UCLA
American Indian Culture and Research Journal

Title
"Starting Stories" among Older Northern Plains American Indian Smokers

Permalink
https://escholarship.org/uc/item/4b30j2n1

Journal
American Indian Culture and Research Journal , 33(3)

ISSN
0161-6463

Author
Hodge, Christopher

Publication Date
2009-06-01

DOI
10.17953

Copyright Information
This work is made available under the terms of a Creative Commons Attribution-NonCommercial License, availalbe at https://creativecommons.org/licenses/by-nc/4.0/

Peer reviewed

eScholarship.org Powered by the California Digital Library
University of California

AMERICAN INDIAN CULTURE AND RESEARCH JOURNAL 33:3 (2009) 53–60

"Starting Stories" among Older Northern Plains American Indian Smokers

CHRISTOPHER E. HODGE

INTRODUCTION

American Indian adults have the highest smoking rate of any racial group in the nation.[1] By the turn of the twenty-first century, smoking rates for the general adult population were reported to be 24 percent.[2] Among adolescents in the United States, 34.8 percent of high school students reported they currently smoked in 1999.[3] In comparison, American Indian adults report smoking rates ranging from 34 to 79 percent.[4] American Indian youth smoking rates range as high as 50 percent, especially among Northern Plains states.[5]

Tobacco use, which includes smoking cigarettes, is the most preventable cause of death in the United States.[6] To date, there is no clear explanation as to why American Indians have extremely high smoking rates.[7] It is known, however, that approximately 90 percent of the general population began smoking in adolescence, most by age eighteen.[8] The age of smoking initiation by American Indians is predicted to be somewhat younger, as young as twelve to sixteen years.[9] Understanding the phenomenon of starting smoking—in terms of how individuals are introduced to cigarettes, influences of smoking initiation, and culture-bound attitudes that facilitated the smoking initiation—is an important step toward ameliorating the problem of smoking-induced health problems.

METHODS

The purpose of this study was to examine smoking initiation, smoking cessation, and tobacco-control policies among Plains Indian tribes. Seven tribes located in Minnesota, Nebraska, and South Dakota participated in the multi-reservation study from 2002 to 2003. Data presented in this article were collected during the focus-group phase.

Christopher E. Hodge is a student in the master's program in American Indian Studies at the University of California, Los Angeles. His interest is in American Indian youth and psychology. He is an enrolled member of the Cherokee Nation.

Three Ojibwe reservations in Minnesota (Mille Lacs, White Earth, and Leech Lake), three Sioux reservations in South Dakota (Pine Ridge, Rosebud, and Yankton), and the Winnebago Reservation of Nebraska participated in the research study. The research team contacted and worked with the health division director on each reservation to select and train a tribal employee to schedule focus groups and recruit focus-group participants who were smokers and former smokers. The recruitment was conducted through flyers and word of mouth. Flyers were posted at many tribal buildings (for example, business office, health care center, elder center, and community center), and each reservation received a flyer. The flyer was a notice that the University of Minnesota School of Nursing was holding a focus group on cigarette smoking and that sign-up for the session was in progress. Criteria of membership in the focus groups were listed, and contact information for the research team and the respective tribal contact was provided. The group participants had to be an adult American Indian aged eighteen years or older; a resident of the reservation; a smoker, former smoker, or nonsmoker; and willing to provide the researchers with information regarding their smoking issues. The focus groups were held at a local tribal meeting room, and each session lasted one to two hours. Two American Indian researchers, one nurse from the University of Minnesota and an American Indian nurse, conducted the focus groups, and each session was audiotaped. Focus-group members were asked about the smoking policies at work sites, tribal buildings, and their homes and about smoking initiation, cessation, and patterns.

Each participant was carefully told that they did not have to answer any question, their participation was voluntary, and that services at the tribal level or health care services did not depend upon their participation. Each was also told that their identity would be held confidential and that the audiotaping would not record their names, as each was asked to give a "code" name. They were offered incentives in the form of small gifts (for example, t-shirts, mugs, and bags) to participate in the study. Appropriate approvals were obtained from the University of Minnesota Institutional Review Board (IRB) as well as from the Little Priest College IRB. Letters of agreement and support were obtained from each tribal group participating in the study. Signed informed consent was obtained from each focus-group participant and permission to tape-record the focus group was acquired from each participant.

