

Relationship of Acculturation and Family Functioning to Smoking Attitudes and Behaviors Among Asian-American Adolescents

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The primary objective of this study was to examine the combination of acculturation, family functioning, and parental smoking as predictors of smoking attitudes and behaviors among Asian-American adolescents. The participants were 106 Asian-American high school students whose ages ranged from 15 to 19 (51 male and 55 female, mean age = 16.30 years). Of the sample, 49% reported having tried smoking, and 27% identified themselves as “regular” smokers. The results indicated that smoking attitudes were significantly associated with smoking behaviors. Compared to nonsmokers, adolescent regular smokers had more positive smoking attitudes, lower acculturation, poorer family functioning and were more likely to have a father who smoked.

KEY WORDS: Asian-Americans; adolescents; acculturation; family functioning; smoking.

As the number of immigrants in the United States has increased, the psychosocial and health-related behaviors of immigrant youth have become salient social and public health issues. It is known to the public that cigarette smoking poses the single most significant preventable threat to the public health in the United States. Although issues of culture and ethnicity have been considered in research studies on cigarette smoking, the research has primarily focused on African-American and Hispanic populations. Relatively little research has been carried out on the smoking behavior of Asian-American adolescents (Chen & Unger, 1999; Chen, Unger, Cruz, & Johnson, 1999; Flay et al. 1994). This knowledge deficit is troublesome, in

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that Asian-American adolescents are thought to be particularly susceptible to adjustment difficulties related to immigration during important developmental stages and to a traditional culture that condones smoking, especially by males (Baptiste, 1993; Charron & Ness, 1981; Chiu, Feldman, & Rosenthal, 1992; Kwak & Berry, 2001; Rosenthal & Feldman, 1990; Unger et al., 2002).

Although the body of literature on predictors of smoking initiation among adolescents has been growing, the predictors for other ethnic groups might not generalize to Asian-American adolescents because of cultural differences in values, norms, expectancies, and beliefs (Chen et al., 1999; Unger et al., 2002; USDHHS, 1998). Smoking is of particular concern for those who migrated from countries where cigarette smoking is a socially acceptable behavior. Understanding the unique and complex forces shaping the use of tobacco is critical to successful smoking prevention programs and tobacco control efforts. Therefore, we designed this study to examine factors that might be associated with Asian-American adolescent smoking attitudes and behaviors, including acculturation, family functioning, and parental smoking.

Previous studies on the relationship between acculturation and smoking among youth have not provided a clear picture. Some studies reported that the less acculturated are more likely to use tobacco, abuse prescription drugs, as well as to experience stress, exhibit psychopathology, and be generally unhappy (Lang, Munoz, Bernal, & Sorensen, 1982; Padilla, Wagatsuma, & Lindholm, 1985; Szapocznik & Kurtines, 1980; Torres-Matrullo, 1976). There is evidence that higher acculturation helps adolescents to develop coping skills, to function more successfully in the new environment, and to remain free from tobacco and other drug use (Berry, 1991; Mishra, Sinha, & Berry, 1996; Nguyen, Messe, & Stollak, 1999). In contrast to these findings, a study conducted by Vega et al. (1998) suggested that acculturation may be associated with higher rates of substance abuse in Latinos. Another study conducted by Chen et al. (1999) reported that high levels of acculturation among Asian-American youth are associated with higher smoking rates. This was the first study to investigate the relationship of acculturation to smoking behavior among Asian-American youth. However, no scale for acculturation was included in this study; instead, proxy variables primarily related to language preference were used.

For Asian-American youth growing up in America, acculturation and assimilation with the mainstream culture may undermine an individual's commitment to traditional cultural norms. The socialization process in the school system is not without cultural overtones, which sharpen the conflict of cultural loyalty faced by Asian youths (Fong, 1973; Wright, 1964). It is common in the American culture to teach individuals to make decisions and to assert independence, which is contrary to the traditional Asian approach. The bicultural youth may develop conflict-laden identifications with two social worlds, the one world of parents, and the other world of teachers and peers. Therefore, Asian-American adolescents experience acculturation stress both at home and outside of home.

