UNIVERSITY OF SOUTHAMPTON

Faculty of Social, Human and Mathematical Sciences

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Cigarette smoking among young British Bangladeshis and British Pakistanis

by

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Thesis for the degree of Doctor of Philosophy

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Abstract

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Cigarette smoking among young British Bangladeshis and British Pakistanis has been under-researched. This is surprising, despite the fact that smoking rates are significantly higher among Bangladeshi and Pakistani ethnic groups. Whereas numerous studies have explored various factors affecting cigarette smoking among White youth, relatively few studies have focused on the experiences of British South Asian Muslim youth. This three papers dissertation fills this gap by examining various factors affecting cigarette smoking among British Bangladeshi and British Pakistani young people within their social and cultural context. The 1st paper involves a quantitative overview of the association between religion and smoking, alongside its consideration of the associations between ethnicity, sex, age and socioeconomic factors. The second and third papers aim to qualitatively explore in details how such factors are related to cigarette smoking among young British Bangladeshis and British Pakistanis. Taken together, the three papers offer insights into the complex intersection of multiple factors affecting cigarette smoking among young British Bangladeshis and British Pakistanis.

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DECLARATION OF AUTHORSHIP

I,Manzoor Hussain, declare that this thesis and the work presented in it are my own and has been generated by me as the result of my own original research.

Cigarette smoking among British Bangladeshis and British Pakistanis

I confirm that:

1. This work was done wholly or mainly while in candidature for a research degree at this University;

2. Where any part of this thesis has previously been submitted for a degree or any other qualification at this University or any other institution, this has been clearly stated;

3. Where I have consulted the published work of others, this is always clearly attributed;

4. Where I have quoted from the work of others, the source is always given. With the exception of such quotations, this thesis is entirely my own work;

5. I have acknowledged all main sources of help;

6. Where the thesis is based on work done by myself jointly with others, I have made clear exactly what was done by others and what I have contributed myself;

7. Some of this work has been published before submission [or] Parts of this work have been published as: [please list references below]:Hussain M, Walker C, Moon G (2017). Smoking and Religion: Untangling Associations Using English Survey Data. Journal of Religion and Health.doi: 10.1007/s10943-017-0434-9.

Signed: Manzoor Hussain .....

Date: 01/06/2018.....

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Definitions and Abbreviations

ASH - Action on smoking and Health

CDC- Centres for Disease Control and Prevention

CoDE - Centre on Dynamics of Ethnicity

FOSIS - Federation of Students Islamic Societies

HSE - Health Survey for England

ONS - Office for National Statistics

RCP - Royal College of Physicians

SES - Socioeconomic status

Chapter 1: Introduction to the research

1.1 Statement of the problem

The focus of this thesis is on young British Bangladeshi and British Pakistani men and women and their cigarette smoking. Youth smoking is a persistent and significant public health problem today. Cigarette smoking is the major cause of preventable diseases and premature deaths in the United Kingdom (ASH, 2017). It is estimated that every year, around 207,000 young people start smoking in the UK (Hopkinson, 2013). Studies have shown that people who do not commence smoking before the age of 20 are significantly less likely to start as adults (CDC, 2009). Similarly, smoking at a younger age is associated with a range of health problems (Ash, 2017). People who initiate smoking earlier are more likely to be heavy smokers and less likely to attempt to quit smoking (Royal College of Physicians, 2010). Keeping these facts in view, it is essential to conduct studies on young people, and their smoking behaviours.

1.2 Background and rationale

Smoking cessation efforts in the UK have not profited all members of society equally, contributing to higher smoking prevalence among certain ethic groups. One particular case is the prevalence of smoking among Bangladeshi and Pakistani groups, where men in these groups smoke at higher rates than men in the general population(Goddard, 2006; ONS, 2015).This is surprising, considering the fact that national data in the UK suggests lower smoking rates among Muslims, as compared to other religious groups. Numerous studies over the last two decades have examined cigarette smoking among adolescents and young people in the UK (Emory et al., 2010; Woods et al., 2008; Fidler et al,2006; Graham et al., 2006; Amos et al., 2004; Croghan,2003;Wardle et al.,2003). To a great extent, these studies have over looked the experiences of ethnic minority youth in general and young British South Asian Muslims in particular. While findings from the studies above may be applicable to certain ethnic minority populations, they may not be generalizable to others. Various risk and protective factors for smoking may be more likely to influence members of minority ethnic groups differently. Moreover, social and cultural differences in norms, values and attitudes, as well as differences in religious

beliefs associated with smoking, may vary between members of different ethnic groups, and may have different effects on the smoking behaviours of men and women. Understanding group-specific factors is therefore essential for the development of culturally-specific smoking cessation programmes.

Nearly all research on cigarette smoking among South Asian Muslims in the UK to date has focused on the adult population, while very little research has been conducted on second and third generation South Asian Muslims. In particular, the gendered nature of youth smoking has received little attention. This is suspiring, despite the fact that smoking among some South Asian Muslim groups, particularly Bangladeshis and Pakistanis, is very gender specific (Goddard, 2006).This study is therefore designed to provide a much-needed contribution to the literature by examining cigarettes smoking among young British Bangladeshi and British Pakistani men and women within their social and cultural contexts. This area of research until now has received very little attention in the academic literature and may require taking account of various academic angles from which to study cigarette smoking among ethnic minority groups.

This study is interdisciplinary in nature, incorporating insights and findings from sociology, gender studies and epidemiology, revealing that a combination of evidence from these disciplines could contribute to a more holistic and comprehensive understanding of cigarette smoking among young British Bangladeshis and British Pakistanis. The reason for focusing on these two ethnic groups is twofold. Firstly, as noted above, Bangladeshis and Pakistanis in the UK have a higher smoking prevalence than the general population, and therefore an understanding of cigarette smoking among these groups is essential for the development of smoking cessation programmes. Secondly, Bangladeshis and Pakistanis represent one of the fastest growing segments of the UK population (representing 53% of the overall Muslim population in England and Wales according to ONS, 2011) and hence they deserve more attention in smoking literature than they have received so far.

1.3 Aims, Research questions and Hypothesis

The overall aim of this study is to examine how various factors are affecting cigarette smoking among young British Bangladeshi and British Pakistani men and women within their social and cultural context, in order to inform the development of smoking cessation programs. To achieve this aim, this thesis is built up to comprise three individual, yet interdependent papers, each contributing to the overall aim of the study. The first paper has been published in the Journal of Religion and Health (please refer to Appendix A) while the other two papers are ready for submission to the Journals. Through these papers, the thesis seeks to answer the following three research questions:

Paper 1, focusing on the quantitative component of the research, poses the following question:

RQ1: How does smoking prevalence in the UK vary by religion and ethnicity and to what extent religious and ethnic affiliation is associated with smoking?

This research question is formulated due to the relative lack of knowledge about the association between religion, ethnicity and smoking in the UK. In general, little is known about the patterns of smoking among young people from different religious and ethnic groups and about the interplay between religion and other factors, with reference to smoking behaviours. The above research question addresses this gap in literature through a case study of England where substantial changes in religious and ethnic affiliation have been noted over the last two decades.

Paper 2 and 3, focusing on the qualitative component of the research, poses the following questions:

RQ2: Which factors affects smoking-related attitudes and behaviours among young British Bangladeshi and British Pakistani men and women?

RQ3: What are the factors affecting early smoking initiation among young British Bangladeshi and British Pakistani men?

The purpose of formulating the above research questions is to explore the gendered nature of youth smoking within the social and cultural context of British Bangladeshi and British Pakistani men and women. In particular, the second research question seeks to understand how various socio-cultural factors are involved in the construction and negotiation of gender identities in relation to cigarette smoking among young men and women. Subsequently, the third research question seeks to examine factors affecting early experiences of cigarette smoking among young British Bangladeshi and British Pakistani men. Jointly, the two research questions seek to contribute to an understanding of how investigating cigarette smoking among young British Bangladeshi and British Pakistani men and women may help to understand the social relationships and social influences on the lives of these young Muslims, a perspective that is argued to be largely missing from the existing literature on young British South Asian Muslims in the UK.

In the light of the above research questions, it is hypothesised that cigarette smoking among young British Bangladeshis and British Pakistanis may not be influenced and shaped by a single factor alone, but by a combination of several factors.

1.4 Conceptual framework of the study

I adopted intersectionality as my theoretical framework to enable me to focus on the intersection of various factors affecting cigarette smoking among young British Bangladeshi and British Pakistani men and women. The concept of intersectionality is thought to have first emerged from Black feminist thought (King, 1988; Beale, 1979) and is commonly attributed to Professor Kimberlé Crenshaw, who first coined the term in 1989. She rejected the notion that gender and race exist independently from each other or as competing categories of identity. Intersectionality provides a theoretical framework for theorizing and examining the reported experiences of an ethnic minority population, and offers a way of capturing the complexity of such experiences, and the multiple and parallel ways in which gender, race, class, culture, religion and other identity categories interact with and influence each other.

As discussed above, existing research on cigarette smoking among South Asian Muslims in the UK has largely focused on other aspects of their smoking behaviours, and there is a lack of existing research on the gendered nature of youth smoking, or the extent to which gender intersects with culture, religion and class to inform youth smoking behaviors.

It could be argued that the intersection of these factors will produce something unique and different from any one form of factor standing alone, thus shaping a good understanding of cigarette smoking among young British Bangladeshis and British Pakistanis.

1.5 Research methodology and design

This study used a mixed method research design. Mixed method research is defined as 'integrating quantitative and qualitative data collection and analysis in a single study or programme of inquiry' (Creswell, 2003, p.7). As a method, it is the process and procedure for collecting, analysing and mixing both quantitative and qualitative data in different phases of the research project (Doyle, 2016).This type of research method is relatively new in areas such as psychology, sociology and social work (David & Sutton, 2011) however, it has received a great deal of attention in recent years (Bryman, 2007; Denscombe, 2003).

Opinions regarding the importance of combining qualitative and quantitative methods are diverse, and have divided researchers into two different groups: the purists and the pragmatists (Tashakkori & Teddie, 2003). The purists believe that only quantitative or qualitative methods provide an adequate tool for investigating a particular research problem. They believe that both methodologies have such different epistemological frameworks (which make different assumptions about the social phenomena) that there is no way of combining these two research methods. In contrast, the pragmatists believe that methods are merely the collection techniques and the issue is primarily about practicality, not philosophical differences (Chilisa & Preece, 2005). This study adopted a pragmatic stance which is derived from the work of Cresswell and Clark, (2007). Cresswell and Clark argued that the choice of a mixed method approach should be influenced by the research questions and that such an approach is more effective due to the fact that it provides an opportunity to combine different forms of data, which allow the examination of the same problem from different angles. This was the case for this study. The rationale for choosing a mixed method design for this research project was determined by the research questions of the study. As discussed above in section 1.3, this study seeks to provide answers to two sets of research questions. RQ1 requires a descriptive as well as a co-relational explanatory study, and therefore a quantitative approach was suitable to address this particular research question.

RQ2 and RQ3 require in-depth and exploratory studies, and hence a qualitative approach was deemed appropriate to address these research questions.

A brief summary of the two stages of mixed-method research design used in this study is presented below.

Stage one:

The first stage of this research focused on the analysis of secondary quantitative data obtained from UK Data Services. Smoking-related data from five successive runs (2010 to 2014) of the Health Survey for England (HSE) were collected for youth (aged 16-20, n=2355) and adult (aged >20, n=39837) samples. The HSE is an annual cross-sectional health examination survey commissioned by the Department of Health, and has been regularly carried out since 1991.The survey selects participants randomly, and collects information through face-to-face interviews. A number of alternative surveys were available; however I decided to focus on the Health Survey for England, as it covers all the variables needed to address my quantitative research question.

In order to capture participants smoking behaviours, I use two binary measure of smoking: ever and current and treat them both as dependent variables. The first one consider if participants has ever tried cigarette smoking including those who have quit smoking, have experimented with smoking and current smokers, whereas the second one identifies whether participants smoke cigarettes at all nowadays?. I further include religion as an exposure variable and age, sex, ethnicity and socioeconomic status as confounding variables. Ethnicity was recorded into five categories (White, Mixed, South Asian, Black and Other) and religion into four categories (Christian, Muslim, No religion and Other) so as to enable meaningful analysis of the data.

Data were analyzed using IBM SPSS statistics Version 21. Descriptive statistics were first performed to describe patterns of smoking by different religious and ethnic groups groups. Binary logistic regression was then performed to examine and describe the relationship between dependant variables and exposure variables with controlled for confounding variables. Other diagnostic tests (Multicoliniarity, bootstrapped standard errors and likelihood-ratio test) were performed subsequently.

Stage two:

Stage two of this research involved qualitative data collection and analyzes. Semi-structured individual and group interviews with young British Bangladeshi and British Pakistani men and women were conducted in the city of Southampton. The number of participants who participated in the study across ethnicity and gender is described in the table below.

Table 1: Sampling distribution across ethnicity and gender

Method		Individual Interviews	Group interviews	Total
Bangladeshi	Males	7	6	13
	Females	1	4	5
Pakistani	Males	8	4	12
	Females	2	6	8
Total		18	20	38

In total thirty eight participants participated in the study. Among these seven males and one female from Bangladeshi and eight males and two females from Pakistani background were individually interviewed. In addition five group interviews with four participants in each group were conducted with six males and four females from Bangladeshi and four males and six female from Pakistani backgrounds. Each individual interview lasted were normally of 30 to 60 minutes duration and group interview of about 60 to 120 minutes. Individual interview is a two way face to face communication which only take place between the interviewer and the respondent, while group interview is a type of communication that take place between the interviewer and multiple respondents , in a group.

The participants in this study were second and third -generation British born Bangladeshis and Pakistani who were aged between 16 to 20.They were recruited from Southampton City College and Southampton University. This group was selected for the specific purpose of the study to address the relative lack of research on cigarette smoking among young British South Asian Muslims. As has been discussed earlier, research which shed lights on

the lives of young South Asian Muslims have mostly concentrated on other aspects of their lives, there is a little research available on this particular issue and hence this study is designed to fill this gap in the existing literature. Though it is acknowledged that due to the lack of internal diversity of the sample (the study only focused on college and university student) and because of the narrow age range (16-20) of the participants, the generalizability of the findings to other samples may be limited, points I discussed in more detail in the discussion section of the thesis.

Overall recruitment of the subjects did not present substantial difficulty to the researcher. A purposive recruitment strategy was used to recruit participants from a college and university in the city of Southampton. After ethical approvals, Initial contacts were made with the relevant authorities to gain permission and identify potential participants for the study. Following permissions, participants in this study were recruited through several recruiting strategies including emails, flyers distribution, through student unions and sports clubs, and via posting flyers around campus notice boards.

One of the major challenges in recruitment process was the recruitment of young female research participants into the study. Whereas my cultural and religious background have helped me considerably in recruiting male participants, as I am a Pakistani Muslim, I was able to communicate with them better than might have been the case with a researcher form different cultural or religious background .My gender as man researching cigarette smoking among women however raised both ethical and practical difficulties. I therefore decided to hire a female research assistant to help me recruiting female research participants. This recruitment strategy resulted in recruitment of adequate number of female research participants needed for data acquisition to generate meaningful results.

Similar difficulties were encountered during the data collection process; however I took some additional steps so as to make the process as smooth as possible. For example, during earlier phase of data collection I noticed that a number of young female participants were hesitant to be interviewed alone by me. It was therefore decided the female research assistant should also accompany me during the interview process. Furthermore the numbers of female participants were small and most of them (including some male colleagues) were welling to be interviewed in peer groups rather than to be part of focus groups which I was initially planning to use as one of the tools for data collection. Hence keeping in view the number of female participants, their willingness to be

interviewed in peer groups and the sensitivity of the topic, I realized that focus group discussion may not be the right methodological tools for data collection. Instead I decided to conduct group interviews where it is possible for participants to speak freely and openly about sensitive topic and personal aspect of their lives in full confidentiality. Although it is acknowledged that the use of focus group may have produce additional or more nuanced information, the use of group interviews did not however affected the overall findings of the study and yield important information on the factors that affect cigarette smoking among young British Bangladeshis and British Pakistanis.

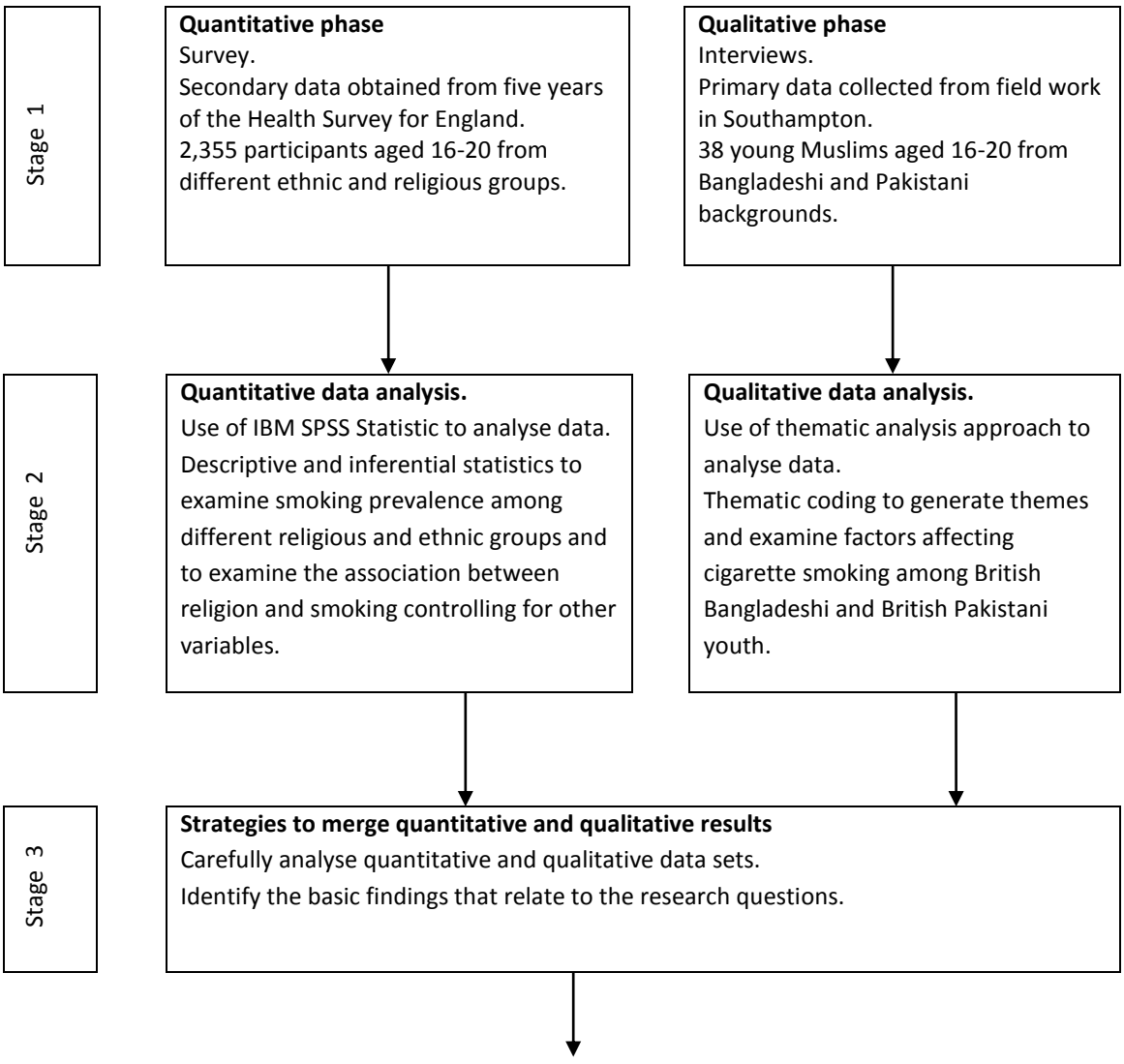
Focus group discussion and Group interview are sometime considered as synonymous (Parker & Tritter, 2006) but they are different than each other (Smithson, 2000). Focus group discussion (FGD) is a group discussion led by a researcher in which people from similar backgrounds or experiences are bring together to discuss specific topic of interest. In FGD the researcher acts as a facilitator whose main responsibility is to facilitates a group discussion between the participants of a particular study and not between participants and the researcher. The ideal size of a focus group discussion is although a debated issue, it is recommended that one focus group discussion should have 6 to 12 participants, as less than 6 may not be enough to generate stimulating dialogue while more than 12 may limit the chances of some participants to fully express their points of views (Folch-Lyon & Trost, 1981). In contrast, group interview may be conducted with as little as two participants though the ideal size for one group interview is recommended to be 4 to 7 participants (Puskas, 2009). Unlike focus group discussion a focus group interview is certainly an interview not a discussion. In this setting, the researcher acts as an investigator and plays a more direct role by asking questions, engaging in a dialogue and controlling the dynamic of the discussion.

The interviews data was analyzed using thematic analysis approach. Thematic analysis refers to a broader qualitative approach that focuses on identifying, analyzing and reporting patterns of themes in the interview data. A six stage process as suggested by Braun and Clarke, (2006) was undertaken for the thematic analysis. In the first stage, I familiarized myself with the transcribed data by reading and re-reading the transcripts, while carefully scrutinizing them. This helped me to become sensitized with the material and develop an initial awareness of the whole dataset. In the second stage, I generated

initial codes to systematically categories the whole dataset. This was done by assigning different codes to each line or paragraph that I thought were relevant to my research questions. A list of codes used for the analysis is given in Appendix C. In the third stage, I gathered and collated relevant codes into potential themes. I then reviewed the emerging themes in the fourth stage to ensure that they worked in relation to both the extracted codes and the entire dataset. In the fifth stage of the analysis, I named the themes after carefully analyzing each theme. In the sixth and final stage, I conducted a final analysis of the selected extracts. I choose the most suitable and descriptive quotations from the data that supported the generated themes, research questions and the literature review.

More details about the methods used in this study can be found in the method sections of the three papers. In Figure 1 below I outline the stages involved in my research design.

Figure 1: Cigarette smoking among young British Bangladeshis and British Pakistanis: Flow chart of the basic stages in mixed method research design.



Stage 4	**Interpretation of the results** Summarize and interpret results. Integrate and discuss findings from the two data sets to provide a more complete understanding of the research problem.

1.6 Structure of the thesis

This thesis consists of seven chapters. The current chapter presents an introduction to the thesis with the statement of the problem, background and rationale of the study, the thesis aims, research questions and hypothesis, the theoretical framework and the research methodology of the study. The second chapter of this thesis focuses on the experiences of young British South Asian Muslims. This chapter provides an overview of the theories on identity construction in general and then focuses on the theoretical framework that I adopted for my study, namely intersectionality. The chapter then goes into the detail about the various factors affecting the construction of South Asian Muslim masculinities and femininities and how South Asian Muslim men and women negotiated these influences by constructing alternative gender identities. The third chapter provides a detail review of the relevant literature on young people and smoking behaviours. Primarily the literature review in this chapter is structured around two sections. The first section covers a range of literature on social influences on youth smoking behaviours while the second section addresses some of the existing smoking laws and regulations in the UK. The fourth, fifth and sixth chapters of my PhD consist of paper one, two and three, respectively. Chapter seven is the last chapter within the thesis. The aim of this chapter is to integrate the thesis as a whole by discussing the findings of the thesis in the light of three papers and to highlight the contributions I have made to the existing literature. Furthermore the limitations, overall conclusion and recommendations are also discussed in the final chapter of the thesis.

Chapter 2: Young South Asian Muslims: constructing and negotiating gender identity in multicultural Britain

2.1 Introduction

It has long been recognized that young people do not attempt to smoke in a vacuum (Jacobson et al., 2001). Smoking initiation as well as continuation among young people is a complex and multifaceted phenomenon in which several factors interact and intersects. This phenomenon may be particularly challenging for young British South Asian Muslims who are often believed to be leading a dual lives due to two conflicting cultures where several contradictory normative expectation, values and beliefs exists which affect men and women differently. Whereas factor affecting cigarette smoking among ethnic minority youth have received ample attention, a more recent discourse on young people, gender identity and cigarette smoking has received little attention. This recent research has called for greater attention to examine how gender identities are constructed and negotiated at the intersection of multiple social categories such as ,race, culture, religion and class.

Overall majority of the previous research in this area has largely focused on white population; very few studies have focused on ethnic minority population. Among the few available studies focusing on the relationship between gender identity and cigarette smoking among ethnic minority youth, no effort has been made to explore such relationship among South Asian Muslim population. Although some recent research on young South Asians Muslim's has started focusing on other areas, for instance the construction and negotiation of gender identity through fashion and dressing (Tarlo, 2010; Kim, 2012) and other future life option, such as education and marriage (Bagguley & Hussain, 2007; Bhopal, 2009).

Owing to the lack of literature on gender identity and cigarette smoking, this chapter review existing literature on identity construction and negotiation of young British South Asian Muslims within the wider British context in order to develop a deeper understanding of young people's identities and social relationships. A more relevant literature on identity and smoking is discussed in some detail in the next chapter, three.

2.2 Young British South Asian Muslims today

The increasing religious diversity of British society and the substantial increase in the numbers of Muslims living in Britain has made upbringing a challenging process for many young South Asian Muslims in the UK. Following recent census data, there are 2.7 million Muslims in the UK, which account for 5% of the total population (ONS, 2011). The 2011 census data suggests that 50% of Muslim in Britain are under the age of 25 and 33% of Muslims are aged 15 and under. South Asians are still the biggest Muslim group, constituting around three-quarter of all Muslims ethnic groups in the UK with 38% of Muslim from Pakistani, 15% from Bangladeshi and 7% from Indian ethnic backgrounds living in the UK according to Office for National Statistics, (2011). Research evidence highlights that British South Asian Muslims are at higher risk of income poverty and social exclusion. Studies have shown that many South Asian Muslims live in poverty, in extended families, segregated area, have higher unemployment rates and lower social mobility rates, and have experienced higher health inequalities (Ali & Atkin, 2004; Abbas., 2005; Platt's., 2005; CoDE., 2013). In light of the above statistics, it is perhaps more important to study the experiences of South Asian Muslims in the UK.

The economic and social disadvantages experienced by British South Asian Muslims is further exaggerated by events such as 9/11 terrorist attacks on the World Trade Centre and the London bombing in 2005. Since these attacks, the debate on the compatibility between Islamic and western values has become increasingly public. In general, the debate around ‘black 'has since been linked to ‘Muslim' as pointed out by Alexander (2000:15) "Muslims have now, ironically become the new ‘black' with all the associations of cultural alienation, deprivation and danger that comes with this position". The terrorist attacks have contributed to an increase in Islamophobic hostility and have significantly affected the habitus of British Muslim (Littler & Feldman, 2015). Habitus according to Bourdieu, (1990,p.53) is‘a system of durable and transposable dispositions (…) which generate organized practices and representations (…)’.There is increasing evidence that since these attacks "a stereotypical picture of British Muslims in the eyes of the majority population has emerged, Muslims being seen as slow to integrate into mainstream society, feeling only a qualified sense of patriotism, and prone to espouse anti-Western values that lead many to condone so-called Islamic terrorism" (Field 2007,p.469).

