

Personal Factors Influencing Korean American Men's Smoking Behavior: Addiction, Health, and Age

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The purpose of this qualitative study was to identify factors influencing Korean American men's smoking behavior. Focus-group research method was used, and participants were 22 Korean male smokers in New York City. They talked about their experiences of smoking and smoking cessation. Addiction, health, and age emerged as major personal factors affecting Korean men's smoking behavior. Their experiences in relation to addiction were similar to those reported in other racial/ethnic groups, whereas the dramatic change in the perception of smoking-related health risks coming with their forties, some cessation strategies used by former smokers, and preference for group meetings over individual counseling appeared to be specific to Korean men.

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THE ASIAN AMERICAN population tripled from 1980 to 2000, increasing from 3.5 million to 10.2 million (U.S. Bureau of the Census, 2001). Korean Americans are the fifth largest group in this population. A 1990–1991 California survey estimated that the prevalence of smoking among Korean men in the United States was 35.8%—much higher than that observed in the general U.S. population (Centers for Disease Control, 1998). The use of other tobacco products is reportedly rare, and smoking is almost exclusively male behavior among Korean Americans (Kim et al., 2000). The Current Population Surveys from 1995 to 1996 and from 1998 to 1999 found that Korean male immigrants had the highest smoking prevalence rate (33.9%) among Asian and Pacific Islander male immigrants (Baluja, Park, & Myers, 2003). In more recent local surveys, smoking prevalence rates for Korean American men ranged from 26.1% to 38.7% (Juon, Kim, Han, Ryu, & Han, 2003; Kim et al., 2000; Lee, Sobal, & Frongillo, 2000; Lew et al., 2001).

Variation in the estimates of smoking prevalence among Korean men in the United States appeared to be associated with nativity, age, education, and religion. For example, Juon et al. (2003) found that age was significantly associated with Korean men's smoking status ($\chi^2 = 9.58$, $P < .05$), with men younger than 40 years being more likely to be

current smokers than older. Religion has also been identified as being significantly related to Korean men's smoking status. Kim et al. (2000) found that Korean men who were non-Christians or had no religion were 16.6 times more prone to be current smokers. In addition, Korean American men tend to be current smokers if they immigrated at an older age, have lived in the United States for less than 10 years, have a lower socioeconomic status, and are non-Christian (Kim et al., 2000; Lee et al., 2000).

Smoking is thoroughly interwoven among the fabric of daily life (Pomerleau & Pomerleau, 1987). The average pack-a-day smoker of 20 years' duration has inhaled cigarette smoke over 1 million

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times, and each inhalation provides an occasion to associate nicotine with the numerous and varied circumstances of daily life (Henningfield, Cohen, & Pickworth, 1993). Pharmacologically, nicotine is as addictive as heroin and cocaine (Henningfield, Cohen, & Slade, 1991). The addiction process is said to begin with interaction between nicotine and its acetylcholine receptors, which are widely distributed in the brain. This interaction causes the activation of the reward centers in the central nervous system (Mansvelder & McGehee, 2002). Smokers tend to regulate their daily intake of nicotine from cigarettes to maintain the desired level (Benowitz, 1999). The *Diagnostic and Statistical Manual (DSM)* of the American Psychiatric Association (1994) has included diagnoses for nicotine dependence in *DSM-IV*.

More than 90% of Korean Americans identified an association between smoking and major chronic illnesses, regardless of smoking status (Kim et al., 2000). Ma, Tan, Freely, and Thomas (2002) reported that Korean Americans had more accurate knowledge of the possible health risks of smoking than Chinese, Vietnamese, and Cambodian Americans. Nevertheless, many Korean American men continue to smoke, adhering to the cultural norm of smoking established in their native land (Kim, Son, & Nam, in press). Some may fear the health risks and want to stop smoking; yet they are less likely to benefit from current smoking cessation programs available in the United States because of cultural and language barriers. In New York City, no smoking cessation program has ever been offered in Korean or even been developed within the context of Korean male immigrants. The earlier smoking cessation occurs, the greater the advantages to health (Kuper, Adami, & Boffetta, 2002). Hence, to effectively target cessation interventions to young Korean men, personal factors influencing their smoking behavior need to be explored.

