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RESEARCH ARTICLE

I'm a young student, I'm a girl ... and for some reason they are hard on me for smoking: The role of gender and social context for smoking behaviour

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Despite considerable population declines, smoking has become increasingly socially stratified, a trend that emerges as salient when examining smoking according to gender. However, there is a dearth of comparative research with regard to smoking inequalities among men and women. The goal of this exploratory study was to examine how three elements of the social context (identity, body, agency) are gendered and the way in which they differentially shape men's and women's smoking practices. In-depth qualitative interviews were conducted with 23 adult smokers living in Toronto and Montréal, Canada stratified by socio-economic position and gender. Our results show that: (1) women express considerable dissonance between gender identities and smoking behaviour, whereas men's gender identities seem to reinforce smoking behaviour; (2) women's smoking was tied to gendered representations of the body, with the fear of weight gain factoring into their smoking maintenance, whereas concern about the body was absent among men; (3) women suggested wanting, but not having agency over their smoking behaviour while men suggested having agency but little urgency to quit smoking. Our exploratory study points to the possibility that gender remains important for shaping smoking practices among adult smokers and that smoking among some women may be characterised by a greater sense of dissonance and tension than among some men. Addressing gender inequalities in the health discourse surrounding smoking may help reduce the current gender disparities in smoking patterns.

Keywords: health promotion; health behaviour; health inequalities

Introduction

Despite considerable population declines in smoking prevalence across developed countries, smoking has become an unequally distributed practice, a finding that emerges as particularly salient in investigations of socio-economic status (SES),

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gender and smoking (Greaves and Jategaonkar 2006). That is, first smoking has become increasingly concentrated among socially and economically disadvantaged populations (Barbeau *et al.* 2004, Smith *et al.* 2009). People of lower education attainment, in working class occupations and of lower income levels are experiencing lower rates of decline in smoking than other social categories (Barbeau *et al.* 2004, Smith *et al.* 2009). Second, Canadian reports have shown that by the late 1990s roughly 35% of women and 41% of men at the lowest income levels still smoked while only 18% of women and 22% of men at the highest income levels considered themselves smokers (Greaves and Jategaonkar 2006).

Furthermore, women have begun to make up a larger proportion of these smokers (Hunt *et al.* 2004). Recent examinations of smoking patterns reveal that women's smoking rates have been declining at a slower rate than men's (Greaves and Jategaonkar 2006), and in some countries, rates among young women have begun to surpass those of young men (Hunt *et al.* 2004). These patterns are critical to consider, as they have resulted in gender disparities in smoking-related illnesses (Payne 2001). Research shows that while deaths due to lung cancer in the United States have been declining or levelling off for men, there has been a rapid increase in lung cancer rates among women – it has been estimated that since 1950, mortality due to lung cancer has risen by 197% for men but by 612% for women (Ginsberg 2005). In fact, it has been calculated that since 1990, the number of lung cancer cases has increased by 17% in men but has jumped by 27% for women (Ginsberg 2005).

Considering these trends, it appears that gender may play an important role in shaping men's and women's smoking. Health Canada (2003) has defined gender as the 'array of socially constructed roles and relationships, personality traits, attitudes, behaviours, values, relative power and influence that society ascribes to the two sexes on a differential basis'. Gender thus influences how our identities are formed and the type of activities we pursue, including behaviours such as smoking (Greaves and Barr 2000). By interviewing men and women about their smoking behaviours, the current investigation examines how gender, as an element of the social structure, shapes smoking behaviour.

Smoking as social behaviour

Epidemiological and medical research have typically conceptualised smoking as an individual-level behaviour resulting from poor lifestyle choices (Frolich & Poland, 2007). This body of research has also considered smoking as, first and foremost, a nicotine addiction (National Institute on Drug Abuse (NIDA) 2001) and has therefore primarily investigated the biological role in addiction (Baker *et al.* 2004). Some epidemiological research has investigated gender differences in smoking; however, gender in this context is often operationalised as an individual's biological 'sex' and viewed as a factor that must be statistically controlled for (Popay *et al.* 1998, Krieger 2003, Westmaas and Langsam 2005). However, as Williams (2003) argues, epidemiological approaches investigating race, class and gender are problematic since they 'distil the effects of social... structures and practices... into the characteristics of discrete and self-contained individuals' (Shim 2002 cited Williams 2003, p. 140). As such, while epidemiological research has investigated differences between men's and women's smoking, it has often omitted the role of social elements (e.g. gender) in smoking behaviour (Hunt *et al.* 2004).

