

**African-Caribbean Young Women in the UK and
Cigarette Smoking**

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Abstract

Cigarette smoking among African-Caribbean young women has been under-researched. This thesis investigates the reported patterns of and influences on cigarette smoking among young African-Caribbean women aged 14 to 16 years old in urban Britain. The study uses a multi-method, interdisciplinary research design which combines approaches from women's studies and sociology of health to explore how 'race', class and gender influence cigarette smoking. A black feminist framework was adopted drawing on intersectionality theory. First, data on reported patterns and influences on smoking behaviour for 700 young people were collected using a self-completion questionnaire in schools in a city in the West Midlands to compare the influence of gender, ethnicity and social class on cigarette smoking behaviour and perceptions of cigarette smoking in a cross-section of young black and white people. Second, seven focus groups were conducted with first- and second-generation young African-Caribbean women to collect in-depth qualitative data on reported factors that influence smoking behaviour and the meanings that cigarette smoking has for this group. This research contributes to developing understanding of cigarette smoking in young African-Caribbean women in the UK; it widens and deepens existing work, adding a perspective that includes the dimensions of 'race' and ethnicity. Literature on gender and smoking exploring working-class identity exists but not an exploration of gender, ethnicity and class and how this is expressed through smoking behaviour. My findings contribute new knowledge to understanding young people's smoking behaviour: whilst the African-Caribbean young women in this sample were more disadvantaged than their white female peers, they were less likely to smoke. Caribbean culture, family life and religion were central to their lives and to a large extent protected many young women from cigarette smoking. As such this research demonstrates findings based on predominantly one ethno-cultural group do not necessarily translate to other groups, even if they live under similar material conditions.

Key Words: African-Caribbean, young, women, cigarette smoking, 'race', class, ethnicity, culture, religion, gender.

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Author's Declaration

I confirm that the work presented in this thesis is original and is my own. I have not presented the work previously for an award at this or any other university. Where information has been derived from other sources, I confirm that this has been indicated in the thesis. Over the course of my PhD I have used parts of my research in papers presented at academic conferences.

Chapter 1: Introduction to the Research

1.1 Introduction

This thesis is about African-Caribbean young women in the United Kingdom (UK), their identities and cigarette smoking. Cigarette smoking in young people has received considerable attention from health and social researchers and policy makers during the last three decades as it is one of the main causes of preventable death (Health and Social Care Information Centre, 2012) and smoking habits are established in young people during adolescence (Flay et al, 1983; Michell and Amos, 1997; Lloyd et al, 1998; Sweeting and West, 2001; Amos and Bostock, 2007). While cigarette smoking has declined significantly in adults since the 1970s, this rapid decline has not been mirrored in young people (Fuller, 2012), although regular smoking among 15 year olds declined from 25% in 1982 to 12% in 2010 (Fuller, 2011). In addition, since 1986 the smoking prevalence among girls has been consistently higher than that among boys, with 14% of 15-year-old girls compared to 10% of 15-year-old boys reporting regular smoking in England in 2010 (Fuller, 2011). Health researchers have sought to understand this trend and have focused on exploring the possible reasons for the increased prevalence of cigarette smoking among young women.

To a large extent, this literature has ignored the experience of black and minority ethnic young women in general and Black British young women specifically. This study therefore aims to address this issue and examines cigarette smoking within the social and cultural context of the lives of African-Caribbean young women.

This area has, to date, received little attention. In exploring the smoking patterns of African-Caribbean young women, this research examines whether or not smoking patterns among African-Caribbean young women in England mirror those of young white women from the same class, and how they may be different.

I have chosen to focus on the experiences of African-Caribbean young women, rather than older African-Caribbean women or African-Caribbean boys, for several reasons. Firstly, some policy research on cigarette smoking and minority ethnic communities (Ruddat, 1994) has identified a high prevalence of smoking in African-Caribbean young women. There has been a continuing research focus on

young women and cigarette smoking (Wearing et al, 1994; Pavis et al, 1996; Michell, 1997; Plumridge et al, 2002; Amos and Bostock, 2007; Cullen, 2006; Gilbert, 2007), but very limited research on African-Caribbean young women and cigarette smoking (Best, 2001). The research on African-Caribbean young women has centred on education or identity (Mirza, 1992; Mirza, 1993; Phoenix, 1997) and not on health. However, there is a growing body of research on African-American young women and cigarette smoking (Gittelsohn et al, 2001; Guthrie et al, 2001; Guthrie et al, 2002). Although there are differences between African-American young women in the United States of America (USA) and African-Caribbean young women in the UK, research on inequalities in health highlights the relatively poor health of both groups and the similarities in demographic, social, health and economic profiles (Nazroo et al, 2007). I have chosen to focus on African-Caribbean young women in the UK aged between 14 and 16. This allows me to compare my research with other research in the UK on young (white) women and cigarette smoking as well as with research on African-American young women in the USA.

A range of theories and explanations have emerged to try to explain the sustained increase in cigarette smoking among young (white) women (Oakley et al, 1992; Graham, 1994; Wearing et al, 1994; Michell, 1997; Lucas and Lloyd, 1999; Jefferis et al, 2004). These have developed to take account of social class and gender (Wearing and Wearing, 2000; Cullen, 2006; Gilbert, 2007; Graham, 2009), but there is little research that has tried to theorise the interrelationship between cigarette smoking, gender and 'race' or ethnicity (Bradby, 2007). The small body of current research examining cigarette smoking, 'race' and ethnicity has not addressed gender in detail. In short, mainstream research on cigarette smoking has not been raced and more recent and limited research on ethnicity, 'race' and smoking has not considered gender.

In conducting this study, I use 'African-Caribbean' to refer to people of African heritage that were born in the Caribbean or whose parents or grandparents were born in the Caribbean. The term distinguishes people of African origin in the Caribbean from people of Indian origin in the Caribbean – Indo-Caribbeans. However, over the generations there has been a great deal of intermarriage so people of Caribbean extraction may have African, European and Asian ancestry. The term 'African-Caribbean' has been used inconsistently by researchers in the UK (Agyemang et al, 2005), some researchers using it to refer to people who are

black and of Caribbean descent and others referring to people who are of African and of Caribbean descent. This presents difficulties when comparing research findings on 'African-Caribbean' communities in the UK. According to Hall (1990) identities change as discourses about ethnic relations change. So for example, before the 1970s African-Caribbean communities were described as 'West Indian'. However, many people did not see themselves as West Indian and preferred to refer to themselves as Jamaican or Barbadian, identifying with the island (or country as Guyana is not an island) where they originated from. They were then referred to as 'Afro-Caribbeans' and in fact all three phrases may still be used interchangeably. These are categories that have emerged in the UK as a way of designating people from the Caribbean, but they are not necessarily portable and each term is problematic. The more recent UK census categories have adopted the category of Black Caribbean. Increasingly African-Caribbean young people may have one parent who is white; hence young people may define themselves as 'mixed heritage'. Bhopal (2004) called for a debate on the terms and concepts used in research on 'race', ethnicity and health (1994) and defined African-Caribbean thus:

Afro-Caribbean/African Caribbean: A person of African ancestral origins whose family settled in the Caribbean before emigrating and who self identifies, or is identified, as Afro-Caribbean (in terms of racial classifications, this population approximates to the group known as negroid or similar terms). (Bhopal, 2004: 443)

Although Bhopal (2004) was opening up a debate on this and other definitions, his definition demonstrates the difficulties in developing ethnic categories as it relies on and refers back to earlier racial categories which may be seen as offensive to some. Thus I prefer to use the definition I have outlined above. It could be argued that research focused on African-Caribbean young women is essentialist – representing fixed stereotypes of a particular ethnic group. This research is not intending to do this. There is a growing literature on Caribbean diasporic identities which explores social and cultural heterogeneity within African-Caribbean communities and acknowledges the inherent difficulties of researching specific racial groups. Indeed, in my sample I ultimately had African, African-Caribbean and mixed-heritage young women. My category, therefore, has to be seen as provisional rather than absolute.

This study is interdisciplinary and draws on public health and health promotion, sociology of health, gender studies, women's studies and youth studies. I have worked in health promotion for thirty years and one of my enduring concerns is that 'mainstream' health promotion programmes and policies do not always engage with the day-to-day realities, experiences and concerns of people from black and minority ethnic communities. In fact, mainstream health promotion initiatives are targeted, even if not intentionally, at predominantly white middle-class communities and as such, rather than reducing inequalities in health in neighbourhoods and communities, run the risk of increasing inequalities in health as the specific needs of members of black and minority ethnic communities are not addressed (Kreuter et al, 2003; Bhopal, 2012). One of the reasons I embarked on this research was that there was very little published information on young African-Caribbean women and cigarette smoking.

Research of the 1990s and 2000s on young women and cigarette smoking has turned to examine the relationship of smoking identity to other social and cultural identities (Wearing et al, 1994; Pavis et al, 1996; Michell, 1997; Denscombe, 2001; Plumridge et al, 2002; Amos and Bostock, 2007; Gilbert, 2007). As the focus of my study is African-Caribbean women, identity and cigarette smoking I have drawn on the emergent and growing body of literature on African-Caribbean young women and identity by black feminist theorists in the UK, including Phoenix (1988), Mirza (1992), Reynolds (2002b) and Wright (2005). This literature challenges the way in which traditional (white) feminist research and scholarship has either rendered black women invisible or perpetuated negative stereotypes and representations of young black women. Black feminist scholars in the 1980s developed their own standpoint and drew attention to the ethnocentric and biased assumptions of classic gender analysis (Carby, 1982; hooks, 1982; Anthias and Yuval Davis, 1983; Brah, 1992). Amos and Parmar (1982) critiqued the homogenising and universalising approach of white feminist scholarship which, in attempting to define the oppression of women, failed to acknowledge the specificity of the experience of black and minority ethnic women. bell hooks contended that:

The force that allows white feminist authors to make no reference to racial identity in their books about 'women' that are in actuality about white women is the same one that would compel any author writing exclusively on black women to refer explicitly to their racial identity. That force is racism. In a racially imperialist nation such as ours, it is the dominant race

that reserves for itself the luxury of dismissing racial identity while the oppressed race is made daily aware of their racial identity. It is the dominant race that can make it seem that their experience is representative. (hooks, 1982: 138)

The development of black feminisms has spawned a large literature which has emerged from the distinctive nature and commonalities of black British feminists (Mirza, 1997; Young, 2000), African American feminists (Boyce Davies, 2006), African feminisms (Mekgwe, 2008) and Caribbean feminists (Barriteau, 2006; Reddock, 2007). Research informed by black feminist perspectives on young black women and social identity is directly relevant to this present study. Black feminism is concerned with power relations, racialised boundaries and the lived realities of black women. Intersectionality theory was developed by African-American legal scholar Kimberlé Crenshaw (1989) in response to second-wave feminism which privileged gender but did not give significance to 'race' or ethnicity. McCall (2005: 1771) argues that it 'is the most important theoretical contribution that women's studies, in conjunction with related fields, has made so far'. An intersectional approach considers the intersecting axes of oppression and discrimination that cut across each other and which may influence and change each other (Hankivsky and Christoffersen, 2008). A range of factors may influence health in different ways and may intersect differently at different stages of the life course (Hankivsky et al, 2010; Hankivsky, 2012). In using a black feminist framework for my study on young African-Caribbean women and cigarette smoking, I draw on intersectionality theory. This will be explored further in Chapter 3 on research methodology.

As already indicated, intersectionality provides an important framework as it considers multiple axes of oppression, including class, 'race' and gender. Current research on cigarette smoking centres mainly on gender and class, and 'race' and ethnicity are ignored. Since the 1990s there has been a growth in the literature on inequalities in health which points to the link between material disadvantage and health in black women (Karlsen and Nazroo, 2000). However, there is a dearth of literature on health written from a Black British feminist perspective. Issues around health have been largely marginalised and accorded very little weight within UK black feminist research. There are limited studies that have pointed to inequalities in health in relation to African-Caribbean women. One notable early publication was *The Heart of the Race: Black Women's Lives in Britain* (Bryan et al, 1985).

This publication documented the impact of employment, unemployment, poor housing and deprivation on the lives and health of black communities and concluded that while black women were expected to be cleaners, nurses and auxiliaries in the NHS, the health needs of black communities were not acknowledged or indeed addressed.

Turning to the research literature on young African-Caribbean women and health, I argue that African-Caribbean women, and young women more specifically, are largely invisible in the health literature. Where research has been conducted on African-Caribbean young women, this has mainly been around inherited blood disorders, nutritional disorders and reproductive and sexual health (Douglas, 1992). These areas of health research have been developed because of the ways in which African-Caribbean women have been represented in the health and social care literature – as feckless and fecund. African-Caribbean women's experiences of pregnancy and childbirth received marked attention in literature of the 1980s (Larbie, 1985; Phoenix, 1988). Research has continued to have a major focus on the maternal role of African-Caribbean women, with most researchers viewing them primarily through the problematic lens of the 'lone mother' and/or 'black super women' (Reynolds, 1997a). Reviewing this literature, Reynolds (1997b) challenged essentialist representations of African-Caribbean women and the stereotypes inherent in both constructions.

A review of epidemiological studies of UK-born African-Caribbeans (Arai and Harding, 2004) demonstrates that the research emphasis did not change from the 1990s to the 2000s. The researchers identified 43 research papers on UK-born African-Caribbean men and women, of which 20 focused on mental health; three on sexual health; 13 on auto-immune responses and other conditions; two on diet and substance misuse (with only one collecting information on smoking behaviour); and five papers on children's health. This review demonstrates that there is an over-emphasis of research on mental health as a pathology of African-Caribbean communities. There are few research studies on African-Caribbean young people and health. A study on gender, ethnicity and self-reported health among African-Caribbean populations in London (Curtis and Lawson, 2000) again did not focus on young women. This stands in sharp contrast to the priority that has been given to educational concerns and issues related to young black women (Phoenix, 1991; Mirza, 1992, 1993; Phoenix, 1997; Reynolds, 2004; Wright, 2005). Interestingly, the lack of visibility of health-related issues in black feminist research

in the UK contrasts with the situation in the USA, where black feminist research has a central focus on health (Adams, 1995; Smith, 1995; Bayne-Smith, 1996; Roberts, 1999; Schulz and Mullings, 2006). It has been widely acknowledged that social context, culture and education influence the health behaviour of individuals. As this thesis focuses on African-Caribbean young women, the next section looks at the historical, political, social and economic factors that have shaped their lives in contemporary urban communities in the UK.

1.2 African-Caribbean young women in Britain

The social identities of young African-Caribbean women are influenced by gender, 'race', ethnicity, culture, age, social class, geography and determined both by external factors (in terms of how other people may see and treat them) as well as by how they see themselves, their subjectivity and who they want to be. I will consider social identity in more detail later in this chapter; however, this section of the review outlines some of the important influences on the lives of young African-Caribbean women in Britain. In 2012 the African-Caribbean population in the UK represented approximately 1.1% (594,825 people) of the total population of England and Wales (ONS, 2012). However, if people who classify themselves as mixed race are included the number is much greater since one third of the mixed-race group (1.2 million) had an African-Caribbean parent and a white parent in the last census (ONS, 2012). Just over 20% of Black Caribbeans in England and Wales were aged 15 and under. Thus the percentage of young Black Caribbeans is the same as in the general population although almost three times (57.5%) that of mixed Black Caribbean and white background aged 15 and under and hence that group has a much younger age profile. The African-Caribbean population has remained fairly stable since the census in 2001 in terms of its size and overall percentage of the wider UK population. However, while the Black Caribbean and Black British population was larger than the Black African population in the UK in 2001, this situation has changed dramatically in the last decade as the Black African population is now twice as large as the Black Caribbean and Black British population because of increased migration from Africa.

My research was undertaken in Birmingham in the West Midlands which has had established African-Caribbean communities since the 1950s (Abernaty, 2003;

James, 1993). In 2009, 4.7% (41,000) of the city's population was African-Caribbean (ONS, 2011). The main period of migration from the Caribbean to the UK was between the 1950s and 1970s. In the 1950s the British government actively recruited workers from English-speaking British colonies in the Caribbean to rebuild Britain following the Second World War (Goulbourne, 1998, 2002). Initially it was men who migrated from the Caribbean, and they were later joined by partners and children. Some children were left with extended families to join their parents much later. Some Caribbean women migrated independently. Although various immigration acts in the UK reduced migration from the Caribbean to the UK by the early 1970s (1971, Immigration Act), Caribbean communities in the UK were not static and there was migration from the Caribbean to the UK as well as return migration of older Caribbean people from the UK to the Caribbean (Goulbourne, 2002). Reynolds (2011) argues that migration from the Caribbean in the last 20 years has been ignored by policy makers, although 44,230 Caribbean nationals were granted settlement in Britain between 1997 and 2007.

African-Caribbean people initially settled in urban communities where there were employment opportunities, for example in London, Birmingham, Liverpool and Manchester. The patterns of migration were such that individuals from particular countries and particular areas within those countries settled in specific geographic locations. In Handsworth, Birmingham, the population originated from Jamaica, while a few miles away in Edgbaston, Birmingham, the population was mainly from St Lucia (Abernaty, 2003). Patterns of settlement were based upon employment opportunities and on family and social contacts and networks. Some British organisations, for example, London Transport and the British Transport Commission, recruited labour directly in the Caribbean. The National Health Service was established in 1948 and, with labour shortages in crucial areas such as nursing, this led to recruitment campaigns throughout the Caribbean for workers to staff this new public service. Some Caribbean women were recruited to the NHS as nurses, but more often as auxiliaries and cleaners. Black women were often discriminated against within the NHS and were directed towards training as State Enrolled Nurses (SENs) rather than State Registered Nurses (SRNs) (Beishon et al, 1995; Olwig, 2012). This restricted their career development and progression as SRN training was required to become midwives, health visitors and senior nurse managers. Other Caribbean migrants were recruited to work in factories and menial jobs that the white working-class population rejected.

There is extensive literature on the experiences of discrimination and racism faced by African-Caribbean communities settling in British towns (Cottle, 1978; Bryan et al, 1985; Modood et al, 1997). Caribbean migrants were forced to live in the most deprived areas and in poor housing (Brown, 1984). Caribbean people experienced racism in terms of housing, employment, education, access to health and social services. This led to the setting up and development of a number of political, religious and welfare-based community organisations in areas where Caribbean communities settled (Reynolds, 2003), providing community support. Social disadvantage, social exclusion, racism and discrimination have all been linked to inequalities in health in Caribbean communities (Nazroo, 1997). Despite the fact that some Caribbean people have been resident in the UK for 50 to 60 years, these patterns of social disadvantage still persist and are discussed next.

1.3 The social context of African-Caribbean families in contemporary Britain

African-Caribbean children who were born in the UK were born into families where family members experienced racism at many different levels in their lives and developed strategies to deal with everyday racism. Families were concerned about the experience of their children and although initially Caribbean migrants had come to the UK intending to work for a few years and then return to the Caribbean with the wealth they had made, the reality of their experience was that they earned very low wages which made it difficult to return. In addition, many families decided that despite their hardships, the educational opportunities for their children would be better in the UK than in the Caribbean. Many people held the British educational system in high esteem and expected their children to do well. What they were not prepared for was the racism that their children suffered at the hands of racist teachers and a discriminatory education system. Early research on the experiences of young children of Caribbean parents demonstrated the poor expectation of teachers and the siphoning of young black children into units for children who were 'educationally subnormal'. Perhaps as a result of the low expectations and discriminatory practices of teachers, black boys in particular started to demonstrate rebellious behaviour. This was not, however, the case for young black women. Young black women had a very different role in Caribbean families, often having to assist in caring for younger siblings as their parents were

working long hours. However, despite their experiences at school and low expectations of teachers, young black women started to achieve academically.

Although census data and data from the national household survey indicate improvements in the material and socio-economic position of some African-Caribbean people over the last 50 years, African-Caribbean families are more likely to live in deprived neighbourhoods where levels of residential concentration are high (Graham, 2007; Robinson and Reeve, 2006). However, Reynolds (2006b) argues that for African-Caribbeans, such residential communities provide social resources and benefits despite the high levels of deprivation. Reynolds' study reports on the use of 'racially defined' neighbourhood resources such as black churches, community associations and black supplementary schools as well as transnational family gatherings and reunions to build bonding social capital. Reynolds argues that the Caribbean ethnic identity is constructed and shaped by migration and settlement as well as experiences of racial and social exclusion. Despite the positive aspects of living in inner city neighbourhoods, some young people experience the effects of territoriality. Recent years have witnessed a rise in gang violence in British cities. In Birmingham, and other cities, there has been well documented so-called postcode gang violence (Hallsworth and Young, 2008). In a study by Kintrea et al (2008) on young people and territoriality in British cities, the researchers identified that territoriality was part of everyday life in certain inner city neighbourhoods. They demonstrated that young people (mainly young men) gained respect from representing their neighbourhood and this was an important part of their identity.

Although deprivation and disadvantage have been associated with residential concentration in inner cities, researchers have reported beneficial effects for health and wellbeing accompanying ethnic group density (Pickett and Wilkinson, 2008). Although black and minority ethnic residents have lower socio-economic status, which is associated with poor health, living in neighbourhoods with other people from the same ethnic group results in fewer incidents of interpersonal racism, structural racism and institutional racism, which is more beneficial for physical health and mental health and wellbeing (Becares et al, 2011, 2012).

One of the main reasons that people migrated from the Caribbean in the 1950s and 1960s was in search of a better life for themselves and their children. In a study designed to investigate the effects of migration, social class background,

educational qualifications and intergenerational social mobility of ethnic groups in England and Wales, Platt (2005) reported that in Caribbean communities, parents experienced downward social mobility on migration to the UK, and although the children of Caribbean migrants did obtain some upward social mobility, this was not to the same extent as children of other minority ethnic groups, e.g. Indian migrants. This was explained by the increased risk of unemployment among Caribbeans, who, despite educational qualifications, were more likely to be in marginal positions in employment. In a study by Barn et al (2006), large differences were seen between African-Caribbean male and female employment. While 72% of Black Caribbean women were in employment, Black Caribbean men were more than three times more likely than white men to be unemployed. While the percentage of lone parents was higher in African-Caribbean communities, Black Caribbean lone parents were more likely to be in employment when compared to other ethnic groups. Even so, Barn et al (2006) reported that compared to white mothers and African mothers, Caribbean mothers were twice as likely to report financial problems.

In health and social policy, Caribbean families have been portrayed as pathological and deviant (Rainwater and Yancy, 1967; Lawrence, 1982). This has been based on perceptions of matriarchal family structures (Goulbourne, 2003) and absent fathers. This view has been perpetuated throughout the Caribbean diaspora (Clarke, 1999). Research studies on African-Caribbean family life have reported that a greater percentage of African-Caribbean mothers are single parents (Reynolds, 2005) and families may be vulnerable to socio-economic disadvantage, which typically accompanies being in a single parent household. However, African-Caribbean families often live in areas of social deprivation and high residential concentration. In these areas there are other African-Caribbean families and an extended kinship network including grandparents who provide ongoing support (Goulbourne, 1999; Reynolds, 2005; Ochieng, 2011). In addition, recent research on African-Caribbean fathers (Reynolds, 2009; Williams et al, 2012) concluded that although black fathers may not live with their children, they were actively involved in parenting and provided additional material and social capital to their children.

In her study on Caribbean mothering, Reynolds (2010) reported that Caribbean mothers felt that an important part of their role was to transmit Caribbean cultural values and identity through teaching their children about their historical legacies.

They did this by using cultural signifiers such as food, by celebrating Caribbean traditions and fostering transnational links. Although Caribbean food has received limited critical attention from academic researchers, apart from in health, nutrition and anthropology, it is of immense significance in Caribbean families as a mechanism to maintain links with the Caribbean. Reynolds discusses the commitment that Caribbean mothers have to preparing Caribbean food as a mechanism through which they can transmit cultural identity intergenerationally and sustain links with the Caribbean. In the early years of migration to the UK it was difficult to obtain certain foods and aspects of a 'Caribbean identity' such as diet, music, religion and an extended kinship network were compromised. However, in many inner city areas these resources are now available to Caribbean communities (Reynolds, 2004). Mothers further identified that respect and the good manners of their children were of utmost importance and that they maintained discipline through corporal punishment.

Parenting practices in African-Caribbean families have received much attention in the academic literature on social policy and in the popular press. On the one hand black parents received opprobrium (Jones, 2013) for not parenting their children appropriately and providing suitable discipline and guidance, and on the other hand black parents are accused of using corporal punishment to discipline their children. Although Caribbean families and parenting practices are heterogeneous, several academic researchers have pointed to the importance of discipline in Caribbean families, primarily to ensure that their children have a greater chance of social mobility than the parent generation, but also to demonstrate to other members of their families and their communities that they are respectable and that their children are respectful and obedient (Leo-Rhynie, 1997; Ochieng, 2010; Reynolds, 2010). Ochieng (2010) reported that discipline emerged as a primary factor in child-rearing approaches with black families. According to Ochieng (2010), child discipline strategies among African-Caribbean families who participated in her study appeared to be subject to continuing generational change, increasingly relying on strategies emphasising cooperation rather than physical control.

Of course it does help, if children start smoking when they are young and you punish them by hitting them, you think they will never pick up that cigarette again; of course not they are not daft. They may do it when they are older, but by then they will have learnt what is right or wrong, same

with going out with the opposite sex or drinking alcohol at a young age. The thing is they tell us not to hit the children, but if they are caught with marijuana, they go to prison, why not prevent it, proper disciplining of a child can help to straighten them and that will enable them to have a better future and increase chances for a healthy lifestyle. (Joshua, age 52). (Black parent, quoted in Ochieng, 2010: 66).

This quote demonstrates that some parents felt that it was their responsibility to use corporal punishment to discipline children so that they knew right from wrong. However, Reynolds (2010) reported that African-Caribbean mothers who were from a middle-class background were less likely to use physical punishment. Qualitative research by Barn et al (2006) challenged assumptions and stereotypes of minority ethnic families and parenting. They reported that the parenting practices of minority ethnic families were shaped by a wide range of cultural practices including those of their own parents, other ethnic groups and majority ethnic groups in society. Their research challenged commonly articulated assumptions that minority families used more punitive methods to discipline children than other parents. 'To me you have to break that cycle. I cannot do to my children what...I'd seen with my older siblings, no I just can't do it, they are my children. I didn't bring them into this world to abuse them, it's not my way' (Caribbean mother, quoted in Barn et al 2006: 43).

One of the key differences identified in Barn et al's research was the difference between white parents and minority ethnic parents in relation to their attitudes to education. Minority ethnic parents and Caribbean parents in particular saw that a good education was important to counter discrimination in future employment.

Young people need education in school. Without education you get nowhere in life. That's the main point. I always say to my kids, 'When you go to school, it's for you to learn and not mess about, because when the time comes for you to leave school and you've got no education, it doesn't matter if the teacher don't like you, she's not there to be liked, she's there to teach'. I always tell them that. Without education, you get nowhere in life. (Caribbean mother, quoted in Barn et al, 2006: 54).

Caribbean parenting practices were closely related to the educational aspirations they had for their children, as parents encouraged further education and

educational achievement as a means of achieving social mobility. This further demonstrates the expectations that Caribbean parents had of teachers. The effects of African-Caribbean parents' attitudes to education are evident in the educational aspirations and outcomes of African-Caribbean young women as outlined in the following section. Research on cigarette smoking has linked regular cigarette smoking to low educational aspirations (Waldron and Lye, 1990). I explore this further in Chapter 2 where I review factors influencing cigarette smoking in young people.

1.4 African-Caribbean young women in the UK – education and schooling

In terms of education, Caribbean girls achieve much better educational outcomes than their black male counterparts, but less than their white female counterparts (62% of white girls gained five or more GCSEs at grade A* to C) in 2006. While 52.4% of Caribbean girls achieved five or more GCSEs at grade A* to C, only 35.9% of Caribbean boys achieved five or more GCSEs at grade A* to C in 2006 (DfES, 2007). Although the overall attainment for Black Caribbean pupils increased from 34% in 2006/7 to 48.6% in 2011, the gender gap in educational attainment between Black Caribbean boys and girls was even greater: 12.5% compared to a national gender gap of 7.3% (Runnymede Trust, 2012). Early research on young black people focused on social problems associated with young black men: over-representation in penal institutions (Cashmore and McGlaughlin, 1990), under-achievement in education and youth employment. The first glimmer of interest in the lives of African-Caribbean young women was in the field of the sociology of education (Driver, 1979; Fuller, 1980; Mirza, 1992; Wright, 2005). Here the focus was on educational achievement (Mirza, 1992) and on school exclusions (Wright et al, 2000). Research on education conducted in the 1970s initially explored African-Caribbean young people and educational attainment and was not gendered. African-Caribbean young people were seen as under-achievers and culturally and intellectually inferior. A small-scale study conducted by Geoffrey Driver (1979) demonstrated that despite low teacher expectations and the young people's experience of racism in the school system, black girls seemed to out-perform all other pupils and their performance was in stark contrast to that of their black male peers. Driver's work was methodologically

flawed as it attempted to generalise from a small-scale study to the whole of the UK and it was the object of a vitriolic attack by black parents' groups as it seemed to cut at right angles to the concerns that black communities were raising about the plight of their children within the British education system. However, the concerns of black parents led to the setting up of the Rampton Committee (HMSO, 1981) which examined the experiences of African-Caribbean children in mainstream education.

Driver's findings were supported by the findings of an ethnographic research study undertaken by Mary Fuller (1980) in a London comprehensive school. This research made it clear that in the multiracial schools in which the work took place, white staff had a racist view of the capabilities of young black children and did not expect black children to do well. Faced with the same problematic, the schooling identities which were taken up by black girls and black boys were different. The girls, while opposing and resisting their treatment, ensured that they did not invoke disciplinary procedures. So incensed were they by the racialised injustices which framed their interaction with white teachers and the school, that oppositional responses were engendered and their desire to achieve academically was magnified. On the other hand, black boys resisted and found themselves subject to disciplinary challenges. They developed a counter-school culture which involved rejection of educational qualifications and celebrated and presented a black 'style'.

Heidi Mirza's work built on these foundations. Twelve years later in a much more expansive study on young African-Caribbean women, educational aspiration and self-esteem, Mirza (1992) demonstrated that young black women had a more positive self-image than their white counterparts and young black men. Mirza also demonstrated that young black women did better in their final examinations than their male peers. She argues that further exploration of the identity of young black women was needed and she deconstructed the ideology of 'strong black women' and the suggestion that black women possessed internal strengths that accounted for their endurance and ability to overcome the structural racism and sexism they face in school, the workplace and at home.

As an understanding of identity is central to this study, I now produce a brief overview of the literature which defines identity and explores identity from a psychological and sociological perspective, before examining social identity in relation to African-Caribbean young women.

1.5 Social identities

Both identity and identification are key concepts in understanding the social world. Theories of identity have changed over time from seeing identity as fixed and given, to seeing it as fluid and chosen. Psychologists have focused on the individual and her relation to others while sociologists have seen identity as a more dialogic process between self and others. While psychologists have privileged the individual, sociologists have paid greater attention to collectivities. Jenkins (2004) argues that it is the interaction between the individual and the social world that contributes to identity. It is not just how one sees oneself but how we are seen by others: it is the interaction between the internal world and the external world that is significant and dialectic, as they mutually influence each other. More recently, social psychologists, challenging the mind-body dualism, have acknowledged that bodies, identity and the social world are shaped by and influence each other (Finlay and Langridge, 2007). The concept of social identity is a complex and contested construct (Rattansi and Phoenix, 2001; Jenkins, 2004). There is an emergent and growing body of literature on identity which reveals great dissonance in the ways in which identity is theorised within different disciplines and by a range of scholars within these disciplines. This may result in difficulties with the use of the term 'identity' as researchers may not use it in the same way. Sometimes these perspectives may be complementary, but often they offer competing accounts of the way in which identity is theorised and the meanings that are attached to identity.

The literature on youth identity has developed over the last 40 years or so; it reflects the intellectual debates that have taken place on the conceptualisation, theorisation and contestation of identity within and between different disciplines. The early work on young people's identities was very much grounded in psychology and used the term 'adolescence'. In this developmental approach, identity was perceived to be biologically or psychologically determined and hence fixed. Paul Willis' study of working-class boys was ground-breaking in this area as it explored how working-class identities were produced and reproduced (Willis, 1977). Much of this early work on youth focused on young men and hence was deeply gendered. Later research on young women emerged from feminist researchers such as Angela McRobbie (1978), Valerie Walkerdine (1990), Bev

Skeggs (1997) and Valerie Hey (1997), who argue that young women had been excluded from earlier studies of young people which claimed to be about 'youth' but were in reality about young men. While this research considered how young women perceived and lived their identities and the transition from adolescence to adulthood, it was ethnocentric and did not consider the experiences of black and minority ethnic young women. There was limited research on the experience of black girls in Britain. Amos and Parmar, writing from a Black British feminist perspective (1981), suggested:

...most existing literature which seeks to articulate the experience of black girls begins from a racist standpoint, denying the autonomy of a black culture and trying instead to integrate the experience of black people into more general discussions about life in Britain. On the other hand, token attempts have been made within feminist writing to include material on black girls but this serves only to add 'cross-cultural' spice to predominantly ethnocentric work. (Amos and Parmar, 1981: 129)

In the 1990s cultural studies researchers focused on ways in which culture influenced identity. As outlined previously, identity is not only influenced by gender and 'race', but also culture and history. Culture is not fixed. Hall (1990) drew attention to the ways in which cultural identities constantly evolve:

Cultural identity...is a matter of 'becoming' as well as 'being'. It belongs to the future as much as to the past...Cultural identities come from somewhere, have histories. But like everything else which is historical they undergo constant transformation. Far from being eternally fixed in some essentialized past they are subject to the continuous play of history, culture and power. (Hall, 1990: 225)

Other social theorists suggest that identity is a matter of choice and that individuals can determine their identity by how they dress, change their bodies and the signs and symbols that they use in relation to lifestyle and behaviours, for example taking drugs, smoking cigarettes. Roseneil and Seymour (1991), emphasising the fluid and changing nature of identity and the importance of choice, argue that:

Questions of identity, individual and collective, confront us at every turn...We are interpolated and interrogated by a multiplicity of voices to

consider and reconsider our identities. How we think of ourselves...is up for grabs, open to negotiation, subject to choice to an unprecedented extent. (Roseneil and Seymour, 1991: 1)

However, identity is not only constructed at the level of meanings and discourses, it is also embodied.

The sense of personhood we possess is at least partly based on the feel we have of our own bodies, as much as the symbols which define our unique social identity...if the body is not the person, then what is the person? The body image and self-image we develop is based on the sense of being embodied and the way in which this experience is mediated by culture. (Burkitt, 1999: 147)

Phoenix (1997:12) argues that categories such as girl and boy 'are differentiated by 'race', culture, social class, sexuality as well as by personal experiences and desires. Masculinities and femininities are, thus, plural – racialised, ethnicised and always expressed through a social class position'. In addition Jenkins (2004) argues that identities are socially constructed and are part of a process of 'becoming'. Hence identity is not fixed. He further argues that identity is in fact a meta-concept which makes as much sense collectively as individually: 'One's identity – one's identities indeed, for who we are is always singular and plural – is never a final or settled matter' (Jenkins, 2004: 5).

Bradby (2007: 1), recognising that identity is an important concept in developing an understanding of cigarette smoking in young Asian people, noted that it is at the same time very difficult to define. One of the enduring debates in relation to identity and identities is the role of agency versus structure. To what extent are individuals free to choose their own identities and to what extent is identity determined by existing social structures such as class, 'race', ethnicity, gender, sexuality, ability and disability? In some ways a modernist notion of identity – one that sees identity as determined by social class, 'race', ethnicity, gender and sexuality, and as fairly fixed – stands in stark contrast to postmodern notions of identity as mutable, changing, fluid and contingent on time and place.

One of the challenges of my research is to explore the identities of African-Caribbean young women and consider how this is related to cigarette smoking. This research may require the development of a theoretical conceptualisation of

identity which draws on both modernist and postmodern perspectives; that is, one that recognises that identity is influenced by 'race', ethnicity, gender, social class, sexual orientation and the oppression that is associated with these factors through power relationships in society, while at the same time acknowledging that identity is not fixed but changing and fluid. Hence, rather than regarding agency and structure as polar binaries, a framework is needed which incorporates agency and structure in a complementary rather than oppositional way. An intersectional approach can do this (Crenshaw, 1989, 1991; Collins, 1990) by recognising the simultaneous influence of 'race', gender and ethnicity and the impact of these on social structures and axes of oppression. Mirza talks of the notion of 'embodied intersectionality' which refers to the lived experiences of black women (Mirza, 2009).

1.6 Identities of young African-Caribbean women

As is evident from the other studies, the notion of a fixed African-Caribbean identity is contested (Phoenix, 1997). The identities of African-Caribbean young women are fractured, fluid, multiple, shifting and contingent on time and location and context (Bradley, 1996). Identities are also relational – influenced by family, friends and peers and an individual's identity is perceived in relation to other identities. On the one hand, young African-Caribbean women's identities are uncertain and contested and yet at the same time they are located in and informed and shaped by a sense of being part of a wider Caribbean diaspora (Reynolds, 2006). Thus the identities of African-Caribbean young women in Britain are influenced by the historical experiences of slavery and migration of their forebears as well as their current experience of disadvantage, racism and discrimination.

There is a literature around diasporic identities which is beginning to focus on young people's identities. Within this literature there is a focus on the identities of African-Caribbean young women (Reynolds, 2004, 2006a, 2006b). Tracey Reynolds and colleagues have explored young people's diasporic identities and their relationship to social capital (Goulbourne, 2006). Reynolds (2006a) argues that the ways in which Caribbean young people understand and conceptualise their identities is complex, sometimes contradictory and changes depending on context and location. Based upon research conducted in 2003/4 and involving in-

depth individual interviews with 30 second- and third-generation Caribbean young people in London (mainly), Nottingham, Birmingham and Manchester, aged between 16 and 30 years old, Reynolds remarked:

Young people's accounts illustrate that ethnic identity is fluid and mutable. Constructing ethnic identity involves a continual renegotiation of identities and encompasses myriad situations and social resources – transnational family networks, community, regional and diasporic racial connections – that the young people draw upon and utilise in different social contexts. (Reynolds, 2006c: 1099)

In addition to Caribbean diasporic connections, identities of young African-Caribbean people are shaped by black urban youth identity and its articulation through gender and social class. There is a growing body of literature on black youth culture (Mirza, 1993; Alexander, 1996; Back, 1996) which suggests that USA rap/hip-hop and reggae music have had a significant impact on black youth culture. Reynolds (2006b) argues that the connection that young people make with the black diaspora in the Caribbean and the USA influences patterns of cultural consumption, and influences and pressurises young Caribbean men and women to conform to images of black youth identity in terms of speech (stylised Jamaican patois) and dress. In this regard young African-Caribbean people are sometimes perceived as 'style icons' by young people from other ethnic groups. Reynolds argues that Caribbean young people may establish cross-ethnic networks, relationships and alliances and hence utilise 'bridging social capital'. They are thus able to create and develop multiple ethnic identities exhibiting 'cultural hybridity' and 'cultural syncretism' (Ali, 2003). In relation to Caribbean identities, young people on the one hand homogenise Caribbean cultural identities (i.e. geographical difference, differences in patterns of migration and social class differences), but they are also very aware of island and national differences when networking with family members and in kinship networks (Reynolds, 2006a,b).

Reynolds (2004, 2006a, 2006b) argues that African-Caribbean young people have a homogenising discourse – constructing a homogenous African-Caribbean identity – and they are also aware of the differences within Caribbean communities, in terms of those people born in the UK and those born in the Caribbean, and also in terms of differences between Caribbean countries. African-Caribbean culture is often viewed as static and essentialised and Reynolds'

findings challenge this notion. Reynolds' research provides many opportunities to further develop the theoretical and conceptual framework for my own study. In terms of the importance of bonding social capital within Caribbean communities (Reynolds, 2006d), this may indeed act as a factor in relation to cigarette smoking and young African-Caribbean women.

Young African-Caribbean people's style – i.e. the way they dress and speak – may offer them a form of symbolic capital in school. This relates to the way in which black urban style is reproduced and copied by young people from a range of ethnic groups. Thus in school, young African-Caribbean people, both young men and young women, may occupy positions of high status in relation to other young people. Cigarette smoking may not have the same symbolic and status enhancing role in school as it does for young white pupils. In school it may mean that certain aspects of academic achievement become more difficult to obtain as the urban style that young black people adopt, while it provides symbolic capital with their peers, leads to being labelled in negative ways by their teachers. However, this status may be less important as young African-Caribbean people make the transition from youth to adulthood, where their 'style' may be seen negatively by prospective employers and colleges and where they may encounter increasing racism.

Altogether, this literature suggests that African-Caribbean young women construct their identities in a number of ways: in terms of their day-to-day experiences, through the experiences of their friends and family, memories of the Caribbean from family members and the wider diaspora, and also imagined and re-imagined constructions of the Caribbean and Caribbean communities. Rattansi and Phoenix (1997) argue that there is a need to understand the significance of families in young people's lives and the importance of everyday activities in the construction of their identities. In section 1.3 of this chapter I outlined the influence that Caribbean mothers are reported to have in developing a Caribbean cultural identity in their children. I now turn to examine the influence of friends and peers of African-Caribbean young women in identity development.

Friendship networks and relationships are significant for all young women and are acknowledged to influence behaviour and identity. Gilligan (1995) argues that for the development of identity in young women, relationships with other young women, young people, immediate and extended family are important and central.

Hence identity is relational and influenced by family, friends and peers. Reynolds (2006a), remarking on the friendship networks of Caribbean young people, posits that Caribbean young people have friends from across a range of ethnic groups while they are in primary school, but when they move to secondary school, Caribbean parents attempt to dissuade their children from associating with white working-class children. In a study on girls' friendships, George (2007), commenting on the friendship networks of black girls at a secondary school in London, stated:

During these first two years at secondary school the shifting and constantly changing nature of Shumi's identity contributed to a more heightened awareness of her position as a black girl within the institution of the school. Shumi and her friends claimed that they were no longer able to be 'just individuals' but now subscribed to a collective embracing of their 'black identity'...For Shumi and her friends, identity politics often took precedence over friendship with their friendship group...functioning to support each other in achieving academic success within an environment they perceived as hostile...this group of girls expressed a high degree of racial consciousness and their friendship operated through a 'collective', affirming for each other their affiliation to their African-Caribbean community and also a commitment to academic success. (George, 2007: 123)

These findings were supported by the work of Reynolds (2007) who reported that although Caribbean young people had friendship networks which spanned diverse ethnic groups, the majority of Caribbean young people had best friends from the same ethnic group. 'It was these friends that most strongly matched the values associated with social capital, such as trust, reciprocity, emotional support, community, and identity' (Reynolds, 2007: 1).

I have shown that in the research literature African-Caribbean young women are depicted in contradictory ways. On the one hand in the health and social care literature, they are constructed as prematurely sexually active, as young mothers and as lone parents (who themselves come from lone parent, dysfunctional families), and on the other hand in the sociology of education literature, as high academic achievers who, in comparison to African-Caribbean boys, are less likely to be excluded from school. So African-Caribbean young women are constructed as rebellious and rule breakers in some literature and yet at the same time as

possessors of educational desire and attainment in others. I shall consider how these contradictions play out in relation to cigarette smoking in the following chapters. I now discuss when and how I undertook the research before I outline the structure of my thesis.

1.7 Undertaking the research

The completion of my PhD is an object lesson for women like myself who, when they started their postgraduate research, were already mature students in a full-time job with young children. In my case, this was further confounded by repeated periods of ill health. In contrast to students who are research-council funded and do their PhD full-time over three to four years, I had to fit my research into a life that was already overflowing with commitments and responsibilities. This impacted on my research in two different key ways:

1. It took me ultimately 11 years part-time, including periods of de-registration due to ill health and work issues, to complete.
2. I collected two empirical data sets (quantitative and qualitative) at different times so that my data sets are discontinuous.

I had an initial period of registration at Warwick University which commenced in 1993 but when I could effectively spend no time on my research as I had small children, extensive work demands and health problems. My major achievement by the end of that period was the collection of my quantitative data between 2002 and 2004. By the time I was able to spend a more sustained period on my PhD, my first supervisor, Professor Hilary Graham, had moved to Lancaster University and I followed her there. My effective date of registration for the purposes of this PhD as agreed by Lancaster University and subsequently by the University of York when my first supervisor moved there and I followed her, then became 1st May 2004. I was allowed, however, to use the survey data I had collected between 2002 and 2004.

Having re-started in May 2004, I undertook my focus groups between 2005 and 2007. I had planned to undertake all the focus groups in 2005. However, because of pressures of work and ill health I had to suspend my PhD studies from

November 2005 to September 2006. Hence that collection happened over an extended period of time, disrupted by de-registration. Then in March 2008 I had another major health issue – a severe stroke. I suspended my registration from March 2008 until October 2009 to give myself time to recover. My initial supervisor in the meantime had become head of department and the final two years of my PhD were supervised by my current supervisor, Professor Gabriele Griffin.

Although initially devastating, the period of recovery following my stroke gave me the opportunity to review my life and my priorities. Once I returned to study after my stroke, I felt I had a renewed sense of purpose and enthusiasm and managed to combine my part-time PhD study with recovering my physical and psychological strength and re-entering the academic workplace. Although there has been some research on women undertaking PhDs and the difficulties of combining this with work and home life, there is little research on the experiences of black women academics undertaking PhDs, and in particular part-time PhDs. It was helpful to read some of the published work in this field, for example Cole and Gunter (2010), which gave me inspiration, purpose and hope.

My research was partly driven by my ethnicity. I am African-Caribbean, born in Wolverhampton to two African-Caribbean migrants from Jamaica. My father migrated first in 1951 and my mother followed him in 1953. They married shortly after my mother arrived. To some extent my mother's experience was very similar to that of the character Hortense in *Small Island* (Andrea Levy, 2004) as my mother hardly knew my father when she arrived in the UK. My mother had been a teacher in a primary school in Jamaica. However, when she arrived in England, her qualifications were not recognised and she was advised that if she wanted to train as a teacher she would have to start with taking her 'O' levels. She did not work outside of the home until after her youngest child had gone to school so she took it upon herself to teach me (the oldest of five) and my siblings before we went to school. I was therefore able to read and write when I went to nursery school aged 3. My experience at school was very different from those reported by many researchers, perhaps because of one teacher, Miss Beasley. She encouraged and supported me to the extent that I was moved up a year and reached the top class in junior school aged nine – too young to do my 11+ exam. I had to spend two years there. I took my 11+ exam at 10 and went to the grammar school of the borough in which we lived. I was the only black child in the school for the seven years I was there. During this time my academic aspirations were thwarted and

when I came to do my 'A' levels, my teachers had convinced me that the best I could aim for was to be a nurse. My mother had by this time trained to be a nurse and midwife (taking her 'O' levels at the same time that I took mine). All of my aunts who had migrated from Jamaica to the UK were nurses. My mother convinced me not to do nursing but to take an academic degree at a university. After repeating my 'A' levels at a further education college, I went to university to undertake a degree in Microbiology and Virology. My later narrative is no different from that of many African-Caribbean women who often study part-time while working and bringing up a family. It was indeed difficult undertaking a PhD while working full-time and being a part-time student. During my period of study there were significant life changes for myself and my first supervisor. However, my thinking has matured over time and so have the disciplines I have drawn on: public health, health promotion and women's studies.

My PhD is an analysis of cigarette smoking among African-Caribbean young women in the first decade of the 2000s, with my primary data collection having been completed by 2007. The impetus for undertaking this study arose from my work as a health promotion practitioner in public health during the 1990s. One of major issues that concerned public health in this period was cigarette smoking among young people and young women in particular. I worked in geographic areas where there were sizeable black and minority ethnic populations of young people and became aware that there was no public health research on African-Caribbean young women and cigarette smoking despite the discourse about the link between cigarette smoking and disadvantage. If this explanation was correct, then we would expect to see more young African-Caribbean women smoking than white young women and I wanted to investigate whether this was indeed the case.

1.8 The structure of the thesis

My aim in this study is to examine the factors which influence cigarette smoking among African-Caribbean young women as there is limited research on this group of young women and cigarette smoking. Despite the growth of research studies on young people and cigarette smoking in the UK, it is only since the 1990s that there have been a few studies on black and minority ethnic young people and cigarette smoking. These have focused mainly on cigarette smoking in South Asian

communities (Markham et al, 2001; Bradby and Williams, 2006; Bradby, 2007). Rogers et al (1997), Best et al (2001), Cullen (2010), Rodham et al (2005) and Viner et al (2006) have conducted studies which have included African-Caribbean young women, but their findings are contradictory as I shall discuss in the literature review. My main research question is: 'What are the patterns and influences on the smoking behaviour, as reported by young African-Caribbean women in contemporary urban Britain?' Drawing on data from African, African-Caribbean and white women in my study, I further ask:

- 1. How are the reported patterns of smoking different among African, African-Caribbean and white young women in the UK?*
- 2. How is smoking among African-Caribbean women linked to material deprivation and to their social, cultural, racial and ethnic identities?*
- 3. What are the reported risk factors and protective factors for smoking in African, African-Caribbean and white young women?*
- 4. How are smoking identities among African-Caribbean women different from smoking identities among white women?*
- 5. To what extent do the theoretical and conceptual explanations for smoking among white working-class women hold true for young African-Caribbean women?*

I explore these research questions in this study. For this purpose the thesis is organised as follows: after this brief introduction which provides an overview of the lives of African-Caribbean young women in Britain and explores the conceptualisation and theorisation of different aspects of identity, including youth identities and focusing on gender, 'race' and diasporic identities among African-Caribbean young women, I review the literature on African-Caribbean young women and cigarette smoking, exploring the relationship of ethnicised and racialised identities to cigarette smoking among African-Caribbean young women in my next chapter. While social class and gender have been a long-standing focus for research on smoking, much less is known about the impact of ethnicity on cigarette smoking in the UK. Among adults there has been limited research to explore ethnicity and smoking prevalence among young women (and young men) in all ethnic groups. In reviewing the literature on young people and cigarette smoking I explore the factors which influence the uptake and maintenance of cigarette smoking in young people and critically examine the relevance of this literature to cigarette smoking among African-Caribbean young women in the UK.

In Chapter 3 I outline my research design and methodology, I explain my study population and why I adopted a multi-method research design. I then explain how I analysed the data. The core of the thesis consists of three analysis chapters. These draw on original empirical data I collected – responses to a survey and focus groups – as will be discussed in my methodology chapter. The first of the analysis chapters, Chapter 4, explores the development and establishment of smoking, and the meaning that smoking has in the texture of the lives of young African-Caribbean women. Chapter 5 analyses the findings about young women's involvement in their families and in their communities and examines how identities and contexts shape attitudes to smoking and smoking behaviours in African-Caribbean young women in my study. Chapter 6 presents the analysis of the data on friendship networks, life at school and the leisure activities of young African-Caribbean women in the study and how these relate to cigarette smoking. Chapter 7, the final chapter, draws the key findings together.

Chapter 2: Literature Review – Gender, ‘Race’, Identities and Cigarette Smoking Among African-Caribbean Young Women

2.1 Introduction to the chapter

The aim of this chapter is to review a range of literatures that shed light on the patterns of cigarette smoking and the influences on the smoking behaviour of African-Caribbean young women in contemporary urban Britain. Early research on young people and cigarette smoking focused on large-scale surveys (Boreham and Shaw, 2001; Charlton, 2001; Boreham and McManus, 2003; Fuller 2006) which sought to describe patterns of cigarette smoking and developed theories about why young people start smoking, why they continue to smoke and when they establish smoking careers. There is, however, another discourse on young people, cigarette smoking and identity. This more recent research explores the relationship of cigarette smoking and young people’s social and cultural identities (Denscombe, 2001; Plumridge et al, 2002; Amos and Bostock, 2007; Gilbert, 2007; Bradby, 2007; Cullen, 2010). Overall, there is limited research in the UK which examines cigarette smoking and gendered and racialised identities. Many research studies on smoking in the UK have implicitly explored a white identity. Although there is a literature on gender identities and smoking, it is the intersections of ethnicity and gender that are neglected.