METHOD

This is a qualitative descriptive study and specific aims of the study were to (a) explore social, cultural, and personal factors associated with smoking and quitting among young Korean men; (b) compare beliefs and attitudes toward smoking and smoking cessation of current and former smokers; (c) identify what strategies former smokers had used to quit smoking successfully; and (d) to explore what intervention strategies Korean men would prefer in a smoking cessation program. We chose focus-group research method for data collection because it is effective in facilitating researcher's knowledge about the experiences and perspectives of the members of a group under study (Hughes & DuMont, 1993).

Participants

Twenty-two Korean male immigrants age 22 to 49 years with a mean age of 35.3 ($SD = 6.8$) participated in one of four focus-group interviews. They were residents of New York City and had been in the United States for 2 months to 19 years, with a mean residence of 8 years ($SD = 5.8$). Except for age, current and former smokers did not differ on any sociodemographic variables including education, annual family income, length of residence, religion, age at smoking initiation, years of smoking, or the number of cigarettes smoked per day. The demographic characteristics of the participants in each group are shown in Table 1.

Data Collection

After approval of the university's institutional review board for the protection of human subjects, we recruited prospective participants through ads placed in the two ethnic Korean newspapers that were most read by Korean men in the region. They were encouraged to call the contact number listed if they had immigrated at age 12 or older and had smoked 100 or more cigarettes in their life time

Table 1. Characteristics of Participants in Focus Groups

Focus Groups	1	2	3	4
Smoking status	Current smokers	Current smokers	Former smokers	Former smokers
Number of participants	6	5	7	4
Mean age (SD)	31.2 (5.67)	33.6 (7.80)	35.1 (4.41)	43.8 (3.50)
Mean years of residence in the United States (SD)	3.8 (2.26)	14.6 (2.30)	7.8 (5.76)	7.0 (6.68)
Mean years of smoking (SD)	14.5 (4.28)	14.4 (7.86)	12.6 (5.86)	21.5 (4.65)
Mean number of daily cigarettes (SD)	16.7 (8.76)	18.6 (2.19)	21.4 (6.90)	32.5 (22.17)
Mean years of abstinence (SD)	Still smoking	Still smoking	4.0 (4.77)	5.7 (8.87)

regardless of current use (National Center for Health Statistics, 1991). Fliers encouraging participation in this study were also posted at ethnic grocery stores and restaurants.

All participants signed an informed consent form and completed a demographic data sheet before the semistructured focus-group interview. Participants were asked to talk about their experiences in the following five areas: (a) smoking initiation, (b) maintenance of smoking behavior, (c) change in smoking behavior, (d) smoking cessation, and (e) suggestions for smoking cessation interventions. All focus-group meetings lasted for 1½ to 2 hours and were audiotaped. Details on the process of data collection will be reported elsewhere (Kim et al., in press).

Data Analysis

A thematic-content analysis (Miles & Huberman, 1994) was used to examine the focus-group data. The first and third authors independently coded interview transcripts, using *vivo* terms or borrowing concepts identified in the smoking literature. For example, when a participant said, "I can't quit smoking because I can't concentrate on what I'm doing," this was coded as "problem with concentration" and "difficult quitting." We discussed the coded data and reached agreement on any differences in our coding, then synthesized the codes into themes and subthemes in relation to the five topics listed above. The first author then created a matrix of themes and subthemes on the one axis and four focus groups on the other and compared similarities and differences across the groups. We identified five interrelated themes: culture, gender, addiction, health, and age. The first two are sociocultural factors influencing Korean American men's smoking behavior. The remaining three, addiction, health, and age, are personal factors affecting changes in Korean American men's smoking behavior. This article reports the findings on personal factors. Social and cultural factors will be reported elsewhere (Kim et al., in press).

