

UC Irvine

UC Irvine Previously Published Works

Title

The Effects of Interview Mode on Smoking Attitudes and Behavior: Self-Report among Female Latino Adolescents

Permalink

<https://escholarship.org/uc/item/2db1c5mj>

Journal

Substance Use & Misuse, 31(8)

ISSN

1082-6084

Authors

Kaplan, Celia Patricia
Tanjasi, Sora Park

Publication Date

1996

DOI

10.3109/10826089609072282

Copyright Information

This work is made available under the terms of a Creative Commons Attribution License, available at

<https://creativecommons.org/licenses/by/4.0/>

Peer reviewed

The Effects of Interview Mode on Smoking Attitudes and Behavior: Self-Report among Female Latino Adolescents

Celia Patricia Kaplan, Dr.P.H., M.A.,* and Sora Park Tanjasiri, M.P.H.

Jonsson Comprehensive Cancer Center, Division of Cancer Prevention and Control Research, University of California, Los Angeles, Los Angeles, California, USA

ABSTRACT

Although a substantial literature compares data on health-related behaviors collected by face-to-face and telephone interview formats, little attention has been paid to the comparability of responses regarding cigarette-smoking-related behavior, particularly among Latino youth. This study compares telephone and face-to-face interview methods for assessing smoking behaviors, attitudes, and beliefs among Latina adolescents. Data indicated no significant differences in demographic characteristics or smoking-related behaviors between the face-to-face and telephone groups. However, respondents interviewed face-to-face were significantly more likely to express dislike of smokers and state that quitting smoking was easy.

Key words. Latino; Adolescent; Smoking; Methodology

*To whom correspondence should be addressed at UCLA Jonsson Comprehensive Cancer Center, 1100 Glendon Avenue, Suite 711, Los Angeles, CA 90024, USA. Telephone: (310) 794-8587. FAX: (310) 206-3566.

INTRODUCTION

Cigarette smoking represents a significant public health problem and has been identified as the single most preventable cause of disease and premature death in the United States. Smoking in young women is of particular concern because not only does it pose long- and short-term hazards to the smoker's health, but it can also have immediate impact on reproductive function and birth outcome (Berman and Gritz, 1991; Gritz, 1984). Although recent data from California indicate that smoking rates among adult Latino females are substantially lower than those of non-Latino Whites (Burns and Pierce, 1992), there is evidence that Latinas may be particularly susceptible to smoking as they become more acculturated and a target of the tobacco industry. Higher rates of experimentation with tobacco among current cohorts of young Latinas compared to non-Latino Whites suggest that their rates may increase as they mature (Burns and Pierce, 1992).

In general, monitoring adolescent smoking behavior, attitudes, and practices has relied on face-to-face interviews and self-administered surveys (Johnston et al., 1992; Bachman et al., 1991). However, the high cost of face-to-face interviewing has increasingly led to the use of more cost-efficient methods of data collection such as telephone interviewing. Although a substantial literature exists on the comparability of health data by face-to-face and telephone interview formats (Herzog et al., 1983; Aneshensel et al., 1982; Siemiatycki, 1979), little attention has been paid to the comparability of responses about cigarette-smoking-related behavior, particularly among Latino youth. Telephone surveys of substance use behaviors, attitudes, and beliefs may differ substantially from face-to-face interviews among Latino adolescents due to issues such as lower telephone coverage, lower income and educational attainment, and preference for Spanish language. These characteristics may result in both lower survey response rates and poorer quality of information obtained over the telephone.

There have been only two studies comparing substance use among adolescents in telephone and face-to-face instruments and the results are equivocal. In one study, Luepker et al. (1989) reported that telephone surveys underestimated smoking by 3-4% compared to face-to-face interviews in a sample of adolescents and young adults from the Minneapolis-St. Paul area. The other study, conducted by Aquilino and LoSciuto (1990), found no difference in smoking estimates by interview method for Black and White adolescents in the National Longitudinal Survey of Youth. Hispanic adolescents were not examined as a separate group in either study. The present study compares telephone and face-to-face methods for assessing smoking attitudes, beliefs, and behaviors among Latina female adolescents. Specifically, we ask: To what extent

does the reporting of smoking-related attitudes, beliefs, and behaviors differ by mode of interview among young Latina females?

