

**A Critical Analysis of Smokers' Behaviour in a Designated
Non-Smoking Area: A Case Study of the MTB Coffee Shop,
University of KwaZulu-Natal, South Africa**

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2013

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Abstract

A constant exposure to Second-hand smoke (SHS) is a significant public health problem. The Howard College campus, one of the five campuses of the University of KwaZulu-Natal (UKZN) in South Africa, has been lethargic in pursuing compliance in designated non-smoking spaces. The single coffee shop serving all students in the Howard College Campus was not only one of the most crowded eating-places in this campus, but also amongst the areas where smoking occurred the most, notwithstanding the no-smoking signs. In addressing non-compliance, this thesis investigates smokers' illegal behaviour at the coffee shop. This enquiry involved the following main questions: Why do faculty and students smoke at the coffee shop even though it is a designated non-smoking area? How should the University effectively proceed to tackle smokers' behaviour in designated non-smoking areas? Participant observation enabled the researcher to examine and describe smoking behaviour. Semi-structured interviews with twenty smokers and nine non-smokers provided insight into forces upholding the smoking habit. The Social Ecological Model that incorporates intrapersonal, interpersonal, community, institutional and policy level of analysis was applied. Findings highlighted: i) the lack of law enforcement as the key reason for non-compliance; ii) peer-pressure exerted by smokers; iii) lack of designated smoking area; iv) claims that smoking and socialisation enable de-stressing and v) An urgent need to rethink how to provide places where students can socialise in an organic manner.

Preface

This thesis is premised on the observed annoyance caused by the smoking and noise that prevailed at the open air coffee shop located at the centre of the Memorial Tower Building (MTB) at the Howard College Campus in the University of KwaZulu-Natal, South Africa. Considering the health hazard that the constant exposure to Second-hand smoke (SHS) constitute, the University's Safety Health and Environment (SHE) office, expressed a the need to set up specific actions to ensure a healthy environment to the university community.

Mainly housed in Health Communication field, this research does not claim to be a panacea for the public health problem that smoking caused at the MTB coffee shop;nevertheless it will eventually provide an insight into smokers' behaviour in designated non-smoking zones. Although the coffee shop was for more than one decade, a central point where Humanities and Law students congregated, it has been recently shut down (in August 2013, in the course of my writing process) and relocated at the open area adjacent the E.G Malherbe library. This relocation has not altered the smoking practices that used to prevail at the MTB coffee shop. In fact from an informal observation, I noticed that the same people continue to congregate and smoke in that new area. Thus, this research although based on the ex-MTB coffee shop, isapplicable and transferable to the new location.

List of Acronyms and Abbreviations

CANSA	Cancer Association of South Africa
CAQDAS	Computer-Assisted Qualitative Data Analysis Software
ETS	Environmental Tobacco Smoke
EU	European Union
FCTC	Framework Convention on Tobacco Control
FEDHASA	Federation of Hotel, Liquor and Catering Association of South Africa
HSFSA	Heart and Stroke Foundation of South Africa
MPOWER	Monitor, Protect, Offer, Warn, Enforce, Raise
MTB	Memorial Tower Building
NCAS	National Council Against Smoking
SAMRC	South African Medical Research Council
SANHANES	South African National Health And Nutrition Examination Survey
SEM	Social Ecological Model
SHE	Safety Health and Environment
SHS	Second-Hand Smoke
THS	Third-Hand Smoke
TISA	Tobacco Institute of South Africa
TMA	Tobacco Manufacturers Association
TPCA	Tobacco Product Control Amendments
UCT	University of Cape Town
UK	United Kingdom
UKZN	University of KwaZulu-Natal
US	United States (of America)
WHO	World Health Organisation

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Chapter I

About the Study

Smoking presents a major health concern in the whole world. Unless urgent action is taken, a billion people could die from tobacco related diseases over the course of the 21st century (WHO, 2011). In 2011, six million people worldwide died from tobacco-related diseases and one tenth were non-smokers exposed to cigarette second-hand smoke (WHO, 2011). To reduce the tobacco consumption globally, the World Health Organisation (WHO) introduced a series of preventive measures in the widespread Framework Convention on Tobacco Control (FCTC) (WHO, 2011). The FCTC aimed at encouraging governments worldwide to implement strict tobacco control policies. An important consideration has been given to the Second-hand smoke (SHS) exposure. Practical measures such as banning smoking in some public places and public transport have decreased smoking behaviour (Poutvaara & Siemers, 2006; Brown et al., 2009).

In spite of the efforts to reduce SHS exposure in educational institutions, compliance remains an issue (Polacek & Atkins, 2008; Baillie et al., 2011). The fact that non-compliant students blatantly smoke in prohibited public places indicates the failure of law enforcement. This thesis provides a critical analysis of smokers' behaviour in a designated non-smoking area. The focus is on the Memorial Tower Building (MTB) coffee shop, at the Howard College Campus of the University of KwaZulu-Natal (UKZN), where non-compliance was the norm notwithstanding system complaints lodged with the University administration by staffers working in adjacent offices to the shop's courtyard.

Background to the study

In South Africa, over 44 000 deaths were attributed to tobacco-related diseases in the year 2011 (CANSAs [Cancer Association of South Africa], 2012). In global statistics, smoking is ranked third as a factor of mortality after sexually transmitted infections and high blood pressure (Groenewald et al., 2007:680). Apart from deaths, smoking also affects the economic wellbeing of people. Health24's Great South African Smoking Survey (2012) showed that on average, smokers spend over R400

per month on cigarettes. South Africa has one of the highest smoking prevalence rates in Africa and still needs to align to the FCTC requirements. As compared with many other countries such as the UK, France, or Australia, the level of compliance is low and SHS remains a paramount health concern for the South African government (Asare, 2007; CANSA, 2012; WHO, 2011). Since 1993, the government has initiated a series of Tobacco Product Control Amendments (TPCA) in order to regulate the trade of tobacco products in the country, reduce the weight of the marketing actions undertaken by the tobacco industry and limit the level of exposure to cigarette smoke. This legislation, as well as the relentless efforts of anti-smoking organisations such as the National Council Against Smoking and CANSA, have contributed to reduce adult smoking by half from 32% in 1993 to 16.4% in 2012 (SANHANES, 2013).

Banning smoking in public places is the prime restriction that overtly addresses SHS exposure and to a certain extent deters people from smoking. The TPCA Act (No 23 of 2007:2) stipulates that “the Minister may prohibit the smoking of any tobacco product in any prescribed outdoor public place, or such portion of an outdoor public place as may be prescribed, where persons are likely to congregate within close proximity of one another or where smoking may pose a fire or other hazard”. Although this measure has a positive impact on smoking cessation among young people (Poutvaara & Siemers, 2006; Brown et al., 2009), the effectiveness in implementation is still weak in some public places such as educational institutions (Wolfson et al., 2009; WHO, 2011).

The South African National Health And Nutrition Examination Survey (SANHANES) (2012) reported that 29.9% of adults are constantly exposed to SHS in South Africa. In the university context, eating facilities appeared to be places with the highest risk of SHS exposure (Wolfson et al., 2009). Yet, relatively little attention has been granted to this particular health problem amongst students (Wolfson et al., 2009; Bailie et al., 2011).

Context of the study

Universities worldwide strategically use coffee shops and similar facilities to build a sense of scholarly community, encourage dialogue between staff and students¹ (Tomaselli, 2010). In South Africa, for example, the University of Cape Town's (UCT) UCT Club², amongst other spaces on campus, offers a convivial place where members of the UCT community socialise and exchange ideas. The UCT Club was established in 1988 and till now is only accessible to staff, postgraduate students and alumni (UCT Club, 2012).

In spite of all the facilities afforded by the UKZN administration, the integration of refreshment kiosks remains to be done. A preliminary interview with the University's Safety Health and Environment (SHE) manager, revealed that the purpose of the Memorial Tower Building (MTB) coffee shop was to provide a platform for students and staff to meet, socialise, generate and exchange ideas (Govender, 2012). Located next to several lecture venues, the central geographical point occupied by the coffee shop³ positions it as one of the most crowded eating-places on the campus.

Smokers at the shop deliberately disregarded smoking UKZN restrictions, and additionally, the high noise levels became a bone of contention. Since 2008, intensive correspondence between the former School of Sociology, other MTB-based units and the university administration about the smoking issue, articulated in great detail the health consequences for adjacent office workers and lecturers caused by the smoking, screaming, and other distractions amplified by unrestrained activities in the courtyard (Tomaselli, 2010; Bonnin, 2010). Accordingly, the Division of Physical Planning and Operations of the University decided to temporarily close this area in May 2011 (Valodia, 2011). A petition comprising 700 signatures initiated by Howard College Campus students and supported by some staff, led the

¹ I visited several websites of universities such Stanford University in the US, the University of Nottingham in the UK, and the University of Cape Town in South Africa. The cosy environment that their restaurants and café offer to the university community usually favours interactions between the members of the University Community.

²The UCT Club: Although I have not enough information concerning their non-smoking policy, this club is a platform that encourages exchange and collaboration between all members of the UCT community. Information available at: <http://www.uct.ac.za/students/recreation/uctclub/>. Accessed June 2012.

³ The University of KwaZulu-Natal has five campuses. Howard College is one of the five. MTB coffee shop is located at the centre of the Memorial Tower building, serving the College of Humanities and the adjacent College of Law.

University to re-open the coffee shop. Since that time nothing has changed, the MTB courtyard coffee shop is still overwhelmed by cigarette smoke.

Although subjected to TPCA Act (No 23 of 2007), the University has been lethargic in pursuing compliance. Even with the enactment of this Amendment, the SHE office was unable to impose smoke-free compliance at the MTB courtyard coffee shop and in many other designated public places on campus.

This research project, albeit located in the Centre for Communication, Media and Society (CCMS) is more inclined to the health communication field because of the dearth of relevant studies in culture and media studies. Cultural studies deals with power relations, how meanings are made and how meanings are contested. While some approaches to cultural studies address health issues, especially HIV AIDS (see e.g., Tomaselli & Chasi 2011, Grunkemeier 2013), it is surprising how little emphasis the field has given to health issues. In the area of smoking, very few cultural (and media) studies-based analyses were found dealing with smoking behaviour, and how meaning is made, promoted and distributed. Some of these are Chapman's (1986) analysis on how tobacco companies manipulate the media to promote smoking in Australia and an article by Tomaselli (2012) on smoking behaviour as an indicator of contradictory consciousness on a cruise ship travelling towards a metaphorical Eden (Antarctica). These studies, however, are insufficient as a foundation for my own work, which found it necessary to draw on communication studies to answer not so much what smoking means for its practitioners in a small area on the University campus, but rather on how they legitimised their illegal behaviour, how they resisted no-smoking legislation, and why non-smokers consented to these transgressions. While my thesis implicitly deals with the issue of resistance – as found in cultural studies – it explicitly examines via the application of communication models, actual smoking behaviour in a designated non-smoking area.

The Social Ecological Model (SEM) credited to McLeroy et al. (1988) provides a holistic framework for understanding the multiple and interrelating determinants of smoking behaviour (Salis et al., 2008; Kothari et al., 2007). In applying the SEM, this study provides insight into individual and social forces that uphold cigarette uptake at the MTB coffee shop. It is assumed that the application of the SEM will enable the

SHE office with effective mechanisms to bring about behaviour-change at each level of influence. Intervention, however, is not the aim of this study.

Research objectives

The main aim of this study is to learn about (and from) smokers' behaviour in designated non-smoking areas such as the MTB coffee shop. It also provides the groundwork for a blueprint to revamp the current health conditions in that public place. To attain this ultimate goal, this thesis seeks to achieve a threefold objective. The first is to describe how those concerned, namely smokers, non-smokers, the coffee shop owner and the university administration deal with smoking at the MTB coffee shop. The second objective, which is the kernel of this thesis, is to identify and explain influential factors that sustain smokers' behaviour in non-smoking areas, and finally, in achieving the above objectives, this thesis uses a qualitative approach to address the following key questions:

What conditions enabled smoking to occur at the MTB coffee shop in defiance of the smoking restrictions? This question examines how smokers, non-smokers and the coffee shop owner behave in this area as far smoking and appeals for compliance is concerned. Participant observation provides an outlook on smoking practices in this facility. By observing actions, reactions and interactions among the coffee shop users, this phase serves as a formative study affording more insights on how and why smoking prevails in this area, notwithstanding the restrictions.

Why did people smoke at the MTB coffee shop although it was a designated non-smoking area? The prime endeavour of this question is to investigate underlying factors influencing smokers' decision to breach the smoking restrictions. Additionally, delving into non-smokers' stances, this question also furnishes reasons why non-smokers failed to complain and claim their rights to have a healthy environment in this area. Semi-structured interviews thus garner data and inform the thematic analysis.

How should the University have proceeded to effectively tackle smokers' behaviour in designated non-smoking areas? Premised on the analysis of the first two research questions, this interrogation suggests providing useful information to the University administration to address this health problem.

Thesis structure

This thesis comprises of seven chapters. Chapter One serves as a preamble to contextualise the study, lay down the foundation and provide direction for the rest of the thesis. The second chapter grapples with the pertinent existing literature related to this study. It explores the actions initiated by WHO through non-smoking policies proposed at the international level as well as at the legislation implemented by the South African government. The extensive documentation concerning smoking behaviour among young people in general is also discussed. However, the emphasis is on smokers' behaviours in designated non-smoking areas. In addition, the critical analysis of anti-smoking communication proposed by some scholars is discussed.

Chapter Three focuses on the theory and model underpinning this investigation. The SEM (McLeroy et al., 1988) provides a comprehensible theoretical framework for understanding smoking related behaviour (Kothari et al., 2007). The five levels of influence, namely intrapersonal, interpersonal, community, institutional and policy levels and the existing interactions, are explained in the first section. For a better understanding of smokers' behaviour in a designated non-smoking area, focus is on the intrapersonal level. As a theory pertaining to the individualistic set of theories (see National Cancer Institute; 2005), the three determinants of behaviour namely *attitude*, *subjective norms* and *perceived behaviour control* developed in Theory of Planned Behaviour (Ajzen, 1991), proposes a specific insights into intrapersonal factors.

The fourth chapter presents the methodology used to guide the qualitative study applied to answer the aforementioned question. It explains the process behind the method applied. Some aspects are uncovered such as the data collection methods, data analysis, ethical consideration, validity and reliability.

The fifth chapter narrates how participant observation was carried out, describing how smoking occurs at the MTB coffee shop and thus addresses the first research question. Partially informed by the information gathered during the participant observation, semi-structured interviews with smokers and non-smokers are analysed in Chapter Six. Assisted by NVivo 10, a thematic analysis identifies and locates emerging themes within the SEM. Thus, the main influential and interacting forces operating in specific levels of the SEM are uncovered.

Finally, the concluding chapter suggests relevant aspects to be considered in further smoking behaviour change interventions at the MTB coffee shop. As is expected from an action research undertaking, a set of practical measures were submitted to the relevant authority to bring about compliance in this designated non-smoking area.