DATA ANALYSIS

Krueger's focus-group analysis methodology was followed.[10] At the end of each focus-group session, the focus-group facilitator provided a verbal summary of the discussion and comments for verification, and comments were solicited from the group. Staff transcribed audiotapes, the two research team members coded the transcripts, and consensus of the themes identified was obtained. Grouped by topic areas, the focus-group transcriptions were reviewed to identify responses, ideas, and phenomena. Patterns and themes emerged from this process of constant data comparison.

RESULTS

A total of fifty-one American Indian community members (age 32 and older) participated in the eight focus groups. Sixteen Ojibwe members took part in three focus groups; twenty-nine Sioux members were involved in four focus groups; and six Winnebago members formed one focus group (see table 1). Fifty-seven percent were females, and 70 percent were current smokers. Seven participants stated that they were former smokers, two had experimented with smoking cigarettes in adolescence but had not smoked regularly, and one had never smoked but did use tobacco for ceremonial purposes in a pipe.

Table 1
Number and Smoking Status of Focus-Group Participants by Site

Reservation (no. of focus-group participants)	Current Smoker	Former Smoker/ Never Smoked	Total No. of Focus-Group Members
Leech Lake	1 male 1 female	1 female 1 male	4
Mille Lacs	2 female	3 female	5
White Earth	1 male 1 female	4 female 1 male	7
Pine Ridge (2 groups of 3 and 4)	3 male 1 female	2 male 1 female	7
Rosebud	7 male 4 female		11
Yankton	4 male 7 female		11
Winnebago	2 male 4 female		6
Number of Participants	**38**	**13**	**51**

The following "starting" stories are derived from focus-group dialogues obtained in a study of Northern Plains smokers. With regard to smoking initiation, participants were asked: Do you currently smoke cigarettes? When did you begin smoking? Tell me about it, what happened? These stories are illustrated below in order to better understand the experience of smoking initiation in light of culture-bound attitudes.

My Aunt Gave Me My First Cigarette

> She rolled up a cigarette and showed me how to smoke. And when I started choking, she would feed me Jell-O out of a box, and I would choke some more. But I finally got used to smoking.

This elder relayed her story about smoking initiation. She stated that she started smoking when she was nine years old and would steal tobacco and cigarette papers from her parents and smoke way out in the woods, whenever she had a chance. Someone from the community who was much older got her started: "She showed me how to smoke."

> When I was young, everybody smoked. We didn't think much about it.
>
> Together we would sneak cigarettes. We would drag off our aunt's butts in the ashtray.
>
> Auntie actually gave me my first cigarette. We were gathered together and I guess that it was just my time to start smoking.
>
> I got my first cigarette at home. The packs were not off-limits. We just got involved.[11]

Starting smoking in preadolescence or adolescence was a common theme of the focus group. None of the adults in the groups stated that they started smoking in adulthood. The youngest age of smoking initiation was reported at age nine; others started at the young ages of eleven and twelve. Participants gave thirteen through sixteen and eighteen as the ages they began smoking.

Smoking was a family affair—it did not necessarily originate with peer pressure, which is often the documented route for the general population. Peer pressure and peer-influenced behaviors came later with older teen group activities and inducement. The family gatherings, with older family members telling stories, the younger members gathering at the edges of the group, were important weekly or even nightly events. These gatherings provided the opportunity for the smoking habit to be introduced and smoking behaviors to be emulated and reinforced.

Experimenting in Adolescence with Cigarettes

Several focus-group members reported that they experimented with cigarettes as adolescents. Six out of ten focus-group members reported that they enjoyed the experience while two others did not.

> I experimented with cigarettes because they were there. My older cousin introduced us to a lot of things like having babies, smoking cigarettes, all the adult things at age 11 or 12.

Two of the focus-group participants stated they tried smoking as teenagers, but it ended up as only an experiment. One declared she tried smoking,

> But I never liked it. It didn't feel right. But I tried to fit in with the kids. I wanted to be cool and sexy and all that stuff. But, it just wasn't right for me. It didn't feel right. I didn't know how to smoke. Like, I

> didn't know how often I was supposed to grab another cigarette and light up. Should I wait five minutes and light up again? It was never for me. So, I just decided that I was not going to try it. I never did get addicted, just experimented.

Another stated, "I tried when I was a teenager and it hurt my chest. I guess I didn't try hard enough to smoke. I really don't know what you can enjoy about them. They cost a lot, they stink, what is there to enjoy?" Another stated that peer pressure was a significant source of smoking initiation: "My friends all smoked. We would steal cigarettes and we would all smoke."[12]

The majority of the females reported that their siblings and community members started smoking in their youth and that there were few negative sanctions, counseling, or prohibitions to smoking. One tribal member explained, "Everybody needs to experiment when they are teenagers, even though they know it is wrong." Allowing for the freedom to experiment, to "learn their lesson," and to be able to "decide when and if they want to smoke" were common statements made by the focus-group females.