FINDINGS

Korean American men's smoking behavior is influenced by the three highly interrelated personal factors: addiction, health, and age. These three factors work independently and interdependently, affecting changes in Korean men's smoking behavior, which is described in the following. Health and age are deeply intertwined themes and

hence, main characteristics of smoking behavior influenced by these two are stated together.

Addiction

All the Korean men in this study reported that they had lost control over smoking not long after the first cigarette, and craving for nicotine drove their smoking behavior. The following excerpts from the conversation of four current smokers clearly convey this:

It's a habit because I want to quit but I can't.

I think it's almost an addiction.

I think the word *habit* is insufficient to fully describe what smoking is.

Habit is only a euphemistic expression; more accurately, it's an addiction, because I tend to reach out for a cigarette against my will. I don't have any control over it. If I describe it in one word, it's an addiction.

Other current smokers also agreed to this view and said that they no longer enjoyed smoking but had to smoke because they could not function without it. The descriptions below illustrate the addictive nature of smoking for these men.

Behavioral Dependence

The men in the study reported that they frequently reached out for cigarettes without realizing what they were doing. As the following excerpts show, they were no longer able to decide when and where to smoke but were conditioned to smoke, responding to smoking cues associated with routines of everyday life.

Above all, I smoke after meals. After meals, especially after I eat something spicy, I need to smoke. The next time I smoke mostly is when I go to the restroom or when I feel stressed.

Right before bedtime, I always smoke like a ritual ceremony completing the day.

It's very hard not to smoke when you drive, yeah at the time of driving, [several others say yeah, me too] and especially, when caught in traffic.

[When I do] drinking and playing billiards.

Most of the men dramatically increased the number of cigarettes they smoked per day as they began to smoke regularly; the number reached a peak within 1–5 years from the first cigarette they smoked.

Physiological Dependence

The majority of these Korean men reported that their body had grown tolerant to the effects of nicotine. They no longer experienced the feelings of body floating and empty headedness for which they had enjoyed at first. For example, one current smoker talked about how the effect of smoking on his body had changed over time.

I first smoked to see how it tasted and I was feeling so good. I felt very dizzy as if I was intoxicated with alcohol. The feeling lasted for about an hour. So next day, I smoked another cigarette. I could have the dizzy feeling right after the first puff on a cigarette, and then it changed to two puffs. Later I had to smoke regularly; otherwise I couldn't concentrate mentally.

Some current smokers reported that they had to smoke to wake up in the morning or to move bowels. When abstinent, they experienced withdrawal symptoms such as craving, muscle stiffness, difficulty concentrating, anxiety, restlessness, and lethargy.

Psychological Dependence

These Korean men all reported that their mind had become dependent on smoking. Their obsession with smoking and the urge to smoke intensified when they were exposed to the smell or sight of someone else's smoking. Some reported having experienced a downfall in mood when they tried to quit. One former smoker, who used to smoke three packs of cigarettes a day, talked about how he felt when he quit smoking because of cardiovascular disease.

First of all, no meaning in life; I became nihilistic. I felt very empty, enervated, and powerless. I had no meaning in life, no meaning at all. It was the greatest suffering, the greatest psychological suffering I had in my life. I can't think of anything that can cause more mental pain than that. I felt life was meaningless. I even couldn't find any meaning in working, my family, or love for a woman.

Because of these drastic feelings, many relapsed, although they regretted having ever begun to smoke. Several people reported that smoking had become the only way to cope with bad emotions. Thus, it was very difficult to maintain abstinence when they were upset or felt stressed. One former smoker who had been abstinent for 6 years said he was not sure whether he could restrain himself from smoking if he faced a tremendous tragedy such as losing a loved one in an accident.

In summary, losing control and craving cigarettes were the main characteristics of these men's nicotine addiction. Both current and former smokers reported that American cigarettes tasted much better and, hence, were more addictive than Korean cigarettes. They had tried to smoke cigarettes from Korea but could not because they were too weak compared with American cigarettes.