CHAPTER II

LITERATURE REVIEW

The idea behind exploring the reasons why young people are smoking is to provide insight into what could be the factors influencing smokers' behaviour at the MTB coffee shop which is a designated non-smoking area. The Social Ecological Model (SEM) presents a framework that identifies smoking determinants as well as environmental influences at all levels of the system (Kothari et al., 2007). This chapter commences with an overview on the smoking problem worldwide and in South Africa. The next section examines the main factors emerging from each level of influence accounting for smoking among young people as documented in the literature. Finally, the chapter discusses the content of anti-smoking messages for effective behaviour change.

Global Perspective of Smoking

Smoking: a worldwide problem

While tobacco use kills six million people annually worldwide, WHO (2011a) reported that the year 2011 alone, an estimated 1.3 billion people were smoking. The majority of deaths occur in low and middle income countries.

While smoking rates have declined considerably in developed countries, the opposite trend is observed in developing nations. In the United States of America (USA) smoking rates dropped from 42% in 1965 to 20.8% in 2006 (Centre for Disease Control, 2007). Until the late 1990's, tobacco use was a major public health concern in developed countries, particularly in North America and in Western Europe. Actions undertaken by governments, and anti-smoking organisations, such as the National Alliance for Tobacco Cessation in the USA, Action on Smoking and Health in the United Kingdom (UK), Manitoba Tobacco Reduction Alliance in Canada, significantly contributed to decreasing smoking incidences in developed countries. This downward trend combined with the activism of anti-tobacco

movements has led tobacco industries to explore new outlets in developing countries where anti-smoking movements have been less effective. Therefore, the rate of smoking increased considerably until the early 1980's in developing countries like China, South Africa and Mexico. The eagerness of tobacco industries to have more market share led WHO to pay more attention to developing countries (Asare, 2009). More and more reports on the global tobacco epidemic were published, and more funding was provided for research related to tobacco issues.

A group of WHO experts explored the spread of tobacco use in developed countries, and concluded that the expansion of the tobacco epidemic in developed countries had followed a model of four stages. It represents merely the epidemic transition which almost all countries to certain extent went through at specific moments (Lopez et al., 1994). The four stages of this model are summarised in the following table:

Table 1: Four stages of the tobacco epidemic model

	Phase I	Phase II	Phase III	Phase IV
Male prevalence	Relatively low (15%)	Increase 50% – 80%	Decrease from 60% to less than 40%	33% - 35%
Female prevalence	Very low (< 5%)	Increase slowly	Decline considerably	Around 30%
Per capita consumption (annually)	Very low (less than 500 cigarettes per adult)	1000 – 3000 cigarettes per adult (mostly men)	3000 – 4000 cigarettes per male adults; 1000 – 2000 cigarettes per female adults	—
Duration	10 – 20 years	---	20 – 30 years	20 – 40 years
Non-smoking policies Health	Smoking restriction non-existent, there are other public health priorities.	Ineffective tobacco control measures	Successful Tobacco control law; smoke free workplace, schools, public spaces, transport	Smoke free environment become the main issue
consequences	Not evident, lung cancer very rare	10% of death among male smokers, Male lung cancer rate rise from 5/ 100 000 to 50/ 100 000.	10% to 20% of deaths attributable to smoking among men; Male lung cancer rate 110-120/ 100 000.	40% – 45% of deaths in middle-age among men and 20 – 25% of deaths attributable to smoking among women
Ex smokers	--	Relatively low	Many middle-age and older men	—

			become ex-smokers	
Examples	Countries in Sub-Saharan Africa like Cameroon (6%), Ethiopia (3%).	Some countries like Malaysia (men_ 54.4%, women_ 2.8 %), China where 59.5% men and 3.7% women currently smoke (WHO, 2008).	Some countries like France with 36.6% men and 26.7% women currently smoking; Germany where 37.4% men and 25.8% women smoke (WHO, 2008)	A country like USA where 26.3% men and 21.5 % women smoke. (WHO, 2008)

Source: Adapted from Lopez et al., 1994

Prevalence rates vary from one country to another, and it is important for countries to find out in which stage they are located, in order to initiate or sustain corrective measures. To address the smoking issue, developing countries that are in Stage1 should undertake actions to prevent the tobacco consumption from being a major public health problem in future years (Lopez et al., 1994). Thun et al. (2012) recognised the difficulty to position developing countries in this model. Accordingly, they revised this model and proposed updates in criteria that define of the model. They suggested that in developing country such as South Africa, the stages of the cigarette epidemic should be separately defined between men and women (Thun et al., 2012:99).

The Cancer Association of South Africa (CANSA) lists the main diseases resulting from tobacco use: (1) many cancers such as lung, throat, mouth, tongue, cervix, pancreas, kidney, bladder or stomach; (2) cardiovascular diseases, heart attacks and strokes; (3) respiratory diseases like chronic bronchitis, emphysema and airway disease; (4) peptic ulcers; or (5) impotence (CANSA, 2012: 2).

Overview of Smoking in South Africa

Statistics show that over seven million people smoke in South Africa. In the year 2011, over 44 000 deaths were accounted for by tobacco related diseases in South Africa, which is three times more than vehicle accidents (National Council Against Smoking, 2011). Approximately 24% of young people were reported smoking in 2008 (WHO, 2008). The leading causes of death from smoking in South Africa are chronic obstructive pulmonary disease, tuberculosis, lung cancer and ischemic heart disease (Sitas et al., 2004). With the firm tobacco control measures adopted by the

government from the early 1990's, the prevalence rates for adult tobacco consumption have continuously inched downward. The rate decreased from 30.2% in 1995 to 24.1% in 2004 (CANSAs, 2012). Nationwide studies carried out on tobacco use indicated that over time and geographical location that coloured and white adolescents use tobacco at a higher rate than do black and Indian adolescents (Sitas et al., 2004; Peltzer, 2008). For instance in 1998, the South African Demographic and Health Survey reported that 33.9% of black men, 33.4% white men, 47.7% of Indian men and 57.0% of coloured men were smoking, while only 4.2% of black women, 7.6% of Indian women were smoking. On the other hand, 23.2% of white women and 40% of coloured women were smoking (Sitas et al., 2004).

Second-hand smoke and Third-Hand Smoke

Anti-tobacco organisations are emphasising the danger of the second-hand smoke (SHS), and recently the health hazard deriving from the third-hand smoke (THS) has also been identified. In the past, the term 'Second-Hand' Smoke (SHS) had been designated as Environmental Tobacco Smoke (ETS). However, researchers estimated that this new appellation should better highlight the involuntary nature of the exposure (CANSAs, 2012).

Exposure to SHS refers to the involuntary inhalation of tobacco smoke by non-smokers. SHS is a mixture of side stream smoke (85%) and exhaled mainstream smoke (15%). Side stream smoke is released from the burning end of a cigarette, while mainstream smoke is exhaled after being filtered through the smoker's lungs (U.S. Department of Health and Human Services, 2007; National Council Against Smoking, 2011).

The term Third-Hand Smoke (THS) is a relatively new concept in studies related to tobacco and its effects on health. THS "consists of residual tobacco smoke pollutants that remain on surfaces and in dust after tobacco has been smoked and includes secondary pollutants with each other and with oxidants in the environment" (Rehan et al., 2011:1). People exposed to THS can be affected by toxins by inhaling them, ingesting them or by absorption through the skin. However, there is still a debate among researchers on the level of exposure and the effects of THS on health (Rehan et al., 2011).

The concern about the exposure to SHS and even THS has been sparked by many scientific facts. Exposure to SHS, whether constant or episodic, at small or large scales, proved to have harmful effects on people's health. The 2010 U.S. Surgeon General's report on tobacco stated that SHS is certainly more toxic than the direct smoke inhaled from a filtered cigarette, partially due to the 69 known carcinogens and over 7,000 chemicals found within such smoke (U.S. Department of Health and Human Services, 2010). Apart from cancer, other health consequences have been reported in studies including heart diseases, eye irritations, pneumonia, asthma in children, bronchitis, or leukaemia. In fact, these aforementioned facts informed the proposals of tobacco control policy makers on smoking restrictions. By doing so, anti-smoking movements took steps to reduce exposure to SHS through anti-smoking legislations such as smoking bans. Clarifying the concepts of SHS and THS is particularly germane for this present study because of the range of people who frequent the MTB coffee shop daily.

Constant exposure to second-hand smoking appears to be a leading cause of death. Each year in the US alone, involuntary exposure to SHS is responsible for 46 000 deaths from heart diseases among non-smokers⁴. In a web-based survey of a random sample of 4 223 undergraduate students in North Carolina, US, Wolfson et al. (2009) found that almost all non-smokers (93.9% of non-smoker students) and the majority of smokers (57.8% of smoking students) feel annoyed by cigarette smoke exhaled by people smoking next to them. They maintained that non-smoker students exposed to SHS can be a significant force to advocate smoking restrictions on campuses. Moreover, the researchers also found that certain places such as bars and, restaurants (65% of students), home (55% of students) and cars (38% of students) were areas with high risk of SHS exposure among students.

The negative effects of smoking, SHS and THS in the short-term and long-term, led governments worldwide to introduce, many tobacco control measures. These efforts have always been championed by the WHO.

⁴American Cancer Society; *"Secondhand Smoke, What is secondhand smoke?"*

This platform serves to educate about cancer. This article explains the effects of Second Hand Smoke on the health. Available at: <http://www.cancer.org/cancer/cancercauses/tobaccocancer/secondhand-smoke>

Accessed: September 2013

Non-smoking policies

Non-smoking policies at the international level

Created under the auspices of WHO, the Framework Convention on Tobacco Control (FCTC) is a “legally binding global treaty that provides the foundation for countries to implement and manage tobacco control programmes to address the growing epidemic of tobacco use” (WHO, 2011:8). The treaty aims at creating internationally approved standards on tobacco control and establishing a co-operation between countries on tobacco related matters. With 173 parties in May 2011, the WHO FCTC was covering 87% of the world’s population. It is the most rapidly embraced treaty in the United Nations history (WHO, 2011). In order to effectively implement non-smoking policies that reduce tobacco use, WHO initiated the Monitor, Protect, Offer, Warn, Enforce, Raise (MPOWER) package of six evidence-based tobacco control measures including, smoke-free environments, cessation programmes, warning labels, mass media, advertising bans and increasing taxation. MPOWER measures focus on the demand reduction rather than the supply-side (WHO, 2011). Implementation of non-smoking policies continues to gain momentum. The WHO Report on Global Tobacco Epidemic of 2011 highlighted that significant progress is noted in applying the MPOWER guidelines. National-level smoke-free laws in public places and workplaces have been newly enacted by 16 countries bringing the total to 11% of the world’s population. Approximately 15% of the world’s population are exposed to health warnings on tobacco packaging. An additional 115 million people are now living in countries where the recommended minimum tobacco tax of 75% of retail price is applied (WHO, 2011).

In Europe the majority of tobacco control policies were initiated by the Europe Against Cancer Programme which began in 1987. The European Union (EU) has fully approved all the measures recommended by the WHO’s FCTC treaty in 2004 (ASH, 2011a). In 1989, the EU decided to ban smoking in public places and public transport. By January 2011, 16 EU member nations had laws prohibiting smoking in bars and restaurants (Ash, 2011a). In 2001, health warnings on cigarette packs were enlarged from the initial 4% to at least 30% of the front, and 40% of the back. In the same way in 2006, tobacco advertising and sponsorship was banned in the EU, although this decision was subjected to severe criticism, especially from repetitive

legal challenges from the German Government and the tobacco industry (ASH, 2011a). Ireland was the first country in the world to be 100% smoke free in public spaces. This non-smoking measure had been echoed by other EU countries such as France, Wales, Scotland and England.

The UK is one of the countries that has made significant progress on tobacco control. West (2006) presented three strategies carried out in the UK to control tobacco use:

- The first strategy is behavioural-based and encourages methods which strive to influence individual behaviour in both current and potential tobacco users.
- The second strategy is focused on the tobacco industry: diverse tactics are carried out in an attempt to restrict activities that may promote or maintain smoking.
- The third strategy focuses on reducing the harm caused by the consumption of tobacco products.

The most effective strategy has been the annual tax increases on all tobacco products. Studies in the UK demonstrated a link between tobacco tax increase and the low level of tobacco use (West, 2007). The picture warning on tobacco products has also brought positive outcomes in implementing tobacco control measures in the UK. In 2010, the UK was the first country to introduce picture warnings on tobacco products other than cigarettes (ASH, 2011b).

The aforementioned examples show that tobacco control measures advocated by the WHO have a considerable success in countries worldwide. Apart from governments' efforts, these measures are championed by anti-tobacco groups. Likewise, South Africa undertook important measures regarding tobacco control.

Non-smoking policies in South Africa

On one hand, dynamic anti-tobacco organisations such as the National Council Against Smoking (NCAS), the South African Medical Research Council (SAMRC), the Heart and Stroke Foundation of South Africa (HSFSA), Soul City Institute, Allen

Carr's Easy Way to Stop Smoking- South Africa and CANSA are actively fighting against tobacco use in South Africa. On the other hand, tobacco use has always been supported by some pro-tobacco groups such as the Tobacco Manufacturers Association (TMA), the Federation of Hotel, Liquor and Catering Association of South Africa (FEDHASA) and the Tobacco Institute of South Africa (TISA). The anti-tobacco movement started in the early 1960s in South Africa with the first study that linked smoking to lung cancer. While in developed countries, like the US, drastic measures were taken to eradicate the tobacco epidemic between the 1960s and 1990s, the South African government on the contrary seemed to make no effort to curb the scourge. It was only in 1993 that the first national anti-smoking law was accepted in Parliament. According to some authors, this unresponsiveness to the problem of tobacco is one of the crimes of apartheid, given the contribution that the tobacco industry had on the economy⁵ (Wilkins, 2000; Van Walbeek, 2002). The following table describes how tobacco control evolved in South Africa.

Table 2: Historical evolution of tobacco control in South Africa

1963	Oettle published the first South African study that linked smoking to lung cancer in the South African Medical Journal (SAMJ). Educational campaign should be the main weapon in the fight against cigarette smoking.
1970s	Some local authorities ban smoking in cinemas.
1975	The tobacco industry excludes tobacco advertisement on television.
1980s	Anti-tobacco organisation added economic arguments on the advocacy for tobacco control and campaigned for comprehensive policies. Some province and local authorities banned smoking in domestic flights.
1988	The South African Medical Research Council (SAMRC) published the first reports that summarized the disease burden associated with tobacco consumption.
1991	The influence of tobacco industry in public health policy is denounced in Parliament. Some members of Parliament also accused the Minister of Health and the government of ignoring the dangers associated with tobacco consumption.
1992	SAMRC published the second reports that summarised the disease burden associated with tobacco consumption.
1993	The first Tobacco Product Control Act was passed in Parliament.
1994	The new government (ANC) broke the governmental alliance with the South African tobacco industries and put an end to their influence in tobacco control policies.
1995	Health warnings were introduced in tobacco product packaging and advertising.
1997	Taxes on cigarettes rose by 50%

⁵The Rembrandt Tobacco Corporation, a political powerful multinational established by Anton Rupert in 1948 led the tobacco industry during the apartheid regime in South Africa. This company had a massive impact in the South African economy in creating jobs, taxes and export revenues and was the major sports sponsor (Lin & Reich, 2012).