Such stereotypes are profoundly problematic and have created a challenging environment for young Muslims in the UK. For example, a survey conducted by the Federation of Students Islamic Societies (FOSIS) after July 7th London attacks found that a large number (47%) of Muslims students reported having experienced anti-Muslim racism (FOSIS, 2005). Another study conducted by Hopkins, (2007) shows how young Muslims have experienced racism and discrimination in the aftermath of the terrorist attacks. Hopkins concluded that "Muslims in Scotland have experienced increasing levels of harassment, violence and scrutiny since 11 September 2001" (Hopkins 2007,p. 191). A similar finding has been reported by Sheridan, (2006) in his study in which he compared levels of self-reported experiences of racism and discrimination before and after the 9/11 attacks. He surveyed 222 British Muslim and found that levels of overt discrimination rose by 76.3% and the experiences of indirect or implicit discrimination rose by 86.6%.

Young British South Asian Muslims, unlike their White peers, are exposed to two different cultures today. A culture is a way of life of groups of people and is defined by pioneer anthropologist Edward Taylor as "that complex whole which includes knowledge, belief, art, law, morals, custom, and any other capabilities and habits acquired by man as a member of society"(Taylor,1871,p.1). At home, parental culture dominates nearly every aspect of the lives of young British South Asian Muslims. They are exposed to a culture in which their attitude and behaviours are subject to honour and moral obligations, their self-concept exists in relations to others, and their activities are strongly monitored. While at school they are exposed to the values of independence, individuality and competition. This phenomenon is addressed by several writers who hold different views about young South Asians. For example, Wardak, (2000) described South Asian youth as a generation living 'in translation'. Kallivayalil, (2004) describes these young people as 'torn between individualism and family obligation'. Saeed, (2007) points out that the South Asian youth are unable to integrate and are 'caught between two cultures'. The combination of all factors described above can generate a climate in which British Muslims face challenges in negotiating identities and create a state of alienation both from the wider British society and their own community. The former because they face negative stereotypes and racial discrimination, and the latter because it gives them less economic opportunities and denies them personal freedom and autonomy.

2.3 Social identities

Identity can be, and is, widely viewed from several perspectives. Since the introduction of the notion of "identity crises" by Erikson in the 1940's, youth research poses several questions about the construction of identity. The concept of identity is regularly studied in the field of psychology and sociology (D Vyas, 2016) however despite their common roots, both disciplines have generally taken very different approaches to the concept of identity. From a sociological perspective, the construction of identity occurs within a two-way relationship between self and society. The self affects society through individual action, thus creating relationships, groups and institutions, while society affects the self by providing social labels, the ability to take on roles and social identity (Stets & Burke,2003).

Earlier sociological research on identity construction has its roots in Cooley's (1902, 1909) and Mead's (1934) symbolic interactionist approaches. Both Cooley and Mead stated that self is not biological but a social product which is constructed via social interaction. Cooley coin the phrase "Looking glass self" in 1902, and later wrote that "Self and society are twin-born, we know one as immediately as we know the other, and the notion of a separate and independent ego is an illusion" (Cooley, 1909, p.5). George Herbert Mead in his book "Mind, Self and Society" expresses a similar view by stating that self is created and recreated in a social environment; therefore it is almost social in every aspect (Mead, 1934, p.135).

Since the latter part of the 20th century, social theorists have focused on the dynamic and fluid nature of identity. Among these, postcolonial theorists have brought in new scholarly approaches to identity construction. For example; Stuart Hall challenged the static and essentialist conceptions of identity by calling modern identity a "moveable feast". He further added that "Identities are never unified and, in late modern times, increasingly fragmented and fractured; never singular but multiple, constructed across different, often intersecting and antagonistic, discourses, practices and positions. They are subject to a radical historicization and are constantly in the process of change and transformation"(Hall, 1996, p. 4). According to Hall, social changes brought about by modernity are replacing old identity structure, which previously provided an individual with a stable anchorage in the social world. The new identity structure according to Hall

is problematic in the sense that it provides fewer opportunities for individuals to have a firm and centered sense of self. As a result of this new social structure, individuals will often face a "crisis of identity" or may have fragmented identities. He terms this phenomenon as the "decentering" or the "dislocation" of the subject.

The need to move away from fixed identity towards a multiple, contingent and fragmented identity has also been noted in the theories of hybridity (e.g. Gilroy, 1993; Bhabha, 1994). These theories have highlighted the new hybrid form of identity which resulted from profound changes taken place as a consequence of migration and multiculturalism. More specifically, these theories have challenged the notions of cultures and identities as fixed and stable entities by emphasizing on the interaction and changes that take place across the cultures.

In his book "The location of culture" in 1994, HomiK. Bhabha, for example, states that hybridity is something more than the combination or mixture of two cultures. Hybridity according to Bhabha is not only the creation of new transcultural form, but it is also a channel of negotiation between inside and outside of boundaries that frame cultures and identities (Bhabha, 1994).In Bhabha's view hybridity is a" third space "; the hybrid space which according to Bhabha "provide the terrain for elaborating strategies of selfhood…that initiate new signs of identity, and innovative sites of collaboration, and contestation, in the act of defining the idea of society itself"(Bhabha 1994,1). Bhabha further maintained that the third space poses a challenge to the traditional conception of culture and identity as a homogenous and single entity. "Such an intervention quite properly challenges our sense of the historical identity of culture as a homogenising, unifying force, authenticated by the originary Past, kept alive in the national tradition of the People"(1994, p.37).

Paul Gilroy theorized hybridity by using the term "Black Atlantic" culture in 1993. According to Gilroy, various waves of immigration into America and Europe resulted in the formation of new Black cultural identity. This identity according to Gilroy is a hybridised formation of Black and White culture where several cultural forms and hybrid identities are made and remade within and between the different settings of the Black diaspora. Diaspora refers to a scattered group of people who live outside their country of origin or ancestry but still maintain and revive strong sentimental and material connections with

their native land (Sheffer, 1986). Gilroy's concept of the 'Black Atlantic' stresses the fluid and hybrid nature of black culture and identities which are not specifically African or European but a combination of African and European culture. Gilroy offers an account of Hip-hop culture and rap music as prominent examples.

"Rap is a hybrid form rooted in the syncretic social relations of the South Bronx where Jamaican sound-system culture, transplanted during the 1970s, put down new roots and in conjunction with specific technological innovations, set in train a process that was to transform black America's sense of itself and a large proportion of the popular music industry as well" (Gilroy 1993, 125).

2.4 Theoretical framework of the study

The idea that gender identities are fluid has been widely documented in the sociological literature on gender (Berger & Luckmann, 1966: West & Zimmerman, 1987: Butler, 1990), with most of the theories showing considerable differences in conceptualising the fluidity of gender. For example, some theories focus on the social interaction of gender with primary social agents to explain how identities are fluid during the process of socialisation (Berger & Luckmann, 1985; Haslanger, 1995). The primary focus of these theories is to address how young children interact with a number of primary sources which affects their identities. Here, an individual's personality traits and characteristics do not affect their masculinity or femininity, but these are affected when individuals interact with their primary socialisation agents like family, peer, school and media. For example, fluid identities of masculinity and femininity are evident in the context of family and school (Dwyer, 1999: Anwar, 2005).

Other theories focus on the performance of identities to demonstrate that gender is a fluid identity (West & Zimmerman, 1987; Butler, 1990). One important theory in this connection is presented by sociologist Candace West and Don Zimmerman in 1987. According to West and Zimmerman (1987), gender is not something we possess or something we inherit, but something we do. They believe for example that "gender is not a set of traits, nor a variable, nor a role, but the product of social doings of some sort" (West & Zimmerman, 1987, p.129). In a seminal article published in 1987, West and Zimmerman introduced the concept of "Doing gender" to explain the process through which people perform gender in

everyday life. They maintain that "Doing gender means creating differences between girls and boys and women and men, differences that are not natural, essential or biological" (West & Zimmerman, 1987:p.137).

Inspired from Harold Garfinkel's ethnomethodology and symbolic interactionism, West and Zimmerman based their argument on the social production of gender by focusing on a Case study conducted by Harold Garfinkel, (1967) on a 19-year-old male to female transsexual. Agnes had been born with male genitals and grew up as a boy, but around the age of 17, she adopted a female identity by altering her appearance and dressing like women. She underwent a sex reassignment operation three years later, which she thinks would enable her to present her credential as a fully sexed female. West and Zimmerman , (1987) use Agnes' story to demonstrate that adopting gender identity and changing sex are not natural but are things that she did rather than things that she had. Similarly, during the process, she also has to do gender as a female. That is to say that, she had to adopt strategies to maintain her self-presentation and "pass" as a "normal" young female, which in Agnes's case was the performance of gender (West & Zimmerman 1987).

One of the challenges of my study is to explore the gendered nature of youth smoking within the social and cultural context of young British Bangladeshis and British Pakistanis. This will require adopting a theoretical approach that not only includes the dimension of gender, but also other identity categories like ethnicity, culture, class and religion. As Butler (1990, p.3) maintains, when women or men's positioning are studied, it is necessary to understand how gender intersect with ethnic, class, racial and other social categories to produce gender's diverse social realities. Any health study focusing on ethnic minority groups in the UK must take into account the contribution and intersection of multiple risk and protective factors in order to fully understand health problem experienced by member of these groups. As noted above focusing solely on the intersection of one or two factors is insufficient. For this reasons, I have adopted in this study an intersectional approach (Crenshaw, 1991) to examine how gender intersect with other identity categories to inform cigarette smoking among young British Bangladeshis and British Pakistanis.

Intersectionality is a perspective which demonstrates that social categories, particularly those which include power or inequality, such as gender, culture and race are always overlapping and permeated by one another. Moreover intersectionality maintains how

a socially constructed gender intersects with other identity categories to create a social hierarchy which helps us to explore our experiences in society. For instance, knowing about a female's life in a sexist society is not enough to describe her experience; rather, there is a need to know about her race, class and sexual preference, as well as the social attitudes towards her membership to each of these categories. It is only with the intersection of all these multiple categories that we will be able to explore her gendered experiences.

Despite being widely used in other social sciences the conceptual framework of intersectionality has only recently been applied to health care research (Hankivsky, 2012; Kapilashrami et al.,2015). Because of its newness and complexity, tobacco research based on intersetionality theory is largely absent from academic literature. Most of the previous research on youth smoking has mainly focused on four theoretical frameworks to examine various risk and protective factors related to cigarette smoking. These include the Social earning theory as presented by Albert Bandura, (1977), problem behaviour theory presented by Jessor & Jessor, (1977). The theory of triadic influence presented by Flay & Petraitis, (1994) and primary socialization theory presented by Oetting and Donnermeyer,(1998). These theories however do not take into account the intersection of gender and other social categories and how these affect young people's experiences of cigarette smoking. In contrast the intersectional framework allows flexibility to explore how the intersection of gender and other social categories may jointly affect cigarette smoking, particularly among ethnic minority youth.

Despite its increasing popularity, the theory of intersectionality has been the subject of significant debate and criticism. For example, Davis, (2008) has linked Intersectionality to a postmodern "buzzword". She maintain that although the theory has received ample attention since its introduction, controversy still persists "whether intersectionality should be limited to understanding individual experiences, to theorizing identity, or whether it should be taken as a property of social structures and cultural discourses "(Davis, 2008, p.68). Similar debates exist as to whether intersectionality should be conceptualised as a dynamic process (Staunæs, 2003), as "axes" of differences (Yuval-Davis, 2006) or as a crossroad (Crenshaw, 1991).There are also some debates over the extent and nature of different social categories that can be used in intersectional analysis. For instance, Lutz, (2002) has questioned the number of categories that can be

taken into account or should be included in any analysis based on intersectionality theory. Similarly Judith Butler criticised the etc that usually ends lists of social categories denoting sign of “exhaustion” and the “illimitable process of signification” (1990, p.143).Other limitations could argue to be related to the descriptive nature of the theory. For example the theory offers no explanation of how the intersection of different categories actually works or how they are interrelated to each other.

2.5 Discourses on Asian Muslim masculinities and femininities

Over the last two decades, Asian Muslims men have received a great deal of attention in British literature, and several studies have focused on the construction of young Asian Muslim masculinities in the United Kingdom (Alexander, 2000: Archer, 2001: Hopkins, 2006: Dwyer et al., 2008: Mac an Ghaill & Haywood,2015). In general, there are two dominant discourses about the construction of Young Asian Muslim masculinity as argued by Hopkins, (2006) "one emphasising patriarchy and aggression, the other effeminacy and academicism". The latter discourse could argue to be less prevalent today that represent young Asian Muslims as being submissive, studious and quiet. For example, young Asian Muslims continue to be stereotyped as more ‘academic' (Hopkins 2009: 300) and as ‘behavers and achievers' in school (Archer 2001: 81).The masculine identities of these young Asian Muslims fall into the category of what Mac an Ghail (1994: 59) described as ‘The academic achievers', a group of working-class Asian students who have a ‘positive orientation to the school curriculum' and see themselves as future professionals. Along these lines, Asian Muslims have been represented as victims of ‘cultural clash' (Hamid, 2016:5) and their masculinities are often characterised as ‘failing' masculinities (Alexander, 2000: 236).

The shift in the representation of young Asian Muslims occurred explicitly after the racial riots in Bradford 1995, and in Oldham and Burnley in 2001(Sanghera & Thapar Bjorkety, 2007: 173). These riots entailed clashes between young Asian Muslim men (predominantly South Asians) and police, while some crowds were reported to be looting shops, smashing windows, burning garages and cars, firebombing business, clubs and hotels (Spalek, 2002). They were more likely to represent the Asian male sub-cultural group that Mac an Ghail (1988) identified as 'The Warriors', who exhibit resistance

through non compliance and deviance. According to Hamid, (2016, p.5), the representation of young Asian Muslim after the 1995 riots, changed from a passive victim of ‘cultural clash' to a section of the minority who are portrayed as being a ‘threat to social order'. This was further exaggerated by the 2001 riots when public discourse become saturated with headlines about out of control Asian youth', 'segregated communities living parallel lives', and 'Asian youth enforcing no-go areas for White'(Hamid, 2016,p. 6).

The strength of this panic reached its highest level when the representation of Muslims took a religious turn following the terrorist attacks of September 2001 and the London bombings in July 2005. In the aftermath of these terrorist attacks Asian Muslim men have been " naturalized as violent, subsumed by discourses of terrorism, patriarchal backwards cultures, and religious fanaticism " (Murthy 2013,p. 166) and are labeled as " alienated, deviant, underachieving, and potential terrorists " (Dwyer et al., 2008,p.117). The scandal of the Muslim grooming gang, a distinctive form of street grooming carried out in Rotherham (North of England) in which hundreds of British girls were sexually exploited predominantly by Pakistani Muslim men, is a more recent addition to discourses on Muslim masculinities(Tufail, 2015). In short, the dominant discourse today has not only conceptualised young Muslims as ripe of radicalisation but also as a threat to the British way of life (Lynch, 2015).

In contrast to Asian Muslim masculinity, the literature about Asian Muslim femininity is primarily dominated by a cultural conflict model (Watson, 1977) in which Asian women are documented as caught between two cultures. Within the dominant discourse, South Asian Muslim women appear to occupy contradictory positions (Ramji, 2007).On the one hand, they have been popularly stereotyped as ‘repressed' victim of their patriarchal culture (Ramji, 2003). For example, Asian Muslim women have been represented as ‘ruthlessly oppressed' and in ‘need of liberation' (Brah, 1994: 158) and as ‘mute visible object' (Mirza, 2009: 83). On the other hand, Asian Muslim women have been the victims of religious stereotyping. For instance, they have been stereotyped as ‘veiled, faceless and subordinate' (Khiabany & Sreberny, 2004).

A good example of how Muslim women are represented in the dominant western discourse can be found in an advertisement by a perfume company Bijan, printed in a 1992 vogue magazine. The ad featured three juxtaposed images of the same women in a

picture. The image on the left shows a woman swathed in a black veil, looking unhappy and motionless with the message written below: "Women should be quiet, composed, obedient, grateful, modest, respectful, submissive and very, very serious." The next image features the appearance of a western woman, wearing a revealing outfit and smoking a cigar. She looks much happier and more confident with the message below her reads: "Women should be ... sophisticated, exotic, intriguing, snobby, chic, alluring, intelligent and very, very sexy." The last image portrayed a Western woman as an athlete, wearing a cap and with a baseball bat in her hands all in an attempt to convey the strength and mobility a Western woman can achieve. This time the caption below her reads: "Women should be bright, wild, flirty, fun, eccentric, tough, bold, and very, very Bijan." (Zine, 2004:14).

The Bijan advertisement illustrates how a Western representation of Muslim femininity is theorised as opposing to the ideal of Western femininity. For example, the images show that the veiled Muslim women are depicted as entirely opposed to the fun-loving women of the West. Furthermore, the advertisement represents two different cultural lives, such that one facilitates the construction of femininity in terms of obedience and dependency while other facilitates the construction of femininity in terms of independence and power. It is, however, worth mentioning that some recent research has shown a different picture of everyday life of Muslims women, as we will see below.

2.6 Asian Muslim masculinities: constructing and negotiating multiple influences

In contrast to the dominant discourse which represents young Muslim men as alienated, troublemakers and vulnerable to radicalisation, recent research suggests that these young Muslim men resist stereotypes of 'weak' and 'passive' Muslim masculinity by replacing it with alternative masculine identities. For example, a study conducted by Samad (1998) shows how young Muslim men of Pakistani origin used their religion to construct a 'hard' macho masculinity, with very little knowledge of the meaning and nuances. Samad concluded that young Muslim men in his study claimed membership of Islamic groups such as Hamas or Hizbut-Tahrir but were unaware of what these groups represent or how they differed from each other. For them, it was all about being ‘tough' and being ‘defiant' which was reflected in their support of anti-Semitisms, homophobia and misogynist organisations (Samad, 1998). In another study, Archer(2003) conducted interview with

31 young Muslim men aged 14-15 and found that a strong Muslim identity empowers young Muslim, through which they resist the popular stereotype of 'weak' Asian masculinity. She noted that young Muslim men challenged this stereotype by replacing it with an alternative association of Muslims masculinity with power, privilege, "being the boss, hardness and hyper-heterosexuality" (Archer, 2003: 86). Similarly, Glynn's (2002) study on Bangladeshi men in East London found that a strong Muslim identity and their sense of Islamic brotherhood provides young Muslim with an alternative to the drug and drug culture to which they are exposed in their neighbourhoods. He reported that "the growing polarity between the drug culture and Islam is often remarked on. Islamic brotherhood is a potent antidote to alienation… Islam is something to be proud of, with a great history and international presence as well as religious promises of future glory, which can all transport its followers from the grey confines of the inner city" (Glynn, 2002: 975).

Research on young Muslim men also shows that a major aspect of Muslim masculinity is defined through male control and policing of women. For example, Macey (1999) conducted research on young Muslim men from Pakistani background in which she indicated how woman's behaviour were closely monitored across a range of sites. She found that young Muslim men in Pakistani communities show excessive concern over ‘appropriate' female dress and behaviours "because these are taken to signify not only woman's honour but that of their families and the wider community" (Macey 1999: 52). Macey concluded that in defence of honour, these young men were strongly monitoring the appearance and behaviour of women in their communities not only through normal regular surveillance but also through direct intimidation such as pressurising them to stay at home (Macey, 1999: 49).

Archer (2001) noted that this policing of women appeared to be an important means through which young Muslim men maintain their own masculine, ethnic and religious identity. She described how Muslim men's discussion of female behaviours as ‘un-Islamic' can be seen as a way through which they define themselves against women. By presenting their female peers as ‘liberal' Muslims, these young Muslim men were justifying their policing of women by linking such behaviours to their ‘Britishness' and ‘Western life' (Archer,2001). In another study, based on focus group discussions and individual interviews with 55 young Pakistani Muslim men aged 16-25 in Scotland

Hopkins, (2006) found that the participants in her study placed themselves "in a superior position to young women, and this is tied in within gendered, classed and racialized expectations" (Hopkins, 2006: 345). She also noted that at the same time these young men were arguing" that men and women are equal in Islam while advocating sexist stereotypes about their expectation of Muslim women" (Hopkins 2006, p.341). Hopkins concluded that respondents in her study construct a range of different masculinities by adopting a different position which she termed as 'contradictory masculine subject positions'.

Similar findings were reported in a study conducted by Dwyer and her colleagues., (2008) in which they conducted interviews with 58 Pakistani men aged 16 to 27 in two different cities, Bradford and Slough. They focused their study on gender and illustrate the way in which these young men negotiate their masculinities at the intersection of religion, class, ethnicity, age and place. Based on grounded theory approach the researchers identified four different types of masculinities, namely, 'religious' masculinities; 'middle-class masculinities'; 'rebellious' masculinities; and 'ambivalent' masculinities (Dwyers et al., 2008).

2.7 Asian Muslim femininities: constructing and negotiating multiple influences

The fluid nature of identity as discussed above has also contributed much to the sociological literature on South Asian women. Several studies have explored how South Asian women are constructing and negotiating their gender identities (Basit 1997: Dwyer, 1999: Glynn, 2002: Anwar, 2005). One of the key findings that emerged from these studies has been the way these women generate alternative gender identities as they navigate their social context. For example, according to Basit, 1997 and Anwar (2005:34-36), young British South Asian women have demonstrated higher aspirations and higher levels of participation in education and employment, as opposed to their previous generation. In this context, it is possible to recommend that by actively participating in education and employment, they are unsurprisingly asserting and promoting new features of South Asian Muslim womanhood. Drawing on the idea of cultural navigation (Ballard, 1994), it could be argued that the nebulous and marginal position of British South Asian Muslim women may partly be responsible for higher participation in education and employment

because their social marginality means they can create a new space for themselves. However, the role of religion cannot be ignored in this context. For young women, in particular, Islam provides a lens through which young British South Asian Muslim can, not only challenge family prohibitions but can draw a distinction between ‘religion' and ‘culture, as argued by Mandaville, (2001:141).

"Today more Muslim women than ever before are to be found in the public spheres of diaspora ... More and more Muslim women seem to be taking Islam into their own hands. They are not hesitating to question, criticize and even reject the Islam of their parents. Often this takes the form of drawing distinctions between culture, understood as oppressive tendencies which derive from parents' ethno social background, and religion, a `true' Islam untainted by either culture or gender discrimination. Young Muslim women are hence often more religiously self-conscious than their mothers or grandmothers, seeing Islam as a `progressive' force which allows them to move away from their increasingly unfamiliar South Asian roots, but at the same time also avoid submission to Western cultural norms".

For young Muslim women, religion is seen as an essential aspect of identity. It is deployed in several diverse ways to construct alternative gender identities. A study by Dwyer (1999) for example, shows how discourses of religion and identity are crucial in relation to the alternative construction of gender identities. She noted that a strong Islamic identity plays a vital role in negotiating and resisting parental and community restrictions. By presenting themselves to be “good Muslim”, young women in her study were able to argue that not only should they be able to dress in a style that was both Western and Islamic (such as trousers or long skirts and the head covering scarf), but that they should also pursue other interests like progress to higher education and be fully involved in choosing their marriage partner (Dwyer, 1999).

In another study on young Bangladeshi women in Tower Hamlets, Glynn (2002) also noted that a strong Muslim identity provides a path of resistance to parental culture and empowers young women to construct alternative gender identities. They saw their mothers and grandmothers as limited by their Bengali culture and indicated that through contestations of dominant discourses on ‘appropriate Muslim femininity' they are gaining more independence and freedom than their mothers and grandmothers (Glynn, 2002), thereby creating opportunities to construct alternative gender identities . Macey's (1999)

study reported similar findings in which Islamic teachings were and study reported similar important source for constructing alternative gender identities. She found that those women who were educated in the UK were more likely to resist traditional and parental restrictions (e.g., by challenging forced marriage and demand for higher education) than those women who were not educated in the UK.

2.8 Conclusion

In this chapter, I have explored the experiences of young British South Asian Muslims and discussed the existing literature on the construction and negotiation of identities within their social and cultural context. In the first section I have discussed some of the challenges young British South Asian Muslim are facing today. Findings from the studies discussed in this section shows that young British South Asian Muslims are facing multiple influences, both from their own and Wider British culture. In the second section I discussed the main theories on identity construction to examine how the concept of identity is theorised in sociological literature. From the discussion of various theories, it is evident that identity is a socially constructed entity, which is neither fixed nor singular. Similarly like other identity categories, gender is also theorised as both a social product and a social process in sociological literature. In the third section i have demonstrated how young British South Asian Muslims negotiate multiple influences on their identities. Findings from the current literature show that religion provides these young men and women with a source of strength through which they not only resist negative stereotypes but also challenge both gender discourses and cultural ideologies in different contexts.

Chapter 3: Social influences on youth smoking behaviours: ethnicity, religion and social identities

3.1 Introduction to the chapter

Existing research on young people and cigarette smoking has concentrated mainly on patterns of cigarette smoking (Amos et al., 2009: Robinson & Lader, 2008) and the reasons why young people start and continue to smoke (Chassin et al., 2005; Otten et al., 2007: Woods et al., 2008). Recent research suggests that there is another popular discourse on young people, identity and cigarette smoking which highlights how young people construct identities in relation to cigarette smoking (Carter et al., 2007; Levinson et al. 2007; Scheffels 2009; Amos et al., 2012; Tomber, 2015). This body of research has mostly focused on White populations and has ignored the experiences of South Asian Muslims in the UK.

This chapter reviews a range of literature on young people and cigarette smoking. The chapter starts with an overview of social factors affecting youth smoking. It then goes on to discuss in detail the relationship between smoking and ethnicity, and religion. The last section of this chapter addresses existing literature on identities and smoking. An attempt is made in this chapter to identify gaps in existing literature in the background of which the findings of this study will be discussed.

