
A narrative analysis on stories of underage smoking initiation among public school children

Christa R. Baniqued, Stephanie I. Barbers, Daniel K. Bañas, Marianne G. Bangloy, Noel B. Bautista, Katrina M. Barretto, Kevin R. Base, Jeremae D. Bassig, Krisha F. Batalla, Alyssa F. Bautista, Trizia E. Bautista, Sean C. Belo, Joseph C. Beloso, Kristian M. Bercero, and Franciosa Gavino-Collins, MD, MPH

Abstract

Introduction Smoking is one of the most common preventable risk factors for disease and continues to be a burden on public health, especially in developing countries like the Philippines. This study aims to provide an understanding of underage Filipino smokers that is sensitive to the context within which they are found.

Methods: The narrative approach was used to understand events across time and in a way that gave meaning to the storied experience of the participants. Core story creation and emplotment were used to flesh out the narratives of smoking initiation. The stories of six residents of Barangay Doña Imelda were analyzed to understand the significance of smoking initiation in their context.

Results: The overarching narrative found was “putting meaning into time” and from this, three themes emerged: 1) time is meaningful when shared, 2) finding solace from the struggles of daily living, and 3) resisting oppressive structures. Using these insights, the discussion was grounded on anti-smoking campaigns such as the DOH Annual No Smoking Month, the Sin Tax Law, and the Nationwide Smoking Ban.

Conclusion: This paper concludes that a more proactive approach to smoking initiation is warranted by making meaningful alternative activities available to public school children.

Keywords: Smoking, underage, Filipino, narrative, qualitative

Smoking initiation is most likely to occur before the age of 18.¹⁻³ At this age, adolescents are biologically more susceptible to dependence, prone to feelings of invulnerability, and the most likely to accumulate adverse effects of smoking throughout their lifetime.^{1,2,4-6} This is relevant in the context of the

Philippine youth because adolescents from developing countries are more vulnerable to the financial, social, and disease burden of smoking.¹ Despite this, not much is known about the behavior, beliefs, practices, and motivation of the youth.⁷ There is a need to contribute to the understanding of the significance of smoking initiation at this age because studies suggest that individuals who avoid smoking in adolescence are unlikely to initiate the practice later on in life.¹

Within the global context, the efforts of the WHO towards preventing underage smoking initiation are aimed at the reduction of the disease burden of smoking.⁴ This problem is situated within the wider discourse of health and poverty reduction.¹ In order to address this problem, health practitioners and policy

Correspondence:

Franciosa Gavino-Collins, MD, MPH, Department of Preventive and Community Medicine, College of Medicine, University of the East Ramon Magsaysay Memorial Medical Center, Inc., 64 Aurora Boulevard, Barangay Doña Imelda, Quezon City, PH 1113; email: fgavino@uerm.edu.ph

makers must navigate between two different views of health. On one hand, the biomedical approach views smoking initiation as a product of a biological predisposition to initiate risky behavior and addiction, while the biopsychosocial approach sees smoking as a symptom of larger societal factors (i.e., poverty, capitalism).^{1,4,5,7,8} Despite increasing intervention efforts, the tension between the two views fails to establish a contextual approach to research and prevent smoking initiation among the youth.⁹ Thus, it continues to be a major public health concern especially in developing countries like the Philippines which remains the largest consumer of cigarettes in the world.^{1,10,11}

This study employed a narrative framework to answer the question “What is the significance of smoking initiation in the lived experience of underage Filipino public school children embedded in the stories of residents of Barangay Doña Imelda?” This study aims to provide an understanding of underage Filipino smokers that is sensitive to the culture and context within which they are found.