Health and Age

Increasing health concerns and quitting and relapsing were the two main characteristics of smoking behavior associated with health and age. Age played a key role in the perception of health risks and in attempts at quitting. The seven men in their forties in the study had all attempted to quit but two had relapsed in a short time. In contrast, men in their twenties and thirties held the view that smoking at their age was acceptable and thought that their health risks were negligible if they quit smoking in their forties or fifties.

Increasing Health Concerns

Most men in this study, however, regardless of their smoking status, recognized the association of smoking with health problems. This recognition primarily came from experiencing changes in their physical condition when they smoked. One current smoker said, "There is one thing good if I don't smoke. I feel refreshed when I get up in the morning. I really feel refreshed." Some had increasing concerns not only for their own health but also for family members. One former smoker had decided to quit after seeing his children keep catching colds due to his smoking. Those who were in the forties were deeply concerned about their weakening of physical conditions and believed that smoking had caused the change. One former smoker who was 42 years old said:

In my 20s, I smoked for curiosity without knowing anything. In my 30s, I was too busy to quit smoking. Above all, I was in Korea at that time. Life in Korea revolves around doing things together. People tend to offer cigarettes and drinks of alcohol to one another. . . . Now that I am in the 40s, I often think about my physical condition.

Quitting and Relapsing

Among those who had attempted to quit smoking, many had failed and relapsed. Attempts made by current and former smokers differed in the following areas of planning, motivational sources, and cessa-

tion strategies. Former smokers argued that quitting at once is the only way to avoid smoking-related health problems. They had planned a quit date and prepared mentally for that day. In contrast, current smokers haphazardly made quitting attempts without much planning, and some believed that health risks were negligible if they smoked only three to five cigarettes per day. Former smokers were generally motivated by health concerns, whereas current smokers were driven by factors such as increases in cigarette prices, conflicts with religion, and suggestions from others. Former smokers had used cessation strategies such as avoiding smoking situations, going "cold turkey," using substitutes such as gums and candies, engaging in vigorous physical activity, drinking green tea, and smoking herbal cigarettes. Current smokers used strategies such as reducing the number of cigarettes smoked per day. Two men who were currently smoking reported having used nicotine patches, but they had given up after the first or the second patch because of side effects such as nausea and headache. Some current smokers even mentioned that nicotine patches could be more harmful than cigarettes.

Drinking and being with smoking friends were the leading causes of relapses. Many also said they relapsed when they were upset or felt stressed. After being abstinent for a while, some felt overconfident about their control of smoking and started to smoke again. For example, one current smoker talked about his relapse this way:

I thought I could control my smoking in terms of how many I would smoke. This thought occurred to me about a month after I stopped smoking. I wanted to smoke one or two cigarettes a day. So, I smoked two cigarettes but I was able to do that only for a day or two, then I went back to where I was before [smoking a pack a day].

In contrast, former smokers unanimously reported that they had been careful not to be caught by "the one cigarette demon." They knew that once they held a cigarette in the mouth, they would relapse. Those who relapsed to smoking appeared to be younger and more ambivalent about quitting, and to have no health problems.

Explaining the mechanism of smoking effects on the body through frightening images or pictures was suggested as the most helpful smoking cessation strategy for Korean men. They said that pictures convey stronger messages than words.

Many preferred group therapy to individual counseling although a small number of current smokers wanted intensive inpatient smoking cessation programs. Both current and former smokers reported that hearing from former smokers would help current smokers quit smoking. In addition, Protestants reported that smoking caused them conflicts because they knew that people in their church did not condone the behavior. In contrast, Catholics and people with other religious affiliations expressed difficulty in understanding why religion has anything to do with smoking.

In summary, Korean men's health concerns increased as they aged. Comparison of the quitting attempts made by current and former smokers revealed major differences in the areas of planning, motivational resources, and cessation strategies used. Drinking and being around with smoking friends were identified as the leading causes of relapses.

