

Commencement date: March 2017

\$25 GIFT VOUCHER

For more information if interested to participate
please contact:

Sheenal Prakash, Auckland University of Technology,
Marketing Advertising, Retailing and Sales

Email: sheenal.prakash@aut.ac.nz

AUT UNIVERSITY **BUSINESS**

Approved by the Auckland University of Technology Ethics Committee on 7 Feb 2017. AUTEC Reference number 17/6

e) Sample Transcript

I; Tell me about yourself tell me about your background.

P; My name is ***** currently called *** born in Fiji when I came here I was like 7 so I have pretty much been living here since 7 yeah basically as much as I can remember because I don't remember much from Fiji so I was in South Auckland went to Papatoetoe High like you and yeah just this is my first year in Uni but actually just done my second year this year though because too much course jumping yeah that's about it

I; Tell me about your family your hobbies

P; At home there's my mum my brother my brother's wife and their kid and me my dad passed away 2 years ago 2015 yeah so otherwise it was the whole family but no dad now but yeah that's about it hobbies just chill with friends whenever I can football so I like watching playing just anything to do with football yeah

I; So are you a current smoker

P; Yeah

I; Usually how much would you smoke in a day

P; Just depends really I try keep it below 5 most days but normally it's between 5 to 10 but like yeah I try keep it below 5 so I would say most days it's going to be just about 5 or 4 but like some days you could have like just depends on like my mood and if I am feeling stressed or something then I will definitely have like extra smokes but yeah I don't think I normally go above 10 in a day

I; Ok lets just talk about how you started smoking

P; Ah (signs)

I; Just tell me that first time experience that

P; That first time experience the first time was I actually just did it as a dare so it was just like a really dumb thing that was back in high school

I; Yeah so tell me about it tell me more

P; So you know the ally way in school right

I; Yeah

P; And so yeah I lost a dare and all the boys were like well you have to take a puff and then I was like because I was like really against smoking for some reason but yeah I didn't really like it because my brother is a smoker as well and I used to give him shit about being a smoker and so yeah I lost a dare and then the boys were around and they were like yeah well you have to take a puff and then I took a puff and I think I bum puffed it the first puff so I was like oh this is not too bad and everyone just looked at me like you didn't do it properly you have to inhale it and then the second so I had to do

another puff like because I had to do it properly or some shit so I took another puff and then all I did was cough for like a good 5 minutes

I; So how did that whole thing come about

P; That oh after that I didn't touch another cigarette for another 3 years probably 3 or 4 years this was when I was like 14, 15

I; Ah ok

P; Ages ago so it was just like my first experience with a cigarette not really me starting to smoke or anything

I; It was just peer pressure

P; It was just like just dumbness with friends

I; So how did you come about to regularly start smoking

P; Regularly smoking um

I; Like when you made that conscious decision

P; So I obviously was out of high school and stuff like we used to go to parties and what not um and so I was one of those dudes that would be like would never really smoke unless they were drunk so yeah like just whenever I really felt like one but it didn't occur very often because I didn't have a need for cigarettes

I; Ok

P; So I didn't like smoking very much unless I was horsed

I; You were what sorry?

P; Horsed you know like drunk

I; Oh ok

P; Haven't you not heard that term before

I; No I don't know

P; Yeah so unless I am drunk I have never really touched cigarettes but then so like yeah that was just like kind of that was the thing I did when I was drinking and then eventually like a few months fresh of so after I left high school then I started smoking but it was just with some friends we were at parties drinking but then it was like I think a few weeks into uni when uni began I just had stuff going on it was to do with a girl and I just I went into a bad place and smoking like kind of became my release so that's when I started regularly smoking and started to buy packs and what not yeah

I; So would you say when you are around people you smoke more

P; When I am drinking I smoke a lot more yeah

I; Drinking so do usually drink with friends

P; Yeah so if I am drinking with either home with my brother or what not or if I am out on the town with my friends when I am drinking I definitely feel like having a cigarette

I; Why is that

P; I am not too sure really like before when I used to drink before and smoke cigarettes it wouldn't be like oh y'all let's go and light one up every half an hour just like if you see like a friend smoking you would go join him or something or he would offer you one it wasn't like that need to go smoke while you were drinking it was just something that we did but now it's more like a need where if you are drinking you definitely want to have a cigarette otherwise you just feel agitated what not

I; Oh ok

P; You just get annoyed that you don't have cigarettes

I; So tell me about the first time you started smoking how many of you were there

P; Well my first time we had

I; Yeah

P; So I think my first time trying it was this was when school just finished so school holiday break before uni was about to start so I was hanging out with a couple of my friends who were going to get some beers and on the way we get some beers there was only about like 5 of us in the car on the way to get some beers one of my mates he lit up a cigarette then he was like do you want one and we were already kind of drinking at that point so I was like yeah why not and so then he gave me a cig and then I started to smoke it and obviously I wasn't you know like coughed and blah blah blah and I just finished the thing and yeah that was pretty much my first experience like smoking a cigarette

