From partying to parenthood: young women’s perceptions of cigarette smoking across life transitions

Liane J. McDermott*, A. J. Dobson and N. Owen

Abstract

This study explored influences on adoption, maintenance and cessation of smoking among young women as they experienced life transitions: leaving home, gaining employment or attending college/university, marriage and parenthood. Standardized, open-ended telephone interviews were conducted with 80 women (including never smokers, continuing smokers, recent adopters and quitters) aged 24–29 years, recruited from participants in the Australian Longitudinal Study on Women’s Health. The social context of smoking (socializing with other smokers, drinking alcohol and going to pubs and clubs) was perceived to be a predominant influence on smoking from the time young women left home until they settled into a committed relationship or started their own family. Stress was identified as an important factor as they experienced lifestyle changes. An increased sensitivity to the negative aspects of smoking after turning 21 was reported, and around the mid-20s the women became concerned about the addictive nature of cigarettes. Motherhood was seen to carry increased responsibilities to protect children from passive smoking and there was a perceived importance of positive role modelling to protect children from becoming smokers themselves. This study highlights the need for public health campaigns to address the social role that smoking plays in young women’s lives, and the perceived use of cigarettes for stress relief. Life changes such as settling down with a partner and the contemplation of motherhood provide opportunities for targeted interventions to promote quitting.

Introduction

Tobacco smoking is a well-recognized risk factor for coronary heart disease, stroke, lung cancer and a range of other diseases [1–3]. For women, smoking is also related to difficulties becoming pregnant, and risk of miscarriage, menstrual symptoms and early menopause [4]. In some developed countries, such as Australia, female smoking prevalence peaks among women of childbearing age. In 2004, 23% of women aged 20–29 years and 22% of women aged 30–39 years smoked daily [5].

Most young women who smoke start before they are 18 [6], however, smoking uptake continues into the young adult years [7, 8]. While a great deal is known about adolescent smoking initiation and the socio-demographic and psychological characteristics of smokers in general, very little is known about the smoking patterns of young adult women and the influences on women’s smoking behaviour during young adulthood. This is a time when life changes and transitions are occurring, including new freedoms, rights, responsibilities and pressures [9], and when progression to regular, addicted smoking often takes place [10].
Moving out of the parental home marks one of the first major life transitions from being a child to being an independent adult. It is a time that provides young people with increased opportunity to experiment with different lifestyles and behaviours and to make their own decisions about many aspects of their life [11, 12]. Graduating from high school and gaining employment or pursuing further education is another important transition, as is marriage or forming a partnership and becoming a parent [13].

Each of these life transitions includes major changes in social roles, social contexts, responsibilities and expectations, which can either positively or negatively influence health behaviour [12, 14]. For instance, leaving the parental home has been found to be significantly associated with smoking adoption [15, 16]. Becoming employed has a positive influence on smoking cessation [17], as does getting married and having children [16, 18].

In-depth exploration of factors associated with such life changes is necessary to understand how they influence smoking behaviour at different stages of young women’s lives. This is important in order to design interventions for both the prevention of cigarette smoking and to enhance quitting. The use of qualitative methods provides researchers with the opportunity to develop an in-depth understanding of behaviours and motivations to inform the development of such interventions. Qualitative investigations specific to women’s experiences of smoking have provided an understanding of the role of pregnancy as an important trigger for quitting [19, 20] and, insights into the reasons women resume smoking post-partum [21]. While this life transition has received considerable attention in tobacco control research, there has been very little qualitative inquiry into the potential influences of other life transitions on women’s smoking behaviour.

We used standardized, open-ended telephone interviews to explore the possible influences on smoking adoption, maintenance of smoking and smoking cessation among young adult women as they experienced different life transitions. Life transitions were defined using a framework described by Greene et al. [13], which identifies four major life transitions: leaving home; occupying an instrumental role (such as employment or attending college or university); marriage and parenthood.