Existing literature on underage smoking can be conceptually organized into material factors and relational factors that promote initiation of smoking. Underage smoking is closely tied to the youth’s geographic location which often dictates the availability and cost of cigarettes, laws regulating smoking, and spending power.¹ However, more than cost, studies suggest that affordability is a larger influence on cigarette consumption; but in a country in which one-fifth of the population live below the poverty threshold, cigarettes cannot be considered affordable.^{1,12,13} Despite this, the pattern of tobacco use among adolescents from low socioeconomic groups is consistently higher than those of the non-disadvantaged groups.⁵ Initiation among the Filipino youth despite the lack of spending power may be explained by the ability to buy single sticks of cigarettes, the lax enforcement of tobacco sale to minors, or it may be pointing to the presence of influences stronger than affordability that promote smoking in low socioeconomic youth.¹⁴ In this light, the lack of money and the stressors associated with belonging to the low socioeconomic class act as a driving factor instead of a deterrent to the propensity to smoke.^{8,14,15}

Stressors associated with belonging to low socioeconomic class (i.e., day to day living, poor health) can interfere with children’s ability to

finish their education.¹⁶ Studies suggest that lower educational attainment, poor academic performance, and lack of interest in studies are substantial promoters of the initiation of smoking.^{3,17-19} Apart from the interruption of education, socioeconomic status dictates where education is attained. Being more likely to attend a school where someone in authority such as their teacher or director smokes in their presence promotes an onset of smoking in children and negatively affects their compliance to smoking regulations.^{3,20}

Adolescence is a time of finding one’s identity and although it is seen as a time to seek some independence, family is still a large influence on their actions.²¹ The presence of family members who smoke does not only promote initiation of smoking but also influences earlier onset of smoking in adolescents.^{2,22} This propagated a new wave of research proposing that initiation of smoking results from the genetic predisposition towards risky behavior.⁵ Others argue instead that familial smoking behaviors are a result of shared environmental factors from living and interacting with each other.⁶ However, more than mere exposure to similar environments, the feeling of acceptance from family such as when they are given the safe space to smoke at home or when their first cigarette is given by a member of the family are even stronger influences on the initiation of smoking.^{2,3,22} On the other hand, the breakdown of these relationships, such as having a poor relationship with parents also influenced initiation of smoking in younger age groups but as a form of rebellion.³

A similar pattern of acceptance and rebellion is also found in adolescent peer groups. Multiple studies have determined a link between peer smoking, peer pressure, and initiation of smoking.⁵ At this age, acceptance from friends may be a stronger influence than parents when it comes to smoking initiation.²³ Similarly, the lack of this social connection among hostile, depressive, or bullied students also poses as an influence on smoking initiation as a form of rebellion.²⁴

Building on the foregoing literature, the authors critique the one-size-fits-all approach to understanding smoking initiation, which tends to neglect the specific context within which it occurs.^{2,8,9,22} Past studies done in cultural groups have pointed out the possible roles of gender, family, and friends in smoking initiation but failed to explain the significance of these findings in relation to the group’s lived experience.^{5,8} Instead, the

authors contend that in understanding behavior such as smoking, there is a need for particularization of context in determining what really influences Filipino public school children to smoke. In the context of a developing country, the authors critique that the foregoing literature is insensitive to the issues of powers at play when understanding smoking initiation in the underprivileged youth.⁷ Although some scholars recognize that the problem of smoking initiation presents uniquely in the context of the poor, research attempting to understand the phenomenon remains scant and tends to favor generalizations; dismissing the growing gap as a consequence of lack of knowledge and bad health behaviors of the poor.¹ These explanations fail to recognize the unique struggle of the poor and the wider cultural and social context shaping their decisions.⁸ Lastly, in the discourse of predisposing factors (i.e., genetic, environmental), the authors find that the agency in the decision to initiate smoking is minimized. Instead, we contend that the significance of smoking initiation should be understood as a multi-level phenomenon which includes the active decision to initiate smoking.²⁵

Narrative framework invites one to understand events across time and in a way that gives meaning to the storied experience.²⁶ “Thus, an understanding of the broader cultural narratives within which personal stories are told helps one interpret those stories, understand the nature of personal conflicts, and consider how they may be resolved by taking into account the broader cultural context of any difficulties.”²⁶ On a social level, narratives provide insights into cultural and societal rules regarding people’s role and place in society.²⁶ They draw from this cultural context to develop a shared understanding of experience that is influenced by wider power relations.²⁷ On a personal level, narratives acknowledge the agency involved in forming and telling stories. It opens the opportunity to bridge personal and social forms of knowledge, locating their personal agency in the wider context of cultural influence.²⁵