DISCUSSION

These Korean American men's smoking behavior was affected by their addiction, health status, and age. The addictive nature of smoking drove their smoking behavior but many contemplated quitting as their health concerns increased in their forties. Men participated in this study were a self-selected group of Korean male smokers in the United States and may not be the representative of the general Korean American male smokers. Nevertheless, their smoking experiences in relation to addiction were very similar to those reported in other racial/ethnic groups (e.g., John, Meyer, Hapke, Rumpf, & Schumann, 2004; Lyna, McBride, Samsa, & Pollak, 2002; Shiffman, Waters, & Hickcox, 2004; Todd, 2004). Yet, the dramatic change in perspective coming with their forties, some cessation strategies, and their preference for group meetings over individual counseling appeared to be specific to Korean men.

All the men were aware of the health risks of smoking, which supports the findings of previous studies (Kim et al., 2000; Ma et al., 2002). Many agreed that smoking is an addiction and the word *habit* is inaccurate to describe the true nature of the behavior. Their perception of smoking-related health risks dramatically changed as they approached the age of 40 years, which is consistent with a report by Juon et al. (2003). People in Korea view the age of 40 years as the gate to midlife and

begin to pay attention to their physical condition (Sheen, 2003).

The smoking cessation strategies used by Korean former smokers are generally similar to those used by self-quitters from other racial/ethnic groups (e.g., Etter, Bergman, & Perneger, 2000; Garvey, Heinold, & Rosner, 1989; Oei & Hallam, 1991). Some strategies, such as smoking nicotine-free herbal cigarettes and drinking green tea were, however, unique to the Korean group. Smoking herbal cigarettes is the most frequently used strategy among smokers in Korea (Lee, 2003). Gemyeoncho, the leading brand of herbal cigarettes in Korea, has been reported to be as effective as transdermal nicotine patches in smoking cessation (Cheong, 2003). Similarly, many investigators in the United States examined the effectiveness of denicotinized cigarettes for smoking cessation (Butschky, Bailey, Henningfield, & Pickworth, 1995; Gross, Lee, & Stitzer, 1997; Henningfield et al., 1993; Pickworth, Fant, Nelson, Rohrer, & Henningfield, 1999; Rose, Behm, Westman, & Johnson, 2000). However, studies are needed to identify characteristics of smokers who are responsive to smoking nicotine-free cigarettes as a cessation strategy.

Many smokers in this study reported that they relapsed when they were upset or felt stressed. This finding is consistent with reports showing that people tend to smoke more when they feel depressed (Breslau, Kilbey, & Andreski, 1993; Haukkala, Uutela, Vartiainen, McAlister, & Knekt, 2000), or anxious (Gilbert & Welser, 1989; Niaura, Shadel, Britt, & Abrams, 2002; Pomerleau, Adkins, & Pertschuk, 1978). Clearly, Korean American men need to be taught properly how to handle relapse-prone situations such as feeling angry or stressed. In addition, this study found that Korean men smoking more than 20 cigarettes per day were more likely to experience depressed mood. Healthcare workers assisting Korean heavy smokers should consider suggesting nicotine replacement therapy and/or prescribing antidepressants such as bupropion slow-release or nortriptyline, which are recommended in the Clinical Practice Guideline (U.S. Department of Health and Human Services, 2000).

Finally, all the men in this study, regardless of smoking status, reported that American cigarettes were much stronger and tasted better than Korean cigarettes. This finding cannot be validated because there are no empirical studies comparing the chemical effects of cigarettes made in the

United States and Korea; yet, the consensus of these Korean American smokers is consistent with the claim that the tobacco industry in the United States uses ammonia-related compounds in cigarette manufacture to enhance nicotine delivery and absorption, which in turn increases the impact of nicotine on receptors in the oral cavity and upper airway and increases the palatability of smoke by enhancing its sensory characteristics (Henningfield, Pankow, & Garrett, 2004). Research in this area could be of interest to both Korean and American researchers on tobacco use.

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