1999	In order to strengthen the 1993 legislation, the Tobacco Product Amendment Act 12 was passed. Cigarette advertisements were banned.
2003	Pictorial health warnings were introduced on cigarettes packs and misleading descriptors like “light”, “mild” or “low” were banned.
2005	The country ratified the World Health Organization’s Framework Convention on Tobacco Control.
2008	The Tobacco Product Control Amendment Act 23 of 2007 was approved by the president and published for general information.
2009	The Tobacco Product Control Amendment Act 63 of 2008 was published for general information to provide a new framework for the advertising and other marketing promotion of tobacco products to and by a person under the age of 18 years.
2012	The Minister of Health proposes draft regulations for all buildings in South Africa to become 100% smoke free. The government has invited public comment on regulations.

Source: Adapted from (Asare, 2009)

This table clearly shows how the legislation against tobacco use evolved through the years. Practical changes occurred after 1993, which represents the post-apartheid period. Since 1993, four Tobacco Product Control Amendments (TPCA) have been successively introduced by the South African Parliament, in order to control and reduce the tobacco use including: TPCA Act (No.83 of 1993), TPCA Act (No. 12 of 1999), TPCA Act (No. 23 of 2007) and the TPCA Act (No. 63 of 2008). Each time, the new law was introduced to improve the previous one. The focus is on the TPCA Act (No. 23 of 2007) in this section because it integrates regulations prohibiting smoking in some designated public places.

With the ratification of the WHO FCTC treaty in 2005, the government needed to conform to its status and consequently introduce the TPCA Act (No. 23 of 2007). For instance, the Article 8 of the WHO FCTC on the protection from exposure to tobacco smoke stipulated the following:

Each Party shall adopt and implement in areas of existing national jurisdiction as determined by national law and actively promote at other jurisdictional levels the adoption and implementation of effective legislative, executive, administrative and/or other measures, providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places (WHO FCTC, 2005:8).

With this new direction concerning exposure to tobacco smoke, the TPCA Act (No. 23 of 2007) was thus introduced and aimed to:

Define certain expressions and amend certain definitions; provide anew for the control over the smoking of tobacco products; make provision for standards in respect of the manufacturing and export of tobacco products; extend the minister's power to make regulations; and increase penalties" (TPCA Act, 2007:1).

The TPCA Act (No. 23 of 2007) amended the definition of public place. Henceforth, public place means "any indoor [or], enclosed or partially enclosed area which is open to the public [or any part of the public], and includes a workplace and a public conveyance". The public conveyance "includes transporting people by means of any commercial or chartered aircraft, ship, boat, train, bus, mini-bus or taxi" (TPCA Act, 2007:2). Moreover, more strict restrictions have been added: "The Minister may prohibit the smoking of any tobacco product in any prescribed outdoor public place, or such portion of an outdoor public place as may be prescribed, where persons are likely to congregate within close proximity of one another or where smoking may pose a fire or other hazard " (TPCA Act, 2007:2). The fine for the owner of a restaurant, bar, pub or workplace that breach the smoking law is now a maximum of R50,000 and for the smoker R500.

Controversies surrounding non-smoking legislation

The tobacco control legislation suffered many criticisms, particularly from pro-tobacco groups (Van Walbeek, 2001). They claimed that the reduction of smoking consumption and the banning of cigarette advertising would result in the following negative implications:

- Advertising ban is unconstitutional and encroaches on the right to free speech;
- Negative economic consequences for the tobacco industry and for the associated industries;
- Limitation of smoking in public spaces amounts to unnecessary criminalisation; and
- Advertising ban is unjustifiable because the academic literature does not find any link between total advertisement expenditure and cigarette consumption.

As a response to these allegations, anti-tobacco groups asserted that cigarettes are harmful and dangerous products and people's right to healthy and clean air is more important than smokers' right to smoke cigarettes (Van Walbeek, 2001). In addition, a study on the effect of the TPCA Act (No. 12 of 1999) on restaurant revenues in South Africa between 2004 and 2005 revealed that restrictions on smoking in restaurants have at worst no significant effect on restaurant revenue, and at best a positive effect on revenue (Blecher, 2006). In 2007, a study conducted in South Africa on the same topic confirmed the previous findings and presented insightful statistics: 19% of restaurants reported a decrease in their revenue as a result of the implementation of smoking restrictions; 59% saw no change; while 22% reported an increase in their revenue (Van Walbeek et al., 2007).

A draft regulation attempting to set all buildings as 100% smoke-free, as well as some designated outdoor areas, was published on 30 March 2012 by the South African Minister of Health, and has set ablaze controversy. Disparate points of view have been raised among smokers and non-smokers. While some of them were violently opposed to this proposition, others applauded the decision. This observation is in line with prior studies on people's responses to smoking restrictions. Non-smokers, older smokers and female smokers are usually more receptive to smoking restrictions (Doucet et al., 2007; Williams et al., 2011). Moreover, smokers who plan to quit are more favourable to tobacco control policies than smokers who are not planning to quit and support for policies is lower among heavy smokers than lighter smokers (Rigotti et al., 2003). In order to support this new initiative of the Minister of Health, the National Council Against Smoking published on its website conflicting statements advocating enforcement of the aforementioned draft, and many commentaries were posted by readers. Here are some of them⁶:

Thanks [sic] heavens at last this is really happening, before those smokers can give everybody in sight cancer!!! Please please let this happen the non-smokers at this place where i stay Cuylerholme, Port Elizabeth, will be eternally grateful to you! Here at Cuylerholme it's a daily struggle between smokers and non-smokers and this management gives us just a cold shoulder when we complain about this

⁶National Council Against Smoking: "Good News: SA to become 100% smoke free"; Available at: <http://www.againstsmoking.co.za/good-news-sa-to-become-100-smokefree/>
Accessed: August 2012.

smoking harassment. Please stop them killing us with their smoking!!!! Thank You so much! Make it happen please! - Chris.

It's amazing to see how many people gripe about second hand smoke, then get into their gas guzzling vehicles and pop down to the shops leaving a trail of pollution behind them. As a smoker I say "Ban smoking and the sale of any tobacco products" then hike the VAT up to 18 % and let everyone gripe about the loss of revenue that is generated from tobacco products. Then all the non-smokers can have their way and help carry the cost, and we smokers will then be forced to give up smoking. I have managed to stop smoking on two occasions and in that time I never bashed a smoker as I knew what they were going through. It's all too easy for a government to pretend it gives a damn by throwing a little morsel like this for you to think you have a government that cares about your wellbeing....when meanwhile they are letting our hospitals and our services decay. If non-smokers really did care about something, why not take our government to task about the shocking conditions of our hospitals? - Andre

This is absolute rubbish if people want to smoke it is their right. When did we become a nanny state? We don't live in the UK so stop trying to make people do as you wish. As a non-smoker I find there are plenty of smoke free zones but the attitude of companies like yours leaves no room for negotiations. What about the real pollutants like Sasol and Iscor? The fact is that smoking is an individual's choice and non-smokers can choose to leave bars or nightclubs or restaurants if they wish, affecting those businesses bottom line would be far more effective don't you think? It's time to grow up and realize that people have the right to choose, even if they make the wrong choice. Please think about it. – Matt.

Despite the fact that tobacco control legislation is subject to many criticisms and trends and that they have to be partially enforced, their impacts – either positive or negative – on people's behaviour and attitude are still noteworthy. In fact, the great majority of the studies related to non-smoking policies in public places uncovered the positive impact that non-smoking policies have on smokers' behaviour.

Factors influencing smokers' behaviour

This section focuses on factors influencing youth smoking, given the paucity of studies exploring factors influencing smoking specifically in designated non-smoking areas (Seo et al., 2011; Williams et al., 2011). Nevertheless a snapshot of smoking motives on designated non-smoking areas presented in the few studies will be discussed.

The Social Ecological Models at a glance

The Social Ecological Models (SMEs) on health behaviour are inherently interdisciplinary in the different approaches they cover and therefore, intertwined with different fields (Stokols, 1996). In essence SMEs open up understanding into the various and interconnected determinants of health behaviour (Stokols, 1996; Sallis et al., 2008). The core principle of the SME is that behaviour has multiple levels of influence often including intrapersonal factors, interpersonal processes and primary groups, institutional or organizational factors, community factors and public policy (McLeroy et al., 1988). Moreover McLeroy and colleagues (1988) maintain that individual behaviours form and are formed by the social environment. SEMs have a twofold function that is to explain health behaviours at all levels and develop comprehensive intervention approaches that can lead to changes in health behaviour at multiple levels (Kothari et al., 2007; Sallis et al., 2008). The next chapter of this thesis will provide in-depth information on the SMEs principles and applications. This section will use a SEM credited to Mc Leroy et al., (1988), to frame the major factors accounting for young smokers' behaviours. Thus, factors sustaining smoking behaviour as documented in the literature will be extracted from the five levels of influence namely intrapersonal, interpersonal, institutional, community, and policy levels.

Intrapersonal factors

Individual factors are those that operate on the level of the individual and directly impact the behaviour.

Attitude and Knowledge about smoking and smoking restrictions

The more an individual holds favourable beliefs and attitudes towards smoking the more s/he is likely to smoke (Zapata et al., 2004). Belief that smoking is a stress reliever, entertained by young people, has been reported in many studies (Hsia & Spruijt-Metz, 2003; Zapata et al., 2004; Fry et al., 2008). In the same vein, Fry et al. (2008:773) discuss the 'Ah!' factor of smoking. During a break at school, between lectures at the university or at work smokers believe that cigarettes serve as a way of

letting off steam (pun intentional). This time of stress relief is predominantly spent with other people in public venues such restaurants, court yards or bars (Fry et al., 2008).

Having a good level of knowledge about smoking health consequences and SHS risks does not always reflect the people's attitude and behaviour towards smoking (Hsia & Spruijt-Metz, 2003; Lynch et al., 2009; Gharaibeh et al., 2011). Knowing the long-term effects of smoking seems to be ineffective for young people because they are more interested in the short-term effects of smoking (Hsia & Spruijt-Metz, 2003; Lynch et al., 2009). A study by Gharaibeh et al. (2011) assessing the knowledge, attitude and avoidance behaviour towards SHS exposure among 209 employed Jordanian women with higher education showed similar results to confirm that observation. The study reported that there is a great divergence ($\chi^2 = 81.778$; $p=0.02$) between knowledge of SHS risk and avoidance efforts by women.

Conversely, some authors found that young people with more concern about the nicotine addiction and its side effects on health are more likely to restrain from or quit smoking (Chassin et al., 1996; Zapata et al., 2004; Fry et al., 2008). However, the great majority of studies related to the knowledge of smoking effects on smoker's health shows that people are generally aware of those effects but are still smoking.

Concerning smoking in designated non-smoking areas, people's attitude towards this habit differs mostly according to the ethnicity, gender, the level of addiction or the context. Yet scholars agrees on the fact that some specific group such as non-smokers, older smokers and female smokers are more supportive of smoking restrictions in public places than the other groups (Poland et al., 1999; Rigotti et al., 2003; Awotedu et al., 2006; Berg et al., 2011)

Not far from the context of this study, Awotedu et al. (2006) reported remarkable results in an investigation on the attitude towards government anti-smoking legislation observed among students attending a tertiary learning institution in the Eastern Cape in South Africa. From questionnaires completed by 1,480 students, 65.1% of the respondents approved of general smoking regulations on campus, while, 85.9% specifically gave positive opinions about enforcing smoking restrictions in public spaces as a measure to curb smoking among students. In addition, the study found that the views on smoking are less connected to gender and race.

Results showed that black students, as well as female students are more sympathetic to smoking restrictions.

In a different context, Berg et al. (2011) examined the reaction of college students to a state-wide public smoke-free policy, campus policies and private restrictions in the US. The findings revealed that non-smokers are more favourable to non-smoking policies than smokers. This confirms the results published by Rigotti et al. (2003) concerning opinions of 10,904 randomly selected undergraduate student on tobacco control policies recommended for US colleges. The results showed that light smokers (less than 10 cigarettes per day) granted more support to banning smoking in residences, dining areas and, campus bar, than heavy smokers (more than 10 cigarettes per day).

In addition, Berg et al.'s (2011) study highlighted that students are concerned about the applicability of policies and the impact on the right of smokers to smoke. Interestingly, they claimed that receptivity to campus policies is associated with being single, having no children and parents refusing smoking in their home. The research findings generated by Berg et al. (2011) unravelled a variety of questions surrounding the particular description of people who might be sensitive to an advocacy of non-smoking policies especially in the North American context. Moreover, these findings can open up reflection with regards to the present study by looking at the profile of individuals favourable to banning smoking at the MTB coffee shop. This categorisation of persons according to their readiness to change is fundamental for the process of segmentation in a social marketing strategy.

The discrepancy of students' perception about smoking limitations according to ethnicities is also presented in studies. Williams et al. (2011) examined the health beliefs related to second hand smoking and non-smoking policies among people in a college community in the US. The authors chose various sites on campus including the main cafeteria, student union, campus library, recreational centre, a large residence hall and an outdoor campus congregation area. The study revealed that female members of the community were more likely than males to support smoke-free policies, as well as acknowledge the health hazards related to second hand smoking. The research also pointed out the disparity of beliefs among different ethnicities concerning health risks related to second-hand smoking. For instance,

African American members of the community showed limited beliefs about health hazards emanating from second hand smoking but are more likely to support smoke-free policies. These findings demonstrate the need for tailored approaches to promote or implement smoke-free policies.

Meanings of smoking

Understanding what meanings young people who smoke invest in their smoking and exploring how they construct their identity in relation to smoking is significant in the way anti-smoking communication is achieved (Scheffels, 2009). Hsia & Spruijt-Metz (2003) explain what smoking means for Chinese and Taiwanese students: “For the smokers [in this sample], smoking meant a way to enhance self-worth, build relationships with others, express anger and rebellion, get high, and deal with bad moods and stress” (Hsia & Spruijt-Metz, 2003:847). Young smokers are very mindful of their image. Usually, they dissociate themselves from an image of heavy smokers strongly addicted to nicotine and prefer to project the fashionable connotation of smoking. A great majority of them claim to be merely *social smokers* (occasional smokers) (Fry et al, 2008).