Methods

This study utilized a narrative framework, with interviews as the primary strategy for data collection, and core story creation and emplotment as the strategy for data analysis.²⁸⁻³⁰ For qualitative research,

information is collected until the point of theoretical saturation.³¹ The participants have been set to reflect the target audience of anti-smoking campaigns for the youth which are largely held in public schools. Inclusion criteria consisted of participants who started smoking before the age of 18 and previously attended a public school for primary and secondary education. Due to concerns with obtaining consent from parents who may be unaware of their children’s smoking, the exclusion criteria were individuals who were under 18 years old. The participants came from Doña Imelda community in Quezon City for feasibility and their status as an adopted community of UERMMMCI. Purposive sampling was used to recruit participants who fit our criteria.

As researchers, they acknowledged that intrinsic to qualitative studies is the epistemological stand to minimize the gap in the researcher-participant relationship.³² This was done by creating a “feeling of empathy for informants” which is a non-threatening environment achieved by an “unstructured, informal, anti-authoritative, and non-hierarchical atmosphere” that minimizes the power hierarchy intrinsic to the relationship.³² Following this, unstructured interviews were the primary strategy for data collection. A ‘single question aimed inducing narrative’ or ‘SQUIN’ as proposed by Wengraf was used to encourage the formation of narratives by the participant.³³ Written and oral informed consent was obtained before the interview to audio record the session. The interview was held in the preferred language of participants so as not to lose the depth of articulation of their experience in translation. For participants belonging to the low socioeconomic status group, additional measures were taken to address their potentially vulnerable position. A trusted and known person from the community was present during the interview to minimize feelings of coercion during the interview process.

Data analysis was done using core story creation and ‘emplotment’ as theorized by Polkinghorne, Mishler, and Embden while also drawing insights from the step-by-step analysis laid out by Petty.^{28-30,34} The researchers transcribed audio recordings of the interviews verbatim in order to gain familiarity with the text. The transcribed narratives were reconstructed into core stories by removing unnecessary or confusing content and reorganizing events in the shortest form possible while still keeping meaning.²⁷ Emplotment was done as a process of meaning making; weaving

together a single plot from multiple stories that capture meaningful events in relation to the theme that reveals their significance.²⁷ Drawing from the work of Petty, thematic analysis was done on the final plot created to generate “key themes for learning”.²⁹ These themes represent the educational value of the story and can be applied to create person-centered health campaigns that “places human experience at the heart of care.”²⁹ In order to exercise validity in qualitative research, the authors used methods such as inter-rater coding, paper trail, and reflexivity. Personal bias is intrinsic to the researcher and could not be fully eliminated, rather, it was managed and used to add perspective to the interpretation of narratives. Managing reflexivity was practiced by keeping an individual diary throughout the research process that tracked decisions, thoughts, and feelings during the research in order to locate their own biases in conducting the research.³⁰ Inter-rater coding was done and a paper trail was kept documenting the research process (i.e., transcript, timeline, changes). Lastly, the researchers were able to return to four of the participants to share the core stories and insights from the results and confirmed that it resonated with their personal experience.

Results

In order to answer the research question “What is the significance of smoking initiation in the lived experience of underage Filipino public school children embedded in the stories of residents of Brgy. Doña Imelda?”, core story and emplotment were employed on all 6 interviews to establish an overarching narrative of “the story of putting meaning into time”. A recurring theme across all interviews is the term *nanlilibang*. *Panglibang* is usually directly translated as entertainment, however it can be better understood as “to occupy time”. Here, the authors see that the story of underage smoking initiation in residents of Doña Imelda is a story of finding meaningful ways to occupy time. From this overarching narrative, three key themes for learning emerged.

On Culture: Time is best when shared. Majority of the interviews revolved around the experience of the *barkada* at that stage of their lives. Most of the participants remember smoking initiation occurring in the midst of enjoyment with friends, often accompanied by drinking alcohol, and passing time in each other’s company. Here, time is constructed as meaningful when it is shared with others.