Pleasure of Smoking Cigarettes

Participants clearly stated, "I love to smoke," "I know it is bad for me, but I love it," and "I like it. I choose to smoke." Others discussed the pleasure of smoking, even though it was a habitual/addictive smoking behavior. Two others noted the social pressure to smoke. The participants who described smoking as a pleasurable act also noted that liking to smoke "made it hard" not to smoke. No sanctions in the community or family prohibiting smoking exist, which made it hard not to smoke. There is a strong social aspect of smoking that contributes to the addiction, to the habit of smoking.

All focus groups claimed the younger generation experiments with smoking at even younger ages than they did, notably ages seven or eight; this was reason for much concern. By the time a child is ten or eleven, he or she may already be addicted to smoking cigarettes. Kegler, Cleaver, and Kingsley examined smoking among American Indian adolescents and found that the social context of smoking is similar to that of other adolescents, and that their behavior mirrors that of the general population.[13] Also, smoking among American Indian youth serves as a social function; this was mentioned among focus-group participants in this research study.[14]

Noninterference and Leniency

Participants voiced a reluctance to tell others not to smoke because it was felt that "they will smoke if they want to." Many American Indian groups value independence—or the freedom to make choices for oneself. This independence also implies noninterference, or the meddling or impediment of others.[15] A female focus-group member stated that we "should have the freedom to smoke," and another female stated, "People feel it is a person's right and freedom to smoke." Defending their "right" to smoke, other females declared, "Smoking is

the one legal thing they can choose to do," and "There is not much else to do."

Given the opportunity to make choices regarding picking up habits that were "not that bad, but I love it" provided for the freedom to make choices. "I choose to smoke," said one older smoker. Others claimed, "Children will learn and see what to do and what not to do [by observation]," and "One does not tell elders and others in their family to stop smoking." Individuals will smoke "if they make that decision." It leaves the decision making in the hands of the individual.

Collective Orientation

Many American Indian communities fall within a collective orientation in group settings—decisions are made collectively, and the well-being of the group over the individual is paramount.[16] Events are not solitary—group participation and group collective agreement is the norm.

> I smoked when I was with people. I hardly ever [smoked] when I was alone. It was a social thing with me. I smoked mostly in a crowd, maybe because I was nervous about where I was. I bought cigarettes and smoked them in the company of others. I think that is how most people started smoking. Being with the crowd, drinking, partying and wanting to fit in.
>
> I experimented with cigarettes. They were introduced to myself and other juveniles; and we chose to take part in the togetherness of the situation.
>
> I want to smoke.

The social element of smoking included continuous pressure to smoke, a feeling of a sense of belonging, "wanting to fit in," drinking, smoking in and being at clubs, and dealing with friends when you try to quit smoking.

Collective orientation—or the social value of the group over the individual, extended families, and strong community and tribal identity—was an element observed in the focus-group sessions. The participants' comments and their inclination of inclusivity (all group members should be given the chance to talk, and respect for all input is a must) were viewed as important in the focus-group process.

DISCUSSION AND CONCLUSION

Results of this study show that smoking is often initiated by a family group in which adults introduce cigarette smoking to younger family members; thus smoking initiation is more of an accepted and expected behavior. There appears to be little or no sanctions against the use or initiation of cigarette smoking among Northern Plains groups. The phenomenon of starting smoking, as described in the stories of the focus-group participants, was

examined and found to be associated with culture-bound attitudes, including noninterference, leniency, and collective orientation.

Long-term acceptance of smoking behaviors among youth, adults, and the elderly threatens the health of all reservation residents. Attitudes of noninterference, leniency, and group behaviors and a sense of belonging were found to be significant influences of the initiation and continuation of cigarette smoking.

In order to address the high rates of smoking among Northern Plains tribes, issues of early initiation, group smoking behaviors, lenient attitudes, and strong smoking habits need to be recognized and incorporated into smoking cessation and control programs. Understanding the phenomenon of starting smoking—from the initial introduction of the cigarette to the ongoing acceptance of smoking among tribal groups—is needed to counteract the high smoking rates. Determining how individuals are introduced to cigarettes, the influences of smoking initiation, and the culture-bound attitudes that facilitate smoking initiation are important steps toward ameliorating the problem of smoking-induced health problems.