Some sociology and health researchers have argued that smoking is a social behaviour shaped by elements of the social world, in particular gender (Greaves 1996, Plumridge *et al.* 2002, Wiltshire *et al.* 2005). For example, Poland *et al.* (2006) view smoking as a social practice and argue that the concentration of smoking among subgroups of the population is not randomly distributed, but is 'tied to how societies are organised . . . to the practices of institutions and persons therein' (p. 61). The authors suggest that various dimensions of the social context are critical to smoking and that social structures such as gender cut across these dimensions affecting smoking behaviours.

Research specifically examining gender and health has investigated the role of social structures and individual experiences for shaping health behaviours such as smoking (Popay and Groves 2000). In his examination of masculinity and health, Courtenay (2000a) argues that individuals are socialised by their socio-cultural surroundings to enact gendered health behaviours, but are also active agents in constructing the gender norms reflected in smoking practices. Popay and Groves (2000) argue that examining the social context, in which individuals live, allows researchers to tap into a 'shared cultural understanding' (p. 77) of what it is to be a man or a woman, which may shed light on the 'gendered representations' (p. 77) of health experiences like smoking.

Gender and smoking behaviour

Several investigations of smoking among young women have demonstrated the strong relationship between smoking and gender identity (Michell and Amos 1997, Stjerna *et al.* 2004). For instance, smoking was found to project messages surrounding sexuality and to indicate autonomy and confidence through the rejection of 'prissy, confining "good girl" images' (Wearing and Wearing 2000). Moreover, Nichter *et al.* (2006) found that smoking among college-aged women was strongly associated with gender identities – smoking could be desirable and function as a sign of an outgoing personality. However, elements of self-control and contradiction also emerged, since smoking was also indicative of lacking control.

Studies conducted among older women have similarly highlighted the role of control and conflict surrounding smoking (Greaves 1996, Gillies and Willig 1997). Greaves (1996) suggests that smoking among adult women creates contradictions in women's lives: it is both empowering and disempowering, can be a means of demonstrating agency, but can also represent a burden in women's lives. Furthermore, research has suggested that smoking plays a significant role in women's weight control, and that women have lower cessation rates due to concerns about subsequent weight gain (Austin and Gortmaker 2001, Honjo and Siegel 2003, Zucker *et al.* 2005). While not all research suggests that this is consistently true (Nichter *et al.* 2004), the body of research linking smoking and weight control among women is critical, particularly as concern over weight and physical appearance is more prevalent among women, and gender norms seem to require women to maintain, at all cost, thin bodies (Bordo 1993).

While fewer studies have exclusively examined men's smoking, some recent research has examined smoking and masculinity (Hunt *et al.* 2004, O'Brien *et al.* 2005). Bottorff *et al.* (2006) examined male smokers whose partners were expecting a child. The study highlighted the strong links between masculine identity and smoking

during the transition into fatherhood and found that masculine gender identity had been socially constructed in opposition to health-promoting behaviours. Health behaviour changes such as quitting smoking would thus require a corresponding rejection of masculine ideals.

There is therefore a dearth of research comparatively analysing adult men's and women's smoking to investigate how the gendered social context shapes smoking behaviours. While we acknowledge that factors such as SES and age have an influence on social inequalities in smoking (Barbeau *et al.* 2004, Smith *et al.* 2009), because we were specifically concerned here with gender, and due to the relatively small size of our exploratory study, the current article focuses only on the expressions of gender emerging in adult men's and women's narratives surrounding smoking.

Method

The current exploratory study consists of qualitative interview material from two phases. The first phase included 17 in-depth interviews with adult smokers in the Greater Toronto Area, Canada. Based on social theory literature from geography, sociology and anthropology, several dimensions of the social context were identified as important for tobacco research to understand inequalities in smoking (Frohlich *et al.* in press). In an earlier study, we had defined social context as the local configurations of social relations (e.g. social structures such as class, gender and power). Elements of social context that we investigated were: power and agency, the body, collective lifestyles, social identity, pleasure and place (see Frohlich *et al.* in press, Poland *et al.* 2006). Because identity, the body and agency are elements that are particularly gendered, the current study focused only on the way these three elements of the social context may be tied to smoking behaviour and may play a role in differentially shaping men's and women's narratives around smoking.