Paninigarilyo, pag iinom nung 15 years old ako sa mga barkada... Iniisip ko lang noon masarap lang ang buhay barkada, pareparehas ang bisyo.

In this context the authors understand the significance of the “*barkada*” in how they choose to spend their time. The *barkada* is perceived as meaningful because it reflects the values they prioritize—relationships and inclusivity. With this construction of time, smoking initiation occurred when it was seen as an avenue for relations. For example, as “Cynthia” recalled the feeling of first wanting to try smoking, she determined that part of what convinced her to start was the feeling of jealousy over her friends bonding over smoking and wanting to be a part of it.

Parang nagkukumpol-kumpol sila dun tapos umuusok. Pag di ka naninigarilyo, tapos pupunta ka sa kanila ang pangit mas lalong ikaw yung tatamaan. Nag-try na rin ako, humingi lang ako sa kasama ko... parang nainggit na ako sa kasama ko kasi silang lahat naninigarilyo. Tapos (mas naging close) pag umiinom habang nag-iinuman naninigarilyo, parang masaya lang.

Here the authors see that smoking became meaningful when it is presented as a communal activity that fostered inclusivity into a group or community. Smoking was perceived as something that could be shared between friends, family, and people passing by on the street. This experience does not fit into the western narrative of rebellion where underage smoking is used to distance oneself from the norm. Instead, it was moving towards inclusivity in a community where underage smoking was seen as normal. In this context, it is not that underage smoking was expected but it was accepted.

May pagka-depressed area yung lugar namin dun kaya parang normal na lang yung mga kabataan na nagyoyosi. Karamihan sa lalaki nagyoyosi naki-uso lang ako. Kasi nung nakita ako magyosi ng tatay ko nagagalit siya sa akin... Hanggang sa hindi na niya ako ma-control. Minsan siya pa bumibili sakin ng sigarilyo kahit wala po akong trabaho.

On Power: Seeking solace from struggles of daily living. At a young age “Rudy” was faced with his parents’ separation and abandonment by his father. This forced him to start working to help support his family. He recalled distracting himself from thoughts about his life and future by spending his time on vices and getting into trouble.

Wala akong tatay noon. Kami-kami na lang. Walang nagpapalaki samin, walang nagtatrabaho, nanay ko lang. Pag masyadong matindi ang panahon, natuto

narin ako magsimulang magtrabaho sa construction, yun yung umedad na ako mga 16-17. Parang mas gusto ko pang makibisyo ako sa mga barkada, di ko na inintindi yung kinabukasan. Wala na akong inintindi. Dahil sa barkada na yan madalas akong ma-barangay.

Here, time was constructed as meaningful when it provided solace from thoughts of the struggles of day to day living. With this construction of time, smoking initiation occurred when it was seen as a way to fill time with pleasure. When smoking was presented by the community as an enjoyable activity, it became a meaningful way to fill their time. For example, "Toti" recalled that merely seeing people enjoying while smoking was enough to spark his curiosity even without personally knowing or interacting with the smokers.

Para bang nakakalanghap lang ako ng usok "parang ang sarap yata nun." Tsaka ang iba nakikita ko mapormang-maporma pag nagyoyosi naeengganyo tuloy ako parang tingin ko sa kanila sarap na sarap sila. Lalo na kapag may liligawang babae.

Smoking became a distractor from the struggles of day to day living or a tool that helped make thinking of the stressors more bearable.

Ginagawa ko naman nasa bundok ako nagpupunta dun sa gulayan nagtatago ako para magyosi. Iniisip ko doon ang nangyari sa buhay ko, yung lagi akong pinapalo ng lola ko, wala yung magulang ko. Kasi sakin ang dahilan naman parang mawawala na yung lungkot at stress sa magulang ko, iyon ang nililibangan ko. Lalo nung nagpunta ako sa Maynila hinahanap ko magulang ko rito, di ko makita-kita. Tatay ko lang nakita ko. Noon, nung nagkaharap-harap kaming dalawa habang nag-uusap, yosi nang yosi. Syempre sinisisi ko yung tatay ko ba't di ko nakita nanay ko. Panay ang yosi kaya lumakas nang lumakas ang aking pagyoyosi.

