

OVERALL CONCLUSIONS AND RECOMMENDATIONS

Conclusions

The aim of this study was to systematically explore gender differences in smoking in young people, as a basis for the development of future gender specific tobacco prevention and/or cessation programmes. To that effect, a combination was used of a literature review, a quantitative and a qualitative study of gender specific determinants of smoking behaviour and smoking initiation in young people. These approaches enable us to draw the following conclusions.

- The summary of the literature on young people, gender and smoking indicates that for the majority of factors related to smoking, the research evidence remains unclear or shows a considerable degree of inconsistency. This is the case for certain factors in the broader social and physical environment (viz. socio-economic status, accessibility of tobacco products and advertising) and in the immediate environment (viz. parental supervision, parental smoking, sibling smoking, peer smoking, peer pressure or combinations of these factors), as well as for specific personality traits (viz. neuroticism, self control, risk taking, religiousness, depression and anxiety), refusal and coping skills, behaviours (viz. previous experimentation with tobacco, school commitment and physical activity), perceived benefits of smoking (viz. beliefs about mood control and positive image of smoking, perceived norms, and perceived control), and for the biological factors of nicotine metabolism and hormone levels.
For a number of factors related to smoking, however, gender differences are sufficiently and consistently supported by the research evidence. With regard to the broader social and physical environment, the pricing of tobacco products as well as clear indoor laws appear to affect men more strongly than women. On the micro level environment, peer support and approval increases the likelihood of smoking in girls more than in boys. In terms of personality, rebelliousness, sociability and self esteem are more related to smoking in girls than in boys. With regard to perceived benefits of smoking, the literature suggests that beliefs about health effects and about effects on body weight have more impact on smoking among girls, whereas beliefs about enhancing social contacts is more prominent as a determinant of smoking in boys.
Finally, for a number of factors that have been identified as determinants of smoking in general, gender differences are clearly not supported by the literature. This is the case for parental hostility, family conflict and parental attachment as factors in the family environment, as well as for a number of personality traits, notably external locus of control, intelligence, coping style, and susceptibility to smoking.
- The analysis of the data base of the Health Behaviour of School Aged Children (HBSC) study provided gender specific information with regard to the smoking prevalence and trends from 1994 to 1998 for school-aged children in Austria, Belgium (Flanders), Poland, UK (Scotland) and Sweden. The results showed that smoking among 14 to 16-year-old adolescents is increasing in all these countries. More specifically, female smoking rates are increasing, while the number of male smokers is stabilising in all countries except Poland. The latter is the only country in which smoking prevalence among boys is still higher than in girls.
- Further analysis of the HBSC data revealed several factors that were related to smoking across countries. Four of these were found for both sexes: the amount of pocket money, truancy, drunkenness, and evenings spent with friends. In addition, risk behaviour, alienation from school and strong bonding with friends were also important factors related to smoking among adolescents. In terms of risk factors, being tired was the only factor that was independently related to smoking in boys, whereas academic achievement and feeling unhealthy were the only two

factors that were independently related to smoking in girls in most countries. Some country specific aspects seemed to mediate the gender specific effect of the other variables. Finally, for some concepts that are mentioned in the literature as being related to smoking, no such relationship was found in the HBSC study. This was the case for material wealth and dieting in some countries, and for the number of close friends in all countries.