How young adult smokers construct their identity was the subject of a qualitative inquiry by Scheffels (2009). With 21 young adults (18 to 23 years) participants in Norway, the findings classified characteristics and identities of smokers and stressed the different meanings smoking can have for different people. She identified three key identities namely performative smokers, defensive smokers and negotiating smokers; *performative smokers* smoke to be perceived as “tough” or “rebel” (more daring) individuals (Scheffels, 2009:475). This category is related to smokers in the phase of initiation. They are proud to smoke and want to show that they smoke. *Defensive smokers* describe smoking as something that creates better contacts. The smoker belongs to a community which helps to avoid the negative evaluations of non-smokers and where he has social interactions through smoking. *Negotiating smokers* differentiate themselves from other smokers in their way of smoking. For them smokers should smoke in the right way that means purposeful, controlled and clean smoking. In keeping with the theme of this research study, this categorisation of smokers described by Scheffels (2009) is particularly noteworthy because, it

provides a means to make a comparison between her findings and what one can observe at the MTB coffee shop.

Another important meaning young people associate with smoking is to deal with boredom. Cigarettes are therefore consumed to fill the vacuum and alleviate boredom, mostly in public places (Descombe, 2001; Fry et al., 2008). During a conversation with peers for instance the cigarette may serve as a means of evasion during an uncomfortable pause. In addition, while waiting for a bus or in a restaurant, young people tend to light a cigarette to stay busy (Fry et al., 2008).

Cultural identity also influences people's behaviour towards a health concern (Unger, 2011). An in-depth qualitative investigation of the meanings of smoking among Chinese and Taiwanese American college students showed that smoking behaviours are strongly influenced by their cultural background and acculturation (Hsia & Spruijt-Metz, 2003). From this investigation, personal, functional and social meanings came out as relevant factors that influence smoking behaviours. The study revealed that contrary to Chinese and Taiwanese culture where smoking among men is accepted and even encouraged, in America it is deemed impolite and unwelcome to smoke or propose a cigarette to someone. With this shift of culture and meanings, participants reported that after emigrating in the US, their smoking behaviours changed. In contrast to the image of Chinese and Taiwanese female smokers considered as cheap, untraditional, under-achieving and sluttish, in the US, female smokers are not judged or stereotyped. This is certainly because in America, the tobacco industry has succeeded in positioning smoking among women as a proof of gender equality. (Hsia & Spruijt-Metz, 2003:847).

Interpersonal factors

At this level, factors influencing smoking generally stem from social networks and structures in which the individual has an immediate relationship.

Parental and siblings influence

According to some studies, parental smoking conveys to young people positive perceptions of smoking (Sasco & Kleihues, 1999; Darling & Cumsille, 2003; Zapata et al., 2004). This harmful behaviour echoed by a child cannot be reproved by the smoking parent. An adolescent is more likely to smoke when s/he has a parent who smokes and even more if both parents smoke. Moreover, it has been verified that older siblings smoking can also indirectly influence younger individuals (Sasco & Kleihues, 1999 ; Darling & Cumsille, 2003). Similarly, parental attitudes (negative or positive) towards smoking may have an impact on youth smoking practices. Adolescents who believe that their mother would be more disappointed if she knew they smoked are less likely to continue or to start to smoke than adolescents who assume their mother would not be as upset (Zapata et al., 2004).

Peer influence

Among adolescents and even young adults, peers represent a major influential factor of smoking (Fry and al., 2008; Lee et al., 2003). There is evidence that peer smoking has more influence than siblings or parental smoking on adolescent and young adults behaviour (Griffin et al., 1999; Mercken et al., 2011). In fact the decrease of parental influence occurring while youngsters grow older may lead to an increase of the magnitude of peer pressures (Chassin et al., 1995). An adolescent is more likely to smoke as the number of smokers among his friends increases and especially when his best friend (s) does (Griffin et al., 1999; Sasco & Kleihues, 1999; Mercken et al., 2011). The US Department of Health and Human Services (1994) defined peers as persons of about the same age who feel a social identification with one another. Previous works have led to the suggestion that young people usually start smoking because they want to look 'cool' among their peers (Descombe, 2001; Fry et al., 2008). It appears that this desire to be socially accepted among peers is mostly preponderant among young women (Fry and al., 2008; Lee et al., 2003). Hence, Fry et al (2008:769) stressed that "Young women may be encouraged to

smoke in order to fit in with the established groups, and if they do not, they may be criticized by other young women”.

An additional important dimension of peer influence that occurs mostly in educational institutions is that cigarettes seem to connect groups (Fry et al., 2008; Mercken et al., 2011). Knowing the social engagement that occurs in places where students congregate, this fact is relevant for the context of this case study at the MTB coffee shop. The fact that smokers share cigarettes, lighters or ashtrays easily initiates a conversation among them and to a certain extent a friendship. Consequently, in educational institutions that possess strong anti-smoking ethos, smokers tend to hang out together to maintain support for their behaviour.

In the specific context of the smoking behaviour, these findings confirm that peers, parents and siblings might pertain to the social norm variables encompassed in the Theory of Planned Behaviour developed in the next chapter of this study.

Organizational factors

From a Social Ecological stand point, the organizational factors accounting for youth smoking generally include reasons such as cigarette price and availability, actions by community groups, marketing of cigarette by companies, school environment and more. This present study will merely focus on the school environment and cigarette advertisement factors because they are closer to this specific context.

School environment

The easier it is to obtain a tobacco product in educational institutions, the more young people are likely to smoke (Aveyard et al., 2003; Zapata et al., 2004). In the same way, students who perceived a weak anti-smoking ethos in their school or campus are more likely to smoke (Wakefield et al., 2003; Baillie et al., 2011). In acknowledging the role of smoke free campus policies, Baillie et al. (2011) stress that a strict enforcement should accompany these smoking restrictions. Comprehensive non-smoking policies such as banning smoking in public places, prohibiting tobacco sales on campuses as well as banning cigarette advertisements to students have proven to dissuade students from smoking. Seo et al. (2011)

examined the effect of a smoke-free campus policy on college students' behaviour and attitude in Indiana, US. The study showed great decreases in cigarette consumption after the policy went into effect among smokers. In addition, favourable changes of students' perception of peer smoking were observed. It has also decreased the social acceptability of smoking among students.

Cigarette advertisements

Tobacco advertising plays a key role in the initiation and maintenance of smoking habits among young people by creating a 'positive' image of smoking (see Chapman, 1986; Yach & Patterson, 1994; Northridge, 2001). Chapman (1986) asserts that the tobacco industry, mindful of the slight effects of educational programmes about smoking among young people, is less reluctant with these programmes than with advertising ban.

Transitioning to college – a place where young people are free to make their own choices – sparks the smoking onset in this environment (Patterson et al., 2004). This is because, once they get into colleges or universities, students are free to do whatever pleases them, since they are no longer minors (less than 18 years). Moreover, the numerous parties organised in students' milieus are fostering this trend to smoke. In investigating the tobacco industry documents Ling and Glantz (2002) denounced the reasons why the tobacco industry sells cigarettes to young people. The authors reported that the tobacco industry admitted focus on the college students segment because the transition from high school to college is stressful and a cigarette represents a stress reliever. Notwithstanding the general efforts attributable to anti-tobacco organisations in curbing smoking prevalence, young adults (18 to 23 years) need scrupulous counter-marketing actions because they are an authorised target for the tobacco industry (Rigotti et al., 2000).

The meanings that young people built around smoking are well exploited in cigarette advertisements (Chapman, 1986). For instance, a study by Descombe (2001) reveals that Asian students in the UK admitted often smoking to look 'tough' and 'cool' like white or black students (Descombe, 2001:164-166). An image of a 'tough cowboy' or a 'seductive woman' portrayed in cigarette advertisements had great success in the last decades before the upheavals caused by national bans on tobacco advertisements that occurred in countries worldwide. At that moment, the

tobacco industry was overtly promoting cigarette consumption as a normal life style (Chapman, 1986). Brands like *Marlboro* with the famous tough cowboy or *Virginia Slims* with the attractive, fashionable and slim woman have succeeded in communicating their brand image and have led people to associate their self-image with the image promoted in cigarette advertisements. A decoding framework proposed by Chapman enables a thorough understanding of cigarette advertisements and the intended image conveyed by brands. Here is an illustration of the themes of Marlboro's advertisements, the world's top selling brand (Chapman, 1986: 100):

Promise: Freedom, power, signal to others your inner strength;

Problems: Trapped in the urban artifice; feeling rushed, ordered, powerless, belittled, insignificant; lost for words.

Myths: product as restorer of freedom and potency; cowboys as free men.

This marketing approach adopted by the tobacco industry clearly showed they aimed at encounter specific needs of the target and propose an answer to the latent problem. As the literature tends to demonstrate, the aspiration to be 'cool' and being identified as such, is not solely associated to adolescents, but also to young adults because it is pertaining to their identity construction (Fry et al., 2008). In a bid to possess the similar 'good' image often conveyed by smokers, young people have a propensity to associate their self-image to that of smokers.

Community norms: social acceptability of smoking

A large body of the literature asserts that young people believe smoking is a social tool and allows them to present themselves to others in a desirable way (Descombe, 2001; Fry et al., 2008). Smoking is therefore conceived as a socially acceptable way of life. Consequently, the legitimisation of smoking proves to be a catalyst for smoking (Chapman et al., 1999; Poland et al., 1999; Poutvaara & Siemers, 2006; Brown et al., 2009).

The specific positive impact of smoking bans in amplifying the social unacceptability of smoking is proven. In fact, strict and comprehensive smoking limitations in

restaurants are associated with smokers' perceptions that smoking is socially unacceptable (Poutvaara & Siemers, 2006; Albers et al., 2007). Brown, Moodie and Hastings (2009:929) paint a more positive image of the role that smoking restrictions play in discouraging smoking behaviour. They observe that "smoker's perceptions of non-smoking directives at baseline can transform their smoking norms, which legislation serves to reinforce." They concluded that there is a link between the approbation of smoking restrictions and the perceptions of smoking as less normative.

A qualitative study by Poland et al., (1999) describes how both smokers and non-smokers in the Metropolitan Toronto region (Canada) experience and make sense of no-smoking restrictions in their daily lives. Their results suggest that non-smokers feel more and more confident about approaching smokers and claiming their right to have a pure and safe environment. This is mostly when no-smoking signage is visible in designated non-smoking areas. However, when this request raises a contention, non-smokers reported appealing to a third party (waiter/waitress, manager) because they feel it's not their onus to enforce the law. This brings forth the role of facility owners in the normalisation of smoking in public places.

From a social psychology perspective, an interesting study by Poutvaara and Siemers (2006) clearly addressed and explained the role of social norms in determining the behaviour of non-smokers and smokers in social interaction. The researchers imagine two scenarios where two players (one smoker and one non-smoker) are sitting in a pub or the like. Scenarios depict two situations: when accommodating smoking is the norm and when it is not. "If accommodating smoking is the norm, non-smokers will hesitate to ask smokers to stop smoking, since asking is not customary and thus involves utility losses. Additionally, going away is considered as rude and causes a feeling of guilt" (Poutvaara & Siemers, 2006:15). In this scenario, the smoker will never go away since smoking is permitted, while the non-smoker might have to either leave the pub or suffer smoking. On the contrary, when accepting that smoking is not the social norm, smokers hesitate to smoke and ask the permission to smoke. However, they asserted that "social norms and the will to behave politely determine and distort the distribution of bargaining power among smokers and non-smokers when they socially interact" (Poutvaara & Siemers, 2006:15). For instance, among students at school, an adolescent is unlikely to

compel his classmate to stop smoking, because of the social 'cost' that this action implies. By doing so, he or she can be considered as being 'uncool' among his or her classmates because smoking is the norm.

Moreover, embedding these results in the smoking ban debate, Poutvaara and Siemers demonstrated that "introduction of smoking and non-smoking areas does not suffice to overcome the distortion of bargaining power generated by social norms" (2006:16). They therefore recommended that "introducing smoking bans at places where the identified social transaction costs caused by social norms are substantially high, for instance, at schools where the social pressure among teenagers is massive" (Poutvaara & Siemers, 2006:16)

Public non-smoking policies

The non-smoking legislation at the international and national level outlined in the first section of this chapter described the efforts undertaken by governments as far as smoking is concerned. Positive outcomes of these policies are manifest especially on smokers' behaviour and non-smokers as well. Apart from the aforementioned positive contribution of non-smoking policies on the de-normalisation of smoking, some other outcomes are revealed in the literature.

Impact of anti-smoking policies on smoker's behaviour

Smoking bans in public places have proven to have positive effects on smokers' behaviour. It is also observed that with the support of non-smoking policies, non-smokers are gaining momentum in the fight for their right to have a clear and healthy environment (Poland et al., 1999). Evidence suggests that the implementation of non-smoking policies reduces tobacco use (Chapman et al., 1999; Poutvaara & Siemers, 2006; Brown et al., 2009). However, in order to create a perceptible impact, non-smoking policies need to be comprehensible and rigorously enforced. Yet, less strictly enforced smoking bans might have a positive effect on certain subgroups (Anger et al., 2011). In a longitudinal study, Orbell and colleagues (2009) examine the social-cognitive change associated with behaviour change after the introduction of a smoke-free policy in England. The population study encompassed males and females over the age of 18 years in pubs. Findings revealed that three months after

smoking bans were introduced in pubs, 15.5% of people who were smoking regularly quit. They also observed a decline of the number of cigarettes smoked by day among smokers from 16.14% to 12.75%.

A similar study by Anger et al. (2010) investigated the short-term effects of public smoking bans in bars and restaurants on individual smoking behaviour in Germany. In line with Orbell and colleagues' findings, the results show that the smoking propensity among young adults declined by 3% while the male adults' cigarettes demand was reduced by 0.9%. This percentage might seem insignificant but for a short period of time it's considerable.

Although there are many studies addressing various tobacco issues among university students, there are still few studies that examine topics related to second-hand smoke among university students and their perceptions of non-smoking policies (Seo et al., 2011; Williams et al., 2011). Non-smoking policies on university campuses are proven to deter students from smoking onset and encourage smoking students to quit smoking (Seo et al., 2011; Baillie et al., 2011). Smoking bans in campus facilities, such as restaurants and bars, as well as the prohibition of tobacco sales on campus are very unpopular anti-smoking policies, because they overtly impact smokers (Rigotti et al., 2003: 254).

The investigation of the current status and the evolution of tobacco control policies and practice at Canadian undergraduate universities led Baillie et al. (2011) to uncover contrasting results. Students continue or initiate tobacco smoking on campuses despite the presence of campus non-smoking policies. They found that campus non-smoking policies cannot be effective unless practical measures accompanied the implementation. Furthermore, the passivity of university authorities regarding non-smoking policies on campuses is interpreted as an implicit approbation of smoking as normal and approved (Polacek & Atkins, 2008; Baillie et al., 2011). In that vein Baillie et al. assert that:

Policy-makers, administrators and students alike seem to accept the presence of tobacco smoking on campus as being unavoidable. The expectation held by administration for students to naturally and actively engage in tobacco control on campus further weakens implementation (Baillie et al., 2011: 264).