Although peer influence is the most salient predictor of problem behaviors in adolescence, other social context variables such as school and family have also been found to precede and predict such problems (Biglan, Duncan, Ary, & Smolkowski, 1995; Kumpfer & Turner, 1991; Newcomb, 1992; Swaim, Oetting, Edwards, & Beauvais, 1990). Intrafamily processes have consistently been found to be the best predictors of child behavior disorders (Farrington, 1991; Lober & Dishion, 1983; Reid, 1993). There is evidence that healthy parent-child communication and sufficient parental monitoring are protective factors against adolescent smoking (Doherty & Allen, 1994; Mott, Crowe, Richardson, & Flay, 1999; Simons-Morton et al., 1999). Other evidence suggests that poor family management, inadequate parenting skills, lack of parental support, and dysfunctional care-giving are strongly associated with adolescent smoking and chronic substance abuse (Aquilino & Supple, 2001; Dishion, Capaldi, Spracklen, & Li, 1995; O'Byrne, Haddock, & Poston, 2002). A study by Sussman et al. (1993) found that high-risk adolescents were more likely to "party," engage in fewer family activities, and to keep company with those who smoke.

Much research suggests that Asian-American families tend to function differently from European-American families in several aspects (Chiu, 1987; Chiu, Feldman, & Rosenthal, 1992; Kelley & Tseng, 1992; Kriger & Kroes, 1972; Lin & Fu, 1990). Asian-American families have been found to be more control oriented, more "interdependent," i.e., less encouraging of individual autonomy (Feldman & Rosenthal, 1990; King & Bond, 1985), and less emotionally expressive than Euro-American families (Bond, 1991). Conflicts over parental authority heighten during adolescence (Chun-Hoon, 1971; Lee, 1960; Sung, 1971). A study by Kim, Mcleod, and Shantzis (1992) indicated more salient conflicts over parental authority among immigrant youth, because the young often become acculturated to the western culture more quickly than their parents do. This conflict may lead the adolescent to assert independence by adopting the "adult" behavior of smoking.

We examined the effects of acculturation, family functioning, and parental smoking on Asian-American adolescent cigarette smoking. Other variables collected as part of this investigation were discussed by Cachelin, Weiss, and Garbanati (2003). We hypothesized that among Asian-American adolescents, there would be a significant relationship between the factors of acculturation and family functioning and the criterion variables of smoking attitudes and reported smoking behaviors.

METHOD

Participants

One hundred and six Asian-American adolescent students (52% females) participated in this study. The mean age for the sample was 16.30 years old ($SD = 1.31$). The participants were recruited from two school districts in Southern

California. In both school districts, more than 55% of the students are Asian-Americans. Thus, it is assumed that these students experience less diluted cultural influences than students from districts in which they are a clear minority.

Procedure

All participants were contacted by the first author directly at their schools. In an introductory meeting, the researcher explained the study while displaying an objective, nonjudgmental attitude toward smoking. The researcher emphasized to the participants that participation in this study was an opportunity for them as Asian-American adolescents to “have their voices heard” (Weiss & Weiss, 2002). Participants were asked to take parental consent forms home and have them signed by their parents. After the researcher was informed that the parental consent was obtained, the researcher went to the schools again and administered the questionnaires. Participants were assured that their responses would be anonymous. All students completed the questionnaire in groups, in either their classroom or a nearby room. Questionnaires were collected immediately after they were completed.

Measures

Acculturation

The Suinn-Lew Asian Self-Identity Acculturation Scale (SL-ASIAS; Suinn, Richard-Figurroa, Lew, & Vigil, 1987) was used to measure acculturation level. This is a self-administered instrument designed to assess cognitive, behavioral, and attitudinal areas of acculturation among Asian Americans. The scale consists of 21 multiple choice questions that cover language, identity, friendship choice, behaviors, generation/geographic history, and attitudes. A higher score indicates a higher acculturation level to the Western culture. Cronbach’s alpha for the present study was .88, indicating good reliability.