METHODS

Subject Recruitment

Subjects were recruited from two family planning clinics in Los Angeles County between May 1992 and March 1993. All Latina adolescent clients aged 14–19 who presented for care during this time period were asked by an interviewer to participate in the study. Clinic interviewers were female, in their mid-twenties, Spanish/English bilingual and bicultural to match the ethnicity of the clinic patients, and with extensive training through the UCLA Jonsson Comprehensive Cancer Center (JCCC). Each subject was randomly preassigned to either face-to-face or telephone interview. All subjects were personally approached in the clinic waiting room and asked to participate in the study. Subjects were told that this was a voluntary study of the factors associated with cigarette smoking, and that the results would greatly assist in the design of culturally-sensitive intervention programs. After obtaining informed consent, a modified bogus pipeline (Werch et al., 1987) technique was implemented to assess the validity of their smoking status: subjects were told that a saliva sample would be collected from them at the end of the interview. Only 1 in 4 samples was actually analyzed.

Subjects assigned to the face-to-face modality were interviewed at the time of recruitment. No additional information was obtained from subjects assigned to the face-to-face group unless the potential subject refused to participate in the study. Subjects assigned to the telephone group were asked to complete a form that indicated their telephone number and preferred times to be contacted. In addition, a short form was completed for these subjects in order to assess demographic characteristics of possible nonrespondents. For those subjects who did not complete this form, demographic information was obtained from clinic patient records. Subjects assigned to the telephone interview group were contacted within two weeks of identification in the clinic. Telephone interviews were conducted by three Spanish/English bilingual interviewers who were female college students and who comprised part of a pool of telephone interviewers trained and employed by the JCCC. A strict follow-up protocol was utilized for hard-to-reach subjects which included at least eight telephone call attempts at different times of the day, including evenings and Saturdays. A “lost to follow-up form” identifying the reason for failure to complete the interview was completed for subjects who refused to participate or were unable to be contacted.

Development of the Survey

Development of the survey instruments involved several stages. First, a review of other smoking-related surveys was performed, including Monitoring the Future (Institute of Social Science Research, 1982-83) and Tobacco Use in California (Burns and Pierce, 1992). Next, focus groups and unstructured interviews were conducted with 20 participants to assess domains pertinent to smoking-related issues. Since the majority of the population was Spanish speaking, all survey items were translated into Spanish by bilingual staff. After the translation was completed, the items were evaluated by a group of bilingual English/Spanish speakers. Finally, the Spanish version of the interview was backtranslated into English. Inconsistencies were discussed and changes made in the versions as appropriate. Field testing of the instrument was conducted with 61 subjects to review skip patterns and logic sequences.

Measures

Demographic Information

Age, last grade completed, marital status, country of birth, age at migration to the United States, employment status during the 12 months prior to interview, language of interview, and reproductive history were assessed. Acculturation level was measured using items from the Hispanic Health and Nutrition Examination Survey, which assessed language preference in reading, writing, and speaking (Cuellar et al., 1980).

Tobacco Smoking

Three questions determined the respondent's smoking status: a) Have you ever tried or experimented with cigarette smoking, even a few puffs; b) Have you smoked at least 100 cigarettes in your life; c) Do you now smoke cigarettes, even an occasional puff. All subjects were asked whether they planned to smoke in the next 12 months. Current and former smokers were asked the age when they smoked their first whole cigarette and started smoking regularly, and the number of cigarettes smoked in a day.

Possible Environmental Tobacco Smoke (ETS) Exposure

Three measures were created that assessed whether the respondent knew someone who smoked, knew a family member who smokes, and lived with someone who smoked excluding the respondent.

Attitudes and Beliefs about Smoking

Fourteen items were derived from the 1990 California Tobacco Survey, a baseline survey for a multiwave study of adolescents aimed at assessing prevalence of and attitudes about smoking in California (Burns and Pierce, 1992). Respondents were asked whether they agreed or disagreed with statements regarding the beliefs and health risks of smoking, and whether they agreed, disagreed, or had no opinion regarding statements on attitudes toward smokers and the difficulty of quitting.

Data Analysis

Bivariate analyses, including chi-square and *t*-tests, were used to determine whether reported demographic characteristics, smoking attitudes, and behaviors differed between subjects assigned to the two methodologies: face-to-face and telephone. Significance levels were reported at the 0.05, 0.01, and 0.001 levels.