This experience is neglected in past research and health programs that approach smoking in low SES communities as solely the result of lack of education and poor health practices (i.e., box warnings, awareness campaigns). Instead, the authors saw that smoking initiation occurred in spite of efforts towards health education because the persisting stressors associated with poverty (i.e., broken families, finances) continued to exist and served as a driving factor for smoking initiation.

Agency: Resisting oppressive structures. "Melvin" recalled that the first time he tried smoking was due to his uncles; it was a negative experience and he vowed never to smoke again. However, when he was later

presented with an opportunity to initiate smoking independent of external demands the experience became significant and enjoyable.

Maliit pa ako (12y/o), yung mga uncle ko inutusan ako "bumili ka ng yosi, sindihan mo na (para sa amin), (pero) huwag mong gagayahin yan ha." Ayoko sana bumili ng yosi noon (pero) ginawa ko rin kasi papaluin ako kapag di ko gagawin. Iniisip ko naman titikman ko yung pinapautos mo sakin, di mo naman sisindihan lang yun, sipsipin mo na... Nung una hindi ko nagustuhan, pag inutusan ako lagi kong ayaw... Nagsimula ako sa bisyo nung 17 na ako. Iniisip ko naman yung kasamahan at kalaro ko kasi nagyoyosi rin. Bakit ano ba yang yosi na yan? Kaya sabi ko subukan ko nga rin. Ako lang mag-isa yung bumili, kasi may iniwan sa aking pambili ng bigas. Yung kalahati pinambili ko ng yosi.

Here we saw that activities that imposed on the sense of free will such as being ordered around and threatened with punishment was not perceived as a meaningful use of time. Instead, the participant asserted his agency by resisting his uncle's attempt to control his actions by trying the forbidden cigarette. Agency related to "people's ability to make strategic life choices in a situation where this ability was previously denied to them".³⁵ The authors saw that in his subsequent trial of smoking, the full freedom to exercise his agency in the decision to smoke made the experience meaningful. Here, time was constructed as meaningful when it was used to exert agency.

In previous studies on smoking and addiction, agency was lost in the discourse of risk factors and environmental influence. Health campaigns that only focus on addressing the predisposing factors to smoking suggest that the poor are passive recipients of influence who act without awareness of their actions or consequences. However, this study shows that 1) smokers asserted their agentic role in initiation which can occur with full awareness of the action and its consequences, and 2) smoking initiation occurred when it was presented as a form of resistance to social structures that were perceived as oppressive. For example, "Cynthia" remembers that as a child there was a disconnect between being told that smoking was harmful and seeing the majority of the people in her community risking the dangers of smoking. This fueled curiosity and desire to decide for herself whether smoking was beneficial to her.

Walang nagsabi sakin, gusto ko lang talaga. Gusto kong malaman kung ano ang pakiramdam. Yun nga

kasi sa mga nakikita ko nga na nakapaligid. Bakit naninigarilyo sila? Di ba masama yun? Lalo na sa kalusugan? May mga nakikita rin akong mga doktor na naninigarilyo dati. Bat sila naninigarilyo kung alam nilang masama sa katawan? Yun yung naging question ng utak ko. Edi triny ko din.

The authors saw here that smoking became meaningful when it was perceived as an avenue to exert one's agency. This experience did not fit into the narrative of peer pressure that is common in previous studies of smoking initiation. Peer pressure exerts that smoking initiation occurs as a result of persuasion from peers contrary to the desire of the agent. However, all the participants asserted their active role in smoking initiation. Even those that initiated in the barkada setting did not claim to feel forced but instead, actively sought out their first cigarette.

Nag-try na rin ako, humingi lang ako sa kasama ko. Hindi naman ako nahilo o naubo, Natuto ako agad kasi nga, sabi ng ibang tao 'pag gusto mo, madaling matutunan.

Discussion

This discussion grounds the results of the research in the evaluation past anti-smoking campaigns in the Philippines. This section focuses on three existing campaigns: No-Smoking Month, Sin Tax Law, and the Nationwide Smoking Ban in relation to the three key learning themes.