- To supplement the findings from the literature review and the quantitative study, the qualitative study shed light on the role of smoking in the social world of young people as perceived by these youngsters themselves, thus increasing our understanding of gender specific differences in relation to smoking. Some of the gender differences found in the literature study and the quantitative study were discussed in the focus group discussions and thus placed in their context, whereas others did not emerge from the discussions and could not be further explored.
- The study showed that there are gender differences, irrespective of the smoking prevalence and the difference in prevalence between boys and girls, and irrespective of the stage of the epidemic in the different countries. Themes for which gender differences were noticed are: (1) the instrumental use of smoking in coping with negative emotions: the emotions that trigger smoking are different for boys and girls; (2) sharing as an instrument for social contacts, which is typical for girls; (3) stigmatisation of smoking, which is perceived as a disadvantage for girls; (4) the impact of smoking on physical condition, fitness and practising sports, which is more considered as a disadvantage for boys; (5) the acceptance of policies at school and at home, where girls are more likely to accept policies and rules; and (6) the relationship between smoking and the use of other substances, such as alcohol, cannabis and snuff tobacco.
- In addition to the above issues, the qualitative study also indicated that smoking cessation and willingness to quit smoking is an important issue for many young people
- The use of smoking as a means to control weight is an issue that produced mixed findings. While this topic has consistently been found as being related to smoking in the research literature, it was not often mentioned in the focus group discussions. However, while girls tended not to address this topic, boys talked about it as being an issue for girls. As such, it may be that this issue is too personal, intimate or threatening to be discussed by girls in a group setting.
- The above gender differences may be explained by the different social worlds in which boys and girls (and men and women) live, and by the different roles of boys and girls (and men and women) in society. This, smoking plays an important role in the social lives of adolescent girls and boys alike, but the functions and meanings of smoking differ for both sexes.
- Although the three research methods that were used in this study varied substantially in terms of their philosophy and purpose, and the conclusions that were reached differed, no inconsistencies were found between the findings deriving from the three types of research.

Recommendations

- Primary tobacco prevention programmes must be sensitive to the role of smoking in the social lives of young people in general, and also take the gender specific differences into account.
- Since cessation is an important issue for young people, there is a need for effective smoking cessation programmes, which acknowledge gender specific differences and take the different stages of becoming a smoker into account.
- The study emphasises the importance of the enforcement of policies and legislation in institutions (schools, at home) and public places to support young people, taking into account the process of

implementation and not only the rules and regulations. In this regard, the concepts of health promoting schools and smoke-free schools could be a source of inspiration.

- Cross-national prevention programmes or campaigns should only focus on similarities between countries (e.g., to attract the attention of adolescents through a media campaign), but should avoid addressing issues where there are country specific differences. These differences can only be addressed on a national level.
- Further research is necessary to clarify the relationship between smoking and weight control, and its relation with hunger control, quitting and weight gain.
- Further research is also recommended to further explore the role of smoking in the social worlds of young people, using focus groups that are sampled and recruited on the basis of other criteria (e.g., other age groups, non-smokers), employing other qualitative methods (e.g., single person interviews to explore the issue of weight control), and exploring factors that were not discussed in the focus groups.

Brussels, 20th and 21st of September 2002

APPENDIX: THE PROJECT PARTNERS

The European project personnel

The Flemish Institute for Health Promotion, FIHP, was the co-ordinating organisation of the project and housed the co-ordination centre. The European project personnel consisted of the following persons with the following functions:

- ♣ Anne Hublet, European project researcher, Department of Public Health, Ghent University.
- ♣ Marleen Lambert, European project co-ordinator, Flemish Institute for Health Promotion, assisted by Els Wouters, adjunct European project co-ordinator, Flemish Institute for Health Promotion, Brussels.
- ♣ Peter Verduyckt, European project researcher, Flemish Institute for Health Promotion Brussels, assisted by Gert Scheerder, adjunct European project researcher, Flemish Institute for Health Promotion, Brussels
- ♣ Marijke Vanderstraeten - Janine Janssens European project secretary, Flemish Institute for Health Promotion, assisted by Marleen Plessers, adjunct European project secretary, Flemish Institute for Health Promotion, Brussels.

The project personnel in the participating Member States

Besides Belgium-Flanders, four other Member States of the European Union took part in the project.

- ♣ Austria: Dr. Wolfgang Dür, project co-ordinator, Ludwig Boltzmann Institute for the Sociology of Health and Medicine, c/o Institute for Sociology, University of Vienna and Katharina Mravlag, project researcher, Ludwig Boltzmann Institute for the Sociology of Health and Medicine, c/o Institute for Sociology, University of Vienna.
- ♣ Portugal : Prof. Dr. Margarida Gaspar de Matos, PhD, project co-ordinator, Faculdade de Motricidade Humana, Universidade Técnica de Lisboa and Tania Gaspar Santos, project researcher, Faculdade de Motricidade Humana, Universidade Técnica de Lisboa.
- ♣ Scotland – UK: Dr. Amanda Amos, project co-ordinator, Division of Community Health Sciences, Medical School, University of Edinburgh and Yvonne Bostock, project researcher.
- ♣ Sweden: Maria Nilsson, project co-ordinator and project researcher, Department of Community Health, County Council of Västerbotten and Mia Danielson, project co-ordinator, National Institute of Public Health.