Over the last two decades, health researchers have investigated young (white) women, identity and cigarette smoking. This research has increasingly incorporated sociological approaches which have sought to explore femininity and cigarette smoking (Wearing et al, 1994; Michell, 1997; Amos and Bostock, 2007; Gilbert, 2007). As this literature review reveals, in this research on white young women and femininity, there is an assumption that the findings and analysis of researchers in this field can be extended to *all* young women as the category ‘gender’ is universalised. Although Amos and Bostock (2007) concluded their study by arguing for the need for gender-sensitive approaches to health promotion and acknowledge that there is a ‘wider social world’, they did not discuss ‘race’ or ethnicity. Hence they argue:

In conclusion, tobacco control programmes need to be developed within broader gender-sensitive approaches to health promotion which are congruent with adolescent boys' and girls' experiences of smoking and their wider social worlds. (Amos and Bostock, 2007: 779)

In examining cigarette smoking among African-Caribbean young women, I shall discuss the intersections between ethnicity, class, age and gender with regard to youth identities. One methodological way in which the confluence of ethnicity, class, age and gender may be examined is through intersectionality. This area of work is complex and reveals contradictory and changing understandings of these relationships. Intersectionality has only recently been applied to health research (Graham, 2009; Hankivsky, 2012). Although the application of intersectional approaches to research methodologies is challenging and continues to be debated (McCall, 2005; Phoenix and Pattynama, 2006; Jordan-Zachery, 2007), intersectionality seeks to simultaneously analyse and explore aspects of social difference and identity (e.g. 'race'/ethnicity, gender, class, age, sexuality) as well as different axes of oppression (e.g. racism, sexism, classism, heterosexism).

This chapter reviews the literature on young people and cigarette smoking in the UK in terms of the intersection of the ethnicised, racialised, classed and gendered identities of African-Caribbean young women in relation to cigarette smoking. The literatures explored here include behavioural and epidemiological studies, sociological work, and ethnographic and narrative research. The chapter is divided into nine main parts. The first part has a particular focus on Britain and looks at research on 'race', ethnicity and cigarette smoking. In an attempt to contextualise the cigarette smoking experience of young African-Caribbean women in the UK, the review then turns to an exploration of migration and cigarette smoking, focusing on African-Caribbean adult women. The final sections of the chapter critically engage with smoking research, reviewing studies of the patterns of cigarette smoking among minority ethnic adults and young people before discussing research on factors influencing the smoking behaviour of young people. I draw attention to the gaps in the literature and the ways in which a discussion about 'race', ethnicity and cigarette smoking has been omitted from the research on young women and cigarette smoking. Through this I demonstrate how my own research extends and departs from the existing studies. I now examine 'race', ethnicity and culture and how these concepts operate in the research on cigarette smoking.

2.2 Researching 'race' and ethnicity

My study compares white young women and African-Caribbean young women in relation to cigarette smoking and therefore addresses some of the complexities of conducting research on 'race' and ethnicity. Early health research on black and minority ethnic communities was based upon a biomedical notion of 'race' which had its historical roots in an assumption that 'race' was based on fixed biological differences, leading in turn to variations in patterns of health and illness between different ethnic or racial groups. Sociologists have challenged this theorisation and conceptualisation of 'race' and have suggested that 'race' is socially constructed and highly contested, that it is a non-scientific category and should be rejected (Miles, 1993). Others accept that while 'race' is socially constructed, it has very real effects and hence can be viewed as a stigmatised form of identity that is forced on individuals (Cashmore and Troyna, 1983). Ethnicity is a concept drawn from anthropology which has become more commonly used recently. Ethnic groups are groups that broadly share a common language, religion and/or culture. While 'race' is an identity that to some extent is imposed on particular groups and individuals, ethnicity may be a category that is chosen. A new sociology of ethnicities has developed which is influenced by postmodern and post-structural critiques of the essentialisation of 'race' and racial categories. The distinction between 'race' and ethnicity has been critiqued by Hall (2000: 223).

Biological racism privileges markers like skin colour, but those signifiers have always also been used, by discursive extension, to connote social and cultural differences...The biological referent is therefore never wholly absent from discourses of ethnicity, though it is more indirect. The more 'ethnicity' matters, the more its characteristics are represented as relatively fixed, inherent within a group, transmitted from generation to generation, not just by culture and education, but by biological inheritance, stabilized above all by kinship and endogamous marriage rules that ensure that the ethnic group remains genetically, and therefore culturally 'pure'. (Hall, 2000: 223)

Drawing on Hall (2000), Gunaratnam argues that the binary opposition between the biological and cultural meanings of 'race' and ethnicity are disrupted by

contemporary diasporic ways of life. Thus the culture/biological distinction between ethnicity and 'race' is challenged and it is clear that there is some overlap between 'race' and ethnicity. Indeed, the two categories are at times used interchangeably. This poses a dilemma for researchers wishing to explore ethnic or racial differences. On the one hand there is a need to explore differences between ethnic groups, yet this can involve homogenising and essentialising racial groups and categories. Yet, if we acknowledge the heterogeneity within 'ethnic' groups then this makes it very difficult to compare different ethnic groups. Gunaratnam (2003) refers to this as the 'treacherous bind' in researching questions of 'race' and ethnicity and argues that researchers need to work both with and against racial and ethnic categories to ensure that they are not reproducing dominant conceptions of 'race' and ethnicity (Smith, 2002; Stanfield, 1993). The aim of my research is not to essentialise or homogenise African-Caribbean young women as they are diverse in terms of geographical origin, sexuality and social class. However, this group has also been largely excluded from research on cigarette smoking and my aim, in this study, is to document and analyse their reported patterns of smoking and attitudes and views on cigarette smoking.

One of the difficulties with early studies on the health of black and minority ethnic groups was the 'racial' or ethnic categorisation used. Definitions of ethnicity were unclear and comparative epidemiological studies have usually employed very crude categories with subject populations divided into Asian, African-Caribbean/African and white groups (Douglas, 1992). Hence studies referring to people from the Indian subcontinent or Asia did not identify which particular ethnic groups – Indian, Pakistani or Bangladeshi – were involved in the study. Similarly, African-Caribbean and African groups were often combined, with little attention paid to the differences between people from Africa and the Caribbean. Mortality data, for instance, are classified by country of birth so that black people born in Britain are not identifiable as members of ethnic minority groups, making it difficult to assess the impact of 'race' on causes of death. This has changed with the development of ethnic categories in the census since 2001.

Ethnic categories have changed over time. But ethnic groups are not homogenous, so that individuals who may be assigned to particular ethnic groups may be very diverse in relation to country of origin, area of residence, socio-economic status, gender and length of residence in Britain. Moreover, categorisations of this kind usually ignore the increasing number of people of

'mixed parentage' in the UK (Tizard and Phoenix, 1993; Camper, 1994; Modood et al, 1997). Hence the homogenisation of groups that are, in reality, diverse may well obscure some of the important issues under investigation. Some researchers have attempted to define ethnic groups more precisely and to recognise their heterogeneity. The category 'South Asian' for example, is increasingly being subdivided into Pakistani, Bangladeshi and Indian subgroups. There is also a growing interest in mapping the social class and gender inequalities within what are defined as the same ethnic groups (Nazroo, 1997). However, there are still major weaknesses in the categories used to collect and classify data on the relationship between health, 'race' and ethnicity in the UK. It is with this proviso that I review the literature on cigarette smoking and ethnicity, recognising the difficulties and dilemmas associated with trying to categorise or define racial and ethnic groups.

2.3 Migration and cigarette smoking

I shall now contextualise cigarette smoking in African-Caribbean young women by exploring the historical, social and economic factors which have shaped cigarette smoking in African-Caribbean women. The young African-Caribbean women in this study were aged 15 years and were likely to be the grandchildren of African-Caribbean people who migrated to the UK in the 1950s and 1960s, the children of African-Caribbean people who had migrated in the 1970s and 1980s, and some young women of African-Caribbean origin who were born in the Caribbean and who had themselves migrated to the UK in the 1990s.

Although black people have had a presence in the UK since the sixteenth century (Fryer, 1984), Caribbean people migrated to the UK in large numbers mainly in the 1950s. The history of tobacco and the Caribbean are inextricably linked. Tobacco was a product grown in the Caribbean, and with the rise of its use in Europe in the sixteenth century tobacco became an important crop, cultivated by slaves in America and the Caribbean. King (1997) reports that smoking was habitual among slave men and women, beginning around the age of 20, and was more common among men than women (Handler and Corruccini, 1983, cited in King, 1997: 1076). In post-slavery Caribbean societies, cigarette smoking was not a behaviour that was associated with 'respectable' Caribbean women who, therefore, showed

very low prevalence of cigarette smoking. However, on migration to the UK in the 1950s and 1960s, African-Caribbean women found themselves in a society where indigenous white British women had been drawn into tobacco consumption and where 40% of women, from the manual classes to the professional classes, smoked (Graham, 2009). African-Caribbean women migrating from the Caribbean in the 1950s were often single, independent women who found work in both unskilled manual jobs as cleaners and ancillary workers as well as in professional jobs as nurses. In both cases cigarette smoking was prevalent in the indigenous population. Although the nursing profession and the life of student nurses in the UK in the 1950s and 1960s was quite rigid, with many rules for nurses living in nurses' accommodation, for African-Caribbean women this provided an opportunity for freedoms that many had not had in their small close-knit Caribbean communities (Fog Olwig, 2010, 2012). One of these freedoms was the opportunity to experiment with cigarette smoking. African-Caribbean men migrating from the Caribbean found employment as manual workers in factories and transport services. Again cigarette smoking in these social groups was high and in 1958, 55–60% of white British men smoked cigarettes (Graham, 2009).

Although the smoking behaviour of African-Caribbean men and women in the 1950s and 1960s was marginalised in mainstream academic research, the issues around smoking identities were brought to the surface and rendered visible in fictional literature from the period of migration, which began to emerge in the 1980s. For example, in Joan Riley's (1987) *Waiting in the Twilight* the main character Adella, a 58-year-old African-Caribbean woman who had migrated to the UK in the 1950s and worked as a cleaner in a social security office, reflected on her cigarette smoking: 'Everyone who worked at social security seemed to smoke. If they didn't when they started, it did not take long for the stresses of the job to drive them to it' (Riley, 1987: 3). Migrating from the Caribbean and taking up menial employment in the UK such as cleaning, some Caribbean women adopted the habit of cigarette smoking alongside their white female counterparts in the same employment. 'A haffe get lickle pleasure. Cigarette and a lickle white rum is all a have' (Riley, 1987: 9).

The first quote above depicts how women who did not smoke when they first started working in this type of employment soon became regular smokers. Cigarettes and alcohol provided some enjoyment in what must have been a bleak existence in post-war Britain. At the same time, African-Caribbean women

continued to observe their religious tradition and joined the newly established black-led churches. While the New Testament churches such as Baptist churches did not prohibit cigarette smoking, Old Testament religions such as Seventh Day Adventism prohibited cigarette smoking and alcohol consumption. Hence there were a range of traditional, cultural and religious factors which influenced cigarette smoking among African-Caribbean women when they first migrated to the UK.

2.4 Patterns of cigarette smoking in adult black and minority ethnic communities in the UK

While the focus of my research study is *young* African-Caribbean women in contemporary Britain, reviewing the literature on cigarette smoking in adults from minority ethnic groups in the UK provides the social and historical context for cigarette smoking among young people from black and minority ethnic communities, not least because these adults constitute the parent generation for my group of interviewees. While migration affects patterns of cigarette smoking, the migratory process and ensuing patterns of settlement were different for different minority ethnic groups. Historical information on cigarette smoking in adults from black and minority ethnic communities in the UK is fairly patchy as there has been limited research. One of the reasons for this may be the enduring ethnocentrism in health research. In researching health, 'race' and ethnicity, there has been a tendency to compare black and minority ethnic communities to white communities and, if the prevalence of health-damaging behaviour or ill health is not worse among the former than in the white communities, those communities receive little or no attention. That is to say, if the prevalence of smoking is lower in African-Caribbean communities, there appears to be no interest in researching this. However, by exploring the reasons why smoking prevalence is lower in African-Caribbean communities, researchers and policy makers might gain insights into the protective factors which may be operating in these communities. In turn, this could contribute to developing more effective smoking prevention strategies in those sections of the population where smoking prevalence is high.

Much of the early empirical research on adult cigarette smoking among black and minority ethnic communities was undertaken through small-scale, localised, epidemiological studies conducted in general practice settings and health clinics

(Ahmad et al, 1988; Farren and Naidoo, 1996). In these studies, the primary focus was on coronary heart disease, stroke, diabetes, sexual health or mental health and data on cigarette smoking history and the behaviour of particular patients from black and minority ethnic communities were collected as secondary rather than as primary concerns (Beevers, 1981; Jackson et al, 1981; Balarajan and Yuen, 1986). These studies and similar factory-based studies (Jackson et al, 1981), focused initially on men rather than on women. Some studies provided fairly general information suggesting that men and women from the West Indies had similar patterns of cigarette smoking. Analysing data in the General Household Survey from 1978 to 1980, Balarajan and Yuen (1986) reported that heavy smoking and drinking were lowest in those from the Indian subcontinent and the West Indies, and that the patterns of smoking among females were very similar to those of males.

One of the difficulties with these early studies as already indicated was the limited and simplistic nature of the 'racial' or ethnic categorisation used. Often the studies referred to people from the Indian subcontinent or Asia as 'Asian' but did not identify which particular ethnic groups were involved in the study. Country of birth, rather than ethnic group, was used as a proxy for ethnic identity in many of the studies (e.g. Balarajan and Yuen 1986; Beevers, 1981; Jackson et al, 1981). For example, in a factory-screening survey (Jackson et al, 1981) the authors reported that there were 753 black, white and Asian males: 40.8% of Asians, 52.8% of whites and 58.2% of blacks were described as regular smokers. However, Jackson et al reported that although black men had the highest prevalence of cigarette smoking, whites were the heaviest smokers, smoking 20.5 cigarettes per day, Asians smoked 15.0 cigarettes per day while blacks smoked 10.5 cigarettes per day. Later, localised studies focused on particular minority ethnic groups but often did not explore differences in social class (e.g. Howlett et al, 1992). There were a higher number of studies exploring cigarette smoking in Asian rather than African-Caribbean communities (Lowry et al, 1983; Summers et al, 1984; McKeigue et al, 1985; Bhopal, 1986; Ahmad et al, 1988; McKeigue et al, 1988; Kholi, 1989).

Another difficulty with these studies was the lack of standardisation in the ways in which smoking behaviour and histories were collected. Some of the studies employed interpreters and other studies did not and so the quality of the smoking data collected varied. Furthermore, the definitions used to describe smoking

behaviour were not standard so that it makes it very difficult to compare the findings from one study to another (Bhopal, 1986; Balarajan and Yuen, 1986; Ahmad et al 1988). The main conclusions that can be drawn from the limited research conducted in the 1980s, is that cigarette smoking behaviour in Asian men was lower than in white men and black men, and that while some studies reported similar prevalence of smoking in African-Caribbean men and women (Balarajan and Yuen, 1986), other studies did not explore gender differences; the main epidemiological data collected on cigarette smoking prevalence for African-Caribbean populations were for men not women. This review of the early literature shows limited information on cigarette smoking in African-Caribbean women in the early years of migration from 1960 to 1980, although data were collected in the General Household Survey. In these years there appears to be no information on African-Caribbean young women and cigarette smoking. However, from the 1990s health researchers started to take more interest in the health and lifestyles of black and minority ethnic communities in the UK.

The HEA lifestyle survey of black and minority ethnic communities conducted in 1991 (Ruddat, 1994) was one of the first studies to provide information on patterns of smoking in black and minority ethnic communities that was collected from specific ethnic groups and was analysed by gender as well as ethnicity. While providing a more systematic baseline of detailed information concerning smoking behaviour among African-Caribbeans, Black Africans, Indians and East African Asians, Pakistanis and Bangladeshis, critics argued that the survey excluded some minority ethnic groups – notably Chinese communities. This study could be critiqued further as it did not take account of regional, geographical or socio-economic differences in specific ethnic groups which might have been due to different patterns of migration. For example, the Indian population in Leicester (primarily Gujarati) may have been very different from the Indian population in Birmingham (primarily Punjabi).

In 1991 the UK figure for regular cigarette smoking was 28% (27% for women). In the HEA lifestyle survey Bangladeshis were reported as displaying the highest smoking prevalence (23% for men and 5% for women, although Bangladeshi women aged 50 to 74 reported smoking rates of 12%), while the smoking prevalence among Pakistani men was 15% (2% for women) and among Indian men it was 10% (1% for women). In African-Caribbean men the smoking prevalence rate was 22% and it was 17% for African-Caribbean women. Hence

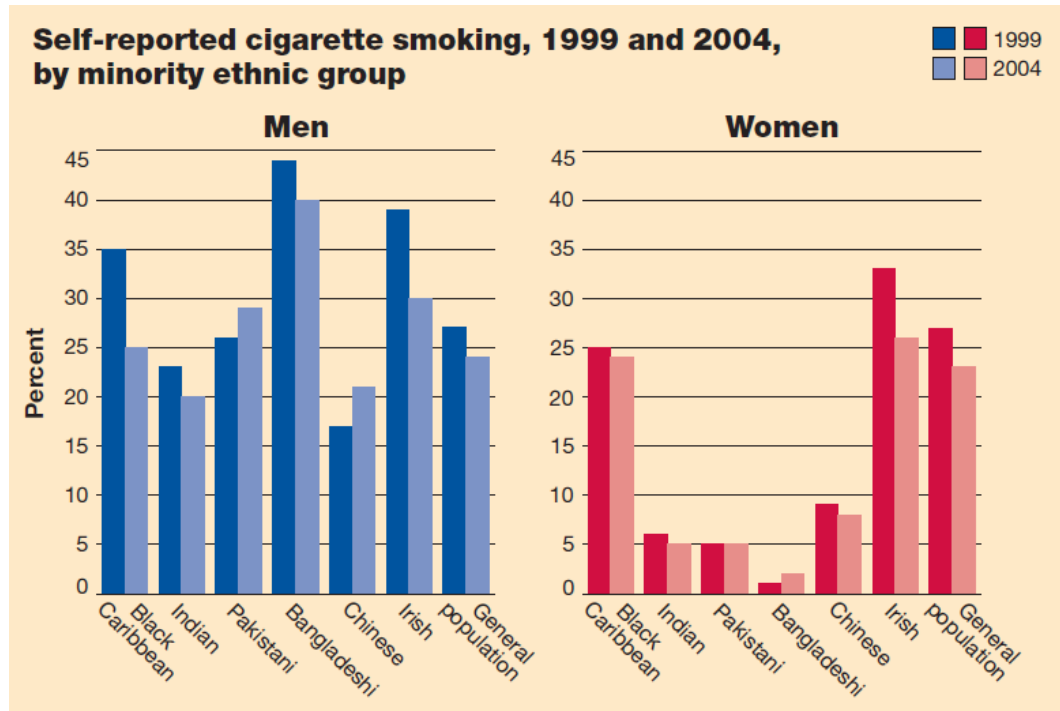
African-Caribbean adult women had the highest smoking prevalence rate of all the minority ethnic women in this study, but it was still much lower than the UK average for regular smoking among women (27%). The data from the HEA lifestyles survey demonstrated that the prevalence of smoking among African-Caribbean women (aged 16 to 29) was almost the same as that of white women (30%). The same rates of smoking and experimentation were seen in white and African-Caribbean women, with African-Caribbean women demonstrating marked increases in experimentation and regular smoking in the younger age groups (16 to 29) compared to older African-Caribbean women. The key points that emerged from the HEA data for my purposes were: smoking rates were very low for South Asian women, except for Bangladeshi women aged 50 to 74. African-Caribbean women had smoking rates almost identical to the figure for young white women (30%). Older African-Caribbean men had smoking rates higher than the UK average for all men. Fewer people from black and minority ethnic communities had experimented with smoking and young people from black and minority ethnic communities appeared to become regular smokers at a later age. People from black and minority ethnic communities were usually lighter smokers than people from white communities. Greater numbers of people from black and minority ethnic communities felt smoking affected their future health a great deal. Smoking cessation rates were lower in black and minority ethnic communities, especially among Bangladeshis.

In relation to African-Caribbean women, the HEA study suggests that the smoking prevalence among adult African-Caribbean women was similar to white British women, possibly influenced by their places of work. African-Caribbean young women were smoking to the same extent as their white counterparts. One interpretation of this data is that although the cultural influences of South Asian young women and adult women served to prevent them from taking up cigarette smoking, this was not the same for African-Caribbean adult women or young women. This may have been interpreted as young African-Caribbean women becoming acculturated into British society and perhaps there was the assumption that the longer African-Caribbean young women lived in the UK, the more likely their smoking patterns were to be similar to those of white British women. In the absence of data to examine trends, it is difficult to interpret the data from an isolated survey.

In 1995 the Policy Studies Institute published the *Fourth National Survey of Ethnic Minorities* which was conducted in England and Wales in 1993 and 1994. It compared the health (and other characteristics) of black and minority ethnic groups with that of the majority white population (Nazroo, 1997). In this study Nazroo demonstrated that the patterns for having ever smoked and current smoking were very similar to the HEA lifestyle survey. Caribbeans had the highest rates followed by Bangladeshis, then Chinese and Pakistanis, while Indians and African-Asians reported the lowest rates. Although men were more likely than women to have reported smoking for all of the minority ethnic groups, this was particularly marked for the Asian groups among whom very few women reported smoking. Overall, 31% of African-Caribbean women were current smokers compared to 5% of Indian women, 4% of Pakistani women, 3% of African-Asian women and less than 1% of Bangladeshi women. In this survey, carried out in 1993/94, the percentage of African-Caribbean women who were current smokers was higher than the findings in the HEA survey conducted in 1991. The age profile of the sample was not available so it was difficult to tell whether cigarette smoking increased across the age range in Caribbean women or whether the increase was in a particular age group, for example younger African-Caribbean women.

In the Health Survey for England (HSE) (HMSO, 1999), the self-reported cigarette smoking prevalence among women aged over 16 was: Irish 33%, Black Caribbean 25%, Chinese 9%, Indian 6%, Pakistani 5% and Bangladeshi 1%, compared with 27% for women in the general population. There were differences in the age distribution of the study populations which could account for differences in the prevalence of self-reported cigarette smoking. However, after age adjustment the risk ratio for Black Caribbean women was 0.85 which means that the prevalence of cigarette smoking was 15% lower among African-Caribbean women compared to the population as a whole.

Figure 1: Self-reported cigarette smoking, 1999–2004, by minority ethnic group in England.



Source: HSE Summary of Findings (2006: 8).

Figure 1 illustrates self-reported smoking of minority ethnic men and women in the *Health Survey for England (HSE) Study* between 1999 and 2004. In this HSE study in 1999 there was no examination of the relationship between cigarette smoking and social class or household income among Black Caribbean women. When this survey was repeated in 2004 (The Information Centre, 2006), self-reported smoking prevalence for cigarette smoking was 23% for women in the general population, 26% among Irish women, 24% among Black Caribbean women, 10% Black African women, 8% Chinese women, 5% Indian women and Pakistani women, and 2% in Bangladeshi women. While smoking fell among Irish women between 1999 and 2004, in other minority ethnic groups there was little change (see Figure 1 above). Hence for African-Caribbean women there was little change in smoking prevalence over five years, though the prevalence of cigarette smoking among adult African-Caribbean women for 2004 was just 1% higher (24%) than the prevalence reported for women in the general population (23%). However, the age-standardised relative risk ratios demonstrated no significant differences in the prevalence of smoking between Black Caribbean women, Irish women and women in the general population, with no group exhibiting a higher age-adjusted prevalence of cigarette smoking than the general population. When

the smoking prevalence among African-Caribbean adult women was further analysed, the smoking prevalence in Black Caribbean women aged 16 to 34 was 44%, for those aged 35 to 54 it was 21%, and for those aged 55 and over it was 5%. Hence cigarette smoking prevalence decreased with age.

When cigarette smoking and income were analysed, the highest prevalence of cigarette smoking was found in the lowest income tertile and was 33% for Black Caribbean women, 40% for Irish women and 24% for women in the general population. In the highest income tertile, the prevalence of cigarette smoking was 18% for Black Caribbean women and 19% for Irish women and women in the general population. These findings suggest that cigarette smoking is associated with disadvantage for Black Caribbean women, Irish women and women in the general population. However, when cigarette smoking prevalence was analysed in relation to the NS-SEC classification¹, it was greatest among those from routine and manual households for women in the general population (30%) and Irish women (32%). The results for African-Caribbean women varied and no clear pattern emerged. The study also demonstrated that unlike women in the general population, Black Caribbean and Black African women tended not to smoke more than 20 cigarettes per day.

While these quantitative studies conducted in the 1990s and early 2000s started to shed some light on differences in smoking patterns for black and minority ethnic men and women, they did not seek to explore or explain why these differences occurred. A small qualitative study conducted in 1989 with smokers and ex-smokers from minority ethnic communities (Cities Research Unit, 1990), suggested that while there were negative attitudes towards women's smoking from both women and men in South Asian communities, this did not appear to be the case in African-Caribbean ones. Furthermore, in all communities apart from the African-Caribbean ones, the pressure on women not to smoke was very strong. However, African-Caribbean men seemed to be the most concerned about the

¹ The National Statistics Socio-economic Classification (NS-SEC) is based on the new Standard Occupational Classification which has been used in all official surveys and statistics since 2001 replacing the Registrar General's Social Classification. The third occupational group in the three-class version of NS-SEC is 'routine and manual occupations'.

danger of cigarette smoking to their children. This research appeared to support the survey data from the HEA and HSE, that cigarette smoking was considered a normal social activity for both adult African-Caribbean men and women.

Analysing data from the Health Survey for England (HSE), 1999, 2004 and 2006, 2007 and 2008, Karlsen et al (2012) explored ethnic variations in the prevalence of cigarette smoking, examining the changes from 1999 to 2008. They reported that the prevalence of cigarette smoking among Black Caribbean women appeared fairly stable and that more frequent cigarette smoking was reported among white women and Black Caribbean women when compared to other women. The prevalence of current smoking for Black Caribbean adult women (after age standardisation) was 25% in 1998/99, 25% in 2003/4 and 22% in 2006/08 compared with white women at 32% in 1998/99, 28% in 2003/4 and 26% in 2006/08. Hence, while cigarette smoking among white women started to fall in 2003/4, cigarette smoking among Black Caribbean women did not appear to fall until 2006/8. There seemed to be a delay in the reduction of the prevalence of cigarette smoking among Black Caribbean women similar to the delay demonstrated between white men and white women. Furthermore, after adjustment for socio-economic differences the smoking rates of Black Caribbean women were significantly lower than those of their white English peers. This suggests that there might be cultural factors which were protective of cigarette smoking in Caribbean adult women.

Although the information on the incidence and patterns of cigarette smoking in Caribbean women in the UK since the 1950s and 1960s is sparse and patchy, the research evidence that is available suggests that cigarette smoking among these women was linked to their patterns of migration and settlement in Britain. As outlined earlier in section 2.3 of this chapter, African-Caribbean women migrating to the UK in the 1950s had a very low prevalence of cigarette smoking and came from communities where cigarette smoking among women was generally taboo. Coming to England, many women were initially isolated from family and friends and found employment as cleaners, factory workers and nurses or nursing auxiliaries. In these areas of employment they encountered white female peers who smoked and were likely to experiment with smoking and become regular smokers. At this point of their settlement, black women experienced racism and discrimination in employment as well as in terms of finding accommodation. These experiences might have increased their likelihood of cigarette smoking. Over the

next decade African-Caribbean communities became more established in British cities, women had their own families and may have become more worried about the impact of cigarette smoking on their children. As ethnic densities of African-Caribbean communities increased, cultural patterns, norms and values re-emerged. In a study examining alcohol drinking rates in ethnic minority people from the HSE, 1999 and 2004, and the census data from 2001, Becares et al (2009) suggested that Black Caribbeans were less likely to drink large quantities of alcohol if they lived in areas with high concentrations of Black Caribbean people. They posited that this was due to normative protective effects and also that in such areas, Black Caribbeans would experience fewer incidents of racial discrimination and interpersonal racism. Thus there would be less need to utilise alcohol as a mechanism for coping with stress. Similar arguments can be made for cigarette smoking and may explain the reduction in cigarette smoking among women as Caribbean communities became established in the UK.

Since 2002 there have been two small, local studies which have attempted to explore the meaning that cigarette smoking has for black and minority ethnic adults. These are summarised in Table 1.

Table 1: Key studies on black and minority ethnic adults and cigarette smoking in the literature review (1997–2010).

Authors and date Place of study	Sample size and description – age, ethnicity, gender, SES	Aim of Study	Type of Study Methods	Main findings	Conclusions
Bush, White, Kai, Rankin and Bhopal (2003) Newcastle Conducted during 2000 and 2002	87 men and 54 women aged 18–80 years, smokers and non-smokers from the Bangladeshi and Pakistani communities.	To gain detailed understanding of influences on smoking behaviours in Bangladeshi and Pakistani communities in the UK to inform the development of effective and culturally acceptable smoking cessation interventions.	Qualitative study using community participatory methods, purposeful sampling, one-to-one interviews, focus groups and a grounded approach to data generation and analysis. Semi structured in-depth interviews with 37 participants. 24 focus groups (with 104 participants).	Gender, age, religion and tradition had an important influence on smoking attitudes and behaviour. Smoking was a widely accepted practice in Pakistani and Bangladeshi men, associated with socialising, sharing and male identity. Among women, smoking was associated with stigma and shame. Smoking in women often hidden from family members. Peer pressure an important influence on smoking behaviour in younger people who tended to hide their smoking from elders. Varied and conflicting interpretation of how acceptable smoking is within Muslim religion. Tradition, culture and family played an important role in nurturing and cultivating norms and values around smoking.	Although some culturally specific contexts for smoking behaviour in Bangladeshi and Pakistani adults – notably influences of gender and religion – also strong similarities among younger adults.

Table 1 cont.

Authors and date Place of study	Sample size and description – age, ethnicity, gender, SES	Aim of Study	Type of Study Methods	Main findings	Conclusions
<p>Croucher and Choudhury (2007)</p> <p>Tower Hamlets, London</p> <p>Research conducted in 2002</p>	<p>81 men aged 18–64, recruited from Bangladeshi community of Tower Hamlets – participants purposively selected to reflect age, place of birth and tobacco use.</p>	<p>To reflect on recent proposed tobacco control initiative in the socio-cultural context of the smoking behaviours of UK resident Bangladeshi men.</p>	<p>Cross-sectional study using focus groups and one-to-one interviews conducted in English and Sylheti.</p>	<p>Smoking initiation and use was confirmed as linked to gender, age, religion and tradition.</p>	<p>Socio-cultural context of smoking behaviours of this group of Bangladeshis was linked to reported isolation and exclusion from tobacco control initiatives.</p>

Qualitative studies on adults from black and minority ethnic communities have focused on adults from Bangladesh and Pakistan. There have been no studies exploring the meaning of cigarette smoking for African-Caribbean adults. Gender, religion and tradition have been identified as important factors influencing cigarette smoking among Bangladeshi and Pakistani adults. In a small qualitative study conducted in Newcastle, Bush et al (2003) demonstrated that in addition to age, gender and ethnicity, religion and tradition had an important influence on cigarette-smoking attitudes and behaviour. They reported that cigarette smoking among Bangladeshi and Pakistani women was associated with stigma and shame. Croucher and Choudhury (2007) reported that cigarette smoking among Bangladeshi men was linked to isolation and exclusion from tobacco-control initiatives. Despite the relatively high prevalence of cigarette smoking among African-Caribbean men and women in the HSE surveys of 1999 and 2004, this did not lead to further investigation by health researchers.

In the literature on factors influencing the smoking behaviour of African-Americans, racism is seldom mentioned. Yet it seems reasonable to assume that higher smoking prevalence rates among African-Americans, and particularly black men, result in part from this form of social inequality. However, King reported on this association in 1997.

The association between present day racism and smoking does not normally mediate through (sic) repressive and overt acts of discrimination... Rather, racism is more likely to occur through more powerful, indirect, and covert systems of structural discrimination [...] Institutional barriers, for example, faced by African Americans in other social sectors (e.g. education, employment, health care access, social policy) can lead to increased psychosocial stress initiating the use of tobacco or other abusive substances to mask or abate personal anxiety, social tensions, and community pressures [...] These structural impediments may foster a sense of powerlessness to influence or improve one's own or community's social status which in turn can result in fewer efforts to exert greater control over individual health behaviour and consequently, may be partially responsible for lower quit rates. (King, 1997: 1080)

This area of work started to develop in the United States of America (USA) over a decade ago. There, a few studies have explored the relationship between racial discrimination and health (Williams et al, 1997; Kessler et al, 1999). Few studies have sought to examine the relationship between substance abuse and racial discrimination (Landrine et al, 1994; Klonoff and Landrine, 1996; Landrine and Klonoff, 2000). In relation to cigarette smoking, Geronimus (1992) and King (1997) have argued that overt and covert racial discrimination account for the increased prevalence of smoking in African-Americans. In the UK, Karlsen and Nazroo (2002) and Nazroo (2003) have reported on the effects of racial discrimination on health generally but there have been no empirical studies in the UK on the relationship of racial discrimination with cigarette smoking.

In the early part of this review I reported on recent studies which linked ethnic density in neighbourhoods to reductions in health-damaging behaviours such as consumption of alcohol (Pickett and Wilkinson, 2008; Becares et al, 2009). This may be related to people from black and minority ethnic communities experiencing less personal and organisational racial discrimination in racially defined neighbourhoods. This may also reduce the prevalence of cigarette smoking. Having reviewed the relevant literature on black and minority ethnic adults and cigarette smoking, I shall now examine the literature on patterns of smoking among young people from black and minority ethnic groups.

2.5 Patterns of cigarette smoking among young people from black and minority ethnic groups in the UK

Despite the growth of surveys on young people and cigarette smoking in the UK, in the 1990s and the early part of the twenty-first century, few studies included black and minority ethnic young people in general and African-Caribbean young women in particular. Even in fairly recent research on young people and smoking in the UK, ethnicity often goes unremarked (Amos and Bostock, 2007). Some researchers, recognising the dearth of information on cigarette smoking and young people from minority ethnic groups, have endeavoured to address this. Table 2 summarises the few studies on black and minority ethnic young people and cigarette smoking.

Table 2: Key studies on black and minority ethnic young people and cigarette smoking in the UK (1997-2010)

***I have tried to stay as close as possible to the original text.**

Authors and date Place of study	Sample size and description – age, ethnicity, gender, SES	Aim of study	Type of study Methods	Main findings	Conclusions
Rogers, Adamson and McCarthy (1997) State secondary schools in two inner London boroughs	50 12-year olds from 4 ethnic groups approached: Bangladeshi Black African Black Caribbean White 158 young people consented: 47% girls and 44% boys. 118 parents approached - 98 interviewed.	To look specifically at differences between/within different ethnic groups, exploring health beliefs, health behaviours and attitudes. In addition parents were asked about their own health, child's health and socio-economic circumstances.	Semi-structured interviews. Young people were interviewed at school and parents at home. Smoking behaviour measured by two questions: 'Have you ever tried a cigarette?' 'Do you smoke now?'	Equal numbers of girls and boys had ever tried a cigarette. Boys at a younger age – 9.8 years old compared to 10.4 years in girls. White young people were significantly more likely to have experimented with cigarettes. Eight young people, all girls, reported being current regular smokers. Five of these were white. Seven out of eight of current smokers had one parent who smoked.	Variations between ethnic groups in experimentation with alcohol and cigarettes associated with religion, religious observance and unsupervised social activities. Ethnicity alone was insufficient and inadequate in explaining variations in health behaviours among this group of young people. Rather complex web of inter-related factors, including social and economic disadvantage, religion, religious observance, parental restrictions and fear of racial violence contributed to variations in health behaviour.
Karlsen and Nazroo (2000)	132 12–13-year-old young people from four ethnic groups:	To explore ethnic variations in drug, tobacco and alcohol use and their	Semi-structured interviews; follow up interview completed 17	Statistically significant increase in number of young people experimenting with tobacco overall in 17 month follow up.	Black Caribbean young people have even scores for each sphere of influence.

Table 2 cont.

Authors and date Place of study	Sample size and description – age, ethnicity, gender, SES	Aim of study	Type of study Methods	Main findings	Conclusions
State secondary schools in two inner London boroughs 17 month follow up of Rogers et al (1997)	Bangladeshi Black African Black Caribbean White. Followed up when 14–15. Sociodemographic characteristics of sample: 35% from one-parent households. 15% lived in overcrowded conditions. 54% entitled to free school meals.	correlation with other factors operating through peer, familial and religious influences.	months later. Smoking behaviour measured by two questions: 'Have you ever tried a cigarette?' 'Do you smoke now?'	Statistically significant increase among white and borderline increase among Bangladeshi young people. Appears to be a reduction in number of Caribbean young people who report regular smoking at 17-month follow up.	
Best, Rawaf, Rowley, Floyd, Manning and Strang (2001)	1777 adolescents aged 11–14. Mean age 12.9. 73.2% White 13.4% Asian 9.0% Black 4.4% Mixed race or 'other' ethnic origin. 56.3% female 40.6% male 3.0% did not answer	To examine ethnic differences in adolescent drinking and smoking in a South London population.	Cross-sectional study. Self- completion questionnaire.	17.4% report that they had never 'smoked properly'. Further 20% report having 'tried a cigarette'. Black children show lowest mean age of smoking onset – relatively small number of black children who had ever smoked – (15.6%). White children and mixed race children report highest prevalence rates for ever having smoked and for smoking	

Table 2 cont.

Authors and date Place of study	Sample size and description – age, ethnicity, gender, SES	Aim of study	Type of study Methods	Main findings	Conclusions
	question on gender.			<p>regularly. Asian children report highest mean age of onset and lower prevalence rates for both initiation and regular use. More females than males report ever having smoked. Experimentation tends to commence at slightly higher mean age.</p> <p>White children more likely than Asian or black children to have tried alcohol or tobacco and more likely to drink and smoke on a regular basis. For black children, age of first use of alcohol and tobacco is younger than other groups.</p> <p>Children of Asian origin have lowest prevalence rates for initiation and regular use and lowest transition rate from first to regular use and highest mean age of initiation for those who do experiment with tobacco or alcohol.</p>	
Markham, Featherstone, Taket,	316 Bangladeshi adolescents aged 14–15 years old.	Survey to determine smoking prevalence.	Self-completion questionnaire survey of 900	11% of Bangladeshi females and 35% of Bangladeshi males were regular smokers.	Smoking had different meanings and functions for male and female Bangladeshi

Table 2 cont.

Authors and date Place of study	Sample size and description – age, ethnicity, gender, SES	Aim of study	Type of study Methods	Main findings	Conclusions
Trenchard-Mabare and Ross (2001) Inner city locality conducted in secondary schools in 1995		Focus group discussion to examine what smoking means to Bangladeshi females and differences on this between Bangladeshi females and males.	young people of whom 316 Bangladeshi adolescents. Seven focus groups involving 31 young people (17 females and 14 males) – (4 female and 3 all male focus groups), 6 conducted in schools and 1 conducted in a youth club.		adolescents. For females – sign of independence, for males facilitates social interactions. Reasons why Bangladeshi adolescents continue to smoke, stop smoking or never smoke appear to be similar to other studies with largely white adolescents.
Markham, Aveyard, Thomas, Charlton, Lopez and DeVries (2004) Secondary schools in disadvantaged areas in the Midlands.	12–13 year olds 275 African-Caribbean 397 Indian 687 Pakistani 1792 White	To investigate how ethnicity influences the smoking intentions of disadvantaged young people from African-Caribbean, Indian, Pakistani and White communities.	Cross-sectional study. Self-completed questionnaire exploring self-efficacy with respect to smoking, smoking intentions, smoking behaviour.	Intention to smoke in future varies according to gender and ethnicity. ASE determinants of intention vary with gender and ethnicity. Being a white boy had a small independent direct influence on smoking intention.	UK strategies to reduce adolescent smoking based on ASE model would be appropriate for disadvantaged boys and girls in all ethnic groups studied.

Table 2 cont.

Authors and date Place of study	Sample size and description – age, ethnicity, gender, SES	Aim of study	Type of study Methods	Main findings	Conclusions
Conducted in 1997					
Rodham, Hawton, Evans and Weatherall (2005) 41 schools in England – in Oxfordshire Northamptonshire Birmingham	602 15–16 year olds pupils from 41 schools.	To examine the prevalence of self-reported drinking, smoking and drug taking in terms of gender and ethnicity in a large representative sample of 15–16 year olds in selected areas in England.	Anonymous self-report survey. Regular smokers were those reporting six or more cigarettes in a typical week. No reporting of Socio-economic status.	Females more likely than males to report smoking. Males found to be significantly more likely to be heavy smokers. Fewer Asian and Black females reported smoking compared to white females. Regular smokers: 23.1 White females 17.8 White males 11.6 Black females 19.7 Black Males 4.5 Asian females 15.8 Asian males	Marked differences in adolescents in patterns of smoking, drinking and drug use in relation to gender and different ethnic groups. Further investigation for reasons for difference required.
Bradby and Williams (2006) Greater Glasgow West of Scotland Conducted in 1996	Weighted sample of 389 respondents aged 18–20. 202 Asian 187 Non-Asian. 70% Muslim 14% Sikh and Hindu 7% Christian	To establish levels of use of tobacco, alcohol and illegal drugs among 18–20-year-old men and women of Asian (Punjabi) and non-Asian origin.	Interviewer-led questionnaire survey in Glasgow conducted in 1996. Follow up of self-complete survey of 824 14 and 15 year olds. Conducted in participants' homes.	Asian men and women aged 14–15 and 18–20 reported significantly less experimentation and regular use than non-Asians. Asian men who reported ever having smoked rose from low levels at the age of 14–15 to a level similar to non-Asian men 4 years later.	At age 14–15, abstinence was high in a largely British-born generation of Asians – mainly for cultural reasons common to religious groups. Four years later – cultural reasons for men's abstinence seems to have atrophied.

Table 2 cont.

Authors and date Place of study	Sample size and description – age, ethnicity, gender, SES	Aim of study	Type of study Methods	Main findings	Conclusions
<p>Viner, Haines, Head, Bhui and Taylor (2006)</p> <p>Stansfield Hillier Booy (2007)</p> <p>Research with East London Adolescents Community Health Survey – RELACHS 28 schools in 3 regional authorities in East London.</p>	<p>2789 adolescents from year 7 (11–12) and year 9 (13–14). 21% Caucasian British 6% Caucasian other</p> <p>25% Bangladeshi 7% Pakistani 4% Asian Indian 6% Black Caribbean 10% Black African 4% Black British 7% Mixed ethnicity 4% Other</p>	<p>To investigate patterns of vulnerability and protection factors associated with risk behaviours and co-occurrence of risk behaviours in minority ethnic early adolescents.</p>	<p>Self-reported questionnaire data. Behaviour controlled for year, gender, SES.</p> <p>Smoking behaviour measured using the ONS definition for a regular smoker – one or more cigarettes per week.</p>	<p>Factors associated with lower risk of becoming a regular smoker included: non-Caucasian ethnicity (except black Caribbean, mixed and ‘other’ ethnicity), being born outside the UK, frequent religious observance, higher family support and higher SES.</p>	<p>Smoking, drinking and drug use were highly inter-related.</p>
<p>Bradby (2007)</p> <p>Glasgow</p> <p>Interviewed during first five months of 1999</p>	<p>47 people who identified as Asian, unmarried and aged between 16 and 26 years – majority aged between 18 and 21 years, 24 Sikh, 15 Muslim, 8 Hindu, 20 women</p>	<p>To examine the role of religion, ethnicity, gender and generation in the uptake or avoidance of alcohol and tobacco in 19 qualitative group and individual interviews.</p>	<p>Individual and group interviews 19 semi-structured interviews – 5 individual interviews and 14 group interviews including between two and five</p>	<p>Smoking was rarer than drinking among Asian girls and women. Numerous men were public smokers.</p>	<p>Elders, tradition and proscriptions on certain behaviours were major consideration for young Punjabi Glaswegians who were negotiating their identities in minority Punjabi culture and majority Scottish culture.</p>

Table 2 cont.

Authors and date Place of study	Sample size and description – age, ethnicity, gender, SES	Aim of study	Type of study Methods	Main findings	Conclusions
	and 27 men.		participants.		
<p>Cullen (2010)</p> <p>Research took place between October 2003 and March 2005 in an affluent borough on the edge of a large city in southern England</p>	<p>36 young women were interviewed individually or in informal groups. Participants drawn from: – youth centre – White British aged 14–18 – college students aged 16–19 ethnically mixed – White European, Lebanese, Black British, West African and White British.</p>	<p>Small-scale doctoral research on teenage girls' use of tobacco and alcohol in southern England. Explores how smoking as a reciprocal gift-giving practice supports and maintains friendship groups and particular gendered practices.</p>	<p>Multi-method qualitative research involving participant observation, group and individual interviews, bulletin board postings and visual participatory methods.</p>	<p>Teenage girls create and sustain bonds of friendship through their use and exchange of cigarettes within girls' friendship groups, flow of branded cigarettes as a resource highlights alliances, intergroup rivalries and provides space for the production and negotiation of teenage 'cool' femininities.</p>	<p>Informal trade allowed young women to carve out fashionable, cool femininities, and in an exchange network free from the involvement of the adult world.</p> <p>Changing social policy landscape within the UK meant further restrictions on young people's access to cigarettes and places to smoke with a banning of smoking in all indoor public spaces in England from July 2007. Social complexities of young people's cigarette use and social networks require further research to explore interplay between gender, class, subcultures, social exchange and friendship.</p>

What is striking about the studies summarised in Table 2 is the disparate nature of the studies and the differences between them, which makes them difficult to compare. They are conducted in different locations (from Scotland to the south of England), often with young people from different ethnic groups and different ages. They draw upon a range of methodologies including surveys (Best et al, 2001; Markham et al, 2001; Markham et al, 2004; Rodham et al, 2005; Bradby and Williams, 2006; Viner et al, 2006), qualitative methodologies such as focus groups (Markham et al, 2001; Bradby, 2007; Cullen, 2010), interviews (Karlsen et al, 1998; Markham et al, 2001; Bradby and Williams, 2006; Bradby, 2007; Cullen, 2010) and participant observation (Cullen, 2010). Furthermore, the studies are informed by different theoretical perspectives. Most of the studies employed a multi-method approach. The socio-economic status of the participants is often reported, though the studies do not control for socio-economic status.

The studies in Table 2 therefore show a lack of standardisation in reporting cigarette smoking behaviour. Viner et al (2006) use the Office for National Statistics (ONS) guide where regular smoking was measured by young people smoking one or more cigarettes per week, while Rodham et al (2005) measured regular smokers as those young people reporting smoking six or more cigarettes in a typical week. In some of the studies (Rogers et al, 1997; Karlsen et al, 1998), cigarette smoking was measured by two questions: 'Have you ever tried a cigarette?' and 'Do you smoke now?'. Best et al (2001) recorded cigarette smoking behaviour by responses to two questions: 'Have you ever smoked properly?' and 'Have you ever tried a cigarette?'

The studies point to the complexities in developing an understanding of the inter-related factors influencing cigarette smoking in young people from black and minority ethnic communities and the meaning that cigarette smoking has for these young people. They provide a rich, although incomplete, mosaic of complexity. Some of the factors identified in young people from Bangladesh, India and Pakistan that influence smoking were social and economic disadvantage, racial violence, religious identity, religious observance, parental restriction and abstinence from cigarette smoking because of tradition and religion. Some authors such as Markham et al (2001) report that the reasons why Bangladeshi young people smoke cigarettes are similar to other studies conducted with white adolescents, but for Bangladeshi young men, cigarette smoking facilitated social interaction while for young Bangladeshi women, cigarette smoking was a sign of

independence. In contrast, Bradby's research in Glasgow revealed that in relation to alcohol and cigarette consumption, young Asians were very much influenced by the traditions and expectations of their parents and elders. While tradition and parental expectations may be very influential in a small close-knit community like Glasgow, this may not hold true for young Asians in other urban settings in the UK where there is greater anonymity.

Bradby (2007) undertook interviews with South Asian young people aged 16 to 26. Her research explored the role of religion, ethnicity, gender and generation in the uptake or avoidance of alcohol and tobacco. Bradby suggests that the children of labour migrants can offer a vantage point from which to view the circumstances of their parents' migration as well as the possibilities and constraints on the contemporary identities of the young people themselves. She argues that while tradition can be constraining, it is also a resource which enables individuals to reinvent their own identities. Sikh and Hindu women in this study reported a lower prevalence of regular smoking than Muslim women and for all South Asian women in the Glasgow study there was a stigma attached to cigarette smoking. Women were less likely to smoke in public because of fear for their reputation and respectability. Tradition and religious proscription may only influence early adolescence but as Bradby and Williams (2006) found in a follow-up study of British-born Asians in Glasgow (Williams and Shams, 1998) while abstinence from cigarette smoking was high in 14 to 15 year olds, research conducted four years later revealed that the influence of elders, tradition and religious proscription had atrophied and cigarette smoking had increased.

These studies provide information on the range of possible influences in British-born young people of Asian heritage. There is very little information on the influences on young African-Caribbean people, and what there is is contradictory. Viner et al (2006) concluded that being non-Caucasian was associated with a lower risk of becoming a regular smoker except in the case of Black Caribbean, 'mixed' and 'other' young people. In some studies (Karlsen et al, 1998) the number of young Black Caribbean people was so small that it was difficult to draw conclusions about influences on cigarette smoking from them. Best et al (2001) reported that black young people showed the lowest mean age of onset of smoking, and that white young people were more likely than black or Asian young people to smoke on a regular basis. However, Rogers et al (1997) reported that young white people and young white girls in particular were more likely to have

experimented with cigarettes and more likely to be current regular smokers. Similarly, Rodham et al (2005) reported that fewer Asian and black females reported regular smoking compared to white females, although they did not report any significant differences between white males and males from minority ethnic groups. Cullen (2010) did not report on ethnic differences although the participants in this study did have a range of ethnic origins. Cullen reported that the young women in her study used the internal trade in cigarettes 'to carve out fashionable, cool femininities' (Cullen, 2010); this appeared to be the case for all the young women, whatever their ethnic origin.

Research on cigarette smoking and young people conducted in the UK in the 1970s and 1980s demonstrated that smoking was heavily demarcated along ethnic and class dimensions and was associated with being white and working class. From the limited data on smoking in black and minority ethnic communities in the 1970s and 1980s, it appears that smoking prevalence was particularly low among women from black and minority ethnic communities and that smoking in the UK was not associated with membership of a black and minority ethnic community. Despite the limitations of the studies reviewed above, they demonstrate that cigarette smoking is no longer just associated with being white and suggest changes in the ethnic patterning of cigarette smoking among young women in the UK. In terms of specific research on African-Caribbean young women and cigarette smoking, empirical research is patchy. Rodham et al (2005) reported that there was a lower prevalence of regular smoking among black females compared to white females, but in the rest of the studies in Table 2, there is little information on the smoking behaviour of African-Caribbean young women.

2.6 Investigating the influence of race and ethnicity – an absent dimension?

My literature review so far has demonstrated that in the UK, 'race' and ethnicity have been largely absent from research on young people and cigarette smoking. Apart from the few studies which specifically explore minority ethnic young people and cigarette smoking, many of the studies on young people and cigarette smoking do not record 'race' and ethnicity, including fairly recent research. Of the studies in this review, only the one by Plumridge (2002) conducted in New

Zealand and by Denscombe (2001) conducted in Leicester, remark upon ethnicity in any detail. Plumridge et al discuss the coolness of Maori young people – but do not discuss whether they are young men or young women. On the other hand Denscombe remarks on young Asian people in Leicester, England. Neither study comments on the ways in which smoking identities are influenced by ‘race’ or indeed class.

In a study conducted in Brighton and London schools (Lloyd et al, 1998), the authors reported that of the young people in the London part of the study 66% described themselves as white; 10% described themselves as Black African, Black Caribbean or Black other; 9% described themselves as Indian; and 7% described themselves as ‘other’. However, there is then no further mention of ethnicity in the analysis of the data or discussion, although the relationship of gendered identities to smoking is explored. Therefore the findings of the study must be based on the assumption that ‘race’ and ethnicity are not significant when examining smoking and gendered identities and that the experiences of black and minority ethnic young people are the same as those of young white people.