3.2 Factors affecting youth smoking behaviours: the role of parents, peers, SES and mass media

Several factors have been identified in the empirical literature to have effects on youth smoking behaviours. Numerous studies conducted in different countries have found clear connections between parental smoking and young people smoking behaviours (Stanton & Silva, 1991; Chopak et al., 1998; Lloyd & Lucas, 1998; Hill et al., 2005; Avenevoli & Merikangas, 2003; Gilman et al.,2009; Johnston et al.,2012; Nosa et al.,2014). Existing studies have shown that the number of smokers within the families, strongly affect adolescents smoking uptake. For example, Marsh et al., (2013) conducted a study on young people aged between 15 and 17 and concluded that family was the first and main source of smoking initiation, as the majority of the members in the family were smokers. A similar finding is reported by Mak et al., (2012) who claimed that young people whose parents smoke are more likely to start smoking themselves. Some studies have also established a link between adolescents smoking and the number of smoking parents; such that the risk of young people smoking initiation significantly increase if both parents are smokers (Rossow & Rise,1994; Kardia et al.,2003; Alves et al.,2017). Existing studies also suggest that maternal smoking has more stronger influences on young people smoking initiation than paternal smoking (Kandel & Wu, 1995; De Vries et al., 2003). Other studies however contradicts such findings and found that both paternal and maternal smoking equally affect young people smoking initiation (Hu et al.,2006; Peterson et al.,2006).Within the family several parenting aspects have been found to be associated with young people smoking uptake. For example, studies have shown that specific parenting style (Baumrind,1991; Jackson et al.,1994), parental monitoring (Chilcoat & Anthony,1996; Den Exter Blokland et al.,2007), Parent–child smoking-related communication (Ennett et al.,2001; Karcher & Finn,2005) and home smoking restrictions (Wakefield et al.,2000; Clark et al.,2006; Emory et al.,2010) are associating with young people smoking initiation.

In addition to parental smoking the influences of sibling smoking has also received significant attention in the existing literature. Some studies (e,g, Fidler et al., 1992: Bolling, 1994: Boyle et al.,2001: Slomkowski et al.,2005) have even confirmed that sibling smoking (particularly older sibling) is more influential than parental smoking. For example, Slomkowski et al., (2005) examined parental and sibling smoking and measure their influences on young people smoking .They found that the effect of an older sibling

smoking was greater than the effect of parental smoking. Duncan et al., (1996) conducted a study on 101 young people and concluded that the smoking behaviours of older siblings have stronger influences on younger siblings' smoking behaviours; such that younger siblings were more likely to smoke if one or more, older siblings were smokers. A similar finding has been reported in another systematic review conducted by Boyle et al., (2001) where they found an emerging piece of literature providing strong associations between older siblings smoking and that of their younger siblings. These associations may partly be attributed to siblings' tendencies to imitate one another's behaviours in a process which Bandura termed as observational learning (Bandura, 1977), where one observes the behaviours of others.

Peers also affect young people smoking behaviours. There are several mechanism through which peer may affect young people decision to uptake smoking, such as through peer pressure, peer encouragement, peers group norms and through the best friends smoking behaviours. Several quantitative (Eckhardt et al.,1994; Distefan et al., 1998; Derzon & Lipsey., 1999; Avenoli & Merikangas, 2003; Lundborg,2006; Hoffman et al.,2007; Glaser et al.,2010) and qualitative(Alexander et al.,1999; Nichter et al.,1997;Denscombe ,2001; Gittelsohn et al., 2001; Woods et al., 2008) studies have examined such mechanism to confirm that young people smoking uptake is associated with peer smoking behaviours. For example, Glaser et al., (2010) conducted a quantitative study on 1,237 young people aged between 11 and 18, and found that young people smoking initiation was associated with their best friends smoking behaviours. In another quantitative study Derzon and Lipsey, (1999) found young people smoking initiation to be highly correlated to peers pressure. Similarly Wang et al.,(1995) conducted a secondary analysis on 6,900 young people aged 14-18 and concluded that peer influences was the more important risk factors as compared to other risk factors.

Qualitative studies on the role of peers provide more insight and detail information on the relationship between peers smoking and the risk of smoking initiation. For example, in a qualitative study, Gittelsohn et al., (2001) concluded that peer influence was the ultimate cause of adolescents smoking initiation. Although the reason for smoking for both male and female was the same, their reactions to peer pressure were different. Males have reported coercive, strong and direct pressure from peers to start smoking while females have reported experiencing a fit-in pressure to initiate smoking. A similar finding has been reported in the Liverpool Longitudinal Study on smoking, where peers were often reported as the ultimate factor of cigarette smoking initiation (Woods et al., 2008).

There is a lack of national research and limited reports available in the UK on young people's smoking behaviours with respect to socioeconomic status. Among the few available studies the Liverpool Longitudinal Study on Smoking (LLSS) provide support for a negative relationship between adolescents smoking and socioeconomic status (Woods et al., 2008).The study concluded that various economic, housing and social indictors combined into an index of multiple deprivation(IMD) scores was associated with higher risk of smoking in the last week by 96%. Similar findings were reported in another study conducted in East London, in which Viner et al., (2006) found a strong association between socioeconomic status and higher risk of smoking. Overall, associations between socioeconomic status and adolescent smoking has been found in Scotland (West et al., 2007), United States (Soteriades & DiFranza, 2003), and Canada (Smith et al., 2009).

The majority of studies on the influence of mass media on adolescents smoking behaviours have been conducted in the US context where a number of studies have shown robust associations between exposure to pro-tobacco media and young people's intention to smoke. For example, Weiss et al,.(2006) conducted a study on 6th, 7th and 8th grade students in and near the Los Angeles metropolitan area and found that exposure to either TV or market pro-tobacco media increases children's susceptibility by 41.7 %, while this was increased to 56.3% with exposure to both types of media influence. Similarly, the US National Cancer Institute (NCI) as a part of their research on tobacco control has carried out an international review on the influences of mass media (internet, films and magazine) on youth smoking attitude and behaviours (Davis et al. 2008). From the review, results from both cross-sectional and longitudinal studies conducted in the US shows that smoking initiations among young people were strongly associated with smoking exposure in films and magazines; however, no link was found in the review for the relationship between internet sites and young people's smoking behaviours (Davis et al. 2008). In contrast to the US studies, relatively little research has been carried out in the UK with only a few studies (e.g. Hunt et al., 2011: Anderson et al., 2010) have found an association between exposure to smoking in movies and young people's susceptibility to smoking. Whereas, up until now little research has focused on the relationship between different internet sources and young people's smoking behaviours. It would be of interest to examine such relationships, particularly since the emergence of new internet media technologies like Facebook, LinkedIn and Twitter. In a recent U.S study, Thomas Valente a professor at the University of Southern California and his team studied the effect of Facebook on teenager's risky behaviours and concluded that online pictures of friends portraying drinking or smoking could influence others behaviours (Huang et al.,2014).

The researcher and his team drew these conclusions from a sample of 1,563 students drawn from tenth-grade student across five high schools. They also found an association between smoking and drinking with online party pictures of friends showing smokers and drinkers, while the size of the friend's network was not a significant factor for initiation. Hence the findings suggest that online behaviours may be an essential source of influencing young people's smoking behaviours.

3.3 Ethnicity and smoking

The trends and rates of smoking during the last two decades varied significantly by ethnicity. Ethnicity is defined as a category of people that usually shares a common and distinctive heritage, culture and religion. Survey data in the UK shows that smoking prevalence varies by ethnic groups. For example, the 2010-2011 Integrated Household survey shows higher current smoking rates among people from mixed ethnicity (27%) and lower current rates (12 %) among Asians or British Asians. Ever smoking rates were higher among White people (37%) and people having mixed ethnicity (32%) while much lower among people who considered themselves to be in the Asian or British Asian(15%) ethnic group (ONS,2011). A higher prevalence of smoking among White students was also recorded in the 2014 Smoking, Drinking and Drug Use survey. The survey found that White Pupils (19%) were more likely to have ever smoked than those of Black (10%) and Asian (12%) ethnicities. A similar pattern (4%, 2% and 1% respectively) was observed for the prevalence of current smoking (Health and Social Care Information Centre, 2014).

Among the few published UK studies of Smoking and ethnicity, Best and his colleagues, 2001 noted lower smoking prevalence among Asian children. They surveyed 1777 school pupils and found that Asian and Black children were less likely to have tried tobacco and alcohol than non-Asian counterparts. Bradby & Williams (2006), based on findings from a Glasgow longitudinal survey on young South Asians (aged 14-15 and 18-20,) found that on nearly all measures of having ever tried tobacco/alcohol /illegal drugs or being a current user, non- Asian young people reported significantly higher experimentation or regular use than young Asians. The only exception was the prevalence of ever smoking among Asian men who reported higher prevalence than non-Asian young people four years later (Bradby & Williams 2006).

Analysis of cigarette smoking prevalence by ethnicity reported in a few UK surveys shows variation across ethnic groups in the rates of smoking by sex with higher smoking recorded for men than for women in almost all ethnic groups. For example, the 2004 Health Survey for England shows higher cigarette smoking rates among Bangladeshi (40%), Irish (30%), Pakistani (29%), Black Caribbean (25%), Black African and Chinese (20% , each) and Indian (20%) men as compared to the 24% among men in the general population (The information centre, 2004). The prevalence of cigarette smoking was higher among women in the general population (23%) as compared to the rates in most minority ethnic groups, except for Irish (26%) and Black Caribbean women (24%). The rates for other ethnic groups were much lower with only 10% of Black Caribbean, 8% of Chinese, 5% of Indian and 2% of Bangladeshi women were smokers. A more recent survey, the Integrated Household Survey (2014), shows a similar pattern of smoking across different ethnic groups. Amongst men, higher smoking rates were recorded for Mixed (30%), Bangladeshi (28%), Pakistani (23%) and White (20%) ethnic groups, and lower among Black (19%), Chinese (18%) and Indian groups (13%). Amongst women, smoking rates were higher among women from Mixed (19%), White (17%),Chinese (10%), and Black (9%) ethnic groups , and lower among Bangladeshi (5%),Pakistani(4%), and Indian (3%) groups (ONS,2015).

As compared to survey data, published studies focusing on gender differences in smoking prevalence across different ethnic groups in the UK are quite limited. Among the few published studies, Nazroo et al., (2000) conducted a study on ethnic minority youth with a sample size of 100 participants from each ethnic group and found variances among the proportions of male and female smokers across Pakistani, Indian, and African –Caribbean populations. The proportion of male to female who were regular smokers was 1% and 3%, respectively for the African Caribbean, 3% and 0% for Indian, and 0% and 0% for Pakistani youth. It should be noted however that the sample size of this study was too small to give reliable estimates of smoking prevalence. Further studies need to be conducted which examine smoking prevalence by ethnicity and gender.

Some effort in the literature has been shown to examine ethnic and gender variation in intention to smoke. For example, a cross-sectional study of secondary schools in the metropolitan areas of the Midlands in 1997 was conducted with the aim of knowing

whether smoking intention varies across different ethnic groups. The study shows that there were variances among the smoking intentions of white, Indian, Pakistani and African-Caribbean children (Markham et al., 2004). The result of the study also shows that there were variances in future smoking intentions by gender. The differences in future intentions among different ethnic groups were smaller in boys whilst relatively higher among females (Markham et al., 2004).

Overall, both, national surveys and published studies in the UK provide limited opportunities to examine the relationship between ethnicity and smoking. The majority of existing studies have primarily focused on ethnic differences and gender differences in smoking prevalence, few studies have examined the reasons for such differences. Recognizing this limitation future studies should focus on the different possible mechanism through which ethnicity may influence smoking among young people. It could be argued, for instance, that some minority groups that come to live in the United Kingdom will experience more poverty, discrimination, stress, and social exclusions than others which may be some of the reasons for variation in smoking prevalence. Similarly, differences in the family structure among various ethnic groups might affect smoking behaviour differently. For example, a study conducted by Steinberg et al., (1992), shows that authoritative parenting among white adolescents was more protective than Asian African-American and Hispanic adolescents.

3.4 Religion and smoking

Smoking prevalence varies by religious group. Religions differ in their faiths, beliefs and practices and these could arguably be partly responsible for variation in smoking prevalence across different religions. The majority of studies focusing on smoking prevalence by religion have clearly reported lower smoking prevalence among Muslims as compared to most other religions. For example, in a cross-sectional study, Anthony et al. (2013) found higher ever(47%) and current (22%) smoking rates among those having no religion and Christian (28.7% and 10.4% , respectively) as compared to lower ever and current smoking rates among Muslim (14.3% and 7%,respectively). Similarly, Bradby & Williams (2006) analyzed substances used by religion and found a higher prevalence of ever smoking, alcohol use and illegal drug use among Christian and 'Others' and a lower prevalence among Muslims. Further evidence on the above findings comes from Scottish Health Survey using combined data from 2008-2011. They too found higher smoking rates among Roman Catholics (28%) and those having no religion (25%) and lower rates among Muslims at 16% (Whybrow et al., 2012).

Similar findings have been reported in other parts of the world. For example, in a recent US study, Ahmad et al., (2014) found that past year tobacco use among Muslims (37.3%) was lower than non-Muslims (41.4%). Chaturvedi and colleagues (2003) conducted a study in India and found higher smoking prevalence among Christian (42.8%) as compared to Hindu (25.9%) and Muslim populations (22.2%). In a similar study Wang et al., (2015) found that current smoking prevalence among Muslim (32.6%) in China was much lower than the current smoking prevalence in non-Muslim (55.2%). Similarly, in another study Pomerleau et al.,(2004) analyzed data from eight countries of the former Soviet Union and found lower smoking prevalence among Muslim males and females (53.1% and 3.2%, respectively) as compared to their non-Muslim counterparts (56.4% and 9.8%, respectively).

Inconsistencies are evident in the literature. Some studies have found higher smoking prevalence among Muslims than non-Muslims. For example, in a study carried out in the UK, Williams et al. (1994) found higher ever smoking prevalence among Muslim (54%) compared to non-Muslims (31%). Similarly, a study conducted by Mufunda et al., (2007) in Eritrea reported higher smoking prevalence among Muslim (11.4%) than Orthodox

Christians (5.8%). A recent study carried out in Ethiopia by Lakew and Haile,.(2015) came to a similar conclusion, with higher smoking being recorded among Muslims as compared to the followers of Orthodox religions.

The frequency of studies on smoking and religion has increased over the past decade and is gaining momentum; particularly, there has been growing interest in understanding how religion affects smoking behaviours (Karlsen & Nazroo,2010; Ford & Hill, 2012; Koenig et al., 2012; Marsiglia et al., 2012; Anthony et al., 2013; Brown et al.,2014). Religious involvement and participation have been shown to be associated with several health dimensions (Trinitapoli et al.,2009) and have played a protective role against substances use (Miller et al., 2000; Chen et al.,2004; Michalak et al.,2007; Wallace et al.,2003; Ghandour et al.,2009), including smoking (Koenig, 2011). Of these, religiosity has been considered as one of the most important protective factors against smoking. Religiosity is defined as the depth or degree of religious belief. It is different than religion which is the belief in and worship of a god or gods.

In tobacco literature, religiosity has been widely recognised as a complex and multidimensional construct. The multidimensional construct generally comprises an internal and external form of religiosity (Marsiglia et al.,2012). The protective effect of religiosity in terms of smoking has been largely studied by investigating both aspects of internal and external religiosity (Nonnemaker et al., 2003; Yeung et al., 2009; Divsalar et al., 2010; Koenig, 2011; Garrusi and Nakhaee, 2012,). For example, in an earlier study, Duke University's researchers examined cigarette smoking among 3968 individuals and found significant relationships between religious involvement and smoking. They found that people who prayed or studied the bible daily and attended religious service at least weekly had consistently lower chance to smoke than those who were less involved in both these activities (Koenig et al., 1998).

Many other studies have reported similar findings. In a systematic review, Mullen et al., (1996) found 25 studies that had examined the relationship between religiosity and smoking. Of those, 24 (96%) reported less smoking by the more religious respondents (Mullen et al., 1996). Similarly, according to Koenig, (2012) at least 111 studies have examined the relationship between religiosity and smoking since 2000 and the vast majority (98 out of 111) of studies have reported significant inverse relationships, such that higher frequencies of religious attendance and importance (e.g., the perceived

importance of religion in one's life) were related to higher odds of abstaining from tobacco use.

Religiosity has been found to be protective for both adults and youth. Several studies conducted in the USA have shown that higher religiosity is associated with a lower level of smoking. For example, Brown & Gary, (1994) conducted a study on African American men and found that religious involvement was significantly related to smoking. Their results indicate that religious affiliation (having moderate to high levels of religiosity and church attendance) were significantly lower with levels of smoking (Brown & Gary, 1994). In a longitudinal study Whooley et al., (2002) examined the effect of religiosity on smoking among 4,569 US adults (age 20-32) and found that non-smokers who reported lower levels of religious attendance had an increased risk of smoking initiation at a three year follow up. In another study, McFadden et al., (2011) assessed the potential impact of religiosity on substances use by comparing religious activities between smokers and non-smokers aged 18 and above. They found that compared to smokers, non-smokers were more likely to have participated in religious activities, such as daily prayer Bible study, and regular church attendance.

Studies focused on samples of young people have noted similar results. A study of high school students in the US found, for instance, that higher religiosity, such as religious attendance and importance were protective factors against smoking (Wallace et al., 2003). In a similar study Sinha et al., (2007) examined the relationship between youth smoking and religiosity by conducting a survey among 2,004 adolescents aged 11 to 18. The study applied two measures of religiosity, the importance of religion and religious attendance and found that both were negatively associated with smoking. In another US study Alexander et al., (2016) analyzed data on religiosity and cigarette smoking in a sample of 4776 adolescents and found that adolescents with strong or very strong beliefs were less likely to have smoked.

Similar studies have been conducted elsewhere and have produced similar results. For example, Kovacs et al., (2011) explored the relationship between religiosity and substances use among Hungarian high school students (N=881) and found that religiosity was inversely related to smoking. A secondary school survey in Ireland showed that students more closely attached to religion were less likely to smoke (Grube et al., 1989).In a study of the first-year college students in Beirut, Lebanon, it was concluded that

religiosity was significantly and inversely related to smoking among young people (Afifi - Soweid et al., 2004). Among Iranian college students, higher religiosity was significantly associated with lower level of smoking (Nakhaee et al., 2009).

Overall, the above discussion highlights that existing studies on religion and smoking have mostly focused on different measures of religiosity. The majority of these studies have found religiosity to be protective against smoking for both adults and youth, however, these findings may be limited by the cross-sectional nature of the research designs and lack of adjustment for potential confounders. The findings from the studies reviewed also indicates that ,although it is widely accepted that religiosity is best measured as a multidimensional construct ,earlier research can be criticized by only focusing on single measure of religiosity, such as a religious affiliation or church attendance (Rew & Wong, 2006; Cotton et al., 2010). It could be argued that studies that assess religiosity with single-dimension approach may not allow for more comprehensive assessments of the role of religion, than that assessed by the multidimensional approach. Furthermore the studies discussed above, lack information about gender differences in the relationship between religiosity and smoking among adolescents. It could be argued that the relationship between religiosity and adolescent adjustment may have a different effect in males and females. As earlier research suggests that female shows higher frequency of church attendance (Francis, 1997; Smith et al., 2002) and personal prayer than males (Smith et al., 2002; Kerestes et al., 2004)

3.5 Social identities and youth smoking

As noted above the concept of identity has received little attention in smoking literature and available studies on identity and smoking have primarily focused on the White population. Qualitative studies on identity and smoking have focused on various aspects of identity and smoking. For example, some studies (Elliot, 2001: Glendinning, 2002: Carter et al., 2007) have focused on the contributions of images in the formation of identities. For instance, Carter et al., (2007) found that those young people who consider the image of adult smokers as desirable or attractive have higher chances of smoking initiation than those who do not. Other studies (Levinson et al., 2007; Tomber, 2015) have

shown how actual smoking behaviours are related to smoking identities. For instance, Levinson et al., (2007) conducted a study on 1,401 college student and found that majority of smokers who have been abstinent for some time are more likely to take on a non-smoker identity. Similarly, some studies have explored the notion of smoking acceptance or rejection as a performance of identity (Plumridge et al., 2002; Scheffels, 2009). For example, in a study Scheffels, (2009) found three key identities in relation to smoking; the performative smoker, the defensive smoker and the negotiating smoker. Other studies have examined smoking from gendered perspective to explore the symbolic meaning attached to cigarette smoking. For example, studies have shown that cigarette smoking symbolizes power, authority and independence for men (Brandt, 1996; Oliffe et al., 2010) and freedom, emancipation and sexual attractions for women (Amos et al., 2012; Amos & Haglund, 2000).

In the few available studies that have focused on identity and smoking among ethnic minority youth, little or no effort has been made to examine gender differences or the extent to which gender interact with other categories of identity to inform youth smoking behaviours. For example, Plumbridge et al., (2002) examined the role of images in the formation of smoker identities and found that young people's perceptions in relation to smoking were fundamental to identity construction. They conducted their study on 13-14-year-olds in New Zealand and concluded that 'being cool' was seen as a desirable image to construct non-smoker identities among a group of young Maoris and Samoans and smoker identities among a group of young White people. Although this study reported on the ethnic groups of the sample it did not take into account the gender differences. In contrast, Johnson et al., (2003) conducted interviews with 35 young men and women aged 14 -18 in Canada and highlighted how smoking shapes their identities. Based on their narrative analysis, they discovered seven different kinds of identities young people held in relation to smoking: the confirmed, contrite or in-control smoker; and the accepting, ardent, confident and vulnerable non-smoker. While this study report on the gender differences to some extent, it did not report on the ethnic group of the respondents.

To the best of my knowledge only one UK study has explored the relationship between smoking and identities among young British Asians, namely Bradby (2007). She conducted a study on British Asian men and women aged 16 - 26 and examined how they discuss

their use of, or abstention from tobacco and alcohol in terms of cultural and religious affiliation. Her findings show that smoking was common among South Asian men and rarer among women. Female respondents who reported a strong connection to their culture and community regarded women smoking as ‘unladylike' and a ‘shameful act'. For women there was no space for being a smoker and an ‘honourable Asian woman' (Bradby, 2007). In terms of religious affiliation the association between smoking and religious identity was weak. There were differences in the disapproval of smoking, with Sikhism being the least tolerant of smoking and Islam being the most tolerant (Bradby, 2007).

3.6 Anti smoking laws and regulations in the UK

Antismoking laws and regulations in the UK have evolved over time as a result of the changing strategies used by tobacco industry, targeting young people through promotions and advertisements. During the last few decades the UK government has passed several antismoking laws and regulations which aim to reduce smoking initiation and encourage smoking cessation among young people. The most notable among these comprise purchase law, smoke free air laws, advertising and promotion laws and tobacco taxation laws. A summary of main smoking laws and regulations are set out in the table below.

Table 2: Smoking laws and regulations in the UK

Regulation	Description
Advertisement and promotion	
1:Point of sale advertising	Advertising at the point of sale (PoS) and any display of tobacco product at the PoS has been prohibited in the UK since 2012 for bigger retail shops and 2015 for smaller retail shops.
2: Standardised packaging	Standardised packaging also known as plain, generic or neutral packaging was introduced in the UK in May 2016 ,requires that all tobacco product to be sold in plain and standardised packaging to contribute toward reduction in smoking.
2: Vending machine	Initially included as a part of Health Act,2009, the sale of tobacco products from an automatic vending machine is completely prohibited in England since October 1,2011.
Smoke free air laws	
1:Smoking in enclosed public places,2007.	In July 2007, a ban on Smoking in public places and workplaces came into force in England , making it illegal to smoke in enclosed public places.
2: The smoke free (Vehicle Operators and Penalty Notices) Regulations, 2007.	The Smoke-free (Vehicle Operators and Penalty Notices) Regulations 2007, prohibit smoking in private vehicles carrying children.

Purchase laws	
1: The Children and Young Persons (Sale of Tobacco etc.), Order 2007.	From 1 October 2007, England and Wales increased the legal age for the purchase of tobacco product from 16 to 18.
2: Children and Young Persons (Protection from Tobacco) Act, 1991.	This act imposed stronger penalties for the sale of tobacco product to anyone under the age of 16.
3: Children and Families Act, 2014.	This act prohibit proxy purchasing, the purchase of tobacco by adult for children. It also prohibits the sale of nicotine product to anyone under the age of 18.

3.7 Conclusion

From the above discussion of the various factors affecting cigarette smoking among youth, it can be concluded that some of the factors such as friends and parental smoking are perhaps the most studied and well-supported type of social influence on adolescent smoking as argued by Flay et al., (1999). Other factors like religion and ethnicity are less studied. Therefore, there is a need, to thoroughly explore these two factors in relation to young people's cigarette smoking. Similarly overall existing research on the factors affecting youth smoking behaviours could argue to have focused on young white people, which have mostly focused on risk factors for cigarette smoking, future research should therefore consider the effects of these factors on smoking behaviour among ethnic minority youth. Furthermore, the evidence on the process of smoking initiation, attempts to quit and various other smoking behaviours as discussed above has been mostly collected from empirical research and national health surveys. In order to better synthesize and understand the body of research, theory-based studies need to be conducted which could serve as a basis for smoking intervention and prevention.

Chapter 4: Paper one (Smoking and religion in England, untangling associations using survey data)

4.1 Abstract

Objectives. Whilst factors affecting smoking are well documented, the role of religion has received less attention. This national level study aims to assess the extent to which religious affiliation is associated with current and ever-smoking, controlling for age, sex, ethnicity and socio-economic status. Variations between adult and youth populations are examined.

Methods. Secondary analysis of individual level data from five years of the Health Survey for England for adult (aged >20, n=39837) and youth (aged 16-20, n=2355) samples. Crude prevalence statistics are contrasted with binary logistic models for current and ever-smoking in the adult and youth samples.

Results. Crude prevalence analyzes suggest that Muslims smoke substantially less than Christians. Highest levels of smoking characterize people not professing any religion. Associations between smoking and the Muslim religion attenuate to statistical insignificance in the face of ethnic and socio-economic factors. An association between smoking and the absence of a religious affiliation is sustained.

Conclusions. An understanding of the extent of the association between smoking and religion is relevant to the development of tobacco control programmes.

Keywords: Current smoking, Ever-smoking, Religion, Secondary analysis

4.2 Introduction

This paper explores the association of religion with smoking. In recent years, there has been increased interest in this topic. (Anthony et al., 2013; Ford & Hill, 2012; Karlsen et al., 2012; Karlsen & Nazroo, 2010). Patterns of smoking are known to vary significantly by religion but less is known about how this association is affected by other factors or how it varies between younger and older people. We address this gap in knowledge through a focused case-study of England and Wales where recent falls in smoking prevalence have taken place alongside significant changes in religious affiliation but where the association has received little attention. Understanding more about the interplay of religion and other factors with reference to smoking behaviour is potentially significant for the design of effective tobacco control interventions that take account of the specific needs and characteristics of religious groups while also reflecting the distinctiveness of populations of different ages.