It is argued that young people and low-income individuals are sensitive to a variation of cigarette price. In other words, low cigarette prices encourage tobacco use, whereas the increase of taxes/price on tobacco products is the most effective strategy to restrain tobacco use among this segment (Ross & Chaloupka, 2003; Walbeek, 2005; White et al., 2011). There is much evidence that raising tobacco products' taxes/prices positively influences the decrease of smoking prevalence. A World Bank report in 1999 estimated that on an average a price increase of 10% would be expected to reduce the demand for tobacco products for about 8% in low and middle income countries. This downward trend of tobacco use is commonly observed among young people and even among college students. This is because they are unlikely to have sufficient revenue and are responsive to prices fluctuation (Ross & Chaloupka, 2003; White et al., 2011). It has been shown that price increases directly affect young adults in South Africa (Guidon et al., 2002). A study by van Walbeek (2005) reported that in South Africa, a 10% increase of real price of cigarettes, decreased cigarette consumption by 6 to 8%. This strategy has been used many times by the South African authorities in order to reduce tobacco use. As a result, from 1993 to 2007, the average cigarette consumption per smoker decreased from 30.4%, while the price of cigarettes increased by 148.2% (Blecher, forthcoming).

The factors influencing smoking are numerous. This section is merely an insight of the large number of studies explaining the motives driving smokers' behaviour. Still, very little research addresses factors influencing smokers' behaviour in designated non-smoking areas vis-à-vis the new tobacco control measures implemented in many countries worldwide. Most of the studies related to smokers' behaviours in non-smoking areas on campuses usually present the effects of smoking bans on smokers' behaviour. This can be explained by the fact that very few educational institutions enforce smoke-free legislation in their premises (Baillie et al., 2011). This study intends to fill the gap in providing meaningful factors reflecting smokers' behaviour in designated non-smoking areas on universities' campuses.

Anti-smoking communication

Anti-smoking advertisements are one of the most funded health communication campaigns in developed countries such as the US, the UK, Canada and France (Cohen et al., 2007). Smokers are pushed to quit or to cut back their cigarette consumption, while non-smokers are urged not to start smoking. All those interventions start by a clear understanding of factors influencing this behaviour (Scheffels, 2009).

Anti-smoking messages

Anti-tobacco mass media campaigns are one of the tobacco control measures recommended in the WHO FCTC. With 28% of the world population covered by anti-tobacco mass media campaigns in 2010 (WHO, 2011), it is the most successful enforced measure to fight against tobacco use among all the measures advocated by the WHO. Yet, the WHO estimates that a significant proportion of the population does not pay attention to anti-smoking health messages. There is still room for more efforts in this way. The WHO classified in ascending order the common media used in anti-tobacco campaigns: television, radio, print, internet, outdoor, social media and other media. Broadcast media are the most usually used for campaigns. The WHO asserts that anti-tobacco campaigns have considerably reduced tobacco use. Still, in order to have an effective and lasting effect, they require sustained exposure over long periods (WHO, 2011:28).

However, the content of anti-smoking messages has stirred up a hornet's nest among authors (Lynch et al., 2009). One body of the literature considers that anti-smoking messages which overemphasise fear are ineffective while others think differently. A study by Monterazi and McEwen (1997) revealed that an advertisement that uses fear appeal has more favourable perceptions on participants than an advertisement that uses a positive image of a non-smoker. In contrast to this result, some qualitative studies on smokers' perceptions of anti-smoking messages reveal that smokers consider these messages as déjà vu (Wolburg, 2006; Lynch et al., 2009). Smokers think they are sufficiently aware of risks related to smoking, and reminding them all the time seems condescending. Smokers also perceive these messages as encroaching on their freedom to smoke, and this can result in

resistance in order to assert their right to smoke (Maguire & Love, 2006; Wolburg, 2006).

Fear appeal is a common approach used in anti-smoking campaigns. It relies on fear as a powerful motivator in convincing an individual to change an attitude or belief (Witte & Allen, 2000). "Fear may thus be a factor that can bridge the gaps between meanings of smoking, health-related knowledge and behaviour" (Hsia & Spruijt-Metz, 2003:847). For instance, the pictorial health warning labels, which became more common in countries worldwide, are often crafted on fear. Awful pictures of smokers' lungs or smokers' teeth along with shocking messages such as "smoking causes a long and painful death" are inscribed on cigarette packaging (WHO, 2011:58). The effectiveness of this strategy remains equivocal (Lynch et al., 2009; Wolburg, 2006). Some authors found that there is a 'boomerang' effect generated by the anti-smoking message that triggers defensive processing and produces the opposite effect to the one intended (Ringold, 2002; Wolburg, 2006).

In the same vein, Gilbert (2005) depicts smokers' perceptions of anti-smoking messages based on a fear appeal. He remarks that smokers perceived that anti-smoking messages minimise the underlying causes which impel them to smoke. In his study the participants affirmed that "the predominant focus on the negative medical effects of smoking often encourages smoking, because it fails to offer the positive effects of not smoking" (Gilbert, 2005: 240). Likewise, Witte and Allen (2000), in a meta-analysis stated that fear appeal messages are more effective when combining them with a message in high self-efficacy. In other words, anti-smoking messages have more positive effects when they bring out the confidence and ability held by smokers in stopping smoking.

Another study which highlights the similar trend is the qualitative study by Lynch and colleagues (2009). They investigated South African cigarette smokers' perceptions of fear appeal messages in anti-smoking advertising. The study aimed to highlight the new direction for anti-smoking advertising. The authors conducted focus group discussions with participants in Gauteng, South Africa. Data gathered from these focus groups raised four themes.

The first theme shows inefficacy of fear appeal as science fiction. Participants pointed out that "for an anti-smoking message to be effective, it needs to be realistic

and promote identification between the advertisement and the viewer.” (Lynch et al., 2009:4). Anti-smoking messages should be therefore more realistic rather than artificial. The second theme was related to the perception of patronising tone conveyed by messages. The participants stated that “messages positioned smokers as being unintelligent and ignorant of the risk involved in smoking” (Lynch et al., 2009:4). Thus, the anti-smoking messages should emphasise the positive outcomes associated with not smoking and eschew negative portrayals of smokers. In the third theme, participants deemed anti-smoking messages as ineffective and stated that “messages that focus on the immediately visible short-term consequences of smoking would be more effective” (Lynch et al., 2009:5).

This finding highlights the consideration of short-term risks in designing anti-smoking messages rather than long-term effects which smokers tend to neglect. Finally, the fourth theme alludes to the perceived inefficacy of the factual information at the expense of an emotional appeal. Here the authors found that “participants perceived the advertisements as devoid of any emotional content, as scientific and as too factual. This resulted in participants not being able to relate to the advertisements” (Lynch et al., 2009:5).

The new directions given to anti-tobacco messages tend to give more consideration to smokers. Cohen et al. (2007: 101), maintains that “current anti-smoking advertisements overemphasise attitudes, while underemphasising social norms, barriers to quitting smoking, and individuals’ self-efficacy”. Self-efficacy can foster the confidence that quitting is likely to happen if desirable. It refers to the power and the recognition of smokers’ sensitivity. From the reading made throughout this dissertation, there is no study specific to anti-smoking messages addressed for smokers disregarding restrictions on designated non-smoking areas. Nevertheless, new directions given to anti-smoking messages could inform such initiative.

Anti-smoking messages designed for young people: new trends

In general, anti-smoking advertisements relied overwhelmingly on appeals to attitude instead of social norms or individual’s self-efficacy (Wakefield et al., 2003; Cohen et al., 2007). Therefore anti-smoking messages often produce the opposite effect than the one expected. This is more manifest among young people. In a qualitative research study, Wolburg (2006) analysed college students’ responses in the US to

anti-smoking messages and found that wrong messages have been targeted to college students. She added that “although they (anti-smoking messages) reinforce non-smokers’ decisions, at best they only motivate a minority of smokers to quit and at worst they appear to trigger boomerang effects including defiance and desire for retaliation” (Wolburg, 2006:317). She also stressed the importance of deepening the understanding of the target to better design antismoking messages. She concluded that “what works to prevent young teens from smoking does not necessarily work for college student smokers. Furthermore, what reinforces non-smokers’ decision not to smoke among college students does little to change smokers’ behaviour” (Wolburg, 2006: 320).

As mentioned above, smoking onset usually occurs in adolescence or the latest in college (Zapata et al., 2004). In as much as young people are more susceptible to be influenced, it is worthwhile to give them more attention. A review of empirical studies examining the effects of antismoking advertising on adolescents carried out by Wakefield et al., (2003) revealed that anti-tobacco advertisements have better positive effects on adolescents by preventing them from initiating smoking. The authors found that tobacco control measures can significantly improve the effects of anti-smoking advertising on smoking among young people. When addressing young smokers, all the aforementioned remarks should be taken into consideration.

Summary

Overall, the reasons why people smoke are numerous and may be attributed to multiple factors. Framed in a social ecological perspective, this chapter uncovers factors influencing youth smoking at different levels. A synopsis of determinants of smoking has been drawn. From this literature review it appears that the most influence of youth smoking comes from peers. Banning smoking in some public places such as restaurants and universities’ campuses is also well applied in many countries worldwide. Studies have demonstrated the positive impact of smoking restrictions in curbing the smoking prevalence among young people. With the multiple studies on anti-smoking communication, new directions have been given to

anti-smoking messages. Henceforth, anti-smoking messages should combine fear appeal with a high proportion of smokers' self-efficacy to quit smoking.

Given the dearth of studies related to smokers' behaviour in South Africa, and especially in designated non-smoking areas, this literature review fails to provide sufficient information stemming from the South African context, and principally in educational institutions. Studies and findings presented in this chapter are mostly stemming from North American and Western Europe. This can be explained by the fact that the tobacco use has had a higher impact in those regions than it has in South Africa. The present study therefore intends to unravel questions surrounding smokers' behaviour on designated non-smoking areas and supply the existing literature with relevant information for possible future interventions.

CHAPTER III

Theoretical Framework

The use of theory in health communication is widespread and is a key catalyst for effective of health promotions (National Cancer Institute, 2005; Fishbein & Cappela, 2006). According to National Cancer Institute (2005:4) “theory presents a systematic way of understanding events or situations. It is a set of concepts definitions, and propositions that explain or predict these events or situations by illustrating the relationships between variables.”

From a health communication standpoint, in general, theories provide tools to think beyond intuition, and thus design health interventions based on a thorough understanding of behaviour. Theories thus make available guidelines for researchers to clarify the nature of a targeted behaviour, explain factors influencing the behaviour, and direct the process for behaviour changes (National Cancer Institute, 2005; Fishbein & Cappela, 2006).

This chapter presents the model and the theory underpinning this study. The Social Ecological Model (McLeroy et al., 1988) provides multiple levels of understanding behavioural influences. This model will precisely enable to map and classify the key factors – inherent to individuals and from the environment – influencing smoking behaviours at the MTB coffee shop which is a non-smoking zone. Individual determinants of behaviour developed in the Theory of Planned Behaviour (Ajzen,1991) will guide the exploration of personal influences explaining smokers’ behaviour at the MTB coffee shop.

Social Ecological Perspective

Rationale for using a social ecological model

In general, social ecological models have twofold purposes including explaining behaviours and guiding interventions (Sallis et al., 2008). McLeroy et al. (1988:366) maintain “the purpose of an ecological model is to focus attention on the

environmental causes of behaviour and to identify environmental interventions”. Nonetheless, the ultimate goal of these models is to inform health promotion interventions that can influence all the mechanism of change at multiple levels (Stokols, 1996; Sallis et al., 2008). Using the SEM in this study so as to explore factors influencing smokers’ behaviour at the MTB coffee shop is meaningful. Knowing that the SEM usually provides a panoramic view of the smoking influences as discussed in the previous chapter, this model identify the level (s) where change needs to be done.

Since its inception, the SEM has guided a wide number of health interventions pertaining to physical activity (Owen & Leslie, 2002; Sallis et al., 2006), dietary behaviours (Robinson & Bugler, 2008) or smoking cessation programs (Wilcox, 2003; Kothari et al., 2007). Yet, smoking prevention is one area where the SEM has been extensively applied (National Cancer Institute, 2005; Kothari et al., 2007).

Discussing how SEMs might better guide tobacco control interventions, Kothari et al. (2007:iii17) affirm that “social ecological models can help indentify tobacco-related determinants, pathways and their interconnections”. The previous chapter (Literature review) has sufficiently discussed factors influencing smoking at the five levels of the SEM. The literature review chapter described how factors influencing smoking behaviour implicated all the five levels of influence in the SEM. It will be redundant to explore these again in this chapter. In the light of what has been discussed in the previous chapter, the SEM will be applied in this study in order to investigate whether it could also account for smokers’ behaviour in a designated non-smoking area such as the MTB coffee shop.

Conceptual background of the SEMs

Before the emergence of the ecological perspective in health intervention, the existing literature was largely drawn from psychological theories and models. This explained the preponderance of health promotion theories emphasising the individual level – such as Theory of Reasoned Action or Health Belief Model, Transtheoretical Model – and ignoring the environmental effects on behaviour (McLeroy et al., 1988; Kothari, 2007). The perceived weakness of health

interventions focusing on the individual level is the main rationale of the shift to a conceptual framework provided by Social Ecological Models that include the interrelation between behaviour and the environment (McLeroy et al., 1988; Sallis et al., 2008). The majority of behaviour change programs initiated when environments were not supportive had weak and short-term effects (Sallis et al., 2008). For instance health interventions focused on individuals have tended to change individuals through social influences rather than changing social norms that influence the individual.

The term “ecological” stems from biological science. It describes the interconnection between organism and their environments (Sallis et al., 2008). Yet, the social ecological approach transcends its behavioural and environmental change strategies, and provides a framework for understanding factors explaining behaviour at multiple levels (Stokols, 1996). In the beginning, the majority of social ecological models were designed to address a broader behavioural spectrum. Now, social ecological models are largely applied to health related behaviours.

Two key principles sustain the use of SEMs: “first, behaviour both affects and is affected by multiple levels of influence; second, behaviour both shapes and is shaped by, the social environment” (National Cancer Institute, 2005:10). This reflects the interaction of influences across all levels. The outcomes are likely to be perceptible if the meaningful levels work in the same direction (Sallis et al., 2008). Moreover, these principles point out the reciprocal causation between an individual and the environment where s/he evolves (National Cancer Institute, 2005).

Among the plethora of social ecological models existing in the literature, such as those developed by Bronfenbrenner (1979) and Stokols (1992), the Ecological Model of Health Behaviour of McLeroy et al. (1988) is more appropriate for health promotion interventions as: “it addresses the importance of interventions directed at changing interpersonal, organizational, community, and public policy, factors which support and maintain unhealthy behaviours” (McLeroy et al., 1988). This particular SEM is therefore applied in the present study.

The Social Ecological Model for health promotion

Principally informed by Broffebrenner's work on the ecological perspective the SEM developed by McLeroy et al (1988) applies the ecological perspective to health communication. Modifying the SEM from the four levels (microsystems, mesosystems, exosystems and macrosystems) proposed by Broffebrenner (1979), McLeroy et al. (1988) extended the SEM to five interconnected levels or sets of factors that determine behaviour. These five levels are intrapersonal or individual level, interpersonal level, organizational or institutional level, community level and public policy.