Given the recognised importance in the literature of gender for smoking, and that the first study phase did not explicitly examine gender, a second study phase was initiated as an off-shoot of the first for a further examination of gender. For this phase, additional six interviews were conducted in Montréal, Canada. As such, the first 17 interviews followed an interview guide organised around various dimensions of the social context of smoking (Appendix A). The six additional interviews followed a similar interview guide, but because of our goal to examine gender more closely, this guide also included probes for gender for each theme addressed in the first guide (Appendix B).

For both phases, a maximum variation sample of participants was chosen in order to achieve as much difference in perspectives and experiences of smoking as possible. This had the aim of achieving variation with regard to socioeconomic position and gender, as we anticipated that these factors would be significant in the way elements of the social context of smoking are experienced. Specifically, the researchers sought a balance in the number of men and women smokers falling into two socioeconomic categories: a 'working' class of smokers (no post-secondary education, employed in manual or clerical profession, possibly financially unstable); and a second 'professional' class of smokers (post-secondary education, knowledge-economy work, possibly owned property). While we did not collect specific information regarding the frequency of daily smoking, all participants had to have

smoked for at least 10 years, had smoked within the last 30 days, be minimally 19 years old and have lived at least three of their 10 years smoking in Canada (Appendix C). Each participant provided written informed consent and received a \$30 honorarium for participating.

Recruitment initially involved posters displayed at a downtown Toronto deli. After the first five participants were recruited, it became apparent that the sample was relatively homogeneous. Given our desired variation based on gender, age and SES, remaining participants were recruited through purposeful sampling using the personal networks of the researchers.

The 17 participants of the first phase included six male and 11 female smokers. A sample size of 17 was deemed sufficient to generate enough rich information from men and women smokers in order to achieve theoretical saturation of the data. The sample for the second study phase consisted of additional six participants including three women and three men. These participants were selected to be representative of the entire study sample, but also to ensure that they would provide additional rich information regarding gender and smoking behaviour in order to add to the gender-related themes that had emerged from the first-phase analyses.

All interviews were one-to-one narratives guided by open-ended questions lasting between 30 and 90 minutes. Interviews were held in a location agreed upon by the interviewer and participant, and were digitally recorded and transcribed. Four members of the research team performed multiple readings of the first 17 interviews and identified 15 'tags' relating to the social context of smoking. These transcripts were then entered into the qualitative research package Atlas.ti and coded. To ensure consistent coding and to maintain analytic rigour and transparency in the coding process, two research assistants coded each interview twice and an audit trail was kept throughout. The six additional interviews were coded using the original tags, but three new 'tags' related to gender were added (masculine smoker, feminine smoker, attraction). Finally, the 17 original transcripts were re-coded using these gender 'tags' and the 23 interviews were combined for the analysis of gender and the social context of smoking.

Findings

Identity and smoking behaviour

A key finding within our study was that smoking created dissonance for women regarding particular elements of their identities. For instance, women frequently discussed health concerns as central to their lives. A striking example of this is Jennifer, a graduate student and model in her thirties, who defines herself through her health behaviours. She goes to the gym, does yoga and is 'very concerned about chemicals and yucky food'. Her smoking is therefore in direct conflict with her healthy identity.

I feel so ostracised. I feel like I'm a bad person... I feel doubly oppressed as a smoker being a quote unquote healthy person. I feel like... all of that's discounted because I smoke.

Smoking thus seems to be a source of shame and contradiction in Jennifer's life.

Several women also mentioned their roles as mothers and caretakers. For instance, Shelley, a 42-year-old legal secretary, represents the responsible mother. Shelley mentions that she has her children involved in 'swimming one night,

gymnastics one night, weight loss group one night' and as such, Shelley works to maintain her own and her family's health. Her smoking behaviour therefore conflicts with her 'good mother' identity.

The last couple of months actually they have been: 'Mom, you should quit you know, you shouldn't smoke.' And a couple of times they've found twigs in the backyard and said: 'Mom, I'm going to smoke just like you.' It still hasn't hit home enough to make me want to quit... I know in my head that I should quit... and I think I have to do it for myself... but, my children should be the reason, but it's just not there yet.

Shelley thus vacillates between her obligation to be a 'good mother' and quit smoking, and the feeling that she should be quitting for herself when she is ready.