I; This was just on your way to get more drinks

P; Yeah we were just on our way to I think we were going to the Pak n Save in Botany we were going to go to get some more beers because we were returning from have you heard of King Pool Club in Botany do you know where Domeskinos is wow you need to get out more but yeah we were just returning from somewhere then we went to the Pak n Save and bought some alcohol and that's where I had my first smoke

I; You would have been probably 18 at that time

P; Yeah 18

I; So you mentioned when you were younger when you were growing up you really were against smoking tell me a little bit about that how did you get to that point

P; What

I; To be against smoking

P; Oh I don't know like because my brother smoked and my dad found out he smoked so he used to give him a lot of shit about it like all the time

I; So parents did not approve of that

P; Yeah so my parents

I; Your parents didn't smoke

P; No my parents didn't smoke not at all so when they found out my brother smoked my dad used to give him shit like on a very regular basis and then I just kind of like picked it up and I wouldn't really like give my brother shit because he would give me a hiding but it would be more just like the cocky sort of stuff you would say like oh can you like stop smoking it smells things like that just to irritate him to get under his skin rather than tell him off for smoking

I; Ok so but your dad would

P; Yeah my dad would probably just go hit him over the head if he saw him smoking

I; Right what about your mum

P; My mum also complained about it a lot but it was more my dad I didn't really notice my mum complaining much my brother first of all he never smokes in front like he never used to smoke in front of my family they just knew he did it

I; Oh ok

P; Because other people had seen him or they had noticed a packet or they noticed smoke butts somewhere you know just people pick it up

I; Right so do you smoke at home

P; Yeah I smoke at home we both smoke at home now since dads not there my mum doesn't say anything anymore

I; Ah ok but before

P; Before yeah if you wanted a smoke at home you would take like the sneaky walk behind the shed or some shit and have a smoke back there they were like make sure you get rid of the butt but now it's just like you can just chill out on the back yard and smoke and then go back inside like my mum and my bhabi still like give me glares about it but they are just like yeah you know what a bhabi is right

I; Yes I do so when you were growing up where there any strict rules against smoking very strict rules

P; Yeah like I think mum and dad first found out about my brother smoking he kicked him out for a while this was back in Fiji yeah so he found out about him smoking back in Fiji because he did it back in his high school years like he started in his high school years yeah he kicked him out for a while I think he was out of the house for like a couple of days

I; Wow that's very strict you mentioned your brother has a child and you guys smoke at home your mother and your sister in law they don't

P; No no we don't smoke inside we don't smoke while anyone else is around so if we are smoking it's got to be us but like if there is a kid around or anything we will just walk away and go find another spot so like say for example if I am in the carport and my niece comes I will walk out of the carport and go into the shed or go into the garden or something so she doesn't get exposed to the smoke we don't smoke inside the house either

I; Ok good your brother smokes your friends smoke your grandparents

P; Not all of them

I; Not obviously but that's how you started

P; My grandparents I don't really know them my grandma died when I was like 6 and my grandad died I think when I was 10 so yeah I don't really know them very well

I; Any older relatives maybe uncles or anything that you know smoked

P; Like the distant nana and nani and stuff like that is that what you are talking about or

I; No anyone that you usually grew up with around you

P; Who smoked around us (thinks) I don't know there was quite a few people aye because there was like as Indians you have a lot of family sort of there's quite a few people but I didn't really pay attention to them they just did their thing it was more like if you are wondering where I picked it up from in terms of like family then it was definitely my brother because that's the one person I always noticed who smoked

I; Right so before you started smoking and everything did you know how bad smoking was for you

P; Yeah like honestly I don't think I would be doing it if it wasn't for a certain situation and yeah like it was my coping like dealing mechanism and I like I told myself that once I life find me like stable mentally I will let it go but once I got to that point where I felt more stable mentally I didn't realise how fast I was going to get addicted

I; Right ok

P; And so now it's more like I smoke regularly but I smoke more when I am stressed out or something because it's still that trigger stressed angry sad or whatever just any of those bad emotions

I; Ok explain to me what do you actually know about how much smoking affects your body it doesn't have to be technical or anything just what you know

P; Quite a bit but then again at the same time not enough it's like I know the basics that it causes cancer all sorts of cancer you can get mouth cancer lung cancer you can get erectile dysfunction you know it causes problems in all sorts of areas of your life but I don't know what in depth

I; Do you buy your own cigarettes you see aren't there pictures on cigarette packages

P; Yeah so that's you've got a fair idea of what it does to you but obviously people are always talking about it as well so you know stuff from outside as well

I; Stuff from outside I don't know I think

P; I have more friends that give me shit about smoking than people that smoke with me