**Methods**

This research was conducted as a substudy of the Australian Longitudinal Study on Women’s Health (ALSWH). The larger longitudinal study was established in 1996 with three cohorts of Australian women aged 18–23 years (n = 14 779), 45–50 years (n = 14 100) and 70–75 years (n = 12 939) at recruitment. Details of the recruitment methods used in the ALSWH have been reported elsewhere [22, 23].

The ALSWH aims are to examine the relationships between biological, psychological, social and lifestyle factors and women’s physical and emotional health, as well as their use of and satisfaction with health care services [24]. The Human Research Ethics Committee of the University of Newcastle and the Behavioural and Social Sciences Ethical Review Committee of the University of Queensland approved the methods of the substudy.

**Study design**

Participants were recruited from the existing young women’s cohort of the ALSWH. The study aimed to recruit 20 participants each from a range of smoking behaviour categories, including shorter- and longer-term smokers. These categories were selected from the results of the baseline survey in 1996 and follow-up survey in 2000: (i) never smoker (non-smoker at 1996 and 2000); (ii) new adopter (non-smoker at 1996, smoker at 2000); (iii) continuing smoker (smoker at 1996 and 2000) and (iv) quitter (smoker at 1996, non-smoker at 2000). At the time of recruitment in 2002, the eligible women were aged between 24 and 29 years. Letters were sent to 180 young women from random samples of the four smoking categories. The letters invited them to participate in a telephone interview to explore how different stages of life may influence cigarette smoking and why some women become...
smokers while others do not. Recruitment telephone calls, which also set up appointment times for the interviews, were then made over a period of 4 months.

The interview schedule was developed following two focus group discussions on cigarette smoking across different life stages with young women aged 25–33 years (who were not members of the ALSWH cohort). A revised interview schedule was individually piloted by telephone with five women from the young cohort of ALSWH (three were ex-smokers, one was a current smoker and one had never smoked). No further changes were required to the interview schedule.

The standardized, open-ended telephone interviews commenced with an explanation of the process of the interview and issues of confidentiality. Participants’ consent to proceed with the interview and to have the interview recorded was obtained. The interviews began by asking general questions about the participants’ smoking history, current smoking status and cigarette consumption, and progressed to questions relating to their smoking behaviour, and factors that may have influenced them to smoke or not to smoke between leaving high school and turning 21 years of age; and after they turned 21 to the present. These time periods were chosen, as in Australia, the 21st birthday is an important celebration and marker of young adulthood. This significant milestone was used to help the young women reflect on their experiences before and after this occasion.

Questions on factors influencing smoking in relation to first leaving home, employment or attending college or university, romantic relationships or marriage and motherhood were asked. Examples of questions (for smokers and ex-smokers) were ‘How would you describe your smoking when you first left home?’; ‘What factors influenced your smoking at this time?’; ‘What factors specifically relating to [college]/[university] influenced your smoking?’; ‘Thinking specifically about your working life, have any of your jobs or work environments influenced your smoking in anyway?’; ‘Have any of your partners or any of your relationships influenced your smoking in anyway?’; ‘Do you smoke because of a habit or enjoy smoking?’; ‘What factors influenced you to continue smoking?’; ‘Have you ever been tempted to try smoking?’; ‘What factors tempted you to try?’ or, alternatively, ‘What factors influenced you not to try?’.

For smokers and ex-smokers, questions surrounding motherhood also explored: smoking patterns before and during pregnancy, and in the first 12 months after giving birth; and any steps taken to reduce their child/children’s exposure to tobacco smoke. For never smokers, the questions surrounding motherhood explored: any specific steps taken for their baby’s health during pregnancy; and any steps taken to reduce their child/children’s exposure to tobacco smoke. Personal views about women who smoke during pregnancy, and parents who smoke around their children were also explored.

Data collection and analysis
The telephone interviews were conducted from October 2002 to February 2003 by ALSWH research assistants trained in the delivery of telephone recruitment procedures and personal telephone interviews. The interviews were audiotaped and ranged from 10 to 73 min in length (an average of 17 min).

From the initial 180 letters sent to potential participants, an overall response rate of 47% (n = 85—including the five pilot interviews) was obtained. An in-depth analysis of the response rate and recruitment of these young ALSWH participants has been reported elsewhere [25].