In 2018, the Department of Education was ordered to observe the annual "No-smoking Month" celebration.³⁸ This partnership with the DOH focuses on enjoining public elementary and secondary schools nationwide to undertake educational and advocacy campaigns to raise awareness through creative endeavors, lectures, seminars, and projects involving the participation of students. However, in order to create significant and lasting effects towards prevention of smoking initiation, it is not enough to hold standardized workshops nationwide which may not be relatable to children from different backgrounds. Instead, consultation should be made with stakeholders in the community, most especially the children on their experience with smoking initiation.

In 2012, RA 10351 or the Sin Tax Law was enacted based on the recommendation of the Department of Health and the Department of Finance.³⁹ It advocated

increased taxes on tobacco products and alcoholic beverages to curb consumption and ultimately reduce the incidence of illness. This law was modeled after the WHO recommendation and similar policies in other countries. However, unlike most developed countries, smoking in the setting of low SES communities in the Philippines is embedded in the larger problem of poverty reduction. The sole problem is not the cheap cost of cigarettes but the stressors associated with poverty. Neglecting the unique situation of the poor can cause more oppression when prices of cigarettes rise but their state of poverty does not change. Instead of eliminating smoking, the burden of smoking becomes greater because they are not effectively deterred from smoking and instead end up spending more of their money on cigarettes. Even after the enactment of the Sin Tax Law, more than one-fifth of Filipino adults still used tobacco daily and youth smoking rates remained worryingly high.³⁷ In order to effectively reduce smoking initiation, more strides have to be made towards poverty reduction to address the feelings of the need for escape from thoughts of daily living.

In 2017, the Nationwide Smoking Ban took effect which prohibited smoking in public spaces.⁴⁰ These types of social denormalization strategies foster a 'social transformation that appears to involve the active stigmatization of smokers'.³⁷ Stigmatization, coupled with sudden strict enforcement of the smoking ban and the lack of designated smoking areas, can lead to the perception of the law as an oppressive structure. Neglecting to acknowledge the agency in smoking may lead to more resistance with smokers finding discreet areas to evade authorities, continuing of smoking in private properties, or resulting to e-cigarette use. Campaigns should avoid stigmatizing smokers and instead encourage and respect the smokers' freedom to willfully choose for themselves to quit or refrain from smoking initiation.

Despite many efforts by the government towards decreasing the rate of smoking initiation, it still remains to be a significant problem among the Filipino youth. Government policies and programs should be sensitive to the unique context of low SES communities by meaningful consultation with community members, most especially the youth themselves. In the case of the residents of Barangay Doña Imelda, smoking initiation occurred when it became a meaningful way to occupy time. With this construction of time, the authors believe an approach

such as instituting government sponsored after-school programs (i.e., sports, art) can address the desire for relationships, pleasure, and agency in an avenue that avoids resorting to smoking initiation. This type of program, although not directly an intervention for smoking initiation is not a reactive process but instead, a proactive process that targets the root cause of the problem by providing alternatives for meaningful activities accessible to public school children.

This study does not include what particular activities would be effective in sustaining the youth's interest. It is recommended that another context sensitive study be made to determine what activities could be proposed as after-school programs in public schools. This study is also specific to residents of Brgy. Doña Imelda and does not claim to be generalizable to the entire Filipino youth. Lastly, this study tackles prevention of smoking initiation and therefore insights on smoking cessation is beyond the scope of this study. Since there is also a lack of contextual research on smoking cessation, the authors recommend that context sensitive studies be made on cessation in order to address current smokers who continue to influence the succeeding generations to initiate smoking.

Declaration

This research paper was done with the support of the UERMMMCI Research Institute for Health Sciences. There is no known conflict of interest associated with this publication and the study was conducted without any financial support that could have influenced the outcome.