I; Oh ok

P; Yeah so I listen to obviously I get shit at home for like smoking if I go out and have a smoke and then my mum walks into the room and I am just coming back inside from outside and she can smell the cigarette she will be like why are you smoking and blah blah blah she will give me shit even though she knows it's not going to do anything by complaining about it but I have friends that always like pretty much every day every second day irritate me about it

I; Your friends who don't like you smoking how close you are to

P; Pretty close

I; Yeah

P; Yeah

I; What about the friends that you do smoke with

P; Fairly close yeah

I; Ok

P; It's weird because it's like one circle but like some of us smoke and some of us don't

I; Oh ok how did that work

P; But like I'm more of the regular smoker and then there's like a couple of us that are all just like once in a while kind of I think I am the only one like out of our group of friends I might probably be the only one that's a chain smoker

I; Ok

P; Probably whereas the others are just they will have a random smoke and if they don't have a smoke it just doesn't really affect them

I; Ok so the friends that you started had that first puff with

P; I don't hang around with those guys anymore it's just like high school mates

I; Ok so these are new friends

P; Hmm

I; Are these the same friends you had that first full smoke with in the car no different friends ok

P; Like I am still friends with them I just don't hang out with them

I; Right

P; Because they do different things

I; So the friends that you hang out with how often do you see them

P; Everyday every second day

I; Ok

P; My best mate who I see pretty much once or twice a day

I; And how often do you say you smoke with him

P; Um so me and my best mate he's not a chain smoker but he's a smoker so he will like have a cigarette with me but then if he doesn't have a cigarette for a couple of days he wouldn't care but I would like I get irritated and like I need a smoke and then I will like irritate him let's go and get a smoke or some shit

I; Oh ok

P; But like he will come and have a cigarette with me and like normally when we are smoking together we normally just halve a cigarette

I; Oh ok

P; So yeah and that's because like we walk like 5 minutes walk from each others places so late at night he will just drive over it will take him like 30 seconds to drive over and he will just drive over and then we will sit outside my house and we will talk about random shit and literally just sit outside my house for like 2 or 3 hours just talking and smoking like not smoking the whole time but you know what I mean

I; These are the same friends that you usually would drink with

P; Now days yeah they are the same friends I drink with normally and just hang out with

I; If you are out clubbing or something do you smoke with them or do you just smoke with whoever is there

P; Normally whoever is there normally but we are normally in a group anyway so like this weekend we went out clubbing for it was a mates birthday and then half of us ended up around Ponsonby and the other half came to town but then so like a few of the lads were inside dancing and stuff and I was in a bad mood because stuff happened on the way and so pretty much I didn't have cigarettes on Saturday night but my other mate did and I was like oh yeah pass a cig and so I was outside smoking with some random people while they were still on the dancefloor

I; So do you talk to these people or are you just by yourself

P; Yeah so it was just me having a random smoke and then I saw like a couple of like people that I knew who I said hi and hello to them but not really like conversation or anything

I; So it's mostly to just release stress and emotion

P; Yeah

I; So tell me how your smoking has changed overtime like how did you go from being just smoking with friends once or twice to smoking so regularly

P; I told you it was just that situation that happened

I; So when you started smoking what happened to your relationship with your brother because you said he would smoke and you didn't like it at first but then when you started smoking you guys would smoke together but how did that really go about

P; Ok so at first like when I first started smoking I hit it from everyone for a long while me and my mum were living separately from the rest of our family at one point which was a lot easier to hide because not being where it belongs kind of gullible yeah so it was a lot easier to hide and smoke and then pretty much when we she found out about it one day I think she was cleaning out my room or I wasn't at home that day and she found a packet of cigarettes in my bag and then she asked me about it and then I was like she knew she just wanted me to admit it so eventually I did because I think there had been a couple of times where she would like wake up in the middle of the night and I would be playing PS4 and then she would walk into the room and why did it smell like cigarettes and then I would just say some random shit and she would go back to sleep like she knew she just chose to ignore it for ages until eventually she found solid proof that it was there and then she told my dad

I; Ah how did that go

P; He just gave me shit about it he didn't even get that mad I expected worse I was expecting like belts and hidings but it wasn't that bad he just gave me really bad shit for it he was like I need you to quite I want you to quit I don't want to see this kind of crap blah blah blah and all this other crap and then my brother found out I smoked and my brother said you should quit too like he gave me shit about it he gave me shit about it yeah

I; He smokes though

P; Yeah he gave me shit about it and he was like you should quite blah blah blah I don't want you doing this and he was agreeing with everyone else and then I was like you hypocrite and then so everyone just gave me shit for a while and then it kind of like phased out for like they stopped they still knew I smoked I just didn't smoke in front of anyone anymore and I just did it in my own time whatever and people stopped saying it as much until me and mum moved back home I never used to smoke around the house anymore yeah my dad used to get annoyed when I used to smoke and stuff whenever he would like find me with like cigarette butts around the house and stuff when no one was home because obviously I would smoke at different times like when no one was around and stuff and yeah he used to get annoyed and tell me off but he was just like can you just quit and just give me crap about it but yeah apart from that it wasn't too bad and then yeah me and my brother started smoking together eventually like it started more like he would run out of cigarettes and then he would come and ask me for some