Eighty interviews were transcribed verbatim and transcripts of the interviews were used for the analysis. Participants were categorized into one of three smoking groups: never smokers, ex-smokers and current smokers (including shorter- and longer-term smokers). These groups were established from their current smoking status at the time of the interview.

Thematic content analysis techniques were used to identify patterns and recurrent themes [26]. Initial coding categories were developed with the first author reading a number of transcripts from each of the smoking groups, until no new
themes emerged. This initial analysis began with open coding by locating themes and assigning initial codes to segments of text. Coding categories were then discussed and revised by the research team and definitions for each code were written. QSR NUD*IST Vivo© QSR International, 2002, was used to assist in the management and categorization of the data. All transcripts were read individually and coded. Matrices of codes across the different life transitions for each of the smoking groups were created to identify and compare the common themes.

Results

All the young women in this study except one, who was still living at home, first left their parents’ home between the ages of 16 and 25 years (Table I). Other life transitions and socio-economic characteristics of the participants are shown in Table I.

At the time of the telephone interviews, 26 of the 80 participants reported being never smokers, 27 were ex-smokers and 27 were current smokers. All but two had tried at least one puff of a cigarette. They were aged between 7 and 26 years when they tried cigarette smoking for the first time. Most of them experimented with smoking purely out of curiosity and commonly it was an experience prompted by their peers’ smoking and a desire for social acceptance.

The ex- and current smokers first started regular smoking between 11 years of age and their mid-20s. Their reasons for starting smoking typically related to their social environment; that is, having friends who smoked and going out to pubs and clubs. Social acceptance and social image were also common underlying motivators for starting to smoke.

The common themes surrounding the influences on smoking behaviour as the three groups of women experienced different life transitions are summarized and illustrated in the next sections. The names used are not those of study participants, and the quotes are edited versions of the primary information, presented so as to reduce some of the multiple repetitions and redundancies that characterize normal speech.

Negative aspects of smoking

Those who were non-smokers reported not taking up smoking because of their awareness of the health risks, and negative aspects such as the smell of cigarette smoke. An unpleasant first-time experience with smoking (such as feeling sick or disliking the taste or smell of the cigarette) led to an early decision not to smoke. Kylie (never smoker, aged 26 years) explained:

When I was 12 and I was drunk ... I was fine with the alcohol but as soon as I had a cigarette I spent the rest of the night throwing up and I had total major head spins so I was like no, I’m never doing this again. I was totally freaked out by it really.

An increased personal awareness of the negative aspects of smoking emerged among ex-smokers, especially after they turned 21. While quitting for pregnancy was a predominant reason motivating them to quit after this time, for some women, like Mandy (ex-smoker, aged 27 years), there was an increasing distaste for their smoking habit which led them to quit:

I started to really hate the smell of it and the smell of it on your clothes ... your hair, having to wash your hair every time you went out because it stunk and the difference in your skin, like I didn’t like how my skin felt all the time, it just felt like crap.

Fear of addiction

Fear of addiction was a further motivating factor to quit after turning 21, particularly among ex-smokers. While some current smokers reported trying to quit smoking after this time, their attempts were unsuccessful due to their addiction and inability to cope with withdrawal symptoms, or their social environment which triggered a return to smoking. Nevertheless, some current smokers reported decreasing the amount they smoked as they became more conscious of the addictive nature
of cigarettes, their own health and preparing for pregnancy. As Vanessa (current smoker, aged 26 years) explained:

It’s toned down a lot now. ... I think that you start to put into check a lot more what you want out of life ... I think now, myself and most of my friends who are my age are thinking ‘we really need to quit now’ before it gets to a point where you can’t or you want to have kids ... so it’s more looking towards quitting, cutting down, smoking much weaker cigarettes and just trying to be a little healthy with it.