The project's steering group

- ♣ Dr. Annemie Peeters, head of the Department communication and training, Flemish Institute for Health Promotion
- ♣ Prof. Dr. Lea Maes, head of the Health Promotion Unit, Department of Public Health, Ghent University
- ♣ Dr. Stephan Van den Broucke, head of the Research department, Flemish Institute for Health Promotion
- ♣ Dr. Veerle Stevens, staff member of the Research unit, Flemish Institute for Health Promotion
- ♣ Linda De Boeck, head of the Department settings and topics, Flemish Institute for Health Promotion

The contractual representative of the project

Dr. Marleen De Greef, chairman of the Flemish Institute for Health Promotion.

The project management

Annemie Peeters, head of the Department communication and training, Flemish Institute for Health Promotion

The project management on the European level

The project is one of five European projects administered by the European Network on Young People and Tobacco, ENYPAT, within the ENYPAT-framework project 2001-2002 by Sari Savolainen, project coordinator, ENYPAT - National Public Health Institute, Helsinki, Finland and Meri Paavola, project director, ENYPAT - National Public Health Institute, Helsinki.

Addresses

- ♣ Department of Community Health, County Council of Västerbotten

Landstingskontoret, 901 89 Umea, Sweden, phone 46 90 785 71 94, fax 46 90 13 65 70,
maria.nilsson@vll.se

and

National Institute of Public Health

Olof Palmes gata 17, SE-103 52 Stockholm, Sweden, phone 46 8 566 135 73, fax 46 8 566 135 05,
mia.danielson@fhi.se

♣ Division of Community Health Sciences, Medical School, University of Edinburgh
Teviot Place, Edinburgh EH8 9AG, Scotland, U.K., phone 44 0 131 650 3236, fax 44 0 131 650 6909,
amanda.amos@ed.ac.uk or aamos@srv1.med.ed.ac.uk
ybostock@blueyonder.co.uk

♣ European Network on Young People and Tobacco, ENYPAT
National Public Health Institute (KTL), Mannerheimintie 166, 00300 Helsinki, Finland,
phone 358 9 47 44 8982, fax 358 9 47 44 8983,
meri.paavola@ktl.fi;
sari.savolainen@ktl.fi

♣ Faculdade de Motricidade Humana, Universidade Técnica de Lisboa
Estrada da Costa, Cruz Quebrada, 1499 Lisboa Codex, Portugal, phone 352 1 41 96777,
direct phone 351 21 4149152, fax 351 21 4151248,
Mmatos@fmh.utl.pt or margaridagaspar@netcabo.pt
taniagaspar@fmh.utl.pt

♣ Flemish Institute for Health Promotion, FIHP
G. Schildknechtstraat 9, 1020 Brussels, Belgium, phone 32 2 422 49 49, fax 32 2 422 49 59,
annemie.peeters@vig.be
linda.deboeck@vig.be
marleen.lambert@vig.be
peter.verduyckt@vig.be
stephan.vandenbroucke@vig.be
veerle.stevens@vig.be

♣ Ludwig Boltzmann Institute for the Sociology of Health and Medicine, c/o Institute for Sociology,
University of Vienna
Rooseveltplatz 2, 1090 Vienna, Austria, phone 43 1 4277/48208, fax 43 1 4277/48290,
katharina.mravlag@univie.ac.at
wolfgang.duer@univie.ac.at

♣ Department of Public Health, Ghent University
Blok A, 2^{de} verdieping, De Pintelaan 185, 9000 Ghent, Belgium, phone 32 9 240 36 85,
fax 32 9 240 49 94,
anne.hublet@rug.ac.be
lea.maes@rug.ac.be