I; Ok

P; And that's how it kind of became me and him started smoking because like I never used to smoke in front of him either even though he knew I smoked

I; Ok

P; And so eventually when he started asking for cigarettes it was kind of like we would break down that barrier of uncomfortableness about it so we started being comfortable about both of us smoking around the house and so from that point it kind of just grew and started smoking together and stuff or if we were drinking yeah

I; So now when you guys moved back home did your brother have a child

P; Yeah kid was born before we moved out she's like 8 this year

I; Cute so going back to the health risks did you ever get told by your doctor or a nurse or anything about the health risks

P; I don't even know if my doctor knows I smoke

I; Really

P; I don't know

I; Don't they ask

P; I don't go to doctors very often first of all I only go like if it's something serious if it's like if I am really sick or if I broke something or some shit like that or something like that we normally never have a conversation about cigarettes because

I; They never ask you if you are a smoker

P; They just they probably might know or they might not I'm not too sure but like as far as I know I don't think they do or like they could possibly but they have just never brought it up yeah

I; If they knew you were a smoker they probably would bring it up you don't have any health issues or anything as of yet from smoking

P; Um yeah no when I get really sick it becomes hard to breath sometimes because I get asthma that's when I get really sick though like it's not asthma it's more like a chest infection yeah so that's when I get a really bad cold and shit but apart from that it's fine

I; They have never asked you I don't suppose you can remember

P; They might have I just don't remember because like honestly my doctor talking to me about cigarettes would be a conversation I would probably remember I just don't so

I; Ok moving on I just want to ask about your previous exposure to smoking and things like movies and music videos or advertisements can you tell me a little bit about smoking on TV that you've seen on TV or anything you can remember or noticed

P; As far as I know we grew up in that era where smoking is not cool rather than smoking is the cool thing to do so if you remember like those school buses that had all those Shortland Street actors

I; Remind me

P; They would be like smoking not our future

I; Oh ok

P; Yeah do you remember those

I; Yes

P; Yeah those were everywhere at one point even on TV like they would show up really often as a commercial so most of my exposure to smoking was actually to be smoke free rather than to be a smoker like obviously you see music videos and stuff where you have pop stars getting drunk smoking weed smoking cigarettes and then you have the occasional movie where someone lights up a cigarette in the movie but like as it wasn't I don't think it was to do with like it was just for that scene kind of it wasn't really to promote anything where in terms of like the promotion of cigarettes was more towards not doing it rather than doing it

I; Yeah that's an interesting point like have you noticed like characters or movie actors or anything like that who would smoke quite a bit in most movies

P; Yeah like so if but like do you watch Bollywood yeah ok so you watch Bollywood so if you come across a movie where even like one scene has like someone lighting up a cigarette or at the beginning of the movie they will put like this massive display on about smoking injures your health and like they will have this little pre show kind of thing where it shows people smoking in public places getting band and smoking inside a house it has this like big smoking debacle about not doing it and then so if someone in the movie is to smoke or like on a regular basis or something you are kind of just know that it is still bad for you even though they are doing it in a movie

I; Right so have you ever tried to quit

P; Quite a few times

I; Tried to quit but it didn't work

P; Too many times ok so the first time I tried to quit was when I wasn't even addicted

I; Oh ok

P; So when it was just a casual thing and I actually did do it up to the point of where that situation took place so after that situation I think I was off cigarettes for about a month and a half but I actually quit because of the girl because she didn't like smoking and then I ended up getting back into it because of the girl because shit happened

I; Oh right

P; Yeah so that was a month and a half then I quit for about 2 weeks I think I can't remember how long ago it was just I think a few months after I like started chain smoking like so regular smoking I quit for about 2 weeks it was me coming to the realisation I don't need it anymore but then there was that addiction thing because like I told you like I came to the realisation that I am not in that bad place anymore but I was addicted so once I realised I am out of this that I don't need cigarettes anymore so I tried to give them up but what ended up happening was the cravings just kept getting stronger and stronger then on top of it all I just caved in and started smoking

I; Right

P; And so that was 2 weeks and then my brother gave up smoking for a while he actually went quite a few months I only lasted like a month and a half I think 2 months max he went almost the whole year without doing it and then he just started up for some reason so he quit and then he saw I was still smoking and he was like I want you to quit otherwise I will give you a hiding so he quit and then a month later I quit and so he just left me along about it but then I started again but he didn't say anything he just he kept doing his own thing and like quit and then he eventually got back into it again as well and so we are still smoking but yeah that was the longest I stopped for and then at one point I decided I'd cut down heaps and so I was only smoking like 3 a day max and that was for at least a good 5 or 6 months so I went quite a while just doing 3 a day and then dad passed away and then it just kind of like increased rapidly and then once it once it like again that process like depression part stopped there was still you know just that need for it