RESULTS**Response Rate**

A total of 856 adolescents aged 14–19 were approached to participate in the study. Response rates varied greatly by interview modality. Of those assigned to the face-to-face modality ($N = 367$), 94.8% participated. Among those assigned to the telephone interview ($N = 489$), 65.2% were successfully interviewed. As seen in Table 1, in the telephone group the main reasons for nonparticipation were not having a telephone or refusing at the site to be called (20.7%). Unfortunately, we were unable to differentiate between the two rea-

Table 1.
Reason for Noncompletion by Method of Interview

	Face-to-face ($N = 367$) (%)	Telephone ($N = 489$) (%)
Completed Interviews	94.8	65.2
Refused at site/no telephone	5.2	20.7
Wrong or disconnected telephone number	—	6.5
Moved from home	—	3.1
Unable to reach	—	2.9
Refused when contacted on the telephone	—	1.6

sons in our dataset. After agreeing to participate, reasons for nonresponse among telephone participants included wrong or disconnected telephones (6.5%), moved away from home (3.1%), unable to reach after at least eight attempts (2.9%), and refused to be interviewed when reached by telephone (1.6%).

Given the high nonresponse rate among subjects assigned to the telephone interview group, demographic characteristics of respondents and nonrespondents were compared for this group (table not shown). There were no significant differences between respondents and nonrespondents with respect to age, marital status, country of birth, and age at which they migrated to the United States. However, significant differences were obtained with respect to level of education. Nonrespondents achieved lower levels of education than respondents (33.1% had completed less than 6 years of education compared to 22.9% for respondents).

Demographic Characteristics

Sociodemographic characteristics of respondents in the study by mode of interview are presented in Table 2. There were no significant differences in any demographic or reproductive characteristics between adolescents in the face-to-face and telephone groups.

Smoking Patterns

As seen in Table 3, there were no differences in reported past smoking patterns according to interview modality. Adolescents in both groups reported similar proportions of having ever smoked, having ever smoked 100 cigarettes, and reporting current smoking. There were significant differences in future smoking plans, however. Respondents in the face-to-face group were more likely to state that they would "definitely not smoke in the future" compared to those in the telephone group ($p \leq .05$). Respondents in the face-to-face group were also significantly more likely to report that they know someone who smokes ($p \leq .05$). There were no significant differences according to interview modality for adolescents in any of the other variables associated with ETS (e.g., living with a smoker, having a family member who smokes).

Turning to smoking prevalence among current and former smokers, Table 4 demonstrates no significant differences were found in reported average age of smoking initiation, age started to smoke regularly, or number of cigarettes smoked per day by interview modality.

Table 2.
Selected Characteristics of Respondents by Method of Interview

	Face-to-face (<i>N</i> = 349) (%)	Telephone (<i>N</i> = 321) (%)	<i>P</i> ^{a,b}	Total (<i>N</i> = 670) (%)
Age:				
14-15	9.2	5.6	N.S.	7.4
16-18	61.8	64.5		63.1
19	28.9	29.9		29.4
Education:				
<6	26.1	22.9	N.S.	24.6
7-11	65.2	67.4		66.3
12+	8.6	9.7		9.1
Marital status:				
Married or living with someone	61.5	56.6	N.S.	59.1
Divorced/separated	1.7	3.8		2.7
Never married	36.7	39.7		38.2
Place of birth:				
United States	14.9	17.6	N.S.	16.2
Mexico	54.8	54.2		54.5
Other	30.3	28.2		29.4
Age moved to United States:	(<i>N</i> = 300) ^c	(<i>N</i> = 263) ^c		
<5	18.7	21.7	N.S.	20.1
6-10	11.0	11.4		11.2
11-15	34.7	34.6		34.6
16-19	35.7	32.3		34.1
Worked in past 12 months	30.2	29.4	N.S.	29.8
Language of interview:				
Spanish	79.7	78.2	N.S.	79.0
English	20.3	21.8		21.0
Acculturation:				
Primarily Spanish	64.9	60.8	N.S.	63.0
Both equally	21.6	21.6		21.6
Primarily English	13.5	17.6		15.4
Number of pregnancies:				
0	6.3	5.4	N.S.	5.9
1	61.2	66.6		63.8
2 or more	32.5	28.1		30.4
Number of live births:	(<i>N</i> = 327) ^d	(<i>N</i> = 300) ^d		(<i>N</i> = 627) ^d
0	17.0	16.7	N.S.	16.8
1	60.1	64.0		62.0
2 or more	23.0	19.3		21.2

^aChi-square statistics used.