Concern about the addictive nature of smoking was also highlighted among never smokers as they matured, as an important factor in remaining a non-smoker. Anita (never smoker, aged 29 years) highlighted:

Actually getting addicted. The thought of that really bothered me. ... I’d grown up a bit. ... I thought I don’t see any advantages and I worried that if I started trying to smoke I would actually become addicted to it. ... by that time people I knew were trying to quit and they were finding it really, really hard and they were always complaining about how expensive it was, and how they really wished they were able to quit.

A time to party
The only apparent threat to the never smokers’ commitment not to smoke was the influence of alcohol in social settings, as Tonya (never smoker, aged 26 years) explains:

Just being in a social environment and out drinking I suppose. The only time I’ve ever smoked is when I’ve been a bit tipsy, or probably more than a bit tipsy, quite drunk actually.

This social context of smoking was the most salient factor influencing the ex- and current smokers to smoke from the time between leaving the parental home and not yet establishing their own

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<th>Table I. Life transition and socio-economic characteristics of participants</th>
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family. Christine (current smoker, aged 26 years) highlighted the relationship among nightclubs, alcohol and smoking:

... I turned 18 and I was allowed to go out to the night clubs ... binge drinking and all that kind of stuff that you would do at that age. It was probably when I was smoking the most. It was just from drinking and going out in that kind of environment. ... if I was going out, well then I’d need to get cigarettes, it just came hand in hand with it.

For those who attended college or university, this social aspect of smoking extended to their study environments. As Megan (ex-smoker, aged 27 years) expressed:

It was just a party environment I suppose. ... you’d go to the bar and you’d have lunch and maybe have a drink, so you’d have a smoke ... It was just much more a social environment and it was I suppose a lot more accepted. Everyone smoked, there were ashtrays everywhere. It was not much of an issue really.

Importance of workplace smoking bans
The work environment was also an important influence on smoking behaviour. The ex- and current smokers felt their jobs or work environments would increase or decrease the amount they smoked, depending on how conducive their workplace was to smoking (that is, having colleagues who smoked, being able to smoke at work and having cigarette breaks). Tami (aged 29 years), a regular smoker, highlighted the impact of smoking policies at her workplace:

Well, when I first started work we were allowed to smoke in the mill and most people who worked there actually smoked as well. So I suppose when they had a cigarette you had a cigarette as well because the smell of it is like ‘oh cool, I’ll have a cigarette’. And then there was a no smoking policy and that’s when I suppose you sort of cut down. You couldn’t smoke during the day, unless on breaks.

While none of the non-smokers reported being tempted to try smoking because of any work situation, there was still strong recognition of the advantages of smoking in the work environment. Examples included being able to have cigarette breaks and sharing a special, social bond with other smokers. Anita (never smoker, aged 29 years) highlighted these advantages:

There was one girl who I was working with, she was only a temp for a while, but she had the most amazing connections and network of people that she could call on for help ... and it was all because they were smokers. ... like this underground railway thing happening ... people from all over the organisation. ... It brought them together.

However, some women, like Julie (current smoker, aged 28 years), reported taking up smoking mainly because of her work colleagues and the social context of smoking:

... just within the workplace a few people were smoking and I just sort of went out and picked it up with them, started to chat, and go out socially and have a few drinks, and start smoking socially, and then it became more of a daily habit after that.

A cause of tension in relationships
The social bond was further highlighted as one of the main barriers to quitting, particularly among smokers whose partner also smoked. Smoking was viewed as a shared interest or social activity that a couple could enjoy together. For many women, however, if one partner smoked and the other did not, this was commonly described as a cause of tension in the relationship. Natasha (never smoker, aged 28 years) complained about her partner’s smoking:

I think seeing how much [partner] spends on cigarettes, his breath stinks, you go outside and this horrible ashtray full of cigarettes. I just think it’s a dirty habit. ... I wouldn’t want to be a smoker and to be with someone, to me I don’t think it’s fair.
This cause of tension was also discussed by some of the ex- and current smokers who had non-smoking partners. Danielle (aged 27 years), a regular smoker, was very conscious of her current partner’s disgust at her smoking and made a great effort to reduce this tension:

... I would never smoke inside around him. ... if I go out and have a cigarette and I know that I’ve got to come and sit beside him, I’ll go and clean my teeth, put perfume on. I might clean my teeth four or five times a night ... if I was going to give up for anyone ... he’d by my main factor. The only problem that we face in our relationship is my smoking. He finds it really disgusting.