And then recently I discovered vaping and so when I don't have cigarettes on me I vape or just I try vape whenever I can but like even though I am vaping right now I still buy cigarettes and I still smoke so I don't know if it's really working for that I probably could if I wanted to just give up cigarettes altogether and just vape and it probably would be fine I just can't be fucked because at uni we smoke way to much like with my mates and stuff

I; Mm ok

P; So I guess there's like a couple of us that smoke and a couple of us that don't so I hang out with both like we hang out together obviously but like we smoke almost every day at uni so it's kind of hard to like not say no

I; Is it the temptation

P; Yeah because when you see somebody else smoking you want to have a cigarette so if I was possibly along for a long period of time I would be fine I would probably be able to let it go and then even after I come back it might be easier to say no because I have let it go for so long

I; Alone would be helpful if you had people that don't smoke around you

P; Probably but I always have people who smoke around me

I; When you tried to quit what did you have

P; Nothing

I; Oh did anybody know you were trying to quit

P; Not really no

I; How did you go about that process did you just make that decision and stop

P; Yeah so I finished my pack off and I was like I am not buying anymore packs and then so I just I read some stuff like get yourself busy and other things when you feel like having a cigarette like go off for a walk or some shit get some fresh air or like get the agitation away that's what I used to do so I did that for about 2 months and then I lost my dad so it just kind of came rushing back so

I; Never tried nicotine patches or anything

P; No

I; Ok not even the gum

P; No apparently the vape works a lot better in terms of trying to quit

I; Oh

P; Because you can still get the nicotine but like pretty much what a vapour is is there's no smoke involved it's all vapour so I've got on in my pocket right now interesting isn't it yeah so it's battery powered and its run totally electronically there's no obviously it gets heated obviously but it runs onto this little juice that runs on to that's cotton it's a special type of cotton it's called organic cotton so it's made specially for like vapes and stuff and so pretty much I don't know just like some mechanical shit goes on basically the little oil thingy you see in here it's not oil it's vegetable glycerine so you find that in most of our foods and stuff and then there's something called Polyglycol I can't remember the name but you find that in our medicines and like asthma inhalers and all that stuff so it's not that bad for you so those are the 2 things it's made out of and it doesn't have any extra chemicals except nicotine and that's only if you want nicotine in there so you can buy non- nicotine juices or you can buy nicotine juices it just depends on you and it depends how much nicotine you want in them so I would like the little pen style ones you will see people smoking like pen style vapes those people who do smoke those normally chose to have a higher nicotine because they burn at a different level so that nicotine burns at a different level where these are a lot stronger so you can have less nicotine inside the juice while getting the same sort of hit on your throat

I; Oh ok

P; Yeah so I am doing 3 nicotine which is nothing compared to like a cigarette a cigarette normally has about 8 to 12 I mean 6 to 8 sorry so I have got 3 where a cigarette has about 8 to 6 like a packet a cigarette has about 8 to 6mg nicotine this has 3 in a bottle

I; So this does help with your cravings

P; Yeah so when I don't have cigarettes on me I vape and it helps a lot

I; So if you were to quit and you just went onto vaping would you

P; I would be able to quit but it's just simply because the people I am always with

I; They are always smoking

P; Yeah it's like at one point in my life I will see someone smoking and then I am just like so like I have it and I want to use it properly but I can't because that temptation always comes back and it tastes so much nicer

I; Oh it tastes nicer ok

P; It tastes like amazing you can kind of smell that if you like

I; No thank you

P; It's not bad for you it smells like bubble gum

I; It does it smells very sweet

P; Yeah you can get a lot of different flavours and that it tastes nothing like cigarettes cigarettes are like really gross compared to this

I; Ok do your friends do they do the same thing

P; Do what like vape they are all fascinated by it but none of them have a vape no

I; So they have never tried

P; No they are all like of them are like can I have a jam they will have a turn on it they will smoke it but like they will still smokers it's more like that um I don't know what that word for it is but like it's when it's nothing new and it's interesting and you just want to try it

I; Ah right so they are just curious about it

P; Yeah and like they all enjoy doing it because all of us like most of my friends even the ones that done smoke every one of my friends that I know smoke shisha

I; Ah alright

P; Every single one so even like the non-smoker ones but I think they fail to realise shisha is just as bad as smoking a cigarette

I; Really

P; Pretty similar

I; I didn't know that so even if it's just flavoured not nicotine

P; Yeah it's got no nicotine in it but it's flavoured tobacco and it's still dowsed in quite a few chemicals

I; Wow

P; So there's no nicotine in shisha so that's why it doesn't have that addictive quality it can do because tobacco is still slightly addictive but like nicotine is what causes cigarettes to be so much more addictive yeah we smoke shisha on a fairly regular basis too almost like 2 or 3 times a week

maybe more most of my friends pretty much all of them smoke shisha so in one way or another everyone's a smoker my friends group no matter just like any form of smoking vaping or whatever they all do it