Our motivation for focusing on the association between religion and smoking is two-fold. First, as noted, recent years have seen the size of different religious groups in the UK change markedly (ONS, 2012). Between 2001 and 2011 the number of people identifying as Christian decreased by 13 % (from 72% to 59%) while those who reported having no religion increased by 10% (from 15% in 2001 to 25% in 2011). Among the other main religions, the population of Muslim increased the most, from 3% in 2001 to 4.8% in 2011. To a significant extent these changes reflect underlying demographics, hence our interest in comparing adult and youth populations in terms of smoking prevalence.

A second motivation relates to more theoretical and theological concerns. The major world religions have positions that are largely opposed to smoking (Khayat, 2000; Garrusi and Nakhaee, 2012). For example, within Christianity, Biblical interpretations condemn smoking as bodily pollution and an unnatural vice that runs counter to Christian values of temperance and moderation. Equally, Muslim perspectives are marked by leading clerics urging abstinence and pronouncing a fatwa against tobacco on the grounds of its potential to cause ill-health and offend Koranic injunctions to ensure personal health and the health of others. We ask whether such positions are evidenced in differential smoking prevalences between religious groups.

Past studies of religion and smoking have generally focused on measures of religiosity that is the depth or extent of religious belief. While this has seldom enabled conclusions about the association of smoking with particular religions, it has very clearly pointed to higher levels of smoking amongst people who do not profess any religion, and conversely lower smoking prevalences among religious people. Such associations have been found across much of the world. Research in the US has pointed clearly to an association linking greater religiosity with lower levels of smoking amongst both adults (Whooley et al., 2002; Hayward et al., 2016) and younger people (Nonnemaker et al., 2006; Amey et al., 1996; Wallace & Forman, 1998). This finding has also been made for young people in Central America and the Dominican Republic (Chen et al., 2004), adults in mainland China (Wang et al., 2015), Zambia and Malawi (Pampel,2005) and South Africa (Prinsloo et al., 2008), and pregnant women in San Luis, Brazil (Barbosa et al., 2015). Analogously, adults in South Korea have been found to be more likely to quit smoking if they are religious (Myung et al., 2012).

In terms of identification or affiliation with particular religions, a US study has suggested that tobacco use among Muslim college students is lower than that for non-Muslims (Ahmed et al., 2014). This finding is sustained for adult populations in the former Soviet Union (Pomerleau et al., 2004) while Wang et al. (2015) link lower levels of smoking in China to more religiously observant Muslims. Ghouri et al.,(2006), in contrast, link the Muslim religion to high and rising rates of smoking through a focus on national levels of smoking in 'predominantly Muslim' countries. Chen., (2014), in a Taiwanese study focussed on Eastern Religions, has suggested that links between religious affiliation and smoking may not be robust to confounding.

UK evidence on the association between smoking and religion has drawn substantially on survey research in the West of Scotland highlighting the interplay of ethnicity, religion and life-stage (Williams et al., 1994; Williams and Shams, 1998; Bradby and Williams, 2006). Youthful abstinent behaviour erodes earlier among non-Muslims and a higher prevalence of ever smoking is evident among young Christians and 'Others' and a lower prevalence among young Muslims. This viewpoint is broadly confirmed by Francis (2008) in a national study suggesting that 34% of young people not professing a religion believe it is wrong to smoke compared to 39% of Christians and 54% of Muslims. It also reflects the conclusions of Anthony et al. (2013) who used survey data in Leicester, England to show lower ever

(14.3%) and current (7.1%) smoking prevalence among Muslims as compared to Christians (28.7% and 10.4% respectively) and those who reported no religion (47.1% and 22% respectively).

In the light of this current literature we identify the need for national scale research in the UK context that considers the impact of religion on smoking behaviour, contrasting youth and adult populations.

4.3 Methods

We used a secondary analysis approach with a cross-sectional research design contrasting data on youth and adult smoking behaviour drawn from the same source over a common time-period.

2.1 Data

We reviewed a number of candidate surveys but only the Health Survey for England covered all the variables needed to address our research questions simultaneously for both adults and young people. Some surveys covered only adults, and some only young people; others did not cover religious affiliation. Individual data from the Health Survey for England, 2010-2014 (NatCen Social Research et al., 2013, 2014, 2015a, 2015b, 2016). were downloaded from the UK Data Service. The HSE is a cross sectional survey carried out since 1991 and sponsored by the Health and Social Care Information Centre. The survey selects participants using a random probability sample and collects information through face to face interviews. It provides data on ethnicity, religion and smoking for both adults and young people. In order to enhance our sample size, we combined data from successive runs of survey from 2010-2014.

2.2 Measures:

2.2.1 Smoking

We used two measures of self reported smoking statuses: ever and current. The ever smoked question asked respondents if they had ever smoked a cigarette, a cigar or a pipe. Respondents indicating 'yes' were classified as ever smokers and those stating 'no' were classified as never-smokers. The question captures people who have quit smoking, have experimented with smoking and current smokers. In the current smoking question respondents were asked, do you smoke cigarettes at all nowadays? People answering yes were classified as current smokers and those answering no were classified as non-smokers. This question isolates individuals currently classing themselves as a smoker. Neither question enables any conclusions to be drawn about smoking initiation and frequency of smoking.

2.2.2 Exposure variable: Religion

Religion was recorded as a four category variable identifying respondents as Christian, Muslim, No Religion or Other. The 'other' category amalgamated data on several religions for which numbers were too small to permit analysis. The heterogeneity within the 'other' category means that the analytical focus of the paper is on variations between Christians, Muslims and those professing no religion.

2.2.3 Confounder and modifier variables

We measured ethnicity by recoding the standard ethnicity variable from the HSfE into a single five-category variable. This was necessary as ethnicity was collected for several groups that were too small for the analysis. The recoded categories were White, Mixed, South Asian, Black and Other .We also included data on age, sex and socioeconomic status. We measured age in years and used it as a continuous variable. Our data include only two indicators of socioeconomic status, whether or not an individual was in employment, and whether or not they possessed educational qualifications, which were recorded into dichotomous variables using codes of 1 and 2 for yes/no.

2.3 Analyses

Our analyses used SPSS version 21. Descriptive statistics were used to calculate smoking prevalence by religious group. Binary logistic regression was then performed to examine

the associations between our the confounding or modifying variables affect the association between smoking and religion, we built our model sequentially beginning with an age, sex, religion model, then adding ethnicity, and finally incorporating the socio-economic variables. We tested for multicollinearity using tolerance levels and the variance inflation factor (VIF) and found no issues. We also assessed two and three way interactions between religion, ethnicity and our socio-economic variables in all models and none were significant. Log-likelihood ratio chi-square tests were performed to examine how well the logistic regression models fit the data. Small chi-square values in our models indicated that the models fit the data well. In view of small sample size in the youth study, bootstrapped standard errors were used to adjust odds ratios.

Due to higher correlations noted among some of the independent variables (e.g., ethnicity, education and employment), we tested for multicollinearity using tolerance levels and variance inflation factor (VIF) for all the constructs. However we do not found any issues with multicollinearity as the tolerance value for all the independent variables in our study was greater than 0.2 and VIF score less than 5 in all test ,indicating no sign of multicollinearity in our models.

4.4 Results

3.1 Descriptive statistics

Descriptive statistics suggest clear differences in ever and current smoking prevalence by religion (Table 1). There were higher ever-smoking prevalences among adults who reported no religion (66.2%) and Christians (60%), and relatively lower prevalences among Muslim (35.2%) adults. Current smoking prevalence by religion shows a different pattern, with almost similar levels among Christian (16.7%) and Muslim (16.9%) adults, and higher levels among adults who do not belong to any religion (25.1%). In the youth sample the highest ever and current smoking prevalences are both recorded among youth reporting no religion (53% and 25.3%, respectively). Christian youth have prevalences approximately 10% lower (42.2% and 16.7%, respectively), while lowest levels are among Muslim youth (18.6% and 5.8%). Christian youth and youth with no religion have similar levels of current smoking to their adult counterparts. In contrast Muslim youth return a current smoking prevalence less than one third that of Muslim adults.

Table 1: Smoking Prevalence by Religion; HSE, 2010-2014

	Adult				Youth			
Religion	Ever smoked		Current smoked		Ever smoked		Current smoked	
	%	n	%	n	%	n	%	n
Christian	60.00	20974	16.70	23516	42.20	688	16.70	828
Muslim	35.20	959	16.90	1153	18.60	102	5.80	137
None	66.20	8720	25.10	10027	53.00	886	25.30	1048
Other	41.70	1229	12.60	1439	25.60	82	7.60	105

n= total sample in each category i.e. ever plus never; current plus not current

Table 2 presents smoking prevalence by ethnicity, sex and socioeconomic status. The percentage of adults who have ever smoked was higher among White (62.4%) and Mixed (58.3%) ethnic groups and lower among South Asian (35.7%) and Black (32.5%) ethnic groups. A similar pattern exist for current smoking among adults; White (38.3%) and Mixed (37.2%) adults smoked at higher rates than their South Asian (22.4%) and Black (24.3%) counterparts. The differences in ever and current smoking were even more evident in youth sample. Significantly higher ever and current smoking prevalence was recorded among White (36% and 22.1%,respectively) and Mixed (25.5% and 21.2%) youth as compared to lower among South Asian (12.2% and 8.4%) and Black (14.0% and 8.6%) youth. Men were more likely to have ever smoked or to be current smokers than women in both adult and youth samples (Table 2). Similarly both adults and youth with no qualification were significantly more likely to have ever smoked or to be current smoker than those who hold qualifications (Table 2). Ever and current smoking prevalence by employment status shows a different pattern. Adults who were employed had higher ever and current smoking prevalence than those adults who were unemployed. Similarly while unemployed youth had higher ever smoked prevalence, they had lower current smoking prevalence (Table 2).

Table 2: Smoking Prevalence by Ethnicity, Sex and Socioeconomic status; HSE, 2010-2014

	Adult				Youth			
Characteristics	Ever smoked		Current smoked		Ever smoked		Current smoked	
	%	n	%	n	%	n	%	n
Ethnicity								
White	62.4	23423	38.3	25712	36.0	1156	22.1	1410
Mixed	58.3	2480	37.2	3187	25.5	187	21.2	223
South Asian	35 .7	1261	22.4	1769	12.2	126	8.4	145
Black	32.5	2495	24.3	3869	14.0	194	8.6	224
Other	36.2	2223	21.8	1598	25.3	95	15.0	116
Sex								
Male	56.5	18012	58.7	21239	56.4	992	55.8	1183
Female	43.5	13870	41.2	14896	43.5	766	44.1	935
Post 16 Qualification								
Yes	42.4	13515	35.9	12969	47.4	834	46.8	993
No	57.6	18367	64.1	23166	52.6	924	53.2	1125
Employment								
Yes	51.2	16351	51.6	18668	39.3	691	53.0	1121
No	48.7	15531	48.3	17467	60.6	1067	47.0	997

n= total sample in each category i.e. ever plus never; current plus not current

3.2 Modelling the Association between Smoking and Religion

3.2.1 Current Smoking

Table 3 examines current smoking, comparing adult and youth samples. Model 1 offers broad confirmation of the initial descriptive finding discussed above. Controlling for age and sex, Muslim respondents are significantly less likely than Christians to be current smokers in both the adult and youth samples. This finding is consistent with previous studies conducted on both adults (Pomerleau et al., 2004; Wang et al., 2015) and young people (Bradby & Williams 2006; Anthony et al.,2013; Ahmed et al., 2014) showing lower rates of smoking among Muslims as compared to Christians and those having no religion. In contrast, significantly higher levels of smoking characterise both adults and youth who reported lower religiosity. This finding also provide support for the association between higher level of smoking and low religiosity amongst both adults (Koenig et al., 1998; Whooley et al., 2002; McFadden et al.,2011) and youth (Sinha et al.,2007; Nakhaee et al., 2009 ; Alexander et al., 2016).

Models 2 and 3 trace how these associations change with the addition of ethnicity and socio-economic factors (education and employment) as modifier and confounder variables. In the adult sample the suggestion in Model 3 that Muslims smoke more than Christians once ethnicity is taken into account is removed in the final model where the association attenuates to insignificance once socio-economic factors are controlled. The evidence in the youth models is more straightforward: the significant association between being a Muslim and current smoker attenuates to non- significance with the inclusion of ethnicity and socioeconomic factors. In contrast, the association between current smoking and not professing a religion is maintained for both adults and youth in the face of confounders and modifiers.

Table 3: Modelling Smoking and Religion,Current Smoking ,HSFE 2010-2014:Odds Ratios(95% confidence intervals);boosttrapped for youth sample;faint denotes non-significance)

		Adult			Youth		
		Model 1	**Model 2**	**Model 3**	**Model 1**	**Model 2**	**Model 3**
Religion	**Christian**						
	Muslim	0.68 (0.58-0.80)	1.25 (1.01-1.55)	0.89 (0.62-1.29)	0.30 (0.11-0.56)	0.59 (0.21-1.26)	0.80 (0.15-2.66)
	None	1.25 (1.18-1.33)	1.23 (1.15-1.30)	1.17 (1.05-1.30)	1.66 (1.28-2.11)	1.60 (1.27-2.03)	1.55 (1.01-2.39)
	Other	0.57 (0.48-0.67)	0.85 (0.71-1.02)	0.84 (0.62-1.15)	0.39 (0.13-0.75)	0.73 (0.23-1.47)	0.64 (0.00-2.05)
Sex	**Man**						
	Woman	0.83 (0.78-0.87)	0.83 (0.78-0.87)	0.79 (0.72-0.87)	0.90 (0.72-1.14)	0.90 (0.72-1.14)	0.88 (0.62-1.30)
Age	**Years**	0.98 (0.97-0.98)	0.97 (0.97-0.98)	0.96 (0.96-0.96)	1.30 (1.20-1.40)	1.30 (1.21-1.41)	1.45 (1.26-1.68)
Ethnicity	**White**						
	Mixed		1.08 (0.94-1.23)	0.77 (0.60-1.00)		1.48 (0.90-2.32)	1.21 (0.45-2.67)
	South Asian		0.43 (0.35-0.53)	0.40 (0.28-0.58)		0.19 (0.04-0.51)	0.09 (0.00-0.46)
	Black		0.46 (0.37-0.56)	0.44 (0.31-0.61)		0.21 (0.04-0.49)	0.08 (0.00-0.31)
	Other		0.57 (0.45-0.73)	0.46 (0.31-0.69)		1.05 (0.41-2.34)	0.88 (0.00-3.06)
Employed	**Yes**						
	No			0.92 (0.79-1.06)			0.56 (0.36-0.83)
Post-16 Qualifications	**Yes**						
	No			2.47 (2.20-2.77)			1.70 (0.81-3.22)

The other variables in Table 3 conform to expectations. Women are less likely to be current smokers in both the adult and youth samples, though in the youth sample the association is not significant. The odds of being a current smoker reduce with age for adults but increase in the youth sample; older people are giving up as they age, while younger people are moving from experimentation to smoker status. People, both adults and youth, of mixed ethnicity are indistinguishable from those of White ethnicity in terms of their odds of being a current smoker. South Asians and Blacks are significantly less likely to be current smokers compared to Whites, and the association is far stronger in the youth sample. Young people who are unemployed (and consequently with low financial resources) are significantly less likely to be current smokers while adults without educational qualifications are significantly more likely to be current smokers. Comparisons between the odds ratios for religion, ethnicity and socio-economic facts

suggest that associations between religion and current smoking are possibly very slightly more impacted by socio-economic factors in the adult sample and by ethnicity in the youth sample.

3.2.2 Ever-Smoking

In Table 4 we present the results for our analysis of ever-smoking. This variable provides a more expansive definition of smoking. In comparison to current smoking it captures, in broad terms, the extent of quitting among adult smokers and experimentation in our youth sample. There are however many similarities between the results for the two measures of smoking behaviour. ON the religion variable, Model 1 suggests, for both adults and youth, that Muslims are less likely than Christians to have ever smoked; people without a religion are more likely to have smoked. The significant association between the Muslim religion and ever-smoking attenuates to non-significance with the inclusion of ethnicity and socio-economic confounders and moderators. The significant association with the absence of a religion also attenuates but retains significance in the adult sample; in the youth sample consideration of confounders and moderators removes any suggestion that religious affiliation (or its absence) has an association with having ever smoked. A comparison of the pattern of attenuation in the religion effects with the effects for ethnicity and socio-economic factors suggests that ethnicity may be more instrumental than socio-economic factors in the attenuation of the Muslim effect while socio-economic factors are more relevant in the attenuation of the no-religion effect.

Similarities with the current smoking models also extend to the results for the confounder and moderator variables. Adult women are less likely than men to have ever smoked, South Asian and Black ethnicity is associated with lower levels of smoking than the White reference group for both adults and youth, and adults without qualifications are more likely to have ever smoked. Differences are evident in the results for age where both the adult and youth sample are more likely to be ever-smokers with increasing age, reflecting experimentation in the youth sample and age-related quitting among the adults. The association of unemployment with ever-smoking in the youth sample also differs: while unemployed youth were less likely to be current smokers, they are significantly more likely to have ever smoked.

Table 4:Modelling Smoking and Religion,Ever Smoking,HSFE 2010-14:Odds Ratio(95% confidence intervals);boostrapped for youth sample;faint type denotes non-significance)

		Adult			Youth		
		Model 1	**Model 2**	**Model 3**	**Model 1**	**Model 2**	**Model 3**
Religion	**Christian**						
	Muslim	0.39 (0.34-0.44)	0.88 (0.74-1.06)	0.90 (0.66-1.23)	0.30 (0.17-0.47)	0.67 (0.31-1.32)	0.95 (0.19-5.53)
	None	1.35 (1.27-1.42)	1.30 (1.23-1.38)	1.21 (1.10-1.34)	1.54 (1.24-1.90)	1.48 (1.20-1.79)	1.25 (0.86-1.77)
	Other	0.49 (0.44-0.55)	0.87 (0.76-1.00)	1.04 (0.81-1.32)	0.46 (0.25-0.75)	0.90 (0.45-1.65)	1.53 (0.55-4.62)
Sex	**Man**						
	Woman	0.61 (0.59-0.64)	0.61 (0.58-0.64)	0.62 (0.57-0.68)	0.94 (0.77-1.13)	0.94 (0.77-1.13)	0.84 (0.59-1.22)
Age	**Years**	1.01 (1.01-1.01)	1.01 (1.00-1.01)	1.01 (1.00-1.01)	1.14 (1.07-1.22)	1.15 (1.07-1.23)	1.16 (1.02-1.32)
Ethnicity	**White**						
	Mixed		1.08 (0.96-1.22)	1.07 (0.86-1.34)		1.22 (0.80-1.85)	1.12 (0.45-2.90)
	South Asian		0.32 (0.27-0.38)	0.29 (0.22-0.39)		0.25 (0.12-0.48)	0.14 (0.02-0.47)
	Black		0.31 (0.26-0.36)	0.28 (0.21-0.37)		0.34 (0.16-0.59)	0.11 (0.00-0.28)
	Other		0.48 (0.40-0.58)	0.40 (0.29-0.54)		0.79 (0.32-1.70)	0.21 (0.00-1.04)
Employed	**Yes**						
	No			0.90 (0.80-1.02)			2.14 (1.40-3.40)
Post 16 Qualifications	**Yes**						
	No			1.60 (1.44-1.78)			1.09 (0.62-2.04)

4.5 Discussion

In contrast to previous UK studies that have focused on specific locations (the West of Scotland or Leicester) or on youth populations in isolation, the present study has provided national evidence for England comparing two measures of smoking behaviour between youths and adults and highlighting the extent of association with religion while controlling for other relevant factors.

Initial indications from simple cross-tabulations suggest that Muslim youth are far less likely to be current smokers than their Christian and no-religion counterparts. This confirms evidence from the US, China and the former Soviet Union (Ahmed et al., 2014; Pomerleau et al., 2004; Wang et al. 2015).Moreover, Muslim youth are far less likely to be

current smokers in comparison to Muslim adults; this discrepancy is not evident for Christians or for people who profess no religion. Muslim youth also stand out as being less likely to have ever smoked. These simple associations suggest that the research in the West of Scotland pointing to abstinence persisting longer among Muslim youth (Bradby and Williams, 2006) may have wider relevance to England.

Across both adult and youth groups, simple descriptive analyzes also pointed to smoking (both ever and current) being highest among people professing no religion. This confirms that the widely held global equation of lower religiosity with higher levels of smoking applies to England, and adds to knowledge by demonstrating that this finding is relevant beyond adolescent English populations (Francis, 2008) and the City of Leicester (Anthony et al., 2013).

Our results also add to knowledge by demonstrating that, in England, the finding of an association between smoking and the absence of a religious affiliation is generally robust to confounders and moderators. This conclusion applies to both current and ever smoking among adults but, for our youth sample we were also unable to demonstrate a statistically significant association between ever smoking and the absence of a religious affiliation. In contrast, the association linking the Muslim religion to low levels of smoking is consistently not robust to the impact of other relevant variables. Ethnicity and, particularly, socio-economic factors trump religious affiliation and the key religious dimension to understanding smoking behaviour is not affiliation but, rather, the absence of affiliation. This group of findings responds to concerns about confounding articulated by Chen (2014) in a very different national context and develops and enhances suggestions by Bradby and Williams (2006) and Anthony et al. (2013). It emphasises that, in the England context, the link between being Muslim and higher levels of smoking (Ghouri et al.,2006) may be misplaced – though we note that adult Muslim current smoking is at a similar level to adult Christian smoking and crude descriptive statistics may be indicative of a more marked transition among Muslims upon reaching adulthood.

Our study has strengths and limitations. We present evidence from linked runs of a well-found long-established routine national survey using appropriate statistical methods and standard measures of smoking behaviour. However, despite merging five years of data, our sample size remained relatively small and led us to employ broad and potential

confusing ethnic categorisations. 'South Asian' and 'Black', for example, cover very diverse communities and there is no clear congruency between our ethnic and religious categorisations. Small numbers are also evident in our youth samples though potential shortcomings have been addressed through a bootstrapped analysis.

Another important limitation of our study is that our data was based on self-reported smoking status and is thus subject to response bias. This limitation is, however, typical as most of the national survey data on smoking usually rely on self-reports (Wong, 2012). Furthermore, salivary cotinine samples collected from Health Survey for England series between 1998 and 2008 confirms that majority of young people accurately reported their smoking behaviours (Sims et al., 2012), hence boosted our confidence, meant that most of the respondent may have provided accurate responses.

Another important limitation of our study is that we did not control for the effects of other variables like Alcohol or other substance abuse and other attitudinal or knowledge variables. Although we acknowledged that the inclusion of these variables would have allowed us to explore more thoroughly associations between religion and smoking. However, with the nature of the study meant that this was not possible. A further limitation is, of course, the cross sectional design of our study. As a consequence we do not seek to draw conclusions regarding the causal nature of the association between ethnicity, religion and youth smoking.

The potential implications of our study concern both future research and the practice of tobacco control. A qualitative component to future research will be essential if we are to explore more fully the relationship between ethnicity, religion and smoking. In-depth information drawing on interviews, ethnographic observation and the voices of different religious (and the non-religious) will draw out the extent to which people understand the impact of religion on smoking initiation and maintenance and its interaction with other factors. Equally longitudinal studies are needed to trace the interplay of religion and smoking over time. In terms of tobacco control, our results point to the need for faith-based interventions to give attention to the baseline prevalences, and underline the importance of working with those without a religious faith.

Chapter 5: Paper two (Factors affecting smoking attitudes and behaviours among young people: a qualitative study of young British Bangladeshis and British Pakistanis)

5.1 Abstract

British-born children of Muslim immigrants from South Asian Backgrounds face several overlapping and conflicting normative expectations as well as values and beliefs from their culture and religion which strongly influence many aspects of their lives. Drawing on research in Southampton, the current paper explores how smoking-related attitudes and behaviours among young British Bangladeshi and British Pakistani men and women can be best understood in this context. Semi-structured, in-depth interviews were conducted with 38 young people aged between 16 and 20 years. Participants were recruited from Southampton University and Southampton City College using purposive sampling techniques. The interviews were transcribed and analyzed using thematic analysis. Four main overarching themes emerged from the analysis: gender, cultural values and norms, family and community, and religion.

Results indicate that the smoking-related attitudes and behaviours of young British Bangladeshi and young British Pakistani men and women were influenced and shaped by the intersection of cultural and religious factors such as tradition, norms, values and beliefs. It is concluded that smoking cessation programmes focusing on cultural and religious themes may be necessary to control tobacco consumption by youths of South Asian Muslim origin.

5.2 Introduction

It is well known that smoking rates in the UK vary significantly by ethnic group, age and gender (The Information Centre, 2004; Anthony et al., 2013; Hussain et al., 2017). However, little is known about factors affecting attitudes and behaviours in relation to smoking among ethnic minority youth, and how this varies by gender. In particular

there is a lack of research available on young South Asian Muslim populations. This paper addresses this gap in knowledge through a qualitative study by focusing on the gender differences in smoking attitude and behaviours of young British Bangladeshi and British Pakistani men and women. Our motivation for focusing on these two ethnic groups is twofold. Firstly, smoking rates are particularly high among Bangladeshi (28%) and Pakistani (23%) men as compared to 20% among men in the general population (ONS, 2015). Secondly, smoking in Bangladeshi and Pakistani groups is very gender specific, as men in these groups smoke at much higher rates than women (ONS, 2015). An understanding of gender differences in the smoking attitudes and behaviours of young British Bangladeshi and British Pakistani is therefore essential for the development of gender specific and culturally appropriate smoking cessation programmes suitable for these two groups.

British-born children of South Asian immigrants (India, Bangladesh and Pakistan) provide an important context for understanding the position of these people in contrast with their parents. South Asian immigrants who migrated to Britain from the Indian subcontinent have grown up in a different culture than their British-born children. They have been raised up in a different culture carrying different values, beliefs and practices than the one to which their children are exposed (Wardak, 2000; Segal, 1991). The majority of these immigrants are keen to pass on their own cultural values, beliefs and practices to their British-born children in an effort to maintain their identities and therefore preserve their own cultures (Shaw., 2001; Abbas., 2005). On the other hand, British-born children of these immigrants' parents tend to be more socialised and educated in Western culture with different values, beliefs and practices. Balancing their parental culture with the demand for living in a modern culture has created a challenging environment for many second and third generation South Asian Muslims youth. They are therefore described continuously by scholars with different names such as the generation "living between cultures" (Banks and Ballard,1994) and "torn between individualism and family obligations" (Kalliyvayalil., 2004). This phenomenon has been thoroughly addressed in both academic literature (Ghuman.,2003; Hussain & Bagguley., 2005; Saeed., 2007) which shows how young British South Asian youth experience cultural clash and intergenerational conflict, and in popular culture such as films like 'East is East' and

'Bend it like Beckham', which use the traditional-modern culture clash as their primary subject matter.