Others who had non-smoking partners also mentioned that their smoking was a cause of tension in the relationship and discussed how this was a motivating factor for them to reduce the amount they smoked or to try to quit. However, there was no indication that their partners were successful in encouraging them to quit, as Kerri (aged 29 years), a regular smoker, stated:

Well my husband can’t stand it, so he’s been a little bit of an influence on me trying to give up ... But when I am giving up he’s the first one to go down and buy me a packet of smokes because I’m that stressed out ... he can’t handle, tolerate mood swings, so he goes down and buys me them and tells me to have one.

**Quitting for pregnancy**

As previously mentioned, a key reason for quitting smoking was pregnancy, and the consequent concern for the baby’s health. For some women, pregnancy appeared to be a pre-determined cut off point for their smoking. Nikki (ex-smoker, aged 28 years), summarized:

... I think after so many years being a smoker and then saying I will give it up if I ever had a baby... it was just something that I did because I tried hypnotherapy and all sorts of stuff ... but this one I just went cold turkey and that was it.

For other women, the motivation of quitting for pregnancy was more difficult, with some continuing to smoke throughout their pregnancy and others quitting and relapsing during the pregnancy. Feeling stressed or having a partner or friends who smoked were the main barriers to successful quitting, as Kimberly (ex-smoker, aged 27 years) described:

At the beginning I thought I’m not going to if I’m not supposed to. Towards the end I was sick of it—too long and people I was around did—had an occasional one and seeing all those people who smoke throughout their pregnancy, that it could not be too bad.

This difficulty in quitting during pregnancy was particularly salient for the current smokers. While one smoker successfully quit when she found out she was pregnant, others reduced the amount they smoked because it was the ‘right thing to do for the health of the baby’, as Rebecca (current smoker, aged 27 years) explained:

... you think about the health of the baby a lot more, smoking is a very selfish thing to do. When you realise it does affect somebody else, you can try and stop for a start but failing that you just cut back as much as you can.

Among women who had never had children, there was strong disapproval against smoking during pregnancy, however, some of these women expressed empathy towards those who did smoke during pregnancy because of the addictive nature of tobacco.

**Health risks of passive smoking**

There was considerable awareness among participants, both with and without children, of the health risks of passive smoking, and the rights of children to have fresh, clean air. Samantha (aged 28 years), a current smoker without children, expressed her concern:

... passive smoking especially around children is very, very dangerous. It does lead to kids getting ... picking up a lot more infections and when they do get sick, respiratory illness, it’s
a lot worse, eventually leads to possibly tobacco related illness.

Among those who had never had children, there was almost universal disapproval of parents who smoke around their children, but the disapproval expressed was much stronger than for smoking during pregnancy. Chelsea (never smoker, aged 29 years) asserted her disapproval:

... just disgusting, completely irresponsible. If the parents want to keep smoking they should go outside and smoke. ... or like having kids locked in the car when the parents are smoking ... I think they should be arrested ... Like it’s not only their [kids’] health at that time but then they’re more inclined to take it up later on if their parents smoke as well.

Awareness of this strong social disapproval against smoking around children appeared to influence some women who continued to smoke after having their baby, such as Teagan (ex-smoker, aged 29 years), who explained her reasons for quitting:

Looking at a helpless child and thinking I’m going to leave you or don’t cry so I can go and have a cigarette. I just started to think about it’s just so wrong and then I’d look at other people and other mothers standing in front of a pusher, having a fag, it just doesn’t look right.

All the women who continued to smoke after having their baby reported taking some measures to avoid their child’s exposure to passive smoking. Most commonly this was moving away from their children when they smoked, usually smoking outside and not smoking in the car. The main reason for doing so was their awareness of the health risks of passive smoking. There was also some concern about being good role models and not wanting their children to see them smoking.