Intrapersonal Level

At this level, behaviour is influenced by characteristics of the individual such as knowledge, attitudes, behaviour, self-concept or skills (McLeroy et al., 1988). Most of these characteristics are widely encompassed in psychological models and theories used in health promotion such as the Health Belief Model or Theory of planned behaviour enabling to explain behaviours at the intrapersonal level (McLeroy et al., 1988). The main objective of health promotion planners at this level is to explain and influence individuals' behaviour. This is because, institutional, community or policy changes can be achieved by influencing individuals (National Cancer Institute, 2005). Interventions at the individual level might use several strategies such as mass media, peers counselling, educational programs and support groups (McLeroy et al., 1988).

For example, interventions for smoking cessation at the individual level usually promote a nicotine substitute as a pharmacological quitting aid, telephone counselling or other documents enhancing the awareness of harmful consequences due to smoking (Sallis et al., 2008). At this level, behaviour change occurs by means of personal efforts instead of external or environmental influences. The Theory of Planned Behaviour described in the next sections will inform in depth analyses of individual influences of smokers' behaviour at the MTB coffee shop by exploring their attitude, subjective norm and perceived behaviour control.

Interpersonal level

The interpersonal level refers to the individual's adhesion to the social environment and the influence of this environment (National Cancer Institute, 2005). This level includes interpersonal process and primary groups such as family, work group or friendship network (McLeroy et al., 1988). Social relationships have a significant influence on how individuals perceived social norms. Standards are consecutively formed through the power of networks. Mc Leroy et al. (1988:359), suggest that

From an ecological perspective, interpersonal approaches should be designed to change the nature of existing social relationships... the ultimate target of these strategies may be changes in individuals, the proximal targets are social norms and social influences.

In the case of smoking cessation programs, significant others such as parents, siblings or peers have proven to influence smokers' behaviour (Lee et al., 2003; Zapata et al., 2004; Fry and al., 2008). For effective interventions at this level, the variety of sources of influence should be directly addressed rather than changing the perception of individuals towards these sources of influence (McLeroy et al., 1988).

Organisational (institutional) level

This third level of influence generally includes rules, regulation or policies within an organisation or institution. It is essential to precise that these policies and regulations inherent to an institution might be distinct from policies at the international, national or federal levels. McLeroy et al. (1988:359) notes three major concerns at this level of influence: "how organisation characteristics can be used to support behavioural changes, the importance of organisational change as a target for health promotion activities, and the importance of organisation context in the diffusion of health promotion programs". An organisation can refer to a school, a church, a company or stores.

Health promotion interventions in organisations emphasize the need for institutional changes, creating a corporate culture supportive of good health. This facilitates the implementation and promotion of health programs within the organisation (McLeroy et al., 1988). For example, given that students spend most of their time in campuses

the university might be a good platform for health promotion. In this study, the institutional level refers to the onus of the University administration and the coffee shop manager to deal with this smoking issue. The role of non-smoking rules established by the UKZN in the light of the national non-smoking legislation, need to be addressed at this specific level.

Community level

This level explores how preventing the community members from health hazards and controlling disease. The complexity behind health interventions in communities is explained by multiple meanings that surround the concept of 'community'. The variety of definitions given to this concept make difficult to delineate it with a single view. McLeroy et al., (1988) proposes three distinct meanings of community: community as mediating structures, community as relationships among organizations, community as power structures. (1) Community as mediating structures or primary groups in contact with individuals. These include family, informal social networks, churches, or neighbourhoods. McLeroy et al. (1988:363) explains

These mediating structures are repositories and important influences on the larger communities' norms and value, individuals' beliefs and attitudes, and a variety of health related behaviours. Because structures represent strong ties, changes in individuals without the support of these mediating structures are difficult to achieve. Mediating structures also serve as connections between individuals and the larger social environment.

This definition alludes to standards and norms fostered and conveyed by the community that may influence individuals, groups or institutions (organisations).

(2) Community as a relationship among organisations: it refers to competition that may occur among agencies or organizations within a community due to the paucity of resources. The main aim of an intervention at this level is to build a sense of coalition and cooperation among community organizations so as to tackle a health issue together in the community (McLeroy et al., 1988).

(3) Community as power structures: this definition entails controlling the priorities of health issues that need to be undertaken and included in the public agenda

(ibid). Health programs may see the support or the alienation from the community, depending on economic and political interests gained from such programs.

In keeping with this present study, defining community as a mediating structure is appropriate to this case, because it points out the significant role of social acceptability (ibid) of smoking within a community. When smoking is a norm within a community, people are more likely to smoke (Chapman et al., 1999; Poland et al., 1999; Poutvaara & Siemers, 2006). At this level, the study will focus on the social acceptability of smoking at the MTB coffee shop and its outcomes on smokers' behaviour. The community level of influence may therefore define the social norms and standards, and come up with other important factors of influence such as economic and political interests.

Public policy

Although the institutional level of the SEM proposes the application of policies and rules within organizations so as to change individuals' health behaviour, the public policy refers to policies and laws at the international, state, local or federal level. Enabling the control and the regulation of healthy practices, the development of regulatory policies and laws help in preventing diseases. McLeroy et al. (1988) has identified some public policy approaches to address health hazards including: public policies to restrict behaviour (smoking ban in public places), policies which contains behaviour incentives (increasing cigarette prices), policies that indirectly affect behaviours (cigarette advertisements ban), policies that allocate programmatic resources (subvention of anti-smoking organizations).

The development of health promotion interventions based on public policies plays a significant role in enhancing public awareness about health issues by creating a union around an advocacy of health related policies (ibid). The WHO Framework Convention on Tobacco Control (FCTC) largely described in the preceding chapter is an example of strategies adopted to reduce and control tobacco use. WHO FCTC is an international treaty providing guidelines for countries to manage and implement tobacco control programs to address the tobacco epidemic. It applied a set of measures to effectively implement and monitor non-smoking policies in countries. These measures include smoke-free environments, cessation programmes, warning labels, mass media, advertising bans and increasing taxation.

Recognizing the contribution of public policy within a community defined as a mediating structure discussed above, McLeroy et al. (1988:366) conclude; “thus the task of health promotion professionals is to strengthen the ability of mediating structures to influence policy thereby, strengthening the mediating structures and their ability to meet the needs of their members”. The policy role is to support the community in promoting health behaviours. Linking it to this study, the policy level enables the exploration of the important role of national and international non-smoking legislation on the enforcement of smoking restrictions at the MTB coffee shop.

Applying the SEM

In practice, for more efficiency, health promotion interventions guided by a SEM do not usually target all the five levels of influence. In general interventions focus on two or three levels depending on the resources available and findings from formative studies (McLeroy et al., 1988; National Cancer Institute, 2005). Moreover, for the effectiveness of a health promotion programs, it is advisable to combine active intervention involving behaviour change with passive intervention relating to environmental change (Stokols, 1996). For example anti-smoking programs usually include passive intervention aiming at changing the environment, such as legislative and organisational policies like cigarette advertisement bans. In the other hand, anti-smoking communications and smoking bans in workplaces overtly address the smoking behaviour itself.

The limitation in applying the SEM to behaviour change is the subtlety of the coercive connotation of some strategies based on the SEM (McLeroy et al., 1988). For instance smoking restrictions in public places might be an effective strategy to refrain people from smoking; yet, from an ethical standpoint enforcing a non-smoking policy is sometimes akin to violation of smokers’ rights. Another issue in applying the ecological approach is the complexity of the model. Health promotion interventions based on the SEM are usually cumbersome and require huge amount of resources and long periods of implementation (Stokols, 1996; Sallis et al., 2008).

For this study, the SEM served as a guideline to make sense of the data analysis. The different factors influencing smokers at the MTB coffee shop freely elicited throughout the semi-structural interviews, participants’ responses were be located in

the different levels of the SEM. In other words applying the SEM in this study contributed in identifying the level (s) where change is the mainly needed.

In as much as the SEM proposes a broad approach of changing behaviours, the reality is that the main purpose of health promotion interventions is to lead people to adopt healthy behaviour at a personal level. For instance the ultimate goal of a smoking cessation intervention is not to change the norm on smoking or to advocate a non-smoking policy, but it is to lead people to relinquish smoking completely. A key indicator of success for such an intervention after its implementation might be the decrease of smoking rate. The role of the individual is therefore crucial in promoting healthy behaviour “because individual behaviour is the fundamental unit of group behaviour” (National Cancer Institute, 2005:12). The environment may be supportive of health programmes; if individuals remain stiff-necked nothing can really happen. Consequently, although this study revamps meaningful factors explaining smokers’ behaviour in non-smoking areas at all the ecological levels, a special attention will thus be granted to the individual by applying the Theory of Planned Behaviour.

The Theory of Planned Behaviour

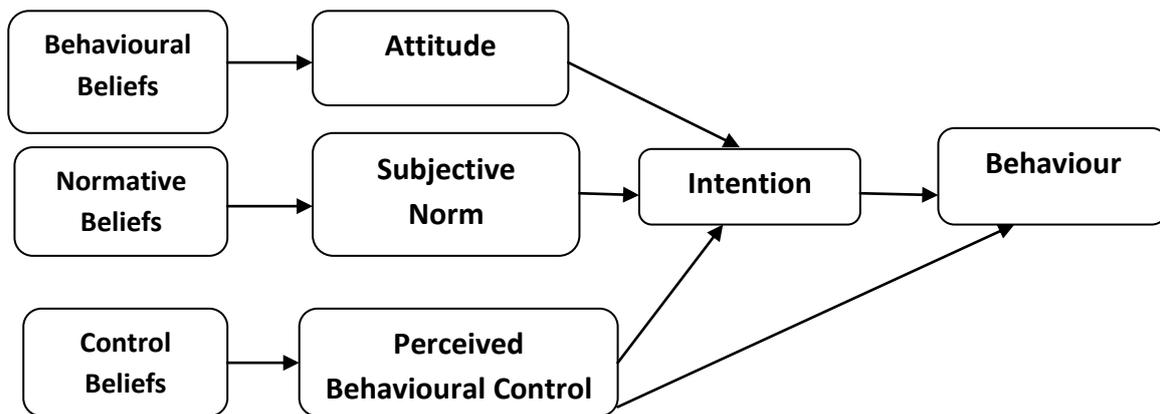
Fundamental structure

Formulated by Ajzen and colleagues toward the end of the 1960s, the Theory of Reasoned Action, included only two determinants of behavioural intention namely, attitude and subjective norm. The components of the Theory of Reasoned Action were found limited in predicting behaviours in which volitional control is reduced. It was therefore necessary to bridge this vacuum by integrating factors outside individual’s control that may affect intentions and behaviours. Inspired by Bandura’s (1977) work on self-efficacy, the addition of the ‘perceived behaviour control’ as a determinant of behavioural intention and behavioural change revised the Theory Reasoned Action to the Theory of Planned Behaviour.

The Theory of Planned Behaviour is considered as an exploratory theory, because it essentially identifies the roots of a problem by guiding the search of factors sustaining the problem (National Cancer Institute, 2005). It suggests that the most

significant and direct determinant of behaviour is behavioural intention and perceived behaviour control. Attitude toward performing the behaviour, subjective norm associated with the behaviour, as well as the perceived behaviour control over the behaviour are the direct determinants of behavioural intention.

Figure 1: Theory of Planned Behaviour



Source: Adapted from Ajzen (1991).

Three indirect determinants of behavioural intention correspond to the underlying cognitive structure in this theory: behavioural, normative and control beliefs.

Behavioural beliefs refer to the perceived outcomes of performing the behaviour weighted by an evaluation of those consequences. They are presumed to influence attitudes toward the behaviour. Therefore this variable will enable the analysis of perceived advantages or disadvantages of smoking at the MTB coffee shop expressed by participants.

Normative beliefs reflect the normative expectations of important others. They represent a person's perceptions of important referent groups about whether he or she should or should not adopt certain behaviour. Normative beliefs result in subjective norms. Important others might be people such as the person's close friends, relatives or a physician that can influence the decision to perform or not the behaviour.

Control beliefs, which constitute the basis for perceived behavioural control, refer to the likelihood that one possesses the resources and opportunities

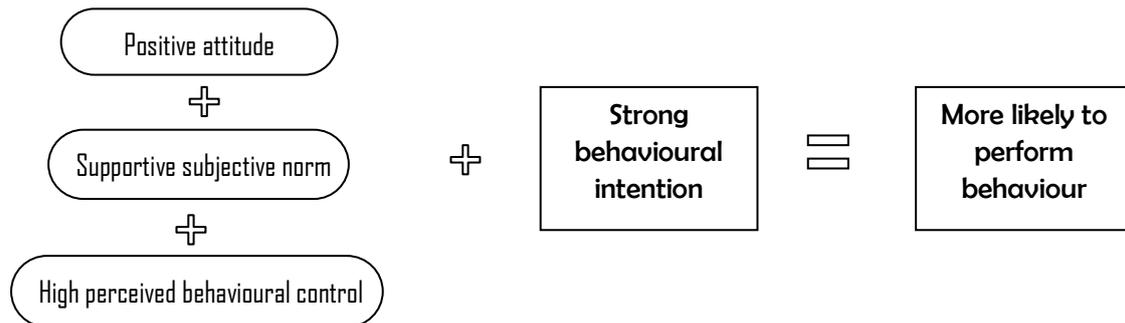
deemed necessary to execute the behaviour. They reflect beliefs about the existence of factors that may hinder or facilitate performance of the behaviour.

These three beliefs nurtured by an individual can respectively influence the three determinants of the behaviour.

- (1) **Attitude** toward the behaviour “refers to the degree to which a person has a favourable or unfavourable evaluation or appraisal of the behaviour in question” (Ajzen, 1991:188). In general an individual is more likely to change behaviour if he/she has a favourable attitude toward the behaviour (ibid). Thus, a person who holds strong beliefs that smoking at the MTB coffee shop will benefit to him/her has a favourable attitude toward this behaviour.
- (2) **Subjective norm** expresses “the perceived social pressure to perform or not to perform the behaviour” (Ajzen, 1991:188). It refers to the social pressures that lay upon individuals to perform or not perform a specific behaviour. An individual who perceives that important referents endorse a particular behaviour and is willing to meet expectations of those referents s/he is more likely to intend to perform the behaviour. (Ajzen, 1991; Corner & Armitage, 1998). Hence, it is worthwhile to find out those important referents and the weight of their influence on smokers at the MTB coffee shop.
- (3) **Perceived behavioural control** is the “perceived ease or difficulty of performing the behaviour and it is assumed to reflect past experience as well as anticipated impediments and obstacles” (ibid). For instance, a smoker is strongly influenced by his confidence in his capacity to quit smoking or not. The perceived behaviour control is used along with intention as direct determinants of behaviour. This construct overlaps manifestly with Bandura’s notion of ‘perceived self-efficacy’ which “is concerned with judgements of how well one can execute courses of action required to deal with prospective situations” (Bandura, 1982:122). Still, researchers have not yet come to agreement about the inter-changeability of these two terms. Moreover linking this with the present study, the perceived behaviour control will also enable the identification of inward barriers or facilitators to smoking at the MTB coffee shop.