I; Your friends are they mostly boys

P; Mixed

I; So who do you smoke with most of the time

P; Mostly the lads only I think 2 other girls smoke 2 or 3 but most of the boys smoke well not most of them a few of them smoke but like out of the girls there's only like 2 or 3

I; So most of the girls would smoke shisha but not cigarettes

P; Yeah so the girls that done smoke cigarettes they will smoke shisha and stuff but they won't smoke cigarettes

I; Your friends who do smoke cigarettes would you say they probably smoke more when you guys are all together

P; Not necessarily like we all kind of have our limits like I don't like too much smoking in a day because it starts getting really yuk like if I smoke say more than 7 or 8 in a day I would start feeling really gross like coming towards like my 8th or 9th like to the higher numbers of cigarettes it would just be like a lot harder to tolerate and take in especially when I am drinking and stuff because like when I am drunk I just like smoking but again when I smoke too much in a short period like it's really gross so when someone kind of like has a cigarette like so for example if I am going out for a cigarette and then I see one of my mates like coming and he is like do you want to come for a cigarette and he's like I just had one he's not going to come and join me because he just had one because he has had his fix so he is not bothered having another one

So yeah I don't think we all smoke too much together but I reckon we smoke a bit more than we should if you get what I mean yeah so like say I am trying to only smoke like 3 or 4 a day I would probably jump it up to 6 a day if I am with the lads so when we are talking about it yeah we do smoke more but like not heaps more

I; You have been trying to quit would you say if certain life events happened you would probably quit in the future when you were getting married or having children or things like that

P; Yeah probably depends

I; Depends on

P; Just depends on see like that's the thing like I don't believe in quitting for anyone else I believe in quitting for yourself so if someone else asked me to quit that's why it hasn't happened today because everyone has asked me to quit and it's not happening because I don't want to quit for them I will do it for myself I need to find a reason within me to quit like I do want to quit it's just a lot harder to do than I thought it would be yeah

I; Have you thought of asking for help from quit line or calling them up or anything

P; No

I; Why not

P; Just I don't know I have never tried it I don't know yeah

I; Do you know much about it

P; Kind of not really not much

I; No

P; No kind of there's a helpline for it and you can call it and it's confidential and you just talk and they will give you advice on what to do and how to do it blah blah blah

I; They'll give you the right things to take up when you are trying to quit

P; Yeah

I; They will give you like nicotine patches and the gum and all of that and you will have someone that's there for you to talk to if you are feeling like a cigarette really badly but you don't want to do it like you said you have read about how you distract yourself go for a walk or something so maybe you could call them up go for a walk and you know they will help you through it

P; True

I; And these are mostly people who have quit themselves so they know the experience and they know how to go about it they know the craving they can relate

P; Yeah

I; On the info sheet I sent you it has got all the details for them so if you ever need

P; Yeah

I; Just in your own opinion what do you think made you take up smoking the most was it just that one situation

P; Yeah that one situation because like if I just did it like as a social thing like if I was just a social smoker I would of given it up eventually but like if that one situation didn't arise where I needed something to just help me through whatever I was going through I wouldn't have needed to smoke

I; Just being as open about it as you can just tell me how it provides that relief

P; I don't know like it just gives you a moment of when I feel really like down or angry or it just gives you a moment of relaxation or it just makes you light headed or something that I don't know I don't know what it does but it just helps it just relaxes you it takes away that stress for that little moment or even if it doesn't it just helps with it that's why whenever I am like in a bad mood of any sort sad angry stressed whatever I always smoke

I; Would you say when you are smoking do you think about those things that are

P; It's like the best time to think about everything when you are smoking

I; Ok so would it just like help you relax just focus on the emotion or the actual smoking part itself

P; I don't know the smoking just calms me down or just helps like my head is still running wild or it's still stressed out or it's still thinking about whatever and then when I am like when I am just chilled and I am smoking then I'm just literally just smoking and I will be on my phone watching a show or YouTube or whatever probably just smoking which is more often than not but yeah

I; Is it just like a pass time

P; Yeah it's a pass time when I am relaxed pass time but and like when I just really feel like having one apart from that it's a stress relief

(interviewer and participant discuss who they knew in their year at school)

I; Sorry I am just trying to figure out what else I can ask you is there anything else that you think would help me in my study

P; Um I don't know just whatever you need to know I am willing to answer though that's why I came

I; Thank you so much for that you don't have any partners who smoke

P; No

I; You say your friends your family who don't smoke don't like you smoking keep telling you to quit they obviously do it because they care about you

P; Yeah obviously

I; They know that it hurts you so what is it that makes you not want to

P; I don't like being told what to do

I; Oh ok

P; It's like one of my biggest issues is when someone tells me to do something I don't like doing that simply because I prefer doing something on my own I hate being told what to do