**Stress relief**

Stress was identified as a salient influence on smoking behaviour among the ex- and current smokers as part of life transitions. The use of cigarettes as a form of ‘stress relief’ was commonly mentioned as participants experienced a change in lifestyle, moved to a new location and had increased responsibility either from going to university or college or becoming employed full-time. As Danielle (current smoker, aged 27 years) explained:

I would say stress, definitely. After the first six months of uni and when all of the essays and all of the formal things came in I realised it was a different league altogether to high school, and I’d say definitely the pressure of trying to fit in and still having that mentality of not studying ... very stressful lifestyle and trying to pay the rent and trying to work at the same time, increased my smoking ten fold I would say.

Stress was identified as a common influence on maintaining smoking after turning 21, as young women experienced increased responsibilities such as becoming home owners, paying a mortgage and running a household. It also served as a barrier to quitting smoking during pregnancy. Two women, in particular, expressed concern about the stress of quitting smoking and how they believed that this would in turn, stress the baby. Kerri (current smoker, aged 29 years) discusses her first pregnancy:

... I’ve got to do the right thing, I’ve got to be healthy ... And then I was getting so stressed out and I’d had friends who’d already had kids, who said, ‘... it’s not worth the stress. You know you’re putting more stress on the baby and the pregnancy by not smoking. ... If there’s something meant to be wrong with the baby then it will be wrong you know, regardless’.

For those who successfully quit for pregnancy, the ‘stresses of motherhood’ was further described as a reason for relapsing to their normal smoking patterns.

**Discussion**

A number of themes emerged from this qualitative study. One pervasive issue was the consistent perception of the influence of the social environment on the young women’s smoking behaviour,
from the time they left home through to establishing their own families. Initial experimentation and adoption of cigarette smoking began with having friends who smoked and a desire for social acceptance. While the methodology employed in this study was not designed to be representative of all young women, there is evidence from other studies that initiation of smoking generally takes place in a social context with peers who are smokers [27, 28].

The young women who were never smokers attributed this to an early decision not to smoke. Other studies have found that a strong commitment towards not smoking is a major predictor of not progressing to established smoking [28, 29]. The only threat to the never smokers’ commitment not to smoke was the influence of alcohol.

This association between smoking and drinking, particularly in social venues, has been reported in other studies [16, 30–32]. The implementation of legislation in Australia and other developed countries to extend smoking bans to social and hospitality venues is likely to de-normalize smoking in these settings and reduce tobacco consumption among young women, especially social or occasional smokers [32]. While there are known associations between alcohol and tobacco use (people who drink alcohol are more likely to smoke than are non-drinkers; and smokers are more likely to drink alcohol than non-smokers) [33], there is less understanding of the drinking–smoking phenomenon in its social context, particularly the influence of alcohol-associated social factors on cigarette smoking [32].

Another prominent theme that emerged from our findings was the important role of relationships and friendship groups on the adoption, maintenance and cessation of smoking. Social identity theory offers a way to understand how the different social categories or groups that people feel they belong to influence the way they think, feel and behave [34]. Examples of this were found in our study. First, with reports of cigarette smoking being used as a form of social bonding in both work and social settings; and, second, comparisons to other women who smoked during pregnancy without any obvious harm to their babies, led to a rationalization of smoking during pregnancy. Given the important role of social groups, tobacco control initiatives should identify at risk ‘social’ groups, investigate how members of these groups influence each others’ smoking behaviour and design interventions at the group rather than individual level.

Partners’ smoking behaviour was also identified as a major influence by ex- and current smokers. Having a partner who smoked was seen to make it more difficult to quit and to increase the amount they smoked. Having a non-smoking partner was reported to create tension in the relationship and many of the women would reduce the amount they smoked or try to quit. The type of support smokers receive during their attempts to quit smoking has been found to influence their success in quitting and continued abstinence [35]. Although having a non-smoking partner was a motivating factor among the young women in reducing their cigarette smoking, it appeared that ‘anti-smoking’ partners were not necessarily seen as helpful. Development of approaches that provide non-smoking partners with knowledge of behaviours and strategies that are most helpful in their partner’s attempts to quit (such as cooperation and verbal reinforcement) as well as those that are least helpful (nagging and policing) may be worthwhile [35].