The notion that South Asian Muslim youth are in the state of cultural conflict has in recent years given way to the notion that instead of experiencing cultural conflict, a large number of these youth have managed to develop bi-cultural capabilities. These enable young British South Asian Muslims to inhabit and negotiate different identifications at the same time, thus creating opportunities to construct alternative identities what Bhaba (1994) described as hybrid identities. These hybrid identities are reconfigured by other identity categories, such as gender, class, race and religion. A study conducted by Dwyer et al., (2008) on young British Pakistani men, for example, shows how class influences the extent and motivation of their religious identity and masculinities. In another study of young British Pakistanis, Hopkins, (2006) shows how male participants in her study construct masculine identities by placing themselves in a higher position to women, and how this was "tied in within gendered, classed and racialized expectations" (Hopkins, 2006, p.345). Other research (e.g. Macey, 1999) shows gender differences in the way religion has been mobilised as a power resource: men were using Islam to justify violence against women and control their behaviour, while women were using Islam to negotiate cultural and religious restrictions which men tried to impose upon them. Similar findings have been reported in another UK study conducted by Ramji, (2007), which highlight the way young British South Asian Muslim men and women construct and negotiate their gender identities.

As discussed above, British-born children of migrants from the Indian subcontinent are exposed to two distinct cultures, and to some extent, they are at the crossroad of negotiation between their own and their parental culture, there is a debate about how their smoking-related attitudes and behaviour can be best understood in this context. In this paper, we aim to contribute to this debate by exploring how the intersection of various factors affect the smoking attitudes and behaviours of young British Bangladeshi and British Pakistani men and women by paying particular attention to the construction and negotiation of their gender identities.

This paper is anchored on the theory of intersectionality. Intersectionality refers to the process through which multiple social categories intersect and influence

people's lives. Initially applied as a distinct theoretical approach to the study of law and legal studies, intersectionality is now widely used as a consistent theoretical approach across several disciplines (Carbado et al., 2013).

Due to its unique approach to explore the meaning and association between different social categories as argued by Weber and Parra-Medina., (2003), the intersectional approach 'has great potential to provide new knowledge that can more effectively guide actions toward eliminating health disparities across race and ethnicity but also across gender, sexual orientation, social class and socioeconomic status, and other critical dimensions of social inequality' (2003, p. 183). The most fundamental principle of intersectionality is the idea that social categories, such as gender, culture and class should not be studied in isolation if we have to fully understand an individual's or group's experience (Crenshaw, 1991: Cole, 2009). Instead, it suggests that meaning and experiences arise from the interaction and intersection of multiple social categories (McCall, 2005). Intersectionality also recognizes structural understanding of inequality by specifying how gender intersects with other social categories to contribute to unique experiences of oppression and privilege on both individual and structural levels (Christensen & Jensen., 2012). Thus, from an intersectional point of view, gender alone is not a defining category, as it cannot explain structural inequality in society unless it intersects with other social categories.

5.3 Methodology

Sampling and recruitment strategy

A purposive recruitment strategy was used to recruit participants from Southampton University and Southampton City College. Initial contacts were made with the officials of the university and college to obtain permission and identify relevant participants. Participants were invited to participate in the study through emails, through student unions and sports clubs, flyers distribution and via posting flyers on university and college notice boards. A £5 monetary incentive was offered to encourage participation. Selection criteria included participants' willingness to take part in the study, their permission to audio-record their interviews and their ability to sign the consent form.

Research participants

A total of thirty-eight British Bangladeshi and British Pakistani men and women aged between 16 and 20 participated in this study. Nine participants were second-generation while twenty-nine participants were third-generation. Out of the nine young second-generation participants, 2 males and 3 females were from a Bangladeshi background, and two of each was from a Pakistani background. Similarly, out of 29 third-generation participants, 11 males and 2 females were from a Bangladeshi background, while 10 males and 6 females were from a Pakistani background.

Participants in this study shared similar backgrounds and characteristics which made them distinct from research participants involved in other similar UK studies. For example, all the participants in this study were British born and belonged to the second and third generations of immigrants. They all shared the same cultural tradition and were practicing Islam in terms of attending the mosque and performing daily prayers. They were also equivalent in terms of socioeconomic status: all participants reported coming from middle class and working class families.

Research ethics

This study was reviewed and approved by the University of a Southampton Ethics committee. Written permissions were obtained from the university and college prior to data collection. Female participants were given a choice to give interview alone or in the presence of a female research assistant. Participants were assured about their anonymity and confidentiality both verbally and in writing through participant information sheets. Those participants who agree to participate were provided with an information sheet that contained information about the study and the contact details of the researchers.

Research methods

Given the exploratory nature of our research, we adopted a qualitative method with a cross-sectional research design. Qualitative methods are particularly useful in studying the complex phenomena and events in their natural settings (Pope et al., 2002). They are also helpful in exploring situations where research questions focus on people's

experiences and behaviours (Hancock et al., 2007). Individual and group interviews were conducted in Southampton University and Southampton city college UK. The interviews were semi-structured comprised of a list of open-ended questions and were based on the use of an interview guide.

Eighteen individual interviews (each lasted between 30 to 60 minutes) with thirteen men and five women were conducted. Ten interviewees (eight men and two women) were from Pakistani, and eight (seven men and one women) were from Bangladeshi backgrounds. Furthermore, five group interviews were conducted with four participants in each group. Ten men and ten women were interviewed in these groups. Four men and 6 women were from Pakistani background and 6 men and four women were from Bangladeshi background. Each group interview lasted between 60 and 120 minutes with an average duration of 90 minutes.

Both individual and group interviews were aimed at generating useful information about cigarette smoking among young British Bangladeshis and British Pakistanis. Unlike individual interview, which is one-to-one interview between the researcher and interviewee, group interview is a form of interview in which researchers interview multiple candidates at the same time. The rational for conducting group interviews was twofold. Firstly, the majority of the female participants in this study were concerned about the sensitivity of the topic and their confidentiality. They therefore agreed only to be interviewed in peer groups rather than to be individually interviewed. Secondly, as discussed above, the number of female participants in this study was small, and it was therefore out of the range of other popular forms of data collection approaches such as focus group discussion, where fewer than six participants are less likely to generate useful data (Stewart et al., 2007).

Data analysis

All interviews were digitally recorded and transcribed. Data generated from the interviews were imported into NVivo 10 and analyzed using Brown and Clarke's thematic analysis approach (2006). This approach involves "identifying, analysing and reporting patterns and themes within data" (Braun and Clarke., 2006:79).In this study, the analysis is inductive in nature, which means themes emerged from data themselves and are not imposed deductively, from outside (Braun and Clarke.,2006).

The data analysis process involved the six-stage model outlined by Braun and Clarke (2006). Firstly, we familiarised ourselves with the transcribed data (i.e., transcripts, field-notes, etc.), by reading and reading to establish a close familiarity with the data. Secondly, we generated initial codes in a systematic way across the entire data set. This was done by adding codes to any word, sentence or paragraph that we considered was relevant to our research questions. Thirdly, we gathered and organised relevant codes to construct coherent themes that were relevant to the research scope. Fourthly, we thoroughly reviewed and checked the themes against the transcripts to ensure that they were related to the coded data. Fifthly, we concisely named the themes to ensure each theme generate an overall story that we wanted our analysis to convey. In the sixth and final step, we selected the most relevant and compelling extract example quotations from the data that reflected back at the analysis in relation to the themes, research question, and literature.

5.4 Results

When exploring smoking attitudes and behaviours among young British Bangladeshi and British Pakistani people, our qualitative analysis of interviews revealed four major interconnected themes: gender, cultural values and norms, family and community, and religion.

Gender

Many of the respondents described how gender norms within their culture affect their smoking behaviours. The pattern of responses indicated that smoking tended to be seen as a masculine habit in both Bangladeshi and Pakistani communities. For instance, one aspect that was connected to male smoking was the belief that it was normal for a British Pakistani or a British Bangladeshi male to smoke. This view was prevalent among both males and females;

> *"In general, when young men are smoking, people don't look down on it and, they just see {it} as a normal thing. They just pass {by} a man is smoking, this is normal." (Non-smoker, male, Bangladeshi background, age 18)*

> *"The reason smoking is not very common among us {females }is that it is a more male thing to smoke." (Non-smoker, female, Pakistani background, age 19)*

> *"If a young man smokes, it will be viewed quite differently. It will be viewed like men generally do smoke, then it's not that big issue." (Non-smoker, female, Bangladeshi background, age 20)*

These quotes illustrates that smoking has a clear gender-specific dimension in the South Asian culture, which creates boundaries around smoking as a male dominant activity, and which gives men a higher status than women.

The responses of the males and some of the females indicated how masculinity was constructed through some commonly held beliefs of what it means for young men to smoke. For both British Bangladeshi and British Pakistani young men, smoking has symbolic significance: it is intimately associated with maturity, a strong sense of self, and with adult status.

> *"Smoking makes me feels like I am a real man. Well, {laughs} I don't mean I am not a man without smoking, but I mean it gives me a strong sense of self." (Smoker, male, Bangladeshi background, age 20)*

> *"It's really an adult habit, so I feel more mature when I smoke." (Smoker, male, Pakistani background, age 18)*

The connection between masculinity and smoking was also evident in respondents' narratives about peer group smoking. Previous studies have largely recognized that men use substances more heavily than women in a peer context (Gaughan, 2006; Read et al., 2005).Consistent with this finding, many of the male smokers reported how smoking with friends facilitates social contact and allows them to smoke more cigarettes in a peer group:

> *"I usually smoke more cigarettes when I smoke with my male friends, especially on weekends. We sit together and keep smoking and smoking." (Smoker, male, Bangladeshi background, age 20)*

> *"It's always nice when you smoke in a group; you are like sharing the same thing and you feel like you are a part of a powerful masculine group. You feel like you are a tough Macho man." (Smoker, male, Pakistani background, age 18)*

The statements above illustrate how young men in our study construct masculinity by associating their smoking behaviours with typical masculine traits, such as heavy consumption, toughness and power.

Being a male smoker was also tied to social class; the ability to earn degree and get a good job to support oneself and a family. A British Bangladeshi man's account, for example, shows how he perceived smoking as a means to an end which will create opportunities for him to fulfill his academic aspirations and ultimately achieve wealth and upward social mobility.

> *"Smoking has always been something that has kept me going. It helps me stay focus and make me feel more confident. That's what I need to complete my study and then get a good job to support myself and my family (Smoker, male, Bangladeshi background, age 18)".*

A similar association was found in the account of a young British Pakistani male smoker from a working-class background who was studying for an undergraduate degree in computer sciences. His parents were uneducated. His mother was unemployed, and his father a low- paid worker. The account of young British Pakistani about smoking emerged from a discussion about his economic responsibilities which he is supposed to fulfill in the future.

> *"Growing up in a working-class family has put me under immense pressure right from the start. I have always been told off to maintain good grades to be successful later on. My parents are old, and they expect me to complete my study and to financially support my family in the future as other Muslim men do. I really want to meet the expectation of my parents, and that's what often made me feel stressed. I don't drink, I don't listen to Music, I don't go to parties, so smoking is the only thing I mostly rely on to reduce my stress (Smoker, male, Pakistani background, age 19)".*

The quote above illustrates the relationship between smoking, stress and social class. Cigarette smoking has long been associated with alleviating stress and anxiety (Gallo et al., 2014; Voigt, 2010).The above narrative exemplifies how young participants in our study have used smoking as a coping mechanism to reduce stress, in order to achieve a higher class identity.

In contrast to men's smoking, smoking among young British Bangladeshi and British Pakistani women was seen as unfeminine, less socially visible and inappropriate behaviour. A vast majority of British Bangladeshi and British Pakistani men and women described how female smoking was seen in their communities.

> *"There is a lot of gender difference. Women are not seen smoking at all and if a woman smokes she will not be, like, so open about it." (Non-smoker, female, Bangladeshi background, age 16)*

> *"Within our community, I have never seen women smoking outside. They probably do smoke, but they will usually smoke in a more private space, rather than a public place." (Non-smoker, male, Bangladeshi background, age 17)*

> *"When you talk about our women, first of all, they wouldn't smoke coz they are not allowed to smoke. And if they do, they wouldn't like, smoke in front of people; it would probably be like a secret act." (Smoker, male, Pakistani background, age 18)*

An overwhelming majority of participants believed that the smoking prevalence among young British Bangladeshi and British Pakistani women is increasing. A minority, however, believed that smoking among women in their communities is decreasing and that they are using alternatives, such as Hookah (or Shisha): a type of water pipe tobacco smoking, popular among Bangladeshi and Pakistani communities.

> *"As far as cigarette smoking is concerned I think it is decreasing, but young women are using other forms of tobacco such as Hookah. If you go to Shisha cafes and bars you would see a lot of young women smoking Hookah" (Smoker, Male, Pakistani background, age 17).*

> *"No, I think young women smoke more Hookah these days ;{It}has a lot of tobacco in it" (Non-smoker, female, Bangladeshi background, age19)*

Cultural values and norms

Cultural values and norms seemed to play an important role in affecting youth smoking behaviours. Both genders acknowledged that men currently enjoyed a greater freedom within their communities. Several participants from Bangladeshi and Pakistani backgrounds pointed out to the smoking double standard, where male smoking was considered as a desirable and acceptable behaviour, while female smoking was associated with stigma and shame. Such gender differences, however, were more commonly reported by the British Pakistani interviewees. Both British Pakistani males and females described how female smoking was increasingly stigmatised within their community.

> *"Culturally, it's a bad habit because our parents and elders are respected members and if people would see a youngster like us smoking, they will see us in a very bad impression.They will think we will be doing other immoral things as well. So as*

cultural individuals, unlike men, we would bring shame in a way if we smoked." (Non-smoker, female, Pakistani background, age 18).

"People won't be happy if they would see us smoking. It is not a very classy act for women to smoke in my communities; it's a shame. But with men, it's completely different. I think it's a double standard." (Non-smoker, female, Pakistani background, age 19).

Some male and female respondents believed that the main reason for the lower smoking prevalence among young Bangladeshi and Pakistani females was the cultural restrictions imposed on them, although some other reasons like lower acculturation and fewer economic opportunities for women (to purchase cigarette) were also reported. Some female participants placed a great deal of emphasis on the smoking double standard in the context of British and South Asian cultures as noted in the following quotation.

"If you see women like us in the wider British culture, they are not like us; they are free to do whatever they want and to go wherever they want. They can go to the parties; they are allowed to drink and other stuff like that, but we? We can't even smoke." (Non-smoker, female, Pakistani background, age 18)

The quote above exemplifies the intersection of gender and culture, suggesting that the smoking behaviours of South Asian Muslim women are subject to relatively different cultural restrictions which did not apply to other women in a British culture. It also illustrates how young South Asian women construct Weak and Passive femininity in relation to smoking, as opposed to the ideal Western femininity characterized by independence and choice.

For some non-smoker British Bangladeshi and British Pakistani females, smoking-related stigma also played an important role in the construction of their non-smoker identity. These young females tried to negotiate such stigma by distanced themselves from other by avoiding being seen as smokers. By doing so, these young women were able to combine different influences on their gender identity, indicating their convergence toward their parental culture. Such women were extremely critical of female smoking in their culture and were strong supporter of smoking-related stigma, as exemplified by the following quotation from a 20 year old British Pakistani female.

> *"I think it's a good thing… Stigma can make you believe that you are doing something different or probably wrong, so if you live in communities where smoking for women is wrong, then you shouldn't smoke… I am not a smoker, and one of the reasons for this is that women's smoking is stigmatised in our culture." (Non-smoker, female, Pakistani background, age 20).*

In contrast, for some female smokers, such stigma appeared to be an important means through which they resisted and challenged restrictions imposed on them by their families and communities, particularly when intersected by religion. By pointing to the gender equality in their religion, these young females, for example, were able to argue that men and women are equal in Islam and that they should be allowed to smoke as freely as men.

> *"I don't see anything wrong with smoking. Our family and community have made it wrong for us. There is no such thing in our religion; if boys are allowed to smoke, the girls should be allowed as well. I personally don't smoke, like, in front of my parents and other elders. In a sense, I respect them, so they should respect our freedom as well." (Smoker, female, Pakistani background, age 19).*

This finding is important as it not only shows the divergence of South Asian women from their parental culture but also highlights how young South Asian women are using their religion and smoking to construct alternative feminine identities through which they challenged the popular stereotypes about South Asian women as being oppressed victim of their patriarchal culture (Ramji, 2003).

Family and community

Within the family, patriarchy and family's reputations were two important factors influencing smoking among young British Bangladeshis and British Pakistanis. A family's honour was seen as an essential aspect of the South Asian culture and was to a large extent reliant on the perceived chastity and purity of the women in the family. Female smoking was particularly important in this context. Both genders reported that their parents highly monitored and controlled their daughter's behaviours. A majority of participants, both young men and young women, consistently pointed out to the inequalities found in their family structure, which privilege male's interests and their dominance over females.

> "*Women are looked down more harshly; they need to be more obedient and listen to the dominant males all the time. Something like smoking can show that they are disobeying. If a female member of their family is smoking, it will bring shame to the family; it will be quite awful." (Smoker, male, Pakistani background, age 17).*

> *"It's totally different for females. They {parents} are always after us, and they always monitor us. Our Izzat {honour} is not our own; it is our family's Izzat. If they would see us smoking, they would be quite rude to us. They would expect us to preserve our family's Izzat." (Non-smoker, female, Pakistani background, age 16)*

When respondents were asked how parents would react if they would see their children smoking, both British Bangladeshi men and women suggested that their parents would be more upset or disappointed to see their daughters smoking than their sons; however, this would not lead to violent actions.

> *"If parents see their children smoking, they will be disappointed with the kids. But I think it depends on the gender. If they see their daughter smoking it would be quite different, not very severe though. They would probably sit together and talk about it." (Non-smoker, female, Bangladeshi background, age 18).*

> "In my opinion, parents would be ashamed and upset. Maybe a few lectures from the father." (Non-smoker, male, Bangladeshi background, age 16).

One participant expressed a view that demonstrated how parental own smoking might affect parental attitude toward their child smoking. For example, a 19-year-old British Bangladeshi female reported in her interview:

> *"In some families, parents may react differently, like, for example, if they themselves smoke they will be more lenient towards their daughter's smoking. Because obviously kids are influenced by their parents. So I think generally they would be disappointed, but then, they have to put on themselves to back the kids." (Non-smoker, female, Bangladeshi background, age 18).*

Unlike British Bangladeshi respondents, the British Pakistani respondents expressed mixed views about how their parents would react if they would see their children smoking. While some thought their parents would react the same way as reported by British Bangladeshi respondents, others suggested that their parents would react more harshly and could even opt to physical violence. One female respondent, for instance, reported, how she would be disowned if she would be seen smoking. Another described how her parents would punish her or kick her out of the family.

> *"None of our family members smoke, so it's an unacceptable behaviour. If we smoke, they won't really be with us, as they will consider us corrupt people. If my father found out, he would slap me or even kick me out from the family." (Non-smoker, female, Pakistani background, age 18).*

> *"To be honest, it's impossible for me to smoke, coz I know what would happen. If my parents caught me smoking, I am gone." (Non-smoker, female, Pakistani background, age 17).*

Family's efforts to maintain relatively strict and fixed boundaries around female smoking seemed to be reinforced by their community. There was a general feeling across Bangladeshi and Pakistani groups that even if women were outside their family's gaze, their relatives and fellow community members scrutinised their behaviours, and this limit their chances to smoke. A number of participants described how they were subject to this kind of social control. When they were asked how their community members will react if they would see a female smoking, both genders reported that it would reflect as a shame for the whole family and would be reported to the parents in most of the cases. As a 20-year-old young British Bangladeshi female, make clear:

> "*They [the community] will take it in a wrong way: they will think it's shameful. If they know the family, they will have a word with the parents, and will say look your children are acting like this." (Non-smoker, female, Pakistani background, age 17).*

Interestingly, some of the participant's responses indicated that their parents might be less upset with their actual smoking behaviour than with the need for them to avoid being seen smoking by others, particularly when it comes to female smoking. This finding demonstrates that boundaries around certain behaviours like smoking may be transgressed only where evidence of breaches become more apparent. A 19 years old British Bangladeshi female's account below exemplifies such a possibility.

> "*My father had once seen me smoking with one of my cousins, and I was surprised when he didn't react harshly. He came to me and just said, look, make sure you do not repeat the same mistake again. If someone else had seen you smoking, I would have kicked you out from the family. " (Smoker, female, Pakistani background, age 19)*

Religion

Both British Bangladeshi and British Pakistani young men and women described how smoking was generally viewed in their religion. Overall, respondents held conflicting views about the acceptability of smoking in their religion. Some thought that smoking was not completely forbidden in Islam. These views were particularly consistent among young British Pakistani men and women and were mostly justified by the fact that cigarette was a more recent invention, and therefore did not exist at the time of Prophet Muhammad and at the time of the revelation of the Quran.

> "*Cigarette smoking didn't exist at the time of Prophet Muhammad, that's why; it's not so specific; there is no Hadith (saying of the Prophet) or verse in the Quran that says directly that you are not allowed to smoke." (Non-smoker, male, Pakistani background, age 18)*

> *"Obviously back in those days, the cigarette was not known but drinking was, and that's why drinking is haram {Prohibited}. Because it messes up your mind and it takes away all your thinking." (Non-smoker, female, Pakistani background, age 20)*

Other participants, particularly young British Bangladeshi men and women, held rather critical opinions about the use of cigarette in Islam and explained their views through Quranic interpretation and sayings of the prophet Muhammad which were mostly linked with modern religious beliefs about the negative effects of cigarette smoking.

> "*In our religion, obviously, it says in the Holy Quran that it is haram [prohibited] to damage your body. As smoking damages your body, it is not acceptable in Islam." (Non-smoker, male, Bangladeshi background, age 19).*

> *"Smoking is viewed as haram {prohibited}, but people say its makroh which means it's disliked [religiously] but, you can still do it. I think people shouldn't smoke anyways, because Islam says that don't make your own hand destruction for yourself." (Non-smoker, female, Bangladeshi background, age 16).*

Interestingly, such views were prevalent among some current British Bangladeshi smokers as well. When we asked why they smoked if they thought smoking was prohibited in their religion, they compromise to reconcile their Islamic identity with an un-Islamic practice. For example one of the British Bangladeshi male accounts on smoking revealed how his religious identity collides with their youthful desire of smoking and how he tried to reconcile this so as to make it compatible with living in a modern world.

> *"As I said, smoking is forbidden in Islam, but you know we are living in the 21st century which makes it very difficult for young people like us to avoid certain activities*

like smoking. When I smoke, I usually feel like I am on the wrong side and that's why I often ask for forgiveness. But I can't leave it [give up] as it is an important part of my life." (Smoker, male, Bangladeshi background, age 19)

To understand if religion contributed to gender differences in the acceptability or unacceptability of smoking, respondents were asked to what extent males and females were allowed to smoke in Islam. The majority of respondents, both British Bangladeshi and British Pakistani young men and women, agreed that when it comes to religion, gender differences tended to disappear.

"*Islamically, smoking is not good for both men and women: if something is unacceptable for a man, 99% it will be unacceptable for a woman, as well." (Non-smoker, male, Bangladeshi background, age 18)*

"Religiously, it's not gendered: smoking is unacceptable for both." (Non-smoker, female, Bangladeshi background, age 20)

Some of the participants were able to distinguish between religion and culture in the context of the above question. They cited many phrases from the Quran and their own examples of cultural experiences in support of this, while pointing to the ignorance of many others. A young British Bangladeshi male's account below, for example, illustrates such a distinction between the two.

"*Many people don't know Islam, and they use some of the patriarchal ideas that they think are Islamic, which are not. As for as smoking for men and women is concerned, when it comes to religion, wrong is wrong, right is right; when it comes to culture they bend the rules a bit. In religion, if something is wrong, it's wrong for all." (Non-smoker, male, Pakistani background, age 17).*

5.5 Discussion

In the introduction section, we argued that smoking rates in the UK are well documented in the literature (Anthony et al., 2013; Hussain et al., 2017) but there is a lack of research available on gender differences in smoking related attitude and behaviours among minority youth. Our analysis was intended to highlight how such differences could be examined in two different ethnic groups sharing similar cultural and religious traditions and beliefs. Our results show that, to a large extent, cigarette smoking attitudes and behaviours of both British Bangladeshi and British Pakistani young men and women were influenced by the intersection of various cultural and religious factors. The use of both,

individual and group interviews have played equally important role in this context, allowing relevant and significant themes to emerge from the data.

The smoking and gender theme highlight masculinity and femininity with regard to smoking and linkages to masculine and feminine ideals. Our analysis shows that in both Bangladeshi and Pakistani communities, smoking was regarded as highly gendered. Smoking was largely viewed as a masculine habit. Male smoking was perceived by both, males and females to convey masculinity, where descriptive words such as “mature”, “Macho” and “real men” were used. This finding supports the popular notion that young men smoke in an attempt to appear more grown up and masculine (Lloyd & Lucas., 1998). Beside the symbolic significance, smoking was also used by young men to construct hegemonic masculinities such as through excessive consumption of cigarette and through supporter’s role as breadwinners for their families. This finding is consistent with previous studies (Bottorff et al., 2006; Ng et al., 2007; Oliffe et al., 2010) showing a link between hegemonic masculinity and smoking.

The second theme highlights how cultural values and norms reinforce gender inequality in attitudes and behaviours related to smoking. Studies reporting on gender and smoking in the UK have shown that South Asian cultures have restricted women’s opportunities to smoke (Markham., 2001: Bradby., 2007). Consistent with this finding, both genders in our study reported that female rights to smoke were curtailed by their parental culture, particularly in the form of stigma. This kind of stigma was directly linked with prescribed gender roles in the South Asian culture, in which female experience higher levels of disparaging for their smoking than their male counterparts (Bradby., 2007), where smoking is considered an acceptable behaviour among men and unacceptable among women. This theme also highlights how young females experience and negotiate smoking-related stigma and how this affects their gender identity. By recognising the harmful impact of stigma, some non-smoker females for example, were able to regard such stigma as positive, indicating that these young females were converging toward their parental culture. In contrast, some female smokers were ready to accept a stigmatised identity, indicating their divergence from their parental culture. This last finding is particularly important as it shows that young British South Asian Muslim women are exercising agency over their choices such as smoking. By doing so these young women are

constructing new gender identities which shape their attitudes and behaviours toward cigarette smoking as a practice through which they challenged restrictions imposed on them by their parents.