The exploration of the literature on smoking and identity also revealed that where ‘race’ is mentioned in research articles, authors reviewing such research ignore this and do not include the ‘race’ or ethnicity of the young people involved in the study or do not use that information as part of their data analysis. For example, Amos and Bostock (2007) reviewed the research of Plumridge et al (2001), Denscombe (2001) and Lucas and Lloyd (1999), but did not mention the ethnicity of the young people in the studies and there is no discussion of the effects of ethnicity, racialisation and racism on smoking identity. This lack is also evident in a Canadian review by Johnson et al (2003). This suggests that in research on young people, smoking and identity, there is an implicit assumption that findings from white young people can be generalised to all young people irrespective of ‘race’ and ethnicity.

The influence of religion and tradition on cigarette smoking in young people of Asian heritage has been explored in several papers (Bradby, 2007; Croucher and Choudhury, 2007; Viner, 2006), but this issue has largely been ignored in relation to African-Caribbean young people. In the studies referred to in Table 2, there is no discussion of the cultural differences between Black British, African and African-Caribbean young people.

2.7 Young people, identity and cigarette smoking

Smoking is one of the ways in which class, gender and ethnic identities are 'performed'. The research on smoking and identity has been influenced by the sociology of youth and to a large extent is not 'raced'. Studies of white young people have demonstrated that smoking careers are laid down in adolescence, with the majority of young people who are regular smokers continuing to smoke into mid and late adulthood (Jefferis et al, 2004). As discussed in Chapter 1, the notion of 'identity' in smoking research is not well developed and rarely does the research on cigarette smoking, young people and identity examine the relationship of smoking identity to other social and cultural identities apart from gender (Wearing et al, 1994; Pavis et al, 1996; Michell, 1997; Denscombe, 2001; Amos and Bostock, 2007; Gilbert, 2007). This may in part be due to the fact that in the main, the work on smoking and identity has been developed by health promotion researchers, whose aim has been to try to understand reasons for smoking in young people in order to develop health promotion interventions. Thus, while this research has drawn upon sociological and social psychological literatures, there has been limited opportunity in small, localised, research projects to fully explore the complexities of identity. Hence many of the research studies have been limited to a narrow focus on smoking identity and gendered identities and not on other social and cultural identity dimensions.

In studies where there are young people from racialised minorities, no attempt is made to discuss the intersection of racialised identities with gendered smoking identities. As noted above, cigarette smoking is one of the ways in which identity is performed. Plumridge et al (2002) explore the notion of smoking refusal as identity performance. They show that smoking refusal was seen as 'performing coolness' and the group regarded as the most cool in the school studied were young Maoris and Samoans who did not smoke, whereas white young people felt that in order to be 'cool' they needed to smoke. This study did not report on gender differences in the 'cool group'. For some young people it was smoking refusal which conferred status with their peers. Thus the notion of 'smoking refusal' could be part of a particular style and performance in young people who were constructing alternative identities. In a study conducted in Canada (Johnson et al, 2003) the researchers used narrative accounts to try to develop an understanding of the

identities that young people held in relation to tobacco use. Here the conceptualisation of identity employed was in relation to 'ideal types' or typologies. This study does not report on the ethnic group of the sample or their social class but does indicate that the study was conducted in a large urban area and a mid-sized urban area. Based on their analysis of the narratives, researchers assigned the young people to one of seven key smoking identities: confident non-smoker, vulnerable non-smoker, ardent non-smoker, accepting non-smoker, in-control smoker, confirmed smoker and contrite smoker. The authors discussed the fluidity of their key identity types suggesting that although one identity was dominant, young people could hold more than one identity and for some their identities were transitional. Gender differences were not explored fully although none of the identities were unique to young women or young men. The authors concluded that:

Of central importance is the finding that multiple identities were revealed; smoking is not a simple binary identity that one turns on or off. It is also important to underscore that in some cases the identities were not entirely static. Although a central smoking identity usually could be identified, some youths shifted their identities as the context of their stories about tobacco shifted. (Johnson et al, 2003: 396)

These authors point to the fluid nature of smoking identities. In a study conducted in Leicester, Denscombe (2001) remarked on the 'uncertain identities' of young people and the complexities that young people face living in late modernity. He argues that 'personal identity and sense of one's 'self' is something which needs to be consciously constructed and maintained, directed and shaped in relation to its social environment' (Denscombe, 2001: 161). In this research, focus groups were conducted with white and South Asian young people. In one of the focus groups with three South Asian males and two South Asian females, the respondents discussed the fact that smoking carried with it connotations of 'looking hard' and the relationship of this to ethnicity. One of the South Asian males remarked: 'Normally Black people are quite hard. So then the Asians try to be hard as well, so they start smoking as well' (Denscombe, 2001: 165). This research illustrates how cigarette smoking is taken on as a way of constructing a particular identity. Denscombe concluded that for young people grappling with uncertain identities and differences related to religion and ethnicity, smoking could make a positive contribution to the construction of a self-identity.

Exploring the gendered nature of the meaning and function of smoking for young people in Scotland, Amos and Bostock (2007) concluded that young men are able to express their identity through sport and this serves as a marker of their masculine identity and status. There was no similar marker for female gender identity. Therefore young women drew on certain behaviours which had traditionally been viewed as male – smoking, drinking and getting drunk – to symbolise an alternative rebellious female identity. Although the researchers in this study discussed the social class status of their sample, they did not discuss the intersection of social class with racialised smoking identities. This research echoes the findings of Michell (1997) where ‘top girls’ smoked because smoking was associated with a sophisticated and sexy image and bottom, low-status pupils and trouble makers also smoked to appear rebellious.

The studies reviewed suggest that their authors operate with very different notions of identity. Some operate with a view that identity is singular and fixed, and others with a view that for young people identity is something which is developing and emergent, is multiple, fragmented and shifting. The difficulties and complexities inherent in using the notion of identity were briefly discussed in Chapter 1. These difficulties are heightened in research on cigarette smoking and identities, where the conceptualisation of identity is taken for granted and researchers do not discuss what they mean by the concept of ‘identity’. In some of the work ‘identity’ is used to refer to an ideal type and a way of describing different types of smokers or non-smokers (Johnson et al, 2003), whereas in others, the notion of identity is used as a way of describing characteristics which young people take on and perform as part of different identities (Denscombe, 2001; Plumridge et al, 2002). Overall, in this body of research, smoking identity or smoking identities are seen as separate from other social and cultural identities and in many studies the social class positioning of young people is not discussed or deemed to have any bearing on smoking identity. What does seem common to the studies is that identity is constructed by the young people themselves and that smoking provides an opportunity to act out or to perform certain aspects of their identity. This seems particularly evident in the case of young women’s identities where smoking is used as the means to demonstrate rebelliousness. Denscombe (2001) argues that young people use smoking as a means of entry into a social group, often as a way of making contact with other young people, or according to Pavis and Cunningham-Burley (1999), as a way of being seen as ‘cool’, ‘rebellious’ and in control of their lives.

Literature from the 2000s on young people, smoking and identity tends to see smoking as something fashionable that young people can choose to do in order to construct a particular identity (Wearing and Wearing, 2000). Some authors – Gilbert (2007) and Denscombe (2001) – refer to the socio-economic position of young people and how this position constrains their ‘choices’. In a situation where young people have no other social activity but hanging out on the streets (Pavis and Cunningham-Burley, 1999), smoking plays a crucial role in the way in which relationships are developed, groups interact and the general mix of what happens on the streets. According to Cullen (2006), cigarette smoking is an important facet in building and sustaining relationships among young women through the process of gift giving and exchange.

One aspect of smoking identity that often goes unremarked is the addictive nature of smoking. Some studies have concluded that once young people are nicotine dependent, there is no longer an element of choice. The paradox is that young people may choose to smoke to demonstrate to others (and to themselves) that they are in control and are able to undertake a ‘dangerous act’ and stay in control, enacting an element of choice, when in fact that element of choice diminishes as they become more nicotine dependent. Wearing and Wearing argue that:

Activities such as smoking, especially when embraced from a young age, may have short term fashion benefits for immediate peer group status and identity, but the long term outcome is destructive to health and cannot provide a sound basis for identity construction. (Wearing and Wearing, 2000: 55)

Young people are aware of the dangerous effects of smoking – and hence they may smoke ‘twos’ (Cullen, 2006). Smoking ‘twos’ or two people sharing a cigarette, serves two purposes: firstly it makes young people feel that they are not smoking as much and are in control, and secondly, it builds the relationship with other group members such that smoking is seen as a social activity. Thus far the literature reviewed in this section on young people, smoking and identities assumes that the populations are white, and even when the populations in the study are not white, other social and cultural identities are insufficiently considered and there is an assumption that the findings can be generalised to all young people. Thus the mainstream research on young people, identity and cigarette smoking is not ‘raced’, although it is classed and gendered.

2.8 Factors influencing cigarette smoking among young people

Having contextualised the research on young people and cigarette smoking and outlined the omission of 'race' and ethnicity from many studies, in this section I briefly review factors influencing young people and cigarette smoking. In 2006 9% of pupils in England aged 11 to 15 were regular smokers. This proportion remained unchanged from 2003 and decreased from 1996 when 13% of pupils aged 11 to 15 were regular smokers (Fuller, 2007). In 2007 overall smoking prevalence declined from 9% to 6%. Regular cigarette smoking increases sharply with age, with 1% of 11 year olds defined as regular smokers while 20% of 15 year olds were regular smokers. The percentage of pupils who had never smoked rose from 47% in 1982 to 61% in 2004 and remained at this level until 2006 (Fuller, 2007). The prevalence of cigarette smoking is gendered, with girls more likely to be regular smokers: 10% of girls compared to 7% of boys (Fuller, 2007, 2009). Although boys are more likely to experiment earlier than girls, from the age of 13/14, more girls begin to smoke than boys (Amos and Bostock, 2007). Among 11 to 15 year olds, girls are more likely to smoke than boys, with 8% of 11 to 15-year-old girls reporting regular smoking compared to 5% of 11 to 15-year-old boys.

Table 3: Percentage of pupils who are regular smokers (at least one cigarette per week on average), England.

Age	1982	1986	1990	1994	1998	2002	2006	2008
15								
Boys	24	18	25	26	19	20	16	11
Girls	25	27	25	30	29	26	24	17
All	25	22	25	28	23	23	20	14

Source: ASH (2009)

The data on smoking prevalence in Table 3 are from the Smoking, Drinking and Drug Use reports and are based on self-reported smoking behaviour, where regular smoking among 11 to 15 year olds is defined as smoking one or more cigarettes per week. The accuracy of self-reported smoking behaviour has been questioned as very few studies use a clinical measurement of cotinine. Charlton et al (1985) state that as long as confidentiality is guaranteed young people will

report their smoking accurately. Clark et al (1996) challenged Bauman and Ennett (1994) who suggested that the accuracy of self-reported smoking behaviour varied according to ethnicity. Self-reported smoking behaviour has been found to be more accurate in school-based surveys than in questionnaires completed in the home. This finding explains the slight differences in smoking prevalence of young people reported in the Smoking, Drinking and Drug Use reports (conducted in school under exam conditions) and the General Household Survey (now the General Lifestyle Survey) (conducted in the home) and where there is possible under-reporting of cigarette-smoking behaviour as parents are present.

Although young people may experiment with cigarette smoking in early adolescence, it may take some time before cigarette smoking becomes established. Young people may change behaviour. Researchers have developed different models to theorise the development of regular cigarette smoking. In one such model, Flay et al (1983) delineated a number of stages in the development of becoming a regular smoker: preparation (when attitudes towards smoking are developed); initial smokers (where individuals try cigarette smoking); experimental smokers (who smoke less than one cigarette a week) and regular smokers (who smoke at least one cigarette a week). Non-smokers are defined as those young people who have never smoked or tried only once. Stern et al (1987) developed an alternative model of smoking development based upon the conceptualisation of stages of change. In this model there were three stages: pre-contemplation – where there is no desire to start smoking; decision making – where young people think about trying cigarette smoking; and maintenance – becoming a regular smoker. Both models have been applied to the use of other substances, and both models have been critiqued for over-simplifying the process and development of cigarette smoking behaviour in young people (Petraitis et al, 1995).

Early research on young people and smoking, such as that discussed above was based upon quantitative research – usually school-based surveys. It sought to explore the age at which cigarette smoking started (Fuller, 2006) as well as to describe young people's smoking behaviour, the number and frequency of cigarettes smoked and the places where cigarettes were smoked. Pavis and colleagues (1996) argue that although this descriptive approach was useful, the social contexts in which young people smoke were lost in large-scale quantitative surveys. Furthermore, they argue that the definition of regular smoking in young people of one cigarette per week masked young people's changing smoking

behaviour, as young people drift back and forth between regular smoking, occasional smoking and non-smoking.

Like the research on overall patterns of young people's smoking, much of the research on the factors which influence cigarette smoking in young people is quantitative and survey based. This research has focused primarily on risk factors for cigarette smoking – on whether or not parents smoked (Donato et al, 1994; McDermott, 1984; Flay and Petraitis, 1994), siblings smoked (Meier, 1991), best friends and friends (Fisher and Bauman, 1988), peers (Ennett and Bauman, 1993; Flay et al, 1985) and socio-economic circumstances (Novonty et al, 1988; Conrad et al, 1992; Brannen et al, 1994; Glendenning et al, 1994). Much of this research was premised on the notion that those young people who smoke either did so because they were influenced by friends or family or came from poor socio-economic circumstances and therefore had poorly developed educational skills and poor expectations of their future. In this context, rather than being seen as people who made active choices to smoke, young people were portrayed as lacking in some way – either they did not have the skills to refuse cigarettes, they did not believe that they could refuse cigarettes (De Vries et al, 1988), or they were not aware of the detrimental effects of cigarette smoking. Some researchers, however, recognising that in fact the majority of young people did not smoke, focused their research on protective rather than risk factors. Holland et al (1996) proposed that if there was more understanding of the reasons why the majority of young people did not smoke, this knowledge could be utilised to develop more effective health promotion programmes. In their study conducted in London which surveyed 1096 respondents aged 11 to 16, the main protective factors they identified, after adjustment for socio-economic position, were the availability of emotional support from parents, siblings or spouses in times of stress; well-developed sociability and competent communication skills; and external support systems at church, school or work (Holland et al, 1996). Although the majority of young people were white (66%), the sample included 9% Indian, 10% Black African, Black Caribbean or Black Other and 7% other (mixed race); 45% of the sample were female and 55% were male; 16% were in socio-economic class one, 24% in class two, 17% class three and 25% class four. Of the young people, 8% of middle-class and 13% of working-class young people were regular smokers; 35% of regular smokers were in the skilled manual group.

The many and varied reasons for the take-up of smoking have been subject to much debate. Reasons include low educational aspirations (Ellickson et al, 2001); low self-esteem (Glendenning, 2002); coping with weight gain in young women (Stice and Shaw, 2003); coping with anger, mainly in young men (Koval et al, 2004); home influence (Kalesan et al, 2006); coping with stress (Steuber and Danner, 2006), peer pressure (Arnett, 2007), susceptibility to advertising (Slater et al, 2007); and enjoyment. The dominant discourse around young women and smoking in the 1970s and 1980s depicted young women who smoked as passive and easily influenced (De Vries et al, 1988; Michell, 1997). More recent research has moved away from a model of young people and cigarette smoking characterised by passivity and a lack of agency, and has recognised that far from being influenced by their friends and peers, young people actively choose to smoke and choose friends and peers who may also smoke (Kobus, 2003; Bostock and Amos, 2006; Slate et al, 2007).

Parental smoking has also long been associated with young people's smoking and has been well documented (Vink et al, 2003; Exter Blokland et al, 2004; Petersen et al, 2006). This may be due to a number of reasons – observational learning, accessibility of cigarettes in the home setting, parental approval of cigarette smoking and leniency towards smoking. Parents may also act as gatekeepers to other influences such as peers (Avenoli and Merikangas, 2003). Resnick et al (1997) reported that family connectedness was protective of young people engaging in risky behaviours such as smoking. However, researchers in the USA have reported that the effect of parental disapproval was stronger than parental smoking status, i.e. whether or not parents smoked (Sargent and Dalton, 2001). In a qualitative study in the USA Gittelsohn et al (2001) explored social influences on smoking behaviour among African-American and white male and female adolescents. This study suggested that African-Americans' non-use of cigarettes was linked to a desire not to disrespect their parents. In addition, African-American adolescents were averted from cigarette smoking by their parents' addiction to nicotine. African-American female smokers in Gittelsohn's study (aged 13 to 18), reported hiding smoking from parents as they felt that smoking in front of one's mother was disrespectful. Their study revealed that while white females received permissive parental messages around cigarette smoking, males, particularly African-American males, experienced the strictest parental sanctions. In this study, smokers were defined as adolescents who reported ever smoking more than two cigarettes. Non-smokers were defined as never having smoked or as having

smoked one or two cigarettes in their lifetime, who had not smoked in the last month. Gittelsohn et al remarked on the overwhelming influence of social contexts in relation to the initiation into tobacco use. The majority of African-American female participants in the study did not report being regular smokers. Some of the reported findings appeared contradictory: on the one hand African-American females reported being leaders in getting others to smoke, while on the other hand they reported telling white girls to put out cigarettes as they did not want the smell on their clothes.

The study is limited in that ethnic differences reported may have been due to differences in household and neighbourhood resources between white and African-American participants. Differences reported between smokers and non-smokers may have been due to the wide age range of the participants (13 to 18). Despite this, this study provides useful insights into differences between white and African-American adolescents in relation to the social context of cigarette smoking which might have relevance for cigarette smoking among African-Caribbean young women in the U.K. Skinner et al (2009), investigating the differences between parental and peer influences in black and white families in the USA, concluded that black teenagers smoked less than white teenagers because black parents had clearer parental guidelines and consequences for failure to observe stated guidelines.

Chassin (1998), investigating the influence of mothers on young people's smoking, concluded that young people who perceived that they would be punished for smoking were less likely to smoke and less likely to be influenced by their peers. Vink et al (2003) concluded that there was a stronger association between young people who had siblings who smoked than for parental smoking behaviour. Again there may be a number of factors which contribute to this, including the quality of the sibling relationship, sibling connectedness and social influence (Slomkowski et al, 2005). In their research on cigarette smoking among African-American young people, Oredin and Foulds (2011) propose that the increase of African-American young people living in single-parent households with only their mothers may affect African-American young peoples' smoking prevalence as mothers had a lower smoking prevalence than African-American males and had more negative views of cigarette smoking which affected the attitudes of African-American young people to cigarette smoking. Having examined family influences on cigarette smoking and

young people, it is important to recognise that the socio-economic position of the family will impact upon the uptake of cigarette smoking in young people.

Research on cigarette smoking widely acknowledges that cigarette smoking is positively related to social deprivation (Sweeting and West, 2001; Fidler, 2008; Graham, 2009), with cigarette smoking being highest in the most socio-economically deprived groups. However, although there is a clear socio-economic gradient in relation to adults and cigarette smoking (Jefferis et al, 2003), the relationship is much less clear with regard to young people and cigarette smoking (Fidler, 2008). Jefferis et al (2004) argue that in studies of persistent smoking in adulthood, childhood socio-economic circumstances appear to influence later smoking in adulthood. The relationship between family socio-economic status (SES), personal income of young people and smoking is complex. Based on data from a longitudinal study of young people in Scotland at age 11, 13 and 15, West et al (2006) examined the social distribution of pocket money and set out to assess the 'material paradox' which suggests that young people from poorer backgrounds have more money in their pockets than their richer counterparts. West et al concluded that young people in contemporary society have considerable consumer power and that money exchanges between parents and young people are influenced by a number of factors. Parents in poorer circumstances may try to compensate for family poverty by sacrificing their own needs for the sake of their children and young people. Working-class culture will interact with consumer pressures and young people themselves will place demands on parents. West et al (2006) argue that consumerism is an important aspect of young people's identity and they concluded that young people from the most disadvantaged families may have the greater purchasing power. West et al (2007) concluded that young people from lower SES have access to cheaper tobacco from family, friends and the illicit market which may influence their uptake of cigarette smoking.

Hiscock et al (2012), in a review of socio-economic status and smoking, also argue that socio-economic status is an important determinant in the uptake of smoking in young people. They conclude that while 'they recognise the importance of ethnic differences' (2012: 107) and that smoking rates will be higher among some groups of new immigrants and ethnic minorities who are more likely to be socio-economically disadvantaged, 'some ethnic minorities tend to smoke less than the majority and others more' (2012: 107) and that this depends on the profile

of ethnic minorities in each country so it is important to focus specifically on particular ethnic groups rather than generalise. They argue that disadvantaged young people are more likely to smoke and may be less able to resist peer pressure. As adults in deprived socio-economic circumstances are more likely to be regular smokers, young people in such households may be influenced by cigarette smoking norms and practices in the household and easy access to cigarettes. Amos et al (2009) reported that young people in the UK who were entitled to free school meals at secondary school were more likely to be regular smokers. Hiscock et al (2012) further argue that:

Studies in the United States and United Kingdom have also shown how the relationship between SES and smoking uptake may be even more pronounced when other aspects of disadvantage and diversity are included, such as racial/ethnic disparities and social exclusion. (Hiscock et al, 2012: 111)

Hiscock et al (2012) concluded that although it may be difficult to measure SES in young people, tobacco uptake appears to be higher in disadvantaged groups although this may be influenced by gender and the form of tobacco used. These studies indicate that family influence, social class, gender, 'race' and ethnicity cannot be considered as separate influences and each of these factors influences the other factors. As there are few UK studies on cigarette smoking and African-Caribbean young women, drawing on contemporary research in the USA, I now explore the influence of ethnicity on cigarette smoking behaviour.

Although the social context of African-Caribbean young women in the UK and African-American young women in the USA may seem very different, there are similarities between their family organisation, demography and socio-economic position. While African-American young women appear to start smoking two years later than their white counterparts (Headen et al, 1991), by the age of 25 the prevalence of smoking is at least the same as among their white counterparts and in some subpopulations of African-American women, smoking prevalence exceeds that of similar white subpopulations (Guthrie et al, 2002). The mean age of initiation of smoking for African-American young women appears to be 14 years (Headen et al, 1991), or 14.5 years (Elders et al, 1994; Baugh and Webster, 1982) compared to a mean age of 12 to 13 years for white American adolescents. Other studies have reported a mean age of African-American smoking initiation as 12.1

years (Griesler et al, 1998) and 13 years (Khoury, 1998). These differences in smoking initiation may be due to changes in national trends or may reflect heterogeneity in African-Americans in the study populations. Guthrie et al (2001) reported that the mean age for smoking initiation among African-American girls was 12.55 and that those African-American girls who reported more 'daily hassles' appeared to start smoking earlier.

Guthrie et al (2001, 2002) examined the relationship between smoking habits and perceptions of racial discrimination among 105 African-American adolescent girls aged 11 to 19 years (with a mean age of 15.45 years). As part of a larger, cross-sectional research project *Female Adolescent Substance Experience Study*, face-to-face interviews were conducted using the Everyday Discrimination Scale and Daily Hassles for Adolescence Inventory. The African-American adolescent girls in the study were mainly from female single-headed families and described themselves as middle-class. However, 37% reported receiving some form of public assistance, suggesting that their actual social class status was lower than their perceived status. Smoking was recorded by asking the questions 'Have you ever smoked a cigarette?' and 'How old were you when you smoked your first cigarette?' Although the study only analysed 'ever smoked' versus 'never smoked', the researchers reported that racial discrimination was experienced by over half of the sample (52%) and that smoking habits were strongly associated with perceptions of everyday discrimination. Although this is a small study and has a number of limitations in terms of the way that cigarette smoking is recorded, the study does point to the role of racial discrimination in cigarette smoking and African-American adolescent girls.

2.9 Conclusion: African-Caribbean young women and cigarette smoking

My review of the literature has demonstrated the relative lack of evidence and research on African-Caribbean young women and cigarette smoking. I have shown that the surveys on cigarette smoking and young people rarely include large numbers of young people from black and minority ethnic communities. Research that has been conducted on black and minority ethnic young people and cigarette smoking has tended to focus on Asian young people, and research on

gender and smoking has focused on young white women or adult white women and social class. Hence African-Caribbean young women are largely absent from current research on young people and cigarette smoking. Further research is needed to explore changing patterns of smoking in African-Caribbean young women and to develop an understanding of the cultural and socio-economic factors affecting smoking behaviour among African-Caribbean women. There is a need for more quantitative research on smoking to include black and minority ethnic groups so that we can start to map the changing ethnic and gender identity of smoking. We also need more qualitative research on the meaning of smoking and the purpose that smoking serves. While there is a need to undertake studies specifically with African-Caribbean young women, there is also a need to include African-Caribbean young women in sufficient numbers in national surveys to be able to develop an understanding of possible changing patterns of cigarette smoking in this population.

The review of the literature on young people and smoking thus far demonstrates that the empirical studies operate within a de-racialised discourse and mostly do not take account of 'race' and ethnicity. The aim of my study is to develop an understanding of cigarette smoking among African-Caribbean young women and to explore how 'race', ethnicity, class and culture intersect to influence cigarette smoking among African-Caribbean young women. In order to do this I have chosen to compare two groups of young women in this research – young black women and young white women. These young women come from the same socio-economic disadvantaged backgrounds in Birmingham and attend the same schools. I have discussed definitions of ethnicity in the earlier part of this chapter. However, it is important to acknowledge the heterogeneity of both groups of young women. I will discuss this further in my research methodology chapter which follows.

Chapter 3: Research Methodology

3.1 Introduction

In this chapter I discuss the research methods I used, and explore the research process and the issues that it raised. The chapter includes a discussion of the study population and the sampling framework. I aimed to develop a methodology which interrogated the ways in which gender, 'race' and class influenced cigarette smoking behaviour. I therefore brought an intersectional perspective to this research, informed by wanting to understand the relationship between these factors. Intersectionality proceeds from the recognition that these demographic dimensions are not isolated, independent variables that are additive but rather that they are interlocking and inter-active. In discussing the oppressive nature of these variables, Patricia Hill Collins (1990) refers to them as the 'matrix of domination'.

Embracing a both/and conceptual stance moves us from additive, separate systems approaches to oppression and towards what I now see as the more fundamental issue of the social relations of domination. Race, class, and gender constitute axes of oppression that characterize Black women's experiences within a more generalized matrix of domination. Other groups may encounter different dimensions of the matrix, such as sexual orientation, religion, and age, but the overarching relationship is one of domination and the types of activism it generates. (Patricia Hill Collins, 1990: 226)

3.2 The research design

My empirical study was designed to address the gaps identified in the theoretical and conceptual phase of my research which involved a critical analysis of the literature. The literature review indicated that there were relatively few studies on black and minority young people and cigarette smoking, and even fewer on African-Caribbean young women. I conducted electronic searches using a number of key databases to cover the wide range of relevant disciplines, including

Medline, Academic Search Premier (EBSCO), ASSIA and Dissertation and Theses Abstracts (Proquest). The key words and phrases used for the searches were: 'cigarette smoking', 'young women', 'gender and identity', 'black women', 'ethnic', 'ethnic categorisation' and 'race'. The use of other key phrases such as 'racism and smoking' or 'racial discrimination and smoking' revealed other sets of literatures. Although the literature on young people and cigarette smoking in the UK is vast and growing, this literature includes few studies on black and minority ethnic young people and it largely assumes that young people are homogenous – at least as far as ethnicity and 'race' are concerned. For example, using Academic Search Complete and the key phrases 'smoking' and 'young people' revealed 344 articles between 2000 and 2010, whereas when the key words 'smoking' and 'young women' were used, only 206 articles appeared and for 'smoking, 'young women' and 'Caribbean' there were 0 articles. Using the Social Science Citation Index and the same key words the numbers of articles were 531, 147 and two respectively. Hence cigarette smoking among African-Caribbean young women was largely absent from the growing literature on young women and cigarette smoking in the UK. My research therefore was guided by the following key research question: *What are the patterns and influences on the smoking behaviour as reported by young African-Caribbean women in contemporary urban Britain?* I further asked:

1. *How are the reported patterns of smoking different among African, African-Caribbean and white young women in the UK?*
2. *How is smoking among African-Caribbean women linked to material deprivation and to their social, cultural, racial and ethnic identities?*
3. *What are the reported risk factors and protective factors for smoking among African, African-Caribbean and white young women?*
4. *How are the smoking identities among African-Caribbean women different from the smoking identities among white women?*
5. *To what extent do the theoretical and conceptual explanations for smoking among white working-class women hold true for young African-Caribbean women?*

3.3 Theoretical assumptions of the research design

This study aimed to explore both the reported patterns of smoking and the meaning that smoking has for young African-Caribbean women. As very little is known about the prevalence of smoking and the motivation for smoking among African-Caribbean young women, I decided to adopt a multi-method approach utilising quantitative and qualitative methodologies to address the research questions since no one research method could examine both patterns and meanings of cigarette smoking adequately. In order to deal with both, I undertook a cross-sectional survey among year 10 pupils, aged 14 – 15 years-old in selected schools, and at a later stage focus groups with African and African-Caribbean young women in year 11, from two of these schools. I also adopted a feminist perspective. This meant that I privileged gender as a category of experience and focused on young women. Adopting an intersectional approach meant recognising that gender does not exist as an independent category but is always connected to 'race', class and ethnicity (Phoenix and Pattynama, 2006).

My research design drew on a black feminist research tradition; by this I mean a way of knowing which brings black women to the centre of the analysis and examines black women's experiences in terms of 'race', class and gender (Mullings, 2000). Mirza argues that:

Black British feminists reveal *other ways of knowing* that challenge the normative discourse. In our particular world shaped by processes of migration, nationalism, racism, popular culture and the media, black British women, from multiple positions of difference, reveal the distorted ways in which dominant groups construct their assumptions. As black women we see from the sidelines, from our space of unlocation, the unfolding project of domination. (Mirza, 1997: 5)

In the 1980s there were extended debates about what constitutes feminist research. Several second-wave feminists challenged quantitative research methodologies as being inherently 'male' (Oakley, 1981; Harding, 1987; Haraway, 1991; Stanley and Wise, 1983), arguing that such methods were positivist and reductionist and perpetuated male privilege and male perspectives. Quantitative methods were further critiqued because of the exclusion of women as research respondents and the notion that such research was supposedly objective, neutral

and value free (Roberts, 1981). This early debate on positivist traditions versus interpretative traditions and reaction against quantitative methods, led to the promotion of qualitative methods which came to be viewed for a while as the orthodox feminist methodology (Hughes and Cohen, 2010). However, Reinharz (1992), while reviewing feminist methods in social research, argued that feminism was a perspective, not a method, and depended on what use one made of the methods and how one went about one's research.

.... feminist researchers do not consider feminism to be a method. Rather they consider it to be a perspective on an existing method in a given field of inquiry or a perspective that can be used to develop an innovative method. The fact that there are multiple definitions of feminism means that there are multiple feminist perspectives on social research methods. (1992: 241)

Despite the continuing debates about the ontological and epistemological differences between qualitative and quantitative paradigms, Hughes and Cohen 'challenge the simplistic, and consequential, presumption that to do feminist empirical research one has to use qualitative methods' (2010: 190) and argue that methods should be chosen that are most appropriate to addressing the research question.

These debates about quantitative and qualitative methods were in turn critiqued by black feminist researchers for ignoring the interaction between 'race', class and gender (Davis, 1981; Crenshaw, 1989; Collins, 1991; Mullings, 2000). Developed by black feminists, intersectionality theory tries to address the complexity of social life by recognising that individuals simultaneously occupy multiple social locations. However, trying to develop an intersectional approach for social research presents a challenge. Denis (2008) comments that the practice of developing appropriate intersectional methodologies has not caught up with the theory.

The challenge of integrating multiple, concurrent, yet often contradictory social locations into analyses of power relations has been issued.

Theorising to accomplish this end is evolving, and we are struggling to develop effective methodological tools in order to marry theorising with necessary complex analyses of empirical data. (2008: 688)

In exploring the implications of intersectionality theory, Manuel (2006) argues that often policy analysis ignores 'the ways in which different characteristics in people's

lives intersect to present different choices, different decisions, and manufacture different outcomes even among similarly situated groups' (Manuel, 2006: 188).

This is particularly relevant for my research since I analyse the differences between African, African-Caribbean and white young women who appear to be in the same socio-economic location and yet make different choices about cigarette smoking. Cole (2009: 170) proposes that 'an intersectional framework does ask researchers to examine categories of identity, difference, and disadvantage with a new lens' and that researchers adopting an intersectional approach should ask three questions: '*Who is included within this category? What role does inequality play? Where are there similarities?*' (Cole, 2009: 172). In my research process and in my analysis of the findings I addressed these three questions, paying particular attention to the differences and similarities between African, African-Caribbean and white young women and the role that disadvantage plays in their lives. Cole (2009) sets out the implication for research when adopting an intersectional approach to research. These are outlined in Table 4 below.

Table 4: Implications of Cole’s three questions for each stage of the research process.

Research stage	Question		
	Who is included within this category?	What role does inequality play?	Where are the similarities?
Generation of hypothesis	Is it attuned to diversity within categories?	Literature review attends to social and historical contexts of inequality.	May be exploratory rather than hypothesis testing to discover similarities.
Sampling	Focuses on neglected groups.	Category memberships mark groups with unequal access to power and resources.	Includes diverse groups connected by common relationships to social and institutional power.
Operationalization	Develops measures from the perspective of the group being studied.	If comparative, differences are conceptualized as stemming from structural inequality (upstream) rather than as primarily individual-level differences.	Views social categories in terms of individual and institutional practices rather than primarily as characteristics of individuals.
Analysis	Attends to diversity within a group and may be conducted separately for each group studied.	Tests for both similarities and differences.	Interest is not limited to differences.
Interpretation of findings	No group’s findings are interpreted to represent a universal or normative experience.	Differences are interpreted in light of groups’ structural positions.	Sensitivity to nuanced variations across groups is maintained even when similarities are identified.

Source: Cole, 2009: 172.

These stages of the research process were relevant to my study where I used quantitative and qualitative methods to explore diversity within the category ‘gender’ in relation to cigarette smoking. Whereas current research has focused on gender and class, I introduce ‘race’, ethnicity and culture to the analysis. In Chapter I, I have outlined the social and historical context of the lives of African-Caribbean young women in the UK and I have linked this to my literature review on cigarette smoking in Chapter 2, thereby examining the social and historical contexts of African-Caribbean young women in the UK and their relationship to cigarette smoking. In my data analysis chapters which follow, I further explore and interpret my research findings from an intersectional perspective examining the

differences in cigarette smoking in relation to 'race', ethnicity, gender and class, recognising that these dimensions intersect. MacKinnon (2013) argues that in terms of method:

Intersectionality both notices and contends with the realities of multiple inequalities as it thinks about 'the interaction of' those inequalities in a way that captures the distinctive dynamics at their multidimensional interface. (MacKinnon, 2013: 1019)

My research demonstrates that although all young women in the schools involved in my study have a common relationship to the social and institutional power within the school, the experience of young black women is racialised as well as gendered. Intersectionality is therefore a key perspective which informs my research design.

3.4 Health promotion research perspective

My research was influenced by a health promotion research perspective as well as black feminist theory as I indicated in Chapter 1. Although the origins of health promotion are much debated, Catford (2007) argues that the term 'health promotion' was increasingly used in the 1980s by public health activists who were dissatisfied with health education and disease prevention and the biomedical focus of public health with its emphasis on individual behaviour change. However, for some individuals, the term 'health promotion' (or health promotions, as it was sometimes inaccurately termed) became synonymous with 'marketing' and in 1984 the World Health Organisation (WHO) convened a meeting to define the concepts and principles of health promotion. This document formed the basis of the Ottawa Charter for Health Promotion (WHO, 1986) which defined health promotion as a distinct area of public health activity with five key strategies: building public health policy; creating supportive environments; strengthening community action; developing personal skills; and re-orienting health services. The underlying focus of the Ottawa Charter and health promotion was on reducing social inequalities in health which could be achieved through social change. Furthermore many health promotion specialists had been involved in the women's health movement, the emergent ecological movement, the civil rights movement and the gay pride

movement, and brought these approaches to health promotion and the new public health movement.

One of the key priorities for research in the newly emergent field of health promotion was cigarette smoking among young women (Charlton and Blair, 1989). One of the reasons for this was that despite the implementation of health education programmes and interventions, and the reduction in cigarette smoking among adults and young boys, cigarette smoking among young women started to increase in the UK in 1986. Eakin et al (1996) have argued that smoking among young women was perceived as a research problem for a number of reasons. Firstly, epidemiological data provided evidence that rates of smoking had started to increase among girls (Charlton, 2001). Young girls were considered 'hard to reach' and 'at risk' and there was a perception that health promotion strategies aimed at reducing cigarette smoking were not effective with young girls. This required a refocusing of health promotion research to try and understand whether the motivation for cigarette smoking was different among young girls compared to young boys. While the early research on cigarette smoking drew on the biomedical tradition of public health and focused on epidemiological research, more qualitative research was now required to explore the meaning of cigarette smoking for young girls. As with early feminist research, early health promotion research attempted to privilege qualitative methodologies and community-based and participatory research over quantitative and epidemiological methodologies.

Although health promotion programmes should be underpinned by an aim to reduce social inequalities, health promotion research often ignored the needs of black and minority ethnic communities and this was certainly true in relation to the research on cigarette smoking. Barbeau et al (2004) have argued that anti-smoking campaigns that did not consider the reduction of social inequalities could end up increasing inequalities among sub-groups in a population. Reid et al (2012) suggest that health promotion and health promotion research were under-theorised and hence still dominated by biomedical, psychological and behavioural theories. They called for the introduction and development of more critical social theories in health promotion research. Furthermore they proposed that applying intersectionality theory to health promotion could increase its rigour and applicability to diverse populations and could address inequity more effectively.

Although my research was not community based or participatory, and did not emerge from young black women themselves identifying cigarette smoking as an area for research and action, addressing social inequality was central to my research questions and my research emanated from the absence of research in this area and the seeming blindness of social researchers to cigarette smoking among black and minority ethnic young women. This derived in part from the health promotion perspective which informs my research. Thus my research also benefits from an interdisciplinary approach across Women's Studies and health science. This is reflected in the multi-method design where I have used quantitative and qualitative methods.

3.5 Multi-method research

During the 1990s and before there were fierce debates about integrating qualitative and quantitative methods (Rabinowitz and Wesen, 1997; Tashakkori and Teddlie, 1998). Tashakkori and Teddlie (1998) argued that positivist and constructivist research methodologies could not be reconciled as they emanated from different ontological and epistemological traditions. However, more recently researchers have combined quantitative and qualitative approaches to gain more insights into social phenomena (Barbour, 1999; Bryman, 2006; Moffat et al, 2006). Using quantitative and qualitative methods not only enables a researcher to explore the same research question in different ways, but also allows researchers to address different research questions in the same study (Stewart and Cole, 2007).

In this study, I used quantitative and qualitative methods to explore different aspects of the research question. The survey provided data on patterns of cigarette smoking while the focus groups provided rich data on social identity and meanings and perceptions of cigarette smoking. I adopted research methods which allowed me to capture the experiences of young black women and hence I chose a multi-method study.

My research design afforded me the opportunity to collect quantitative data on reported patterns of cigarette smoking among young women and qualitative data on the meanings and perceptions cigarette smoking has for young African-Caribbean women. Thus the two methods were complementary and some of the

shortcomings of the quantitative survey were addressed by the focus groups and vice versa. Many of the studies reviewed in Chapter 2 were either quantitative or qualitative studies. My study demonstrates that a multi-method approach can provide an effective methodology for collecting rich data on young women and cigarette smoking. I have adapted the model developed by Creswell and Plano Clark (2011) to demonstrate how I have analysed and interpreted the data from my survey and focus groups and I discuss this in section 3.8 of this chapter.

3.6 Data collection methods and procedures

I collected data on patterns of cigarette smoking using a survey, and more qualitative data on the meaning of smoking and perceptions of smoking using focus groups. The school survey was conducted between 2002 and 2004 and the focus groups were conducted between 2005 and 2007. See Table 5 for a chronology of the research, which has been discussed in detail in Chapter 1.

Table 5: Chronology of my research.

Date	Research Activity	Data collected by
October 2002	Design Survey Questionnaire	Jenny Douglas
March 2002	Pilot Questionnaire	Jenny Douglas
2002–2004	School Survey	Form teachers
May 2005 – July 2007	Focus Groups	Jenny Douglas

The Survey

I decided to undertake a survey as there was very little information on the reported smoking patterns of African-Caribbean young women and other minority ethnic young people. The aim of the survey was to provide base-line data in order to compare smoking patterns in a cohort of young people in relation to gender, ethnicity and social class. The advantage of undertaking a survey is that comparative information can be collected on a large number of people, identifying whether they smoke and when they started smoking. A cross-sectional survey is a

useful method for collecting standardised data on attitudes, knowledge and behaviour in relation to cigarette smoking. Survey research is a quantitative and positivist methodology. Although cross-sectional surveys can provide descriptive information about cigarette smoking and correlations or associations between different variables and factors, they cannot suggest cause and effect.

As discussed in my literature review, many surveys on young people and cigarette smoking tend to have mainly white survey participants. This may be due to the fact that little consideration is given to obtaining ethnically diverse research populations. I wanted to develop a methodology to boost the number of black and minority ethnic young people in the survey population. I used the census categories (ONS, 2001) for determining ethnic categories. However, ethnic identity is not fixed or pre-determined and this must be borne in mind when analysing and interpreting the findings. Although I adapted some questions from an American survey on ethnicity and smoking (Parker et al, 1998) to try to develop a more nuanced understanding of ethnic identity, the survey was only able to provide a crude mechanism for identifying ethnicity and my ethnic categories were further combined to enable comparative analysis. This is discussed in section 3.8. Some social researchers (Mateos et al, 2009) argue that the way in which ethnic categories are aggregated can affect the outcome, understanding and findings of the research. While I recognise the tensions between using ethnic and racial categories and the problems of essentialisation, in order to compare reported patterns of cigarette smoking and explore the influence of 'race' and ethnicity it was necessary to adopt ethnic and racial categories. Although imprecise, these categories allow some comparison with other studies which also use and deploy these categories. Gunaratnam (2003) discusses the difficulties that using ethnic and racial categories presents for social researchers and the need for researchers 'to work both *with* and *against* racial and ethnic categories at the levels of epistemology and methodology' Gunaratnam (2003: 29). In my own research I recognised the diversity within each racial/ethnic category. Hence African-Caribbean women included women born in the UK and women born in different countries in the Caribbean, for example Jamaica and Antigua. Similarly white women were born in the UK, Ireland and the Netherlands. African women were born in the UK, Zimbabwe and Nigeria. In my study the focus group discussion gave a further insight into the racial and ethnic categories I used as the young African and African-Caribbean women discussed their conflicting views about racial and ethnic identities. Through their narratives it became evident that ethnic

and racial identity is contingent and fluid. Adopting an intersectional framework allows the possibility of capturing the complexity of what may be perceived as one-dimensional categories such as 'race' and ethnicity when exploring identity (Harper, 2011).

A further limitation of a survey is that it is difficult to collect data on the meanings of cigarette smoking and perceptions of smoking. Some researchers suggest that information collected on cigarette smoking may not be accurate and should be substantiated by cotinine studies to measure the levels of nicotine in the blood. The resources available for this study were not extensive enough to allow the collection and analysis of blood samples from young people. However, recent research by Soulakova et al (2012) suggests that survey data on cigarette smoking are reasonably reliable.

In relation to developing an intersectional framework, difficulties may be encountered with analysing social surveys where gender, 'race' and class are seen as independent variables, as an intersectionality framework sees these variables as interconnected, influencing and shaping each other. While some researchers may suggest that quantitative methods are antithetical to an intersectional analysis, Cole argues that 'an intersectional analysis hinges on the conceptualization of race, gender, and other social categories, rather than the use (or avoidance) of particular methods' (Cole, 2009:178). In my study I explore the social categories used in the survey through the discussions in the focus groups and I am able to explore the intersections between different social categories to provide deeper insights when examining cigarette smoking.

Sampling Frame

The study population for my survey was seven secondary schools in the West Midlands. The schools were selected using ethnic monitoring data, data on gender and data on free school meals in an attempt to obtain similar numbers of Bangladeshi, Pakistani, Indian, African-Caribbean and white young people to enable a comparison of gender, social class and ethnicity. I chose schools where the percentage of pupils eligible for free school meals was greater than 30% so that a large group of pupils was disadvantaged. Cigarette smoking has been linked to social disadvantage (Fergusson et al, 2007) and I wanted to explore whether

this was the case for the African, African-Caribbean and white young women in this survey. In this particular city there were vast differences between schools as some were predominantly Pakistani, other schools were predominantly African-Caribbean and some schools were exclusively white. Although I included schools that were boys' schools and girls' schools to try and obtain a gender balance, some of the mixed-sex schools (predominantly Pakistani and Muslim) had much higher populations of male students. In addition, the ethnic monitoring data were not always correct and the final study population was determined by the schools that agreed to participate and the pupils who turned up on the day of the survey and who agreed to participate.

The survey was undertaken between July 2002 and July 2004. Comparative information on reported smoking patterns among 14 – 16 year old young people was collected utilising a self-completion questionnaire (Appendix 1). This was to ascertain smoking behaviour patterns, attitudes to smoking and risk and protective factors for smoking. The questionnaire included questions on age; ethnicity; gender; language; religion; family living at home; socio-economic information – including young people's perceptions of socio-economic status and class; smoking behaviour; perceptions and beliefs about smoking; aspirations – educational and employment; interests and hobbies; parents'/guardians' views about smoking; young people's use of alcohol and drugs; identity and self-esteem.

The questionnaire was based on questions drawn from a number of existing validated questionnaires on young people and cigarette smoking including the following: the Warwick University lifestyle questionnaire, the Social Science Research Unit questionnaire on smoking and protective factors, and the West Midlands Regional Health Authority lifestyle questionnaire which I obtained from these research projects. Using standard questions on cigarette smoking from previously validated questionnaires gave me the opportunity to compare the data obtained from this study with other studies on young people and cigarette smoking. As there are limited studies on black and minority ethnic young people and cigarette smoking, in addition to the questions from these questionnaires, specific questions on culture, 'race' and socio-economic circumstances, aspirations, parental aspirations and friendship networks were added. I also added specific questions on ethnic categorisation and ethnic identification from an American Study (Vanessa Parker, personal communication; Parker et al, 1998).

The questionnaire was piloted using two methods. First, I administered the questionnaire as a pilot study using a group of 12 young black people known to me aged 15 and 16 to test the comprehensibility of the questions and the length of time taken to complete the questionnaire. I asked the young people to complete the questionnaire and then held a discussion with some of them to ask if there was anything they had not understood or anything that I should change. Most took less than an hour to complete the questionnaire. I was concerned to get full and frank feedback. Surprisingly, although some of the young people were personally known to me, they disclosed information about smoking and drug use – demonstrating a high degree of trust in me. The young people made a number of helpful suggestions in terms of adding boxes to make the questionnaire easier to complete and clarifying a number of questions so that the meanings were clearer.

Secondly, I also administered the questionnaire in one of the selected schools to determine the time taken to complete the questionnaire in a classroom situation. The aim was to see whether a classroom of students with varying degrees of literacy could complete the questionnaire in an hour. Ten students were present. The majority of students completed the questionnaire in an hour. There were a couple of students who lost interest in the questionnaire after 20 minutes. Although I thought about reducing the length of the questionnaire, I decided to keep all the sections so that I would be able to analyse the social and cultural context of cigarette smoking in the lives of young people.

I also gave the questionnaire to two academics with experience in the field for critical reading and it was amended based on the feedback I received. Although both academics commented on the length of the questionnaire, I decided to keep all the questions for the reasons outlined above. The feedback focused on the ordering of the questions and on ensuring that the important questions came closer to the front. A few additional questions were suggested on how young people saw their lives in the future. As the focus of my research was on young people, identity and cigarette smoking, one of the critical readers suggested that I put the questions on cigarette smoking closer to the beginning of the questionnaire as not all the pupils might complete the later questions. This was useful advice as the less motivated students indeed lost interest part way through the questionnaire. The questions on the future were important as cigarette smoking has been shown to be associated with having limited aspirations for the future (Waldron and Lye, 1990).

Several authors have reported that undertaking research with young people in schools is a lengthy process requiring time, patience and persistence. When negotiating access, sufficient time must be allocated to this purpose (Isaksen and Roper, 2010; Madge et al, 2012). Alderson (2004: 105) suggests that 'access is one of the hardest stages of research with children'. There are numerous curriculum requirements in schools, particularly for the age group with which I was undertaking research (Years 10 and 11). My previous experience of conducting survey research in schools had identified that the summer term was often the best time to undertake such research in schools. However, this required starting to negotiate access in the September of the academic year before the summer term.

Letters were sent to all the head teachers of the selected secondary schools to explain the purpose and benefits of the study and to obtain their consent. This was followed up by a telephone call to the head teacher to explain the requirements of the research in more detail and to discuss the process for completion of the questionnaires by all the pupils in Year 10. While most of them recognised the value of the research study, a number of head teachers explained that they were not able to participate due to curriculum requirements or impending Ofsted visits. As I was trying to select a specific number of participants from a range of ethnic groups, this required approaching other schools with a similar gender/ethnicity mix.

Once I had the head teachers' support, I then had to liaise with the Year 10 head in each school to arrange undertaking the survey. In this discussion, the aims of the research and aspects of confidentiality and anonymity were explained. This often involved several phone calls which were then followed up by e-mails or letters. In discussing the role of gatekeepers in research with children and schools, Isaksen and Roper (2010) propose that it is important to identify a relevant and interested gatekeeper. The year head was more appropriate than the head teacher as they had more knowledge of the timetable. In one school one of the teachers had a particular interest in my research and this support was invaluable in setting up the focus groups in this particular school.

The best time of the year to undertake the survey with my chosen year groups was in the summer term after exams, but a date had to be found which did not coincide with school activities such as sports days or placement visits. This also meant that some pupils were not in school when the questionnaire was undertaken. Two

schools dropped out at the last minute and as it was the end of the summer term, this did not allow enough time to recruit more schools in that academic year.

In the schools where the research took place it was agreed that the classroom teacher would conduct the survey and they were provided with information about confidentiality and anonymity. At this stage of the research a questionnaire was to be given to Year 10 pupils in a classroom lesson. I contacted the year head of each school to identify the number of pupils who should be in the classes and to arrange a date for the questionnaire to be conducted. I then delivered the required questionnaires to the school on the relevant day and collected the questionnaires after they had been completed. The care taken to administer the questionnaire varied from school to school. In most schools the questionnaires were replaced neatly in the box, awaiting my collection.

Each school was provided with a letter to send to the parents informing them about the research and advising parents to contact the head teacher if they did not wish their children to participate. However, the head teacher made the decision whether or not to send letters to the parents.

The questionnaires asked for the names of pupils (on the front sheet which was to be detached from the questionnaire) as it was envisaged that some African-Caribbean young women would be approached to participate in the focus groups for the second phase of the research. However, several Year 10 heads contacted me to say that some pupils were refusing to put their names on the questionnaire and I agreed that pupils did not need to supply their names. I decided to revise the strategy for accessing participants for the second stage of the research project by asking the year heads to invite African-Caribbean young women to participate in the focus groups.

The questionnaires were administered by the classroom teachers using a strict written protocol which informed pupils that they need not take part in the study and that they could withdraw at any stage. The purpose of the survey and the information about confidentiality and anonymity was reiterated. The participation rate varied from school to school. In some it was 100% of the pupils present, while in other schools it appeared to be as low as 40% of the pupils that should have been present. The participation rate depended on the pupils who were actually in the school on the day. With exams completed some young people may have

chosen not to attend school or may have been on work placements. My discussions with the teachers when I collected the questionnaires revealed that no students present withdrew from completing the questionnaire.

The final study population was 701 young people. Although an attempt was made to obtain similar numbers of Bangladeshi, Pakistani, Indian, African-Caribbean and white young people, and equal numbers of young men and young women, because of the issues outlined above the final study population did not contain equal numbers of the five main ethnic groups, but provided adequate numbers to enable a comparative study.