Mass media campaigns can be effective in reducing smoking and increasing anti-smoking sentiment [36, 37]. This was apparent in our study, with a high level of awareness of the health risks of both maternal and passive smoking and strong disapproval of smoking around children. Our findings suggest that such campaigns could focus on young women’s concern of the addictive nature of cigarettes. Fear of addiction was identified as a deterrent to the temptation to smoke and as a motivator for quitting or reducing the amount smoked, for many of the ex- and current smokers. Around their mid-20s, these young women seemed to become concerned about addiction and their capacity to quit, as they considered their future health and plans for having children.

Stress was identified as a predominant influence on smoking behaviour for many of these young women as they experienced lifestyle changes. While
perceived stress has been found to be a significant predictor of smoking among women [38–40], and smokers typically report that cigarettes calm them down when they are stressed, there is little evidence that nicotine provides effective self-medication for coping with stress: Jarvis [41] suggests smokers’ perception that cigarettes are calming may come from the alleviation of withdrawal effects, such as irritability, restlessness and impaired concentration. Nevertheless, the acceptance of cigarettes as a form of stress relief was common among the ex- and current smokers. Smoking prevention and cessation programmes need to educate young women of the contradictory role of nicotine as both a stimulant and depressant, and that cigarettes do not provide an effective, long-lasting solution for coping with the stress in their lives.

It is acknowledged that there is emerging literature on the effects of maternal prenatal stress and infant health outcomes [42]. However, the concern about the stress of quitting smoking during pregnancy and how this would in turn stress the baby, is probably overestimated compared with the well-established risks of smoking during pregnancy [43]. This belief may also be a way to cope with the disparity between social disapproval and continued smoking [44]. Further qualitative and quantitative research exploring women’s beliefs and attitudes towards the use of cigarettes as a form of stress relief across the different stages of their lives will help to inform targeted smoking cessation programmes.

Strengths of the study include the use of a sample of young women with explicitly defined smoking behaviour histories. This enabled an in-depth exploration of perceived motivations for smoking across different life transitions. Furthermore, the use of telephone interviewing with participants from an existing longitudinal study enabled the interviewers to build rapport and clarify their understanding of participants’ responses. Limitations of the study include the inability to generalize our findings to a broader population, and the study’s reliance on participants’ recall of their smoking histories and past influences on smoking behaviour. In addition, comparisons of the ALSWH participants from the larger study who completed the 2000 survey, with women of the same age range in the Australian Bureau of Statistics’ 2001 census data, found that the ALSWH young women were of a higher socio-economic status than the Australian women of the same age, with higher levels of education and employment [45]. A high proportion of participants in this substudy also had higher educational qualifications. Thus, some of the motivations for smoking that we have reported may not be as relevant for more socially disadvantaged women.

Conclusions

For the young women in our study, cigarette smoking played an important social role. Smoking assisted in the facilitation of social acceptance, social bonding and the formation of social networks across a variety of settings, including social-drinking settings and study and work environments. These motivations for smoking were conducive to a single, ‘partying’ lifestyle, but as women settled into romantic relationships and considered their future plans of motherhood, the negative aspects of smoking and fear of addiction marred their smoking motivations. The ‘stress relieving’ role of cigarettes did, however, remain a salient motivator across all life transitions.

We have highlighted a number of opportunities for further research to inform public health campaigns and tobacco control initiatives targeting young women. These include more in-depth examinations of the drinking–smoking phenomenon; how social groups influence smoking beliefs, attitudes and behaviours and women’s beliefs and attitudes towards smoking for stress relief. We have also highlighted opportune times for targeted interventions to encourage quitting, such as the mid-20s when women become more concerned about addiction, their health and contemplate pregnancy. Finally, strategies to help non-smoking partners to support their partners to quit have been suggested, as well as the need to educate young women that cigarettes are not an effective solution for coping with stress.
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Conflict of interest statement

None declared.

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