The third theme, family, community and smoking explored the ways families and communities affect young people's smoking behaviours. The findings of this study indicate that family and community play an important role in constituting and regulating cultural norms and acceptance around gendered smoking. In a culture regulated by shame and honour, young females usually bear the higher burden of upholding the family and community honour (Khanum., 1992). Their behaviours are therefore more frequently scrutinised by their family and community members. A violation of the prescribed norms may be seen as a violation of the honour of the family and community for which the female will face the consequence

The last theme, smoking and religion represent how religion affects the smoking behaviours of UK Bangladeshi and Pakistani youth. As identified in earlier studies (Kelleher., 1996; Bradby, 2007), religion plays a vital role in influencing South Asian people's attitudes and behaviours, particularly towards smoking. Consistent with these findings, our analysis shows that religion was crucial in shaping young people views about smoking. However, such views were expressed in varying and contradictory ways, indicating that the position of Islam toward smoking still remains debatable

Comparing two South Asian ethnic groups

The lack of research on smoking behaviours among South Asians in the UK may partly be attributed to the fact that South Asians have usually been aggregated into a broad "Asian" category (Manderski et al., 2016), thus potentially masking subgroup similarities or differences as well as preventing comparisons in attitudes and behaviours between subgroups. However, considering the rapid growth of some South Asian groups in recent years, it is methodologically possible to examine and compare smoking behaviours among specific subgroups. Such comparisons are beneficial and often generate new and useful results. For example, in our case, we found that many of the factors influencing smoking attitudes and behaviours among Bangladeshi and Pakistani groups were relevant to all

people. There were often specific elements of culture and religion that shaped the views and behaviours of young people regarding cigarette smoking.

Limitations

Our study has several limitations. One important limitation is that our study is limited by its cross-sectional research design which limits our ability to infer causality between the identified factors and smoking-related attitudes and behaviours. While this was a necessity given the limitations of time and resources available, we recognise that a longitudinal study would have been the best option to obtain more evidence on causality. Selection bias is another potential limitation of our study. Keeping in view the narrow age range (16-20) of our participants, we only recruited participants from higher education institutions. Our sample is therefore not entirely representative of the young British South Asian Muslim population and the results of this study should thus be interpreted keeping this bias in mind. Another limitation is that our study has a relatively small sample of young British Bangladeshi and British Pakistani participants and within this; the number of female was comparatively lower. This means that it was not possible for us to make more nuanced gender comparisons across ethnic groups. It was possible that with a larger sample size and with a higher inclusion of female in our sample, we could have thoroughly examined gender differences. However we still believe that the use of group interviews in this study has made it possible to recruit adequate young female participants needed for meaningful analysis and generate the same useful information that would have been in the case of a larger sample size (Krueger, 1994:144).

Implications for policy research

Our study has implications for both future research and practice. We have identified some important factors influencing smoking behaviour of young British Bangladeshi and British Pakistani men and women and therefore add to the existing literature on smoking behaviour of these ethnic groups. Our results could guide future research in other large and heterogeneous South Asian ethnic groups, hence increasing the external validity of our results. Our results also indicate that cultural and religious influences on youth smoking are significant and therefore an understanding is essential to the development of smoking cessation policies that are culturally and religiously appropriate for such communities.

Chapter 6: Paper three (Early smoking initiation among young Bangladeshi and Pakistani men: a qualitative study)

6.1 Abstract

Background: Compared to the general population both Bangladeshi and Pakistani men have the highest smoking rates in the UK, making this a public health issue. Among all adult smokers in the UK, more than 80% of smoker starts before the age of 20. Stopping smoking at an earlier age will, therefore, have a significant impact on the overall smoking prevalence among adults, including a reduction in the smoking rates among Bangladeshi and Pakistani men in the UK. While research efforts to identify the underlying factors contributing to the earlier smoking initiation among youth in the general population are well documented in the literature, little is known about how such factors influence initiation of smoking among British Bangladeshi and British Pakistani youth.

Methods: A qualitative study was conducted in the city of Southampton, UK. The participants of this study were 25 young men aged between 16 and 20 years. They were recruited from Southampton City College and Southampton University using purposive sampling techniques. Individual and groups interviews were conducted with 13 smoker and 12 non-smokers and were audio recorded and transcribed word by word for the extraction phase. The transcribed interviews were entered into data analysis software, NVivo and were then analyzed using thematic analysis approach.

Results: Two themes with seven thematic subcategories emerged in the analysis. The themes were peer influences with three subthemes included peer pressure, peer facilitation and best friend. Family influences with four subthemes included family members smoking, household smoking restriction, parenting authority and parent-child commutation.

C**onclusions**: Our study yield detail information about the immediate environment in which young British Bangladeshi British and Pakistani men were exposed to risk and protective

factors of early smoking initiation. Overall, our findings point to the importance of peer influences as a risk factor and family influences as a protective factor for early smoking initiation. In designing intervention programmes, it is necessary to take into account the protective effect of family influences that might mitigate the risk effect of peer influences in early smoking initiation.

6.2 Introduction

Smoking is a major risk factor for several diseases and is the leading cause of preventable deaths in the UK (ASH, 2017). Although the overall rate of tobacco use among UK adolescents continued to decline in recent years, the rate of smoking initiation remains high. Every year an estimated 207,000 young people initiate smoking in the UK (Hopkinson et al., 2014). Among adult smokers in the UK, more than 80% reported that they took up the habit before the age of 20 (Robinson & Bugler, 2010). Earlier smoking initiation is associated with an increased risk of regular smoking, a decreased chance of quitting and a higher mortality rate (Royal College of Physician, 2010). Thus, it is necessary to discover factors affecting early smoking initiation among young people if we are to design effective prevention programmes.

Numerous studies conducted in the United Kingdom have examined risk factors for smoking initiation among young people (Woods et al., 2008; Graham et al., 2006; Viner et al., 2006; Rodham et al., 2005; Amos et al., 2004; Hastings, 2003). These include personal (i.e. age, gender, ethnicity, dependence, substance abuse, self-esteem), familial (i.e. parental smoking, parental communication, parenting styles, parental socialisation), social (i.e. peers, attitudes and norms, access to cigarettes) and environmental (i.e. pricing, promotion and marketing) factors. The most consistent findings in the smoking literature pertain to the role of family and peers in an adolescent's smoking initiation (Woods et al., 2008: Peterson et al., 2006), while there is emerging evidence for the causal impact of environmental factors such as mass media campaigns (Carson et al., 2017) and indoor smoking bans (Jones et al., 2011: Emory et al., 2010).

Whereas several studies have examined risk factors amongst the youth in the White population, few studies have examined these in the South Asian communities. Over the last two decades, some of the South Asian ethnic groups have become the fastest growing ethnic minority groups in the United Kingdom. For example, the number of

people of Pakistani and Indian origin in the UK increased by approximately 0.4 million while those of Bangladeshi origin increased by about 0.2 million between 2001 and 2011 (ONS, 2012). Smoking patterns among ethnic minorities may change with the changing size of ethnic groups in the UK. Studies on these groups are therefore crucial to examine smoking prevalence as well as associated factors. One particular case in this context is the increase in smoking prevalence among Bangladeshi and Pakistani groups where higher smoking rates are recorded as compared to those recorded in 1990's. For example, according to the 2004 Health Survey of England, the latest available survey from HSFE on smoking and ethnicity, smoking prevalence among Bangladeshi (40%) and Pakistani (29%) male were higher than that in the general population (24%)(Information Centre, 2004). Although, significantly lower smoking prevalence rates were recorded among both Bangladeshi (2%) and Pakistani (5%) females.

Despite the fact that smoking is generally considered haram (forbidden) in Islam, higher smoking prevalence rates among Bangladeshi and Pakistani men is a matter of some public health concern and needs adequate attention. To accomplish a long-term reduction in smoking prevalence amongst the Bangladeshi and Pakistani communities we need to identify underlying factors which contribute to smoking initiation. To date existing research on the smoking behaviours of British South Asian Muslims have primarily focused on adult populations (Begh et al., 2011; Goddard., 2006; White et al., 2006; Bhopal et al., 1999) little research has focused on the smoking behaviours of young British South Asian Muslims. And to the best of our knowledge, no study has investigated factors influencing smoking initiation among British Bangladeshi or British Pakistani adolescents.

Several theories have been applied to study cigarette smoking among young people. Amongst these theories, one of the most important and well researched is the social learning theory (SLT) presented by Albert Bandura in 1977.Unlike other behavioural theories which focus on cognitive function such as perception, memory and attention, Social Learning theory focus on human learning process based on social context. The social learning theory emphasizes that observation and imitation play a significant role in determining how young people learn new behaviours.

Social learning theory is particularly useful in understanding early stage of adolescents smoking initiation as learning operates during this phase. Social learning theory has two main tenets which show the development of smoking behaviours among young people. First, children observe smoking behaviours of their models (e.g., peers and parent) and subsequently try themselves. Secondly, children imitate smoking behaviours through the observation of reward and punishment. Hence the theory suggests that smoking initiation mainly occur through the process of observation and imitation. The length and frequency of observation and imitation according to smokers or smokers with whom they have more frequent contacts.

In accordance with Social learning theory several studies have provided empirical support for the relationship between peers, sibling and parental smoking and young people smoking initiation. For example, it has been found that having friends who smoke significantly increases the chances that a teen will also smoke (Alexander et al., 1991; Lundborg, 2006). Similarly exposure to parental smoking in childhood has been associated with higher risk of smoking initiation (Leonardi - Bee et al., 2011; Gilman et al.,2009),the risk of smoking among young people increases if the number of role models increases (Peterson et al., 2006),higher exposure to parental smoking increases the likelihood of young people smoking initiation (Den Farkas et al., 1999; Den Exter Blokl & et al., 2004).

In response to the dire need to understand risk factors for smoking initiation among South Asian Muslim populations, this study used a qualitative approach to explore various determinants of smoking among youths. Particularly, we sought to understand the different risk and protective factors leading to the early initiation or avoidance of cigarette smoking by young British Bangladeshi and British Pakistani men. We focused on men only in our study, because the rates of smoking in these ethnic groups are significantly higher than those found for women, as discussed above. It is anticipated that the findings of this study may be further utilized in designing smoking intervention Programmes suitable for young British Bangladeshi and British Pakistani men.

6.3 Methods

Study Design

A qualitative study design using groups and individual interviews as a method of data collection was used to explore smoking initiation among young people. The qualitative approach has gained momentum in tobacco research more broadly in the recent years and has been extensively used to study a diverse array of topics, including smoking initiation among ethnic minority youths (Walsh and Tzelepis, 2007). Group interviews are specifically useful for assessing the diverse views or shared understandings of a particular phenomenon of interest (Rice & Ezzy, 2004) while individual interviews are particularly useful in exploring individual experiences and gaining a deeper understanding of a complex phenomenon of interest (Denscombe, 2003). Both groups and individuals interviews were conducted in Southampton, a city in the south of England. Out of 16 semi-structured interviews conducted, 13 were individual interviews, and the remaining three were group interviews consisting of four participants in each group.

Participants and setting

Twenty-five male students from Southampton College and Southampton University took part in the study. They were the same participants who were interviewed for the first qualitative paper. They were UK-born second and third generations individuals (16-20 years of age), from Bangladeshi and Pakistani ethnic backgrounds. Out of twenty-five participants, thirteen (seven from Bangladeshi and six from Pakistani ethnic backgrounds) were smokers, and twelve (six each from Bangladeshi and Pakistani ethnic backgrounds) were non-smokers. A smoker was defined as someone who at the time of interviews smoked cigarettes occasionally or regularly. Whereas a non-smoker was defined as someone who at the time of interviews did not smoke cigarettes.

Data Collection Procedure

The University of Southampton ethic committee approved this study protocol. Following ethical approval from the university and written permission from the college, participants in this study were selected purposefully; whereby they were selected according to the following selection criteria: (a) aged between 16-20 years old, (b) willing to participate in

the study, (c) agree to have their interviews recorded, and (d) able to sign the consent form. They were recruited through the distribution of flyers, through student unions and sports clubs, emails and by posting flyer advertisements on notice boards. To encourage participation respondents were offered a small amount of money as remuneration. As a standard procedure, prior to groups and individual interviews, all participants were assured about their anonymity and confidentiality. They were then briefly informed about the aims of the study and were asked if they will be willing to participate. Those who decided to take part were asked to sign the consent form and were given a debriefing sheet at the end of the interviews.

A semi-structured interview guide consisting of 15 open-ended questions along with probes was developed by the first author and was subsequently reviewed and checked by the co-authors. The first author conducted all of the interviews. Individual interviews lasted between 30 to 60 minutes, whereas group interviews lasted between 60 to 120 minutes. Both individual and groups interviews focused on different areas related to smoking initiation. All of the interviews started with introductory questions with the aim to build up a degree of familiarity and to encourage participants to begin talking about cigarette smoking. The author then focused on more specific questions to steer conversations towards smoking initiation until data saturation had been achieved (i.e., until no new themes or perspectives emerged). All of the interviews were conducted in English and were tape recorded and transcribed by the first author.

Data analysis

To address the gaps in existing literature, we agreed to identify themes within the data which were not known at the beginning of the study. Therefore, we chose to analyze our data using Braun and Clarke, (2006) inductive thematic analysis approach - a qualitative analytic method widely used for "identifying, analysing and reporting themes and patterns within data" (Braun and Clarke, 2006:79). Data analysis for this study was facilitated through the use of NVivo 10, a computer software programme used for data organisation and analysis. According to Braun and Clarke (2006) the use of NVivo 10 allow the researcher to easily fracture the interview data, move data from one code to another and to affectively document the data as it is analyzed. The data analysis process involved the six-step approach involving familiarizing with the data, generating initial code,

searching for themes, reviewing themes, defining and naming themes and finally, reporting patterns(themes) within data(Braun and Clarke,2006).

6.4 Results

After using Braun and Clarke's (2006) six-step thematic approach, our analysis identified two major themes in the interviews data that were found to affect earlier smoking initiation among young British Bangladeshi and British Pakistani men. They are further organized into a range of subthemes which will be discussed in detail below.

Theme 1: Peer influences

This theme explores how peers provide opportunities for young people to initiate smoking. Our analysis shows that the decision of young British Bangladeshi and British Pakistani men to start smoking was strongly influenced by their peers. Three sub-themes emerged from our analysis of peer influences: Peer pressure, peer facilitation and best friend.

Subtheme 1: Peer pressure

The term peer pressure is generally defined as the pressure people experience to take on certain attitudes and behaviours in order to be accepted as part of a peer group (Gonzalez, 2008). Peer pressure can be indirect where people change or accept attitudes and behaviours based on perceived group norms or can be direct where people are directly encouraged or forced to take on such attitudes and behaviours. Both young British Bangladeshi and British Pakistani men in our study reported how their smoking was typically initiated in a context where such pressures were present. For some young British Bangladeshi and British Pakistani men, it was the result of an indirect pressure which led to the initiation of smoking. This was expressed as wanting to be part of a peer group where everyone else smokes, or smoke in order to fit into the peer group or smoke to fit in line with the norms of a group. The following quotations illustrate this:

> "*Basically, I didn't want to smoke in the first place, but there was a group of friends I had who smoked. I was feeling left out, so I joined them just to be a part of that group". (Smoker, 17 years old, Bangladeshi background).*

"How did I start smoking? Okay, I would say to fit into a group. I had a group of friends in school, and all of them were smokers, so I wanted to fit in line with the group". (Smoker, 16 years old, Pakistani background).

In contrast, for the majority of young people, direct peer pressure was the ultimate cause of their smoking initiation. In some instances, participants in our study reported that they were encouraged to start smoking in a peer group; in others, they reported feeling forced into smoking by members of the groups. This process of peer pressure, whereby young people take on the smoking behaviours of their peers in order to be accepted into a group, was a theme that cut across British Bangladeshi and British Pakistani participants, as are evident in the following quotations below.

"I started when I was in school. I remember, one of my friends lit the cigarette and said, smoke, smoke, look, everyone else is smoking, you will look cool". (Smoker, 17 years old, Bangladeshi background).

" Oh yes, my friend told me to have this, they put it in my mouth as well, I disagreed with them, no I don't want to smoke, but they said you have to smoke if you're going to be a part of the group. Then I tried one as well, and that's how I started". (Smoker, 18 years old, Pakistani background).

"It happened when I was 14. I was asked to smoke or leave the group. I had no choice: I was forced to have one". (Smoker, 17 years old, Pakistani background).

Interestingly, the responses of some participants in our study indicated that certain factors, such as self-esteem can moderate the effect of peer pressure. This was especially evident in the account of some non-smoking British Bangladeshi young men,s hence indicating that a higher self-esteem seems to be a protective factor against early smoking initiation.

"They ,{peers} will always encourage you to start smoking, but I think it all depends on how strong you are. If you believe in yourself, you will never start smoking, but if you have like low self-esteem, you will start smoking and face lifetime imprisonment of smoking just for the sake of your friends". (Non-smoker, 19 years old, Bangladeshi background).

"If you smoke because of some peer pressure, this means you have such a low sense of self-worth that you depend on others. My friends offered me a cigarette when I was 13, and I refused. I told them look if you are going to force me I am gonna leave you. I now have many friends who smoke, but I am never with them when they are smoking, and so they don't hang around me. It's that simple". (Non-smoker, 17 years old, Bangladeshi background).

The above quotations indicate the importance of moderating effects and highlight the need to further explore other moderating variables that may operate, particularly when examining peer influences on adolescents smoking initiation.

Subtheme 2: Peer facilitation

In addition to the theme of peer pressure, some respondents emphasised that their smoking initiation was just a personal choice and that they were only facilitated by their peers to initiate smoking. This is exemplified in the following quotations, where young Bangladeshi and Pakistani male smokers comment on their initial smoking experiences.

> *"People always want to try something that they haven't tried before. They might think let's see what it is about, but when they try it, they might like it, or may not like it. I wanted to see what it is about, so my friend gives me one, and that's how I started". (Smoker, 16 years old, Bangladeshi background).*

> *"First time I smoke with my friends in school because everyone was smoking and making me think why is everyone smoking, what's so new about smoking, so let's try one". (Smoker, 16 years old, Pakistani background).*

Similar statements were made by some non-smoking young British Bangladeshi and British Pakistani men where they commented on their own initial experiences of how they rejected different offers of cigarettes from their peers.

> *"This,{smoking} is one of those things that people do for themselves and no one can force you to smoke unless you are willing to do so. I never wanted to be a smoker so, every time my friends offered me a cigarette I simply refused". (Non-smoker, 17 years old, Bangladeshi background).*

> *" Lots of my friends smoke. I remember so many times they offered me cigarettes and would ask if I wanted to go out for a smoke with them, and I'm like sorry I don't smoke, you do your bits I will do mine". (Non-smoker, 18 years old, Pakistani background).*

This finding contradicts the above findings where peer pressure was the ultimate cause of smoking initiation, emphasizing that any offers to initiate smoking were subject to rejection and individuals have a choice about their own smoking behaviours. If a personal choice can indeed play a role, then future studies should more thoroughly examine this unique aspect of peer influences.

Subtheme 3: Best friends

The nature of friendship also seemed to play an important role. The distinction between a best and a real friend was a consistent topic of discussion and was strongly associated with the smoking initiation of young people, particularly among the British Pakistani youth. Several participants in our study reported how their best friends offered them cigarettes and how hard it was for them to refuse any such offers.

> *"Well, I tried my first cigarette with my best friend. He has always been the one who supported me through the good times and the bad. We had known each other for years, and when he offered me a cigarette, I couldn't resist". (Smoker, 16 years old, Pakistani background).*

> *"I had a buddy in school, and he was the best friend I ever had. The first time he offered me a cigarette I refused, but I was feeling selfish, so when he shook his head again, I said, ok, I will try one for you, and that's how it started". (Smoker, 17 years old, Pakistani background).*

In contrast, some non-smoking British Bangladeshi and British Pakistani men believed that a real friend would never persuade you to take up smoking as the health consequences of smoking are so obvious. A young British Bangladeshi participant for example explained:

> *"A real friend will never make you do things that aren't safe for you. Everyone knows that smoking is harmful so if one of your friends is offering you a cigarette, he wouldn't be your best friend". (Non-smoker, 17 years old, Bangladeshi background).*

Interestingly, one of the participants commented on his own experience of how he convinced his best friend to stop smoking, hence indicating that the nature of friendship can provide an element of both `risk toward' and `protection from' smoking behaviours. The protective effect is well exemplified in the following comments made by one of the young British Bangladeshi men.

> *" One of my best friends quit smoking because I often used to advise him to get rid of this deadly addiction. In the beginning, I was not sure if I would be able to convince him to quit; as I knew I was a bit harsh on him. However, when I realised he kept listening to me, I adopted a softer approach, telling him about the demerits of smoking and making him aware of the consequences of smoking". (Non-smoker, 20 years old, Bangladeshi background).*

Theme 2: Family influences

This theme highlights how family influences early smoking initiation among young British Bangladeshi and British Pakistani men. Four subthemes are reported here: Family members smoking, household smoking restriction, parenting authority and parent-child communication. The results in relation to each of the subthemes are addressed in detail below along with the illustrative quotes.

Subtheme 1: Family members smoking

Our analysis shows that the number of smokers in the family particularly that of parents, have strong influences on young people's smoking initiation. For example, some British Bangladeshi and British Pakistani non-smoking participants in our study reported that the reason they did not start smoking earlier was that none of their family members smokes. Their responses indicated that the presence of non-smokers in the family makes not smoking a norm for the rest of the family members.

> "*My father doesn't smoke, my mother doesn't smoke and nor do my grandparents, and so that is the reason why I didn't start smoking". (Non-smoker, 16 years old, Pakistani background).*

> *"I didn't start smoking because of my family. No one in my family smoke and therefore now it has become a rule, that no one will smoke in the future". (Non-smoker, 17 years old, Bangladeshi background).*

In contrast, a minority of smoking participants reported that parental smoking indeed played an essential role in their decisions to start smoking. However, there was a very little indication of direct influences such as easy access to cigarettes or persuasive verbal attempts from parents. Instead, there was clear evidence for indirect influences such as modelling and observation which contributed to young people's smoking initiation. A young British Pakistani described his experience in the following words:

> *"I would say my parents did play a role, 'cause I was brought up in an environment where my father smoked, so when I was younger, I was exposed to smoking and stuff like that, so eventually, it made me curious, I took a cigarette and tried one". (Smoker, 17 years old, Pakistani background).*

Some young British Bangladeshi and British Pakistani participants also acknowledged the role played by their elder siblings. A young British Bangladeshi's account, for example, shows how he was offered a cigarette and how this led to his smoking initiation:

> *" It was a year ago when I went out for a walk with my elder brother. He took out a packet of Carlton and said: 'Would you like to try one? ' I was shocked and felt like I wanted to try one as well. I said, yes, I took out one, and he let me smoke. At first, it wasn't a good experience, but then it tasted really good. Since then I became addicted". (Smoker, 16 years old, Bangladeshi background).*

Subtheme 2: Household smoking restriction

Another way through which parents influenced young people's smoking initiation was through household smoking restrictions. In general, both British Bangladeshi and British Pakistani young men reported strong smoking restrictions in their households. These restrictions were entirely non-spatial, which means smoking was not allowed anywhere in their houses, including both indoor and outdoor premises. Two participants made the following comments to the question of household smoking restrictions:

> "*The reason I didn't start smoking was that I had been raised in a smoke-free house where smoking has never been allowed". (Non-smoker, 17 years old, Bangladeshi background).*

> *" No one is allowed to smoke in our house; it's a complete ban". (Non-smoker, 18 years old, Bangladeshi background).*

Interestingly, according to some British Bangladeshi participants, age seemed to have influenced the acceptability of smoking in their houses. Because of the elder's respected status in Bangladeshi communities, the respondents regarded it as more acceptable for older men. Some British Bangladeshi participants in our study complained against such hypocrisy, where young people are not allowed to smoke at all while elders are permitted to smoke openly and everywhere in the house.

> *" They ,parents- smoke around us but do not allow us to smoke around them; I don't understand this kind of duplicity. (Non-smoker, 19 years old, Bangladeshi background).*

> *"Smoking is not allowed anywhere in our house, but I think there is some hypocrisy, because our parents say no one is allowed to smoke, but they don't follow their own regulations".* (Non-smoker, 17 years old, Bangladeshi background).

Subtheme 3: Parenting authority

Parenting authority also seemed to play an important role. Our analysis shows that authoritarian parenting serves as a protective factor against earlier smoking initiation. In response to the question about parental strictness, both British Bangladeshi and British Pakistani young men described their parents as stricter on the issue of smoking. However, some variation in the degree of strictness was evident across Bangladeshi and Pakistani ethnic groups, and this was what stopped most respondents from taking up smoking. A young British Bangladeshi man, for example, shared his experience in the following words:

> *"The main thing that prevents me from smoking is the fear of being caught by my parents. If they would see me smoking they would get upset to see me doing such an awkward act". (Non-smoker, 16 years old, Bangladeshi background).*

Unlike Bangladeshi participants, Pakistani participants in our study reported how their upbringings had been much stricter. When they were asked about the reason that they didn't start smoking, a number of participants reported that they were scared that their parents would find out about their smoking and this would result in severe punishment. As one British Pakistani participant stated:

> *" My parents are relatively old fashioned so if they would come to know about my smoking, they would kick me and might try to do something harsh". (Non-smoker, 18 years old, Pakistani background).*

Subtheme 4: Parent-child communication

Parent-child communication was another crucial factor that influenced the early onset of smoking among British Bangladeshi and British Pakistani men. Several non-smoking participants in our study reported that their parents had communicated with them about cigarette smoking. This was particularly true for young British Bangladeshi men. However, the protective effect of such communication, when it did occur, seemed to be the same across both ethnic groups. The messages received in such communication were mostly related to the danger of cigarette smoking, as illustrated by the following quotes:

" My family raised me not smoke. They said it's a bad thing for your health. My parents told me don't ever do it because you will get addicted more and more and you could die".(Smoker, 16 years old, Bangladeshi background).

"In my case, I didn't try to smoke because I was made aware of the consequences. My mother says my grandfather had lung cancer because of smoking. He died in Bangladesh a couple of years ago, and he used to smoke a lot of cigarettes. She always tells me about this". (Smoker, 17 years old, Bangladeshi background).

Interestingly, similar findings have been identified in certain situations where parents themselves smoke, hence indicating that parents who smoke can still undertake successful efforts to influence their children's decision to smoke, irrespective of whether they themselves smoke.

6.5 Discussion

Our intention in undertaking this study was to examine factors affecting early smoking initiation among Bangladeshi and Pakistani ethnic groups where men have higher smoking prevalence rates than the general population. A number of findings emerged from this study. An understanding of these findings may be beneficial in designing smoking cessation programmes to reduce smoking rates among Bangladeshi and Pakistani communities. Some major findings from our study are in line with earlier UK studies. For example, within the social stream of influences, peer and family are among the most important and consistent factors affecting earlier smoking initiation (Kobus, 2003). These finding largely support the notion of social learning theory which states that for young people their immediate social environment (e.g. peer and family network) play a significant role in smoking initiation.