The focus groups

Focus groups were the second research method of choice because I wanted to explore and capture African-Caribbean young women's views, experiences and opinions regarding cigarette smoking (Pratt and Williams, 1992; Kitzinger, 1994). As already indicated I conducted these focus groups between May 2005 and July 2007 (see Table 6). Kitzinger and Barbour (1999) suggest that focus groups are distinguished from other group interviews as they are based on the development of meanings and co-construction of understanding by the interaction between participants in the groups. Thus the group interaction is used to generate data (Kitzinger and Barbour, 1999). Focus group discussions are usually undertaken on a particular issue or topic. The focus group methodology was an effective methodology for exploring cigarette smoking and identity in a group of African-Caribbean young women. Some social researchers (Morgan, 1988) have identified the importance of the role of the facilitator to enable and encourage the participation of all group members and to allow participants to present a range of perspectives on the topic discussed. They also suggest that there should be a note taker present as well as the facilitator who can observe and record the interaction between participants and the responses of focus group members. I had originally planned to have a note taker in the focus groups However, I decided that as I had a great deal of experience facilitating discussion groups in my role as a health promotion practitioner and university lecturer, having a note taker in the group might have changed its dynamics. Furthermore there were not sufficient resources to employ a note taker.

Researcher identity

The interaction of members of the focus groups is influenced by the facilitator. I am an African-Caribbean woman and so to some extent identified with the young black women. However, I was much older than the young women in the focus groups and was a university lecturer. In some respects this may have influenced the way the young women responded to me in the focus groups, seeing me as someone of their mother's or grandmother's generation. The benefits of being of the same ethnicity meant that I had some understanding of the issues they debated in terms of being a black woman in a racialised society. However, there were times when I needed them to elaborate, when they were talking about different kinds of music that I was not familiar with, for example. Each of the focus group participants remarked that they had enjoyed the focus groups and hence it appeared that they had not felt inhibited in the discussions even though the focus groups were conducted at school. The institutional setting can affect the research process, but as the focus groups were conducted in classrooms that were separate from other rooms, it seemed that the young women spoke freely and were not noticeably inhibited by being in the school. This was evident in how they interacted with me.

For example, I was immediately challenged in the first two focus groups when I outlined the objectives of my research with African-Caribbean young women. A number of the young women said that they were Black British and not African-Caribbean. All the young women participated actively in the group discussion. This may be due to my experience as a facilitator and also because I am a black woman. I was impressed by the views of the young black women in the groups, their understanding of their positioning as young black women, the historical and cultural influences on their lives and the effect that these influences had. They were positive, ambitious and clear about their need to do well educationally.

Undertaking the focus groups

As I argued earlier, no research method is feminist, as such, Wilkinson (1999) argues that focus groups have been under-utilised by feminist researchers

conducting social research. Wilkinson suggests that focus group methods address and promote the aims and goals of feminist researchers as they avoid an emphasis on isolated individual responses in surveys and one-to-one interviews by contextualising the research, and also they remove rigid hierarchies between the researchers and the researched. As there are more research participants than the researcher, this redistributes the balance of power and the research participants have the control to direct the focus of the discussion. This has, however, also been identified as a disadvantage of focus groups by some social researchers (Kreuger, 1994). However, this research method enables the voices of the research participants to be heard. Chiu and Knight (1999) argue that focus groups are a useful method for research with minority ethnic groups who are often marginalised in the research process. The focus group discussions allowed a nuanced debate about social, ethnic, 'racial' and gender identity and their relationship to cigarette smoking.

Focus groups are a research method that enables the discussion of cultural values and beliefs (Bowling, 2002). While focus groups allow for the collection of data in a short space of time, one of the limitations of focus groups is that individuals in the group may feel influenced to project a view that correlates with others' in the focus group. However, one of the key advantages of focus group interviews is that participants can challenge each other and allow the discussion to flow in the direction determined by the participants. This happened in my focus groups where individuals felt able to challenge each other and myself. This was particularly true in relation to the discussions about identity and ethnicity where the focus group participants debated whether they identified as 'African, African-Caribbean' or 'Black British'. The following excerpt from one of the focus group discussions demonstrates the interaction between focus group participants and their readiness to say what they thought and challenge each other.

Researcher: Erm ... how do you ... how do you feel in groups, say in school, do you think that Africans and African Caribbeans are treated the same or treated differently?

Participant 1: The same.

Participant 2: I think differently ... it seems there is more room in a sense for African-Caribbeans than there is for Africans, because like Jamaica and Barbados ... people are more interested that you have come from there or your family are there, I think.

Researcher: Why do you think that is?

Participant 3: I haven't a clue. But that is just how I see it and how I feel.
(Focus group 4)

This excerpt shows how differences between African and African-Caribbean young people in schools may be seen by some pupils. Denny et al (2011) concluded that the use of focus groups when conducting research with minority ethnic communities allowed the data to be set in context, as participants not only discussed issues that were of particular significance to them, but also to their wider community.

After the completion of the survey, I wrote to the head teachers of the schools that had participated in the school survey, reminding them of their previous agreement and requesting their participation in the second phase which involved conducting focus groups with African Caribbean young women aged 16. The letter was followed up by a phone call, and those head teachers that agreed to participate suggested that I contact the appropriate year head by phone. This method had been fairly effective when I organised the completion of the survey and I anticipated that this approach would work well for the focus groups. Although I asked the year head to invite African-Caribbean young women to participate, I found that this request was interpreted in different ways. In Chapter 1 I discussed the difficulties with ethnic categorisation and of interpreting ethnic categories such as African-Caribbean. Some of the schools included African and African-Caribbean young women in the focus groups. In one school a young white woman turned up to the focus group and in one school there were African-Caribbean boys as well. This highlights the difficulties of working with gatekeepers, as schools do not always respond to requests for research initiatives with care since this is an additional task for teachers on top of an already full workload. I also asked for six to eight participants for each focus group. Again this varied as it was dependent upon which students turned up on the day and some schools recruited large numbers in order to guarantee that there would be eight participants. In one school there were only three participants in the focus group (see Table 6).

Table 6: Composition of the focus groups.

Focus Group 1: Greenoak School 10 th May 2005	Four African-Caribbean young women (identified as Black British all born in the UK), and one white young woman initially. Two young women had tried smoking once and two used to smoke but did not smoke cigarettes at the time of the focus group.
Focus Group 2: Greenoak School 28 th June 2005	Initially both African-Caribbean young women and boys came. After the boys had left there were three young women who identified as Black British women (all born in the UK) and one African young woman born in Zimbabwe. All four participants reported to have only ever tried smoking once.
Focus Group 3: Sycamore High School 30 th June 2005	Twelve African-Caribbean young women, 11 of whom were born in the Caribbean and were recent migrants to the UK. One had never smoked a cigarette; six had tried smoking once; three used to smoke sometimes but did not smoke at the time of the focus group. Two sometimes smoked but less than one a week.
Focus Group 4: Greenoak School 3 rd April 2006	Three African and African-Caribbean young women, two of whom were African – both born in Africa (Nigeria and Zimbabwe) and at the time of the focus group were recent migrants to the UK; one African-Caribbean (who identified as Black British) who was born in the UK. One had never smoked a cigarette and two had only ever smoked once.
Focus Group 5: Greenoak School 22 nd February 2007	Six African-Caribbean young women (UK and Caribbean born). Four identified as Black/Caribbean/West Indian, one as Black British and one as Mixed Ethnicity. Four had only ever tried smoking once and two reported smoking between one and six cigarettes a week.
Focus Group 6: Sycamore High School 14 th June 2007	Six African-Caribbean young women, five were born in the Caribbean and identified as Black Caribbean/West Indian, one as Black British. Two reported never having smoked, two had only ever tried smoking once and two used to smoke sometimes but did not smoke at the time of the focus group.
Focus Group 7: Sycamore High School 15 th June 2007	Four African-Caribbean young women born in the UK. Two identified as Black British and one as Black Caribbean/West Indian and one as mixed ethnicity. One had never smoked, two young women used to smoke but did not smoke at the time of the focus group and one had only ever tried smoking once.

The participants for the focus groups were recruited from Year 11 and were aged 16 and over. The year heads were sent the information sheet (Appendix 4) which was given to all the focus group participants. Seven focus groups were conducted with groups of young African-Caribbean women to explore the complexity of smoking and identity. These occurred between 2005 and 2007 with 42 African-Caribbean young women from two schools located in the West Midlands. In the

seven focus group discussions, information was collected using a flexible interview schedule (see Appendix 2). The focus group interviews explored attitudes to smoking, perceptions, beliefs, predispositions and experiences. This information was recorded and transcribed to ensure that the richness and texture of the data was not lost.

Composition of the focus groups

All the names of the focus group participants and the names of the schools are pseudonyms. I called the two schools where the focus groups were conducted: Greenoak School and Sycamore High School. Both schools were inner city schools serving socially deprived communities. Greenoak School was a smaller than average comprehensive school with over 600 young men and women aged from 11 to 16. There was no sixth form and it served an area with high social disadvantage; 54% of the students were eligible for free school meals; 20% of the students were of Black British/Caribbean or African heritage.

Sycamore High School was a Foundation School with around 1,000 young men and women aged from 11 to 18, of whom just over 100 were in the sixth form. It also served an area with high levels of socio-economic disadvantage. The percentage of students who were eligible for free school meals was four times the national average (65%). Both students and staff came from a diverse range of cultural backgrounds and the majority of the students were from minority ethnic groups. One fifth of the students were refugees or asylum seekers and around 30 students were Looked After Children²; 40 different languages were spoken at home and three-quarters of the students spoke English as an additional language.

At the start of each focus group the participants were given an information sheet (Appendix 4). I explained issues of anonymity and confidentiality and I reiterated that the participants could leave at any point. All participants were asked to sign a consent form (Appendix 4). As the young women were in Year 11, they were all over 16 and did not require parental consent. The focus groups lasted between 45

² Those looked after by the state according to relevant national legislation, NSPCC (www.nspcc.org.uk, last accessed 13th April 2014).

minutes and one hour. They took place in school and were taped and professionally transcribed. At the end of each focus group the young women were given a short questionnaire (Appendix 5) to complete about ethnicity, age and current smoking behaviour. Out of the total of 42 young black women, two reported smoking less than one cigarette a week and two reported smoking between one and six cigarettes per week, and hence only these two women would be defined as regular smokers. Five reported never having smoked and 23 reported that they had only ever tried smoking once. Eleven young black women reported that they used to be regular smokers but no longer smoked. As in most studies of young people, smoking status was only measured by self-report (and not cotinine validated).

3.7 Ethical issues

My research project was initially developed during my registration in the School of Applied Social Studies at the University of Warwick (2000–2002) and followed the University's ethical procedures as discussed with my then supervisor. In the early stages of the development of my research proposal, PhD students were not required to submit their research proposal to a research ethics committee and it was only following Alder Hey (Royal Liverpool Children's Inquiry, 2001) that many social science departments in universities established research ethics committees. Social science researchers now follow ethical guidelines developed by the British Sociological Association and the Social Research Association (2003). I submitted my research proposal to the Institute for Health Research Ethics Committee at Lancaster University when I transferred my registration to Lancaster University in 2004 for ethical approval. At the same time I had a full CRB check. In addition, as the research survey was conducted in schools with young people aged 14 to 16 years old, the British Educational Research Association Ethical Guidelines were adhered to. These were adopted by the British Educational Research Association in 1992 and were reviewed and revised in 2004. These guidelines state that 'Care should be taken when interviewing children and students up to school leaving age; permission should be obtained from the school and if they so suggest, the parents' (BERA, 1992: 2). Thus the guidelines in 1992 suggested that researchers should be guided by the school and that parents' permission should be obtained if the school advised it. These were the guidelines that I followed when approaching

schools. Of all the schools I approached, none suggested that letters should be sent to parents requesting their consent. The survey was undertaken between 2002 and 2004. A letter was sent to the Chief Education Officer informing the local authority about the research and enlisting their support.

The survey was conducted by the classroom teachers and although before completion of the questionnaire, students were read a guide advising them that they could refuse to take part, as the questionnaire was undertaken in the classroom in a situation similar to exam conditions, it might have been difficult for some children to say that they did not wish to participate. Valentine (1999) raises issues about the access and structures of compliance and research conducted in classroom situations where young people may feel coerced into participating in classroom-based questionnaires. She questions whether all pupils feel that they can opt out to the same extent. Often when questionnaires are conducted in a classroom situation, pupils may feel that it is a piece of schoolwork and therefore may be more reluctant to refuse to participate. Denscombe and Aubrook (1992), researching the extent to which completing research questionnaires in classroom situations is truly voluntary, concluded that young people completing research questionnaires in the school context are a captive audience and that they often do not feel at liberty to say 'no'. Thus school-based research does raise ethical concerns for researchers, gatekeepers and teachers. Alderson (1995) suggests that all children should always be asked to 'opt in' rather than 'opt out' and that children should have some time to think before agreeing whether or not they wish to participate in a research project. All young people were given information about the research two weeks prior to the survey taking place, so the young people had some time to decide whether they wished to participate in the survey. Some young people may have decided that they did not wish to participate. There might be a complex number of reasons for this from not wanting to participate to having other things to do over which I had no control.

Classroom-based research also raises issues about whether all pupils in the class are able to form and express their views in the same way. In most schools the questionnaire may have been seen as another piece of school work, which pupils may have felt compelled to complete. However, in some schools pupils chose not to turn up to complete the questionnaire. This was not something that I had any control over and possibly reflected the commitment of individual teachers to the

importance of the research. I tried to be as ethical as was possible using gatekeepers and given the strong institutional structures.

As the young people involved in the school survey were from a range of ethnic backgrounds, this raised ethical dilemmas. If letters were to be sent to parents, not all parents might be fluent in English. In addition if letters were translated into Punjabi, Urdu and Bengali, research has demonstrated that large percentages of Indian, Pakistani and Bangladeshi communities are not able to read their first language. Thus, in order to get informed consent from parents, other strategies to appraise parents of the research aims would have been needed, for example face-to-face discussions with parents in the respective community languages. This research project did not have the resources to do this. It raises concerns about research where parental consent must be obtained before young people under 16 can participate in projects, since these sorts of requirements could lead to an exclusion of research participants from some black and minority ethnic communities. In my study head teachers were provided with a letter to send to parents. However, most of the head teachers decided not to send letters to the parents.

In 2004, the British Educational Research Association revised the 1992 ethical guidelines for educational research (BERA, 2004). In the revised guidelines one sentence from the 1992 guidelines 'Care should be taken when interviewing children and students up to school leaving age; permission should be obtained from the school and if they so suggest, the parents' was expanded to four paragraphs:

14. Comply with Articles 3 and 12 of the United Nations Convention on the Rights of the Child. Article 3 requires that in all actions concerning children, the best interests of the child must be the primary consideration. Article 12 requires that children who are capable of forming their own views should be granted the right to express their views freely in all matters affecting them, commensurate with their age and maturity. Children should therefore be facilitated to give fully informed consent.

15. The Association considers that the spirit of Article 3 and 12 should also apply in research contexts involving young people and vulnerable adults.

16. In the case of participants whose age, intellectual capability or other vulnerable circumstances may limit the extent to which they can be expected to understand or agree voluntarily to undertake their role, researchers must fully explore alternative ways in which they can be enabled to make authentic responses. In such circumstances, researchers must also seek the collaboration and approval of those who act in guardianship (e.g. parent) or as 'responsible others' (i.e. those who have responsibility for the welfare and well-being of the participants e.g. social workers).

17. Researchers must ensure that they themselves and any collaborators or research assistants and students under their supervision, comply with legal requirements in relation to working with school children or vulnerable young people and adults. (BERA, 2004: 7)

These guidelines, rather than clarifying the situation in relation to conducting ethical research with children and young people, raise certain ambiguities and complexities. On the one hand the guidelines suggest that 'children who are capable of forming their own views should be granted the right to express their view freely in all matters affecting them commensurate with their age and maturity' but that 'researchers must also seek the collaboration and approval of those who act in guardianship (e.g. parent) or as 'responsible others' if there are 'participants whose age, intellectual capability or other vulnerable circumstances may limit the extent to which they can be expected to understand or agree voluntarily to undertake their role'. This, in a sense, leaves it open to researchers to determine whether the participants are capable of forming and expressing their own views. Exploring some of these issues in relation to the ethical complexities of researching children and young people, Valentine (1999) draws a distinction between 'assent', where the parent or guardian agrees to allow a minor to participate in a research project and the child assents, and the 'informed consent' of the child. She argues that the notion that a child can only assent until the age of 18 was challenged by the Victoria Gillick case in the 1980s and that the outcome of this case determined a legal definition of a child's competence to consent known as 'Gillick-competence'. This states that a competent child is one who 'achieves sufficient understanding and intelligence to enable him or her to understand fully what is proposed' and has 'sufficient discretion to enable him or her to make a wise choice in his or her own interests' (quoted in Morrow and

Richards, 1996: 95). Valentine argues that this ruling broke away from the notion that competence was determined by biological age, but rather that competence was dependent upon a child's understanding of relevant information, the ability to make a choice in one's own best interests, and autonomy to make a voluntary choice without coercion and that it appears to make it legally acceptable in the UK for a child to consent to participation in social research. However, Alderson (1995) cautions social researchers and points out that in comparison to medical treatment, it is much harder to claim that social research is in a child's best interest and concludes that social researchers should ask for the written consent from *both* parents and/or guardians.

Thus to conclude this section, in conducting ethical research with children and young people, it is important to keep in mind the context of the research and ensure that young people are able to express themselves and make decisions about their own lives without being unduly bounded by 'gatekeepers' such as parents, guardians and teachers who mediate researchers' access to children. There are clearly concerns about ensuring that children and young people are given sufficient information to enable them to make informed choices and decisions. In this study, young people were provided with information two weeks before the survey and the focus groups were conducted and were reminded just before they commenced the survey or the focus group discussion that they could withdraw at any point.

3.8 Data analysis

Survey

IBM SPSS Statistics 21 was used to analyse the data collected from the survey. A coding frame was developed and descriptive statistics were used to analyse reported cigarette smoking behaviour by ethnic group. Ethnicity was categorised using the 2001 census categories. However, on analysis there were 34 different ethnic categories. As it would not be possible to undertake meaningful comparative analysis using 34 ethnic categories, for the purpose of further analysis the ethnic categories were combined and re-coded to eight main ethnic categories as follows:

1. White – White British, White Irish, White Other
2. Black – Black British, Black Caribbean/West Indian, Black Other
3. Black African
4. British Asian
5. Indian
6. Bangladeshi
7. Pakistani
8. Mixed Ethnicity – White and Black Caribbean, White and Black African, White and Asian, Other Mixed Ethnicity

The numbers of survey respondents in the re-coded ethnic categories are indicated in Table 7.

Table 7: Ethnic categorisation of survey respondents.

Ethnic Category	Frequency	Percent
White	130	18.5
Black	85	12.1
Black African	20	2.9
British Asian	89	12.7
Indian	55	7.8
Bangladeshi	39	5.6
Pakistani	171	24.4
Mixed Ethnicity	44	6.3
Non-response (N/R)	68	9.7
Total	701	100.0

Pakistanis constituted the largest ethnic group in this survey (24.4%); the smallest group were Africans (2.9%), with 9.7% of young people in the study choosing not to answer the question about ethnic identity. The study does not claim to be representative. Nonetheless, I obtained useful data on a range of ethnic groups on a subject where there is little existing research. I aimed to obtain sufficient numbers of young people from the main ethnic groups in the city to enable a comparison to be made, and in my view I achieved this. As my PhD progressed I decided to focus on comparing the data from young white women, African and African-Caribbean women.

The cross-sectional data were analysed using IBM SPSS 21 to produce descriptive statistics and frequency tables. Further analysis was undertaken to

produce cross-tabulation tables to examine the relationship between different variables. There is missing data in some tables as not all respondents answered all the questions and hence the tables presented in Chapters 4, 5 and 6 may not add up to 100%. I have indicated this as non-response (N/R) in each table.

Focus Groups

I undertook seven focus groups. By that time I had data saturation and the same main themes were occurring in each discussion. All the tapes from the focus groups with young African-Caribbean women were transcribed. I re-listened to the tapes and edited the transcripts as the person who transcribed the tapes did not always fully understand Caribbean dialect or Black British urban dialect (Regmi, Naidoo and Pilkington, 2010).

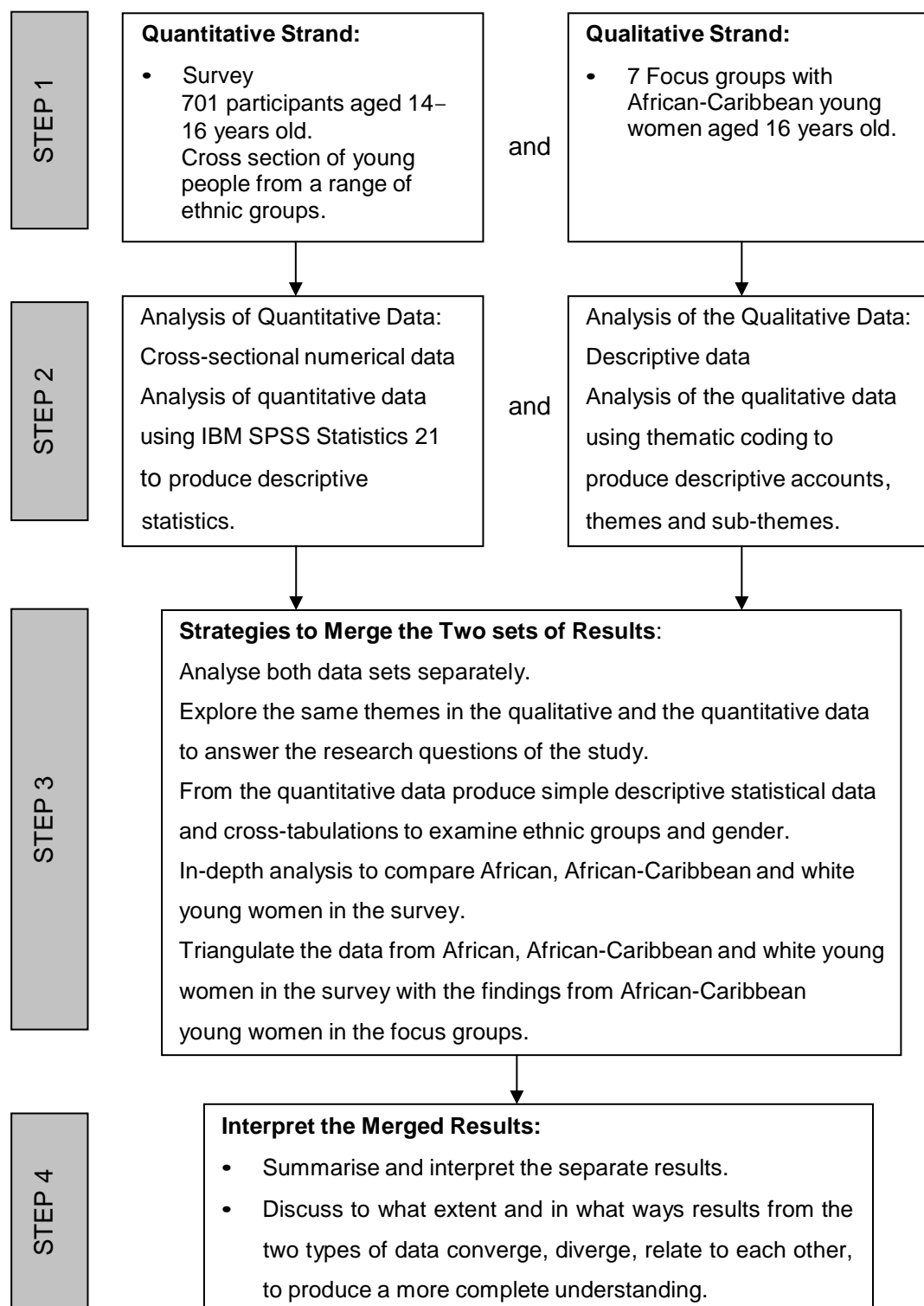
The switching between English and Patois was very evident in the focus group discussions in my study and the young women, both those born in the UK and the Caribbean, had an extensive command of Patois. While this presented difficulties for the English woman transcribing the recordings and required careful listening and re-listening of the recordings for the analysis, it provided a rich and often humorous discussion. The young women's speech specificities extended not only to the language that was used but to the way it was used and in some instances the humour that was present in the focus groups was lost in translation and transcription (Regmi et al, 2010).

The process of re-listening to the tapes was helpful in enabling me to become immersed in the data. The transcripts were analysed using thematic analysis (Braun and Clarke, 2006). During this process of re-listening to the tapes I continued to conduct thematic analysis of the transcripts using constant comparison. The analysis of findings from focus groups can be time-consuming as, if participants are engaged, complex and messy data may be produced (Culley et al, 2007). I initially developed a coding frame (Appendix 3) from the data, with coding categories and then developed sub-categories.

3.9 Data triangulation

My multi-method approach enabled the quantitative methodology and a qualitative methodology to be combined to examine the same phenomenon of cigarette smoking in African-Caribbean young women. I adopted a convergent parallel design according to Creswell and Plano-Clarke (2011). Thus there was consecutive quantitative and qualitative data collection and analysis. This provided a more complete understanding of my research topic. I outlined the stages of my research in Figure 2.

Figure 2: Cigarette smoking in African-Caribbean young women: Flowchart of the basic procedures in implementing a convergent design.



Source: adapted from Creswell and Plano-Clark (2011: 79: Fig 3.3).

The survey was undertaken between 2002 and 2004 and the focus groups were undertaken between 2005 and 2007 as explained in Chapter 1. Hence there was a time gap between the two components. This means that I had two separate populations though they were from the same locations. The data from the focus groups were used to interrogate the findings of the survey and to develop deeper insights and an understanding of the complexity of the reported factors influencing cigarette smoking. The time-gap might introduce limitations to the research study if there were major changes in cigarette smoking among young people. However, the rates of smoking reported from my survey were comparable to the rates reported in the smoking, drinking and drug use survey conducted at the same time (2002/3). The survey and the focus groups together provided rich data to enable an analysis of factors influencing cigarette smoking in African-Caribbean young women. The focus groups provided a cultural and social context for the quantitative data and enabled a deeper understanding of the issues at hand.

3.10 Conclusion

In this chapter I have discussed the ways in which I made decisions about the methods I used, the perspectives that informed the methods, and some of the issues which arose including ethical issues. By using both methods – survey and focus groups in a multi-method research design – the intersection of these two methods provided insights that I would not have gained using one method alone. The survey disentangled some of the variables but by doing simple descriptive statistical analyses and cross-tabulations I brought the variables back together again. Intersectionality provided a theoretical framework for examining and theorising the reported experiences of the black women and offered a way of capturing the complexity of cigarette smoking among black women and the multiple and simultaneous ways in which gender, ethnicity, ‘race’, class, culture and religion interact with and influence cigarette smoking. In the following chapters I am going to present my research findings.

Chapter 4: Cigarette Smoking Among African-Caribbean Young Women: Starting Smoking, Patterns and Influences

4.1 Introduction

In this and the following chapters I consider the findings from the survey and the focus groups. In order to develop an understanding of the motivations for smoking or not smoking in a particular group, rather than focusing on cigarette smoking behaviour as purely a health issue, it is important to situate cigarette smoking in the lives and contexts of the young women being studied (Robinson and Holdsworth, 2013). This chapter presents my findings on African-Caribbean young women taking up smoking and subsequent smoking patterns. Chapter 5 examines the context of African-Caribbean young women's smoking and the findings related to their family and community context, while Chapter 6 focuses on the relationship between smoking and the young women's friends, peers, experiences at school and leisure-time activities. In order to keep the focus on African-Caribbean young women and cigarette smoking, only the survey data on African-Caribbean, African and White young women and the focus group findings are considered here. The aim is to compare and contrast the findings for the three ethnic groups and to explore the effects of gender, 'race', ethnicity and class on cigarette smoking. This is informed by the focus group analysis where African-Caribbean young women differentiated themselves, both individually and as a group, from the perceived white working-class culture inhabited by young white women. This is central to an understanding of cigarette smoking behaviour among African-Caribbean young women.

Forty-one young women in the survey described themselves as black/African-Caribbean, four as African and 59 as white. All the young women in my study lived in disadvantaged circumstances, evidenced by the fact that the schools selected for the survey had more than 30% of pupils receiving free school meals. In response to the question about free school meals, two out of three African young women, 21 of 59 young white women and 16 out of 41 young African-Caribbean women reported having free school meals. This suggests that a significant percentage of the young women in this study are from socio-economically disadvantaged backgrounds. As the literature review has suggested, there is a

correlation between material deprivation, family structure and young women's pre-disposition to smoke (Griesbach et al, 2003), and this needs to be examined here.

4.2 Cigarette smoking status among African, African-Caribbean and white young women

Chapter 2, the literature review on young people's smoking behaviour, indicated that although young people may experiment with cigarette smoking at an early age, it may take some time before cigarette smoking becomes established as young people drift back and forth between non-smoking, occasional smoking and regular smoking. Among 11 to 15 year olds, regular smoking is defined as smoking one or more cigarettes per week (Fuller, 2013). Research has demonstrated that poor socio-economic circumstances, and parental and peer smoking are risk factors for increased rates of cigarette smoking among young people, while protective factors include parental disapproval of cigarette smoking, strict parental guidelines, sanctions against cigarette smoking and family connectedness.

Chapter 3 gave an overview of the survey undertaken where pupils were asked to complete a self-completion questionnaire in school. In order to determine their smoking status, participants were asked which of the following statements described them best: 'I have never smoked a cigarette' (never smoked); 'I have only ever tried smoking once' (tried once); 'I used to smoke sometimes but I never smoke a cigarette now' (used to smoke); 'I sometimes smoke cigarettes but less than once a week' (sometimes smoke); 'I usually smoke between one and six cigarettes a week' (1-6 per week); 'I usually smoke more than six cigarettes a week' (more than 6 per week). The analysis of the answers to these questions established the categories shown in Table 8. Regular smokers are those who reported smoking more than one cigarette per week.

Table 8: Smoking status of African, African-Caribbean and white young women.

Ethnic group	Never smoked	Tried once	Used to smoke	Smoke sometimes (less than one cigarette per week)	Regular smoker (Smoke 1–6 per week)	Regular smoker (Smoke more than 6 per week)	Total
African	1(50%)	1(50%)					2
African-Caribbean	10(30%)	11(33%)	8(24%)	1(3%)	2(6%)	1(3%)	33
White	13(24%)	9(16%)	13(24%)	7(13%)	5(9%)	8(14%)	55
Total	24	21	21	8	7	9	90

Source: survey data.

The average age of the young women in this sample was 15.2 years. Thirteen of the 55 (24%) white young women were regular smokers and reported smoking more than one cigarette per week while only 3 out of 33 (9%) African-Caribbean young women reported smoking regularly. In 2002, 26% of girls aged 15 were regular smokers (Bore and Shoreham, 2002). This figure represents a mainly white population of young people. As already indicated, there is very little information on cigarette smoking among African-Caribbean young women and what empirical research there is, is patchy and contradictory. Boreham and Shaw (2001) reported that 13% of young white girls aged 11 to 15 were regular smokers compared to 6% of young black girls. Therefore the findings of my research are comparable with Boreham and Shaw's study, with African-Caribbean young women aged 15 smoking significantly less than their white counterparts of the same age.

My analysis of the survey showed that 10 out of 33 (30%) African-Caribbean young women, and 13 out of 55 (24%) white young women reported that they had never smoked. Although African-Caribbean young women were more likely to report that they had never smoked, when asked if they had tried smoking once, 11 out of 33 (33%) African-Caribbean young women and only 9 out of 55 (16%) white women reported that they had tried smoking once. Therefore African-Caribbean young women were twice as likely as white young women to have experimented with cigarette smoking. Equal percentages (24%) of both African-Caribbean and white young women reported having been smokers. This suggests that African-Caribbean young women are more likely to experiment with cigarette smoking

than become regular smokers at this age. This supports the findings of other researchers in relation to cigarette smoking and African-Caribbean young women (Best et al, 2001; Ellickson et al, 2004).

Only two African young women replied to the question about cigarette smoking. Of these, one reported that she had never smoked and the other that she had tried smoking once. There were only two African young women and they had more in common with the African-Caribbean than the white young women in relation to cigarette smoking; I have therefore combined the data on cigarette smoking for African and African-Caribbean young women in this chapter.

The survey data demonstrated that African and African-Caribbean young women were more disadvantaged than young white women in my study in terms of free school meals, home ownership and parental occupation. These factors will be discussed more fully in the next chapter. For now I just want to re-iterate that social disadvantage is associated with a higher prevalence of cigarette smoking among young people. However, in this study African and African-Caribbean young women were significantly less likely to become regular smokers. Hence socio-economic disadvantage was not associated with cigarette smoking among these African and African-Caribbean young women. There may be protective factors operating which will be explored in the following chapters. Young people in disadvantaged circumstances are more likely to start smoking at an earlier age. Table 9 shows the age at which the young women reportedly started smoking.

Table 9: Age at which respondent smoked first cigarette (excludes never smoked and tried once).

Age of respondent when she smoked first cigarette	White (n=33)	African-Caribbean and African (n=12)
7	1	0
10	2	0
11	1	2
12	8	2
14	5	1
15	2	0
N/R	14	7
Total	33	12

Source: survey data.

The participants were filtered after being asked the question on smoking status, so only respondents who had ever smoked were asked at what age they started smoking, that is, not the people who had never smoked a cigarette or who had only ever tried smoking once. The average age at which young women in this sample smoked their first cigarette was 12.6 years for young white women and 12.5 years for African-Caribbean young women. Hence there appears to be little difference in the average age at which young white women and young African-Caribbean first tried smoking. There were striking differences reported in the individual age of first smoking cigarettes, with one young white woman reporting having her first cigarette at age seven and two young white women reporting having their first cigarette at age 10, while the earliest age reported by African-Caribbean young women was 11 (Table 10). In the UK, experimentation with smoking cigarettes may start at the age of eight and regular cigarette smoking in young people increases sharply with age.

Although there is little UK research on the age at which young African-Caribbean women start smoking, Best et al (2001) reported that early experimentation with cigarettes was more common among African-Caribbean young people and that they showed the lowest mean age of onset of smoking, although they do not report whether this was true for young women or young men. They further reported that white young people were more likely than black or Asian young people to smoke on a regular basis. Many researchers in the USA have remarked on the later age at which African-American young women start smoking when compared to white American young women (Baugh and Webster, 1982; Headen et al, 1991; Elders et al, 1994; Griesler et al, 1998; Khoury, 1998; King, 1997; Guthrie et al, 2001, 2002). Guthrie et al (2001) reported that the mean age for smoking initiation among African American girls in their study was 12.55 years.

African-Caribbean young women who reported smoking cigarettes reported starting smoking at a later age than their white peers (11 years compared to 7 years). This may be due to the supervision at home or at school or may be a function of the cost of buying cigarettes. In Table 10, I present the data on the young women's acquisition of cigarettes.

Table 10: Respondent buying own cigarettes (excludes never smoked and tried once).

Whether respondent buys own cigarettes	White (n=33)	African-Caribbean and African (n=12)
Yes	20	4
No	11	7
N/R	2	1
Total	33	12

Source: survey data.

Respondents who had ever smoked were asked 'Do/did you buy your own cigarettes?' Table 10 demonstrates that 42 of the 45 respondents who had ever smoked answered the question on whether or not they bought their own cigarettes. Of these, 24 (53%) had bought their own cigarettes. While the numbers are small, it is clear that the white smokers were more likely to report that they bought their cigarettes (20 of 24: 83%) than the African-Caribbean smokers (4 of 24: 17 %). Croghan et al (2003) reported that 67% of regular smokers in their study bought their own cigarettes, but that social sources of cigarettes, friends and peers, were important for school students. If only 4 out of 11 (36 %) African-Caribbean young women were buying their own cigarettes, this suggests that they must have obtained cigarettes from elsewhere, through friends, peers or relatives, for example. It may also mean that it was less easy for African-Caribbean young women to start and maintain regular smoking as they and their families were in a more disadvantaged socio-economic position.

Table 11: Sources of cigarettes (excludes never smoked, tried once and those who buy their own cigarettes).

Where cigarettes come from	White	African-Caribbean and African
Brothers or sisters	0	1
Friends	10	5
Relatives	1	0
N/R	0	1
Total	11	7

Source: survey data.

Table 12 demonstrates that 10 out of 11 (91%) white young women who smoked but did not buy their cigarettes themselves, obtained cigarettes from their friends, while 5 out of 7 (71%) young African-Caribbean women who smoked but did not buy their cigarettes themselves, obtained cigarettes from their friends. For young people who are still at school, obtaining cigarettes and sustaining regular smoking may be problematic. Only one white young woman obtained cigarettes from a relative and one African-Caribbean woman obtained cigarettes from a sibling. This counters the view presented later in this chapter by African-Caribbean women in the focus group that young white women were encouraged to smoke and were more likely to be given cigarettes by members of their family.

The findings from the survey suggest that there was a higher percentage of African and African-Caribbean than white young women who had never smoked (33% compared to 24%). African-Caribbean young women were more likely to experiment with cigarette smoking but less likely to be regular smokers compared to white young women. While the mean age of initiation into cigarette smoking appears to have been similar for African-Caribbean and white young women, this mean age can mask huge differences. In this study young African-Caribbean women reported starting smoking somewhat later than the young white women. Although the survey is based on self-reported data and the accuracy of such surveys has been challenged by some authors, Charlton et al (1985) suggested that young people will report their smoking behaviour accurately as long as confidentiality is guaranteed. Furthermore, self-reported smoking behaviour has been found to be more accurately reported in school-based surveys than in questionnaires completed in the home. Therefore the difference between regular smoking in young white women and young African and African-Caribbean women seems reliable. However, although this survey was undertaken in school, it is

possible that young African-Caribbean women may have been more likely to have been absent from school as there is a higher rate of school exclusions and school absence among African-Caribbean young women. This could not quite account for the striking differences between young white and African-Caribbean women in relation to smoking status. Similar rates of smoking were found in the African-Caribbean participants of the focus groups where fewer than 5% of the young women reported being regular smokers.

4.3 The cigarette smoking behaviour of the focus group participants

I am now going to turn to the data on young women and cigarette smoking from the focus groups. Seven focus groups were conducted between 2005 and 2007 with a total of 43 African, African-Caribbean and mixed-heritage young women aged 16. The young women who participated in the focus groups were drawn from two of the same schools in the West Midlands where the survey was undertaken. In this area African-Caribbean communities have a well-established historical presence. The schools in the study were inner city schools in areas of high socio- economic deprivation. Within the schools, the percentage of children who had free school meals at the time of the focus groups was 54% and 65 % respectively in each school.

The participants in the focus group were both smokers and non-smokers. At the end of each focus group, the participants were given a short questionnaire about their racial/ethnic identity and their cigarette smoking behaviour.

Table 12: Cigarette smoking behaviour among 43 young women in 7 focus groups.

Smoking status
5 had never smoked a cigarette
23 had only ever tried smoking once
11 used to smoke
2 smoked less than once a week
2 smoked between 1 and 6 cigarettes per week (< 5%)
0 smoked more than 6 cigarettes per week

Source: focus groups.

The focus group data in Table 12 suggest that less than 5% of the young women reported being regular smokers (using the definition of regular smoking among young people of one or more cigarettes per week). In the 2005 analysis of the 'Young people, smoking, drinking and drug use in England' survey (Fuller, 2006), pupils from minority ethnic groups from 2003, 2004 and 2005 were combined and in this survey 6% of black girls were reported to be regular smokers as compared to 3% of black boys and 11% of white girls. Thus the percentage of regular smokers in these focus groups is similar to that of black girls found in the national survey conducted at the same time (Fuller, 2006) and demonstrates that cigarette smoking among these black girls was reported as much lower than by white girls of the same age. Thus the question to be explored in this and the following chapters is what stops young black women from taking up cigarette smoking to the same extent as their white peers?

From the focus group data less than 5% of young African-Caribbean women reported smoking regularly, while the survey data suggest that 9% of African-Caribbean young women reported smoking regularly. Although both the survey and the focus groups revealed that a lower percentage of African-Caribbean young women smoked compared to white ones, the percentage of young women in the survey who reported smoking was almost twice that of young women in the focus groups. This may be because, as the narratives below reveal, most of the young women in the focus groups had negative perceptions about cigarette smoking. Hence young women in the focus groups may have felt less inclined to admit to being regular smokers. The young women in the focus groups were also a year older than the young women in the survey and the focus groups were conducted a year later. Therefore the reduced prevalence of regular smoking amongst women in the focus groups may have been due to the changing policy context. This is discussed in chapter 7.3. In England a ban on smoking in public places was introduced in July 2007. Although the focus groups were conducted before the introduction of the ban in public places, there was a raised level of discussion in the media and possibly in school.

Although the majority of young people are non-smokers, research studies have focused on the risk factors for smoking rather than on the protective factors for not smoking or on smoking refusal. In a small qualitative study conducted in Canada, Dunn and Johnson (2001) explored the experiences of non-smoking girls to determine how the girls avoided cigarette smoking. They concluded that becoming

a non-smoker required confidence and took place in a social and family context in which friends and family played a vital role in their non-smoking behaviour. These findings were evident in the discussions of the young black women in this study, and in addition to this, I will argue that Caribbean identity and the influence of Caribbean parenting played an important role in protecting young black women from smoking. I will explore the perceptions the young women had of smoking before looking at the influence of family and friends in the following chapters.

4.4 Young women's perceptions of cigarette smoking

The key themes regarding cigarette smoking identified by the young women in the focus groups were around negative perceptions of smoking. All the participants seemed to be very aware of the risks of smoking and favoured smoking bans in public places (note: this research was conducted before cigarette smoking in enclosed public places was banned in July 2007 in England). The young women viewed cigarette smoking as something they were coerced or pressured into doing rather than an activity they chose to do for themselves or a behaviour from which they derived enjoyment. This view of cigarette smoking may have reflected the views of their parents or other family members. Contrary to research reported with young white women, these young women did not present cigarette smoking as an act of rebellion. As their discussions revealed, in many instances they believed that they would be punished by their parents for cigarette smoking and believed that their parents were correct in doing so.

Researcher: You were talking about smoking. What do you think about smoking?

Alicia: It is nothing big really, I think most people who do it for peer pressure, or ... other people are stressed, or something to do ... to fit in.

Researcher: OK. So why do you think people smoke to fit in?

Alicia: Because they think it looks nice.

Researcher: Why does it look nice?

Jade: I don't think it looks nice, I think it is nasty [laughs]. I think friends try to influence you to try it [laughs].

Simone: I just don't get involved? So I just leave.

Researcher: I have forgotten your name? Keisha, what do you think?

Keisha: Erm ... Smoking is horrible.

Researcher: You think it is horrible? It is ok to say exactly what you feel, you know, if you think it is good.

Keisha: No!

Simone: I think it is horrible.

Alicia: I think it is disgusting.

Jade: Horrible taste.

Keisha: Yes, it is a horrible taste.

Simone: You see little ten-year-olds smoking, and I don't think that is right.

Alicia: I would ban public smoking personally. The smell is disgusting, I don't like it. (Focus group 1)

Researcher: So let's come round to thinking about smoking now. What do you think about smoking?

Siobhan: It kills.

Rebecca: Some people do it just to look good and that.

Alicia: Yes.

Researcher: Why does it make people feel good?

Rebecca: Make them feel big, I think.

Siobhan: Yes, if they are not meant to be doing it, and they are doing it.

Researcher: Do you think it is to do with being cool?

Siobhan: Yes.

Researcher: So how many of you have tried smoking?

Alicia: No.

Siobhan: I haven't.

Alicia: No

Researcher: You can be honest.

Rebecca: Actually, I have [laughs] I nearly killed myself [laughs] I wouldn't try it again, I nearly killed myself. (Focus group 2)

Only one person mentioned the risks of smoking to health ('smoking kills'); most of the views about smoking related to smell or taste. The perceptions of cigarette smoking by the young women in this study were similar to those reported in other studies (Lennon et al, 2005). The discussions about perceptions of smoking centred on smoking 'tasting terrible', 'smelling terrible', being 'horrible' and 'disgusting' and that young women may take up smoking to fit in with their friends, to be cool or because they saw smoking as a means to reduce stress.

4.5 Age at which smoking starts

Studies in the UK among white young people have consistently reported that smoking starts at the relatively young age of 10 or 11 (Fuller, 2006), often when young people enter secondary school, although experimentation may start as early as eight (Fidler, 2008). American research suggests that young African-Americans take up smoking at a much later stage in their lives (Moon-Howard, 2003). One of the themes that emerged in my research was that the active engagement of young black people with smoking as observed by age of uptake was closer to the African-American pattern than to the general white UK pattern.

Take up of smoking appears to be 'raced'. That is young black women appear to become regular smokers at an older age. How can we account for and understand this disparity? Research on smoking and young people in Britain, to a large extent, has not been 'raced' – the underlying premise being that the findings of studies on predominantly white populations can be generalised to young people of colour. My findings in this regard expose the problematic nature of this assumption and at the same time highlight the need for more research documenting the experiences and behaviour of young black people and cigarette smoking. The following excerpts from the focus group discussions illustrate when young African and African-Caribbean women in the focus groups started smoking.

Researcher: You said you tried it in year 8, was it?

Simone: Yes.

Researcher: Was that the same for you, Year 8? Why Year 8, Why not Year 7?

Alicia: Well, with me it was like ... I was in Year 8 and then this girl came in like. I used to hang around with her because I was just fitting in, and it was just me and her together, and she started like way before I did and then I used to go to hers, and she was smoking and was like, 'try it, try it' so I did.
(Focus group 1)

Young black women thought that young white people start smoking at a much earlier age, at around 9 or 10 years old, whereas African-Caribbean women start smoking at secondary school, around 14 or 15 years old. If this is the case, what is it in black communities that protects young black people from starting smoking

earlier? Why do young black women become regular smokers at a later age? How can this be explained and theorised? One of the explanations could possibly be that they are influenced by their parents and it is this which delays the initiation of cigarette smoking. This raises issues that are not dissimilar to issues about education. At transfer from primary to secondary school educational achievement across ethnic groups is similar, but in secondary schools achievement among black young people starts to fall behind (Demie, 2003). As well as the view that black women start smoking later, my interviewees also thought that black friends encouraged them to give up smoking. The influence of family, community and friends is explored in Chapters 5 and 6.

Researcher: So, when you say young, what age do you think black women start smoking?

Jade: 14.

Researcher: About 14?

Researcher: Do you think young black women try smoking?

Keisha: Yes.

Researcher: When? What age do you think?

Keisha: When they go to senior school.

Alicia: Yes, senior school. (Focus group 1)

Again the findings from the focus group support the findings of the survey, where the age of starting smoking was later for African and African-Caribbean women than for white women. However, it was at 11 (as opposed to seven for young white women) when the majority of African-Caribbean women reported commencing smoking, and not 14 years old as the focus group participants surmised. Overall, what was evident was that smoking among African and African-Caribbean young women was delayed until they started secondary school.

4.6 Reasons for smoking

Researcher: A lot of research shows that a lot of young women are smoking more than young men. Why do you think women smoke? You know, what are the reasons for young women smoking?

Alicia: It is just the fashion.

Simone: Boys have more hobbies than girls I think, and that is why. For girls they smoke, because what else can they do at lunchtime, and break time that is fun? Nothing! So you are going to smoke.

Jade: Because there is nothing to do.

Researcher: Do you think a lot of African-Caribbean or young Black British women smoke?

Alicia: The white people you see. A lot of black women smoke, but I think there is more white women smoking, yes.

Researcher: Why do you think more white women smoke?

Alicia: Because I have seen them. I have seen white people smoking.

Researcher: Right. So how do you think African-Caribbean or Black British young women are seen in terms of smoking? Do you think it is seen as being cool?

Keisha: Most black boys don't like girls that smoke. I don't know. It is like a turn off.

Researcher: Even if they smoke themselves?

Jade: Yes.

Alicia: Personally, I don't think I know any black women that smoke, apart from Simone.

Simone: Not me.

Jade: A black boy that I know does smoke and he saw me doing it and wasn't interested.

Alicia: Most boys don't smoke all the time, just sometimes.

Researcher: Do you think there are pressures, any pressures on young black women to smoke?

Simone: Not really.

Jade: Not on black women, no.

Researcher: Do you think there are pressures that stop black women from smoking? ... Because you have all said that you don't like smoking. Do you think there is a lot of pressure that stops black women from smoking if they wanted to?

Simone: It is hard.

Researcher: You started smoking?

Simone: No?

Researcher: Why do they?

Researcher: Why don't they?

Keisha: Oh. I don't know. Money, yes.

Researcher: Right. And you were saying that for the young women who do carry on smoking, what are the reasons?

Alicia: Stress.

Researcher: You were saying they become addicted as well?

Jade: Yes. (Focus group 1)

The reasons given for smoking were varied and on the whole were similar to the reasons given by all young people for taking up smoking: boys (to attract them – although it was also said that black boys did not like black girls who smoked); pressures of relationships with boys; educational pressures to do well; and the demands of coursework.

Some young women reported other factors which influenced their decision to smoke such as family deaths. Some peers were also perceived to be influential in coercing young women to smoke. Young African-Caribbean women thought that young white women started smoking in order to look 'hard'. Some of the young African-Caribbean women also reported that one of the reasons that African-Caribbean women smoke is because there are few activities for black women to do outside of school. The young women who did smoke reported a variety of reasons for this including pressure from parents, pressure from peers, relationships with boys and having few activities. None of these reasons were particularly related to being black women and matched the reasons reported by young white women in studies.

4.7 Where do young black women smoke?

There was a strong view that young African-Caribbean women were often supervised so there were very few spaces where they could smoke and if they did smoke they did so behind their parents' back.

Researcher: So ... black women who do smoke, where do they smoke?

You said that they tend to do it behind, you know the parents' back, so kind of where?

Natalie: Outside. Out in the street, in town.

Aisha: I think nightclubs.

Researcher: And where do you smoke?

Salma: In my house?

Researcher: So your parents don't mind you smoking?

Salma: No ... I wouldn't say my mum don't mind, she does want me to stop. And I do want to stop smoking.

Researcher: Right, OK. (Focus group 5)

At least one African-Caribbean young women smoked, and smoked in her home in front of her parents as the discussion above illustrates. This reveals that not all Caribbean parents disapproved of cigarette smoking. In the later discussions, young women revealed that smoking in the street in the neighbourhood in which they lived also presented them with problems. While the focus group discussions presented an overall view that smoking was frowned upon in Caribbean culture, the young women were also critically aware of some aspects of Caribbean culture where smoking was promoted.

Researcher: Do you think it [smoking] is promoted in black films?

All: Yes [unanimous]

Jade: A lot.

Researcher: Which films?

Alicia: 'Hell High'.

Researcher: I have not seen 'Hell High'.

Alicia: The whole film is kind of based on smoking. It is really funny, but...

Researcher: What is the film about?

Researcher: What sort of film is it? Is it a Jamaican film?

Alicia: American.

Researcher: American film? Oh, I have never seen it. So do you think music promotes smoking? You know like black rap music?

Simone: Garage and Bashment music promotes it. But no.

Researcher: Bashment music? You have to educate me.

Simone: Jamaican music, like there is reggae music and there is Bashment which is more up-to-date reggae [over talking].

Researcher: And so this Bashment music promotes smoking?

Simone: Yes. Cannabis smoking.

Alicia: Not even white people music, like pop music say that. Or rap music.
(Focus group 1)

Music is an important component of the lives of young people and for African-Caribbean young people it is a way of re-enforcing their cultural identity. However, from some of the discussions above it is evident that cannabis smoking rather than cigarette smoking was promoted through certain genres of music, particularly 'Bashment' (dancehall reggae music).

In some of the focus groups the young African-Caribbean women compared themselves to their young white peers and reported that they felt young white women smoked in order to be seen as 'hard' and 'edgy', whereas they felt that young black women did not need to smoke cigarettes as they were already seen as 'hard' and 'edgy' in school because of the way they dressed, the way they spoke, the music they listened to and the fact that they were black.

Tanika: White girls start smoking in town, wearing big hoop earrings, dressing like they are black girls, they are trying to do it to show that they can't do nothing because they are bad and this and that, and they can smoke like everyone else and they can do this. And they use the cigarette as a bigger thing to make people say 'oh they can smoke and they can do this and that' and that is what they do.

Verona: They think smoking... gets them more attention, that is what some of them crave and they do it... they think 'yes she is great, she is smoking', they are going to look down at you...

Tanika: They are trying to prove themselves big and hard. (Focus group 7)

On the contrary, black young women did not want to be associated with cigarette smoking and saw it as a white working-class habit.

Researcher: Why don't African-Caribbean young women smoke cigarettes?