The identity of the young educated woman also conflicted with smoking. This is illustrated by Rachel, a self-identified lesbian in her late twenties, who is a graduate student. While Rachel mentions that 'in an academic setting and in a government setting it is absolutely awful being a smoker', even among members of her partner's family being a smoker is difficult.

When her brother-in-law was smoking...nobody would ever say anything to him... But me, I'm a young student, I'm a girl... and for some reason they are hard on me for smoking.

While Rachel suggests that smoking is less problematic in her 'queer community', she clearly experiences dissonance when she considers her identity as a young educated woman.

Narratives among men in our study, on the other hand, were for the most part free of dissonance with respect to smoking and identity. Specifically, the expression of hegemonic masculinities, that is, dominant constructions of masculinity, emerged strongly in some interviews. These expressions included identification with the 'tough man', a lack of concern regarding smoking and resilience in the face of health risks.

For instance, Christophe, a 30-year-old television cameraman, and Philippe, a design instructor in his mid-thirties, both characterise the 'tough man'. When describing their preferred cigarettes, both men emphasise the need for physical 'pain' to fully enjoy the smoking experience. Philippe asserts that he would smoke almost any type of cigarette 'as long as it's strong enough' and that only women and 'grandmas' smoke light cigarettes 'thinking that it's gonna be better for their health'.

George, a policy analyst in his mid-thirties, illustrates the lack of concern regarding smoking among many men. George admits that he should quit smoking, however, he says this desire is not due to a genuine concern regarding his health, but rather because 'other people tell him' that smoking is unhealthy. Similarly, Jim, a postal worker in his mid-fifties, denies being concerned about the risks of smoking. He says this is because he has repeatedly survived serious illness and that despite being 'fully aware of the consequences' he will continue to smoke.

Furthermore, in some interviews, smoking emerges as an enhancement of hegemonic masculinity. For instance, Philippe suggests that for a man 'smoking is a bit more rough... it goes well with the guy' and Tony, a part-time student in his twenties and self-identified gay man, describes smoking as an enhancement of the dominant, heterosexual masculinity.

for a typical male it does factor into his identity as a man... you can see it when certain men smoke. The way they hold their cigarette... clasp it... their stance, the way they will flick ashes, it's done in a very manly way, just almost like beating their chests.

Men's discussion of smoking is thus not only characterised by an absence of dissonance between smoking and gender identities, but also by the ability of smoking to enhance dominant forms of masculinity.

Smoking and the body

An important finding regarding smoking and the body was its salience in the interviews with women. For women, smoking was closely tied to gendered representations of the body and was implicated in body image in contradictory ways.

Tannis, a student in her mid-twenties, links smoking to body image and physical attraction. She points to the ambivalent meanings smoking has carried for women and laments the loss of smoking as an accessory to physical appeal.

my co-worker was like 'oh, it's so unattractive to see a woman smoke'. And it used to be so hot man, the fifties, like fuck! . . . I'm thinking in the fifties if I was smoking, white like this, curvy and like, I would, I'd be the bomb! Nineties, two-thousand - no, it's like, you have to be waif, tanned brown and non-smoking.

Furthermore, a concern over the negative aesthetic impact of cigarette smell on the body emerged strongly in women's interviews. Cigarette smell was characterised as particularly repellent and as significantly able to detract from physical appeal. Special care was often required to mask the smell and to maintain a sense of feminine aesthetic. Jennifer suggests:

when I have a cigarette I wash my hands, I brush my teeth or hope to God that my clothing doesn't reek . . . I never used to wear perfume. I wear perfume now.

Rachel similarly describes how she avoids smelling of smoke when she is among school colleagues.

I took off all my clothes, I wrapped a towel around me like this . . . I put all my hair under the shower cap . . . I got on the ground like this and that's how I smoked . . . Then I sprayed myself . . . I brushed my teeth again, chewed some gum.

Cigarette smell on the body is clearly troublesome for women, and many go to great lengths to hide it.

Considering the social imperative for women to maintain attractive bodies, it is not surprising that women expressed particular concern over weight gain when contemplating quitting smoking. Eva, a receptionist in her early forties, mentions that she has been dieting for a few years and that 'instead of eating and snacking when I'm watching TV, I grab a cigarette'. The gravity of Eva's weight concern and its link to smoking is especially striking when she considers her life without cigarettes.

I don't want to gain that weight back. I'd rather smoke and die, than be fat again. Seriously.