At the peer level of influences, we found that the decision of young British Bangladeshi and British Pakistani men to start smoking was clearly affected by peer smoking in the form of peer pressure, personal choice, and by the smoking behaviour of a best friend. These finding are consistent with previous studies conducted on other ethnic groups which show how young people have experienced peer pressure from their friends to smoke (Denscombe, 2001; Brook et al., 2006), how peers who smoke have facilitated

their non-smoking friends to smoke (Walsh & Tzelepis., 2007; Johnston et al., 2012) and how best friends have played a crucial role in the initiation of cigarette smoking (De Vries et al., 2003; Livaudais,2007). Our findings also indicate that specific peer characteristics can also have protective effects on young people's smoking behaviours. For instance, we found that a best friend can successfully persuade their smoking friends to stop smoking. This finding is important and needs to calls for further research on the role of a best friend and how this can be integrated into smoking prevention programmes.

Regarding family influences, we found more evidence in favour of protective effects than risks, with fairly consistent findings that specific parental factors were associated with lower probability of smoking initiation. Of the familial risk factors identified in our study, two critical factors have been found to have a significant effect on early smoking initiation, parental own smoking and the numbers of smoking models in a person's immediate environment. The results for these factors are consistent with the earlier literature on the risk factor where several UK studies (e.g. Mays et al., 2014: Leonardi - Bee et al., 2011) have found evidence that the initiation of cigarette smoking was strongly associated with parental and sibling smoking.

In contrast to the above familial risk factor, our finding indicates that parental anti-smoking socialisation acts as a strong deterrent to early smoking initiation. The findings of our study indicate that young people who were raised in a smoke-free household and who were exposed to authoritarian parenting style were less likely to have reported smoking initiation. Similarly, adolescents who have received antismoking messages from their parents were more likely to have reported abstinence from smoking. These findings contradict the finding of some earlier studies conducted on other ethnic groups. For example, Mahabee-Gitten et al.,(2012) compared the protective effect of parental practices on White, Hispanic and African -American youth aged 9-18 and found that home smoking bans were not protective against smoking among all the three ethnic groups. In another study conducted on 537 White adolescents, Ennett et al., (2001) also found no relationship between parent-child communications and smoking initiation. A similar finding was reported by Den Exter,(2006), who conducted a study on 600 Dutch families and found that antismoking messages and household smoking restrictions were not significant in preventing young people from smoking initiation. Our findings regarding the

positive parental effects on youth smoking initiation as discussed above are unique and offer new insight into how family based smoking prevention programmes may be design for South Asian ethnic groups.

Overall, the findings of this study indicate that peers played a more crucial and dominant role than family in contributing to the early initiation of cigarette smoking among young British Bangladeshi and British Pakistani men. In contrast, family played a more protective role against early smoking initiation. The findings observed for the relative importance of peers as a risk factor can be attributed to several reasons. A possible reason may be the amount of time young people spend with their peers. While adolescents spend more time with their parents during early childhood, it is usual that during later childhood they spend most of the time with their peers (Bearman, 2002) and this may increase their vulnerability to experimentation and initiation. Another reason why peers are more influential in the initiation process is that peer relationships tend to be more egalitarian, meaning that peers can assist young people to pull away from parental authority, form stronger bonds with their peers and freely engaged in behaviours like smoking.

Limitations of the study

This study has certain limitations. First, as we only included a relatively small sample of Bangladeshi and Pakistani respondents and they were only recruited from a college /university setting, the results of our study, therefore, may not be generalizable to a more extensive population of young people in Bangladeshi and Pakistani communities. It could be argued that young people who choose to attend a college or university course usually demonstrate a higher level of independence from their families than may be the case in other young people, in which case the effect of the family may not be as apparent as the effect of peers. Second, our study is limited to a particular stage of smoking known as early smoking initiation, and we did not take into account other stages such as the experimentation or progression stages. The inclusion of these would have allowed us to identify many more risk and protective factors for smoking initiation and progression as has been found in studies conducted elsewhere (e.g. Talip et al.,2016: Subramanian et al.,2015). Third, we used a cross-sectional design, which therefore prohibits definitive conclusions around directions of causation. Whereas this was essential given the

limitations of time and resources available, it is recognized that a longitudinal study would have allowed for a more thorough investigation of how family influence contributes over time to the onset of smoking among young Bangladeshi and young Pakistani people.

Implications for policy research

The findings of our study have implications for both researchers and practitioners. We found evidence for two crucial factors affecting early smoking initiation among young British Bangladeshi and British Pakistani men and therefore provide a vital contribution to the existing literature on the role of peers and family. This is significant when keeping in view the higher smoking prevalence and lack of research on the smoking behaviours of young South Asian Muslims in the UK. Longitudinal studies to further explore both the generalizability of our findings and the diverse contribution of peers and family influences across the stages of smoking uptake, as well as progressions should be the focus of future research; this may have implications for cessation at different stages of smoking.

In thinking about prevention, our findings indicate that family influences on early smoking initiation are protective and hence family's involvement should be a part of prevention programmes. Specifically, our results highlight the need for a new parental based anti-smoking smoking intervention programme as a way to reduce early smoking initiation among Bangladeshi and Pakistani communities. The results of our study indicate that specific parenting dimensions such as parental restriction on smoking, parent-child communication and parental anti-smoking messages appeared to be protective against early smoking initiation, thereby smoking intervention programmes should be focused on such dimensions. To better understand the role of parents and to develop and implement parental based intervention programmes, further research needs to be conducted in the UK.

Chapter 7: Discussion and conclusions

7.1 Introduction

This chapter focuses on the main findings of the thesis to highlight the contribution that I have made to the existing knowledge on cigarette smoking among young British Bangladeshis and British Pakistanis. The limitations, conclusions and implications for policy research are also discussed in this chapter. The use of a mixed method approach in this study has enabled me to first quantitatively explore the association between religion and smoking alongside its consideration of the association between ethnicity, religion and socioeconomic variables and then qualitatively explore in more detail how such factors are affecting cigarette smoking among young British Bangladeshi and British Pakistani men and women. In doing so, this study add to the small body of literature and understanding of the various risk and protective factors related to cigarette smoking among South Asian young Muslims. The theory of intersectionality served to provide the theoretical framework that was needed for understanding these factors. Several factors affecting cigarette smoking among British Bangladeshi and British Pakistani are identified from the results of the three papers presented below.

7.2 Major findings of the study

Paper one

In this paper I aimed to know the association between religion and smoking, controlling for ethnicity, sex, age and socioeconomic status. Previous UK studies focusing on the association between religion and smoking have only focused on a particular geographical location (Anthony et al., 2013; Bradby & Williams, 2006). By focusing on national level data from Health Survey for England, the findings of this paper have contributed toward the national level evidence on the association between religion and smoking.

Data was collected from five successive runs of Health Survey for England (2010-2014). Health Survey for England is a cross-sectional survey carried out since 1991 and sponsored by the Health and Social Care Information Centre. The HSE survey recruits participants randomly and collects information using face to face interviews.

As has been discussed in detail in the methodology section of the paper, due to fairly small sample sizes for some religious groups, religion was recoded to only four categories (Christian, Muslim, no religion and Other), where the analysis was focused on first three. A similar problem was found in the standard ethnicity variable for which sample sizes for specific ethnic groups (including Bangladeshi and Pakistani) were too small for analysis. Ethnicity was therefore recorded into five broader categories (White, Mixed, South Asian, Black and Other), where the analytical focus was on first four. Other confounding variables included, were age, sex and socioeconomic status, where age was used as a continuous variable and socioeconomic status indicating education (whether educated or uneducated) and employment status (whether employed or unemployed) of the participants.

Descriptive analysis of the youth sample (aged 16-20) showed higher current and ever smoking prevalence among youth who reported having no religion and Christian and much lower prevalence among the Muslim youth. These results add support to the previous findings (Whybrow et al., 2012; Anthony et al., 2013) which have found lower smoking prevalence among the Muslim youth as compared to the Christian youth and those young people who reported having no religion. Results of the inferential statistics conform to expectations. When age and sex were taken into account the Muslim youth were significantly less likely to be current smokers and to have ever smoked than Christian youth. Similarly, young people who reported having no religion were substantially more likely to be current smokers and to have ever smoked than the Christian youth. These associations, however, change in the face of ethnicity and socioeconomic factors. For example when ethnicity and socioeconomic factors were taken into account the odds of ever, and current smoking for Muslim youth increased. However, this association was non-significant. Individual analysis for ethnicity suggests that Black and South Asian youth were significantly less likely to be current smokers and less likely to have ever smoked than White youth. Comparison between the odds ratio for ethnicity, religion and socioeconomic factors suggest that the association between ever and current smoking among youth was more influenced by the socioeconomic factors than by ethnicity.

The results of this paper point to the need for a qualitative component to further explore the relationship between religion and smoking, and the extent to which such relationships are affected by other intersecting factors.

Paper two

As mentioned in paper one, the sample size for some ethnic groups including, Bangladeshis and Pakistanis, was too small for meaningful analysis. This limitation associated with the secondary analysis of national surveys was avoidable in the qualitative papers where the recruitment of appropriate samples was in the researcher's hand. Thirty-eight British born Bangladeshi and Pakistani respondents who were aged 16-20 were recruited from Southampton University and Southampton City College using purposive sampling technique. Thematic analysis was performed, and smoking-related attitudes and behaviours were examined. In this paper, I examined how the intersection of various factors affects smoking-related attitudes and behaviours among British Bangladeshi and British Pakistani youth.

The only fact about cigarette smoking among South Asian Muslims that is well known in the literature is the gender differences in smoking prevalence among Bangladeshis and Pakistanis groups. Several Studies (e.g. ONS, 2015; The information centre, 2004), for example, have found that Bangladeshi and Pakistani men smoke at much higher rates than women. Less is known about what accounts for higher smoking prevalence among Bangladeshi and Pakistani men compared to a lower rate among women. My results in this paper provide a significant contribution to this discussion and an opportunity to further examine and question gender differences in their smoking behaviours and how these differences are arising from the intersection of cultural and religious factors.

Findings from this paper have shown that smoking in Bangladeshis and Pakistani ethnic groups has gender specific dimensions, such that it appeared to be a risk factor for men and a protective for women. For example, smoking was common among young men but rarer among young women. It was socially acceptable for a male to smoke, but not for a female. Smoking among Bangladeshi and Pakistani females, in contrast, was deemed to be unfeminine and was associated with a stigmatised identity. Female's smoking was more harshly looked down upon, and the shame associated with public smoking for females far outweighed that for males. In contrast, religion appeared to be a more

protective factor against cigarette smoking. Because of the equal status of men and women in Islam, gender difference in smoking was not evident. Both British Bangladeshi and British Pakistani men and women reported that smoking in their religion is equally forbidden for males and females.

My finding in this paper also indicated that smoking remains useful in defining and informing how young British South Asian Muslim men and women are constructing and negotiating their gender identities. For example, I have shown in this paper how British South Asian Muslim men's discussion of cigarette smoking as unfeminine can be seen a way through which they define their own smoking and hence constructing gender identities. Similarly I have also highlighted that through increase agency and independence (that my female respondents have shown through smoking), British South Asian women are empowered to construct new gender identities through which they challenged restriction imposed on them by their families and communities.

Paper three

As has been found in the previous literature and also confirmed by the findings in paper two, smoking is a common practice among British Bangladeshi and British Pakistani men. The need for identifying the causal factors underlying youth smoking is, therefore, an essential part of designing effective smoking intervention programmes. As smoking initiation often occurs at an early age; exploring factors affecting early smoking initiation may thus be one of the ways to reduce overall smoking prevalence among Bangladeshi and Pakistani men. In this paper, I contributed to this debate by examining various factors affecting early smoking initiation among British Bangladeshi and British Pakistani men.

From among 38 participants who were interviewed for the first qualitative paper, further data on smoking initiation were collected from 25 male participants. In relation to the findings on factors influencing the early smoking initiation, my results in this paper indicated that the decisions of young British Bangladeshi and British Pakistani men were influenced by the intersection of several parental and peer factors. At the peer level of influences, my findings indicate that peer facilitation, peer pressure and the smoking behaviours of a best friend were some of the important risk factors for early smoking initiation. These findings are well established in the literature where several studies

(Denscombe, 2001; Walseh & Tzelepis, 2007; De Vries et al. 2003) have shown evidence in support of the relationship between these factors and young people cigarette smoking. However as discussed in chapter three, the majority of these studies have focused on White population and few studies have explored the experiences of young British South Asian Muslims. By focusing on the experiences of young British Bangladeshi and British Pakistani men in this paper, I attempted to fill this gap.

At the family level of influences, my findings are in contradiction to several other studies (Hill et al., 2005; Peterson et al., 2006; Rosendahl et al., 2003) conducted on the White population where numerous familial factors have been identified as a risk factors for early smoking initiation. My results in this paper indicated that certain parental factors, like a household smoking restriction, parent-child communication and authoritarian parenting, have played protective roles against cigarette smoking initiation. This finding is important and makes a significant contribution to the literature on how various parenting factors can be integrated into smoking intervention Programmes directed towards prevention of early smoking initiation.

7.3 Contributions of the thesis

The aim of this study was to contribute toward the knowledge and understanding of the various factors affecting cigarette smoking among young British Bangladeshi and British Pakistani men and women. To this end, this thesis adopted a mixed method approach and contributed to the existing literature in several ways. The first contribution stems from the interdisciplinary nature of the study. This study adopts a distinctly interdisciplinary stance which combines approaches from Sociology, Gender studies and Epidemiology. My literature review has demonstrated that despite the growing literature on cigarette smoking among young people in the UK, surprisingly little research has been conducted on young British South Asian Muslims.

The second contribution and strength of this study is the mixed method research design I used to examine cigarette smoking among young British Bangladeshis and British Pakistanis. By using a mixed method design I have responded to the suggestion other researchers have made about an integrated approach to studying health issues among ethnic minority youth (Curry et al.,2013; De Allegri.,2018). The quantitative methodology

has allowed me to publish a quantitative research paper on a large amount of data taken from five successive runs of Health Survey for England. By focusing on high quality data from Health Survey for England, the findings emerged from the quantitative paper has not only contributed toward the national level evidence on smoking patterns across different religious and ethnic groups, but have contributed to the association between religion and smoking controlling for other confounding and moderating variables.

A third contribution comes through the qualitative phase of the mixed method design which has enable me to write two research paper ready for submission to academic journals. The first qualitative paper contributed to a highly unique area of identity and smoking. Existing research on this area has largely focused on the construction of gender identity in relation to cigarette smoking among White populations (Gilbert, 2007; Oliffe et al., 2010; Triandafilidis et al., 2017). To date, no such studies have been conducted on South Asian Muslim populations and hence there is gap in the existing literature. The findings of my first qualitative paper has provided enriched understanding of how young British Bangladeshi and British Pakistani men and women are constructing and negotiating gender identities in relation to cigarette smoking. My second qualitative paper has provided in-depth data on factors affecting early smoking initiation among British Bangladeshi and British Pakistan young men. The finding of this paper have shown that for both British Bangladeshi and British Pakistani young men ,their families and peers exert greater influences on their smoking initiation ,emphasizing the importance of immediate social environment in the lives of young South Asian Muslims.

7.4 Implications and directions for future research

Yet another contribution of this study is the implications for future research. This study and the earlier research discussed in previous chapters have important implications. It could be argued that in the UK, far less attention has been paid to the underlying causes of cigarette smoking as well as to the smoking intervention programmes. This could partly be attributed to the fact that increasing attention has been paid over the years to the legislation only. Anti-smoking socialisation practices might be a key component of public health campaigns to reduce smoking among young people. The findings of this study have shown that family, religion and peer are protective against cigarette smoking; therefore, such components should be included in prevention programmes. The findings of this

study also suggest that in a country like UK with several decades of tobacco control policies and smoking cessation services; surprisingly little has been done on cigarette smoking among ethnic minority youth. There is an obvious need to adopt a more active role on the topic in terms of research and practice.

7.5 Limitations of the research

There are a number of limitations associated with this study which are discussed in details in the respective papers. Here I provide an overview of the main limitations related to the study. One key limitation is that this study used a cross-sectional research design, which limits the researcher's ability to infer a causal relationship between the identified factors and cigarette smoking among young British Bangladeshis and British Pakistanis. Whereas it is accepted that longitudinal study design would have been a more suitable option, the lack of resources and the available time, however, meant it was impossible.

Another significant limitation of this study is related to the issue of the representative samples in the quantitative data which may unavoidably introduce a bias to the results. My initial intention was to collect data specifically for Bangladeshi and Pakistani youths; however, this was not possible due to the small sample size available in the surveys. As meaningful analysis for such a lower sample size was not possible, it was therefore decided that analysis should focus on Muslims and the somewhat chaotic category of South Asians. However, this limitation was overcome in the qualitative segment where relevant samples were recruited for in-depth analysis.

Another limitation is that the sample for the qualitative phase was drawn from only one college and a university; therefore, they may not be the representative of the typical youth of the same age in the city of Southampton. Furthermore, the results may not be generalizable to all young people in Pakistani and Bangladeshi communities. Another limitation is related to the issue of social desirability. It is possible that the presence of the researcher during face to face interview may have influenced participants to provide socially desirable answers and may have led them to self-censor their actual views. Efforts were made, however, to keep this to a minimal level by assuring participants about their confidentiality both through verbally and through the information sheets and consent forms.

7.6 Recommendations

The findings of this study recommend that there is a need to design more complete models which include various familial, cultural and religious factors. It could be suggested that as smoking-related attitudes and behaviours among young British Bangladeshis and British Pakistanis are influenced by cultural norms and religious beliefs, therefore behaviour change interventions could reduce cigarette smoking among Bangladeshi and Pakistani youth. One possibility may be the development of family-based behavioural intervention programmes where parents can communicate with their children about the risk of smoking in the form of antismoking messages. The literature and the findings of this study suggest that positive and productive parent - child communication seems to be an important protective factor against smoking initiation, therefore, intervention programme should focus on such parenting dimension.

Another possibility may be the development of community-based intervention programmes in which multiple interventions should focus on the development of non-smoking behaviours among Bangladeshi and Pakistani youth. The overall effects of existing community intervention programmes as shown in the previous literature are positive. For example, findings from Texas tobacco prevention pilot initiative, which incorporated community campaign with a school-based programme, have shown that such a programme was effective in suppressing positive attitudes toward smoking (Texas Tobacco Prevention Pilot Initiative, 2002). A similar finding has been reported by Flay, (2008) whose analysis was based on the findings of four programmes which involved community component along with a school-based prevention program. The findings of this study suggested that such an integrated programme can reduce smoking onset by 35% to 40%.

As with family and community settings, religious-based intervention programmes may also be adopted. The findings of this study suggested that as Islam served as a protective factor against cigarette smoking therefore Islamic based programme can be an effective intervention approach for smoking prevention among Bangladeshi and Pakistani youth. More than 90% of people of Bangladeshi and Pakistani origin in the UK are Muslims and half of them attend mosque at least once a week (Fong et al., 2006).Therefore, a mosque can be an appropriate setting for the implementation of smoking preventions

programmes. Other possible settings for religious/faith-based intervention programmes could be Islamic schools in the UK where religious components alongside school -based prevention programmes can be delivered.

7.7 Conclusion

As discussed in the literature review, numerous factors are associated with young people smoking. These factors can be personal, social and psychological. Therefore it is clear that the development of youth smoking is a dynamic process in which no single factor identified can provide complete information about the underlying cause. Consistent with the literature reviews the overall findings of this study suggest that no single factors influence cigarette smoking among young British Bangladeshis and British Pakistanis; rather several factors interact and intersect to influence their cigarette smoking. These factors either served as a risk factor or protective factors. Risk factors are those that increase their probability of involvement with smoking while protective factors are those that decrease their probability of involvement with smoking. The results of this study show that the smoking-related attitudes and behaviours, as well as the onset of smoking among British Bangladeshis and British Pakistanis, are influenced by the intersection of gender, peers, family, culture and religion.

Appendix A

Published Paper

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ORIGINAL PAPER

Smoking and Religion: Untangling Associations Using English Survey Data

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Abstract While factors affecting smoking are well documented, the role of religion has received little attention. This national study aims to assess the extent to which religious affiliation is associated with current-smoking and ever-smoking, controlling for age, sex, ethnicity and socio-economic status. Variations between adult and youth populations are examined using secondary analysis of individual-level data from 5 years of the Health Survey for England for adult (aged >20, $n = 39{,}837$) and youth (aged 16–20, $n = 2355$) samples. Crude prevalence statistics are contrasted with binary logistic models for current-smoking and ever-smoking in the adult and youth samples. Analyses suggest that Muslims smoke substantially less than Christians. Highest levels of smoking characterise people not professing any religion. Associations between smoking and the Muslim religion attenuate to statistical insignificance in the face of ethnic and socio-economic factors. An association between smoking and the absence of a religious affiliation is sustained. An understanding of the association between smoking and religion is essential to the development of tobacco control programmes.

Keywords Religion · Smoking · Tobacco · Secondary analysis

Introduction

This paper explores the association of religion with smoking. In recent years, there has been increased interest in this topic (Chitwood et al. 2008; Anthony et al. 2013; Ford and Hill 2012; Garrusi and Nakhaee 2012; Karlsen et al. 2012; Karlsen and Nazroo 2010). Patterns of smoking are known to vary significantly by religion but less is known about how this association is affected by other factors or how, if at all, it differs between younger

and older people. We address this gap in knowledge through a focussed case study of England, where recent falls in smoking prevalence have taken place alongside significant changes in religious affiliation but where the association between religion and smoking has received little attention. Understanding more about this association is potentially significant for the design of effective tobacco control interventions that take account of the specific needs and characteristics of religious groups while also reflecting the distinctiveness of populations of different ages.

Our motivation for focussing on the association between religion and smoking in England is twofold. First, as noted, recent years have seen the size of different religious groups in the England change markedly (ONS 2012). Between 2001 and 2011, the number of people identifying as Christian decreased by 13% (from 72 to 59%), while those who reported having no religion increased by 10% (from 15% in 2001 to 25% in 2011). Among the other main religions, the population of Muslims increased the most, from 3% in 2001 to 4.8% in 2011. To a significant extent, these changes reflect underlying demographics, hence our interest in comparing adult and youth populations in terms of smoking prevalence.

A second motivation relates to more theoretical and theological concerns. The major world religions have positions that are largely opposed to smoking (Khayat 2000; Garrusi and Nakhaee 2012). For example, within Christianity, Biblical interpretations condemn smoking as bodily pollution and an unnatural vice that runs counter to Christian values of temperance and moderation. Equally, Muslim perspectives are marked by leading clerics urging abstinence and pronouncing a *fatwa* against tobacco on the grounds of its potential to cause ill-health and offend Koranic injunctions to ensure personal health and the health of others. We ask whether such positions are evidenced in differential smoking prevalences between religious groups in the predominantly secular context of contemporary England.

Past studies of religion and smoking have generally focused on measures of religiosity, that is the depth or extent of religious belief. This body of work has very clearly pointed to higher levels of smoking among people who do not profess any religion and conversely lower smoking prevalences among religious people. Such associations have been found across much of the world, implicating Christian denominations, different forms of Islam and Eastern faiths. Research in the USA, for example, has linked greater religiosity with lower levels of smoking among both adults (Whooley et al. 2002; Garcia et al. 2013; Hayward et al. 2016; Bowie et al. 2017) and younger people (Alexander et al. 2016; Nonnemaker et al. 2006; Amey et al. 1996; Wallace and Forman 1998). Elsewhere similar conclusions have been drawn for young people in Central America and the Dominican Republic (Chen et al. 2004), Hungary (Kovacs et al. 2011), Switzerland (Becker et al. 2015), Iran (Ameri et al. 2016) and Jordan (Alzyoud et al. 2015), for adults in Brazil (Martinez et al. 2017), mainland China (Wang et al. 2015; Wang and Jang 2016), Zambia and Malawi (Pampel 2005) and South Africa (Prinsloo et al. 2008), and for pregnant women in San Luis, Brazil (Barbosa et al. 2015). Analogously, adults in South Korea have been found to be more likely to quit smoking if they are religious (Myung et al. 2012).

In terms of identification or affiliation with particular religions, a US study has suggested that tobacco use among Muslim college students is lower than that for non-Muslims (Ahmed et al. 2014). This finding is sustained for adult populations in the former Soviet Union (Pomerleau et al. 2004 and for pregnant Muslim women in Thailand who smoke less than pregnant Buddhist women (Assanangkornchai et al. 2017). Wang et al. (2015) link lower levels of smoking in China to more religiously observant Muslims. Ghouri et al. (2006), in contrast, link the Muslim religion to high and rising rates of smoking through a focus on national levels of smoking in 'predominantly Muslim' countries. Lakew and Haile (2015) find that Muslims (and Catholics) in Ethiopia smoke more than the people from the

dominant Coptic Orthodox community. Chen (2014), in a Taiwanese study focussed on Eastern Religions, has made the important point that links between religious affiliation and smoking may not be robust to confounding.

Evidence focussed on the association between smoking and religion in England is sparse. It has drawn substantially on localised survey research in the West of Scotland highlighting the interplay of ethnicity, religion and life stage (Williams et al. 1994; Williams and Shams 1998; Bradby and Williams 2006). Youthful abstinent behaviour erodes earlier among non-Muslims and a higher prevalence of ever-smoking is evident among young Christians and 'Others' and a lower prevalence among young Muslims. This assessment broadly tallies with the conclusions of Anthony et al. (2013), who also used local survey data, showing lower ever-smoking and current-smoking prevalences in Leicester, England, among Muslims as compared to Christians and (more so) those who reported no religion. These differences in prevalence may reflect underlying beliefs: Francis (2008) suggests that, in England, 34% of young people not professing a religion believe that it is wrong to smoke compared to 39% of Christians and 54% of Muslims.

In the light of this current literature, we identify the need for national scale research that considers the impact of religion on smoking behaviour, contrasting youth and adult populations and controlling for potential confounding variables, particularly ethnicity.

Methods

We used a secondary analysis approach with a cross-sectional research design contrasting data on youth and adult smoking behaviour drawn from the same source over a common time period.

Data

We reviewed a number of candidate surveys but only the Health Survey for England (HSfE) covered all the variables needed to address our research questions simultaneously for both adults and young people. Some surveys covered only adults, and some only young people; others did not cover religious affiliation. Individual data from the Health Survey for England 2010–2014 (NatCen Social Research et al. 2013, 2014, 2015a, b, 2016) were downloaded from the UK Data Service. The HSfE is a cross-sectional survey carried out since 1991 and sponsored by the Health and Social Care Information Centre (now NHS Digital). The survey selects participants using a random probability sample and collects information through face-to-face interviews. It provides data on ethnicity, religion and smoking for both adults and young people. In order to enhance our sample size, we combined data from successive runs of survey from 2010 to 2014. To compare variations in the effect of religion on smoking for adults and youth, we worked with adult (aged >20, $n = 39837$) and youth (aged 16–20, $n = 2355$) samples.