Family Functioning

The Family Functioning in Adolescence Questionnaire (FFAQ; Roelofse & Middleton, 1985) is a 42-item self-report instrument developed to measure the psychosocial health of the family as perceived by adolescent children within the family. The FFAQ was selected because the measure is based on a model integrating family systems theory, developmental tasks and identity formation of the adolescent. The FFAQ has six dimensions (subscales): structure, affect, communication, behavior control, value transmission, and external system. With this instrument,

higher total score indicates more positive family functioning. Cronbach's alpha coefficient for the instrument in the present study was .89.

Parental Smoking

Parental smoking status was measured by questions that indicated whether the mother or the father was a current smoker, a past smoker, or a non-smoker.

Smoking Attitudes

The Smoking Beliefs and Attitude Questionnaire (Pederson & Lefcoe, 1985) is a 17-item self-report measure developed to assess cigarette smoking attitudes among adolescents. It has been used in several cross-cultural studies on adolescents' smoking attitudes (Chen, 1988; Crowe, Torabi, & Nakornkhet, 1994), and has been shown to have high content validity (Crowe et al., 1994) and high reliability (Pederson & Lefcoe, 1985). Examples of items are: "Smoking makes you feel grown up," "Smoking makes you look cool and sexy," and "Smoking makes you popular with your friends." A higher score indicates a more positive attitude toward smoking. Cronbach's alpha coefficient for the instrument in the present study was .80.

Smoking Behaviors

Participants were asked the following questions to determine their lifetime smoking and current smoking status: "Have you ever smoked (even one puff of a cigarette)?" "How many cigarettes have you smoked in your lifetime?" "Do you consider yourself a regular smoker?" Participants were considered to be regular smokers if they self-identified as regular smokers.

RESULTS

Demographic Characteristics

The demographic variables that were specifically examined in the study were: age, gender, grade, living arrangement, and parental marital status. The age of participants ranged from 15 to 19, with a mean age of 16.30 years ($SD = 1.31$). Fifty-one males (48%) and 55 females (52%) completed the survey. Of 106 Asian-American participants, most of their parents (87%) are married, and most of them (83%) reported living with both parents. The sample showed high cultural transition in the Suinn-Lew Asian Self-Identity Acculturation Scale (SL-ASIAS) (Suinn et al. 1987), in that 58% of the participants were immigrants to the United States, but

only 34% of the participants indicated that they were raised mostly in Asia. Using a 5-point scale where 5 is the highest level, we found a mean acculturation of 2.68 ($SD = .61$), with a range from 1.48 to 4.38. Although this was a relatively heterogeneous group with respect to acculturation, 68% of the respondents had acculturation scores below the midpoint, indicating that the majority of participants were low in acculturation (i.e., more Asian-oriented).

Smoking Characteristics

Reported smoking behaviors are summarized in Table I. Smoking status was divided into three categories: never smoked, experimental smokers, and regular smokers. Fifty-one percent of the participants reported that they had never smoked. Among those who reported having smoked, 22% reported themselves as experimental smokers and 27% identified themselves as regular smokers. The designation of regular smoker was corroborated by comparing self-identified status to whether the individual acknowledged having smoked at least 100 cigarettes. The 100-cigarette criterion has been used in previous research to distinguish regular smokers from non-regular smokers (USDHHS, 1994, 1998). These two criteria were consistent in that all students who smoked more than 100 cigarettes identified themselves