I; Are there any conversations or anything that come to mind where someone tried to tell you to stop smoking and it was done really positively like they really sat you down and tried to really explain to you what it could do to you

P; Not really I think the only like I wouldn't say it was a positive conversation because he was getting mad my dad he just like to say to me why are you doing this stuff and like you know what made you start since when did you like become like this like you were never like this blah blah blah you know what it does to you why are you being like your brother and all this other crap

I; (someone comes in needing the room so interviewer wraps up interview) Thank you so much for coming in today

P; That's alright

f) Sample Coding

Nodes Summary

Name	Description
A part of the culture	Smoking is imbedded in the culture and is a part of it. It is a way of getting to know people and giving respect to people. In the Chinese culture when people share their cigarettes with others it's a way to show they are honoring the other person.
Against the culture	Smoking is against the culture and is unacceptable. It is frowned upon by the society. It is not favoured at all. People who smoke are considered to have bad manners.
An idle behaviour	Smoking is an idle behaviour. They just do it when they are bored or relaxing. Not really doing anything they just smoke because it's something to do. It's a time filler.
Anti-smoking campaign exposure	How much they remember of anti-smoking campaigns or advertisements they saw throughout their lives. From their birth country and here. The participants remembered the anti-smoking messages they had, seen, heard or known during their life.
Awareness of health risks	The level of awareness they had of the health risks was determined by asking them what they knew would happen. The participants named the health risks they were aware of. Also made statements how aware they believed they were and whether it mattered to them.
Bad people in movies smoke	The participants remember or have the idea of evil, rebellious or bad movie/film/TV characters who smoke. These characters are known as villains or rebellious.
Bonding Agent	Smoking is used as a bonding agent. The act of sharing cigarettes and smoking together allows a duration of time to talk. During this time the participants and their fellows get to talk. Sometimes just the commonness of smoking creates a bond that brings people together.
Chain smoking	The craving temptations and the need for a cigarette will be there. The have to smoke after certain time or at certain moments when the craving's really high.
Childhood mindset	Their thoughts on smoking as children before they started smoking.
Cigarette per day	How many cigarettes the participants would smoke during a day or week depending on their smoking regularity.
Cigarettes cheaper overseas	Cigarettes are way cheaper in the countries of origin than it is in New Zealand. They all said so. The cigarettes in India were quite cheap also in Japan.
cigarettes cost a lot in NZ	All talk about the price of cigarettes and how much they cost. They say they can't afford cigarettes in New Zealand because of the price of it. There is talk of sharing cigarettes and selling them in school.
Cigarettes taste really bad	The taste is horrible so the more they smoke the less they can tolerate it. If they continuously smoke too much in a day they do not like the taste it leaves in their mouth and throats.
Close peers vs distant peers	The closeness of the relationship they had with their peer impacted their comfort level to smoke around them or let them know that they were smokers. There were people they would smoke with but were not considered close. Some had separate smoking friends and non-smoking friends.
curiosity	Curiosity to know what it is and what it's like. Curious about smoking. Tried smoking because they got curious about it. They wanted to see what it was like.
Current Smoker	Participant is a current smoker, has smoked in the past 30 days and has smoked more than 100 cigarettes in their lifetime.
Doctor doesn't know I smoked	Never mentioned to the doctor that they smoke or was a light conversation mentioning they should stop nothing serious. Nothing that they would stop and take notice of.
Duration	The duration of their smoking experience. How long the ex-smokers smoked for, the measurement is in years as they smoked for years.
Easy to get cigarettes overseas	Cigarettes are very easy to obtain. They are sold many places and it is high ease of access. It is sold in common places by many people so there is plenty to choose from.
Ex-smoker	Participants which quit smoking a while back and have not smoked in the last thirty days.