References

1. Esson KM, Leeder SR. The Millennium development goals and tobacco control: An opportunity for global partnership. Geneva: World Health Organization; 2004.
2. Strunin L, Díaz-Martínez A, Díaz-Martínez LR, et al. Age of onset, current use of alcohol, tobacco or marijuana and current polysubstance use among male and female Mexican students. *Alcohol* 2017; 52(5): 564-71. doi: 10.1093/alcalc/agx027
3. Yañez A, Leiva A, Gorreto L, et al. School, family and adolescent smoking. *Adicciones* 2013; 25(3): 253-9.
4. Maes HH, Prom-Wormley E, Eaves LJ, et al. A genetic epidemiological mega analysis of smoking initiation in adolescents. *Nicotine Tob Res* 2017; 19(4): 401-9. doi: 10.1093/ntr/ntw294.
5. Towns S, DiFranza JR, Jayasuriya G, Marshall T, Shah S. Smoking cessation in adolescents: Targeted approaches that work. *Paediatr Respir Rev* 2017; 22: 11-22. doi: 10.1016/j.prrv.2015.06.001. Epub 2015 Jun 11.
6. Oncel SY, Dick DM, Maes HH, Aliev F. Risk factors influencing smoking behavior: A Turkish twin study. *Twin Res Hum Genet* 2014; 17(6): 563-73.
7. Mashita RJ, Themane MJ, Monyeki KD, Kemper HC. Current smoking behaviour among rural South African children: Ellisras longitudinal study. *BMC Pediatr* 2011; 11: 58. doi: 10.1186/1471-2431-11-58
8. Passey ME, Gale JT, Sanson-Fisher RW. It's almost expected. Rural Australian aboriginal women's reflections on smoking initiation and maintenance: A qualitative study. *BMC Women's Health* 2011; 11: 55. doi: 10.1186/1472-6874-11-55
9. O'Connor RM, Fite PJ, Nowlin PR, Colder CR. Children's beliefs about substance use: An examination of age differences in implicit and explicit cognitive precursors of substance use initiation. *Psychol Addict Behav* 2007; 21(4): 525-33. doi: 10.1037/0893-164X.21.4.525
10. Bejjani N, El Bcheraoui C, Adib SM. The social context of tobacco products use among adolescents in Lebanon (MedSPAD-Lebanon). *J Epidemiol Glob Health* 2012; 2(1): 15-22. doi: 10.1016/j.jegh.2012.02.001. Epub 2012 Apr 3.
11. Sarmiento CQ. Philippines 2007 regional study on smoking in girls and young women. *JPAIR Multidiscipl Res* 2007; 1(1).
12. Blecher EH, van Walbeek CP. An international analysis of cigarette affordability. *Tob Control* 2004; 13(4): 339-46. doi: 10.1136/tc.2003.006726
13. World Bank. Making growth work for the poor: A poverty assessment for the Philippines. Washington, D.C. : World Bank Group. 2018. Available from: <http://documents.worldbank.org/curated/en/273631527594735491/Making-growth-work-for-the-poor-a-poverty-assessment-for-the-Philippines>. [Accessed October 20, 2019].
14. Silver D, Bae JY, Jimenez G, Macinko J. Compliance with minimum price and legal age for cigarette purchase laws: Evidence from NYC in advance of raising purchase age to 21. *Tob Control* 2016; 25(3): 289-94. doi: 10.1136/tobaccocontrol-2014-051860. Epub 2015 Feb 11.
15. Taylor L, Jorm L, Frommer M, Rubin G. The health of the people of NSW - Report of the Chief Health Officer. *NSW Public Health Bull*, 1996; 7(5).
16. Baum A, Garofalo JP, Yali AM. Socioeconomic status and chronic stress. Does stress account for SES effects on health? *Ann N Y Acad Sci* 1999; 896: 131-44. doi: 10.1111/j.1749-6632.1999.tb08111.x
17. Gilman SE, Martin LT, Abrams DB, et al. Educational attainment and cigarette smoking: A causal association? *Int J Epidemiol* 2008; 37(3): 615-24.
18. Piontek D, Buehler A, Rudolph U, et al. Social contexts in adolescent smoking: Does school policy matter? *Health Educ Res* 2008; 23(6): 1029-38. doi: 10.1093/her/cym063. Epub 2007 Oct 17.