Natalie: Because they don't want to be seen as white working-class, so why should they be seen as white working-class? (Focus group 5)

In relation to social class, young African-Caribbean women were aware of their disadvantaged social position, but at the same time did not want to identify with being white working-class. They talked of 'working-class' being associated with being white. Their views about white working-class people may have been informed by their parents' beliefs and views. White working-class people were not seen as 'respectable'. White working-class people were perceived as uninterested in furthering the educational progress of their children. Cigarette smoking was

seen as a habit of white-working class people – in current discourse ‘chavs’ – and young black women did not want to be regarded as ‘chavs’.

Related to that, young African-Caribbean women had a range of experiences in their interaction with the parents of their white friends. They perceived white parents’ attitudes towards their children as permissive. They reported that they were allowed to smoke in the homes of their white friends. There was a view that white parents encouraged their children to smoke, that they smoked in front of their children, they smoked when they were pregnant and that they gave their children money to buy cigarettes.

Natalie: The white girls – their parents give them cigarettes, because the parents are the same as the child. They sit around the children and smoke alongside of them. If our parents are smoking they go outside, they won’t do it in front of their [black] children. (Focus group 5).

Vevine: Yes, they [white young people] smoke all over their house... because their mum smokes anyway, it wouldn’t make a difference if they smoked, because you can smell it [smoke] anyway in the house. And white parents say, ‘will you go and buy me a packet of fags?’ Or they say to their kids, ‘oh if you want anything just ask me’ and they go, ‘mum, can I have a packet of fags?’ and they give it to them and they feel so happy that their children have asked them for something (Focus group 5).

Sasha: I come from both.

Researcher: Ok, so is it your mum who is white?

Sasha: Yes. She is like black anyway. Yes. She is always around black people, she will pick up their ways and talk like them. It is confusing. Let’s just say she’s black.

Researcher: So is she strict as well, or is she more like other white parents?

Sasha: No, she is strict. She wants the best for me... she don’t want me to turn out like she did, like you know...

Researcher: And how do you think she thinks she turned out?

Sasha: Because she never like finished school or nothing. So... she don’t like that for me, she wants me to go to university and have a good job. So she gives discipline.

Researcher: And don't you think most white parents are like that?

Sasha: No. They are looser. (Focus group 7)

The narrative of Sasha above demonstrates that the narratives about white mothers could not be extended to all white mothers and that there were white mothers who were also very strict. However, Sasha suggests that her mother's views were influenced by the mother's black friends. Furthermore, this dialogue highlights how ethnicity is socially constructed and that although Sasha's mother is white, that to all intents and purposes Sasha believes that she behaves as a black woman. The African-Caribbean population in the UK is currently around 1% (565,876 people) of the total UK population (ONS, 2011); however, if people who classify themselves as mixed race are included the number is much greater as one third of the mixed race group (677,000) have an African-Caribbean parent and a white parent. There has been some debate among researchers about whether the category 'African-Caribbean' will disappear as in the last census 48% of African-Caribbean males and 34% of African-Caribbean females had a partner of a different ethnic group (Platt, 2009).

There is a growing literature on research with 'mixed-race/ethnicity' young people (Caballero et al, 2008) which points to the complexity of mixed-race/ethnicity identities and parenting. Twine (2001) argues that white transracial mothers constitute transgressive mothers as they challenge notions of racial difference which is demonstrated in the quote above from Sasha. By this I mean, that although their skin colour is white, they may adopt aspects of behaviour that are more associated with black mothers – for example speech – and that also as white mothers of 'black' children they actively challenge racial stereotypes and must equip their ('black') children with strategies to challenge racism that they will inevitably experience.

Researcher: Ok. So, white working-class kids and their parents. Why don't working-class parents want their kids to do well?

Yvonne: Of course they do.

Tanika: They don't enforce it as much.

Verona: They don't push, like our parents.

Researcher: Why?

Tanika: I don't know; it is just like they take things more easily than we could, like in school.

Researcher: Do you think a lot of white working-class kids from here want to go to university?

Yvonne: Most of them don't have the opportunity to go to university.

Tanika: You know what? Most of them are going to work, even if they did try, some of them could get somewhere, but... some of them don't even bother, and I see them as lazy because they don't have to work.

Verona: We still have our parents, but we have to work, we don't want to sit, we want everything. I just see a small group, most of the white people? [over talking]

Jasmine: They say black people don't concentrate and don't work, and mess about, it is more the white people, because most of the black people I know, we work and do what we have to do, we have fun, mess about a little bit, but not like them.

Researcher: So smart white kids at your school, do the smart white kids smoke?

Yvonne: No. They probably wouldn't even think about it. (Focus group 7)

Although there was some recognition that some white working-class parents also wanted their children to do well, there was still a view that young white people had a much easier life. As I shall discuss further in Chapter 5, many of the black parents had middle-class aspirations for their children although their own material position was working-class. Their socio-economic position, however, did not necessarily reflect the complexity of their family circumstances where often African-Caribbean mothers were working in professions such as teaching, social work and nursing while African-Caribbean men were more likely to be working in skilled or semi-skilled jobs.

A variety of reasons were suggested why young black women do not smoke. The following excerpt shows some of these.

Researcher: What stops you from smoking?

Natalie: Our pride, our background. Because of my black background. How can I do that if I wouldn't do it in Jamaica?

Leticia: If they see a black person smoking from the Caribbean, we are bringing down our country and our culture. (Focus group 3)

This was truer of young women who were born in the Caribbean and is a classic minority response, where an individual from a minority group feels that they are representing the whole community. There was a sense that these young women were representing Caribbean people as a whole and that the whole community would judge them, and be judged by the young women's behaviour. The young women believed that there were already many negative stereotypes of young black women and that by smoking they reinforced negative stereotypes.

The other main reason for not smoking cigarettes was parental pressure. Black parents were perceived to encourage further education and educational achievement. Whilst this was sometimes presented as a reason for smoking, African-Caribbean young women had high educational aspirations themselves and wanted futures where they had some control over their lives and where they had independence and autonomy. The sorts of careers they talked about ranged from wanting their own businesses, to being professionals such as teachers, midwives and social workers. As the discussions unfolded their narratives moved to issues such as the position of black women in British society and how this is bounded by racism. The young women also had a notion that black people were stronger than white people because they had to handle everyday life and everyday racism (Essed, 1991). It was striking that these young black women felt that black parents wanted their children to do better than they had done and the black women also wanted to do well educationally. Young black women discussed their experiences of racism and understood the racism that their parents had experienced. They recognised that this was one of the reasons why their parents were very strict with them.

Jessica: And another thing is most white people, when you ask them, 'don't your mum and dad say anything... nothing [about smoking]?'

Ayo: Yes, no discipline.

Researcher: So you think discipline is a lot stronger in black families?

All: Yes [unanimous]. (Focus group 3)

Alicia: A lot of white girls. [background noise]

Siobhan: Yes. They don't care about their lives really. They just don't care at all.

Researcher: Why do you feel they don't care?

Rebecca: Because their parents haven't brought them up in the right way. That is how I feel really, that their parents don't guide them in the right way.

Researcher: What do you think?

Alicia: Yes, it is down to discipline again.

Researcher: Well, how does that tie in with... because you said one of the reasons why erm, why some black women smoke is because they have babies you know, and they are having babies around the age of 16. So what happened to the discipline there?

Siobhan: Yes but, I have seen them go out and doing it behind their parents' back.

Rebecca: I don't think too much discipline is good either, because... I don't know. I have noticed that most young black people that go to church, they are the ones that end up the worst. That is what I have noticed.

Alicia: When people are forced to do things that they don't want to do, they do the opposite. So to a certain extent it is all like you are being forced to... and you want to rebel.

Researcher: So when you say that they end up the worst, what do you mean?

Alicia: I mean like, I don't go to church that often, I am not pregnant. But when you go in the church you see the young ones, they are the ones that are pregnant. At my church there are loads of young women who are pregnant and most of them smoke and swear. And they are worse than people like me who don't go to church. It is because they are forced to go to church, and when you are forced to do something, you want to do the opposite really.

Rebecca: It's true. (Focus group 2)

The discussion in this excerpt highlights some of the different perceptions about parental discipline and the negative impact that too much discipline might have on the behaviour of young black women demonstrating that not all black women thought that discipline was important or necessary. The discussion also highlights contradictory views about religion and the recognition that just because some young women attend church regularly, this does not stop them from smoking (or becoming pregnant). It may also be that church provides a social function for many young black people and is not seen purely as a space for religious adherence.

Table 14 illustrates data the perceptions that the young women had about their parents' views about smoking.

Table 13: Parental views of smoking as a bad habit.

Whether parents said smoking is a bad habit	White (n=55)	African-Caribbean and African (n=35)
Yes	48	24
No	4	10
N/R	3	1
Total	55	35

Source: survey data.

All the young people who completed the survey were asked whether their parents had told them that smoking was a bad habit or that they did not want them to smoke, 48 out of 55 (87%) young white women and 24 out of 35 (68%) young African-Caribbean women reported that their parents had said that smoking was a bad habit and that they did not want them to smoke (see Table 13). Based on the discussions in the focus groups, it might have been expected that the parents of African-Caribbean young women would have been more likely to say that smoking was a bad habit, yet in this sample the parents of the young white women were more likely to say that smoking was a bad habit. However, although the parents of African-Caribbean young women may not have told their children that smoking was a bad habit, they may have voiced their disapproval of smoking or may have had strict guidelines and sanctions about smoking as indicated by the focus group discussions. It may also be that although it was never discussed, young black women were left in no doubt that smoking was disapproved of by their parents. Young women illustrated this by reporting that their parents would be angry if they found them or their siblings smoking. This is shown in Table 14.

Table 14: Parental anger if they found respondent or respondents' siblings smoking.

Whether parents or siblings would be angry if respondent or siblings were found smoking	White (n=55)	African-Caribbean and African (n=35)
Yes	37	28
No	4	1
Not Sure	10	6
N/R	4	0
Total	55	35

Source: survey data.

All respondents were asked whether or not their parents would be angry if they found them (or a brother or sister) smoking. Of the 86 out of 90 young women who responded to this question, 28 out of 35 (80%) young African and African-Caribbean women thought that their parents would be angry if the respondent or their siblings were found smoking, while only 37 out of 51 (73%) young white women thought this. This finding suggests that although both white and black parents disapproved of cigarette smoking, slightly more African and African-Caribbean young women reported that their parents would be angry. From the focus group discussions, African-Caribbean young women felt that they were more likely to be punished if they were caught smoking.

Of the young women who smoked, 4 out of 32 (12.5%) white young women reported smoking at home with their parents' permission but no African-Caribbean young woman did so (see Table 15). This suggests that African-Caribbean parents are more likely not to allow cigarette smoking at home.

Table 15: Respondents smoking at home with parents' permission (excludes never smoked and smoked once).

Whether respondent smokes at home with parents' permission	White (n=33)	African-Caribbean and African (n=12)
Yes	4	0
No	28	11
N/R	1	1
Total	33	12

Source: survey data.

However, 4 out of 11 (36%) African-Caribbean young women who smoked reported smoking at home without their parents' permission compared to 6 out of 32 (19%) young white women who reported smoking at home without their parents' permission. Hence twice as many African-Caribbean young women reported smoking at home without their parents' permission. This reinforces the notion that African-Caribbean parents did not sanction cigarette smoking in the home (see Table 16).

Table 16: Respondents smoking at home without parents' permission (excludes never smoked, smoked once).

Whether respondent smokes at home without parents' permission	White (n=33)	African-Caribbean and African (n=12)
Yes	6	4
No	26	7
N/R	1	1
Total	33	12

Source: survey data.

Ten out of 43 young women who responded to this question replied that they had smoked at home without their parents' permission. Of these young women, six were white and four were black. Hence a similar number of black and white young women smoked at home without their parents' permission. However, 33 out of 43 young women who smoked did not smoke without their parents' permission. Of these young women, 26 were white and seven were black. Hence more than half of the black women and the majority of the white women who reported smoking, reported that they did not smoke at home without their parents' permission. Therefore cigarette smoking appeared to be as frowned upon in the homes of the white as the black young women. This again contradicted the view that young black women had reported in the focus groups about young white women being allowed to smoke at home.

Table 17: How respondents' family would react if smoking was known (excludes never smoked, tried once).

How respondents' family would react if they knew respondents smoked	White (n=33)	African-Caribbean and African (n=12)
They would stop me	9	2
They would try to persuade me not to smoke	7	2
I don't know	0	1
N/R	17	7
Total	33	12

Source: survey data.

Of the young women who smoked, 16 white young women and four African-Caribbean young women reported that their families would stop them from

smoking if they knew they smoked (Table 18). However 16 out of 33, that is around 50% of young white women who smoked, and four out of 12, that is around 30% of African-Caribbean young women who smoked, reported that their parents did not know that they smoked (Table 19). Fifty-four percent of white young women and 59% of African-Caribbean young women who responded said that their families would stop them if they started smoking (Table 20). African-Caribbean young women were slightly more likely than white women to report that their parents were strict, fairly strict and very strict (Table 21).

Table 18: How respondents' family feels about them smoking (excludes never smoked and smoked once).

How respondents' family feels about them smoking	White (n=33)	African-Caribbean and African (n=12)
They stop me	2	0
They try to persuade me to stop	5	3
They do nothing	2	1
They encourage me not to smoke	5	1
They don't know I smoke	14	4
I don't know	0	1
N/R	5	1
Total	33	12

Source: survey data.

In relation to current smokers and ex-smokers, 14 out of 33 (42%) white and 4 out of 12 (33%) African-Caribbean young women stated that their families did not know that they smoked. Hence slightly more young white women than black women reported that their parents did not know that they smoked.

Table 19: What family would do if respondent started smoking (excludes ever smoked).

What family would do if respondent started smoking	White (n=22)	African-Caribbean and African (n=23)
They would stop me	12	15
They would try to persuade me not to smoke	8	6
They would do nothing	1	1
I don't know	1	1
Total	22	23

Source: survey data.

Seventeen out of 45 people who responded said that their families would try to stop them from smoking. Of these 12 were white and 15 were African-Caribbean. Hence slightly more African-Caribbean young women reported that their parents would stop them, while slightly more white women reported that their parents would try to persuade them not to smoke. Overall, most young women who did not smoke thought that their families would either stop them or try to persuade them not to smoke. What is striking is that there is little difference between the responses of the young white women and the young black women here. This counters the views expressed by young black women in the focus groups who thought that the families of young white women encouraged their children to smoke.

Table 20: Reported parental strictness.

Strictness of respondents' parents	White (n=55)	African-Caribbean and African (n=35)
Not at all strict, not very strict	30	17
Strict, fairly strict and very strict	21	18
N/R	4	0
Total	55	35

Source: survey data.

Of the 86 out of 90 young women who answered this question, similar percentages of black and white young women reported that their parents were strict, fairly strict or very strict, but approximately half the black young women

compared to white young women reported that their parents were not at all strict or not very strict. Hence white young women were twice as likely as black young women to report that their parents were not very strict.

In some respects the views that young white women and young black women had in relation to their parents' perceptions of smoking were remarkably similar, with there being slightly more reported disapproval of cigarette smoking by black parents than white parents. However, young black women were less likely to be regular smokers at this age. I shall offer some explanations for this in Chapter 5.

4.8 Conclusions

This chapter points to a fairly consistent anti-smoking position coming from all of the young women and their families. Comparative research on smoking makes the assumption that there is a homogenous 'African-Caribbean' community – especially in terms of the younger generation. As a result of my experience in researching smoking behaviour as it relates to my sample of young black women, I have been forced to rethink and re-conceptualise my understanding of the identities of young black women and how these relate to smoking behaviour. Some authors (Klonoff and Landrine, 1999) have advanced the notion of 'acculturation' in explaining the smoking behaviour of African-American communities. This theoretical paradigm which appears to be dominant seeks to account for the smoking behaviour of minority ethnic individuals as an outcome of the process of acculturation. The assumption is that the longer a minority group resides in the host society, the more likely they are to adopt the behaviours of the majority ethnic group.

An alternative conceptualisation could contend that minority experience cannot be understood as reflecting the rejection of their community's values, cultures and traditions in exchange for those of the dominant society. Whilst at some levels African-Caribbean people migrating to the UK in the 1950s and 1960s adopted certain facets of British culture, they have also preserved and sustained the values and traditions and forms of life, which are rooted in the Caribbean. In taking this standpoint, I do not wish to suggest that ancestral cultures and traditions have been transmitted and preserved in an unmodified manner. Instead, it is meant to highlight the way in which the cultural experience of young black women has to be

understood in terms of the synthesis of 'Caribbean' and 'British' elements. It would be simplistic to understand this merely in terms of notions of acculturation.

In a study exploring the effects of acculturation on obesity rates in ethnic minorities in England (Smith et al, 2012), the authors report that 'all ethnic minority groups approximated towards the risk of obesity in the White majority population over generation, with the exception to the Black Caribbean group' (2011: 513). However, the researchers did not suggest any reasons why this might be the case or might not be the case. This research highlights complexity in terms of examining acculturation; it is not, after all, straightforward. Furthermore, research by Becares et al (2011) points to an ethnic density effect on alcohol use among ethnic minority people in the UK. They argue that racism is less prevalent in areas of increased ethnic density and that this reduces the need for escapist drinking to counter the effects of racism. This effect may also be operating in relation to cigarette smoking among adult African-Caribbeans, but needs further exploration.

A further area for exploration relates to the reproduction and transformation of female African-Caribbean identities in the UK and what this reveals about attitudes to cigarette smoking and smoking behaviour. One of the central concerns of the fieldwork has been to capture and interrogate the narratives of UK-born and more recently arrived African-Caribbean young women in order to explore what light these responses might throw on how different forms of social identification relate to the meaning of smoking and cigarette smoking orientated behaviour and practices. Although my respondents' racialised identity was Black British, their Caribbean heritage was very much part of their everyday life. The young women were clear that there was a defined Caribbean culture that they were part of and that they were part of both a local and a transnational Caribbean community. This had some impact on their smoking behaviour.

Four major themes emerged as the young African-Caribbean women discussed cigarette smoking and the role of cigarette smoking in their lives:

1. Cigarette smoking was perceived by young African-Caribbean women as white working-class behaviour with which they did not wish to be associated.
2. Young black women had a positive self-image which did not include being a cigarette smoker.

3. Young African-Caribbean women had internalised their parents' disapproval of cigarette smoking and therefore believed that if they were caught smoking their parents would disapprove, would try to stop them and were right to punish them.
4. Those young black women who did smoke cigarettes were self-conscious about this and wanted to dissociate themselves from the image of being a cigarette smoker.

Cigarette smoking is complex and influenced by multiple factors. In this study young African-Caribbean women appeared to be actively constructing Caribbean identities and a Caribbean identity as non-smoking based on their imagined 'Caribbean young woman'.

Research on adults and cigarette smoking has demonstrated a strong association of cigarette smoking with socio-economic deprivation (Graham, 2009). Although the association between socio-economic deprivation and cigarette smoking is less clear in young people (Chen et al, 2002; Fidler, 2008) and is dependent upon the definition of smoking used, Sweeting and West (2001) concluded that the heaviest smoking was more likely among young people in the lowest socio-economic groups. Although there might be a socio-economic gradient among African-Caribbean young women with the most disadvantaged young women smoking more than more advantaged ones, it might be expected that overall young black women could have higher levels of cigarette smoking when compared to young white women in the same socio-economic group. However, although the young African-Caribbean women in this study were as disadvantaged as the young white women, they did not smoke to the same extent. The fact that young African-Caribbean women were choosing not to smoke disrupts this orthodoxy. The data highlight the importance of recognising the intersections of class, 'race', culture and gender and not just focusing on class and gender when exploring an understanding of cigarette smoking in young women. To what extent is it the association with Caribbean culture that protects young African-Caribbean women from cigarette smoking? The next chapter explores this issue.

Chapter 5: The Influence of Family and Community on Smoking Behaviour

5.1 Introduction

This chapter contextualises the lives of young African-Caribbean women through an examination of their family life, socio-economic background, classed identity, religious identity and cultural background. It draws on data from the survey and the focus groups, and seeks to examine the context in which the young women who took part in the study lived. It explores how 'race', class and gender intersect with cigarette smoking. Cigarette smoking is situated within the broader context of the young women's negotiations of their African-Caribbean identities in contemporary Britain, and as the findings make clear, the two dimensions are inseparable. While the literature review (Chapter 2) demonstrated that family and community influence cigarette smoking in young people in general, this chapter examines the extent to which family and community promote cigarette smoking among African-Caribbean young women and the extent to which parental predisposition to smoking or parental disapproval influences their cigarette smoking. The chapter starts with an exploration of ethnic identity and ethnic identification among the young women in the study and then examines their family life as they reported on it. From an analysis of other socio-demographic information, it is evident that the African-Caribbean young women in my survey come from disadvantaged backgrounds, and are as disadvantaged, if not more so, than their white female peers. However, as the findings will reveal, the young African and African-Caribbean women were reluctant to describe themselves as working-class and they associated cigarette smoking with being white and working-class.

5.2 Identities and contexts

I first analyse what the findings from the focus groups bring to light about identity. As expected, the focus groups revealed considerable diversity of background, experiences and attitudes among the young women while also pointing to important commonalities between them. Both differences and similarities appeared

to turn on the question of identity, the contexts that shaped them and in which they were embedded. As this chapter will reveal, the identities of African-Caribbean young women were multiple and formed in relation, and in opposition, to other identities. This chapter contextualises the lives of young black women through an examination of their multiple identities – cultural, ethnic, diasporic, religious, social class and racial identities. It explores their families and the neighbourhood settings in which their identity is embedded. An understanding of their identities and contexts provides the backdrop against which to capture, analyse, interpret and understand the experiences of this group of young women in relation to cigarette smoking. The previous chapter (Chapter 4) examined cigarette smoking behaviour and it demonstrated that some African-Caribbean young women did start smoking, but the onset was delayed – they started to smoke at a later age than their white peers. Furthermore those African-Caribbean young women were less likely to smoke than their white peers. This chapter will explore how identities and contexts shape attitudes to smoking and smoking behaviours among African-Caribbean young women and their families. It shows that despite considerable debate about what African-Caribbean young women wish to be called, the young women in this study had a clear understanding, and felt membership, of a collective Caribbean culture, whether they were born in the UK or the Caribbean. Being part of this constitutive Caribbean culture influenced the way young black women reported behaving generally. This in turn influenced their smoking behaviour and might account for young black women having lower rates of cigarette smoking when compared to their white female peers of the same age (14–16 years old).

As is evident from other studies, the notion of a fixed African-Caribbean identity is contested. Identity is fluid, changing and contingent. In the literature review (Chapter 2) I pointed to the sociological and social psychological literatures that this study has drawn on to explore the complexities of identity. Bradby (2007: 1) posits that the ‘concept of identity is simultaneously necessary and impossible’. This notion of the impossibility of pinning down the concept of identity is borne out in this study through its exploration of the different ways in which young African-Caribbean women construct their identities. The focus groups in my study made clear that African-Caribbean young women constructed their identities in terms of their day-to-day experiences, through the experiences of their friends and family, through memories of the Caribbean from family members and also through imagined and re-imagined constructions of the Caribbean and Caribbean communities. In interpreting the discussions of the young black women in the

focus groups it was not always easy to determine which aspects of Caribbean culture and identity were based on memory and imagination and which were based on their lived experiences.

Here I first explore ethnic identity. The identity of African-Caribbean young women is complex, multiple and fragmented (Bradley, 1996). As Chapter 1 of my thesis indicates, ethnic and racial distinctions in the Caribbean community are not always clear cut. Ethnic identity is shaped by historic, political, social, economic and geographical factors. In Chapter 1 I discussed the dilemmas and inconsistencies in the use of the term 'African-Caribbean' faced by researchers in the UK (Hall, 1990; Bhopal, 2004; Agyemang et al, 2005). These ambiguities also surfaced in the definitions of ethnicity used by the young women in my study. In the focus group discussions of the young African-Caribbean women, it was evident that ethnic identity was very much linked to and shaped by place of birth, ethnicity and religion, as well as cultural heritage. The composition of the focus groups was outlined in Chapter 3 (the methodology chapter). On the face of it, all the focus groups were made up of young black women. However, in reality each focus group had a different ethnic composition. The majority of young women in the focus groups were young women born in the UK, whose parents or grandparents were born in the Caribbean – mainly in Jamaica. There were some young women who had been born in Jamaica. A couple had been born in Antigua and migrated only recently to the UK. A few of the young women had parents who were born in Africa – Nigeria and Zimbabwe – and a couple of young women identified themselves as of mixed heritage (of Caribbean and White English heritage). As discussed in Chapter 3, the composition of the focus groups was determined by the year head of each school and there is a summary of the participants in each focus group in that chapter.

The first focus group included four young Black British women and one young white woman. The young white woman was a friend of a young black woman and the group usually 'hung out' together. At the start of the focus group I introduced my research:

Researcher: Let me explain about my research. This particular part of the research is on African-Caribbean young women and cigarette smoking and this focus group is for African-Caribbean young women...

Simone: So, why was she called here? (Referring to Lily the young white woman).

Jade: She is not Caribbean! [laughing and over talking]. (Focus group 1)

This demonstrates some of the difficulties inherent in undertaking research with a specific ethnic group. Who defines ethnicity and who determines who is and who is not part of an ethnic group? What followed was a discussion where I asked the group whether the white student Lily should stay and the group decided that as it was a group for African-Caribbean young women she should be asked to leave, while maintaining their friendship with her. Friendships and friendship networks are other themes that I will discuss later in this chapter. We then continued the discussion about ethnicity and what became clear was that while there was a tacit understanding about who was included and who was excluded from this ethnic category and where the racial boundaries were, on the whole, the young women did not wish to be labelled African-Caribbean, but Black British.

Researcher: So you see yourselves as African-Caribbean?

Jade: Yes, but I hate that word 'African-Caribbean'. It is nothing to do with me.

Keisha: I feel the same.

Alicia: The African part doesn't come into it. Researcher:

Why don't you think African comes into it? Alicia: Well, I don't feel African. It was a long time ago, see.

Simone: But now, people are being born in Britain, so they should have the right to say that they are Black British.

Researcher: Simone. Oh that is interesting, so you all think... feel that you are Black British?

Jade: Not African-Caribbean.

Alicia: No. (Focus group1)

This interaction demonstrates that the young women felt able to challenge my assumptions about the definition 'African-Caribbean' and illustrated their feelings about their right to be British citizens. It appears that 'Africa' had little relevance to them. As the focus groups proceeded, I learnt more about how, through the racialised and gendered discourses of these young women, they constructed their own identities and drew racialised boundaries around themselves through their

discourses about other imagined communities – African, Caribbean and white communities.

In the second focus group too, the young women challenged the description African-Caribbean, with only one young woman agreeing with this. Some young women also said that they preferred to be called 'Black British' or indeed African, as some of them were.

Researcher: So, I have asked you here today because there is very little research on African-Caribbean young women and cigarette smoking. Would you all identify yourselves as African-Caribbean young women?

Natalie: No.

Leticia: I would.

Ayo: My mum and dad were born in Zimbabwe and I was born in Zimbabwe.

Researcher: OK, and how do you see your identity?

Ayo: I am Black African

Researcher: You are Black African?

Ayo: Yes.

Researcher: OK and do you see your identity as being different from people who might say they are Black British?

Ayo: Yes, I might be Black and British, but I can't class myself as being British.

Natalie: Yes, yes.

Researcher: How do you see your identity?

Natalie: Black

Researcher: So, what do you prefer to be called? Do you prefer to be called African-Caribbean or Black?

Natalie: Black.

Researcher: Why do you prefer to be called Black rather than African-Caribbean?

Natalie: Because it's better. Because we are not, like, born there. Jessica: Yes, I wouldn't call myself that. I would call myself Black British.

Researcher: Right. And so you call yourself Black British. What makes you different from African-Caribbeans?

Jessica: They're people who were born in Jamaica.

Natalie: And the Caribbean.

Researcher: Ok, Ok. So you don't see yourself as African-Caribbean? What are the things about people who are African-Caribbean that you don't think are part of you?

Jessica: We just weren't born there. (Focus group 2)

Place of birth was important in relation to the young women's identity and they wanted to draw a distinction between themselves and people born in the Caribbean. What transpired during the progress of the focus group discussions was that in the first and the second group the majority of the participants were African-Caribbean women born in the UK and on the whole preferred to be called Black British. In the third group, the majority of the participants (11 out of 12) had been born in the Caribbean. In the third focus group the young women, therefore, took on the description African-Caribbean.

Researcher: As I said, the research is about African-Caribbean young women. Do you call yourselves African-Caribbean?

Siobhan: Yes.

Researcher: Yes. Is that the term you prefer to use, or do you prefer to use the term Black women?

Alicia: No, I prefer African-Caribbean.

Researcher: OK, Let me just ask, why do you prefer to use the term 'African-Caribbean'?

Rebecca: ...Erm... because it sounds better than saying 'Black'.

Carina: The term African-Caribbean sounds more sure of the culture, than if we use 'Black' it sounds racist.

Researcher: OK.

Ameilia: I think we should use 'Black'.

Keisha: Some people find, erm, 'Black' more offensive.

Carina: Because 'Black women' you are specifying the person as Black so most people will find it offensive. For example, if like a white person is saying 'Black woman'. It would be better if you say 'African-Caribbean'.

Researcher: OK. So you yourselves prefer to be called African-Caribbean?

Rebecca: Yes.

Researcher: So how many of you grew up in Jamaica? Put your hands up?

Researcher: All of you?

Alicia: I am from another country... Antigua.

Aisha: I didn't grow up in the Caribbean. I grow but I didn't grow up there.
[laughter]. (Focus group 3)

Thus in a focus group of young women who were predominantly born in the Caribbean, the young women identified with the term 'African-Caribbean' in part because the term 'Black' did not appear to have the same meaning as a collective political term, that is as a reclamation of a previously denigrated identity. There were different views and perspectives in the discussion on this, demonstrating the importance of context in relation to using ethnic categories and that view that being called 'Black' could be perceived as offensive or racist in particular contexts. This group also articulated the view that the term 'African-Caribbean' related to culture, and to 'being sure' of one's cultural context. In the fourth group, two out of three of the participants in the group had been born in Africa and this necessarily influenced the discussion about ethnic identity.

Researcher: Ok, so what do you feel about that definition – African-Caribbean young women?

Chinez: That is what we are.

Researcher: That is what you are and is that what you prefer to be called?

Indoor: I am not really bothered.

Ginny: I prefer to say that I am Black cos... saying I am an African-Caribbean young woman is just too long to say [laughs].

Chinez: My parents are from Nigeria and I was born in Nigeria.

Indoor: I was born in Zimbabwe.

Researcher: You are both from Africa? Do you prefer to be called African-Caribbean or African?

Chinez: African.

Indoor: African.

Researcher: Or Black rather than African-Caribbean?

Chinez: Black.

Indoor: Because... sometimes when people put it like 'African', it sounds a bit, you know the way they put it, it is like a wedge, like the African over there. Because basically most of the people I know have the wrong ideas about Africans... like we live in bushes and all that. They just assume we live like that so sometimes when they want to get insulting they say like '**African!**' But really I don't mind, it depends on how you put it either African because that is what I am.

Chinez: Well... in a sense yes, because... it is like... in Africa all you hear is about the bad things that go in Africa, or the things that go on, so... I don't know really, it is just different. (Focus group 4)

The two African young women in this focus group stated that they preferred to be called 'African', but were aware that in certain situations they identified as 'Black' because of the negative stereotypes and ignorance of their peers about Africa and Africans as discussed by Indoor and Chinez. They saw 'African' as a potentially divisive term that could be used to create difference. Focus group 5 – a group of young women, none of whom were born in Africa or had African parents – distanced themselves from Africa:

Researcher: So what do you think of the term African-Caribbean?

Vevine: I don't like it.

Researcher: Why don't you like the term?

Vevine: Because why say African, you are just Black, you don't need to say African-Caribbean, you can just say Caribbean, I just don't like it.

Researcher: So you prefer to be called Caribbean rather than African-Caribbean.

Natalie: Yes, or Black Caribbean.

Researcher: Why don't you like the African?

Natalie: I don't know, I just don't like it, because it is like I have never been there but people associate me with that place, I don't know what it is like and I don't speak the language.

Researcher: Right, ok, Solange?

Solange: I don't like it either.

Researcher: Right, so you don't like the term African-Caribbean?

Solange: No.

Researcher: What do you prefer to call yourself?

Solange: Caribbean, like a Caribbean girl or whatever, instead of saying African-Caribbean, because it is not like we have lived in Africa or we have got anyone from Africa, even though they are Black, but still we don't use the same language and it is not as if it is meant to be for us, so I don't really see why it is necessary to be called African-Caribbean, to me it makes no sense.

Researcher: Ok.

Salma: I am Salma, but I think that right, I don't like the term African-Caribbean, I don't like it, I don't like the word Caribbean either. It is just like when you put... Ok like some of the African-Caribbean people are like, people call them Jamaican or but it is like African-Caribbean, if you say you come from Jamaica you get classified in that group, so I would rather be called English.

Researcher: You would rather be called English?

Salma: Mmm.

Researcher: Do you like to be called Black English, or just English?

Salma: ...Well everyone knows I am Black, so I would rather just English.

Researcher: Ok, alright.

Jasmine: I prefer to just be called Antiguan because nobody ever says European. English. It is just a bit different.

Researcher: And you prefer to be called Antiguan? Why do you prefer to be called Antiguan rather than Caribbean first?

Jasmine: Because I haven't been to know any other island in the Caribbean.

Sasha: Erm... I don't really mind being called Caribbean or African.

Researcher: You don't mind?

Sasha: No.

Researcher: So you don't mind if you are called African-Caribbean or Caribbean, or Black British?

Sasha: I am not British.

Researcher: You are not British; you don't want to be called Black British?

Sasha: No.

Researcher: Ok.

Sasha: You don't have to be Black British, do you?

Natasha: I do.

Sasha: I don't like people saying Black British because just because you were born here it don't make you... English does it?

Researcher: So you don't like being called Black British?

Sasha: No. (Focus group 5)

This discussion raised a number of issues. Firstly, Africa seemed very remote to a number of women in the group and while they could identify with the Caribbean, it was less easy to identify with Africa. This discourse of identity which expressed a denial of any form of connection with Africa may also relate to negative

perceptions that some African-Caribbeans had about Africa when they first migrated to the UK (James, 1993) and negative discourses about Africa and Africans that continue to exist in some Caribbean families and communities, and, indeed, beyond. It is important to note that people migrating from the Caribbean to the UK in the 1950s and 1960s would have been exposed to a white colonialist curriculum in their countries of origin, which portrayed Africans as primitive (Coard, 1971; Garvey, 1986). In addition, early migrants from the Caribbean did not see themselves as belonging to a wider Caribbean community but identified with specific islands, so they saw themselves as Jamaicans or Barbadians for example and only as the period of settlement evolved did people start to see themselves as part of a wider Caribbean community. In a study of Caribbean communities in Bristol in the 1970s (Pryce, 1979), the people in the study, who had more recently migrated to the UK from the Caribbean, preferred to be called 'Jamaican' or 'Trinidadian' rather than the collective term 'West Indian' which was used at that time. However, one young woman in my focus group 5 did prefer to be defined as 'Antiguan'. Despite the development of pan-Africanist politics in the UK in the 1970s, which was articulated as part of the rise of Rastafarianism in British cities in the 1970s and 1980s and through popular black music at this time, young African-Caribbean women growing up in the late twentieth century and early twenty-first century may not be aware of the political underpinnings of the term 'African-Caribbean'. The school curriculum continued to project negative images of Africa and Africans (Sherwood, 1999) for a long time. Young black women may think the way their parents and grandparents view Africa and Africans. This demonstrates that racial and ethnic identities are not pre-given and fixed but constantly subject to shifts and transformations that are context-dependent and also shaped by cultural and historical factors.

Again in this discussion the young women were acutely aware of their position as black women in a predominantly white society and the apparent incongruity of being Black and British. On the other hand some young women believed they have a right to be seen as 'English', and that being called 'African-Caribbean' made them part of a group about which there existed undesirable stereotypes. However, as the discussions progressed in all the groups the young women's narratives revealed that although many of the African-Caribbean young women born in the UK preferred to call themselves Black British, in the main areas of their lives the reference group that they looked to as significant others was Caribbean

and not necessarily white British. In this sense they saw themselves as part of a collective Caribbean identity.

The African-Caribbean young women were very aware of the social and geopolitical context in which they lived. One of the themes that emerged was around their notion of their rights as citizens and the tensions between their perceived rights to 'Britishness' and their awareness that as they were not white they might not be perceived as 'British' by wider society. The young African-Caribbean women in the first and second group wanted to make a distinction between being born in the UK and being an immigrant. Paradoxically the group of young African-Caribbean women who had been born in the Caribbean and had recently migrated to the UK did not want to be identified with young African-Caribbean women who had been born in the UK and whom they saw as 'spoiled' and not aware of the opportunities they had living in the UK as is illustrated in the following excerpt:

... so everyone is spoiled. Over here you get fed everything and you get everything for free. Whereas over there you have to work hard to get what you want. (Focus group 3)

This quote indicates the differences between young women who had recently migrated and those who had been born in the UK. The former were aware of the difficulties in the UK in terms of racism and discrimination but could also see the opportunities offered living in the UK compared to the Caribbean, primarily Jamaica.

The young women's perception of being part of a distinct Caribbean community was evident throughout the discussions. When asked directly what their connection to the Caribbean community was, their views were:

Researcher: But what about your Caribbean roots, don't you have connections with the Caribbean?

Arianne: Yes. Rochelle:

Every day. Researcher: In what way?

Arianne: In the way you are speaking, in what music you listen to.

Rochelle: In what you eat. Yes. (Focus group 7)

Speech, music and food are all important cultural signifiers. Many young black people, including the young African-Caribbean young women in these focus groups, have developed an urban dialect which is a combination of Jamaican patois, urban American speech and their local English dialect. The purpose of this is to reinforce their connections with their own friendship networks and to exclude other groups. In the focus groups I observed the wide linguistic repertoire of the young black women and their ability to switch from standard received English to Jamaican patois. This was also observed in an empirical study of the speech of Black British women in Dudley, West Midlands (Edwards, 1988).

Although I do not reproduce this very much in the excerpts used in this thesis, for the sake of clarity and to facilitate understanding of what was said, switching between English and Patois was very evident in the focus group discussions in my study. The young women, both those born in the UK and those from the Caribbean, had an extensive command of Patois. While this presented difficulties for the English woman transcribing the recordings and required careful listening and re-listening of the recordings for the analysis, it also offered a rich and often humorous discussion. The latter involved not only the language used but also the way in which it was used. In some instances the humour expressed in the focus groups was lost in translation and transcription (Regmi et al, 2010). Edwards has remarked that studies on the language behaviour of Black British people have been androcentric and have perpetuated stereotypical views of the 'Patois speaker as the angry male underachiever' (Edwards, 1988: 33). This may be the stereotype which teachers may hold that has influenced the experiences of young black men and women at school. I discuss the school experiences of the young black women in my study in Chapter 6.

In addition to speech, food was identified as another cultural signifier. Although Caribbean food has received limited critical attention from academic researchers outside of the context of health, nutrition and anthropology, it is of immense significance in Caribbean families as a mechanism of maintaining links with the Caribbean (Reynolds, 2010). In her study on African-Caribbean mothers, Reynolds discusses the commitment that Caribbean mothers have to preparing Caribbean food as a mechanism through which they can transmit cultural identity intergenerationally, educate their children about aspects of Caribbean culture and sustain links with the Caribbean.

In one discussion in my focus groups young women who saw themselves as Black British still thought that although they did not initially define themselves as African-Caribbean, their Caribbean heritage was very much part of their everyday lives. Some young women were clear that there was a defined Caribbean culture that they were part of and that religion was central to this.

Researcher: OK. So if you call yourself Black British say, Caribbean hasn't been included, doesn't that take a bit of your heritage away from you?

Arianne: We have no option.

Researcher: OK.

Rochelle: It doesn't, I think. It doesn't change the way I live, it's just a title.

(Focus group 6)

Researcher: So, if you don't see yourselves as African-Caribbean, is there anything different about African-Caribbean views or values?

Jessica: Yes, sometimes they have a different religion or something like.

Leticia: The culture.

Jessica: Yes, the culture.

Natalie: It is stricter. (Focus group 2)

Religion and strictness were identified as part of Caribbean culture as illustrated in the discussion above. The choice of 'Black British' did not appear to exclude African-Caribbean, and young women saw this as part of their life. They therefore had a nuanced and complex understanding of their identity.

5.3 Religious identity and religious practice

The survey findings supported the suggestion from the focus groups that religion was an important aspect of African-Caribbean culture. In the survey, 10 out of 59 (17%) young white women reported that they were religious or fairly religious, whilst 30 out of 41 (73%) young black women reported that they were religious or fairly religious. Twenty-one of 41 (51%) young black women reported belonging to a particular church or religious organisation as compared to only 15 out of 58 (26%) young white women. Religions identified included Christian, Seventh-day Adventist, Pentecostal, Baptist and Muslim. Both young African women who responded reported that they were Roman Catholic. Thus religion seemed to play

a much greater role in the lives of these young black women and hence may serve as a protective factor in relation to black women and cigarette smoking. This may be because religion prohibits cigarette smoking or because while attending religious organisations the young women have less opportunity to smoke as they are under the gaze of adults.

Not only did young black women report that they were religious, they also reported attending a place of worship. While 24% of young black women often went to a place of worship, less than 4% of young white women reported going to a place of worship often. Twice as many young white women reported never going to a place of worship than young black women: 77% of young white compared to 35% of young black women never went to a place of worship. All the African women went to a place of worship often or sometimes. African-Caribbean and African young women were more likely to go to a place of worship than young white women. Thus black women have a stronger religious identity than white women, which is part of African and African-Caribbean cultural identity. This aspect of cultural identity is also protective in relation to cigarette smoking as I will show later in this chapter. At teen age, religious and cultural identity may thus protect young African-Caribbean women from cigarette smoking. Religious identity is an important part of African-Caribbean family life and may also account for the greater proportion of time that young African and African-Caribbean women spent with their parents and siblings. From my data there appears to be a negative correlation between cigarette smoking and attending a religious organisation.

Religion is an important influence in many black families. Fundamentalist religions such as the Church of God of Prophecy and Seventh-day Adventism based on the Old Testament prohibit cigarette smoking (and drinking of alcohol). While New Testament religions do not prohibit cigarette smoking, they are conservative and would not encourage cigarette smoking, particularly among young women. Thus religion may serve as a protective factor in relation to cigarette smoking and this may be one of the reasons why regular cigarette smoking in young black women is lower than for white women. Of course there are many black people who are members of mainstream Christian churches which also frown on cigarette smoking although it is not prohibited. A small number of African-Caribbeans may be Rastafarian. It is estimated that perhaps 5% of the population in Jamaica practise Rastafari. However, Rastafari as an ideology and philosophy has a far reach and influence in African-Caribbean communities. Both fundamentalist religions and

Rastafari have rigid beliefs about women which will influence women's behaviour and cigarette smoking behaviour. This view was reinforced in the focus group discussions.

Researcher: What about... you talked about church, do you think religion?

Keisha: Yes. Because you are not encouraged to smoke. I don't see why people would even do it, like if you do something and you know that it is wrong.

Researcher: So are there a lot of black women in church do you think? Do you think there are more black women than white women that go to church?

Alicia: Yes.

Keisha: I don't know.

Alicia: In my church, yes.

Jade: In the churches I go.

Keisha: You find that it is mostly the black people saying that they believe in God and the white people saying he doesn't exist and stuff.

Jade: I don't know no white people that go to church, except my auntie.

Researcher: So you think religion plays a strong part in terms of black women smoking?

Jade: Not strong. But it does play a part. Because I do know people that did.

Alicia: I like to make up my own mind, and smoke. (Focus group 1)

This discussion indicates the view of these young women that African-Caribbean young women were more religious than their white female peers and had higher rates of religious attendance. In addition, religious activity might be mandated by the young black women's and may suggest much stronger family ties. More generally there are negative attitudes towards cigarette smoking in African-Caribbean culture and families; hence, cigarette smoking is prohibited at home so there may be fewer opportunities for African-Caribbean women to smoke as they are more likely to be under the supervision of adults at home, at school, in the religious organisations they attend and in the communities in which they live.

While religion is one mechanism which reinforces intergenerational family connectivity, the young women also discussed their connections to their parents and grandparents and, in line with Reynolds' study, seemed to be very much part

of both a local African-Caribbean community and a transnational Caribbean community (Reynolds, 2006). Reynolds' study revealed discussions about visits to relatives in the Caribbean and visits from relatives from the Caribbean. In addition they discussed Caribbean music, films and activities around holidays such as Christmas. While these discussions did not feature in my focus groups because of the limited time and the primary focus on cigarette smoking, the fact that in one of my focus group I had a large group of African-Caribbean young women who had recently migrated from the Caribbean demonstrates the changing nature of the Caribbean community in the UK and the continued links between the UK and the Caribbean. While the main wave of migration from the Caribbean took place in the 1950s, there continues to be some migration from the Caribbean to the UK (Reynolds, 2011). At the same time there is return migration from the UK to the Caribbean – particularly among the cohort of African-Caribbeans who settled in the UK in the 1950s and 1960s and who on reaching retirement have returned to the Caribbean (Potter et al, 2005). There is a perpetual process of visiting relatives in both directions – hence the Caribbean community in the UK is very much in touch with communities in the Caribbean which serves to renew and reinforce traditional Caribbean values, views and beliefs.

5.4 Ethnic and cultural identity and categorisation

This chapter now examines the responses from the survey data in relation to ethnic identity. Definitions of ethnicity have been widely contested and I have discussed the sociological debates around the different definitions and constructions of ethnicity in Chapter 2. Karlsen and Nazroo (2002), exploring conceptualisations of ethnicity as 'identity' and ethnicity as 'structure', concluded that it is important to theorise ethnicity as a social identity in examining the influence of ethnicity on health and health inequalities (Karlsen and Nazroo, 2002). In my study I used the 2001 census categories on ethnic identity in the survey questionnaire and young people were asked to choose which ethnic group they belonged to. This provided 34 ethnic categories which were further refined into eight ethnic categories for ease of analysis (see Chapter 3 for further discussion of this).

There has been limited research that has explored ethnic identity and cigarette smoking in young people in the UK. Thus, in addition to the question asking young people to choose their ethnic identity based on the census categorisation, a series of questions were adapted from research by Parker et al (1998) which examined ethnic identification and cigarette smoking among African-American and Latino young people in the USA. Parker et al (1998) developed two instruments: seven ethnic identification items and a longer ethnic identification assessment. These were based on reviewing the literature, interviewing African-American researchers and undertaking focus groups with adolescents. The aim of the seven ethnic identification items and the ethnic identification assessment was to go beyond one question on self-identified ethnicity, which is commonly used in questionnaires, and attempt to assess familiarity with the culture of the self-identified ethnic group affiliation and with that of the host community. Parker et al's (1998) seven ethnic identification items are:

- A. I look different than people who are from other ethnic groups.
- B. Most of the people in my neighbourhood are from my ethnic group.
- C. We have books in my house that were written by people who belong to my ethnic group.
- D. I usually watch TV shows that have main characters who are in my ethnic group.
- E. I prefer being in social groups where all of the people are from my ethnic group.
- F. People from my ethnic group are liked by people from other ethnic groups.
- G. I enjoy being in social groups with people who are from different ethnic groups.

The items Parker et al (1998) included in their ethnic identification assessment were:

- A. Both of my parents are of the same ethnic group as me.
- B. I look the same as people who are from my ethnic group.
- C. I look different from people who are from my ethnic group.
- D. When other people look at me they can tell my ethnic group.
- E. My best friend at school is of the same ethnic group as me.
- F. My best friend away from school is of the same ethnic group as me.
- G. My close friends are mainly of the same ethnic group as myself,

- H. My close friends are mainly from a different ethnic group than myself.
- I. My close friends are from a wide range of ethnic groups.
- J. Most of the people who come to my home are from my ethnic group.
- K. My family usually goes to events that are held especially for my ethnic group.

These scales by Parker et al (1998), for use with African-American and Latino young people in the USA, may not be directly transferrable to the UK. The scales were intended to assess cultural affiliation. My results demonstrated little difference between young black women and young white women in relation to specific cultural affiliation, as I will show. Parker et al (1998) reported that one of the limitations of the ethnic identification scales was that there was an absence of a defined reference group and the scales were based on young people being able to identify their own ethnic group and then compare their ethnic group to other ethnic groups. There were two earlier questions in the questionnaire asking young people to choose which ethnic group they belong to (based on the census categories) and then asking young people how they would prefer to describe their ethnic origin/heritage. Although ethnicity is a complex concept, the responses to the earlier questions demonstrated that young people had some understanding of ethnicity. Ethnicity is fluid and identity is dynamic although the identification scales are based upon essentialised notions of ethnicity. As the young women in this study demonstrate there was a significant overlap between young black and white women in terms of neighbourhood location, leisure activities, school attendance and friendship groups. The data from the focus groups was a much better indicator of their ethnic and cultural identification than the less specific data from the survey and demonstrates the shortcomings of quantitative methodologies when assessing concepts as complex as identity.

While it is difficult to assess the complexity of ethnicity from a survey, some of the more straightforward aspects of ethnicity may be assessed using a quantitative tool. One of the questions relating to ethnic categorisation contained the statement: 'both of my parents are from the same ethnic group as me'. In response to this statement, 26 out of 36 (72%) young black women who responded and 41 out of 54 (76%) young white women who responded reported that both of their parents were of the same ethnic group. This suggests that around 34% of white participants and 38% of African-Caribbean respondents had parents from different ethnic groups (in the last census 48% of African-Caribbean

males and 34% of African-Caribbean females had a partner from a different ethnic group (Platt, 2009.) All three African young women who responded stated that their parents were of the same ethnic group. The responses demonstrated changing family organisation in the UK, where there are increasing family relationships across ethnic groups. A further limitation of this question may be that it is interpreted in terms of 'race', i.e. black or white rather than ethnicity. The responses to this question also demonstrate the fluidity of ethnic identity. For example some young women who had an African-Caribbean parent and a white parent might choose to describe themselves as black, while others might describe themselves as mixed race or mixed-heritage.

The young women in my survey had a mean age of 15.29 years. I therefore expected that the young African-Caribbean women in the survey had been born in the UK and would be 2nd or 3rd generation African-Caribbeans. Sixty-three percent (26 out of 41) of the young African-Caribbean women and 97% (57 out of 59) of the young white women were born in the UK, while all four African young women were born outside of the UK. It is noteworthy that not all the young white women were born in the UK, demonstrating that migration to the UK is not just a phenomenon experienced by black families. The majority of young African-Caribbean women in this study had migrated from, or had parents who had migrated from, Jamaica in the 1950s and 1960s. However, almost one third of the young African-Caribbean women were born in the Caribbean and had migrated recently to the UK. Seven of the young African-Caribbean women had lived in the UK for less than 10 years. The young African women had a more recent history of migration to the UK and had lived in the UK for four years or less: two had lived in the UK for two years, one for three years and one for four years. Similar patterns of recent migration from the Caribbean were reported in a study by Reynolds (2011). In one of the schools in my study, the majority of the focus group members (Focus group 3) were young women who had migrated recently from the Caribbean and so it was possible to look at the differences between those young women who were more recent migrants and young women who had lived in the UK for all of their lives in relation to their perceptions and experiences of cigarette smoking.

Similar patterns of recent migration from the Caribbean were reported in a study by Reynolds (2011). Reynolds (2011) argues that migration from the Caribbean in the last 20 years has been ignored by policy makers, although 44,230 Caribbean

nationals were granted settlement in Britain between 1997 and 2007. The majority of young African-Caribbean women in this study had migrated from, or had parents who had migrated from, Jamaica. These responses suggest that in this city there were several generations of African-Caribbean people and that in these geographical locations African-Caribbean second and third generation young people would be in contact with people who had recently migrated from the Caribbean, thus reinforcing transnational and diasporic Caribbean identities.

African-Caribbean migrants settled in major cities in the UK such as London, Birmingham, Liverpool and Manchester, where there were employment opportunities and established family and social contacts and networks (Goulbourne and Chamberlain, 2001). Whether the young women were recent migrants or had been born in the UK, most of the young women in this study lived in areas of deprivation. UK research on African-Caribbeans has demonstrated that they are more likely to live in deprived neighbourhoods where levels of residential concentration are high (Graham, 2007; Robinson and Reeve, 2006). However, Reynolds (2006) argues that such residential communities provide social resources and benefits for African-Caribbean people despite the high levels of deprivation.