^bN.S. = Nonsignificant.

^cIncludes only non-United-States born.

^dIncludes only women who have been pregnant.

Table 3.
Prevalence of Cigarette Smoking by Method of Interview

	Face-to-face (N = 349) (%)	Telephone (N = 321) (%)	P ^a	Total (N = 670) (%)
Ever smoked cigarettes	43.6	43.9	—	43.7
Smoked 100 cigarettes in lifetime	8.0	9.3	—	8.7
Smokes cigarettes now	10.3	11.5	—	10.9
Smoking plans in the future:				
Definitely yes	1.2	1.3	*	1.2
Probably yes	4.5	4.1		4.3
Probably not	5.7	15.0		10.2
Definitely not	88.7	79.6		84.3
Subject knows someone who smokes	82.2	75.4	*	79.0
Subject knows family member who smokes	56.4	52.6	—	54.6
Subject lives with someone who smokes	33.8	31.8	—	32.8

^aChi-square statistics used.

**p* ≤ .05.

***p* ≤ .01.

Attitudes and Beliefs about Smoking

Analysis was conducted to evaluate whether there were differences by interview modes on the 14 attitude and belief items. Since missing information is important in analysis, it was necessary to determine whether either interview strategy resulted in more missing data than the other. No significant differences

Table 4.
Mean and Standard Deviations for Smoking Behaviors by Method of Interview

	Face-to-face (N = 52)	Telephone (N = 54)	P ^a	Total (N = 54)
Age smoked first cigarette	14.3 (SD 2.6)	14.6 (SD 2.0)	—	14.4 (SD 2.0)
Age started to smoke regularly	14.6 (SD 2.4)	15.1 (SD 2.0)	—	14.8 (SD 2.2)
Number of cigarettes smoked per day	5.5 (SD 3.3)	4.6 (SD 3.0)	—	5.0 (SD 3.1)

^aT-Statistics used.

**p* ≤ .05.

***p* ≤ .01.

in the proportion of missing values between the two interview methodologies were found (table not shown). Second, confirmatory factor analysis was conducted based on groupings derived from content analysis of items. Four scales were derived from these items. Cronbach's alpha reliabilities were computed to assess scale consistency, and the intersum and average correlations were examined for each scale by interview modality.

As seen in Table 5, there were no significant differences by interview mode for any items comprising the "Benefits of Smoking" or "Perceived Danger of Smoking" scales. Differences were found for items comprising the two other attitude scales (see Table 6). For all five items forming the scale "Attitudes Toward Smokers," significant differences were found between telephone and face-to-face interviews. A greater dislike of smokers was reported among those interviewed in the face-to-face modality as compared to the telephone survey. Significant differences by interview modality were also found for items included in the "Ease of Quitting" scale. In both of these scales, when the items included a "no opinion" category, a higher proportion of those in the telephone interview compared to face-to-face chose "no opinion" as their response.

For the two scales containing more than two items—the "Benefits of Smoking" and "Attitudes toward Smokers" scales—Cronbach's alphas were calculated and compared by mode of interview. In both scales the alpha reliabilities were adequate ($= .71$ and $.72$) and did not vary by method of interview. For the two-item scales, while alphas do not report meaningful reliability data, they allow us to assess whether any differences by mode of interview could be detected. No differences were found by the interview method for either two-item scale, suggesting congruence of the modes for these attitudinal areas.

DISCUSSION

This paper examined the comparability of telephone and face-to-face interviews in the assessment of smoking behaviors among Latina adolescents attending family planning clinics in Los Angeles County. The data obtained suggest that telephone interviewing is an adequate method for monitoring smoking prevalence in this population, yielding results comparable to those obtained from face-to-face interviews. The lower response rate obtained in the telephone group can largely be explained by previously reported lower telephone coverage in Latino populations (Marin et al., 1990). The proportion of refusals (20%) in the telephone group due to lack of telephone or simple unwillingness to participate was similar to the proportion of respondents in the face-to-face group that did not have a telephone (15%) and did not want to participate (5%). Similar demographic characteristics of respondents in the two-interview