Beverly, a gardener in her early forties, similarly suggests that her lifelong concern over her weight provides motivation to continue smoking.

It was always frustrating to be heavy and in quitting smoking I got heavier . . . I'd try and quit for a couple of days and you could see the pounds creep up . . . keep smoking and that way I don't eat.

For Beverly, weight gain and smoking cessation are so closely associated that when asked about quitting, she says she can only imagine Beverly the non-smoker as 'big Bessie'.

Furthermore, Cindy, a lawyer in her mid-thirties, illustrates the importance of body size and smoking for her sense of identity.

I was always a very small person and that was part of me . . . but I wasn't anymore . . . up until then a lot of my sense of confidence was based on the way I felt like my body looked . . . It was a really difficult time for me because I had to try to find things that I liked about myself other than my physical appearance . . . I didn't lose the weight until I started smoking again.

We see, therefore, that for many women in our study there is a strong and conflicted association between smoking and the body, which suggests one way that gender norms surrounding the body shape women's smoking behaviour. This is a striking contrast with the men's interviews. Men in our study talked much less frequently and less explicitly about any concerns surrounding the effect of smoking on their bodies, in particular regarding image and aesthetics.

Agency

Agency, defined as the 'part individuals play in exerting power and producing effects in their lives' (Courtenay 2000a, p. 1388), and the way in which it is gendered, was particularly evident in discussions of smoking cessation. Most women expressed a sense of urgency to quit smoking and the desire for more control over cessation, yet they also felt they had little agency over their smoking behaviour. For example, Jennifer describes herself as being 'obsessed' with her smoking and with her attempts to quit.

With everything else I have the willpower . . . with cigarettes it's like, I really want it . . . I can't just sort of shut it off . . . that voice that's saying smoke, smoke, smoke . . . I want to quit so badly right now, but I have no idea how to go about it.

Leslie, a hairstylist in her late thirties, similarly expresses a lack of agency regarding cessation. Leslie is a smoker for whom 'you can't make a coffee strong enough and you can't make a cigarette strong enough' and her addiction to cigarettes 'takes over' other basic needs like eating. Leslie mentions she could only quit smoking if she were physically restrained.

You know I can't do it. I'm sorry, but I can't. I don't have the willpower or I don't have the strength . . . I could quit if you locked me in a room where I didn't have to talk to anybody.

Some women interviewed also perceived a lack of agency over quitting precisely because it was so closely tied to weight gain. For example, Beverly suggests:

[smoking] controls the fact that well yeah, you know, if I don't want to be big and fat then I'll keep smoking, right.

As such, despite the desire to quit smoking, women tend to feel they have little agency to do so, which creates a considerable amount of conflict for them.

In contrast to the women, men in our study express less urgency to quit smoking, but feel they have more agency over their smoking and future cessation. For example, when George is asked whether he plans to quit smoking he replies:

Not really, no. I'm not really a quitter. Ah, yeah it's more something I think about at night and then sort of by the time I'm actually at work, you know, half way through my work day- oh fuck, I was going to stop smoking, right.

George also conveys a sense of agency over his smoking patterns. He suggests that he can moderate his smoking, abstain when it is required and choose which cigarettes he does and does not want.

I want to smoke until the very moment that I'm satisfied with it, and then I'm not real eager to keep doing it... I'll just throw it out, or walk away, or brush it out... I wanted that part of it and now that I've had it, that's good.

Furthermore, when men did consider quitting, they expressed a greater agency to do so. According to Rick, a mechanic in his forties, quitting smoking would simply involve 'putting his mind to it' and deciding 'that's it... drama's over'. This expression of agency over smoking cessation is echoed in Jim's recollection of past quitting experiences:

September 10th, 1978, I had my last cigarette. And I never smoked for eight years... Just mind control... that's all it is, is mind power, willpower.

The way men and women express agency over smoking, thus differs. Men in our study do not express as much urgency to be non-smoking, however, when the topic of cessation arises, they express having increased agency to quit. This assurance of control seems to go hand in hand with the reduced amount of conflict overall expressed by men.

Discussion

Our interviews aimed to explore the way three dimensions of social context: identity, body and agency are gendered and may shape men's and women's narratives surrounding their smoking behaviours. Our findings support previous research emphasising gender as critical for smoking behaviours (Greaves and Tungohan 2007, Ioannou 2003) and by comparatively analysing adult men's and women's narratives our study may begin to shed some light on the role of gender and elements of the social context for the smoking practices of adults.