Table I. Smoking Characteristics

	Male (<i>n</i> = 51) (48%)	Female (<i>n</i> = 55) (52%)	Total (<i>n</i> = 106)
Lifetime smokers ^a			
No	19 (37%)	35 (64%)	54 (51%)
Yes	32 (63%)	20 (36%)	52 (49%)
Smokers			
Experimental smokers ^b	11 (22%)	12 (22%)	23 (22%)
Regular ^c	21 (20%)	8 (7 %)	29 (27%)
Age at first try			
<10 years	8 (16%)	1 (2%)	9 (8%)
> 10 years	24 (47%)	19 (34%)	43 (41%)
Parental smoking	Frequency	Percentage (%)	
Mother smoking			
Never smoked	73	91	
Smoked, but quit	6	8	
Regular smoker	1	1	
Father smoking			
Never smoked	27	34	
Smoked, but quit	31	39	
Regular smoker	22	28	

^a Lifetime smokers: have ever tried smoking, even only a few puffs of a cigarette in lifetime.

^b Non-regular smokers: have tried smoking and smoked multiple times, but less than 100 cigarettes.

^c Regular smokers: self-identification and have smoked more than 100 cigarettes.

as regular smokers, and only 6 students who smoked less than 100 cigarettes identified themselves as regular smokers. These latter students all reported having smoked more than 40 cigarettes. The relationship between self identified smoking status and the 100-cigarette criterion was significant ($\chi^2(2) = 26.14$, $p = .000$).

Factors Associated With Smoking Attitudes

With respect to gender, 63% of the boys reported having tried smoking, while 36% of the girls did so. Of those who had tried smoking, more boys identified themselves as regular smokers than girls, and boys were more likely to start smoking earlier than girls. In terms of parental smoking, 93% of the mothers and 38% of the fathers were reported to have never smoked. Twenty-eight percent of the fathers were reported to be regular smokers.

A standard multiple regression analysis was conducted to assess the relationship between Asian-American adolescents' smoking attitudes and gender, father smoking status, acculturation, and family functioning. The linear combination of these factors was significantly related to smoking attitudes, $F(6, 99) = 3.21$, $p = .006$. Positive smoking attitudes were significantly related to father smoking ($F(1, 104) = 3.92$, $p = .050$) and to gender ($F(1, 105) = 7.95$, $p = .006$). Those who expressed more positive attitudes toward smoking tended to have a father who smoked and to be boys. Although family functioning and acculturation were not significantly related to smoking attitudes, there was a significant interaction of family functioning and acculturation on smoking attitudes ($F = 9.96$, $p = .003$). When both family functioning and acculturation were low, adolescents expressed positive attitudes towards smoking. However, when family functioning was high and acculturation was low, adolescents expressed negative attitudes towards smoking.

As one might expect, smoking attitudes were significantly correlated with adolescents' smoking behaviors. Three Pearson's r values were computed; in each case, the dichotomous variable that captured the smoking behavior was treated as 0–1. Those students who expressed more positive attitudes towards smoking were more likely to have tried smoking ($r = .49$, $p < .001$); they were also more likely to identify themselves as regular smokers ($r = .54$, $p < .001$), and were more likely to have smoked more than 100 cigarettes ($r = .50$, $p < .001$).

Factors Associated With Smoking Behaviors

Two logistic regression analyses were conducted to distinguish differences in smoking status from a set of variables such as father smoking, family functioning, and acculturation. As shown in Table II, father smoking was associated with a

Table II. Odds Ratios for Smoking Behaviors as a Function of Father's Smoking, Family Functioning, and Acculturation

	Experimental smoking		Regular smoking	
	OR	95% CI	OR	95% CI
Father smoking	2.47	(1.29, 4.74)	3.93	(1.47, 10.51)
Family functioning	.99	(0.96, 1.02)	.96	(0.92, 0.99)
Acculturation	.99	(0.95, 1.04)	.98	(0.93, 1.03)

$p < 0.05$.

significantly increased risk for both experimental smoking and regular smoking. In general, students whose fathers were regular smokers were approximately 2 to 4 times more likely to have tried smoking and to smoke regularly. Acculturation was not associated with experimental smoking and regular smoking. However, positive family functioning was significantly associated with a decreased risk of smoking regularly. Those who reported having good relationships with their families were less likely to smoke regularly or more likely to have quit smoking after they had tried. Those who reported experiencing poorer family relationships were at greater risk of smoking regularly.