Table 5.
Beliefs about Smoking by Method of Interview

	Face-to-face (N = 349)	Telephone (N = 321)	P ^a	Item total correlations		Alpha if item deleted and total scale alpha	
				Face-to-face	Telephone	Face-to-face	Telephone
Benefits of smoking: ^b							
Smoking can help people when they are bored	12.3	12.2	—	.41	.36	.68	.71
Cigarette smoking helps people relax	21.0	23.1	—	.59	.61	.60	.61
Cigarette smoking helps people reduce stress	13.3	14.4	—	.49	.46	.65	.68
Smoking helps people feel more comfortable at parties and in other social situations	23.6	23.9	—	.58	.51	.60	.66
Smoking helps people keep their weight down	16.9	14.9	—	.28	.44	.73	.68
Total scale alpha						.71	.71
Perceived danger of smoking: ^b							
It's safe to smoke for only a year or two	11.6	14.2	—	.20	.22	.33	.35
There is harm in having an occasional cigarette	25.6	22.8	—				

^aChi-square statistics used.

^bNumbers represent proportion that agree with each statement.

* $p \leq .05$.

** $p \leq .01$.

Table 6.

Attitudes toward Smokers and Quitting by Method of Interview

		Face-to-face (N = 349)		Telephone (N = 321)	P ^a	Item total correlations		Alpha if item deleted and total scale alpha	
						Face-to-face	Telephone	Face-to-face	Telephone
Attitudes toward smokers:									
I strongly dislike being around people who are smoking	A ^b	84.1	66.8		***	.57	.53	.64	.65
	NO	0.3	5.6						
Seeing someone smoking turns me off	D	15.6	27.6		**	.53	.55	.66	.64
	A	82.0	74.6						
I'd rather date people who don't smoke	NO	0.0	1.9		***	.56	.54	.65	.65
	D	18.0	23.5						
I personally don't mind being around people who are smoking	A	91.3	82.0		**	.49	.35	.67	.72
	NO	0.3	3.2						
	D	8.4	14.8						
	A	84.4	74.9						
	NO	0.3	0.9						
	D	15.3	24.1						

(continued)

Table 6. Continued

	Face-to-face (N = 349)	Telephone (N = 321)	P ^a	Item total correlations		Alpha if item deleted and total scale alpha	
				Face-to-face	Telephone	Face-to-face	Telephone
I strongly dislike the smell of cigarette smoke on clothing	A 93.0 NO 0.3 D 6.7	85.0 0.3 14.7	**	.27	.43	.37	.69
Total scale alpha						.72	.72
Ease of quitting smoking: If I started smoking regularly, I could stop anytime I wanted	A 63.3 NO 0.0 D 36.7	54.8 3.7 41.5	***	.39	.48	.56	.65
A person can stop smoking at any time	A 53.2 NO 0.3 D 46.5	43.5 3.2 53.2	**				

^aChi-square statistics used.

^bA = agree, NO = no opinion, D = disagree response categories.

* $p \leq .05$.

** $p \leq .01$.

*** $p \leq .001$.

methodology further support the adequacy of telephone interviews for assessing smoking behaviors among Latina adolescents.

Furthermore, our results support telephone interviewing as an adequate method compared to face-to-face for assessing smoking attitudes and beliefs among Latino youth. Telephone interviews appeared to elicit more candid "no opinion" responses to questions measuring attitudes toward smoking and ease of quitting compared to face-to-face interviews. While an alternative reason for the higher proportion of telephone "no opinion" answers may be less thoughtfulness on the part of telephone respondents, we could find no research on the differential effects of interview mode on the use of no-opinion filters. However, researchers have identified a group of respondents who, while expressing an opinion in the absence of a no-opinion category, will choose a no-opinion if offered (Schuman and Presser, 1981). It is possible that Latina adolescents may also be more willing to choose "no-opinion" responses in telephone interviews. They may feel more comfortable expressing true nonattitudes: they lack opinions on the issue of smokers and smoking when not in a face-to-face interview situation.

In addition, our findings suggest that telephone interview may elicit more positive support of smokers and smoking than face-to-face encounters. We found that adolescents interviewed by telephone were significantly more likely to express acceptance of smokers than those interviewed face-to-face. Marin and Marin (1991) identified a strong Latino cultural trait toward expressing attitudes that reflect perceptions of social desirability. Thus, it is possible that Latina subjects in our study felt pressured toward expressing stronger anti-smoking attitudes when confronted by an interviewer at a health care site (i.e., interviews conducted among adolescents at a health care facility may promote answers consistent with the health goals of the clinical setting).