A particularly prominent theme emerging from our study was the sense of contradiction that characterised many of the women's discussions of smoking and which appeared with respect to all three elements of the social context. For instance, being knowledgeable about, and committed to, healthy behaviour was central to the women's identities and created conflict for women in our study when considering their smoking. This is consistent with Greaves (1996) who found that women struggle to unify their identities with their smoking behaviour and that smoking is often viewed as grounds for 'guilt, tension, contradiction and as reason for self-castigation' (p. 37).

Women in our study also explicitly voiced the pressure they felt as mothers to be non-smoking. This is not surprising given Lupton's (1995) observation that tobacco control has tended to place the responsibility for health on women 'in their roles as wives and mothers, with little concern for women's own health status' (p. 119). Greaves (1996) has termed this approach 'foetus centred' as it focuses on the woman's role as mother as the main reason for quitting smoking. She suggests that this may not aid in smoking cessation, but may merely increase the sense of guilt among smoking mothers.

Men's interviews provided a contrast to those of the women as they were characterised by much less conflict regarding smoking and identity. In fact,

a particularly noteworthy finding was the ability of smoking to enhance hegemonic masculinity. While not apparent in all interviews with men, this finding is consistent with literature linking hegemonic masculinity to men's rejection of health concerns (Courtenay 2000a, Mahalik *et al.* 2007) and is supported by Bottorff *et al.*'s (2006) assertion that smoking can be a means for men to 'express their youthful and indestructible masculinity' (p. 3100).

Furthermore, the extent to which smoking impacted women's body image was striking in our study. Cigarette smoking seemed to threaten women's physical appeal and elaborate procedures were required to maintain that appeal. This can perhaps be understood in light of tobacco control campaigns that have explicitly appealed to women's anxiety about their bodies by presenting images of old, wrinkled (i.e. undesirable) smokers to incite women to quit smoking, or to prevent girls from beginning to smoke (Lupton 1995). Understood this way, women's reasons for quitting smoking may be seen as complicit in what Madden and Chamberlain (2004) call the 'feminine beauty discourse' (p. 593) in which quitting smoking would not primarily be done for health reasons, but 'as a means through which to manage...one's physical appearance' (2004, p. 593). However, these campaigns may paradoxically propagate gendered beauty ideals, merely increasing women's anxiety surrounding smoking (Lacroix and Auger 2007).

In contrast to the women, few men in our study discussed smoking directly with regard to their bodies. That is, although identity and the body are difficult to disentangle, particularly in relation to smoking, it seemed that men's treatment of the body was indirect (e.g. their discussion of toughness). While some of the men in our study did mention playing sports or being physically active, this theme did not emerge strongly in our interviews. Furthermore, men in our study did not explicitly express concern regarding smoking and body aesthetics, or show concern over weight gain during smoking cessation. This may be relevant on the one hand, since discussion or admission of concerns regarding the body explicitly, and especially bodily aesthetics, is not a socially prescribed or accepted masculine behaviour (Conner *et al.* 2004). On the other hand, the lack of concern for the body may also be due to the fact that men are generally resistant to the social pressures that cause body image dissatisfaction in women (Conner *et al.* 2004).

Given the difficulties that women have in reconciling smoking with their identities, attraction and body image concerns, it is not surprising that women in our study seemed more conflicted about their smoking. Madden and Chamberlain (2004) argue that women tend to be viewed as the 'moral guardians' (p. 592) of health. An unhealthy practice such as smoking may thus create anxiety by casting a shadow on women's 'moral' position, and may be interpreted as a sign of irresponsibility and ultimately as a transgression of what Lupton (1995) calls women's 'health imperative'. The greater desire that women in our study expressed to quit smoking could be understood as a means for women to regain the desired feminine gender identity, while men's identities would remain relatively unaffected by quitting smoking. This may also explain the increased sense of anxiety that emerges for women when they express having less agency over cessation.