Measures

Smoking

We used two measures of smoking: ever and current. The ever smoked question asked respondents if they had ever smoked a cigarette, a cigar or a pipe. Respondents indicating

'yes' were classified as ever smokers, and those stating 'no' were classified as never smokers. The question captures people who have quit smoking have experimented with smoking and current smokers. In the current-smoking question, respondents were asked, do you smoke cigarettes at all nowadays? People answering yes were classified as current smokers, and those answering no were classified as non-smokers. This question isolates individuals currently classing themselves as a smoker. Neither question enables any conclusions to be drawn about the frequency of smoking. We did, however, construct an additional variable capturing respondents who had ceased to smoke, defined as ever smokers who were not current smokers.

Religion

Religion was recorded as a four category variable identifying respondents as Christian, Muslim, no religion or Other. The 'other' category amalgamated data on several religions for which numbers were too small to permit analysis. The heterogeneity within the 'other' category means that the analytical focus of the paper is on variations between Christians, Muslims and those professing no religion. We will not comment further on the 'other' category.

Confounder and Modifier Variables

We measured ethnicity by recoding the standard ethnicity variable from the HSfE into a single five-category variable. This was necessary as ethnicity was collected for several groups that were too small for the analysis. The recoded categories were White, Mixed, South Asian, Black and Other. We also included data on age, sex and socio-economic status. We measured age in years and used it as a continuous variable. Socio-economic associations were captured using data on whether or not an individual was in employment, and whether or not they possessed an educational qualification acquired after leaving school.

Analyses

Our analyses used SPSS version 22. Descriptive statistics were used to calculate smoking prevalence and quit prevalence by religious group. Binary logistic regression was then performed to examine the associations between our dependent variable (ever/current smoking/quitting) and the exposure variable, religion, with controls for ethnicity, sex, age and socio-economic status. Analyses were conducted separately for the youth and adult samples. We set the contrast category for religion to be 'none', enabling us to explore the extent to which religion is associated with higher or lower probabilities of smoking or quitting.

In order to know if the confounding or modifying variables affect the association between smoking and religion, we built our model sequentially beginning with an age, sex, religion model, then adding ethnicity, and finally incorporating the socio-economic variables. We tested for multicollinearity using tolerance levels and the variance inflation factor (VIF) and found no issues. We also assessed two- and three-way interactions between religion, ethnicity and our socio-economic variables in all models, and none were significant. In view of small sample size in the youth study, bootstrapped standard errors were used to adjust odds ratios. Our analysis of quitting considered only the adult sample

as smoking cessation among youth is a fluid process reflecting experimentation with tobacco as well as genuine cessation, and sample sizes were too small for meaningful analysis.

Results

Descriptive Statistics

Descriptive statistics suggest clear differences in ever-smoking and current-smoking prevalence, and quit prevalence by religion (Table 1). There were higher ever-smoking prevalences among adults who reported no religion (66.2%) and Christians (60%), and relatively lower prevalences among Muslim (35.2%) adults. Current-smoking prevalence by religion shows a different pattern, with almost similar levels among Christian (16.7%) and Muslim (16.9%) adults, and higher levels among adults who do not belong to any religion (25.1%). Muslim adults were the least likely to quit smoking (50.59%), by a substantial margin, while Christians were most likely to quit (73.9%). In the youth sample the highest ever-smoking and current-smoking prevalences are both recorded among youth reporting no religion (53 and 25.3%, respectively). Christian youth have prevalences approximately 10% lower (42.2 and 16.7%, respectively), while lowest levels are among Muslim youth (18.6 and 5.8%). Christian youth and youth with no religion have similar levels of current-smoking to their adult counterparts. In contrast, Muslim youth return a current-smoking prevalence less than one-third that of Muslim adults.

Modelling the Association Between Smoking and Religion

Current-Smoking

Table 2 examines current-smoking, comparing adult and youth samples. Model 1 offers broad confirmation of the initial descriptive finding discussed above. Controlling for age and sex, Muslim respondents are significantly less likely than Christians to be current smokers in both the adult and youth samples. Odds ratios less than one indicate that all religions are associated with probabilities of current-smoking below that for adults or youth who do not profess a religion. Models 2 and 3 trace how these associations change with the addition of ethnicity and socio-economic factors as modifier and confounder

Table 1 Smoking prevalence by religion; HSfE, 2010–2014

Religion	Adult						Youth			
	Ever smoked		Current smoker		Quitter		Ever smoked		Current smoker	
	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*
Christian	60.0	20,974	16.7	23,516	73.9	12,584	42.2	688	16.7	828
Muslim	35.2	959	16.9	1153	50.6	338	18.6	102	5.8	137
None	66.2	8720	25.1	10,027	65.1	5776	53.0	886	25.3	1048
Other	41.7	1229	12.6	1439	69.7	512	25.6	82	7.6	105

n = total sample in each category, i.e. ever plus never; current plus not current; quitter plus non-quitter

Table 2 Modelling smoking and religion, current-smoking, HSfE 2010–2014: odds ratios (95% confidence intervals); italicised denotes non-significance

	Adult			Youth		
	Model 1	Model 2	Model 3	Model 1	Model 2	Model 3
Religion						
None						
Muslim	0.54 (0.47–0.64)	*1.02 (0.83–1.26)*	*0.76 (0.52–1.11)*	0.18 (0.07–0.33)	0.37 (0.13–0.77)	*0.51 (0.11–1.54)*
Christian	0.80 (0.75–0.85)	0.82 (0.77–0.87)	0.86 (0.77–0.95)	0.60 (0.46–0.76)	0.62 (0.47–0.79)	0.64 (0.41–0.94)
Other	0.45 (0.39–0.54)	0.70 (.0.58–0.84)	0.72 (0.52–0.99)	0.24 (0.09–0.42)	0.45 (0.16–0.89)	*0.41 (0.01–1.23)*
Sex						
Man						
Woman	0.83 (0.78–0.87)	0.83 (0.78–0.87)	0.79 (0.72–0.87)	*0.90 (0.72–1.14)*	*0.90 (0.72–1.14)*	*0.88 (0.62–1.30)*
Age						
Years	0.98 (0.97–0.98)	0.97 (0.97–0.98)	0.96 (0.96–0.96)	1.30 (1.20–1.40)	1.30 (1.21–1.41)	1.45 (1.26–1.68)
Ethnicity						
White						
Mixed		*1.08 (0.94–1.23)*	*0.77 (0.60–1.00)*		*1.48 (0.90–2.32)*	*1.21 (0.45–2.67)*
South Asian		0.43 (0.35–0.53)	0.40 (0.28–0.58)		0.19 (0.04–0.51)	0.09 (0.00–0.46)
Black		0.46 (0.37–0.56)	0.44 (0.31–0.61)		0.21 (0.04–0.49)	0.08 (0.00–0.31)
Other		0.57 (0.45–0.73)	0.46 (0.31–0.69)		*1.05 (0.41–2.34)*	*0.88 (0.00–3.06)*
Employed						
Yes						
No			0.92 (0.79–1.06)			0.56 (0.36–0.83)
Post-16 Qualifications						
Yes						
No			2.47 (2.20–2.77)			*1.70 (0.81–3.22)*

variables. In the adult sample, the suggestion that Muslims smoke more than people with no religion attenuates to statistical insignificance once ethnicity and socio-economic factors are controlled. The evidence in the youth models is less straightforward: although the apparent association between being Muslim and lower current-smoking attenuates with both ethnicity and socio-economic status, it disappears only when socio-economic factors are taken into account. In contrast, for Christians, the association with a lower probability of current-smoking is maintained for both adults and youth in the face of confounders and modifiers.

The other variables in Table 2 conform to expectations. Women are less likely to be current smokers in both the adult and youth samples, though in the youth sample the association is not significant. The odds of being a current smoker reduce with age for adults but increase in the youth sample; older people are giving up as they age, while younger people are moving from experimentation to smoker status. People, both adults and youth, of mixed ethnicity are indistinguishable from those of White ethnicity in terms of their odds of being a current smoker. South Asians and Blacks are significantly less likely to be current smokers compared to Whites, and the association is far stronger in the youth sample. Young people who are unemployed (and consequently with low financial resources) are significantly less likely to be current smokers, while adults without educational qualifications are significantly more likely to be current smokers. Comparisons between the odds ratios for religion, ethnicity and socio-economic facts suggest that associations between religion and current-smoking are possibly very slightly more impacted by socio-economic factors in the adult sample and by ethnicity in the youth sample.

Ever-Smoking

In Table 3, we present the results for our analysis of ever-smoking. This variable provides a more expansive definition of smoking. In comparison with current-smoking, it captures, in broad terms, the extent of quitting among adult smokers and experimentation in our youth sample. There are, however, many similarities between the results for the two measures of smoking behaviour. Model 1 suggests, for both adults and youth, that Muslims are less likely than Christians to have ever smoked; people without a religion are more likely to have smoked. The significant association between the Muslim religion and ever-smoking only attenuates to non-significance with the inclusion socio-economic confounders and moderators for both adults and youth. The significant association with Christianity attenuates completely in the youth sample removing any suggestion that Christianity has an association with never having smoked. The suggestion that Christians are less likely to smoke than people with no religion persists in the adult sample. A comparison of the patterns of attenuation associated with religion with those associated with ethnicity and socio-economic factors suggests that ethnicity may be more instrumental than socio-economic factors in the attenuation of the Muslim effect for adults, while ethnicity and socio-economic factors are equally relevant in the attenuation for youth.

Similarities with the current-smoking models also extend to the results for the confounder and moderator variables. Adult women are less likely than men to have ever smoked, South Asian and Black ethnicity is associated with lower levels of smoking than the White reference group for both adults and youth, and adults without qualifications are more likely to have ever smoked. Differences are evident in the results for age where both the adult and youth sample are more likely to be ever smokers with increasing age,

Table 3 Modelling smoking and religion, ever-smoking, HSfE 2010–14: odds ratios (95% confidence intervals); bootstrapped for youth sample; italicised denotes non-significance

	Adult			Youth		
	Model 1	Model 2	Model 3	Model 1	Model 2	Model 3
Religion						
None						
Muslim	0.29 (0.25–0.33)	0.68 (0.56–0.82)	*0.74 (0.54–1.02)*	0.20 (0.11–0.32)	0.45 (0.22–0.89)	*0.76 (0.15–3.83)*
Christian	0.74 (0.70–0.79)	0.77 (0.73–0.81)	0.82 (0.75–0.91)	0.65 (0.52–0.79)	0.67 (0.54–0.83)	*0.80 (0.59–1.17)*
Other	0.37 (0.32–0.41)	0.67 (0.58–0.77)	*0.85 (0.66–1.10)*	0.30 (0.16–0.48)	*0.61 (0.32–1.06)*	*1.22 (0.41–3.81)*
Sex						
Man						
Woman	0.61 (0.59–0.64)	0.61 (0.58–0.64)	0.62 (0.57–0.68)	*0.94 (0.77–1.13)*	*0.94 (0.77–1.13)*	*0.84 (0.59–1.22)*
Age						
Years	1.01 (1.01–1.01)	1.01 (1.00–1.01)	1.01 (1.00–1.01)	1.14 (1.07–1.22)	1.15 (1.07–1.23)	1.16 (1.02–1.32)
Ethnicity						
White						
Mixed		*1.08 (0.96–1.22)*	*1.07 (0.86–1.34)*		*1.22 (0.80–1.85)*	*1.12 (0.45–2.90)*
South Asian		0.32 (0.27–0.38)	0.29 (0.22–0.39)		0.25 (0.12–0.48)	0.14 (0.02–0.47)
Black		0.31 (0.26–0.36)	0.28 (0.21–0.37)		0.34 (0.16–0.59)	0.11 (0.00–0.28)
Other		0.48 (0.40–0.58)	0.40 (0.29–0.54)		*0.79 (0.32–1.70)*	*0.21 (0.00–1.04)*
Employed						
Yes						
No			*0.90 (0.80–1.02)*			2.14 (1.40–3.40)
Post-16 Qualifications						
Yes						
No			1.60 (1.44–1.78)			*1.09 (0.62–2.04)*

reflecting experimentation in the youth sample and age-related quitting among the adults. The association of unemployment with ever-smoking in the youth sample also differs: while unemployed youth were less likely to be current smokers, they are significantly more likely to have ever smoked.

Modelling of adult quitting behaviour revealed only that the likelihood of quitting increased with age (OR 1.05, 95% CI 1.04–1.06) and was lower for people lacking a post-16 educational qualification (OR 0.49, 95% CI 0.43–0.57). In the full model 3 formulation, the likelihood of quitting did not differ significantly between Muslims, Christians and those not professing a religion. Indeed, there was no indication that the effect for Christians was different from that for those with no religion in any model. A suggestion in the model 1 and 2 formulations that Muslims are statistically less likely to quit than people with no religion proved in model 3 to be an artefact of their socio-economic status.

Discussion

In contrast to previous UK studies that have focussed on specific locations (the West of Scotland or Leicester), the present study has provided national evidence for England comparing three measures of smoking behaviour between youths and adults and highlighting the extent of association with religion while controlling for other relevant factors. Our findings respond to concerns about confounding articulated by Chen (2014) in a very different national context and develop and enhance suggestions by Bradby and Williams (2006) and Anthony et al. (2013) about the interplay of ethnicity, religion and socio-economic status in understanding smoking behaviour.

Initial indications from simple cross-tabulations suggested that Muslim youth are far less likely to be current smokers than their Christian or no-religion counterparts. This confirms evidence from the US, China and the former Soviet Union (Ahmed et al. 2014; Pomerleau et al. 2004; Wang et al. 2015). Moreover, Muslim youth are less likely to be current smokers in comparison with Muslim adults; this discrepancy is not evident for Christians, sustaining Frances' (2008) argument that Muslim youth are particularly likely to deem smoking to be wrong. Muslim adults and youth also stand out as being less likely to have ever smoked. These simple associations suggest that the research in the West of Scotland pointing to abstinence persisting longer among Muslim youth (Bradby and Williams 2006) may have wider relevance to England.

Across both adult and youth groups, simple descriptive analyses pointed to smoking (both ever and current) being highest among people professing no religion. This confirms that the widely held global equation of lower religiosity with higher levels of smoking applies to England and adds to knowledge by demonstrating that this finding is relevant beyond adolescent English populations (Francis 2008) and the City of Leicester (Anthony et al. 2013). This position is sustained our simplest models, indicating that it is not an artefact of age or sex. Both Christians and Muslims appear to be less likely to smoke than people with no religion with Muslims generally being particularly averse. This initial finding gives strength to suggestions that religion may somehow protect against smoking, perhaps by binding its adherents in social communities with shared norms of abstinence and obedience to recommendations by leaders, as well as scope for mutual support (Gryczynski and Ward 2011; Mason et al. 2012). Wray-Lake et al. (2012) in national repeated cross-sectional study of US adolescents has shown how such social capital constructs have independent negative associations with smoking.

Our analysis of quitting challenges this conclusion. If religion points towards a lower smoking prevalence, we would expect that it might also point to higher levels of smoking cessation. While this is the case with Christianity, it is not evident with the Muslim religion. In a simple cross-tabulation, Muslim adults are less likely to quit smoking than adults declaring that they do not identify with any religion. It is well established that smoking cessation and continued smoking are distinct processes (Hyland et al. 2006) so it would be entirely possible for religion to simultaneously assist individuals in stopping smoking initiation while also hindering quitting. Why it might work differentially for Christians and Muslims is unclear. Croucher and Choudhury (2007) offer potential insights with their suggestion, based on qualitative work, that continued smoking among Muslims reflects anxieties about harassment, low-status employment, and the long shadow of migration experiences. Though these factors are undoubtedly significant for Muslims, they are not, however, exclusive to Muslims. Potentially more pertinent is the possibility that smoking provides a counter to the stresses and strains of being a minority religion. Padela and Curlin (2013) have developed this argument in the US context in relation to a range of health conditions and it draws strength from established theories about relative inequality and health behaviour (Jen et al. 2009). To unpack these possibilities, we need to turn to our modelling analyses.

Our models add to knowledge by demonstrating that, in England, our initial finding of an association between smoking and the presence of a religious affiliation is generally robust to confounders and moderators only in the case of Christianity. This conclusion suggests that the hypotheses linking religious social capital to smoking cited above may be relevant in England within a Christian context. The association with Christianity applies to current-smoking by both adults and youth and to adult ever-smoking. With our youth sample we were, however, unable to demonstrate a statistically significant association between ever-smoking and a Christian affiliation. In contrast, the initial associations linking the Muslim religion to low levels of smoking and also paradoxically to low levels of quitting are not robust to the impact of other relevant variables. We are thus unable to sustain the relative inequality/minority religion hypothesis. Ethnicity and, particularly, socio-economic factors trump the effect of religious affiliation on smoking prevalence for Muslims in England. Socio-economic status also over-rides any suggestion that Muslims are less likely to quit smoking. It is also clear that religious social capital is, at least in England, not a significant factor in smoking cessation, either for Muslims or Christians. This conclusion echoes that found in the very different context of Thailand by Yong et al. (Yong et al. 2009, 2013) who have emphasised that religion and religious authority are both potentially important in driving smoking cessation but neither ensure success, particularly in secular societies.

Our study has strengths and limitations. We present evidence from linked runs of a well-found long-established routine national survey using appropriate statistical methods and standard measures of smoking behaviour. However, despite merging 5 years of data, our sample size remained relatively small and led us to employ broad and potentially confusing ethnic categorisations. ‘South Asian’ and ‘Black’, for example, cover very diverse communities and there is no clear congruency between our ethnic and religious categorisations. Equally, we were unable to separate out different forms of Christianity or Islam. Small numbers are also evident in our youth samples though potential shortcomings have been addressed through a bootstrapped analysis. A further limitation is, of course, the cross-sectional design of our study. As a consequence, we do not seek to draw conclusions regarding the causal nature of the association between religion and smoking.

The potential implications of our study concern both future research and the practice of tobacco control. An enhanced qualitative component to future research will be essential if we are to explore more fully the relationship between religion and smoking. In-depth information drawing on interviews, ethnographic observation and the voices of different religious groups (and the non-religious) will be needed to draw out the extent to which people understand the impact of religion on smoking initiation, cessation and maintenance, and its interaction with other factors. Equally quantitative longitudinal studies are also needed to trace the interplay of religion, smoking and other confounding and moderating factors over time.

In terms of tobacco control, our results raise issues for faith-based health interventions. Evidence primarily from the USA but also from the Far East and Muslim countries has been hopeful but equivocal about the effectiveness of such measures (Campbell et al. 2007; Schoenberg et al. 2016; Ismail et al. 2016; Byron et al. 2015; Elkalmi et al. 2016). Our research points to the need for faith-based interventions to move beyond baseline prevalences to understand how religion interacts with other factors that may be more important in driving smoking behaviour, notably socio-economic disadvantage and ethnicity. We also underline the importance of targeting those without a religious faith and recognising that the association between smoking and religion is not uniform across all faiths. The potential for effective faith-based interventions in England would appear to be greatest for interventions based around Christian congregations drawing strength from the independent association of Christianity with lower smoking prevalences. There is, however, potential for all faiths provided it is recognised that religion is both more complex in terms of its role as an epidemiological construct (Levin 1996) and more complex than is commonly understood in health promotion (Liu et al. 2016). As Ward et al. (2014) note the link between religion and smoking can vary significantly across different religious communities and must (Schoenberg et al. 2015) be deployed with careful attention to community norms if it is to be effective.

Compliance with Ethical Standards

Conflict of interest None of the authors have any conflicts of interest.

Ethical Approval All procedures performed in studies involving human participants were in accordance with the ethical standards of the University of Southampton and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.

Informed Consent The paper reports results of an analysis of anonymised secondary data accessed with permission from the UK Data Service. All authors have approved the manuscript for publication.

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Appendix B

Interview Schedule

Opening remarks

First of all, I would like to thank you for your willingness to participate in this interview. As you are already aware, this study is about smoking and I will be asking you some questions about cigarette smoking. The interview will last about 30 to 60 minutes, (each group interview will last 60 to 120 minutes). I am going to audio record this interview if that's, ok for you. The reason I need to do this is that I won't be able to remember all your answers.

Before we actually start please remember these points.

1: Whatever you say will never ever be heard by anyone else except me, so be assured about confidentiality.

2: If you feel uncomfortable at any stage of the interview you can stop and feel free to withdraw from the study if you do not want to continue.

3: Please provide as much detail as possible.

Interview questions

What is your age?

What is your ethnic background?

Do you smoke or have you ever smoke?

Yes: probe, why did you start smoking for the first time, How did you start,, how did you get ur first cigarette, where did you get it from, who give it to you, were you willing to start, what attract you to start, where did you start, did you start alone, what do you remember about the first experience, how did it feel for the first time.

No: probe, why didn't you start smoking, what stopped you from starting, have you ever tried to smoke, any feelings, any motivation to start, have you ever been offered a cigarette, what was your reaction,

What do you think about cigarette smoking?

In your opinion why do you think smoking prevalence is higher among Bangladeshi and Pakistani men (probe, what do you think maybe the reasons, is men's smoking normal in ur communities, is it increasing or decreasing)

In your opinion why do you think young British Bangladeshi /British Pakistani men smoke?(probe, to look cool, hard, bad, strong, etc.)

In your opinion why do you think smoking prevalence is lower among Bangladeshi /Pakistani women (probe, what do you think may be the reasons, is women's smoking normal in ur communities, is it increasing or decreasing)

How is smoking considered in your culture (probe, good, bad, acceptable, unacceptable, common, normal, etc)

How is smoking considered in your religion (probe, good, bad, acceptable, unacceptable, common, normal, etc)

How do you think Bangladeshi/Pakistani parents will react if they would see their children smoking?(probe, how will they respond, will they be all right, what will they do, considering ur self what will ur parents do if they would see you smoking)

Do you think there are any other important sources that we could have discussed but didn't?

Thank you for sharing your opinions and thoughts; your contribution will always be remembered.

Appendix C

Interviews coding frame

Selected themes in the study	Codes used to generate themes
Gender	Normal activity for a male, Gender inequality and power, Men's privilege over women, strong sense of self, Power, Breadwinner, Construction of masculinity, construction of femininity.
Cultural values and norms	Cultural factors, macho culture, Patriarchal gender relations, Asian women are oppressed, stigma and shame, double standard, South Asian cultural restrictions, wider British culture.
Family and community	Family reputation, Family honor, expectations of family and community, chastity and purity of the women in the family and community, Inequality found in family structure, Experiences of discrimination within family and community.
Religion	Religious belief, Religious factors, Un-Islamic practice, Islamic identity, gender difference in religion.

Peer influences	Peer group, group norms, peer pressure, look cool, friends as facilitator, best friend, nature of friendship.
Family influences	Parental influence, family structure, parenting style, modelling and observation, home restrictions, parent-child communication.

Appendix D

Participant Information Sheet

Researcher: Manzoor Hussain Course: MPhil/PhD

Ethics number: 16641 Dated 06/11/16, version 3

Title of the project: Cigarette smoking among young British Bangladeshis and British Pakistanis

I would like to invite you to take part in this study. Before you decide it is important to understand the aim of this research and what it will involve for you. Please take time to read the following information carefully. Ask the researcher if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

What is the research about?

This project is part of my degree dissertation. I am a PhD student in the Department of Sociology and Social policy at the University of Southampton. The purpose of the study is to investigate cigarette smoking among young British born Bangladeshis and Pakistanis.

Why have I been chosen?

This research focuses on young people's cigarette smoking. The participants in this project will be 16-20 years old. You have been chosen because you fall in this age group. The College/university/ officials have given their permission for data collection from this location. Your participation in this study will help me in collecting the appropriate and required data.

What will happen to me if I take part?

It is entirely up to you whether to take part or not. If you decide to take part, we will arrange to meet at one of the social spaces at college/university. If you are female, you may choose to give interview alone or in the presence of a female research assistant. You will be asked to sign an informed consent and will need to answer certain smoking-related questions. During an interview you can take as many breaks as needed. The interview will take about 30 to 60 minutes (60-120 minutes for group interviews) and will be audio recorded.

Are there any benefits of my taking part?

If you decide to participate, you will get £5 in cash as a thank you gift. The results of this study may be useful in future policy and smoking cessation programs. There is very little research exists on cigarette smoking among young British Bangladeshis and British Pakistanis, the findings of this study will, therefore, contribute to the existing knowledge. This study may also be useful to other researchers, NHS or other organization working on smoking.

Are there any risks involved?

There are no major risks involved with your participation. It is your choice not to answer any question you are uncomfortable to.

Will my participation be confidential?

Please be assured that all identifiable information provided will be made anonymous. Even supervisors will have access to only anonymised data. If your interview takes place in the presence of female research assistant, this will not affect your confidentiality as she is fully trained and has sworn to preserve confidentiality.

Interview materials will be kept safe in line with the Data protection act and University of Southampton policy. Any recorded documents will be stored in a computer file and will be protected by a password. The data will be saved using a coded system and only the researcher will have access to it.

What happens if I change my mind?

You will have the full right to withdraw from the project within 5 weeks of the interview without losing your gift. This is because your data may have already been incorporated into the findings and it may not be possible to withdraw your data.

What happens if something goes wrong?

In the unlikely case of concern or complaint please contact the Head of Research and Governance at the University of Southampton via email at rgoinfo@soton.ac.uk or call via this number; 02380595058

Where can I get more information?

If you require any further information about the research, please contact the researcher~~,~~, Manzoor Hussain via email mh3v12@soton.ac.uk

Appendix E

Consent form

Researcher: Manzoor Hussain Course: MPhil/PhD Ethics number: 16641

Title of the project: Cigarette smoking among young British Bangladeshis and British Pakistanis

Thank you for your decision to take part in this research project. Kindly read through the statements below and tick the boxes if you are agree. The purpose of this is to ensure that you are fully aware of the purpose of the research and that you are willing to take part.

I have read and understood the information sheet (Dated 06/11/16, version 3) and have had the opportunity to ask questions about the study. ☐

I agree to take part in this research project and agree for my data to be used for the purpose of this study. ☐

I consent to being audio recorded as part of the project. ☐

I understand that my responses will be anonymised in reports of the research. ☐

I have been informed about confidentiality and I understand that I am free to withdraw at any time within 5 weeks of the interviews ☐

Data protection

I understand that information collected about me during my participation in this study will be stored on a password protected computer and that this information will only be used for the purpose of this study. All files containing any personal data will be made anonymous.

Participant

Signed…….....

Name in Block letter…….....

Date ……..

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