Despite positive findings, respondents were recruited from a clinic sample, and thus our results are not immediately generalizable to the larger Latino adolescent population. Also the clinic site may promote socially desirable responses that might not be as prevalent in home-based face-to-face interviews. Future research should expand on our study findings by examining methodological issues among population-based Latinos. As the incidence of substance use increases among Latina girls, more research is clearly needed into understanding how methodological concerns impact the assessment of behavioral determinants.

Despite the study limitations, our findings strongly suggest that telephone interviewing is a viable method for assessing smoking-related behaviors and beliefs among Latina adolescents. This finding has important implications for research because telephone interviews are less costly and are able to reach larger numbers of subjects than face-to-face interviews (Marcus and Crane, 1986). Telephone interviewing has other advantages, including improved ability to supervise interviewers, greater reach to geographically distant respondents,

and faster data gathering and processing (Aday, 1989). Our findings have important implications for clinic interventions, since telephone interviewing poses less threat of disruption of clinic routines compared to personal interviewing. While more comparative research is needed, ultimately we hope our findings will assist in the collection of valid and reliable smoking prevalence data for young Latino females.

ACKNOWLEDGMENTS

This study was funded by the University of California Tobacco-Related Disease Research Program, Grant 2KT004. We are indebted to Kathy Wiley, Anna Diaz, and Dr. Gerald Bernstein for their invaluable support in this project. We are grateful to Dr. Patricia Ganz, Dr. Roshan Bastani, and Dr. Lori Crane for providing comments on earlier versions of this manuscript. Finally, we wish to acknowledge the commitment and dedication of the project staff: Graciela Barba, Kevin Campbell, Alma Medrano, Lorena Montoya, Laura Sarmiento, and Irene Valencia.

REFERENCES

- ADAY, L. (1989). *Designing and Conducting Health Surveys*. San Francisco, CA: Jossey-Bass Publishers.
- ANESHENSEL, C. S., FRERICHS, R. R., CLARK, V. A., and YOKOPENIC, P. A. (1982). Telephone versus in-person surveys of community health status. *Am. J. Public Health* 72: 1017-1021.
- AQUILINO, W. S., and LoSCIUTO, L. A. (1990). Effects of interview mode on self-reported drug use. *Public Opin. Q.* 54: 362-395.
- BACHMAN, J. G., WALLACE, J. M., O'MALLEY, P. M., JOHNSTON, L. D., and KURTH, C. L. (1991). Racial/ethnic differences in smoking, drinking and illicit drug use among American high school seniors, 1976-89. *Am. J. Public Health* 81: 372-377.
- BERMAN, B. A., and GRITZ, E. R. (1991). Women and smoking: Current trends and issues for the 1990's. *J. Substance Abuse* 3: 221-238.
- BURNS, D., and PIERCE, J. P. (1992). *Tobacco Use in California 1990-1991*. Sacramento, CA: California Department of Health Services.
- CENTERS FOR DISEASE CONTROL AND PREVENTION (1994). *Preventing Tobacco Use among Young People. A Report of the Surgeon General*. Washington, D.C.: US Department of Health and Human Services.
- CUELLAR, I., HARRIS, L. C., and JASSO, R. (1980). An acculturation scale for Mexican American normal and clinical populations. *Hisp. J. Behav. Sci.* 2: 199-217.
- GRITZ, E. R. (1984). Cigarette smoking by adolescent females: Implications for health and behavior. *Women Health* 9: 103-115.
- HERZOG, A. R., RODGERS, W. L., and KULKA, R. A. (1983). Interviewing older adults: A comparison of telephone and face-to-face modalities. *Public Opin. Q.* 47: 405-418.
- INSTITUTE OF SOCIAL SCIENCE RESEARCH (1982-83). *Monitoring the Future: A Continuing Study of the Lifestyles and Values of Youth*. Ann Arbor, MI: University of Michigan.