DISCUSSION

To our knowledge, this is one of the first studies to examine not only the relationship between acculturation and cigarette smoking among Asian-American adolescents, but also the relationship between family functioning and cigarette smoking among this population. When compared with statewide surveys on adolescents in all ethnic groups regarding tobacco use, the proportion of students who reported having tried smoking in this study (49%) is high. Recent reported rates of lifetime smoking among Asian-American adolescents vary from 16% in a California sample (Chen et al., 1999) to 33% in a nationwide sample (Appleyard, Messeri, & Haviland, 2001). These differences may result partly from differences in the questions that were asked, and partly from different subject recruitment approaches.

Not surprisingly, the presence of a father smoking was associated with more positive smoking attitudes and with greater likelihood of being a regular smoker in Asian-American adolescents. The role model of a father who smokes has great impact on adolescent smoking. This study suggests that the familial impact on smoking needs to be understood in the context of cultural and family influences. Acculturation plays a role in the development of smoking attitudes, especially in boys. Less acculturated boys were found to exhibit more positive attitudes towards smoking compared to more acculturated boys and to girls, regardless of their level of acculturation. A plausible explanation is that the less acculturated boys have

attitudes similar to those of the ancestral countries, attitudes that favor smoking by males.

For both Asian-American females and males, there is an increasing struggle for autonomy and an increasing discrepancy between their parents' traditional cultural norms and the western norms the children are adopting. A factor that is very important in understanding acculturative stress and problem behaviors, at least for smoking, is the role of family relationships. In the present study, adolescents who reported healthy family functioning were less likely to endorse positive smoking attitudes and less likely to smoke. Although there is little directly comparable data, the present findings are consistent with those of Crowe et al. (1994), who found that those Asian-American adolescents reporting an excellent relationship with their family were more likely to have never smoked.

There is additional evidence that family conflicts, misunderstanding, arguments between teens and their parents and lack of parental support are associated with elevated risk of adolescent substance use (Redziszewka, Richardson, Dent, & Flay, 1996). These studies suggest that when Asian-American adolescents experience conflict with their parents due to acculturation gaps in generations and acculturative stress, they tend to feel that they do not fit at home or in society. A natural consequence may be minimizing parental relations in favor of peer relations. Smoking is one avenue by which adolescents seek acceptance from peers. Consistent with this notion, the greatest number of regular smokers in this study was in the low family functioning group. The relationship between family functioning and smoking behaviors further suggests that when Asian-American adolescents have a good relationship with their parents and receive enough social support, they tend to be better adjusted and integrated with family and society; thus, they tend to have fewer problem behaviors, including smoking cigarettes. Therefore, healthy family relationships function as a buffer against smoking, and possibly against substance abuse.

The main limitation of our study is the small sample size, which did not allow for meaningful generalizability. Therefore, our findings should be viewed as preliminary. The usual caution regarding self-reports of behaviors that may be perceived as negative applies here.

Adolescent smoking is a particular public health concern. In this preliminary study, we found effects of acculturation and family functioning on Asian-American adolescent smoking attitudes and behaviors. Future research with a larger sample should allow for a more fine tuned assessment of the interaction of these variables on smoking attitudes and behavior. In addition, a larger sample will allow for variations among subgroups within the general classification of Asian Pacific Islanders to be considered. Since there are variations in values and beliefs among different countries of the origin in this group, research needs to investigate the relationships between various Asian-American subgroups (e.g., Chinese, Korean, Japanese, Vietnamese, Filipinos, etc.) that differ greatly with respect to levels

of acculturation, family structure and attitudes towards smoking. Such research would help tailor more culturally appropriate smoking prevention strategies.

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