The difference that emerged in our study between women's and men's perception of agency over cessation is partly supported by research suggesting that agency is gendered (Conway *et al.* 1996, Courtenay 2000b, Denton *et al.* 2004). Although research is not consistent, agency has been associated with masculinity (Yoder and Kahn 2003), and as it relates to the power ascribed to men and women to produce

'effects in their lives' (Courtenay 2000a, p. 1388), is more often associated with men. Furthermore, Courtenay (2000b) argues that 'denial of risk and other unhealthy behaviors are used by men... to enact idealized forms of masculinity that enable them to assume positions of social power relative to women' (p. 12) and that this reinforces 'cultural beliefs that men are more powerful and less vulnerable than women' (Courtenay 2000a, p. 1389). That is, in order to maintain forms of hegemonic masculinity, men cannot seem to be as vulnerable or powerless as women in the face of smoking cessation. It is particularly through men's and women's narratives surrounding cessation that these elements of agency, power and hegemonic masculinity come to light.

Another way to understand the difference found in women's and men's sense of agency in our study comes from Lupton's (1995) discussion of health promotion practices and the paradox of what has been called a 'control and release' cycle. Lupton (1995) suggests that by putting pressure on individuals to exert control over their health practices, health promotion efforts intensify the desire for the forbidden behaviour. Smoking can be viewed as a particularly forbidden behaviour for women, as it is at odds with most feminine expectations. However, smoking may also become desirable, as it is a release from strict health expectations that women generally experience.

In contrast, research has found that when belonging to certain male social groups, men tend to experience pressure to smoke in order to be part of these masculine cultures, but that they do not face the same social stigma for smoking as women do. As such, men may not experience the same degree of conflict regarding their smoking as women do and may have a reduced urgency to quit smoking (INWAT Europe 1999). Smoking may therefore not be experienced as a forbidden desire or as a release from health expectations with the same intensity and may remain less conflicted for men and easier to disassociate from in future attempts at cessation.

This study has to be considered in light of several limitations. First, the study was exploratory in nature and was based on a small sample of smokers. As such, we limited our focus to the way gender shapes men's and women's narratives surrounding smoking with regard to three elements of the social context (identity, the body and agency). However, we acknowledge that gender is but one element shaping inequalities in smoking—other factors (e.g. SES, age, relationship status), which were not considered explicitly in our study also play a critical role in shaping smoking. Second, perhaps also due to the small number of men and women interviewed for our study, other themes relevant to gender and smoking such as physical activity linked to smoking and the body or the role of parenthood did not emerge strongly. Nevertheless, the themes emerging from our study of identity, body and agency as they relate to gender and smoking point to interesting areas for future investigation.

Given the narrowing gap in smoking rates between men and women and the reversal of traditional smoking trends between girls and boys, increased gender based research is critical. Our initial findings that women experience increased conflict with regard to smoking and their bodies suggest that this may be an important future area of research. This is particularly relevant, since the tobacco industry has historically exploited women's anxiety surrounding their bodies by associating smoking with body image and body weight (Amos and Haglund 2000). The positive association between masculine identities and smoking is another finding that requires increased

attention in future tobacco research. In view of the fact that social and cultural shifts defining gender roles influence smoking behaviours (Bottorff *et al.* 2006), it may be increasingly important for tobacco research to also address the larger social inequalities in men's and women's lives.

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Appendix A – Interview guide for first study phase

Preamble

We’re really interested in how smoking fits into people’s lives, how perhaps it becomes part of who you are and how you live.

‘Grand tour’ question:

What’s it like to be a smoker these days? Can you tell me about that? (Probe for examples/stories to illustrate what people are saying).

Power relations:

Can you give me some examples of where your smoking has come up as a topic of conversation?

Where someone you live or work with has made an issue about the fact that you smoke?
Any situations where you hide your smoking?

Place:

With all the restrictions on smoking, where do people smoke these days? Where do you and your friends smoke?

Pleasure:

What cigarettes do you enjoy the most? Which do you enjoy the least? How use smoking (timing) – when?

Identity:

Can you picture yourself as a non-smoker? Have you ever tried to quit smoking?

Body:

Do you ever notice the way that someone is smoking? What did you notice about it?
Ever conscious of the way you’re smoking? Ever experiment with smoking a different way?

Brands:

What brand do you smoke? What does that brand say about you? Have you always smoked that brand?

Are there some brands you really don’t like or would never want to be seen with?

Tobacco control:

Do you think that people who work in tobacco control have certain images or stereotypes about smokers? (who smokers are, what they’re like) What do you think tobacco control could be doing better?

Appendix B – Interview guide for second study phase

Preamble

We're interested in finding out about the role that smoking plays in people's lives – how smoking became a part of your life and a part of who you are.

'Grand tour' question:

Can you tell me what it's like to be 'a smoker' these days?