- JOHNSTON, L. D., O'MALLEY, P. M., and BACHMAN, J. G. (1992). *Smoking, Drinking and Illicit Drug Use among American Secondary School Students, College Students and Young Adults. 1975-91. Volume 1. Secondary School Students*. NIH Publication 93-3480.
- LUEPKER, R. V., PALLONEN, U. E., MURRAY, D. M., and PIRIE, P. L. (1989). Validity of telephone surveys in assessing cigarette smoking in young adults. *Am. J. Public Health* 79: 202-204.
- LYNCH, B. S., and BONNIE, R. J. (Eds.) (1994). *Growing up Tobacco Free. Preventing Nicotine Addiction in Children and Youths*. Committee on Preventing Nicotine Addiction in Children and Youths, Division of Biobehavioral Sciences and Mental Disorders, Institute of Medicine, Washington, D.C.: National Academy Press.
- MARCUS, A. C., and CRANE, L. A. (1986). Telephone surveys in public health research. *Med. Care* 24: 97-112.
- MARIN, G., and MARIN, B. V. (1991). *Research with Hispanic Populations: Applied Social Research Methods Series, Volume 23*. Newbury Park, CA: Sage Publications.
- MARIN, G., VANOSS, B., and PEREZ-STABLE, E. J. (1990). Feasibility of a telephone survey to study a minority community: Hispanics in San Francisco. *Am. J. Public Health* 80: 323-326.
- SCHUMAN, H., and PRESSER, S. (1981). *Questions and Answers in Attitude Surveys: Experiments on Question Form, Wording and Context*. New York: Academic Press.
- SIEMIATYCKI, J. (1979). A comparison of mail, telephone, and home interview strategies for household health surveys. *Am. J. Public Health* 69: 238-245.
- WERCH, C. E., GORMAN, D. R., MARY, P. J., FORBESS, J., and BROWN, B. (1987). Effects of the bogus-pipeline on enhancing validity of self-reported adolescent drug use measures. *J. Sch. Health* 57: 232-236.

RESUMEN

Aunque bastante literatura compara datos de conductas obtenidos por medio de entrevistas hechas cara a cara o por teléfono, poca atención ha sido puesta en la comparación de las respuestas relacionadas con las conductas del fumar, particularmente en la juventud Latina. Este estudio compara los métodos de entrevistar cara a cara y por teléfono para obtener información acerca de las conductas, actitudes, y creencias del fumar en adolescentes Latinas. Los datos no indicaron diferencias estadísticamente significativas en las características demográficas o conductas relacionadas con el fumar entre los grupos entrevistados cara a cara y por teléfono. Sin embargo, fue significativamente más probable que los entrevistados cara a cara expresaran disgusto con fumadores y afirmaran que dejar de fumar fue fácil.

RÉSUMÉ

Si il est vrai que de nombreuses études portent sur la comparaison des résultats de sondages, réalisés par téléphone et de personne à personne, à propos des comportements engendrés par la question de la santé, peu d'attention, cependant, a été consacrée à la comparaison des réponses au point de vue

comportement des fumeurs, plus particulièrement chez les jeunes Latinos. Cet article expose la comparaison entre le sondage par téléphone et celui de personne à personne, afin d'évaluer les comportements, les attitudes et les pensées des fumeurs parmi les adolescents Latinos. Les informations obtenues dans les deux types de sondage ne font preuve d'aucune différence importante, quant aux particularités démographiques ou aux comportements des fumeurs. Cependant, les gens interrogés par la méthode du sondage de personne à personne ont, nettement exprimé leur aversion envers les fumeurs, et ont affirmé qu'il était facile d'arrêter de fumer.

THE AUTHORS



Celia Patricia Kaplan received her Dr.PH. from the University of California, Los Angeles, in 1990. She has specialized in research on health compromising behaviors among Latino and African-American females, particularly adolescents. As an Assistant Researcher at the UCLA Jonsson Comprehensive Cancer Center, Division of Cancer Prevention and Control Research, she is the Principal Investigator of a study assessing factors affecting adherence among women identified with breast abnormalities.

She has also participated in several large studies assessing factors affecting adherence to follow-up among women with abnormal pap smears, as well as breast cancer screening behavior among low-income women.



Sora Park Tanjasiri is a doctoral student in the Department of Community Health Sciences, School of Public Health at the University of California, Los Angeles. Her dissertation examines the organizational factors promoting tobacco policy advocacy efforts among community-based agencies in a statewide network. Her past research has focused on the cigarette smoking behaviors and passive smoking exposures of minority women, particularly among Asian Pacific Islanders. As the

Project Director of a multi-ethnic smoking initiation study at the Jonsson Comprehensive Cancer Center, she has collected data on the lifestyle factors affecting smoking among Latina and African-American girls.