I now examine the relationship between Caribbean family structure and cigarette smoking in African-Caribbean young women. Family structure has been shown to influence young people's cigarette smoking (Griesbach et al, 2003; Mahabee-Gittens et al, 2012a and 2012b; Razaz-Rahmati et al, 2012). In Chapter 1 I provided an overview of African-Caribbean family structure in the UK and in Chapter 2 I reviewed the impact of household structure on cigarette smoking in young people. However, the studies on household structure and its influence on cigarette smoking have not considered the effects of ethnicity on family structure and organisation and consequently on cigarette smoking. These studies suggest that young people in single-parent households or households with no adults are more likely to smoke. My study demonstrates that although young African-Caribbean women are more likely to be in single-parent households, they are less likely to smoke than their white peers who are more likely to be in households with both parents. Table 21 illustrates the range of family configurations in this study.

Table 21: Parents or guardians living at home with the respondent.

Parent or Guardian	African-Caribbean Women (40)	White Women (58)	African Women (3)
Mother and Father	12 (30%)	30 (51.72%)	1 (33.3%)
Mother	20 (50%)	15 (25.86%)	1 (33.3%)
Father	1 (2.5%)	2 (3.45%)	1 (33.3%)
Foster Mother and Father	0	1 (1.72%)	0
Step Mother only	0	0	0
Step Father only	1 (2.5%)	0	1 (33.3%)
Grandmother only	1 (2.5%)	0	0
Mother, Father and Grandmother	0	1 (1.72%)	0
Father and Grandmother	1 (2.5%)	0	0
Friend of family	0	1 (1.72%)	0
Father, Grandfather and Grandmother	0	1 (1.72%)	0

Source: survey data.

Approximately 40% (16 out of 40) of the young black women lived with their mothers and fathers (or step parents), while about 64% (37 out of 58) of the young white women lived with their mothers and fathers (or step parents). Fifty percent (20 out of 40) of the young black women lived with their mothers, while 25.86% (15 out of 58) of young white women did so. Thus young black women were more likely to live in single-parent households. This study supports the findings of other research on African-Caribbean family life which has reported that a greater percentage of African-Caribbean mothers are single parents (Reynolds, 2005). The findings from this study also demonstrate that 26% of young white women did not live with their fathers and so may also be vulnerable to socio-economic disadvantage which typically accompanies being in a single-parent household. However, recent research on African-Caribbean fathers (Reynolds, 2009; Williams et al, 2012) concluded that although black fathers may not live with their children, they are actively involved in parenting and provide additional material and social capital to their children.

However, the phenomenon of single parenthood in African-Caribbean families in the UK cannot be understood and explained in the same way as the origins of

white British single parenthood. Over decades Caribbean families have been portrayed as pathological and deviant (Rainwater and Yancy, 1967; Lawrence, 1982). This has been based on perceptions of matriarchal family structures (Goulbourne, 2003) and absent fathers. This view has been perpetuated throughout the Caribbean diaspora, originating during the strictures of transatlantic slavery and plantation societies and through the post-slavery period in the Caribbean.

There has been a long history of anthropological and sociological research on Caribbean families in the Caribbean diaspora (Clarke, 1957) and in the UK (Pryce, 1979; Reynolds, 2005; Ochieng, 2010). The socio-historical origins of Caribbean single-parent families has got to be understood and explained in relation to the specific dynamics out of which they emerged: slavery and post-slavery, where in the post-slavery period people had to migrate for economic reasons. Caribbean family structure became flexible to accommodate family members going abroad and moved away from the normative nuclear family. African-Caribbean family structure in the UK has been influenced by these cultural, economic and historical factors. Only 2.5% of African-Caribbean young women and 3.5% of white young women in my study lived with their fathers only. Griesbach et al (2003) refer to families that fall outside of a normative two-parent model as 'disrupted' families and suggest that cigarette smoking is more likely to be associated with young people living in so-called disrupted families. However, although more African-Caribbean young women in my study were in such families, fewer African-Caribbean women reported smoking regularly. These findings disrupt the dominant discourse that Caribbean families are dysfunctional and demonstrate that in fact Caribbean families may protect young women from cigarette smoking.

It might be that parents who spend more time with their children protect their children from smoking because of their increased surveillance, influence or disapproval of cigarette smoking. In my study, young African and African-Caribbean women spent more time with their parents than young white women. In response to the survey questions, 48% of young black women reported spending time with parents often and 48% reported sometimes spending time with parents. Slightly fewer (32%) young white women reported often spending time with parents while 48% reported sometimes spending time with parents. Only 5% of young black women and 11% of young white women reported never spending time with their parents. Hence more than twice as many young white women, compared

to young black women reported never spending time with their parents. Two out of three African young women reported spending time with their parents often and the other African young woman sometimes spent time with her parents.

Twice as many young black as young white women reported often spending time with siblings, with 36% of young black women and 19% of young white women often spending time with their siblings. Fifty-eight percent of young black women and 56% of young white women sometimes spent time with their siblings. Three African young women often spent time with siblings. Only 5% of young black women but 25% of young white women never spent time with their siblings. The latter could reflect the percentage of young women who did not have siblings. However, young black women were much more likely to spend time with their siblings. These findings do not explore whether young women chose to spend time with their siblings, but they do give the impression that black families spend more time together than white families. This may be a mechanism to try to protect young people from dangers such as racism in wider society. It also demonstrates that young black women may be under more surveillance from their families and hence have fewer opportunities for behaviours that are disapproved of by their parents and siblings. Cigarette smoking is frowned upon by black parents, particularly mothers, and hence is not an activity that the majority of young black women could participate in at home.

Whether or not spending time with their family is enforced, rather than chosen, 12 out of 26 (46%) young black women compared to 12 out of 43 (28%) young white women reported feeling good about their family relationships. Five of 43 (12%) white young women and one of 26 (4%) young black women felt bad about their family relationships. The portrayal of black families as dysfunctional has been challenged (Reynolds, 2002; Reynolds, 2005) and these findings demonstrate that almost twice as many young black women compared to young white women felt good about their family relationships and three times as many white women as black women felt bad about their family relationships. This contradicts the discourses often portrayed in the media about discordant black families. In addition to family connectedness and family relationships, the survey questions attempted to explore other aspects of Caribbean cultural affiliation.

The questions on cultural identity in the survey did not reveal significant differences between young black and young white women. When asked whether

their family usually went to events that were held especially for their ethnic group, neither young black nor young white women said that they attended events specifically for their own ethnic group. In response to the statement 'Most of the people who come to my home are from my ethnic group', young black women reported that the majority of visitors to their home were from the same ethnic group while young white women reported that the majority of visitors were not from the same ethnic group. This may be because young white women are more likely to remember visitors from different ethnic groups than themselves. Both black and white young women lived in racially mixed neighbourhoods. The statement 'Most of the people in my neighbourhood are from my ethnic group', elicited that 78% of young black women thought that people who lived in their neighbourhood were not from the same ethnic group, while 53% of young white women thought that the people who lived in their neighbourhood were not from the same ethnic group. Again, it is interesting that more black women thought that the people who lived in their neighbourhood were not from the same ethnic group, suggesting they were much more aware of this, or that this presented them with more concern. It may be that this suggests that they experienced greater racial discrimination.

In relation to books in their home that were written by people who belonged to the same ethnic group, young black women reported that the books at home were not by authors of the same ethnicity, while young white women reported that the books in their home were by authors of the same ethnicity. This may be because young people from disadvantaged backgrounds are less likely to have books in their home and the books likely to be there are from school, and mainly written by white authors. When asked whether they usually watch TV shows that have main characters from their own ethnic group, 54% young black women said they watched TV where the main characters are not of the same ethnicity, while 69% of young white women watched TV where the main characters were not of the same ethnicity. The meaning of this is of course dependent upon the television channels watched. BBC and independent TV channels from 2002 to 2007 had few minority ethnic characters, whereas music channels such as MTV would have had a much greater number of black and minority ethnic artists. The responses to these questions suggest that young black and white women live in racially mixed neighbourhoods, watch similar television programmes and read similar books and the questions did not significantly demonstrate specific cultural affiliation. Again, this may be due to differences between the UK and the USA in relation to racially-mixed versus racially-segregated neighbourhoods.

5.5 Parenting practices and parents' aspirations for young African-Caribbean women

There is an extensive literature on the experiences of discrimination and racism faced by African-Caribbean communities settling in British towns (Modood et al, 1997; Mirza et al, 2005). Caribbean migrants were forced to live in the most deprived areas and in poor housing (Peach, 1998). Thus the families of most African-Caribbean young women in the study had experienced everyday racism at many different levels in their lives and developed strategies to deal with this. Families were concerned about the experience of their children and although initially Caribbean migrants had come to the UK intending to work for a few years and then return to the Caribbean with the money they had made, the reality of their experience was that they earned very low wages. This made it difficult to return initially and many families decided that despite their hardships, the educational opportunities for their children would be better in the UK than in the Caribbean. In the 1960s and 1970s many Caribbean parents held the British educational system in high esteem and expected their children to do well academically. What they were not prepared for was the racism that their children suffered at the hands of racist teachers and a discriminatory education system.

In a study designed to investigate the effects of migration, social class background, educational qualifications and intergenerational social mobility on ethnic groups in England and Wales, Platt (2005) reported that in Caribbean communities, parents experienced downward social mobility on migration to the UK, and although the children of Caribbean migrants did obtain some upward social mobility, this was not to the same extent as children of other minority ethnic groups, e.g. Indian migrants. This was explained by the increased risk of unemployment of Caribbeans, who, despite educational qualifications, were more likely to be in marginal positions in employment. One of the reasons that Caribbean parents are stricter with their children is because of the recognition that educational achievement is essential for upward social mobility. The representations of black families in academic research have been contradictory. On the one hand they are portrayed as loose – with very little or no structure and organisation and children being left to fend for themselves – while on the other hand black parents have been represented as autocratic, too strict, overly religious

(Chamberlain, 2006). Although Caribbean families and parenting practices are diverse, several academic researchers have pointed to the importance of discipline in Caribbean families. The reason for this is primarily to ensure that their children have a greater chance of social mobility than themselves, but also to demonstrate to other members of their families and their communities that they are respectable and that their children are respectful and obedient (Leo-Rhynie, 1997; Ochieng, 2010; Reynolds, 2010).

In all my focus groups the participants thought that black parents were much stricter than white parents. The young black women were also aware of generational differences and patterns of change in relation to childrearing practices in African-Caribbean families as demonstrated in the quote below:

Natalie: Yes, they [black parents] have their kids more under control.

Leticia: More protective.

Jessica: I think they want what is best for their child, better than like white people.

Jessica: Their parents like... probably their parents were more strict, and they try and let them off a little bit, and like... each generation is like getting less strict. (Focus group 2)

There was a belief that black parents were more controlling but that over the generations parents had become less strict. According to Ochieng (2010), child discipline strategies among African-Caribbean families who participated in her study appeared to be subject to continuing generational change, increasingly relying on strategies emphasising cooperation rather than physical control. Echoing this generational change in childrearing practices, Reynolds (2010) reported that African-Caribbean mothers who were from middle-class backgrounds were less likely to use physical punishment.

African-Caribbean parents were reported by my focus group participants to have traditional views on child rearing. They were perceived to be strict disciplinarians and expected their children to do well educationally. Young women reported being closely monitored in relation to activities outside school and the home, and monitored inside their homes. Unlike the bedrooms of white working-class and middle-class families, the bedrooms of African-Caribbean children were not seen as 'private' and parents closely monitored activities in their bedroom. The young

women in my focus groups accepted that discipline and punishment were part of their lives and tried to avoid activities that would result in them being punished (this was explored in Chapter 4 in relation to cigarette smoking). One of the differences that emerged from the focus group with young African-Caribbean women born in the Caribbean (Focus group 3) was that they thought that young African-Caribbean women born in the UK were not subject to the same discipline as they had been and as such were less well behaved. One young woman said:

... they answer their parents in a rude way... they reply back like an adult because they look at themselves as thinking it's OK in this country, their parents can't hit them so they can answer back and they can do whatever... which in other words... if you were in Jamaica yes, come down there now, your parents talk to you and you either listen or you take a beating. Which really I think getting a beating is not really necessary because that is not the way to discipline children, but the way they do it in England is not the way to do it either, because you can't just let your children talk to you in any way and you deal with them in certain ways as well, you are not going to get no good out of them. (Focus group 3)

This excerpt demonstrates that there was a view that physical punishment was more common in Jamaica, but that young people were aware that this was illegal in the UK. While the young women realised that physical punishment was not a solution, they saw a need to develop strategies to discipline young people, otherwise there was a perception that they would come to no good. Overall African-Caribbean young women in the focus groups were very aware of their parents' and particularly their mothers' expectations: 'I am an only child and she [mother] wants me to do good.'

Discussing 'beating' or physical punishment in African-Caribbean families presented me with an ethical dilemma. While I did not wish to perpetuate stereotypes of African-Caribbean families and notions of physical abuse, punishment and beating were topics raised by the young African-Caribbean women in my focus groups. Physical punishment was used across the Caribbean and was seen as a mark of 'good parenting' (Reynolds, 1998). However, it is difficult to determine the extent to which this continues today in the UK. As 'beating' is seen as part of Caribbean culture and identity, it is impossible to say whether, when it is referred to, it is real or metaphorical. Qualitative research by

Barn et al (2006) challenges assumptions and stereotypes of minority ethnic families and parenting. They reported that the parenting practices of minority ethnic families were shaped by a wide range of cultural practices including those of their own parents, other ethnic groups and majority ethnic groups in society. Their research challenged commonly articulated assumptions that minority families use more punitive methods to discipline children than other parents. According to Barn et al, Caribbean mothers in their study did not wish to abuse their children.

To me you have to break that cycle. I cannot do to my children what... I'd seen with my older siblings, no I just can't do it, they are my children. I didn't bring them into this world to abuse them, it's not my way. (Caribbean mother quoted in Barn et al, 2006: 43)

Ochieng (2010) reported that discipline emerged as a primary factor in child-rearing approaches in black families and that black parents felt they had a responsibility to enable their children to have better futures. Discussions of parenting practices in my focus groups were closely related to the educational aspirations that black parents had for their children. These African-Caribbean young women noted how black parents encouraged further education and educational achievement.

One of the key differences identified in Barn et al's research on social mobility in black and minority ethnic families was the difference between white parents and minority ethnic parents in relation to their attitudes to education (Barn et al, 2006). Minority ethnic parents, and Caribbean parents in particular, regarded a good education as important to counter discrimination in future employment. This was also highlighted in the young women's discussions in my focus groups:

Researcher: You say black parents want the best for their children. Why do you think they want this?

Jessica: Because they don't want them to end up how they were when they were young.

Ayo: Yes, just walking around the streets and not having a job or anything.

Researcher: So, what do you think about the hopes that your parents have got for you? Are they the same things that you want for yourself?

Leticia: Yes. (Focus group 2)

The young women were very aware of the experiences that their parents had had when they migrated to England and had often had to take menial jobs. They recognised the importance of educational achievement in obtaining future jobs, and the young women themselves wanted to achieve these.

Researcher: Do you think that your parents had the same opportunities as everybody else?

Jade: It was kind of different for them.

Researcher: Why was it different for them Jade?

Jade: Well, because my dad he was telling me that if you left school without much qualifications and didn't go to college or anything like that, he said he could just walk into a job, and went straight into welding and had been doing that for a while. And erm... he said that it is not how it is now, you have got to have... all this qualifications even if you just want to be a street cleaner or something, or care and all that stuff.

Rochelle: Well, my mum used to talk a lot in classes, which is where I got that from [laughs] and erm... she never really got the grades that she wanted, and when she went to college she was pregnant. And she said that I should be good in school and don't talk and stuff, and because my sister left and she never had the grade that she wanted, she said she doesn't want the same thing to happen to me, to try and get b's or c's. So I think it is harder. (Focus group 6)

Young women were also aware that their parents did not want them to go into certain jobs or trades, but wanted them to get professional qualifications and jobs.

Simone: Yes, it is down to discipline again. My mum would never let me if I wanted to do an apprenticeship and she said that she would pay me to get educated, and my dad as well. They are all alike, most of the people in my family are telling me to have further education.

Researcher: Do you think... there is a lot of talk about, there is some research that says black girls aren't doing as well as white girls and there is other research that says black girls are actually doing well educationally. What do you think? Do you think that black girls have educational aspirations?

Alicia: I think it is improving, yes. More than it has been.

Keisha: Yes. Because my parents' generation all had children when they were this age. And some of them got well educated, and most of them never.

Simone: But nowadays you see a lot more black girls wanting to do further education and stuff like that.

Jade: A lot of white girls, yes, they don't care about their lives really. They just don't care at all.

Researcher: Why do you feel they don't care?

Jade: Because their parents haven't brought them up in the right way. That is how I feel really, that their parents don't guide them in the right way.

(Focus group 1)

The young women in this discussion placed a great deal of emphasis on parents bringing up their children 'in the right way'. The notion of 'broughtupsy' is understood across the Caribbean and relates to children being brought up 'the right way': having good manners, presenting themselves as tidy and clean, and being 'respectable'. Some African-Caribbean people may 'other' white people, believing that they have 'no broughtupsy' and this is reflected in the young African-Caribbean women's discourse. In the next section I will outline how this relates to being working class and particularly *white* working-class. Researchers have argued that black women in the UK are often portrayed as homogenous and working-class (Reynolds, 1997; Reynolds, 2000; Mirza, 1997; Phoenix and Tizard, 1996) and social class divisions that exist in the African-Caribbean communities in Britain have not been recognised or acknowledged. Whilst the young women in the focus groups were very aware of their gendered and racialised identities and the implications of this in terms of their experiences at school and their future in the workplace, they were less sure about their classed identities.

5.6 Social class position and identities.

Class is difficult to define. Sociologists have argued that social class is a complex concept which includes aspects of socio-economic circumstances, occupation and living conditions. More recently social class has been defined by patterns of consumption and identity. Recent literature has argued that social class became the 'lost identity of identity scholarship' in the 1980s and 1990s while there was a

focus on 'race' and gender (Reay et al, 2011). However, intersectionality (Crenshaw, 1989, Delgado and Stefanic, 2000) seeks to examine the ways in which 'race', class and gender intersect in the lives of black women. I have gathered data on a number of indicators of relative social deprivation including parental occupational status, housing status, car ownership and free school meals. This is important because deprivation is linked to smoking behaviour.

In my survey I collected data on parental occupational status, analysed using the Standard Occupational Classification (2000). Table 22 shows the differences in parents' occupational status.

Table 22: Occupational status of respondents' mothers.

Mothers' occupational status	African-Caribbean Women (38)	White Women (58)	African Women (4)
In full-time paid work	11 (28.95%)	27 (46.55%)	3 (75%)
In part-time paid work	8 (21.05%)	11 (18.97%)	0
Student	4 (10.53%)	1 (1.72%)	0
Unemployed	7 (18.42%)	10 (17.24%)	0
Not Sure	2	4	1
Other	5	1	0
N/R	1	4	0
Total	38	58	4

Source: survey data.

Eleven (29%) of the 38 young African-Caribbean women's mothers were in full-time work, while 27 out of 58 (46%) mothers of the young white women worked full-time. Three out of four of the African mothers were in full-time work. Similar numbers of African-Caribbean mothers and white mothers were unemployed. One of the striking differences between the African-Caribbean mothers and the white mothers was the higher percentage of African-Caribbean mothers who were students. These findings suggest that African-Caribbean mothers not only encouraged their children to achieve educational qualifications, but were trying to achieve educational qualifications themselves. Table 23 illustrates the jobs that the respondents' mothers did.

Table 23: Respondents' mothers' jobs, if employed.

	African-Caribbean Women (33)	White Women (56)	African Women (2)
Manager and senior officials	1	2	0
Professional occupations	3	9	0
Associate professional and technical occupations	6	9	0
Administrative and secretarial occupations	1	5	0
Skilled trades occupations	0	0	1
Personal services occupations	3	9	0
Sales and customer service occupations	2	3	0
Process, plant and machine operatives	0	1	0
Elementary occupations	1	1	0
Miscellaneous	3	0	0
Do not know	3	2	1

Source: survey data.

Two of the white mothers were in managerial positions while only one of the black mothers was in a managerial position. Nine of the white mothers were in professional occupations compared to three of the black women, but there were similar percentages of black and white mothers in less skilled work (personal services occupations; sales and customer service occupations; process, plant and machine operatives; elementary occupations and miscellaneous). Thus white mothers were more likely to be in managerial and professional positions compared to black mothers. Table 24 illustrates the occupational status of the respondents' fathers.

Table 24: Respondents' fathers' occupational status, if employed.

Current occupation	African-Caribbean Women (37)	White Women (56)	African Women (4)
In full-time paid work	12	30	1
In part-time paid work	0	1	0
Student	0	0	0
Unemployed	1	4	0
Not sure	4	4	1
Other	0	3	0
N/R	20	14	2

Source: survey data.

Thirty out of 56 (54%) fathers of the young white women were in full-time paid work while only 12 out of 37 (32%) of the fathers of the young black women were in full-time paid work. Thus the fathers of the young white women were more likely to be employed full-time. Interestingly, 20 out of 37 African-Caribbean young women did not respond to this question. This may signify that the young women had little contact with their fathers or limited knowledge of their employment activities. This is a similar percentage to the young women who lived only with their mothers (50%). Of those young women who responded to this question, four out of 56 white women reported that their father was unemployed while only one out of 37 African-Caribbean young women reported that their father was unemployed. In the next table relating to the current job of the respondents' fathers, almost 50% of the African-Caribbean women did not respond.

Table 25: Respondents' fathers' occupations, if employed.

Respondents' fathers' occupation	African-Caribbean Women (38)	White Women (55)	African Women (4)
Manager and senior officials	1	6	0
Professional occupations	0	6	1
Associate professional and technical occupations	3	1	0
Administrative and secretarial occupations	0	0	0
Skilled trades occupations	5	5	0
Personal service occupations	0	2	0
Sales and customer service occupations	0	2	0
Process, plant and machine operatives	1	5	0
Elementary occupations	2	2	0
Miscellaneous	1	4	0
Unemployed	1	3	
N/R	20	15	2
Not Sure	4	19	1
Total	38	55	4

Source: survey data.

In Table 25, six of the young white women's fathers were reported to be in managerial roles compared to only one of the young black women's fathers. Six of the young white women reported that their fathers were in professional occupations while none of the young black women reported that their fathers were in professional occupations. Again, the fathers of young white women were more likely to be in managerial and professional occupations. This demonstrates that young black women are more likely to live in disadvantaged circumstances whether or not their fathers reside with them. They have limited financial resources because their fathers do not have managerial and professional occupations.

Although social class has been determined by fathers' occupations in many social studies, these findings demonstrate that this definition of social class may not be appropriate for African-Caribbean communities because mothers may occupy

different occupational positions than fathers. Other studies have shown that African-Caribbean mothers may be more likely to be working in managerial or professional roles in the health and social care sector, as teachers, or as administrators or secretaries, while African-Caribbean men are more likely to be unemployed, or working in unskilled or semi-skilled work (Reynolds, 2001). My study supports the view that African-Caribbean mothers are more likely to be employed and to be employed in managerial and professional positions than African-Caribbean men but less likely to be employed full-time or in managerial and professional positions than white women. African-Caribbean mothers are more likely to be students than their white counterparts, white men and African-Caribbean men. Overall in terms of parental occupational status, the young black women appear to be in a more disadvantaged position than their white female peers.

One of the other indicators I collected on social disadvantage was housing: 31.4% of young white women and 25.7% of African-Caribbean young women were living in property rented from the Council. Home ownership was higher among young white women: 59% (35 out of 59) young white women lived in homes owned by their parents while 38% (15 out of 39) young African-Caribbean women lived in homes owned by their parents. Finally, 54% (21 out of 39) young black women lived in rented accommodation and 27% (16 out of 59) young white women lived in rented accommodation. Thus twice as many young African-Caribbean women lived in rented accommodation than young white women. Therefore in relation to housing, young African-Caribbean women also experienced greater disadvantage than young white women. This was also reflected in relation to car ownership: the parents of 84% (49 out of 58) young white women owned their own car, while the parents of 74% (29 out of 39) young black women owned their own car. The parents of two out of three African young women owned their own car. On this measure also, young black women were more materially disadvantaged than young white women. The survey also attempted to ascertain the young women's own perception of their social class position. This is shown in Table 26.

Table 26: Respondents' perceived social class.

Ethnicity	Upper-class	Middle-class	Working-class	Don't belong to a social class	Not sure	Total
Black	1(2.6%)	13(34.2%)	5(13%)	9(23.7%)	10(26.3%)	38
White	2(3.6%)	20(36%)	7(13%)	11(20%)	15(27.3%)	55

Source: survey data.

When young people were asked 'What social class (if any) do you belong to?', only one young black woman and two young white women described themselves as upper-class; 34% (13 out of 38) young black women and 36% (20 out of 55) young white women described themselves as middle-class while only 13% (5 out of 38) of young black women and 13% (7 out of 55) of young white women described themselves as working-class. Similar proportions of young black women and white women did not think they belonged to a social class or were unsure. What is striking is the similarity in the proportions of black and white women locating themselves in the different class categories. From the indicators of disadvantage (free school meals, parental occupation and home ownership) the majority of young women, both African-Caribbean and young white women, were in disadvantaged positions, although overall the African-Caribbean young women were more disadvantaged than the young white women.

While some of the responses may demonstrate a lack of understanding of social class among young people, Phoenix and Tizard (1996), examining the place of social class in the social identities of young Londoners, reported that when asked which social class they belonged to, young people whose fathers were classified as working-class were more likely to reply that they did not know which social class they belonged to or they were unsure of the meaning of social class. They found that 41% of young black people, 22% of young white people and 23% of mixed-parentage young people said that they did not know what was meant by social class. Phoenix and Tizard (1996) further reported that the young people in their study were more likely to define social class in terms of consumption – money and standard of living, housing or area lived in, and lifestyle and activities. It may be the case that this is how young women in this study defined their social class position.

One further question asked young people about their pocket money. Young women had a wide range of income from £0 to £30 per week. This included money

earned from part-time work, but the survey did not ask how many young people undertook part-time work. Four young white women and two young black women stated that they received no pocket money while five young white women and seven young black women reported that they received in excess of £30 per week. Thus similar percentages of young black and white women seemed to have similar amounts of disposable income.

Based on data from a longitudinal study of young people in the West of Scotland at age 11, 13 and 15, West et al (2006) examined the social distribution of pocket money and set out to assess the 'material paradox' which suggests that young people from poorer backgrounds have more money in their pockets than their richer counterparts. West et al concluded that young people in contemporary society have considerable consumer power and that money exchanges between parents and young people are influenced by a number of factors. Parents in poorer circumstances may try to compensate for family poverty by sacrificing their own needs for the sake of children and young people. Working-class culture will interact with consumer pressures and young people themselves will place demands on parents. West et al argue that consumerism is an important aspect of young people's identity. They concluded that young people from the most disadvantaged families may have the greater purchasing power (see also Croghan et al, 2003).

The findings from my focus groups confirmed that young African-Caribbean women were aware of their disadvantaged social position, but at the same time many of them did not want to identify with being working-class.

Researcher: I mean what social class would you see yourselves as? Do you see yourselves as working-class, middle-class, upper-class?

Jasmine: I just see myself as common.

Researcher: What do you mean, common?

Jasmine: Probably working-class.

Verona: Same.

Yvonne: I am not working-class, my mum is.

Tanika: I am not working-class, I am not middle-class, I am not nothing.

Researcher: Do you think black working-class people are the same as white working-class people?

Jasmine: No.

Yvonne: No, but whites get different jobs. Yes, they get more opportunities.
Verona: My mom don't think they are worth... she thinks they get it easier,
whatever. (Focus group 7)

While some of the women did think that they were working-class, some thought that their parents were working-class but they themselves were not. White working-class people were perceived as having more opportunities and getting better jobs than black working-class people. Working-class-ness appeared to be looked down upon.

One of the other reasons for the difficulty with conceptualising class is, as Platt (2005) indicates, for a large percentage of people who migrated from the Caribbean, migration was associated with downward social mobility as Caribbean people had to take jobs that were lower in status than their educational achievements and experience merited. The findings in this chapter have also indicated that the parents of the young African-Caribbean women in this study, as well as the young women themselves, had high educational aspirations. The educational aspirations of black women have been highlighted by other researchers (Mirza, 2009). Overall class as a concept may operate differently for these young women.

5.7 Influence of parents on cigarette smoking

Home and family influences on African-Caribbean young women have previously been noted in this chapter, with African-Caribbean young women spending more leisure time than their white peers with parents and siblings and also having greater involvement with religious activities. The influence of family and friends on cigarette smoking in young people was outlined in Chapter 2. Young people are more likely to smoke if they live in a household where other people smoke. Parental smoking has been associated with young people's smoking and has been well documented (Exter et al, 2004; Vink et al, 2003; Petersen et al, 2006). However, researchers in the USA have reported that the effect of parental disapproval was stronger than parental smoking status, i.e. whether or not parents smoked (Sargent and Dalton, 2001). Furthermore Resnick et al (1997) reported that family connectedness was protective of young people engaging in risky behaviours such as smoking. Skinner et al (2009), investigating the differences

between parental and peer influences in black and white families in the USA, concluded that black teenagers smoked less than white teenagers because black parents had clearer parental rules and consequences for failure to observe these rules. Gittelsohn et al (2001) suggested that African-Americans' non-use of cigarettes was linked to a desire not to disrespect their parents. In addition they were averted from cigarette smoking by their parents' addiction to nicotine. African-American female smokers in Gittelsohn et al's study (aged 13–18) reported hiding smoking from parents as they felt that smoking in front of one's mother was disrespectful. Chassin (1998), investigating the influence of mothers on young people's smoking, concluded that young people who thought that they would be punished for smoking were less likely to smoke and less likely to be influenced by their peers.

Earlier I outlined that 50% of the young black women reported living only with their mother compared to 26% of white young women. Of the young white women who reported that their mother smoked, only one of 16 had never smoked and six smoked regularly (Table 28). Of the 15 young black women who reported that their mother smoked, three had never smoked and none of these young black women smoked regularly. Of the 16 young white women whose mothers smoked, three had tried smoking once while 8 out of 15 (53%) young black women had tried smoking once. Hence black women whose mothers smoked were three times more likely to have tried smoking once but did not become regular smokers. The fact that almost twice as many young black women lived in single-parent households may have had some bearing on cigarette smoking behaviour. In research on cigarette smoking among African-American young people (Oredein and Foulds, 2011), the authors postulate that the increase of African-American young people living in single-parent households with only their mothers may affect African-American young peoples' smoking prevalence as mothers had a lower smoking prevalence and had more negative views of cigarette smoking. This affected the attitudes of African-American young people to cigarette smoking. In my study, although there was a great level of experimentation among African-Caribbean young women, this did not develop into regular smoking.

Table 27: Smoking status of mothers and smoking status of young women.

Mother smokes	Smoking status of young women	White (N=49)	African-Caribbean and African (N=31)
Yes	Never smoked	1	3
	Tried once	3	8
	Used to smoke	5	3
	Smokes sometimes	1	1
	Smokes 1–6 per week	0	0
	Smokes more than 6 per week	6	0
	Sub-Total		16
No	Never smoked	9	6
	Tried once	6	3
	Used to smoke	6	4
	Smokes sometimes	5	0
	Smokes 1–6 per week	5	2
	Smokes more than 6 per week	2	1
	Sub-Total		33
Total		49	31

Source: survey data.

Of the 33 young white women whose mother did not smoke, nine had never smoked and seven smoked regularly. Of the young black women whose mothers did not smoke, six did not smoke and three had tried smoking once. For black women, having a mother who smoked seemed to be associated with trying to smoke, but not with becoming a regular smoker. However, for white women having a mother who smoked did not seem to be associated with trying smoking once, but did seem to be associated with becoming a regular smoker. This may be related to whether the mother disapproved of smoking or laid down sanctions about smoking. While mothers who smoke may find it harder to disapprove of their daughter's smoking, proportionately fewer white women had never smoked.

The discussions in the focus groups, although conducted later, identified that while some of the young women's mothers smoked cigarettes, they disapproved of cigarette smoking and actively tried to discourage their daughters from smoking. In the following excerpts young black women discuss their mothers' cigarette smoking practices:

Jade: My mum smokes.

Keisha: My mum used to.

Researcher: So what pressures do you think there are say on your mum to smoke? What causes her to smoke?

Jade: My mum smokes, but I think she is smoking because of stress.

Simone: I think my mum smokes because she is addicted to it.

Alicia: It is mostly stress, I think.

Keisha: I think most people with children are the ones that smoke. (Focus group 1)

In this group, the young women discussed their mothers' smoking which they attributed to coping with stress, coping with children and being addicted to cigarettes. This view was echoed in other discussions:

Researcher: Why do you think they smoke then?

Simone: My mum smoked because of peer pressure.

Researcher: Do you think that is the reason why your parents smoke?

Alicia: I think my mum has always smoked because she is stressed, and she is addicted to the cigarette, she can't stop.

Researcher: Right. I don't know how many of you know your grandparents? I bet your grandmothers didn't smoke!

Alicia: No!

Keisha: My granddad smoked, he used to smoke but now he don't.

Researcher: So how do you think your grandmothers felt when their daughters started smoking? Your mothers?

Alicia: Yes, she doesn't know, she just does it in front of me. I am the only one who knows.

Researcher: Gosh. So, why has there been that change between the grandparents and the mothers?

Alicia: Erm... they were born in different places.

Researcher: Is it because your grandparents were born in the Caribbean and Jamaica and your mothers were born here?

Alicia: Yes.

Researcher: So why has it changed again, now? ...Why have your generation stopped smoking?

Simone: The adverts.

Keisha: There are more people getting cancer. Yes, the adverts play a good part in stopping people smoke. That is a good thing. (Focus group 1)

In addition to the reasons for smoking regarding stress and addiction to cigarettes, one of the young women discussed the fact that although her mother smoked, her grandmother was unaware of this as her mother did not smoke in front of her own mother. The young women were also aware of differences between older African-Caribbean men and women in relation to cigarette smoking and that this might be due to differences in cultural acceptance of women smoking between the Caribbean and the UK. The young women also remarked that the link between cancer and cigarettes was one of the reasons why smoking had declined among younger African-Caribbean women in the UK.

African-Caribbean adult women in the UK had high levels of cigarette smoking when compared to other women in 1995. In 1995 the Policy Studies Institute published the fourth national survey of ethnic minorities, conducted in England and Wales in 1993 and 1994 (Nazroo, 1997) in which 31% of African-Caribbean women were reported as current smokers compared to 5% of Indian women, 4% of Pakistani women, 3% of African Asian women and less than 1% of Bangladeshi women. However, smoking rates among Black Caribbean women appeared to be declining. In 2008, 26% of English women, 24% of white Irish, 23% of other white and 22% of Black Caribbean women reported being regular smokers (Millward and Karlsen, 2011). Thus the prevalence of regular smoking was slightly lower among Black Caribbean women, and Millward and Karlsen (2011) argue that if these rates were adjusted for socio-economic status, Black Caribbean women would have significantly lower smoking rates than white English women. Thus despite their disadvantaged position, adult African-Caribbean women did not smoke to the same extent as their white peers.

National data suggest that young people are more likely to smoke if they live in a household where other people smoke. Only 4% of 11–15 year olds who reported smoking regularly lived in a household with no smokers (Fuller, 2007) while this rises to 10% where there is one smoker and 15% if there are two smokers. Although parental smoking has long been associated with young people's smoking (Exter et al, 2004), it appears that parental smoking is not associated with an increased risk of regular smoking behaviour among the young women in my study. In a qualitative study in the USA, Gittelsohn et al (2001) explored social influences on smoking behaviour among African-American and white and female adolescents. Their study revealed that, while white females received permissive parental messages around cigarette smoking, males, particularly African-American

males, received the strictest parental sanctions. They suggested that African-American non-use of cigarettes was linked to a desire not to disrespect their parents. African-American female smokers in the study reported hiding smoking from parents as they felt that smoking in front of one's mother was disrespectful and was disapproved of. The participants in my study said that although many of their parents smoked (particularly fathers), parents did not want their children to smoke and that on the whole black parents would not smoke in front of their children. Some young women revealed that their mothers tried to conceal the fact they smoked from their children.

Natalie: She knows it is bad for my health. If she wants a cigarette she goes outside.

Jasmine: Her mum shows respect, and the whites don't do that, they do it in front of their children... look at Sarah (a white mother)... even when she is pregnant she is still smoking. (Focus group 5)

The young women reported that they would be punished by their parents if they were caught smoking. They were not able to smoke at home and they had a view that black parents were much stricter in monitoring what they did in their rooms. In some African and African-Caribbean families, while cigarette smoking was seen as wrong, cannabis smoking was deemed to be acceptable and was perceived to be more beneficial for one's health than cigarettes.

African-Caribbean parents tried to stop young people from smoking by punishment, withholding pocket money, stopping their children from associating with children who were known to smoke cigarettes and 'beating' as illustrated in the following discussion.

Researcher: What about pressure from parents? Both your parents, your mothers smoke. Do they try and stop you from smoking?

Natalie: Yes.

Solange: She wouldn't give me any money if I did.

Researcher: She would stop you from smoking?

Solange: Yes, because she doesn't want me to.

Jasmine: My mum is stopping me from smoking.

Aisha: My mum would beat me if she found out I smoked.

Salma: Your mum? My dad would beat me.

Researcher: When you say 'beat' you mean beat?

Salma: Yes, when you get beaten. (Focus group 5)

Earlier in this chapter I discussed the research literature on African-Caribbean families and discipline. The discussion above highlights the view that some young women had about getting punished for cigarette smoking. It appears that while physical punishment was practised in some African-Caribbean families, the extent to which this happens and the severity might need further exploration. Despite the negative portrayal of African-Caribbean single-parent households in the media and in some academic literature, the findings from my study suggest that African-Caribbean parents have a close relationship with their children, that they supervise their children closely and have clear sanctions and guidelines in relation to cigarette smoking.

5.8 Conclusion.

In relation to African-Caribbean young women in this study, the survey data and the focus group findings point to the young women having a Black British racialised identity and an African-Caribbean cultural identity. They are very aware of the ways in which 'race', culture, ethnicity, gender and class intersect in their day-to-day lives. The focus group findings demonstrated that African-Caribbean women constructed their racialised, gendered and classed identities in opposition to the identities of their white and African peers. It is evident that African-Caribbean young women were more religious than their white female counterparts and spent more of their leisure time participating in religious activities. African-Caribbean women were also more likely to spend more time with their families. Their parents had high educational aspirations for their children. Although some Caribbean mothers might smoke, they were reported as enforcing stricter regulations about smoking within the home. Parental disapproval of smoking has been demonstrated as a protective factor against smoking among young people. Similarly young people with educational aspirations are less likely to become regular smokers. A higher percentage of African-Caribbean mothers were students, and the educational qualifications of parents have also been shown to be related to a lower uptake of cigarette smoking in young people. African-Caribbean women in this study were in a more socially disadvantaged position than their

white counterparts in terms of specific indicators such as parents' occupation, housing, car ownership and free school meals. Both African-Caribbean and white young women had similar amounts of personal income (pocket money) and few perceived themselves to be working-class.

This chapter has demonstrated the reported family and community connectedness of African-Caribbean young women and indicates that religious, cultural and ethnic factors might militate against African-Caribbean young women becoming regular smokers. While young African-Caribbean women might be more likely to experiment with smoking, they seem less likely than their white female peers to become regular smokers at this age. Thus their social and social context offered some protection against cigarette smoking. In Chapter 6 I will examine the influence of young women's school environment, friendship networks and leisure activities on cigarette smoking.

Chapter 6: How Friends, Peers, School and Leisure Matter in Cigarette Smoking

6.1 Introduction

In the previous analysis chapters I reported that the African-Caribbean young women in my study were from disadvantaged circumstances but yet they did not smoke to the same extent as their white counterparts. I suggested that they were protected from cigarette smoking by their family connectedness, African-Caribbean culture and their religious practice and involvement. In this chapter I present further findings from the survey and focus groups on the young women's lives, lifestyles, leisure activities, fears and worries, expectations for the future and educational aspirations, and relate this to smoking and other health behaviours. Predictors for starting smoking are different for young women and young men (Vidrine et al, 2006; Kaufman and Augustson, 2008). For young women, body image and self-esteem are related to smoking initiation and becoming regular smokers. Young women who have a negative body image and low self-esteem are more likely to start smoking and to become regular smokers (Charlton, 1984; Croghan et al, 2006). However, research in this area has not considered the influence of 'race' and gender on cigarette smoking. This chapter examines young women's life and leisure, and the influence of self-esteem, body image and stress on cigarette smoking.

6.2 Young women's views about their current life

Most young people in this survey felt good about their current life. Despite their disadvantaged position, when asked 'How do you feel about life at the moment?', 15 out of 26³ (58%) young black women compared to 19 out of 43 (44%) young white women reported that they felt good or very good about their life at that

³ This is the number of young women who responded; not all respondents answered all the questions. In the tables the individuals who did not respond are identified as non-response (N/R).

moment, with 2 out of 43 (4.6%) young white women saying that they felt 'very good' and 8 out of 26 (31%) young black women stating that they felt 'very good'. From the survey, more African-Caribbean young women than white young women were happy with their lives. When asked whether they were happy with their body, 16 out of 27 (59%) young black women strongly agreed or agreed, while 9 out of 42 (21%) young white women strongly agreed or agreed. So, twice as many young black women in this study appeared to be happy about their bodies than young white women. Twenty-two out of 42 (52%) young white women reported that they would like to change themselves, while only 10 out of 27 (37%) young black women reported that they would like to change themselves. Only one of the African young women wanted to change herself and the other African young woman was not sure. More young white women than young black women wanted to change themselves. Young black women were also more likely to report that they thought that they were easy to like. Nineteen out of 28 (68%) young black women agreed or strongly agreed that they were easy to like, while 22 out of 41 (54%) young white women thought that they were easy to like. Taken together, the answers to these three questions indicated that young black women in this sample were happier, more confident and had more self-esteem than their white female peers. Kaufman and Augustson (2008) report that self-esteem in relation to school and in relation to parent relations are both associated with smoking and that young women are more likely to smoke if self-esteem is low in these areas. The African-Caribbean young women I talked with might start smoking later and might be less likely to become regular smokers because they were happier with their body image and had higher self-esteem.

Another indicator of the health and wellbeing of the African-Caribbean young women was their experience of depression. When asked whether they had experienced depression in the last 12 months, 12 out of 45 (27%) young white women reported that they had, while only two out of 31 young black women and one African woman reported experiencing depression. This finding might reflect cultural differences between white and black women about defining depression. Recent research has reported that black women are less likely to report experiencing depression (Edge, 2013). Additionally, spirituality is linked to a lower likelihood of expressing depression (Walsh, 1999). As more black women than white women in this study had an articulated religious identity, this may explain why young black women were less likely to report experiencing depression. As well as providing an opportunity for religious practice and activity, black majority

churches arose partly out of the ostracism experienced by black church goers attending white churches in the early years of migration to the UK and also because of the need to meet their cultural and spiritual expectations. Black majority churches provided a forum for African-Caribbean members to discuss their experiences of racism and discrimination and to develop strategies to enable them to survive in a context of marginalisation and discrimination. So, in addition to providing a place of religious support, black majority churches provided a resource for social support. For young black women in this study, their attendance at places of religious worship may have turned on the social support as much as the spiritual sustenance and enabled them to acknowledge, recognise and deal with racism.

Cigarette smoking is also associated with high stress, and as a much smaller number of black women reported experiencing depression, this may also indicate that they experienced lower stress and this may partly account for their lower rates of cigarette smoking. In the survey the young women's views about religion and health were assessed through the statement: 'Being healthy or unhealthy is determined by God'. In answer to this statement, none of the young women strongly agreed with this; however, 6 out of 20 black women agreed with the statement while none of the young white women did. Three out of 20 (15%) young black women strongly disagreed, while 6 out of 20 (30%) disagreed compared to 10 out of 37 (27%) young white women who disagreed while 22 out of 37 strongly disagreed. Thus twice as many young white women as young black women disagreed or strongly disagreed with this statement. This adds to the view that not only did African-Caribbean young women profess greater religious adherence and religious practice (as reported in Chapter 5), but they also had a greater belief that their health was determined by God. Hence religiosity/spirituality may be an important component of their health and wellbeing.

For both young white women and young black women, the issue most important in the respondents' lives was being happy. The second most important issue for black women and white women was having good health. In addition, young black women listed being successful as equally the second most important issue. Future job security was the fourth most important issue for young black women and the third most important issue for young white women. The issues that most worried both black and white respondents were school work, the death of a close relative or friend and their own death. The issues more likely to worry young white women

most in the future were school work, having enough money and sexual relationships, while for young black women the issues were death of a close relative or friend, school work and having enough money/own death. In relation to their life in the future, 8 out of 25 (32%) young black women and 7 out of 42 (17%) young white women thought that their life in the future would be very good. Interestingly almost double the percentage of young black women thought that their life in the future would be very good. This may be linked to their religious beliefs, their higher self-esteem or the high educational aspirations of young black women.

In Chapter 5, I discussed the educational aspirations of young black women and their parents. Although African-Caribbean parents were disadvantaged in terms of occupation, they were reported to have high expectations of their children in relation to education and to believe that this was the route by which children might achieve upward mobility. This view is prevalent among a number of migrant groups in the UK. Platt (2005) reported that in Caribbean communities, parents experienced downward social mobility on migration to the UK, and although the children of Caribbean migrants did obtain some upward social mobility, this was not to the same extent as children of other minority ethnic groups, e.g. Indian migrants. This was explained by the increased risk of unemployment among African-Caribbean adults, who, despite educational qualifications, were more likely to be in marginal positions in employment (Platt, 2005). Nonetheless, African-Caribbean parents emphasised the importance of educational qualifications in terms of obtaining professional jobs.

This was reflected in the responses to the survey questions about educational aspirations. When asked how important it was for the respondent to do well at school, 34 out of 43 (79%) white young women and 25 out of 26 (96%) black young women reported that this was important or very important. Both of the young African women replied that it was very important to do well at school. In response to the question 'How important do your parents feel school is?', 35 out of 41 (85%) young white women and all the young black women reported that it was important or very important. Again both African young women reported that school was very important to their parents. However, when asked how well they felt they were doing at school, a similar proportion – 26 out of 43 (61%) young white women as compared to 18 out of 28 (64%) young black women – reported that they were doing quite well or well. Both African young women reported doing quite

well or well. Three out of 28 (11%) young black women compared to 6 out of 43 (14%) young white women reported not doing very well. Even though the schools participating in the survey were in disadvantaged areas, all the young women acknowledged that their parents felt that school was important. More young black women perceived that it was important for them to do well at school and from the 100% response rate they were very aware that their parents had high educational expectations of them. Researchers have reported that young people who have low educational aspirations and less educated parents are more likely to start smoking early and to become regular smokers (Waldron and Lye, 1990; Chassin et al, 1998). The smoking behaviour of young black women supports this as they had high educational aspirations, and as reported in Chapter 5, several of the mothers of the young black women in this study were studying, yet they started smoking later than their white counterparts and smoked less.

However, despite the young black women's desire to do well at school and their knowledge that their parents expected them to do well, around one third, 10 out of 28 (36%) young black women, reported that they had had fixed-term exclusions from school, compared to 6 out of 43 (14%) of young white women. None of the young women reported being permanently excluded from school. One of the two African young women also reported having had fixed-term exclusions from school. More than twice as many young black women reported being excluded from school than white women although the black women had higher educational aspirations than young white women. Research on school exclusion has focused on young black men (Gillborn, 1995; Osler and Hill, 1999). However, my research supports the findings of more recent research which reports that young black women are more likely to be excluded than their white female counterparts (Osler et al, 2002; Osler, 2006). This may be due to the fact that young black women behave differently from young white women, do not display certain kinds of expected normative femininity and may receive fixed-term exclusions for behaving loudly or challenging teachers. Although school exclusion may be due to delinquent behaviour and this is associated with cigarette smoking (Griffin et al, 2003), Osler (2006) argues that the reasons why young women are excluded may be different from those for young men and may have more to do with bullying or relationship problems and everyday incivilities rather than delinquency. Hence, although young black women are more likely to be excluded from school than young white women, this may be due to their experiences with some teachers. Thus although the young black women in this study had higher rates of school

exclusion, this did not appear to be linked to higher rates of cigarette smoking. I shall explore this further in relation to the focus group findings.

The findings from the focus groups were similar to the survey results, although the focus groups were conducted later and with an older cohort. Young black women discussed their experiences of racism and understood the racism that their parents had experienced. One of the very strong themes from their narratives was that of autonomy, independence and control. The African-Caribbean young women had high educational aspirations and wanted futures where they had some control over their lives. The professional careers they talked about ranged from wanting their own businesses, being teachers, midwives and social workers as reflected in the following extracts:

Jade: I want to do an apprenticeship, but... what I want to do, it keeps changing all the time, because... I don't know... different things people say.

Alicia: I want to go on an apprenticeship for hair and beauty. But I want to do courses as well, because I want to own my own business. I don't want to work for no one.

Researcher: What about you?

Simone: I am going to sixth form to do 'A' levels.

Researcher: OK. Do you think things are harder for black women?

Simone: Yes.

Keisha: Yes. People expect a lot from black people, and I don't know. It is hard.

Simone: I think when I teach, I want to teach black children.

Researcher: Why?

Simone: Because there is a lot of racism going on.

Jade: I think the expectations are set low so they don't think you are smart enough. You might be as smart as a white person, but they don't think you are as smart as you are. (Focus group 1)

This discussion suggests that the young black women had high professional aspirations, yet at the same time they were aware of the difficulties faced by black women and the racism that they were likely to experience in the work place.

Researcher: So what do you all want to do when you leave school?

Arrianne: Erm... go to college and do child care or something, I think with children, a teacher or something.

Rochelle: Erm... go to college and be a teacher.

Lily: I want to study law.

Kate: Go to university maybe... and probably join the navy or the army or something. (Focus group 6)

It was evident that young black women appeared to have a very traditional view of acceptable professions (teaching, law, social work, nursing, the army) and believed that their parents wanted them to obtain academic educational qualifications rather than going into a trade or taking an apprenticeship. Black parents were reported by their children as being aware of the latter's need to get good educational qualifications and saw this as a strategy to enable them to get professional jobs in the future.

6.3 Young women's lives at school

The experience of racism and discrimination by young black women at school was evident in discussions about the differential treatment they received. Despite this, their parents advised them to keep their heads down and get on with their work; the focus group participants reported that in certain instances their parents were required to challenge the behaviour of teachers.

Researcher: So how do your teachers see young black people do you think? This is totally confidential.

Chinez: It depends on who the teacher is.

Researcher: Ok.

Ginny: Some of my teachers, I think that they hate me because I am black.

Researcher: Really?

Ginny: Yes.

Researcher: And how is that... how do you... why do you think that?

Ginny: If I was doing my work, and I speak or I laugh I will get sent out for no reason, and it is just... stupid.

Researcher: And do the white girls get sent out?

Chinez: No. They just get told off, they get warnings all the time, left, right, and centre. It is just... stupid.

Researcher: Do you all experience that?

Indoor: They try to treat us the same but the way I see it some teachers are actually... I am not going to name no names, but...

Researcher: No, no obviously not, no.

Indoor: But some teachers are racist.

Researcher: And what makes you think that some teachers are racist?

Indoor: Just the way they treat all the white kids compared to the black kids.

Chinez: True.

Researcher: And have you experienced that?

Ginny: Kind of.

Researcher: So how does that make you feel? How does that make you feel when you experience that racism, even though they are trying to cover it up a bit?

Indoor: I told my mum and she just says 'Just ignore them and just get on with your work'. And then I nearly ended up cracking a teacher once, but I thought 'na, don't blow it' because I will get kicked out of school, so. I just had to... but now the teacher has started to back down a bit because my dad had to come into the school, so.

Researcher: Your dad had to come into school? What, to talk to the teacher about their racism?

Indoor: Yes.

Researcher: And how did the teacher react...?

Indoor: The teacher got scared.

Researcher: So did the behaviour of the teacher change after that?

Indoor: Yes, but not majorly, just slightly.

Researcher: Ok, right. So how do you cope with racism?

Indoor: You just have to block it out really.

Chinez: Sometimes you have to just stick it out because that is life.

Researcher: How do you cope with racism?

Ginny: The same thing.