We need to consider why smoking in American Indian communities is reaching epidemic proportions. Stopping smoking before it begins is a preventive measure in need of implementation in these rural sites. Better understanding of the motivation and pathways of smoking initiation provides much-needed information in order to plan for and develop smoking control programs.

Acknowledgments

The University of Minnesota Cancer Center (from a parent grant from the National Institutes of Health, National Cancer Institute, Felicia Hodge, principal investigator) funded this study, "Tobacco Policies among Plains Tribes," in 2002.

NOTES

1. US Department of Health and Human Services [hereinafter DHHS], "Tobacco Use among US Racial/Ethnic Groups: African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics: A Report of the Surgeon General" (Atlanta, GA: Centers for Disease Control and Prevention [hereinafter CDC], National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 1998); National Cancer Institute [hereinafter NCI], Smoking and Tobacco Control Program, *Changes in Cigarette-related Disease Risks and Their Implications for Prevention and Control*, Monograph 8 (Bethesda, MD: National Institutes of Health, 1997); Office on Smoking and Health, *American Indian and Alaska Natives and Tobacco: Overview of Findings: Tobacco Use among US Racial/Ethnic Minority Groups* (Atlanta, GA: CDC, 1998), http://www.cdc.gov/tobacco/sgr/sgr_1998sgr-min-fs-nat.htm (accessed 9 March 2003).

2. CDC, "Smoking among Adults–United States," *Morbidity and Mortality Weekly Report* 50, no. 40 (1999): 868–73.

3. CDC, *Trends in Cigarette Smoking among US High School Students* (Atlanta, GA: CDC, Office of Communication, 2003), http://www.cdc.gov/od/oc/media/pressrel/r2k0825.htm (accessed 3 June 2003).

4. F. S. Hodge, "American Indian and Alaska Native Teen Cigarette Smoking: A Review," in *Changing Adolescent and Smoking Prevalence*, Monograph 14 (Bethesda, MD: NCI, 2002); DHHS, "Tobacco Use among American US Racial/Ethnic Minorities Groups."

5. J. G. Bachman, J. M. Wallace Jr., P. M. O'Malley, L. D. Johnston, C. L. Kurth, and H. W. Neighbors, "Racial/Ethnic Differences in Smoking, Drinking, and Illicit Drug Use among American High School Seniors, 1976–89," *American Journal of Public Health* 81, no. 3 (March 1991): 372–77.

6. American Cancer Society, *Cancer Facts and Figures 2002* (Atlanta, GA: American Cancer Society, 2002), http://www.acs.org (accessed 9 March 2003).

7. F. Beauvios and S. LaBoueff, "Drug and Alcohol Abuse Interventions in American Indian Communities," *International Journal of the Addictions* 20 (1985): 139–71; M. Kegler, V. Cleaver, and B. Kingsley, "The Social Context of Experimenting with Cigarettes: American Indian '*Start Stories*,'" *American Journal of Health Promotion* 15, no. 2 (2000): 89–92.

8. DHHS, *Preventing Tobacco Use among Young People: A Report of the Surgeon General* (Atlanta, GA: DHHS, Public Health Services, CDC, Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 1994); American Cancer Society, *Cancer Facts and Figures 2002.*

9. F. S. Hodge, "Tobacco Control Leadership in American Indian Communities," in ed. K. Slama, *Tobacco and Health* (New York: Plenum Press, 1995), 375–78.

10. R. A. Krueger, *Analyzing and Reporting Focus Group Results: Focus Group Kit 6* (Thousand Oaks, CA: Sage Publications, 1998).

11. Kegler, Cleaver, and Kingsley, "The Social Context of Experimenting with Cigarettes." Once study was completed, all identifiers of focus-group members were shredded as per the agreement with the IRB.

12. Ibid.

13. Ibid.

14. M. Kegler, B. Kingsley, L. H. Malcoe, V. Cleaver, J. Reid, and G. Solomon, "The Functional Value of Smoking and Nonsmoking from the Perspective of American Indian Youth," *Family and Community Health* 22, no. 2 (1999): 31–42.

15. F. Hodge, R. Struthers, and B. Geishirt-Cantrell, "Persistent Smoking among Northern Plains Indians: Lenient Attitudes, Low Harm Value and Partiality Towards Cigarette Smoking," *Journal of Cultural Diversity* 13, no. 4 (Winter 2006): 181–85.

16. Teresa Stallings, "The Effect of Plains Indian Culture on Individuals' Contributions to the Public Goods." Paper presented at the annual meeting of the American Sociological Association, Atlanta, 16 August 2003, http://www.allacademic.com/meta/p106606_index.html (accessed 5 March 2009).