A more simplistic and understandable schematic representation of the Theory of Planned Behaviour has been proposed by Corcoran (2007:14). She states that “the more positive attitude, supportive subjective norm, the higher the perceived behavioural control and the stronger the intention, the more likely it is that a person will perform that behaviour”.

Figure 2: Schematic representation of the Theory of Planned Behaviour



Source: Corcoran (2007:14).

The impact of attitude, subjective norm or perceived behaviour control in predicting intention might vary across behaviours and contexts. In some cases, one may find that only perceived behaviour control and attitude have a significant impact on intention. In other cases the three determinants (attitude, subjective norm and perceived behaviour control) make independent contributions in performing the behaviour. Moreover, Ajzen (1991) maintains that the Theory of Planned Behaviour remains open to further expansion if meaningful additional predictors can be identified and deemed relevant for the theory.

Behavioural intention is arguably an effective indicator of actual behaviour. Stemming from Ajzen’s view, the general rule of the Theory of Planned Behaviour is, “the stronger the intention to engage in behaviour, the more likely should be its performance” (1991:181). The author added that “intentions are assumed to capture the motivational factors that influence a behaviour and to indicate how hard people are willing to try or how much effort they would exert to perform the behaviour” (ibid).

In as much as the Theory of Planned Behaviour has been successfully applied to predict numerous behaviours, is worthwhile to emphasize that, for this study, it will not be used for prediction endeavours. The theory will rather provide a synopsis of

smoking behaviours on non-smoking areas at the individual level of the SEM. Thus, at the intrapersonal level, this study will explore influences of smoker's attitude, subjective norms and perceived behaviour control on smoking at non-smoking areas. Moreover, the Theory of Planned Behaviour will inform semi-structural interview questions addressed to participants so as to elicit in depth intrapersonal motives sustaining smoking at the MTB coffee shop, which is a designated non-smoking area.

Applying the Theory of Planned Behaviour

The Theory of Planned Behaviour has been widely applied to predict and explain a large number of healthy or unhealthy behaviours such as smoking cessation, exercising or use of educational technologies. A meta-analytic review of 185 independent studies applying the Theory of Planned Behaviour as theoretical framework confirmed the efficacy of this theory in a large number of health related interventions (Armitage & Conner, 2001). Some authors even consider the components of the Theory of Planned Behaviour as the best integrated theoretical explanation of human social behaviours (Conner & Norman, 1994; Lee et al., 2006). From a health communication perspective the Theory of Planned Behaviour is principally useful to examine motives for action and identify adequate angles upon which messages may be designed so as to change people's behaviour (Schiavo, 2007). The three last decades, the Theory of Planned Behaviour has been successfully used to explain and predict a large number of health behaviour including smoking cessation (Norman & Conner, 1999; Godin et al., 1992), dental floss use (Lavin and Groarke, 2005), use of educational technology (Lee et al., 2010), healthy eating behaviour (Fila & Smith, 2006), study of workplace dishonesty (Lin & Chen, 2011) just to name a few.

Not solely useful for the prediction of behaviours, the Theory of Planned Behaviour has also been handy in understanding and explaining behaviours. In that attempt, Zoellner et al. (2012) applied the Theory of Planned Behaviour to better understand cultural beliefs associated with water and sweetened beverage consumption among adults residing in rural southwest Virginia, US. With a qualitative approach, the authors investigated attitudes, subjective norms, perceived behavioural control related to the consumption of water, artificially sweetened beverages and sugar-

sweetened beverages. Eight focus groups based on the Theory of Planned Behaviour were conducted with 54 adult participants. The results revealed that the majority of participants had a positive attitude toward the consumption of healthy beverages. Concerning the subjective norm variable, doctors' recommendations and peers point of view appeared to be the most important influences for the amount of sugar-sweetened beverages consumed by participants. The major impediments – reflecting the perceived behaviour control – to adopt a healthy behaviour related to this topic were the availability, the convenience, the size of cans and the cost. For future programme planning, the authors recommended strategies such as providing people an opportunity to taste different beverages, promote the health benefits and outcomes associated with the consumption of each beverage, and incorporate normative beliefs with regard to both doctors and peers.

In relating with the present study, this example enlightens how variables of the Theory of Planned Behaviour are used with a qualitative method so as to bring out factors sustaining behaviours. Likewise, applying the Theory of Planned Behaviour will enable greater depth of understanding smokers' behaviour by appraising smokers' attitude towards smoking at the MTB coffee shop, identifying subjective significant others and their role in influencing smokers' choices in this specific context, and evaluating the impediments hindering smokers to respect the non-smoking areas as well as those facilitating this behaviour.

The Theory of Planned Behaviour has also been successfully employed in the context of smoking (Godin et al., 1992; Norman et al., 1999; McMillan & Corner, 2003). Yet, the majority of these studies mostly applied the Theory of Planned Behaviour to predict smoking related behaviours and to a lesser extent to account for smokers' behaviour. Indeed, the predictive role of the Theory of Planned Behaviour in smoking related behaviours has proved to be significant (Norman & Corner, 1999). However, one should bear in mind that in this present study, it is not about prediction of smoking behaviour or intention, because it is an existing behaviour that need to be explained in depth and width. People are already smoking in the MTB coffee shop and the present study thus aims to learn more about (and from) the smokers and their behaviour at this designated non-smoking area.

However, the use of this theory is not without shortcomings. The main limitation of the Theory of Planned Behaviour is its confinement to three variables at the intrapersonal level. It does not take into consideration other variables susceptible to affect behaviour at the personal level, such as self-image, emotional or cultural factors. Moreover, the Theory of Planned Behaviour in essence is utilised to predict behaviours under complete volitional control. This is because the Theory of Planned Behaviour is crafted on the Theory of Reasoned Action, which is premised on the fact that human actions are directed by logical reasons and not by spontaneous actions. Generally before acting, people weigh the outcomes of their deeds, think first and act accordingly.

Theoretical framework for this study

Combining the Theory of Planned Behaviour with the SEM certainly bridged the existing gaps conveyed by the shortcomings of these theory and model. The SEM with its panoramic view of behaviour influences expanded the exploration of smoking factors in designated non-smoking areas.

Data extracted from semi-structural interviews with smokers and non-smokers at the MTB coffee shop were scrutinized in the light of the contents of each level of influence described in the SEM. Factors determining smoking at the MTB coffee shop thus elicited during the interviews were located in the different levels of the SEM. Perceiving the MTB coffee shop as a community of students and scholars sharing the same space, the SEM provided guidelines for future health promotion intervention in that site. Meaningful levels of influence were therefore identified and recommended to the university authorities as main angles to take in consideration for any future health promotion intervention in that site.

Given that community behaviour changes start by change at the individual level (National Cancer Institute, 2005), an emphasis will be put on individual level through the Theory of Planned Behaviour. By analysing smokers' attitudes, perceived subjective norms and perceived behaviour control toward smoking at the MTB coffee shop, this study will bring forth the inward determinants of this specific smoking behaviour. Thus, questions related to smokers' attitude (favourable or not) toward

smoking at the MTB coffee shop will be analysed. The perceived social pressure conveyed by significant others will be examined to see how perceived subjective norms influence smokers' behaviour at the MTB coffee shop. The perceived ease or difficulty to smoke at the MTB coffee shop as well as the perceived control over this habit will also be examined through key questions in the interviews.

Summary

While acknowledging the perceptible limitations in using theory of behaviour change based on individual theories like the Theory of Planned Behaviour, this combination with the SEM is an appropriate theoretical framework for this study. The SEM extends the behaviour change in community with environmental variables that are useful for health promotion. Identifying the adequate level(s) of influence helps to orientate and inform strategic future interventions at the MTB coffee shop so as to tackle the smoking issue in that site. In this study, the SEM serves to organize and locate all the determinants of smokers' behaviour at the MTB coffee shop among the five aforementioned levels of influence. From this model, the meaningful level (s) of influence will be identified and recommended after analysing the data. Stemming from the Theory of Planned Behaviour, Attitudes, subjective norms and perceived behaviour controls are key determinants at the individual level, able to account for smokers' behaviour at the MTB coffee shop, which is a designated non-smoking area. Exploring these three intrinsic determinants of behaviour will supply with specific directions for semi-structure interviews with smokers and non-smokers participants on the field.

CHAPTER IV

METHODOLOGY

This chapter outlines the methodology employed for the execution of this study. The process and methods used to unravel the research question that this study seeks to unravel are presented. Some aspects forming this qualitative investigation such as the research design, the sampling method, the data collection and data analysis method are touched on this chapter.

Interpretive rather than positivist paradigm

This study applies an interpretive paradigm (approach) to understand smokers' behaviour. A paradigm is a framework "for observation and understanding which shape both what we see and how we understand it" (Babbie, 2007:32).

The positivist paradigm is commonly described as a scientific approach more related to experimental research, emphasising facts and measurements in an objective way (Hennink et al., 2011). Positivist research formulates a hypothesis from theoretical concepts or statistical models, which then operationalise and test the hypothesis by collection of empirical data which is then evaluated in relation to whether or not the evidence supports the hypothesis (Hennink et al., 2011:14). This paradigm fails to account for the contextual influences of people (ibid). Moreover, it minimizes the subjective perspective often necessary in qualitative research.

Consequently, the interpretive paradigm emerged in the 1970's in response to the shortcomings of positivism. The interpretive paradigm involves the subjective meanings formed through people's life experiences (Hennink et al., 2011). In this paradigm, researchers need to understand how participants themselves make sense (Hennink et al., 2011).

Consistent with the theoretical framework informing this study which suggests that behaviour is influenced by a range of factors that go beyond the individual level

transcending into community and the broader society (see Chapter 3), an interpretive approach was particularly relevant for the following reasons. As a germane component of qualitative research, the interpretive paradigm stresses “the importance of interpretation and observation in understanding the social world (Snape & Spencer, 2003:7)”. Thus interpretivism recognises the role of contexts in which people - smokers in this case - live. It enabled the materialization of new understandings, made sense of smoker’s subjective experiences and engaged with social realities in their contexts (see Snape & Spencer, 2003; Hennink et al., 2011).

Research Design

A research design is defined as “a strategic framework for action that serves as a bridge between research questions and the execution or implementation of research questions and the execution or implementation of the research” (Blanche et al., 2006:34). The research design has a twofold objective; the first is to elaborate procedures to undertake the study; the second is to ensure the quality of the study through its accuracy, validity and objectivity (Kumar, 2011). For these purposes, this study combines a qualitative case study design with action research.

Answering the key research questions required a specific process that this study followed. The following table summarizes the different aspects of the design used to answers to the research questions.

Table 3: The research process

Research questions	(1) What conditions enable smoking to occur at the MTB coffee shop in defiance of smoking restrictions?	(2) Why do people smoke at the MTB coffee shop though it is a designated non-smoking area?	(3) How should the University have effectively proceeded to tackle smokers’ behaviour in designated non-smoking areas?
Research Method	Qualitative	Qualitative	Qualitative
Population study	All people around the MTB coffee shop (users and passers-by)	MTB coffee shop users (smokers and non-smokers)	MTB coffee shop users (smokers and non-smokers)
Data collection method	Participant observation	In-depth interviews	In-depth interviews
Data gathering	Field notes	Semi-structural interview guide	Semi-structural interview guide

tool			
Sample size	All the persons present all around the MTB coffee shop during the observation	Twenty (20) smokers and nine (9) non-smokers	Twenty (20) smokers and nine (9) non-smokers
Analysis	-	Thematic analysis	Thematic analysis

Qualitative research

Qualitative research refers to “primarily an inductive process of organizing data into categories and identifying patterns (relationships) among categories” (McMillan & Schumacher, 1993:479). Moreover, qualitative study focuses on context, promotes pragmatism and is premised on people’s life experiences. It seeks to “understand or explain behaviour and beliefs that identify processes and understand the context of people’s experiences” (Hennink et al., 2011: 17). The qualitative approach is commonly used to better answer the “How” and “Why” questions, due to its in-depth nature. It allows researchers to discover rather than merely test variables (Hennink et al., 2011; Kumar, 2011). Unlike quantitative research which is used for hypothesis-testing, quantifying the results, qualitative research is useful in gaining a deep understanding of behaviours, beliefs or perceptions (ibid).

Given that the main purpose of this study is to explore in depth smokers’ behaviour in designated non-smoking areas, the qualitative approach was the appropriate method for the study. The interpretive nature of a qualitative study enables an answer to the three key research questions that this study seeks to answer. These are: (a) what conditions enable smoking to occur at the MTB coffee shop in defiance of national legislation? (b) Why do people smoke at the MTB coffee shop though it is a designated non-smoking area? (c) How should the University have proceeded to effectively tackle smokers’ behaviour in designated non-smoking areas? The aim is to devise an in-depth understanding of factors influencing smokers’ behaviour at the MTB coffee shop. This understanding is useful in exploring possible ways in which the smoking problem can be addressed.

Case study

A case study is “an in-depth exploration from multiple perspective of the complexity and uniqueness of a particular project, policy, institution, programme or system in a ‘real life’ context (Simons, 2009:21).” This design is widely used in the interpretive paradigm. It is a very handy design applied to explore phenomenon where little is known by describing, explaining, deepening the understanding or evaluating the case (Kumar, 2011). A case study should be used in the following conditions: when the study seeks to address “how” and “why” questions; when it is difficult to predict and control participants’ behaviour; when there is need to take in consideration contextual conditions relevant to the phenomenon studied; and finally when the threshold between the phenomenon and context is unclear (Yin, 2003). In the same line, Kumar (2011: 127) stresses that “this design is of immense relevance when the focus of a study is on extensively exploring and understanding rather than confirming and quantifying.”

The MTB coffee shop constitutes the case study of this research. The idiosyncrasy and the real life circumstances within which the smoking occurs at the MTB coffee shop account for the choice to use this unit as the case for this study. The uniqueness of this site leans on the disparity of the population in terms of races, gender, educational level and cultural background represented in that site. Moreover, the MTB coffee shop is the most crowded eating place at the Howard College Campus where smokers smoke regardless the presence of non-smokers. Existing no-smoking signs affixed at the MTB coffee shop clearly attest smoking restrictions at the MTB coffee shop. Thus, the MTB coffee shop is a fitting example on how the smoking issue occurs in a designated non-smoking area and how it should be handled.

Considering the nature of this study and the necessity to better address the key research problem raised in the first chapter, this study also utilised action research.

Action Research

It is difficult to talk about action research without mentioning Kurt Lewin. Its roots traces back to Lewin’s work in the late 1940s. Lewin is considered as the person who mentioned for the first time the term ‘action research’ (Greenwood & Levin,

1998). He applied his research at that time to change organisations. He also coined important slogans such as 'Nothing is as practical as a good theory', 'The best way to understand something is to try to change it' (Greenwood & Levin, 1998: 19). Thus, the concept of *action research* evolved and gradually was applied in organizations and communities.