Researcher: So... going on to talking about smoking. Do you think that young people smoke because they are trying to cope with racism?

Ginny: It might be like frustrating and like they pick it up, exactly, stress. So that could be the only option.

Indoor: But most of the time it is because someone else is doing it.

Chinez: Yes, peer pressure.

Researcher: Right, you think it is peer pressure?

Chinez: Yes. (Focus group 4)

From the above discussion, it is evident that some young black women experienced racism at school and that sometimes their parents were required to intervene. However, the young women saw racism as part of their everyday life. When asked, young women did not identify the stress from racism as a reason for smoking but felt that young people were influenced by their peers.

While research suggests that some young white women may smoke cigarettes to project themselves as rebellious or edgy (Michell, 1997; Pavis and Cunningham-Burley, 1999; Amos and Bostock, 2007), the young black women in this study did not report feeling the need to smoke in order to create this image. It may be that within the school young black people were already seen as troublesome by the teachers; added to this, black 'urban' culture in terms of music, speech and dress held a symbolic capital and young black women were aware that young white women were trying to dress like them and speak like them. However, racism emerged in terms of their day-to-day experiences at school, particularly when recounting their interactions with some white teachers. On the one hand some respondents denied that racism was a factor in shaping their daily lives and experiences in Britain. However, on the other hand, an analysis of their accounts of their experience of schooling and that of their black male counterparts pointed in the opposite direction. Young women were very aware that they were black growing up in a predominantly white society. This is reflected in the following discussion:

Researcher: What about in terms of school? Do you feel you are treated any differently?

Leticia: Yes, think sometimes, like some of the teachers, some of the white teachers.

Ayo: I do.

Jessica: I do.

Jessica: Sometimes I think we are treated unfairly.

Natalie: Yes.

Researcher: In what way?

Jessica: Like because you are naughty that is why. Especially you Natalie [laughter].

Natalie: We will be talking, and we will get in trouble. But if there is another person that is white who is talking, **we** will get in trouble.

Ayo: Especially in science. There is a group of white people, they are making noise.

Jessica: And they separate the black boys.

Researcher: Oh right. And what do you think about that?

Jessica: That is wrong because... some black people are cleverer than white people. It is about how you learn.

Natalie: Some of the boys, nearly all the black boys get into trouble, but you hardly see the white boys get in trouble.

Researcher: So, do you think that is racism?

Jessica: I think it is.

Natalie: A black boy will get singled out because it seems like there are more of them than white boys.

Ayo: And they are louder, they are kind of louder. (Focus group 2)

Research on the experiences of young children of Caribbean parents has repeatedly demonstrated teachers' poor expectation of these children (Blair, 2001). Perhaps as a result of the low expectations and discriminatory practices of teachers, black boys in particular started to demonstrate rebellious behaviour. This was not the case for young black women, who, despite their experiences at school and low expectations of teachers, started to achieve more academically than their black male counterparts (Mirza, 1992; Mirza, 2009). For example, with respect to GCSEs, Caribbean girls achieved much better educational outcomes than their black male counterparts (DfES, 2007). However, they achieved less than their white female counterparts (62% of white girls achieved five or more GCSEs at grade A* to C); while 52.4% of Caribbean girls achieved five or more GCSEs at grade A* to C, only 35.9% of Caribbean boys achieved five or more GCSEs at grade A* to C (DfES, 2007). Although young black women experience discrimination at school, they still try to achieve educationally and they see this as a strategy to obtain jobs and employment opportunities in the future.

Young African-Caribbean women were profoundly aware that teachers' expectations of them were very low – this was in contrast to their parents' expectations of them which were extremely high. This put pressure on young black

women who felt that they were trying to succeed in what was sometimes a hostile and racist environment at school.

Aisha: I think the expectations are set low, so they don't think you are smart enough. You might be as smart as a white person, but they don't think you are as smart. So... (Focus group 5)

There was a general perception that teachers had low expectations. One of the young women commented on a teacher ignoring her:

Arriane: I had my hand up and he wouldn't even come to me.

Researcher: So what do you think that teacher thought about you?

Arriane: I don't know, I am not going to... or anything... I don't want to project views of him like that because he is white and I am black. I would like to think that he isn't like that, but if he is...

Researcher: Yes, you were going to say?

Rochelle: Because of the things you see on television maybe.

Researcher: What things?

Arriane: Oh (sighs) I don't know but some of them are just so rude and... it gets you angry and stuff because they think black people cause trouble and you just generally just want to learn at school and just want to be good and stuff like that, they just stare at you and say this and say that and it is just not true. (Focus group 6)

Young women were clearly trying to look for alternative explanations for their treatment and did not immediately want to believe that they were being treated differently because they were black. However, a number of studies have highlighted the experience of racism of young black women in school (Osler and Hill, 1999; Wright et al, 2000). Nonetheless, all the focus groups in my study revealed the high educational aspirations of all the young black women. The survey showed that in response to the question, 'Do you like answering questions in class?', 12 out of 28 (43%) young black women agreed or strongly agreed that they liked answering questions in class, while 13 out of 28 (46%) were unsure. This compares to 11 out of 42 (26%) young white women. Despite the experience that young black women had in class (discussed in the focus groups), almost twice as many young black as white women liked answering questions in class, suggesting that they had high self-esteem. There was a higher percentage of

black women in this sample than young white women who liked answering questions in class. Mirza has argued that African-Caribbean girls try to do well in school as part of a strategy of resistance (1992, 1997). Mirza has further argued that African-Caribbean women have an unshaken commitment to education and they demonstrate this not only by investing in their own education but also in their children's education (Mirza, 2003). My survey also identified the extent to which the young women felt that racism affected their current life and how it might affect their life in the future. Almost twice as many young black women (14 out of 40; 35%) as young white women (10 out of 54; 19%) felt that racism affected their present life. A similar percentage believed that racism would affect their lives in the future: 12 out of 49 (24%) young white women and 15 out of 35 (43%) young black women thought that racism would affect their lives in the future. When young black women in the focus groups were first asked if they experienced racism their initial response was no and the survey responses appeared to contradict the findings of the focus group discussions. It was only as the discussions unfolded that the young women in the focus groups were able to describe the systematic racism and discrimination they experienced at school in terms of being punished for talking in class when their white female peers were not punished and at times being ignored by teachers when they wanted to ask a question in class. This may be because they thought of 'racism' as direct name calling or physical attack rather than the institutionalised discrimination that they experienced at school.

Again, 20 out of 35 (57%) young black women did not think that racism would affect their lives in the future, but in the focus group discussions, the young women were very aware of the difficulties they might have in securing employment in the professions that they hoped to pursue and they understood the racial discrimination that their parents had experienced in the work place. One further explanation for their reluctance to believe that racism would affect their lives in the future might be the lengths to which their parents, particularly mothers, might go to protect them from racism and to promote their positive self-identity (Mirza, 2003; Reynolds, 2005). This is part of their Caribbean cultural influence.

In a study on young African-Caribbean women, educational aspiration and self-esteem, Mirza (1992) demonstrated that young black women had a more positive self-image than their white counterparts and young black men. Mirza also showed that young black women did better in their final examinations than their male peers. She argued that further exploration of the identity of young black women

was needed and she deconstructed the ideology of 'strong black women' and the suggestion that black women possessed internal and 'natural' strengths that accounted for their endurance and ability to overcome the structural racism and sexism they face in school, the workplace and home. Their experiences of racism and sexism was very evident in the focus group narratives. In the section on educational aspirations I showed that despite growing up in deprived socio-economic circumstances and their experiences of racism at school and in wider society, young African-Caribbean women still had high educational aspirations. Was it their sense of being part of a wider Caribbean community that provided the resources and strategies to deal with structural racism and sexism and the low expectations of teachers at school? It could also be their friendship network that supported them. Friendships and friendship networks are particularly important for the feeling of wellbeing and community (Gilligan, 1996; Hey, 1997). This is explored next.

6.4 Friends and friendship networks

All the young women appeared to spend the same amount of time with their friends. Of the three African women who answered this question, two often spent time with friends and one sometimes spent time with friends. Only three out of 58 (5%) young white women and one of 38 (less than 3%) black women never spent time with friends; 45 out of 58 (78%) young white women and 30 out of 38 (79%) young black women often spent time with friends. Ten out of 58 (17%) young white women and seven out of 38 (18%) young black women sometimes spent time with friends. Young black women and white women thus spent similar proportions of time with friends. In response to the statement 'My best friend at school is the same ethnic group as me', 13 out of 36 (36%) young black women and 24 out of 57 (42%) young white women said that their best friend at school was of the same ethnic group. So both young black and young white women's best friends were more likely to be of a different ethnic group. This may be because of the ethnic composition of the school, or it may suggest that ethnicity was not an important criterion when choosing friends at school. Reynolds has suggested that while African-Caribbean young people chose best friends from different ethnic groups in primary school, in secondary school they are more likely to choose best friends from the same ethnic group (Reynolds, 2006a). This is supported by George

(2007) who argued that young black women are more likely to make friends who share a similar background. However, young black women may also choose friends who have the same educational aspirations (George, 2007).

Outside of school though, the young black women in my study were more likely to have best friends from the same ethnic group; a young white woman's best friend was more likely to be from a different ethnic group. The African young women's best friend at school was not likely to be of the same ethnicity. One African young woman reported that her best friend outside of school was likely to be of the same ethnic group. Twenty out of 36 (55%) young black women reported that their close friends were from the same ethnic group while 28 out of 57 (49%) young white women reported that their close friends were not from the same ethnic group. While the majority of black women chose close friends from the same ethnic group, the majority of white women chose close friends from a different ethnic group. African women were not sure about this question. Of the young black women, 61% said that their close friends were from a wide range of ethnic groups compared to 68% of young white women. Both black and white young women chose friends from a wide range of ethnic groups. When asked whether they preferred being in social groups where all of the people were from their own ethnic group, the majority of young black women and young white women did not prefer social groups with people of the same ethnicity; 68% of young black women and 75% of young white women enjoyed social groups containing people from different ethnic groups. Again very similar percentages of young women preferred social groups that were ethnically diverse.

The young women appeared to have a wide friendship network and in some contexts 'race' became irrelevant to their young urban identity.

Researcher: So let's talk about your friends. Who are most of your friends?
Are most of your friends black or white, or a mixture?

Chinez: Mixed.

Ginny: A bit of both.

Indoor: I don't know, like... there are some things, I would say there are some things that black people understand compared to a white person. Do you get what I mean? (Focus group 4)

However, in terms of leisure activities, certain spaces seemed to be racialised and there were places that young black women were less comfortable going to with white friends. This was more apparent in the focus group discussions:

Chinez: There are things that you can do with your black friends that you wouldn't do with your white friends, you know. There are places that you go with your black friends that you wouldn't go with your white friends.

Ginny: I can't go to a pub like [laughs] because you know they like pubs. I am not being offensive or anything, but I can't go to a pub, I just can't see myself going to a pub here. But I can go with my black friends to your friend's house for a party or something. But I think there are still some places that you can go to with your black friends that you can't go with your white friends.

Researcher: Like where?

Ginny: But I just can't think now. (Focus group 4)

The young black women had friends from different ethnic groups, but some young black women were unsure about the extent to which they could trust young white women, while other young women thought that it depended on the friend, not their ethnicity.

Ginny: White people chat a lot.

Chinez: Yes, that is the thing.

Researcher: What do you mean?

Ginny: Like if you tell your friends a secret, then they just go and shout it around. It is just like... you thought you could trust them and everything.

Researcher: So do you think you can trust black people more easily than you can trust white people?

Ginny: Yes.

Indoor: It depends who you are talking about though. It depends on who your friends are really. It depends. (Focus group 4)

From this discussion it is evident that the women saw trust and reciprocity as important values. Their choice of friends was limited by the leisure and social activities they did. So, for example, some young black women chose not to go to pubs. This may be a reflection of their experience in pubs and feeling

uncomfortable, but could also be the perception of pubs being associated with being a white working-class space.

In an unpublished paper, Reynolds remarks on the friendship networks of Caribbean young people (Reynolds, 2006a). She proposes that Caribbean young people have friends from across a range of ethnic groups while they are in primary school, but when they move to secondary school Caribbean parents attempt to dissuade their children from associating with white working-class children. Reynolds (2007) has also reported that the best friends of the majority of Caribbean young people in her study shared the same ethnic group and had the same values, 'such as trust, reciprocity, emotional support, community, and identity' (Reynolds, 2007: 1).

Researcher: So in terms of your friends, are they mainly black or white?

Jasmine: Black.

Tanika: I have mixed, a lot of mixed.

Yvonne: I have white and black friends.

Researcher: Do your parents mind who your friends are?

Verona: She wouldn't care.

Tanika: My mum wouldn't mind.

Yvonne: Mine wouldn't either, nor my dad. Jasmine: If they are like proper people, not like... Researcher: When you say 'like proper people', not like? Yvonne: Crooks and all that.

Tanika: Oh yes.

Researcher: So when your parents give you advice, would they say to hang out with black or white friends?

Yvonne: Well, looking at what's happening at the moment, with young black people in London being killed by other black people, they would probably say I should hang out with white people [laughing].

Jasmine: She would want me to be around my own kind. (Focus group 7)

This discussion demonstrates that young black women were aware of their parents' preferences in terms of friendship networks. While some young women saw this in terms of ethnicity-specific circles, others had a multi-ethnic friendship network. Respectability was a recurring theme: friends should be 'proper people' (Skeggs, 1997). The young women were very aware of black-on-black crime and

that although they reported that some of their parents would prefer them to be 'around their own kind', the parents at the same time were reported as not wanting them to associate with black people who were criminals or who might put them in danger. I shall now discuss the influence of friendship networks on cigarette smoking.

One of the current debates among researchers is whether peer pressure influences young people to take up cigarette smoking or whether young people choose friends because they smoke, and that cigarette smoking is only part of the lifestyle that young people choose which supports friendship networks between young women and also contributes to young women's self-image and identity. The latter, in turn, influences their social networks and choice of friends (Amos and Bostock, 2007; Cullen, 2010). This was discussed in the focus groups:

Researcher: OK let me just check to see if there is anything else you want to say about cigarette smoking? What sort of thing do you think might influence you to smoke cigarettes?

Arriane: Peer pressure.

Researcher: Peer pressure? Do all your friends pressure you?

Kate: No. I know better.

Maria: No, not the ones I am with now, but the ones before they were smoking and they were going 'Go on just do it, just try it'.

Researcher: Do your friends pressure you to smoke?

Rochelle: No, they don't smoke.

Researcher: So you are all very clear about not smoking. You know you wouldn't smoke and would you identify yourselves as non-smokers?

Kate: Yes. (Focus group 6)

While some women in the group felt that their friends pressured them to smoke, the majority of the young women in this focus group were confident as non-smokers and did not feel pressured to smoke by friends. The focus group discussions suggested that young white women peers were more likely to smoke than black young women and that, if there was a black girl who had mainly white friends, she was more likely to smoke, whereas other black young women were more likely to discourage their friends from smoking as illustrated in the following quote:

Jasmine: Say you had one black girl and loads of white friends and she goes to a white school and they smoke, she is going to do it. Or if you see a black girl with loads of other black girls and none of them smoke, there is a fat chance that none of the other ones will smoke. But if they are in a white group and they want to fit in and their colour is different, they are going to smoke. They think it is normal, they think they are like the white girls.
(Focus group 5)

Here a view is expressed that a young black woman with many white friends may smoke in order to 'fit in'. On the other hand the next extract illustrates that young black women might be influenced to smoke by other young black women.

Researcher: So some African-Caribbean young women who smoke said that part of the reason is peer pressure. Is that peer pressure from other African-Caribbeans or peer pressure from white friends?

Chinez: I would say peer pressure from white people.

Researcher: And who influenced you to smoke?

Ginny: Everyone that I hung around with.

Researcher: And who were they?

Ginny: Just many black girls.

Researcher: Many black girls? So they were all smoking?

Ginny: Yes.

Researcher: Right and why don't you smoke now? Do you still hang around with the same girls?

Ginny: No. I don't see them anymore.

Researcher: Why not?

Ginny: Because they are at my old school.

Researcher: OK, so the people that you hang around with now, do they smoke?

Ginny: No. (Focus group 4)

This discussion highlights the fact that some black young women were also influenced to smoke by other black young women. Ginny's comments show that it was a matter of who she spent time with. This was also found in the study by Gittelsohn et al (2001) in the USA. In this study, while the majority of African-American female participants did not report being regular smokers, some African-American females reported being leaders in getting others to smoke. At the same

time they reported telling white girls to put out their cigarettes as they did not want the smell on their clothes. Some black women in the focus group discussed becoming regular smokers.

Natalie: I must admit yes, that I do smoke cigarettes, but I think it is a bad idea, because right now... I have stopped.

Leticia: I did try stopping, it did work at one point, but then I came back into it.

Natalie: Yes, because the friends you hang round with as well. If you hang around with people who smoke and you are trying to stop, you can't hang round with them.

Researcher: So, among your friends, would you say the majority of black women smoke?

Jessica: No, none of my friends. A lot of my white friends smoke, but I don't know any black person.

Natalie: Some black girls only smoke like... weed, and stuff like that. A lot of people are starting to stop smoking now though.

Researcher: Why do you think they are starting to stop smoking?

Natalie: People pressuring them, telling them it is bad and that, telling them to stop.

Leticia: I have never smoked on my own, it is always with friends.

Researcher: So... so when you first started smoking, was it your friends who encouraged you to smoke?

Natalie: Yes, every day. Oh 'Smoke, just do it'. I did.

Researcher: Did you feel you had to smoke to fit in with your friends?

Natalie: I smoked with them, yes.

Researcher: And did you say you stopped smoking? So how did your friends feel when you stopped smoking?

Natalie: It first happened when I wasn't allowed to talk to her anymore, because my mum knew she smoked, and so mum stopped me from talking to her and everything, and I think that is when I stopped smoking.

Researcher: So if you were still friends with her, you would be still smoking?

Natalie: Probably. And then I went to this school, because my friends started smoking, I started smoking again. But then I decided I don't want to smoke because of all health, and I stopped.

Researcher: Do you think it is pressure from friends?

Natalie: Erm, not really. I started smoking because I kept having a few drags from other people's, then it was addictive.

Researcher: Right. Do you still smoke?

Natalie: I still smoke, but I don't smoke that much. I smoke about a cigarette a day, or not even a cigarette. (Focus group 2)

This extract illustrates the way in which smoking is reported as stopping and starting, and how young people can become addicted. Peer pressure, though not always identified as such, was key. But so was parental intervention. While some of the young women did not know of black women who smoked cigarettes, they did know black women who smoked cannabis. Cannabis smoking is discussed later in this chapter. The complex web of factors which influences cigarette smoking in young women has been outlined in Chapter 2. Here, the literature reviewed demonstrated that there is little information on the factors which influence cigarette smoking in African-Caribbean young women in the UK.

The findings of this study go some way towards addressing this gap, although the numbers are small. The influences of friends and peers on cigarette smoking behaviour in young women have been widely researched (on predominantly young white women) and there are contradictory findings which centre on the influence of peer pressure on the one hand, and the influence of selection – that cigarette smokers choose friends who also smoke – on the other (Cullen, 2007; Amos, 2006). According to Cullen, cigarette smoking is an important facet of building and sustaining relationships among young women through the process of gift giving and exchange. In the literature review I argued that a best friend has a great deal of influence on smoking. In Tables 28 and 29 I provide data on best friend and friends' smoking status.

Table 28: Respondents' best friend smoking behaviour.

Whether respondent's best friend smokes	White (n=55)	African-Caribbean and African (n=35)
Yes	21	8
No	19	22
Don't have a best friend	13	5
N/R	2	0
Total	55	35

Source: survey data.

All the respondents were asked ‘Does your best friend smoke?’ Eighty-eight of the 90 respondents answered the question ‘Does your best friend smoke?’ Of these 29 responded that their best friend smoked and 41 said that their best friend did not smoke. Although the numbers are small, proportionately more white smokers said that their best friend smoked than African and African-Caribbean smokers.

Table 29: Whether respondent smokes with friends (excludes never smoked, smoked once).

Whether respondent smokes with friends	White (n=33)	African-Caribbean and African (n=12)
Yes	29	7
No	3	4
N/R	1	1
Total	33	12

Source: survey data.

Forty-three out of 45 answered this question (Table 30). Thirty-six young women reported that they smoked with friends. Although the numbers are small the majority of young women who reported smoking with friends were white. The research literature on the influence of friends and peers on cigarette smoking among young women reveals that cigarette smoking is important in forming and maintaining friendship networks among young white women. However, cigarette smoking only partially, if at all, appears to serve the same purpose among the young black women in my study.

6.5 Smoking and young women’s leisure activities

On the whole, the leisure activities of young black women and young white women appeared to be similar – spending time in the evening watching TV and videos and doing homework. Young black women reported spending more time with their parents and siblings and less time on their own than young white women. At weekends the main leisure activity was shopping and going into town. Few black women reported spending time in the park. Young black women were less likely to go clubbing or spend time with boyfriends than young white women. Both black and white young women reported helping with household chores. Black women

were more likely to visit a place of worship at the weekend than young white women and a higher percentage of young black women reported being religious than young white women.

The three activities that young black women, white women and African women were likely to do during weekdays were watching TV and videos, spending time with friends and doing homework. The activities they reported doing the previous night were slightly different for young women. Young white women reported watching TV, doing homework and spending time with friends, while young black women reported spending time with friends, watching TV, doing homework/listening to music. Black women reported that their main activity had been spending time with friends on the previous night, while the main activity of young white women was watching TV. At the weekend young black and young white women were most likely to go shopping, go into town and spend time with friends. For young black women, one of the second most likely things they did at the weekend was to go to a place of worship. This supports the findings on religious affiliation discussed earlier in this chapter. When asked to list what activities they did the previous weekend, young black women listed shopping, going into town and spending time with parents and relatives, while young white women listed shopping, going to the park and spending time with friends. It is worth noting that young black women did not list going to the park as one of the activities that they undertook. This is again important in relation to cigarette smoking. Cullen (2006) reported that young women in her study looked for places where they could drink and smoke away from adult gaze and this was often in parks. Young black women were therefore not involved in sites such as parks and pubs where they could smoke cigarettes. Cullen also reported that young women in her study attended youth clubs. However, for the young women in this study, youth clubs did not seem to be a frequently chosen activity. While 18 out of 40 (45%) young black women sometimes went to a youth club, two out of three young African women would never go to a youth club and 36 out of 56 (64%) young white women would never go to a youth club. Only 7 out of 40 (18%) young black women reported that they went to a youth club often. Young women spent a lot of their leisure time watching TV and videos, with 29 out of 40 (73%) young black women reporting that they watched TV often and 11 out of 40 (27%) reporting that they watched TV sometimes. Twenty-eight out of 56 (50%) young white women watched TV often and 28 out of 56 (50%) young white women watched TV sometimes.

Nine out of 38 (24%) young black women often spent time with their boy/girlfriend and 16 out of 38 (42%) sometimes spent time with their boy/girlfriend. Twenty-three out of 54 (43%) young white women often spent time with their boy/girlfriend and 15 out of 54 (27%) sometimes spent time with their boy/girlfriend. Sixteen out of 54 (30%) young white women never spent time with their boy/girlfriend and 13 out of 38 (34%), about one third of the young black women, reported that they never spent time with their boy/girlfriend. This could mean that one third of the young black women did not have a boy/girlfriend. This contrasts with research which presents young black women as sexualised (Weekes, 2003). In research on cigarette smoking, young white women who smoke are also more likely to take part in other risky behaviour such as sexual activity.

In terms of spending time on their own, 5 out of 40 (13%) young black women said that they never spent time on their own while 10 out of 56 (18%) young white women reported never spending time on their own. Six out of 40 (15%) young black women often spent time on their own while 12 out of 56 (21%) young white women often spent time on their own. This supports the findings that black women are more likely to spend time with their families and siblings and spend very little time on their own. Again this suggests that young black women would have very little unsupervised time in which to smoke cigarettes.

Although participation in sports has been cited as one of the protective factors in relation to cigarette smoking, particularly for young men, the majority of young women in my study did not participate in team sports – 16 out of 39 (41%) young black women and 38 out of 57 (67%) young white women reported that they never participated in team sports. The majority of the young black women (23 out of 38; 61%) and of the young white women (44 out of 57; 77%) also did not take part in individual sports. The three African women said that they sometimes took part in individual sports.

Nine out of 38 (24%) young black women and 17 out of 57 30% young white women reported that they never went clubbing. Eight out of 38 (21%) young black women and 12 out of 57 (21%) young white women often went clubbing. Twenty-one out of 38 (55%) young black women and 28 out of 57 (49%) young white women sometimes went clubbing. Two out of the three African young women never went clubbing and one African young woman went clubbing sometimes. Only about one fifth of young black and young white women went clubbing often.

This may be because it was not an important leisure activity for them. Since this study was undertaken before the ban on cigarette smoking in public places, going clubbing might have provided an opportunity to smoke cigarettes (and drink alcohol). However, the majority of young black women did not go clubbing.

6.6 Other health behaviours

Young women who smoke are also likely to try other substances such as alcohol (Cullen, 2010). Two of 12 African-Caribbean women who smoked reported smoking when drinking alcohol, while 15 out of 32 young white women who smoked reported smoking when drinking alcohol. Therefore three times as many young white women as young black women reported smoking when drinking alcohol (Table 31).

Table 30: Whether respondent smokes when drinking alcohol (excludes never smoked, tried once).

Whether respondent smokes when drinking alcohol	White (n=33)	African-Caribbean and African (n=12)
Yes	15	2
No	17	9
N/R	1	1
Total	33	12

Source: survey data.

Table 31: Respondent's alcohol use.

How respondent describes their alcohol use	White (n=55)	African-Caribbean and African (n=33)
Has never had a proper alcoholic drink	7	8
Usually only drinks with parents	5	9
Had alcohol with friends a few times	13	5
Drinks alcohol with friends regularly	13	0
NR	17	11
Total	55	33

Source: survey data.

Seven of 38 young white women who responded had never had a proper alcoholic drink while eight out of 22 young black women (almost double the number of white women) said they had never had a proper alcoholic drink. While five out of 38 young white women only drank with their parents, nine out of 22 young black women reported only drinking with parents. Thirteen of 38 young white women and five out of 22 young black women reported having alcohol with friends a few times. Thirteen of 38 young white women reported drinking alcohol with friends regularly while no black women reported drinking alcohol with friends regularly (Table 32). Thus African and African-Caribbean young women were more likely to drink alcohol with their parents. This further supports the view that African and African-Caribbean young women spend more time with their parents and that their parents influence their substance consumption such as cigarette smoking and alcohol drinking.

When asked 'Whether life was more fun when you have a drink' (Table 32), young white women were more likely to agree with this statement whereas young black women were more likely to disagree. Hence drinking alcohol with friends and peers did not appear to be an important leisure activity for young black women.

Table 32: Whether respondent thinks that life is more fun if you have a drink.

Life is more fun when you have a drink	White (n=55)	African-Caribbean and African (n=33)
Strongly agree	4	1
Agree	15	2
Not Sure	6	5
Disagree	14	9
Strongly Disagree	0	6
N/R	16	9
Total	55	33

Source: survey data.

Some researchers have suggested that the reason for the lower prevalence of cigarette smoking among young black women is that young black women may be more likely to smoke cannabis as this is one of the ways that students, particularly black and dual heritage students, can manage an unsafe school environment by forming 'safe' networks constructed around smoking cannabis (Fletcher et al, 2009). I asked my respondents about cannabis smoking (Table 33).

Table 33: Whether respondent has taken cannabis.

Whether taken cannabis	White (n=55)	African-Caribbean and African (n=33)
Never	21	18
Occasionally	14	4
Often	3	1
NR	17	10
Total	55	33

Source: survey data.

Table 33 shows that 21 out of 38 (55%) young white women and 18 out of 23 (78%) young African and African-Caribbean women reported that they had never used cannabis. Three out of 38 (8%) young white women and one out of 23 (4%) young African and African-Caribbean women reported that they had used cannabis quite often. Although the numbers are small, twice as many young white women reported using cannabis quite often. Therefore cannabis use cannot account for the reduced cigarette smoking patterns among these black women as compared to the white women. It is more likely that a high prevalence of cigarette smoking is associated with higher levels of cannabis use (Amos et al, 2002). Seventeen out of 55 (31%) white women and 10 out of 33 (30%) young black women had not answered this question. This was the penultimate question of 135 questions, hence the non-response rate might be higher because some

respondents had run out of time and/or interest when completing the questionnaire or it may be that they chose not to answer the question.

Although the focus of this study was cigarette smoking, the issue of cannabis smoking was often raised in the focus group discussions. This created ethical concerns for me as I did not wish to perpetuate the notion that African-Caribbean communities were involved in illicit drug taking. Rastafarians see smoking cannabis as important spiritually, but it must be remembered that Rastafarians make up a small percentage of the African-Caribbean community (Garrison, 1979). Within the Rastafarian community, cigarettes are considered unnatural and dangerous to health. They also have this view about manufactured illicit drugs and alcohol. The influence of Rastafari is evident through reggae music. Thus the other reason for young black men not wanting to be seen smoking cigarettes may be because of the cultural influence of Rastafari. This was discussed in the first focus group.

Simone: I think there is more smoking of cannabis in black people than white people.

Alicia: Yes.

Researcher: Right. I wasn't going to explore this, but as you have raised this, why do you think smoking cannabis is higher?

Alicia: It is from Jamaican culture, and they inherit it. Sometimes in a religion it is part of.

Researcher: But if you are smoking cannabis, aren't you going to smoke tobacco as well.

Simone: I don't think they would smoke tobacco by itself.

Jade: Everyone I know, they don't ever smoke cigarettes. (Focus group 1)

Cannabis smoking appeared to be gendered with only a few young women mentioning smoking cannabis themselves. They referred to their fathers and to black boys smoking cannabis. In particular, they thought black boys (and boys from other ethnic groups) smoked cannabis at school to appear rebellious.

Researcher: You know in some schools people feel that they need to smoke in order to look hard and in control, do you think that this is true in this school?

Kate: Yes.

Rochelle: No, I don't think so.

Researcher: Who thinks they smoke in order to look hard and in control?

Maria: I don't know, it is just the way some people go on.

Lucy: The boys...

Kate: Yes.

Researcher: Which boys? White boys? Black boys?

Lucy: All of them.

Maria: Yes well, they are Asian and they smoke weed and stuff and get high, and start showing off, saying that they have been smoking and drinking.

Kate: But who cares?

Researcher: But what about cigarettes?

Arriane: I don't think it is cigarettes.

Rochelle: It is weed, they go behind the bushes.

Researcher: So does anybody smoke cigarettes in terms of trying to be hard?

Lucy: No

Kate: Not anymore.

Researcher: So cigarettes are not cool...

Kate: Not in this school anyway.

Lucy: Boys are all the same, they have weed in the back of the shed.

(Focus group 6)

This discussion suggests that cigarette smoking had lost its place in terms of conveying rebelliousness at school for young men and that it was possibly replaced by cannabis. To what extent this remains true in 2014 is not clear. In a qualitative study conducted with 14 and 15 year olds in an inner-city school in the UK, Fletcher et al (2009) concluded that smoking cannabis appeared to be an important source of bonding and identity for black and dual-heritage students. The young women in Focus group 6 did not smoke cigarettes or cannabis and did not wish to be associated with smoking in any form; they were staunch non-smokers.

As few black women in this study smoked cigarettes or used cannabis, but, like other young women of their age, they placed central importance on their relationships with friends and peers. I discussed friendship networks in section 6.4 of this chapter. It may be that for the young black women in this study their family relationships, their relationships with parents and siblings were of the greatest

importance. These relationships may be reinforced by their religious affiliations. Young African-Caribbean and young white women in this study reported living in ethnically mixed areas and having friends from a range of ethnic groups. This may not affect cigarette smoking among young white women, but young black women reported in the focus groups that they would not wish to be seen smoking in their neighbourhoods by friends of their parents or relatives. Therefore living in an ethnically mixed area might have the effect of reducing smoking behaviour in young black women. Becares et al (2011) discuss this phenomenon in relation to alcohol usage in black and minority ethnic communities. They suggest that in areas where there is high co-ethnic density, i.e. large numbers of people from the same ethnic group, people will be expected to adhere to the social norms of that ethnic group. In this instance cigarette smoking was viewed negatively by African-Caribbean communities and hence young women might not wish to offend other members of their community or be reproached. Furthermore the young black women stated in the focus groups that they were aware that they were already perceived negatively by some white people in their neighbourhood by virtue of being black, and that there were negative stereotypes of young black people and therefore they did not wish to add to this by smoking cigarettes. Discussions in the focus groups suggested that smoking was perceived as a 'white' habit. I reported that young black women had a strong sense of ethnic pride and being Caribbean, therefore they might not wish to indulge in behaviours which were seen as antithetical to Caribbean culture.

In relation to school, I have argued that young African and African-Caribbean women knew that their parents had high expectations of them in relation to educational achievements and that their parents saw educational achievements as extremely important in terms of improving their life chances. The young black women reported in the focus groups that they were more likely to be punished for any breaches of school rules than young white women – for example talking in class. Hence these young black women reported being less likely to indulge in behaviour like cigarette smoking for which they were likely to get punished if caught, particularly if their parents were opposed to cigarette smoking. Hence these young black women were less likely to smoke cigarettes at school. In addition, the social status that white young women might be afforded in relation to smoking cigarettes at school did not appear to apply to young black women who received no social benefits from being seen to smoke cigarettes at school. Rather, the opposite might apply as cigarette smoking was associated with being white

and working-class. The findings from my study demonstrate that black women report being less likely to smoke than young white women, even though young black women may be more socially disadvantaged and that their family connectedness, religion and Caribbean culture may be protective of cigarette smoking.

6.7 Neighbourhood contexts

African-Caribbean families are more likely to live in deprived neighbourhoods where levels of residential concentration are high (Graham, 2007, Robinson and Reeve, 2006). However, Reynolds (2006b) argues that for African-Caribbean communities such residential settings provide social resources and benefits despite the high levels of deprivation. Although neighbourhood and social location were not discussed in all the focus groups, one of the surprising findings was the issue of territoriality and the fears that some women had for the future:

Researcher: And Maria, do you think you will get good grades?

Maria: Yes, I don't know if I am going to get them.

Researcher: Why do you say that?

Maria: I don't know; you live every day like it is your last.

Researcher: What do you mean?

Maria: I mean growing up where we all live, there is the feeling that...

Lily: Yes, my cousin had his birthday and he got shot dead. You go out to enjoy your birthday and that happens.

Researcher: So how do you think that affects you and young people growing up? If you know that a member of the family has been shot... well you just said, you don't know whether you have a future.

Lily: It makes you stronger really, but it makes you aware at the same time.

Researcher: Aware of?

Maria: I don't know, what is going on around you and that. Like what situations you need to avoid, where you must avoid, what looks suspicious... and how to get yourself out of there.

Researcher: So how do you cope with living in that sort of situation?

Maria: Everyday things, isn't it. Living that way is nothing, but for a white person they would go, 'Ooh I am not going there' you know.

Lily: Well no, if you know where to avoid, you look out for the signs, and you can just avoid stuff like that. But... you know some people just want to be there in the crowd and stuff like that.

Arianne: I am the same but it has become a normality for me, it has become a normality for me, that is the norm.

Researcher: So how do young people in your area cope with it?

Rochelle: They think the same as me, it's normal.

Researcher: What do young people do, do you want to get out of that area?

Maria: I do.

Kate: The people on my road just moved, just moved somewhere else, and then there are other people who are much worse than the neighbours just moved in and cause trouble on the streets. The other day, the road was quiet, and there was police up on, right on top of the road and I don't know why, but then again... the house is full of criminals.

Researcher: Is that how you feel Rochelle, do you want to get out?

Rochelle: I live in the area, but I haven't seen anything.

Maria: I do because like, my friend, he was attacked, so I said to my mum that I want to move, but my mum don't really like... she doesn't really hang around the place.

Kate: I think it is stupid personally, because you have got [postcode] Z19 there and Z21 there but you cross that border and go into Z21 and you are from Z19, you are going to get shot, you will get beat up, something like that, that is stupid. What does your postcode signify, apart from letters going to your house? 'Oh I am going to knife you up because your postcode is Z19 or Z6', it is foolishness.

Lily: But you go into each other's territory, you don't even realise because it is so close. It is not like you have to drive an hour to get to the territory.

Kate: It kind of scares me a bit because my brother is so stupid [laughs] I swear, because he lives in Z21 and must wear a bandana around his face, and walk about like a fool, and I ask why he does it and he said 'Because I look slick and stuff' and I said 'No you don't, you look dumb'. He looks like a fool. And it is embarrassing walking about with him or going somewhere with him because he always has that bandana around his face.

Researcher: So what does the bandana signify... I don't know?

Kate: It signifies the postcode and if you wear blue it shows which postcode you are from... It is so stupid.

Lily: Everybody goes into it. I am scared for my younger brother and sister because it is like a brainwash thing. Everyone is going into it.

Kate: I told him 'Don't wear that stuff, just be yourself, don't be like...

because they are wearing it I am going to wear it too, just don't wear it' and he was like 'Oh shut up you don't know nothing, I am going to wear it' and I was like 'Fine, but when you get shot or stabbed or beat up, that is caused by you, not nobody else'. Because my mum told him, my dad told him, I told him, most of his cousins told him. (Focus group 6)

I have included this very extended excerpt because it provides insights into the types of neighbourhood where many of the young women in this study lived. Some young women perceived that there were high levels of crime, but other women felt perfectly safe. Some seemed to be worried for male members of their families and felt that being associated with one of the gangs was the way in which some young men expressed their identity. In their study on young people and territoriality in British cities, Kintrea et al (2008) identified that territoriality was part of everyday life in certain inner-city neighbourhoods. They demonstrated that young people (mainly young men) gained respect from representing their neighbourhood and this was an important part of their identity. What is clear from the focus group discussion above is that the young women and other family members spent a lot of their energies trying to shift young male family members from this view (at the time of some of the later focus groups in 2007, there had been a number of highly publicised gang shootings⁴ which related to rivalry between gangs from particular postcodes in the area). Despite quite high levels of problems in the area, these young black women did not report taking up smoking to cope with this.

The focus group discussion also revealed the racialised views about young black people that exist in wider society. There was a sense that there were already many negative stereotypes of young black women and, as already suggested, the young women did not want to behave in any way that reinforced those negative stereotypes.

⁴ Letisha Shakespeare and Charleen Ellis, two young black women were shot outside a New Year's Eve party in 2003. In 2003 Birmingham had one of the most hardened gang cultures in the UK with up to six shootings a day. In 2003 the City Hospital dealt with 142 gun crimes (www.bbc.co.uk/news/uk-England-birmingham – 20861868: last accessed 7th April 2014).

Jasmine: They downgrade black people In England. I can say that because I have seen it for myself. And even when you go into shops, most shopkeepers, they don't let certain black people in the shop. They say 'Because you are black and one black boy came in the other day and he stole this and that, so you can't come in and do the same'. And I don't think that is right because they are not meant to judge people like that.

Salma: Yes where I live, there will be a black boy come on the bus in a hoody and a baseball cap and you see white ladies with a pushchair give them the dirtiest look ever, and I am thinking 'He hasn't said anything and he is just going his own way' and she is giving him a dirty look and I am thinking 'What a stereotype, just because he is dressed like that doesn't mean he is a criminal. (Focus group 5)

In addition, young black women were aware of the privilege and power that was associated with whiteness.

Researcher: And what were you saying about white women?

Jessica: They act different as well.

Leticia: Like they have to be more posh.

Natalie: They are not as strict, but not all of them.

Researcher: In what way?

Jessica: I think they think they are better than us.

Researcher: OK, why do you think that they think they are better?

Jessica: Because it goes way back, with Martin Luther King and all that.

Ayo: Like, they look down on us.

Researcher: OK, so racism. Do you think you experience racism at school?

Leticia: Not really, but like sometimes you are standing in a shop and there is like this old white woman in front of you, she is like holding her bag close [laughing in background, acknowledging similar experiences] thinking we are going to rob her or something. But just because we are black doesn't mean we are going to rob her.

Jessica: Yes, like white people look at black people as all the same.

(Focus group 2)

Although initially respondents did not feel that racism existed, as illustrated by Leticia's response above, as the discussions unfolded there were references to

the position of black women in British society and how this was bounded by racism.

Jessica: I think that black people are more stronger than white people.

Researcher: In what way?

Jessica: Just like... emotionally.

Leticia: I have a strong mother.

Jessica: Like they could handle things better than white people.

Researcher: What sort of things do they have to handle?

Jessica: Stress and coping with everything every day.

Ayo: Yes.

Natalie: everyday life. (Focus group 2)

These insights into the lives of young black women demonstrate that racism and sexism were part of their everyday life. The young women here thought that they were better able to cope with stress because of their exposure to stress in their everyday lives.

6.8 Conclusion

This chapter reveals the complexities of African-Caribbean young women's lives in urban inner-city Britain and how they try to make sense of their day-to-day experiences. In relation to family, social contexts and geographical locations, some common themes emerged. Despite some of the young women not wishing to be categorised as African-Caribbean in the early discussions of the focus groups (see Chapter 4) their close identification with African-Caribbean culture and identities emerged. Neighbourhoods varied and some young women discussed a range of pressures from gun crime and in other areas, postcode conflicts. The young women critically engaged with discussions about the factors which had shaped and influenced their gendered and racialised identities. On the one hand they presented nuanced understandings of the ways in which racism is perpetuated through racial stereotypes but they also othered some groups. Their notions of social class particularly othered white working-class people, even though they recognised that their own experiences were structured by racism, sexism and social deprivation. This understanding is important for contextualising cigarette smoking in the everyday lives of African-Caribbean young women.

The young black women in my study reported being happy with their current lives and they seemed happier with their bodies than the young white women. They also reported that happiness, good health, being successful and future job security were the most important issues in their lives. They were more likely than young white women to report that they believed that health was determined by God and this may be linked to their religiosity or spirituality, but it may also be linked to their Caribbean culture. More black women reported attending a place of worship in their leisure time which indicates that they spent more time in religious environments. It is noteworthy that while the young white women were more likely to worry about school work, having enough money and sexual relationships, the young black women were more likely to worry about the death of a close relative or friend, school work and their own death. Although the young black women were less likely to report having experienced depression than the young white women, death – both their own and that of close friends and relatives – clearly concerned them. This may be correlated with the gun crime discussed in section 6.7 of this chapter.

More young black women than young white women reported that their life in the future would be very good. This is despite twice as many young black women as white women reporting that they thought that racism would affect their lives in the future. However, the majority of the black women reported that they did not think racism would affect their lives in the future. Thus although more young black than white women thought that racism would affect their lives in the future, they did not believe that it would have a major impact on their future lives. This may be because they envisioned a future where they would be autonomous and have control over their lives in their own businesses, or in professions as teachers, midwives and social workers.

This study suggests that the young black women spent more time at home with their parents and siblings than with their friends and were therefore influenced more by their family than their friends. The young black women attended religious organisations, wanted to do well at school and live up to their parents' expectations. It appears that they engage in the Caribbean community in terms of religion and spending time with their parents and siblings. The findings from the focus groups revealed a strong association between African-Caribbean young women and a Caribbean identity. In relation to other health behaviours, no young black women reported drinking alcohol regularly with their friends; they were more

likely to drink alcohol with their parents. This suggests that African-Caribbean parents did not disapprove of alcohol to the same extent and is an area for further research. The young black women were also less likely to smoke cannabis than their white peers. They thought that cannabis use was gendered and that more boys and men than women smoked cannabis. Thus, although the young black women were less likely to smoke cigarettes than their white female peers, this was not replaced by smoking cannabis.

In relation to protective factors and risk factors for cigarette smoking among young women, young black women demonstrated a number of protective factors in relation to cigarette smoking (religious affiliation, spending time with parents and siblings, good relationships with their families, high educational aspirations, feeling good about themselves and their lives, African-Caribbean cultural identity). Black young women also demonstrated some risk factors: having a disadvantaged socio-economic position, spending time with friends and appearing to have the same amount of pocket money as their white female peers. Overall, however, the young black women appeared to have more protective than risk factors regarding cigarette smoking.

'Race', class, gender, ethnicity, culture and religion influenced the leisure activities of the young women. Although the young black women attended the same schools and lived in the same areas as the young white women, their smoking behaviour was very different. Young black women start smoking later than their white female peers and fewer black than white women reported becoming regular smokers. Young black women have fewer opportunities to smoke as well as making the choice not to smoke. All this suggests the importance of using an intersectional approach which recognises and acknowledges the ways in which young black women are differently positioned from young white women. This will be explored further in Chapter 7.

Chapter 7: Conclusions: Gender, 'Race', Class and Smoking Among African-Caribbean Young Women

7.1 Introduction

In my concluding chapter I bring together the background and contextual material outlined in Chapters 1 and 2 with my empirical chapters (Chapters 4 to 6) to examine the contribution that I have made to knowledge in Women's Studies and in relation to health studies about African-Caribbean young women and smoking. I also discuss the implications for future research. In doing this, my study in particular adds to the knowledge and understanding of the social and cultural context of cigarette smoking among African-Caribbean young women in the UK. The thesis posed the following main research question: *What are the patterns and influences on the smoking behaviour as reported by young African-Caribbean women in contemporary urban Britain?* Drawing on data from African, African-Caribbean and white women in my study, I further asked:

1. *How are the reported patterns of smoking different among African, African-Caribbean and white young women in the UK?*
2. *How is smoking among African-Caribbean women linked to material deprivation and to their social, cultural, racial and ethnic identities?*
3. *What are the reported risk factors and protective factors for smoking in African, African-Caribbean and white young women?*
4. *How are smoking identities among African-Caribbean women different from smoking identities among white women?*
5. *To what extent do the theoretical and conceptual explanations for smoking among white working-class women hold true for young African-Caribbean women?*

In this chapter I review how my findings answer these research questions. To deal with the main research question: *What are the patterns and influences on the smoking behaviour as reported by young African-Caribbean women in contemporary urban Britain?*, I conducted a multi-method study of cigarette smoking among African-Caribbean young women in the UK. Utilising that approach enabled me to investigate both patterns and influences. In the first

phase of the study I undertook a school-based survey between 2002 to 2004, which allowed me to compare the reported patterns of cigarette smoking among African-Caribbean young women with those of white young women. In the second phase, I conducted focus groups with African-Caribbean young women between 2005 and 2007 to explore the factors that they reported influenced their uptake of cigarette smoking. My research led to findings that both provided answers to the sub-questions and the main research question as I will show now.

In answer to the first research question *How are the reported patterns of smoking different among African, African-Caribbean and white young women in the UK?*, the survey data suggested that the young African-Caribbean participants reported experimenting with smoking but were less likely to become regular smokers than white young women. Although the numbers of African women were small, those African women reported being even less likely to experiment with smoking or to become regular smokers than the African-Caribbean or white young women.

In relation to the second research question, *How is smoking among African-Caribbean women linked to material deprivation and to their social, cultural, racial and ethnic identities?*, the survey data made evident that although African-Caribbean young women in this study were as materially deprived as their white female peers, their social, cultural, racial and ethnic identities reportedly militated against cigarette smoking. Material deprivation was measured using a number of indicators: parents' occupational status, housing tenure and car ownership. These demonstrated that African-Caribbean young women were more deprived than white young women in material terms.

The social, cultural, racial and ethnic identities of the African-Caribbean young women in my study were interconnected. African-Caribbean young women had a Caribbean ethnic identity which coexisted alongside their Black British racialised identity. My research demonstrated that the young African-Caribbean women who participated had strong links with African-Caribbean culture through community networks, their family, and attending churches and religious organisations. In some instances African-Caribbean young women constructed their identities in opposition to young white women and in relation to their experiences of discrimination in school and in the wider community. Thus African-Caribbean young women develop their identities in the context of racism and sexism in British society. They recognise that in order to succeed in the future and work in their

chosen professions, they need to achieve good educational qualifications. My focus group discussions revealed that young black women were aware of their gendered and racialised identity and how they were treated differently to young white women and young black men at school and so had to develop strategies to navigate sexism and racism, and at the same time develop positive identities as young black women.

In relation to the question of *the reported risk factors and protective factors for smoking among African, African-Caribbean and white young women*, I found that African-Caribbean young women appeared to experience the same risk factors for smoking as young white women. Both African-Caribbean young women and white young women lived in the same geographical areas, experienced material disadvantage and had similar friends, some of whom smoked. However, African-Caribbean young women were subject to a number of factors which protected them from becoming regular smokers. The protective factors identified were parental disapproval coupled with respect for parents, greater family connectedness, religion, social norms within Caribbean culture, greater adult surveillance and spending more time with family members. In addition, there appeared to be stricter guidelines prohibiting smoking at home and young African-Caribbean women were aware that they would be punished if they were caught smoking. The social norms within Caribbean communities opposed cigarette smoking, particularly for young women, and therefore young African-Caribbean women thought that if they were seen smoking in the neighbourhood, their parents would hear about it.

These factors accounted for some of the differences in smoking identities among the African-Caribbean women compared to the reported smoking identities of the white women. The African-Caribbean young women in my study aspired to be non-smokers and for the most part saw smoking as a white working-class habit. The notion of 'identity' in smoking research is not well developed and while there is some research on cigarette smoking that explores young people and identity and examines the relationship of smoking identity to other social and cultural identities, apart from work on its gender dimensions (Wearing et al, 1994; Pavis et al, 1996; Michell, 1997; Denscombe, 2001; Amos and Bostock, 2007; Gilbert, 2007), this area needs further development.

In relation to research question five, *To what extent do the theoretical and conceptual explanations for smoking among white working-class women hold true for young African-Caribbean women?*, I found that theoretical and conceptual explanations for cigarette smoking among young white women have focused particularly on class and to some degree on gender, and have not considered 'race', 'ethnicity', culture or religion. Thus cigarette smoking has mainly been associated with economic disadvantage. While this may be true for young white women, there is a need to develop an intersectional theory of cigarette smoking which recognises the impact on cigarette smoking of race, ethnicity, cultural factors such as religion and other contextual dimensions in conjunction with class and gender.

My thesis makes an original contribution to the literatures on cigarette smoking and gender because, as I have made clear, young black women's relationship to cigarette smoking is under-researched. Indeed, research on young African-Caribbean women and health has not been commonly undertaken. I have widened the base of understanding this group in relation to smoking. The prevailing literature in this field very prominently discusses material deprivation as an indicator of cigarette smoking. In my analytical chapters my research demonstrated contradictions to this in relation to young African-Caribbean women, and this constitutes another significant original contribution to the field. Their lives were different from white young women's lives in a number of important ways: the African-Caribbean young women who participated in my research reported being educationally more ambitious than their white counterparts, they spend more time with their family and they did not engage in certain types of leisure activities such as hanging out in parks and pubs. My research demonstrates that the factors that are perceived to be indicators of or counter-indicators to cigarette smoking need to be revised for culturally different groups. Furthermore, data gained from white populations cannot necessarily be applied to all cultural groups.

Health research needs to consider the ways in which groups differ and how this might impact on one's research. Health research that makes pronouncements on one ethnic group is not bound to be relevant to other groups. In my study I adopted an intersectional approach by looking at identical factors in mainly two ethnic groups (the African constituency was too small to regard as a proper separate group here but was nonetheless in its own way significant) and exploring their implications for behaviours that arise from those indicators. As I discussed in

Chapter 1, intersectionality was originally developed as a legal theory (Crenshaw, 1989) and has subsequently been used as an organising category for feminist inquiry in many different disciplinary fields in social sciences and humanities (Lewis, 2013). Lewis (2013) argues that intersectionality can be conceived as a theory, concept, methodology, heuristic or in fact all four. More recently intersectionality has been applied as a theory to explore inequalities and inequity in health (Hankivsky and Christoffersen, 2008; Hankivsky et al, 2010; Hankivsky, 2012). McCall (2005) argues that although intersectionality has emerged as a major paradigm in research, there has been limited discussion of how an intersectional methodology might work. It can be argued that intersectionality makes claims about interrelationships between different categories, but intersectional researchers rarely show how these categories are interrelated. Intersectionality is a complex phenomenon and it is very difficult to capture complexity in social research. McCall (2005) puts forward three approaches for the study of multiple, complex social relations: anti-categorical complexity, intra-categorical complexity and inter-categorical complexity. Anti-categorical complexity deconstructs analytical categories on the basis that social life is too complex to reduce to fixed categories. In terms of intra-categorical complexity researchers tend to focus on particular social groups at neglected points of intersection, while regarding inter-categorical complexity, scholars adopt existing analytical categories to explore inequality. My study included white young women and African-Caribbean young women from the same geographical area. My research was interdisciplinary and uses an intra-categorical approach to intersectionality. For the purposes of comparison, young white working-class women were taken to be homogenous and compared with African-Caribbean young women. African-Caribbean young women were explored in much greater detail revealing the complexity and heterogeneity of their lives and how this complexity and heterogeneity intersects with cigarette smoking. My study demonstrated the importance of acknowledging and recognising the social and cultural context of smoking. This is relevant to other studies examining health behaviour.