Probe for stories/examples to illustrate – (what is it like? Can you explain?)

Specifically in terms of work, school, friends?

Power relations:

Can you give me some examples of where smoking has come up as a topic of conversation? (family or friends) Where someone you live or work with has made an issue about the fact that you smoke?

Pleasure/enjoyment:

When, where and with whom do you most enjoy smoking? What do you like/enjoy OR dislike/not enjoy about smoking?

Identity:

Can you picture yourself as a non-smoker? Have you ever tried to quit?

How would you (or can you) describe a 'typical male smoker' or a 'typical female smoker'? (attributes, behaviours, concerns).

Do you think there are differences between men and women smokers? Where do you think these ideas come from

Have there been social situations where 'being a smoker' was beneficial/disadvantageous for you?

Are there situations in which you hide your smoking? Why?

Body:

Do you ever notice particular 'ways' or 'manners' that certain people smoke, the way they hold the cigarette? What do you notice? Is this different for men and women?

Are you ever conscious of the way you're smoking?

How is your smoking related to the way you feel about your body? (affect health, image)?

Brands:

What brand do you smoke? What does it say (if anything) about you?

Do you identify people who smoke certain brands of cigarettes with anything in particular? (men, women)

Are there brands you really don't like or would never want to be seen with?

Encounters:

Have you had any encounters with people about your smoking (friends, family, strangers) that stand out to you?

Do you get the impression that people perceive/react to or even judge men's and women's smoking differently?

Have you come across situations where you feel you were pressured differently because you are a man/woman?

Tobacco control/health promotion:

Do you think that people whose job it is to reduce smoking have certain images or stereotypes about smokers? Specifically re: male and female smokers?

What do you feel current messages are saying to men and women smokers? (are men and women targeted differently?)

What do you think tobacco control groups could be doing differently – to target men and women more effectively?

Appendix C – Demographic information

| Participants | Gender | Age | Class | Occupation | Family | Phase |
|---------------|--------|-----------|--------------|--------------------------|--|-------|
| 1 Stephen | M | Early 30s | Working | Industrial mgmt | Lives with partner (gay), no children | 1 |
| 2 Rachel | F | Late 20s | Professional | Graduate student | Lives with partner (gay), no children | 1 |
| 3 Jennifer | F | Early 30s | Professional | Graduate student | In a relationship but lives alone, no children | 1 |
| 4 Beverly | F | Early 40s | Working | Gardener | Married, four children | 1 |
| 5 Rick | M | Early 40s | Working | Mechanic | Married, two children | 1 |
| 6 Leslie | F | Late 30s | Working | Hair stylist | Married, two children | 1 |
| 7 George | M | Mid 30s | Professional | Policy analyst | Married, one child | 1 |
| 8 Roberto | M | Early 30s | Professional | Lawyer | Married, no children | 1 |
| 9 Sean | M | Late 20s | Professional | Lawyer | Married, no children | 1 |
| 10 Beth | F | Late 20s | Professional | Lawyer | Engaged, lives alone, no children | 1 |
| 11 Cindy | F | Mid 30s | Professional | Lawyer | Divorced, lives with a friend, one step-child | 1 |
| 12 Jim | M | Mid 50s | Working | Mail sorter | Single, no children | 1 |
| 13 Sandra | F | Mid 50s | Working | Clerical | Divorced, three children | 1 |
| 14 Louise | F | Early 60s | Working | Clerical (law) | Single, lives alone, no children | 1 |
| 15 Carmen | F | Early 30s | Working | Clerical (med) | In a relationship but lives alone, no children | 1 |
| 16 Shelley | F | Early 40s | Working | Clerical | Married, two children | 1 |
| 17 Eva | F | Early 40s | Working | Clerical | Married, two children (grown) | 1 |
| 18 Tony | M | Late 20s | Professional | Student | Single (gay), lives with roommates | 2 |
| 19 Florence | F | Mid 20s | Professional | Student | In a relationship, lives alone, no children | 2 |
| 20 Tannis | F | Mid 20s | Professional | Student | Single, lives alone, no children | 2 |
| 21 Christophe | M | Early 30s | Working | TV cameraman | Single, lives alone, no children | 2 |
| 22 Anna | F | Early 40s | Professional | Actor | In a relationship, lives with partner, no children | 2 |
| 23 Philippe | M | Mid 30s | Professional | DJ and design instructor | In a relationship, lives with partner, no children | 2 |