19. Jackson C, Henriksen L, Dickinson D, Levine DW. The early use of alcohol and tobacco: its relation to children's competence and parents' behavior. *Am J Public Health*, 1997 Mar; 87(3): 359-64. doi: 10.2105/ajph.87.3.359
20. Murray M, Swan AV, Clarke G. Long term effect of a school based anti-smoking programme. *J Epidemiol Comm Health* 1984; 38: 247-52.
21. Erikson EH. *Childhood and Society*. London: Vintage Digital; 2014.
22. Okoli C, Greaves L, Fagyas V. Sex differences in smoking initiation among children and adolescents. *Public Health* 2013; 127(1): 3-10. doi: 10.1016/j.puhe.2012.09.015. Epub 2012 Nov 10.
23. Flay BR, Hu FB, Siddiqui O, et al. Differential influence of parental smoking and friends' smoking on adolescent initiation and escalation of smoking. *J Health Soc Behav* 1994; 35(3): 248-65.
24. Weiss JW, Mouttapa M, Cen S, Johnson CA, Unger J. Longitudinal effects of hostility, depression, and bullying on adolescent smoking initiation. *J Adolesc Health*, 2011; 48(6): 591-6. doi: 10.1016/j.jadohealth.2010.09.012. Epub 2010 Dec 18.
25. Flay BR, Snyder FJ, Petraitis J. The theory of triadic influence. In: DiClemente RJ, Crosby RA, Kegler MC (Eds.). *Emerging theories in health promotion practice and research*. Jossey-Bass/Wiley; 2009; 451-510.
26. Stephens C, Breheny M. Narrative analysis in psychological research: An integrated approach to interpreting stories. *Qual Res Psychol*, 2012; 10(1): 14-27.
27. Bruner J. The narrative construction of reality. *Crit Inq* 1991; 18: 1-21.
28. Polkinghorne DE. *Narrative knowing and the human sciences*. New York, NY: State Univ. of New York Press; 1988.
29. Petty J, Jarvis J, Thomas R. Core story creation: Analysing narratives to construct stories for learning. *Nurse Researcher* 2018; 25(4): 47-51.
30. Emden C. Conducting a narrative analysis. *Collegian* 1998; 5(3): 34-9.
31. Mason M. Sample Size and saturation in PhD studies using qualitative interviews. *Forum Qualitative Sozialforschung/ Forum: Qualitative Social Research*. Available from: <http://www.qualitative-research.net/index.php/fqs/article/view/1428/3027>. [Accessed October 14, 2019].
32. Robinson-Pant A, Singal N. Research ethics in comparative and international education: Reflections from anthropology and health. *Compare: J Comp Int Educ* 2013; 43(4): 443-63.
33. Wengraf T. *Qualitative research interviewing: Biographic narrative and semi-structured methods*. London: Sage; 2011.
34. Mishler EG. Models of narrative analysis: A typology. *J Narrat Life Hist* 1995; 5(2): 87-123.
35. Kabeer N. *Reflections on the measurement of women's empowerment. Discussing women's empowerment - theory and practice*. Stockholm, Sweden: Novum Grafiska AB. 2001.
36. Protect your Family, Stop Smoking! [Internet]. DOH Philippines; 2016. Available from: <http://ro5.doh.gov.ph/index.php/13-press-releases/169-protect-your-family-stop-smoking>. [Accessed October 12, 2019].
37. Bell K, Salmon A, Bowers M, Bell J, McCullough L. Smoking, stigma and tobacco "denormalization": Further reflections on the use of stigma as a public health tool. *Soc Sci Med* 2010; 70: 795-9.
38. Department of Education. DepEd Memorandum No. 106 s2018: 2018 National No Smoking Month Celebration. Available from: http://deped.gov.ph/wp-content/uploads/2018/06/DM_s2018_106.pdf
39. Republic Act No. 10351. Available from: <https://www.officialgazette.gov.ph/2012/12/19/republic-act-no-10351/>
40. Executive Order No. 26 Providing for the establishment of smoke-free environments in public and closed spaces. Available from: <https://www.officialgazette.gov.ph/20170516-EO-26-RRD>