7.2 Principal findings

Although African-Caribbean young people form a relatively high percentage of young people in many British cities, there is limited research on their health and on cigarette smoking. African and African-Caribbean young women in this sample were more disadvantaged than the corresponding white young women and family life, religion and cultural identity were of central importance in some of their lives. However, the African-Caribbean young women in my study were less likely to smoke than their white peers although African-Caribbean young women in the survey came from disadvantaged backgrounds. While family and community was reported to influence cigarette smoking, some young African-Caribbean young women started to smoke, but this was delayed and they started to smoke at a later age than their white female peers.

In the first chapter I set out the research questions of the study and reviewed the social and cultural context of young African-Caribbean young women in this study. This chapter demonstrated the limited research on young African-Caribbean young women and how this had focused predominantly on education rather than health. African-Caribbean young women were constructed as rebellious and rule breakers in some literatures and yet at the same time as possessors of educational aspirations and attainment in others. The literature on African-Caribbean communities in the UK indicated that in most cities where there are large settlements of African-Caribbean communities, there are strong social networks which involve Caribbean community organisations, churches and religious organisations, and national and transnational family networks between established Caribbean migrants, new migrants and visiting friends and family members. This has the effect of maintaining and renewing Caribbean culture.

In relation to cigarette smoking there is little research that has tried to theorise the interrelationship between cigarette smoking, gender and 'race' or ethnicity. Despite the growing literature on young women and cigarette smoking, to a large extent this literature has ignored the experience of black and minority ethnic young women in general, and Black British young women specifically. This study therefore aimed to address this issue and examined cigarette smoking within the social and cultural context of the lives of African-Caribbean young women. This is where my original contribution to this area which, to date, has received little attention, lies. Since the 1990s there have been a few studies on black and

minority ethnic young people and cigarette smoking. These have focused mainly on cigarette smoking in South Asian communities (Markham et al, 2001; Bradby and Williams, 2006; Bradby, 2007). Some studies (Rogers et al, 1997; Best et al, 2001; Cullen, 2010; Rodham et al, 2005; Viner et al, 2006) have conducted research which included African-Caribbean young women, but their findings were contradictory. One of the reasons why I embarked on this research was that there was very little published information on young African-Caribbean women and cigarette smoking.

My literature review demonstrated that although there is research on gender identities and smoking, it is the intersections of ethnicity and gender that are neglected. I have drawn attention to the gaps in the literature and the ways in which discussions about 'race', ethnicity and cigarette smoking have been omitted from the research on young women and cigarette smoking. Through this I have indicated how my own research extends, and departs from, the existing studies. My study has developed an understanding of cigarette smoking among a certain group of African-Caribbean young women and has explored how 'race', ethnicity, class, culture and religion intersect to influence cigarette smoking among these African-Caribbean young women. I compared two groups of young women in this research – young black women and young white women. These two groups came from the same socio-economically disadvantaged backgrounds in Birmingham and attended the same schools, but had different aspirations.

I brought an intersectional perspective to this research, informed by wanting to understand the relationship between gender, 'race', class and cigarette smoking behaviour. My empirical study was designed to address the gaps identified in the critical analysis of the literature. I adopted a multi-method approach utilising quantitative and qualitative methodologies to address the research questions as no one research method can examine both patterns and meanings of cigarette smoking effectively. I undertook a cross-sectional survey among 15-year-old young people in selected schools, and at a later stage focus groups with African and African-Caribbean young women from two of these schools. Adopting an intersectional approach, I analysed the differences between African, African-Caribbean and white young women who appeared to be in the same social and socio-economic location and yet make different choices about cigarette smoking. The survey resulted in data on patterns of cigarette smoking while the focus groups provided extended rich data on social identity and meanings and

perceptions of cigarette smoking. Here I adopted research methods that allowed me to capture the reported experiences of young black women. Adopting an intersectional framework allowed the possibility of capturing the complexity of what may be perceived as one-dimensional categories such as 'race' and ethnicity when exploring identity (Harper, 2011).

The survey was undertaken between July 2002 and July 2004. Comparative information on smoking patterns among 15-year-old young people was collected utilising a self-completion questionnaire. Seven focus groups were conducted with young African-Caribbean women to explore the complexity of smoking and identity. These occurred between 2005 and 2007 with 42 African-Caribbean young women from 2 schools located in the West Midlands. The intersection of these two methods provided insights that I would not have gained using just one method. Intersectionality thus provided a theoretical framework for examining and theorising the experiences of black women and provided a way of capturing the complexity of cigarette smoking among black women and the multiple and simultaneous ways in which gender, ethnicity, 'race', class, culture and religion interact with and influence cigarette smoking. My research was of necessity interdisciplinary and crossed the disciplines of Women's Studies, Health Promotion and the sociology of health. This thesis demonstrates the somewhat artificial nature of disciplinary boundaries and the need to work across disciplinary boundaries when researching social phenomena. Reid et al (2012) argue that an intersectional analysis can strengthen the rigour of health promotion research and that health promotion can benefit from dialogue and exchange with feminist scholarship.

Chapter 4 presented the data on cigarette smoking and the principal finding was that although young African-Caribbean women in this study were as disadvantaged as young white women, they were not smoking to the same extent. The fact that a number of young African Caribbean women were choosing not to smoke disrupts the research orthodoxy on cigarette smoking and social disadvantage and contradicts previous research on young women, cigarette smoking and disadvantage. Cigarette smoking was perceived by some young African-Caribbean women as a white working-class behaviour with which they did not wish to be associated. This is a new and interesting finding that would bear following up more closely. Young African-Caribbean women had also internalised their parents' disapproval of cigarette smoking and therefore believed that if they

were caught smoking, their parents were right to punish them. Those young black women who did smoke cigarettes were self-conscious about this and wanted to dissociate themselves from the image of being a cigarette smoker.

In Chapter 5 I explored the relationship of cigarette smoking to African-Caribbean culture and family life. I demonstrated an association with a Caribbean culture that protects young African-Caribbean women from cigarette smoking. In my study it appeared to be the case that young African-Caribbean women maintained a residual Caribbean identity. In relation to the African-Caribbean young women who participated, the survey data and the focus group findings point to these young women having a Black British racialised identity and an African-Caribbean cultural identity. Again, this is an interesting and original finding that would bear further exploration. Young black women had a positive self-image that did not include being a cigarette smoker. They were very aware of the ways in which 'race', culture, ethnicity, gender and class intersected in their day-to-day lives. The focus group findings demonstrated that African-Caribbean women constructed their racialised, gendered and classed identities in opposition to the identities of their white and African peers. It is evident that African-Caribbean young women were more involved in religious activities than their white female counterparts and spent more of their leisure time participating in such activities. African-Caribbean young women were also more likely to spend more time with their families. Their parents had high educational aspirations for their children. The African-Caribbean mothers of the young African-Caribbean women in my study were more likely to be studying themselves than their white counterparts.

Although some Caribbean mothers might smoke, they tended to do so outside of the home and enforced strict regulations about smoking within the home. Parental disapproval of smoking has been demonstrated to be a protective factor against smoking in young people. Similarly, young people with educational aspirations are less likely to become regular smokers. A higher percentage of African-Caribbean mothers than white ones in my study were students. This is important because the educational qualifications of parents have also been shown to be related to a lower uptake of cigarette smoking among young people. The African-Caribbean young women in this study were in a more socially disadvantaged position than their white counterparts in terms of specific indicators such as parents' occupation, housing, car ownership and free school meals. Both the African-Caribbean and the white young women had similar amounts of personal income (pocket money or

money from part-time jobs) and few perceived themselves to be working-class. Chapter 5 demonstrated the family and community connectedness of the African-Caribbean young women and suggests that religious, cultural and ethnic factors might militate against African-Caribbean young women becoming regular smokers.

Chapter 6 revealed the complexities of African-Caribbean young women's lives in urban inner-city Britain and the diverse contexts within which they live and try to make sense of their day-to-day experiences. Neighbourhoods also varied and some young women discussed a range of pressures from gun crime and, in other areas, postcode-based conflicts. The young women critically engaged with discussions about the factors that had shaped and influenced their gendered and racialised identities. Despite living in stressful neighbourhood contexts, the young African-Caribbean women did not turn to cigarette smoking. It appears that they were part of the Caribbean community in terms of religion and spending time with their parents and siblings, and the findings from the focus groups revealed a strong association between African-Caribbean young women and a Caribbean identity. In relation to their life at school, cigarette smoking did not have the same symbolic and status enhancing role, which could account for the finding that African-Caribbean young women take up cigarettes at a later age than their white counterparts.

In relation to protective factors and risk factors for cigarette smoking in young women, the young black women's accounts pointed to a number of protective factors in relation to cigarette smoking (engagement with religious organisations, spending time with parents and siblings, good relationships with their families, high educational aspirations, feeling good about themselves and their lives, identifying with an African-Caribbean cultural identity). The young black women also demonstrated some risk factors: having a disadvantaged socio-economic position, spending time with friends and having similar levels of pocket money. Although had similar levels of pocket money as young white women, they did not appear to smoke, drink alcohol or use cannabis to the same degree. Thus the black women appeared to be subject to more protective than risk factors for cigarette smoking. The young black women had friends from a range of ethnic groups and while cigarette smoking may be an important factor for cementing and sustaining friendships among young white women, this did not appear to be the case for young black women. Perhaps Caribbean community networks, cultural bonding and family replaced cigarettes and alcohol in supporting friendship networks.

My study has demonstrated how 'race', class, gender, ethnicity, culture and religion intersect in the smoking behaviour of young black women. These dimensions reportedly influenced the leisure activities of the young women. Although the young black women attended the same schools and lived in the same areas as the young white women, their smoking behaviour was very different. As already suggested, the young black women started smoking later than their white female peers and fewer black women than white women became regular smokers. The young black women appeared to have fewer opportunities to smoke as well as to make the choice not to smoke.

This study demonstrates the importance of using an intersectional approach which recognises and acknowledges the ways in which young black women are differently positioned than young white women. My study has shown that the orthodoxy of the correlation between material disadvantage and cigarette smoking does not apply to African-Caribbean young women.

7.3 Critical reflection and limitations of the study.

In this section, I critically reflect on the research process and the limitations of this study. When I conceived of the study, I intended to undertake the survey first and to follow this immediately with the focus groups. As my timeline shows (Table 5), and as I explained in Chapter 1, section 7, I was unable to follow this pattern due to illness and work demands and so I started the focus groups a year after I finished collecting the survey data. The two data sets are thus from different cohorts which means that the data were not continuously collected and are not directly comparable. Despite this, the focus group data inform and enrich the survey data. Research (Fuller, 2006; Fuller, 2007) shows, that cigarette smoking prevalence amongst young black women had not changed significantly during this period. The survey was conducted with pupils in year 10 and the focus groups with pupils in year 11 – which is what my initial cohort would have been in at the time of the focus groups. The survey cohort was slightly younger than the focus group cohort. The older age group were more likely to frequent places such as pubs and discos where smoking might occur. Further, as cigarette smoking behaviour increases with age, regular cigarette smoking was likely to be more prevalent in the older age group. However, the prevalence of cigarette smoking amongst

African-Caribbean young women in my study was 9% in the survey and 5% in the focus groups. This is the inverse of what might be expected as the young women in the focus groups were older. One of the factors which might explain this might be shifts in health policy which happened during the overall period of my empirical data collection, i.e. between 2002 and 2007. For during that period, there were major policy debates relating to tobacco legislation in the UK. The devolution of UK public health policy further augmented that debate and discourse in the media because of the different pace of change in England, Wales, Scotland and Northern Ireland. Thus young people may well have been aware of the changing public health discourse on cigarette smoking and this may have influenced their cigarette smoking behaviour.

In October 2002 a bill to ban tobacco advertising (Tobacco Advertising and Promotion Act) passed through parliament and was implemented in February 2003. Thus when my survey was undertaken between 2002 and 2004 there would have been considerable media discussion and probably discussion at school about the impending ban on tobacco advertising. By the time the focus groups were undertaken between 2005 and 2007, tobacco advertising had been banned for at least a couple of years and hence there was no discussion about cigarette advertising in the focus groups. However, the ban on cigarette advertising may have been one of the factors influencing reduced cigarette smoking in this group of young women.

From 2003 to the implementation of the actual smoking ban in England in July 2007, there was considerable discussion about banning smoking in workplaces and public places. The medical lobby was very active, with the presidents of the 13 royal medical colleges signing a letter *to The Times* in November 2003 (The Times, 2003) calling for a total ban on smoking in the workplace, including pubs and restaurants. The call for a ban on smoking in public places was re-iterated in public health policy reports and government documents (Wanless report, Feb 2004; annual report of the Chief Medical Officer, July 2004; *Choosing Health*, a public health White Paper in November, 2004). In March 2004, Ireland banned smoking in workplaces and public places. In the UK, it was not until March 2005, that smoking was banned in Guernsey and then in Scotland in March 2006, Wales and Northern Ireland in April 2007 and lastly in England in July 2007. Despite the considerable debate and discussion about cigarette smoking in the main stream media, and changing public attitudes towards cigarette smoking, it is difficult to

assess the impact of this heightened public health discourse on young disadvantaged women, and this is one of the limitations of this study.

The young women in the focus groups were aware of the effects of smoking and it is possible that the public health discourse about the smoking ban may have affected their attitudes to smoking and smoking behaviour. In addition to this, there were health promotion campaigns using the media, smoking prevention/cessation websites and smoking prevention education in the school curricula. Again it is difficult to evaluate the effectiveness of these wider influences. However, all the young people in the study were subject to the same external influences, attending the same schools, living in the same geographical location and generally undertaking the same recreational activities. It is also possible that mainstream health promotion campaigns did not reach young black women. Despite this, the young black women in this study both in the survey and in the focus groups still had a lower reported prevalence of cigarette smoking compared to their white counterparts.

Another limitation of this study concerns the ethnic groups and the gender groups covered. I initially intended to undertake a cross-sectional comparison of cigarette smoking in five ethnic groups: African, African-Caribbean, Bangladeshi, Indian, Pakistani and White pupils, and to compare young boys and girls. Although the study population was 701 young people overall, as my thesis progressed I decided to focus on young white, African and African-Caribbean women since my interest was particularly in these women and also because I recognized that I had collected a lot more data than it was possible to analyse. In my thesis I therefore do not deal with the data I collected on Bangladeshi, Indian, Pakistani and White pupils, or, indeed, with the data on the boys. These might provide the basis for further study.

In addition to this not all the questions were answered by everyone completing the survey. This had two effects. On the one hand, the total number of respondents across the diverse questions was not always the same. On the other, it meant that I had fairly small cell sizes for some questions. However, despite the small cell sizes, differences between black and white young women could be observed. A survey with larger numbers might well have added to the robustness of the data and the findings. In mitigation I should say that my sample size was determined by the resources available, including my need to rely on teachers to distribute

questionnaires and to collect them. Also, it should be said that the study population was never intended to be representative; in the main, it provided information on cigarette smoking on a sample of African-Caribbean young women in a particular area of Birmingham. In this area there are fairly close-knit African- Caribbean communities and my research speaks to these communities. A large- scale representative study of African-Caribbean young women from across the UK might well have yielded different results, for instance because there may be differences in experience between young women living in largish communities of their ethnic origin compared to similar women living in more rural or small-town areas with a more limited African-Caribbean population. All this demonstrates the need for further research on cigarette smoking and African-Caribbean young women.

7.4 Implications of the results: recommendations for future research

Although further research is required to explore the significance of my findings, following on from my work further research might be conducted on cigarette smoking and other black and minority women, particularly African young women. There has been an increase in the number of African women who have migrated to the UK since 2000 as a function of population displacements from Somalia and other African countries ravaged by war, and there is little information on African young women and patterns of cigarette smoking and their motivations for smoking. All surveys on young people and health behaviour should have sufficient numbers of black and minority ethnic young people to enable a comparative analysis based on gender, 'race', ethnicity and class to be undertaken. Further research is needed on other health behaviours – illegal drugs and alcohol. Given that my research has indicated that African-Caribbean young women who smoke do so at a later age, further research on their cigarette smoking and the transition to adulthood is needed.

Undertaking this research reinforced my sense that health behaviour must be understood from the social and cultural context of people's lives. Health promotion and public health research approaches should develop public health interventions in a more sustained manner from a social-determinants-of-health perspective – i.e.

that socio-economic and environmental factors influence health (Whitehead and Dahlgren, 2006). An intersectional approach is distinguished from a social-determinants-of health-approach (Reid et al, 2012) by the recognition that social categories are not simply additive (e.g. gender *and* 'race' *and* class) but that something new is created and experienced at the intersection of one or more categories (Hankivsky et al, 2010). My research suggests that these categories intersect and shape and influence each other and cannot be viewed as individual, independent entities or individual variables. Hence research methodologies must capture the interconnections between variables. Mixed methods are therefore possibly better suited to intersectional research.

7.5 Brief outline of the implications of this research for health promotion policy and practice

Although health promotion programmes aim to reduce social inequalities, health promotion research, upon which such programmes are based, has often ignored the needs of black and minority ethnic communities and this was certainly true in relation to the research on cigarette smoking. Addressing social inequality was central to my research questions which emanated from the absence of research in this area and the seeming blindness of social researchers to cigarette smoking among black and minority ethnic young women. A health promotion perspective informed my research. The Ottawa Charter states that:

Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love. Health is created by caring for oneself and others, by being able to take decisions and have control over one's life circumstances, and by ensuring that the society one lives in creates conditions that allow the attainment of health by all its members. (Ottawa Charter on Health Promotion, World Health Organisation, 1986)

The above quote from the Ottawa Charter for health promotion acknowledges the social context of health. However, public health research on cigarette smoking and other health behaviours often ignores the social and cultural contexts of people's lives and health promotion programmes are sometimes developed that are not culturally or socially relevant to the population they are targeted at. The findings of

my research are of benefit to public health and health promotion practitioners and policy makers, and women's health activists. My study has deepened our understanding of cigarette smoking among African-Caribbean young women in the UK and demonstrated the importance of researching the social and cultural contexts of cigarette smoking. This is of relevance to examining other health behaviours. It cannot be assumed that findings from research that has been conducted on health behaviours in predominantly white populations can be extrapolated to other ethnic and cultural groups. In terms of developing effective public health interventions, programmes must be culturally relevant in order to be meaningful.

Despite African-Caribbean culture being critical of cigarette smoking, some young women still take up cigarette smoking and become regular smokers, although in smaller numbers. If studies are not undertaken on black women and cigarette smoking, then the evidence base will not be available to develop relevant and meaningful health promotion programmes for black women. Existing health promotion programmes targeted at white young women may not be appropriate. As I write my conclusions (April 2014), and some twenty-five years after Kimberle Crenshaw (1989) coined the term 'intersectionality', debates rage about the concept. Is intersectionality a theory, concept, method, or heuristic? (Lewis, 2009) European feminists have questioned whether the category 'race' has any relevance outside the USA and Britain (Lewis, 2009). They have also asked whether all intersections are of the same significance (Griffin, 2013) and highlighted the conflict between the desire for categorisation and differentiation in intersectionality, given the resistance that intersectionality has to categorisation (Griffin, 2013). While intersectionality theory and methodology requires a great deal more development, it does provide a theoretical framework to explore the ways in which different social categories interact and enables researchers to ask different questions (Cole, 2006). Cho et al, 2013 discuss the possibility of 'a template for a collaborative intersectionality' (Cho et al, 2013: 792). Here they suggest that the methodological and theoretical foundations of intersectionality can be formalised by building from empirical studies within particular disciplines. This is certainly a possibility within the discipline of health promotion.

Appendix 1: Survey Questionnaire



**School of Health &
Social Welfare**

YOUNG PEOPLE'S SMOKING AND LIFESTYLE QUESTIONNAIRE

**Jenny Douglas
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INTRODUCTION

This questionnaire is to help me find out more about your lives and beliefs. I am particularly interested in what you think about smoking. It is not a test. There are no right or wrong answers. Your answers are confidential and although I have asked you to put your name on it, only I will look at the questionnaire. Take your time and please answer the questions on your own. It may seem a lot but most of it is ticking boxes or circling. I would be very grateful if you would fill in all the sections. It is designed to ask you what you really think and do.

Confidentiality

Please try to complete the questionnaire as honestly as you can.

Your answers are confidential. I am the only person who will see your questionnaire. Your teachers, parents or friends will not see your answers.

When you have completed the questionnaire please put it in the envelope provided.

My name is:

My class:

My school:

Today's date is:

My age now is: _____ Years and _____ Months

YOUNG PEOPLE'S LIFESTYLE QUESTIONNAIRE

SECTION 1: ABOUT YOURSELF

The first few questions are about you and your family. *Please tick or write in as appropriate.*

1. Name of School

2. What year at school are you in?

Year 10

Year 11

Other

3. Which class are you in?

4. When were you born?

Day Month Year

5. Are you a boy or a girl?

Boy

Girl

6. Are you allowed to have a free school meal if you want one? *Please tick one box only.*

Yes

No

Don't know

7. Which of the following ethnic groups would you say you belong to? *Please tick one box only.*

- | | |
|-----------------------------|--------------------------|
| White British | <input type="checkbox"/> |
| Irish | <input type="checkbox"/> |
| Any other White background | <input type="checkbox"/> |
| Black British | <input type="checkbox"/> |
| Black Caribbean/West Indian | <input type="checkbox"/> |
| Black African | <input type="checkbox"/> |
| Any other Black background | <input type="checkbox"/> |
| British Asian | <input type="checkbox"/> |
| Indian | <input type="checkbox"/> |
| Bangladeshi | <input type="checkbox"/> |
| Pakistani | <input type="checkbox"/> |
| Any other Asian background | <input type="checkbox"/> |
| Chinese | <input type="checkbox"/> |
| Arabic | <input type="checkbox"/> |
| Mixed Origin | |
| White and Black Caribbean | <input type="checkbox"/> |
| White and Black African | <input type="checkbox"/> |
| White and Asian | <input type="checkbox"/> |
| Any other mixed background | |
| Please describe | |
| _____ | |
| Other | <input type="checkbox"/> |

8. How would YOU prefer to describe your ethnic origin/heritage?

9. How long have you lived in Birmingham? Years _____ Months _____

10. Were you born in the UK?

Yes

No

If no, where were you born?

11. Which is your family's main language at home?

12. Do you think of yourself as religious?

- Yes
Fairly
Not very
No

13. Do you belong to a particular church or religious organisation?

- Yes
No

14. If YES, which religion do you belong to? *Please tick one box only.*

- Roman Catholic
Other Christian (e.g. Church of England, Methodist)
Seventh Day Adventist
Baptist
Pentecostal
Buddhist
Muslim
Hindu
Sikh
Jewish
Greek Orthodox
Rastafarian
None
Other (Please State)

15. Which parent (s) /guardian (s) live at home with you? *Please tick all those that apply.*

- Mother
Stepmother
Foster mother
Grandmother
Father
Stepfather

Foster father
 Grandfather
 Other What relationship are they to you? _____

16. Do you have any brothers or sisters? (including stepbrothers and stepsisters)

Yes
 No

If YES, how many presently live with you at home?

I have _____ brother (s) I
 have _____ sister (s)

17. Do you live in:

a flat or a maisonette a house or a bungalow
 a bedsit something else (*please specify*)

18. Is the place you live in: *Please tick one box only.*

Rented from the council
 Rented from a private landlord
 Housing association property
 Owned by your parents/being paid for on a mortgage
 Not sure

What is your postcode? _____

19. Including yourself, how many people live at your home? *Please tick one box only.*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	9	10	11	12	13	14+

20. Excluding the bathroom and toilet, how many rooms in total are in your house or flat? *Please tick one box only.*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	7	8	9	10+

21. Do you have your own bedroom?

Yes

No

22. Do you have sole use of a personal computer?

Yes

No

23. Do you have your own mobile phone?

Yes

No

24. Do your parents/guardians own a car?

Yes

No

25. How many cars are there in the household?

None

One

Two

Three

More than three

26. Do your parents/guardians have a telephone?

Yes

No

If YES, how many telephone extensions do they have? _____

How many telephone lines do they have? _____

27. If your mother or female guardian is living at home, is she: *Please tick one box only.*

In full-time paid work

In part-time paid work

A student

Unemployed

Not sure

Other

28. What is your mother's present job? _____
 If she is not working now, what was her last job? _____

29. If you father or male guardian is living at home, is he: *Please tick one box only.*

In full-time paid work	<input type="checkbox"/>	In part-time paid work	<input type="checkbox"/>
A student	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>
Not sure	<input type="checkbox"/>	Other	<input type="checkbox"/>

30. What is your father's present job? _____
 If he is not working now, what was his last job? _____

31. Some people describe themselves as belonging to a 'social class'. What class (if any) do you think you belong to?

Upper class	<input type="checkbox"/>
Middle class	<input type="checkbox"/>
Working class	<input type="checkbox"/>
Don't think I belong to a class	<input type="checkbox"/>
Not sure	<input type="checkbox"/>

32. This question is about your ethnic identification. Please read each of these statements and tick one option on each line. There are no right or wrong answers – just your own views.

	Yes	No	Not sure
Both of my parents are the same ethnic group as me			
I look the same as people who are from my ethnic group			
I look different from people who are from my ethnic group			
When other people look at me they can tell my ethnic group			
My best friend at school is the same ethnic group as me			
My best friend away from school is the same ethnic group as me			
My close friends are mainly from the same ethnic group as myself			
My close friends are mainly from a different ethnic group to myself			

My close friends are from a wide range of ethnic groups			
Most of the people who come to my home are from my ethnic group			
My family usually goes to events that are held especially for my ethnic group			

33. Here are a number of statements about your ethnic group. Please read each of these statements and tick one option on each line.

	Yes	No	Not sure
I look different from people who are from other ethnic groups			
Most of the people who live in my neighbourhood are from my ethnic group			
We have books in my house that were written by people who belong to my ethnic group			
I usually watch TV shows/videos that have main characters who are from my ethnic group			
I prefer being in social groups where all of the people are from my ethnic group			
People from my ethnic group are liked by people from other ethnic groups			
I enjoy being in social groups with people who are from different ethnic groups			

34. Do you think that racism affects your life now?

Yes

No

If yes, tell us why you think so _____

35. Do you think that racism will affect your life in the future?

Yes

No

If yes, tell us why you think so _____

SECTION 2: LIFESTYLES

36. How much pocket money do you have per week? Please include any money you earn from part-time work.

37. We would like to find out how you spend your time when you are not at school. How often do you do the following? Please tick one option on each line.

	Often	Sometimes	Never
a) Go to a youth club/centre			
b) Spend time with mother and/or father			
c) Watch tv/videos			
d) Spend time with my girl/boyfriend			
e) Spend time on my own			
f) Play a team sport (football/ netball/ volleyball)			
g) Play an individual sport (tennis/running)			
h) Go to a disco or club			
i) Spend time with brothers and/or sisters			
j) Go to a place of worship eg , church, temple, gurdwara, mosque			
k) Spend time with a group of friends			
l) Other (please say what, e.g., read books, play computer games)			

38. On a typical weekday (i.e. Monday to Friday), what 3 things are you MOST LIKELY to do after school?

1. _____
2. _____
3. _____

What did you do last night?

1. _____
2. _____
3. _____

39. On a typical weekday (i.e. Monday to Friday), what do you ENJOY doing the most after school? (Can be more than one thing)

40. At weekends (i.e. Saturdays and Sundays), what 3 things are you MOST LIKELY to do?

1. _____
2. _____
3. _____

What did you do last weekend?

1. _____
2. _____
3. _____

41. At weekends (i.e. Saturdays and Sundays), what do you ENJOY doing the most? (Can be more than one thing)

42. Are there any things you do in your life that you think are risky?

- Yes
- No

If YES, what sort of things? _____

43. Please study the list below and put the numbers of the THREE most important things in your life in the boxes below

- | | | | |
|-----|----------------------------------|--------------------------|----------------|
| 1. | Future job security | | |
| 2. | Being happy | <input type="checkbox"/> | most important |
| 3. | Being successful | | |
| 4. | Having peace of mind | | |
| 5. | Having good health | | |
| 6. | Having friends | <input type="checkbox"/> | |
| 7. | Having enough money | | |
| 8. | Being in love | | d t |
| 9. | Having good family relationships | | |
| 10. | Nothing | | |
| 11. | Something else (please state) | | _____ |

44. Please study the list below and put the numbers of the things you worry about the most AT THE MOMENT in the boxes below

1. My school work
2. A sexual relationship
3. Family relationships
4. Relationships with close friends (not sexual) worry most
5. Catching HIV/AIDS
6. Being ill
7. Having enough money
8. The destruction of the environment
9. Parents splitting up d
10. Death of a close relative or friend
11. Own death
12. Nothing
13. Something else (please state) _____

45. Please study the list below and put the numbers of the things you worry the most about the FUTURE in the boxes below

1. My school work
2. A sexual relationship
3. Family relationships
4. Relationships with close friends (not sexual) worry most
5. Catching HIV/AIDS
6. Being ill
7. Having enough money
8. The destruction of the environment
9. Parents splitting up d
10. Death of a close relative or friend
11. Own death
12. Nothing
13. Something else (please state) _____

46. What are the things you are looking forward to in the future?

SECTION THREE: ABOUT SMOKING

47. Who lives with you in your home? Do they smoke? Please put a tick opposite all those who live with you, whether or not they smoke cigarettes, and the ages of any brothers and/or sisters you have.

Family	Lives with me		Smokes		Age
	Yes	No	Yes	No	
Mother/stepmum					
Father/stepdad					
Brother 1					
Brother 2					
Brother 3					
Sister 1					
Sister 2					
Sister 3					
Other (please write in anyone else who lives with you)					

48. Please list as many reasons why you think people smoke in Box 1 (below), and as many reasons why you think people do not smoke in Box 2 (below).

Box 1 – reasons why people **do** smoke

Box 2 – reasons why people **do not** smoke

49. Which of the following statements describes you best? Please tick one box only.

I have never smoked a cigarette Go to question 50

I have only ever tried smoking once Go to question 51

I used to smoke sometimes but I never smoke a cigarette now Go to question 63

I sometimes smoke cigarettes but less than one a week Go to question 63

I usually smoke between one and six cigarettes a week Go to question 63

I usually smoke more than six cigarettes a week Go to question 63

50. Just to check, read the statements below carefully and tick the box next to the one which best describes you.

I have never tried smoking a cigarette, not even a puff or two

I did once have a puff or two of a cigarette, but I never smoke now

I do sometimes smoke cigarettes

51. How do you feel about other people smoking?

52. Why do you think you do not smoke? Please list all the reasons that you can think of.

53. Has anyone ever tried to persuade you to smoke?

Yes

No

54. If yes, tell us what happened. What did you do?

55. Have you ever been tempted to smoke?

Yes

No

If NO, go to question 58

56. If YES, what made you want to smoke?

57. What stopped you from doing so?

58. Do you think you will ever smoke the odd cigarette? (e.g. with a group of friends who smoke)

- Yes
- No
- Not sure

59. If YES, tell us when you think you might do so?

60. Do you think that you will ever smoke on a regular basis?

- Yes
- No
- Not sure

61. What are the reasons for your answer?

62. How do you think your family would feel if you started smoking?

- They would stop me Go to question 84 on page 23
- They would try to persuade me not to smoke Go to question 84 on page 23
- They would do nothing Go to question 84 on page 23
- They would encourage me to smoke Go to question 84 on page 23
- I don't know Go to question 84 on page 23

63. What age were you when you smoked your first cigarette?

Age _____

64. Thinking of the first cigarette you smoked, can you tell us a bit about where you were and who was with you?

65. Did you enjoy your first cigarette?

Yes
No
Don't remember

66. Tell us what you felt about it at the time. How did it make you feel?

67. After your first cigarette, what was it about smoking that made you want to continue?

68. What do/did you like about smoking cigarettes?

69. What do/did you dislike about smoking cigarettes?

70. How does your family feel about you smoking?

- | | |
|--|--------------------------------|
| They stop me
question 72 | <input type="checkbox"/> go to |
| They try to persuade me to stop
question 72 | <input type="checkbox"/> go to |
| They do nothing
question 72 | <input type="checkbox"/> go to |
| They encourage me not to smoke
question 72 | <input type="checkbox"/> go to |
| They don't know I smoke
question 71 | <input type="checkbox"/> go to |
| I don't know
question 72 | <input type="checkbox"/> go to |

71. How do you think your family would feel if they knew that you smoked?

- | | |
|---|--------------------------------|
| They would stop me
question 72 | <input type="checkbox"/> go to |
| They would try to persuade me not to smoke
question 72 | <input type="checkbox"/> go to |
| The would do nothing
question 72 | <input type="checkbox"/> go to |
| They would encourage me to smoke
question 72 | <input type="checkbox"/> go to |
| I don't know
question 72 | <input type="checkbox"/> go to |

72. Do/did you buy your own cigarettes?

Yes

No

73. If NO, where do/did you get your cigarettes from?

Parents

Brothers/Sisters

Friends

Other (please say where) _____

74. Has anyone ever tried to persuade you *NOT* to smoke?

Yes

No

If YES, tell us *who* it was and *how* they tried to persuade you not to smoke.

75. Where do/did you normally smoke cigarettes? *Please tick all those that apply to you.*

At home with parents' permission/knowledge

At home without parents' permission/knowledge

At school

At disco

On the streets

While truanting/bunking off from school

When drinking alcohol

When smoking cannabis

With friends

Other (please write in) _____

76. Which brand(s) of cigarettes do you or have you smoked?

77. What made you choose this brand?

78. How easy or difficult would you find it to go without smoking for as long as a week?
Please circle one point on the scale.

Very easy 1 2 3 4 5 Very difficult

79. How easy or difficult would you find it to give up smoking altogether if you wanted to?

Very easy 1 2 3 4 5 Very difficult

80. Can you tell us why it would be difficult or easy?

81. Would you like to give up smoking altogether? Please tick one box

Yes
No
Not sure

82. If you used to smoke and have given up, what was it that made you want to give up?

83. Do you think that you will ever start smoking again?

Yes
No
Not sure

What are the reasons for your answer?

91. Below are a number of general statements about cigarette smoking. Please indicate how strongly you agree/disagree with them by circling once for each statement:

	strongly agree	agree	not sure	disagree	strongly disagree
a) Smoking helps to keep you thin	1	2	3	4	5
b) Smoking makes you smell like an old ashtray	1	2	3	4	5
c) Cigarettes are only harmful if the smoke is taken right into the chest	1	2	3	4	5
d) It is safe to smoke mild cigarettes	1	2	3	4	5
e) Smoking makes you look cool and confident	1	2	3	4	5
f) Smoking can kill you	1	2	3	4	5
g) Smoking puts you in a better mood	1	2	3	4	5
h) Smoking gives you bad breath and dirty teeth	1	2	3	4	5
i) Smoking makes you less fit	1	2	3	4	5
j) Smokers are more likely to die from heart disease or lung cancer	1	2	3	4	5
k) Smoking is only bad for you if you smoke a lot	1	2	3	4	5
l) Passive smoking (breathing in other people's smoke) damages your health	1	2	3	4	5
m) Smoking makes you feel grown up and look sophisticated	1	2	3	4	5
n) Smokers have more interesting friends	1	2	3	4	5
o) Smoking helps you relax	1	2	3	4	5
p) Smoking helps you concentrate	1	2	3	4	5

92. Can you list the cigarette brand names you know.

93. There are many different reasons why some people smoke and others do not. Below we have listed some of the possible reasons that people give for **not** smoking. We want to find out what you think. Please read each of these statements and tick one option on each line. There are no right or wrong answers – just your own views.

	Yes	No	Not Sure
People who don't smoke (non-smokers) probably have parents who don't smoke			
Non-smokers probably have parents who disapprove of smoking			
Non-smokers probably have friends who don't smoke			
Non-smokers probably take part in sports			
Non-smokers probably have strong religious beliefs			
Non-smokers probably care about keeping fit and healthy			
Non-smokers probably think it will damage their health			
Non-smokers probably think it's cool not to smoke			
Non-smokers probably have no money to spend on cigarettes			
Non-smokers probably don't drink alcohol			
Non-smokers probably don't worry about their weight			
Non-smokers probably want to do well at school			
Non-smokers probably don't take drugs			

94. Is there anything else you would like to say about cigarette smoking?

SECTION FOUR: HEALTH

95. What does it mean to **YOU** to have ‘good health’?

96. What does it mean to **YOU** to have ‘poor health’?

97. Are there any things you do in your day-to-day life that **YOU THINK** are ‘good’ for your health?

Yes

No

If YES, what are they and why?

98. Are there any things that you do in your day-to-day life that **YOU THINK** are ‘bad’ for your health?

Yes

No

If YES, what are they and why? _____

99. Are there any things that happen to you, which you feel are not under your control, that are 'good' for your health?

Yes
No

If YES, what are they? _____

100. Are there any things that happen to you, which you feel are not under your control, that are 'bad' for your health?

Yes
No

If YES, what are they? _____

101. Do you think the way you live is generally: *Please tick one box only.*

- 1. Healthy
- 2. Mixed (sometimes healthy and sometimes not)
- 3. Unhealthy
- 4. Not sure

Write down one thing you do that is healthy

Write down one thing you do that is unhealthy

102. Would you say that your health over the last 12 months has been: *Please tick one box only.*

- | | | |
|----|-------------|--------------------------|
| 1. | Very good | <input type="checkbox"/> |
| 2. | Fairly good | <input type="checkbox"/> |
| 3. | OK | <input type="checkbox"/> |
| 4. | Fairly poor | <input type="checkbox"/> |
| 5. | Very poor | <input type="checkbox"/> |
| 6. | Not sure | <input type="checkbox"/> |

Have you consulted the GP during the last twelve months?

- Yes
- No

If YES, what for?

103. When you compare yourself with people of your own age, do you feel: *Please tick one box only.*

- | | | |
|----|------------------------|--------------------------|
| 1. | As healthy as them | <input type="checkbox"/> |
| 2. | Healthier than them | <input type="checkbox"/> |
| 3. | Less healthy than them | <input type="checkbox"/> |
| 4. | Not sure | <input type="checkbox"/> |

What are the reasons for this?

104. Do you have any long-term illness?

Yes

No

If YES, please describe _____

105. Do you have any other problems with your health that occur from time to time?

Yes

No

If YES, please describe _____

106. Do you have a disability, i.e., something that limits your day-to-day activities?

Yes

No

If YES, please describe _____

107. Have you had any of the following symptoms in the previous twelve months? Please tick all those that apply.

- | | | |
|----|-----------------------|--------------------------|
| 1. | Colds/flu | <input type="checkbox"/> |
| 2. | Headaches | <input type="checkbox"/> |
| 3. | Period pains | <input type="checkbox"/> |
| 4. | Hay fever | <input type="checkbox"/> |
| 5. | Muscle injury/strain | <input type="checkbox"/> |
| 6. | Panic attacks/anxiety | <input type="checkbox"/> |
| 7. | Growing pains | <input type="checkbox"/> |

- 8. Asthma
- 9. Skin problems
- 10. Depression
- 11. Broken bones
- 12. Cuts that needed stitches
- 13. Problems with teeth or gums
- 14. None
- 15. Something else

Please state

108. Do you every worry about your health? *Please tick one box only.*

- 1. Never
- 2. Not very often
- 3. Sometimes
- 4. Often
- 5. All the time

109. Do you ever worry about any of the following health matters? *Please tick all those that apply.*

- 1. How your body is developing
 - 2. Having cancer
 - 3. Being mentally ill
 - 4. Getting HIV/AIDS
 - 5. Getting colds/flu
 - 6. Having a heart attack
 - 7. None of these
 - 8. Something else
- Please state
-

110. What height are you? (approx. in feet and inches) _____

111. Which statement describes you best? *Please tick one box only.*

- I would like to be taller
- I would like to be shorter
- I am happy with my height
- Not sure

112. What weight are you? (approx. in stones and pounds) _____

113. Which statement describes you best? *Please tick one box only.*

- I would like to put on weight
- I would like to lose weight
- I am happy with my weight as it is
- Not sure

114. Do you worry about your weight?

- Yes
- No

115. If YES, what is it that worries you? _____

116. Below are some statements about different ways you might feel about yourself. Please circle once for each statement.

	strongly agree	agree	Not sure	disagree	strongly disagree
There are lots of things about myself that I would change if I could	1	2	3	4	5
I am easy to like	1	2	3	4	5
I find it easy to make up my own mind about things	1	2	3	4	5
I like to be called on by my teacher to answer questions	1	2	3	4	5
I am very happy with my body and the way I look	1	2	3	4	5
I am very fit	1	2	3	4	5

117. How do you feel in general about yourself?

118. For you, how important is doing well at school? *Please circle one on each line.*

Not at all important Not very important Fairly important Important Very important

119. For your parents, how important is it that you do well at school?

Not at all important Not very important Fairly important Important Very important

120. How well do you think you are doing at school?

Badly Not very well About average Quite well Very well

121. Have you ever stayed away from school without permission (truanted)? *Please tick one box only.*

Yes
No
Don't know

122. Have you ever been excluded from school? *Please tick one box only.*

Yes
No
Don't know

If YES, was it a fixed-term exclusion or a permanent exclusion?

A **fixed-term exclusion (or suspension)** is when you are not allowed to go to school for a set amount of time because of your behaviour.

A **permanent exclusion** is when you are **never** allowed to go back to school because of your behaviour

Fixed term
Permanent
Don't know

123. What kind of work would you like to do when you leave school?

124. How do you feel about your life at the moment? Please tick one box only.

- | | | |
|----|----------------|--------------------------|
| 1. | Feel very good | <input type="checkbox"/> |
| 2. | Feel good | <input type="checkbox"/> |
| 3. | OK | <input type="checkbox"/> |
| 4. | Feel bad | <input type="checkbox"/> |
| 5. | Feel very bad | <input type="checkbox"/> |

Please say why _____

125. How do you feel about your relationship with your parents/family?

- | | | |
|----|----------------|--------------------------|
| 1. | Feel very good | <input type="checkbox"/> |
| 2. | Feel good | <input type="checkbox"/> |
| 3. | OK | <input type="checkbox"/> |
| 4. | Feel bad | <input type="checkbox"/> |
| 5. | Feel very bad | <input type="checkbox"/> |

Please say why _____

126. Looking to the future, how good do you think your life will be in 5 years' time?

- | | | |
|----|-----------|--------------------------|
| 1. | Very good | <input type="checkbox"/> |
| 2. | Good | <input type="checkbox"/> |
| 3. | OK | <input type="checkbox"/> |
| 4. | Bad | <input type="checkbox"/> |
| 5. | Very bad | <input type="checkbox"/> |

Please say why _____

127. Do you ever feel depressed? *Please tick one box only.*

- All the time
- Sometimes
- Occasionally
- Never

128. Please indicate your views on the following statements:

	strongly agree	agree	not sure	disagree	strongly disagree
My parent(s)/guardian(s) should be <u>responsible</u> for keeping me healthy.					
I am responsible for my own health.					
Doctors are responsible for keeping me healthy.					
Whatever goes wrong with my health is my own fault.					
Thinking too much about your health makes you ill.					
Keeping healthy is a matter of luck or chance.					
I can avoid most illnesses if I look after myself and lead a healthy life.					
Doctors can cure most of the illnesses I might get.					
I think my health is determined by the pressures of life.					
How healthy or unhealthy I am is determined by God or Allah or another divine being.					
Suffering sometimes has a divine purpose.					
Illness just happens to you, if it comes, it comes.					
You are either born healthy or unhealthy.					

SECTION FIVE: DRUGS AND ALCOHOL

In this research, we are also interested in what you think about drugs and alcohol, and whether you have used them.

129. Which of the following best describes you?

- 1. I have never had a proper alcoholic drink go to question 128
- 2. I usually drink alcohol only with my parents/guardians go to question 124
- 3. I have had an alcoholic drink with my friends a few times go to question 124
- 4. I drink alcohol with my friends regularly go to question 124

130. How many days on average in a week would you have an alcoholic drink?

_____ days

131. How much would you normally drink (1 unit - ½ pint of beer or a glass of wine)?

- 1. 1 – 3 units
- 2. 4 – 6 units
- 3. 7 – 9 units
- 4. 10 or more units
- 5. I don't know

132. Have you ever consumed any of the following types of alcohol?

Type of Alcohol	Never	Once or twice	Occasionally	Often
Shandy/beer/lager				
Cider				
Martini or Sherry				
Alcopops (eg Hooch, Two Dogs etc) or pre-mixed alcoholic drinks (eg Bacardi Breezer, Metz, Smirnoff Ice, V2 etc)				
Wine				
Spirits (whisky, vodka, rum, gin etc) or liqueurs				
List any others you can think of				

133. Why do you drink alcohol?

134. Have you ever taken any of the drugs on the following list?

	Never	Occasionally	(quite) Often
1. Amphetamines (speed, uppers, sulphate, whizz, billy, crystal meth)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Cannabis (draw, dope, weed, marijuana, pot, blow, hash, skunk, ganja, puff, grass, spliff, joints, smoke, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ecstasy (E, XTC, MDM, mitsibishis/mitzis, rolexes, doves, beans, rolls, X)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Hallucinogens (acid, trips, LSD, tabs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Solvents (gas, glue, aerosols)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Tranquillisers (tranks, downers, barbiturates, blues, temazies, jellies, temazepam)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Semeron (sem)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Poppers (amyl nitrates, liquid gold, rush)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Heroin (brown, smack, skag, junk, gear, H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Magic Mushrooms (shrooms)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Methadone (linctus, physeptone, meth)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Crack (rock, stone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Cocaine (coke, charlie, C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Anabolic steroids (roids)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Ketamine (K)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Others (please state) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

135. Please indicate what you think about the following statements:

	strongly agree	agree	not sure	disagree	strongly disagree
Alcohol is only dangerous if you drink too much					
Life is more fun when you have a drink					
Taking illegal drugs harms your health					
Taking illegal drugs is a good way to relax					
Smoking cigarettes helps you keep your weight down					
Smoking is only dangerous to your health if you do it a lot over a number of years					

The end!

Thank you for completing this questionnaire.

Appendix 2: Focus Group Schedule

Opening Remarks

Thank you for agreeing to help me by coming to this session today. The session will last about 45 minutes to an hour.

My name's Jenny and my job during this session is to get us talking about cigarette smoking.

My project is based at the Open University and Lancaster University – I'll be happy to talk afterwards about the background of the research if you're interested.

I am going to record our session on tape if that's OK with you. The reason I need to tape it is that I'd never be able to write down or remember all you'll have to say, and I don't want to miss anything.

I'd like to emphasise three points before we actually start:

1. This session is completely confidential. None of what we say today will ever be heard by anyone except me and the person who is going to type up the information on the tape.
2. If at any stage in the session you would like to stop you are free to do so at any time.
3. It's important for you to know that there are no right or wrong answers. If you disagree with something that I've said, then tell me so.

Opening questions (15 mins):

What do you think about smoking?

Why do you think young people your age smoke?

Do you think the reasons why young women smoke are different from the reasons why young men smoke?

Introductory questions (15 mins):

Do you think the reasons why African-Caribbean young women smoke are different from the reasons why white young women or Asian young women smoke?

Are there particular pressures to smoke on young African Caribbean women? (probe peer pressure; image; looking cool; bad/ hard/daring girls).

How do you think African-Caribbean young women who smoke are seen? (probe image and identity again).

Why do African-Caribbean young women smoke? At what age do you think African-Caribbean start smoking? When and where do African-Caribbean women smoke?

Are there particular factors which stop African-Caribbean young women from smoking? (probe religion; ethnic identity; pressure from parents: educational achievement and aspirations).

Transitional questions (15mins)

What do you think that your parents think about young African-Caribbean women smoking?

Has the way in which smoking is seen changed from your parents' generation?

Concluding questions

Do you think there's anything about 'smoking' that we could have talked about but didn't?

Thank you very much for all your ideas and opinions; this session has been very useful.

Debriefing

The main part of the interview is over, but just before you go I'd find it useful to hear what you thought about the interview. Do you think it went OK? Were there any questions that were too difficult to answer? Were there any questions that were too embarrassing? Were there any questions that were too difficult to understand?

Follow up interviews.

I would like to do some follow up interviews with individuals. They will take about an hour and will be conducted at school or somewhere else if you prefer. Is anyone interested in taking part in the next part of the research and being interviewed individually?

Name

Contact telephone number/address

Appendix 3: Focus Group Coding Frame

Themes	Sub-themes		
Social identity	'Race'/ethnicity	Multiple identities/intersecting identities	African, African-Caribbean, Black British, Mixed heritage
	Diasporic identities	Caribbean roots and connections	Life in Caribbean and experience of migration
		Memories of the Caribbean	Imagined pasts and imagined futures
			Life in neighbourhood
		African connections	Experience of migration
	Social class	Perceptions about working class	
	Citizenship	Rights	
	Gender		
	Age/generation	Relationship with parents	Birthplace of parents/grandparents
Family life	Black family life	Black parents	Black parents and cigarette smoking
		Black parents' experience of racism	
		Discipline in black families	
		Family activities	
		Siblings and friends	
		Expectations of parents and aspirations for the future	
	White family life	White parents	White parents and cigarette smoking
Smoking	Cigarette smoking	Social acceptability	
		Health effects	
		Performing identity	
	Cannabis smoking		
	Starting smoking	Age and context	Influence of peers
	Reasons for smoking		
	Giving up smoking		
	Places where young women smoke		
	Influence of religion		
	Perceptions of cigarette smoking		
Education	Young women's experiences of education and schooling	Racism in school	
		Friendship networks	
	Young women's aspirations		

	Teachers' expectations		
	Parents' expectations		
	Parents' aspirations		
Stress	School		
	Environment/Locality		
	Relationships		
Occupation	Young women's aspirations		
	Parents' occupations		
	Occupations of other family members		
	Parents' experiences of unemployment		
	Parents' fears in relation to young women		
	Young women's fears		
Resilience	Young women and stress		
	Parents and stress		
	Coping with stress		
	Coping with living in neighbourhood		
Socio-economic context	Living conditions of young women		
	Parents' socio-economic position		
	Expectations and aspirations for future income		
	Disadvantage and stigma		
Neighbourhood	Social networks		
	Leisure activities		
	Diasporic networks		
	Sources of stress		
	Expectations of community/neighbourhood		
	Future aspirations of community		
	Experiences of racism		
	Violence		
Social Location	Perceptions of black young women in society		
Social Position	Understanding of 'race' and disadvantage	Intersection of 'race', class, gender	
Social Mobility	Respectability		
	Views on working class		

Appendix 4: Information Sheet about Focus Groups

Young people's smoking and lifestyle study

About the focus group

This focus group is part of a study about young people and smoking. I want to find out what young people think about smoking and what other important things influence your health. I am asking groups of young people to take part in focus group discussions in different schools in Birmingham. This sheet is for you to keep and tells you more about the study and what it involves.

- ** The first stage of this study was a questionnaire about smoking and lifestyle that was completed by young people at your school.
- ** I am now holding focus group discussions with young people from Year 11 in four schools around Birmingham.
- ** There will be around 8 young women in each focus group and at this stage I am asking young African-Caribbean female students at your school to take part in the focus groups.
- ** The focus group discussion will last about 45 minutes to an hour.
- ** All the focus group discussions will be tape recorded, and then written out so that I have a record of what people have said in the group discussions.
- ** Only the researcher and the person writing out the notes will listen to the tape and it will be wiped clean when the notes have been made.
- ** All the names of people and places will be removed from the written notes of the interviews, so it will all be completely anonymous.
- ** If you agree to take part in this focus group, but feel at any stage that you would like to stop, you are free to do so at any time.
- ** Nothing you say in these focus groups will be discussed with anyone.
- ** I am based at the Open University in Milton Keynes.

If you have any questions about this study, then feel free to contact me:

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The Open University
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Telephone: 0121 427 3055
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Young people's smoking and lifestyle study

I agree to take part in the focus group discussion under the conditions described above:

Signed:

Date:

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