Name	Description
Family smoking status	Family members who smoke or have smoked in the past. Parents, siblings, grandparents, even close extended family that may have an impact like uncles, aunts or cousins.
First Cigarette	How they obtained their first cigarette.
First time experience smoking	Details of their fist smoking experincer. the story behind it. They narrated where they were who they were with, how they came upon the cigarette, the situaton behind their smoking initiation.
Guests smoking at home	Details of whether guests were or were not allowed to smoke in their house. Had they been removed by their parents from people who were smoking.
health issues	The noticed or had health related issues that were not helped by smoking at all. Helath was affected due to their smoking habit.
Just Quit	Did nto use quit line to quit. Just quit on their own no help. Did not slow down did not quit gradually, they just made up their minds and never touched cigarettes again.
Motivation to quit	What motivate people to quit smoking. Why would they leave smoking if they are current smokers or why did they quit if they no
No smoking in the house	They were not allowed to smoke inside the house. They would smoke elsewhere, outside or away from home. The participants whose parents did not know they smoked did so far away so nobody would find out. The same for smoking at a friends' house, they would not smoke in homes that the parents were not aware their children
Others notice smoking	Cigarette buds lying around and the smell. Cigarette packets on your person. Ohter people can notice smoking so they either were found out or went to great lenthns to hide their smoking behaviour.
Parents aware but unhappy	There were some respondents whose parents found out about their smoking behaviour but were not pleased with it.
Parents unaware of the smoking habbit	There were respondents who went to great lengths to make sure that their parents did not find out they were smokers.
Patners who smoke	These participants had partners who smoked.They smoked more wih partners. Or quit smoking because of partners
peer pressure	specific mention of peer pressure or description of peer pressure on them from friends. Mention of peer pressure being a major contributing factor on smoking initiation.
People Smoking Around them after they quit	How they feel about people who smoke around them after they have quit smoking. They either don't limke it or don't have people who smoke around them anymore or try to avoid those they know smoke around them.
Quitting easire with others support	When you have positive support while trying to quit it helps to stay on course and overcome the temptations. It allows accountability and helps increase self control.
Selling Cigarettes in school	There were students in school who sold cigarettes to make money. They would use someone older to buy the cigarettes and then sell it in school. Trade them for money sell them losesly and use the money for them selves as pocket money or money for more cigarettes.
Share the cost of a cigarette	Buy a pack of cigarette together because they are expensive. They would chip in and purchase it together. Have seen others share the cost of a cigarette.
Smoke more with friends	They explained how their cigarette consumption increased when they were around friends who smoked. They would smoke with them if they smoked as long as they had not just had a cigarette themselves.
Smoking a social behaviour	Acompany someone when they are smoking as a social act. When they have a chat they smoke. When they are around people who smoke are smoking they would likely smoke. Smoke in parties and during clubbing or out drinking with friends.
Smoking and drinking	Incidents of smoking and drinking together. Mentioned that they smoked more on occaions they consumed alcohol.
Smoking friends vs non-smoking friends	They had smoking friends and non-smoking friends. Their reactions, ideas and thoughts on their friend smoking cigarettes.
Smoking in movies shown as Cool	The exposure in movies and media shows smoking to be 'cool' thing to do. It portrays smoiking as an attractive act. It also is shown as a cool, rebellious act that affects perception of smoking on young adults or younger youth.

Name	Description
Smoking progression	How their smoking behaviour progressed. The increase in the number of cigarettes they consumed and the impact behind it. The situation, the reason. The progression of dependence and how it was formed.
Smoking Stress	They smoke when stressed to distract themselves. Medically it has no effect but behaviourally it helps them get their mind of the problem and provides a distraction. This allows them to calm down hence find relief from stress.
Smoking Substitutes	Vaping, coffee and other things that they substitute with smoking to quit the habit or decrease the amount of cigarette consumption.
Smoking with other smokers in the smoking area	They go to the smoking area and it becomes a little community of smokers and they smoke together. May communicate, may not; it depended on whether they knew people there.
Smoking with Sibling	Had siblings who smoked described incidents of them smoking together with their sibling(s).
Temptation	The temptation to smoke when someone else is smoking. Or the temptation to smoke at a certain time of day when they smoke always. The inability quit because of smoking.
The habit	Details of smoking habit that was developed by each respondent. Habits included chain smoking, regular smoking and social smoking. So there were heavy smokers, respondents who smoked regularly, mainly on a weekly basis and social smoker who only smoked around friends and never alone but continued for a long time smoking but did not develop very strong addictions to it.
Tried to quit didn't succeed	These are the unsuccessful attempts made at quitting. They tried but went back to it eventually. These are current smokers and unsuccessful attempts of the ex-smokers.
Unhealthy lifestyle	Smoking was part of an unhealthy lifestyle. The participants were aware of this and told of their regular smoking routine. The spoke of interruptions and changes in the routine to try and quit or increased by being around people who smoked.

g) Transcriber Confidentiality Agreement

The logo for AUT (Auckland University of Technology) is displayed in white text on a black rectangular background.

TE WĀNANGA ARONUI
O TĀMAKI MAKĀU RAU

Confidentiality Agreement

For someone transcribing data, e.g. audio-tapes of interviews.

Project title: Key External Influences on Smoking Initiation by Indian Youth

Project Supervisor: Dr Ken Hyde and Dr Katherine Jones

Researcher: Sheenal Prakash

- I understand that all the material I will be asked to transcribe is confidential.
- I understand that the contents of the tapes or recordings can only be discussed with the researchers.
- I will not keep any copies of the transcripts nor allow third parties access to them.

Transcriber's signature:

.....

Transcriber's name:

.....

Transcriber's Contact Details (if appropriate):

.....
.....
.....
.....

Date:

Project Supervisor's Contact Details (if appropriate):

.....
.....
.....
.....

Approved by the Auckland University of Technology Ethics Committee on 21 February 2017
AUTEC Reference number 17/11

Note: The Transcriber should retain a copy of this form.