Action research refers to "social research carried out by a team encompassing a professional action researcher and members of an organization or community seeking to improve their situation" (Greenwood & Levin, 1998:4). Clearly, the main purpose of action research is to generate solutions to real problems by engaging both practitioners and researchers to find solutions to the problem (Meyer, 2000). As the name implies, 'Action Research' uses research to take action so as to deal with a specific issue (Kumar, 2011). Since its primary focus is to solve real problems, action research is essentially used for actual problems rather than experimental studies like other designs.

In rethinking Lewin's work, Dickens and Watkins (1999) identify two essential purposes of action research: improve the situation and involve all the stakeholders. The participatory aspect of action research is thus essential. Indeed throughout interviews with smokers, we engaged in discussion about consequences of their smoking at the MTB coffee shop. This also entailed an opportunity to reflect on possible solutions brought out by participants, in order to solve this issue of smoking at the MTB coffee shop.

Generally action research follows a specific process to address a problem. It starts by identifying the problem. The problem addressed for this study was the smoking behaviour that occurs at the MTB coffee shop and the health hazard resulting from this behaviour. After that, the process continues with collecting pertinent data through various tools such as participant observation, survey, and interviews. In this study data was collected through participant observation and in-depth interviews. The data collection generally involves all the members of the organization (or community) and emphasizes the necessity for change. The present study involved twenty smokers (20) and nine (09) non-smokers. Finally, action researchers propose relevant solutions that may solve the problem initially identified (Dickens & Watkins, 1999).

Throughout the research process, some meetings have been held between the SHE office and the researcher. During these meetings (sometimes informal) the researcher provided information retrieved on the field, and the two parties reflected on how to deal with the smoking issue. Some solutions to the research problem are suggested in details in Chapter 6.

A word on reflexivity

The concept of reflexivity is an important characteristic of qualitative research because it enlightens influences that researchers have on the research (Gilgun, 2010; Hennink et al., 2011). The subjective influence of researchers on the research process is mostly perceptible during data collection and interpretation (Hennink et al., 2011; Gilgun, 2010). The role of reflexivity in research is therefore significant: “Through reflexivity, qualitative researchers reflect on their subjectivity, on how their social background, assumptions, positioning and behaviour impact the research process and on how study participants react to the researcher and the research setting” (Hennink et al., 2011:19 in Finlay & Gouch, 2003:ix).

Reflexivity can be personal or interpersonal or mixed. Personal reflexivity refers to “the process through which a researcher recognizes, examines and understands how his/her own social background or assumptions can intervene in the research process”(Hesse-Biber & Leavy, 2006:146). On the other hand, interpersonal reflexivity describes how the research setting and the interpersonal rapport between the researcher and participant may influence information elicitation.

Acknowledging my influence as a researcher on the research process enabled the enhancement of transparency and accountability of this study. As a foreigner in South Africa, my Cameroonian cultural, religious or educational backgrounds have surely had an impact on the progress of the study. Certainly during interviews, my French accent somehow affected – positively or negatively – participants’ responses. It seems the fact that interviewees knew I was not from South Africa and obviously not implicated in the historical background of this country, facilitated their frankness during interviews. Apparently Indians and whites feel more comfortable to overtly engage with black foreigners than with a black South African. Moreover, the fact that I am a non-smoker that does not approve of smoking had a certain effect on participant’s responses and on my own interpretation.

However, throughout this study, I always reflected on how my own assumptions and misconceptions of the realities of the social environment prevailing in South Africa may influence my interpretation of the data. To lessen the obvious influence that I had on interviews and observations, I constantly aimed to be neutral. Throughout the study I attempt to state as clearly and honestly as possible what I have seen and heard, and thereby ensuring the process of reflexivity i.e. accountability and transparency.

Participant recruitment

Unlike sampling methods in quantitative research that seek to get samples that represent the population and avoid biases, in this research the selection of a sample was based on different considerations such as the level of knowledge of participant about the topic, the accessibility of respondents or the typicality of the case (see Blanche, 2006; Kumar, 2011; Hennink et al., 2011). Mainly informed by observation conducted weeks before interviews, participants' recruitment was mainly premised on their frequency at the shop. A certain number of coffee shop users that were present during all days of the observation were thus identified.

In this context, the random selection of respondents that is based on probabilistic considerations was not relevant for this study. Qualitative research uses non-random (non-probabilistic) sampling methods such as quota sampling, purposive or judgemental sampling, accidental sampling, and snowball sampling (Kumar, 2011; Hennink et al., 2011).

Quota sampling participants are recruited based on proportions of units of analysis of the population such as age, race or gender (Welman et al., 2005). In the snowball sampling method, participants are recruited through networks. Some participants serve as informants and identify other potential participants to become part of the same sample (Welman et al., 2005; Kumar, 2011). Accidental sampling is convenient and is based on the availability of people regardless the proportion of groups (ibid). Purposive or judgemental sampling methods take into consideration the researcher's judgement in selecting participants that can provide the best information to achieve the objectives of the study (Kumar, 2011). Moreover the researcher can also rely on previous research findings to select participants

(Welman et al., 2005). This study applied the purposive sampling method to recruit participants.

Informed by observation conducted weeks before the interviews, participants' recruitment was mainly premised on their frequency at the MTB coffee shop. Thus, I identified a certain number of coffee shop users who were present all days during my observation at the coffee shop. Given that they usually hang out in cliques, I selected some people in the group. I primarily chose those who seemed more willing to provide accurate information and who were frequent at the MTB coffee shop.

Sample size: the concept of saturation point

In the tradition of qualitative study, the sample size must be small because its focus is on the quality of information and the discrepancy of experiences of participants and not on large numbers of participants with similar experiences. Thus, the principle of *saturation point* usually guides the number of participants to recruit (Kumar, 2011; Hennink et al., 2011). The saturation point is "the point at which the information you collect begins to repeat itself" (Hennink et al., 2011:88). Throughout the process of interviews for this study, the saturation point was reached after twenty (20) smokers and nine (09) none-smokers were interviewed. In qualitative research, the saturation point is more appropriate when data are collected on a one-to-one basis rather than the collective format (Kumar, 2011).

Ethical Considerations

While ethical responsibilities prevail in all scientific research, they are essential in human sciences (Gilbert, 2008; Hennink et al., 2011). This is not only because human science focuses on human beings, but also usually applied to sensitive issues such as sex, violence, bad habits or race. The rapport established between the researcher and participants throughout the research process subsequently lead to a close relationship. Private and sensitive information are therefore elicited and need to be managed carefully. Thus, there is a need to considerate a series of ethical principles (Gilbert, 2008; Kumar, 2011).

The following core ethical principles governing social research listed by Gilbert (2008); Hennink et al. (2011); Kumar (2011) were employed for this study. These are: (a) securing informed consent, (b) respect of privacy, (b) ensuring confidentiality, and (c) minimisation of harm, deceit and lying in the course of research. All these were taken into consideration as much as possible throughout this study.

Confidentiality/Respect of privacy and anonymity: As much as possible I eschewed permeating in participant's lives. The interview process stuck to the topic without infringing on the threshold drawn by each participant. Although names and personal information were required at the end of each interview, the principle of anonymity was respected. Pseudonyms were used in the transcription and data analysis to preserve the anonymity of each participant.

The minimization of harm is not literally physical harm, but it includes other forms of harm such as mental harm, embarrassment or shame (Hennink et al., 2011). Given that this study dealt with smoking at a forbidden place, it might happen that smokers mostly felt embarrassed or shameful for adopting such behaviour. Thus, to avoid this form of harm, I clearly presented the aim of the study to the participant, asserting that my aim is not to judge but to find solutions. Moreover, through brief introduction questions, a good rapport was built with interviewees from the beginning and progressively I led him/her to the core of the study where he/she needed to plainly engage in the smoking issue.

Data collection

Participant observation

Observation is defined as “a research method that enables researchers to systematically observe and record people's behaviour, actions and interactions” (Hennink et al., 2011:170). In a social setting, observation provides a consistent description of the activities or the people studied. Usually, observation is combined with in-depth interviews so as to give an introduction to a study and contextualize an issue (Welman et al., 2005; Hennink et al., 2011). It focuses mainly on observing

people's actions, interactions, body language or places and social settings (ibid). The level of participation of the researcher in the observation is also a critical element to consider. There are two types of observation in that line: non-participant observation and participant observation.

In non-participant observation, the researcher conducts the observation without participating in activities occurring in the setting that is observed. The researcher is not part of the situation observed. S/he performs the observation from a distance in order not to influence what is observed.

On the other hand, participant observation is defined as "the process of learning through exposure to, or involvement in, the day-to-day or routine activities of participants in the research setting" (Schensul et al., 1999:91). Thus, in participant observation, the researcher is involved as insider in the same social setting with the participants. The participant observer strives to unravel the meanings attached to participants' behaviour by experiencing their realities internally (Welman et al., 2005). In this study, participant observation enabled me to learn more about coffee shop users as far as smoking is concern. By being involving in this setting, I was able to have an insight of what occurs at the MTB coffee shop on a daily basis and thus describe how people behaved at this site.

Still, the level of participation depends on the context and objectives of the observation. The extent to which the observer participates in the activities along with the participants is sensitive. The existing risk to be over involved in activities or completely focus on observation may lead the participant observer to forget his dual task which is observing while recording, and experiencing the activities along with the participants observed (Welman et al., 2005).

Participant observation helped me in reshaping the semi-structured interview guides of this study. Being embedded in the social context at the coffee shop throughout the participant observation, I was more aware of how and what questions to ask, to whom and when. Moreover, participant observation enabled me to gain understanding of meanings of the data without distortion. It enabled lessening reporting biases when participants were not willing to truthfully report their behaviour. In other words, the coffee shop users were unaware of being observed and therefore behaving naturally.

Observed participants

From prior observations, it was clear that this site is frequented by smokers and non-smokers who are either students or staff members. Therefore, the observational phase of this study included all the individuals frequenting the MTB coffee shop. This included the patrons seated at the coffee shop, those who came just awhile to buy something and go thereafter as well as passers-by who merely walk through the MTB coffee shop without buying anything.

Process

Before this systematic observation, an informal observation was performed during five consecutive days. In addition to this, the coffee shop was located next to my office on the campus. I thus had the opportunity observe some aspects on my way. These prior inspections enabled me to have a clearer insight of what needed to be observed, how to observe and participate in the same time, and when to observe. For instance, I noticed that from 9 am to 10 am and from 12 am to 1pm the MTB coffee shop was animated and therefore necessitated more attention. The prior informal observation also gave an idea of how I should dress in order to be easily integrated in this environment. Knowing that the coffee shop is mostly frequented by a certain class of people that have a common fashion, I needed to revise my way of dressing to suit the environment. Though I had no tattoo, earrings or eccentric hairstyle, I tried to find my way in that environment.

The formal participant observation was conducted during five days. From Monday to Friday, I sat at the coffee shop observing people while taking notes. During the whole period of observation, I positioned myself as a normal patron – obviously non-smoker – of the shop with all the rights linked to this status. As a non-smoker, my general discomfort with cigarette smoke as well as my religious and cultural background did not allow me to light up so as to identify myself with smokers and strive to deeply immerse myself among smokers. With a notepad, a pen and an audio-tape recorder, every important observation related to the study was recorded. In some moments, an audio recorder was used to document some aspects. I moved all around the coffee shop, sitting in one place and then another, to have different views. Sometimes with a cup of coffee and or a book to pretend to be reading, I tried as much as possible to blend in with the participants. To avoid idiosyncratic

conclusions, field notes included systematically firstly what I saw, and secondly a brief interpretation of the phenomenon observed. Each field note was labelled with a date and time.

Measurements

Throughout the participant observation, the focus was on the following aspects:

Number of persons seated at the coffee shop at that specific moment

The people sitting around the tables were literally counted at a precise time. A table classifying coffee shop users according to their race, gender and whether they were currently smoking or not sitting around each table was drawn. I moved around the place to count the number of tables and people at each table. At certain moments, I went up on the balconies of buildings surrounding the coffee shop to have a panoramic view and easily count the people seated. These figures outline the demographics of people who frequented the shop. In order to have a general idea of their social status, socioeconomic class, religion and social interest, their physical appearance was also one aspect observed during this phase.

Attitude of smokers, non-smokers and coffee shop owner

The interaction between smokers and non-smokers was also examined. I watched what they were doing and were not doing, striving to listen as much as possible to their conversations, observing their non-verbal communication, their body language, their gestures. A special attention was given to the way they lit their cigarette, which tobacco product they consumed and how often they smoked. An emphasis was also put on how non-smokers reacted when someone lit a cigarette next to them or when the cigarette smoke invaded their face. Another aspect noted was the role that the coffee shop owner plays on the smoking at the MTB coffee shop.

Activities of people on the site

Observing activities included what people were doing at the coffee shop and how people were acting. I wrote down the activities people were doing at each table at the MTB coffee shop. Special attention was also granted to the physical setting, how people made use of the space and what ambience prevailed in that place. Comments on the sounds, smells, the setting activities as well as how people moved

around coffee shop were included. Those specific details enabled to perceive the ambience prevailing at this site and its influence over the smoking behaviour.

Attitude of passers-by

Another specific centre of interest was how passers-by behave with regard to smoking at the shop. Through their gestures and their gazes upon MTB coffee shop users, some notes were written. This scrutiny sought to appreciate how passers-by perceived people who are sitting and smoking in that area. It will then account for the interactions existing between coffee shop users in general and other students.

Challenges

The main challenge encountered was the cigarette smoke that usually polluted my respiratory tract. The shop was frequently overwhelmed by cigarette smoke. At certain moments, I was unable to breathe and was forced to move from there. In addition, the shop is a kind of community where people know each other and people already have their usual or favourite places where they sit. Most of the time people were literally staring at me, wondering 'who is this new person?' Sometimes, I felt embarrassed and was obliged at times to slink to another spot far from their gazes. This often influenced me in my attempt to take ownership of my position of patron non-smoker by hindering them from smoking near me. I sometimes felt powerless to claim my right to have a pure and healthy environment.

In-depth interviews

An in-depth interview refers to "a one-to-one method of data collection that involves an interviewer and an interviewee discussing specific topics in depth" (Hennink et al., 2011:109). Through a semi-structured interview guide, the researcher goes in-depth to gain from the participants' standpoint a thorough insight of the research issues that are studied (Hennink et al., 2011). This method is generally used for exploratory research. Unlike focus group discussions, in-depth interviews are specifically handy when the study seeks a greater wealth of information from individuals that are intimate or private and might be subjected to biases if shared in front of other people (ibid). Among the topics that usually require in-depth interviews, Hennink et al

(2011:110) identify studies like 'people's own beliefs and perceptions' or 'the motivation for certain behaviour', that are closely related to this present study. Moreover, in-depth interviews also enable identification of significant variables in an uncovered topic, and give guidelines for hypotheses in further research (Welman et al., 2005).

Like other qualitative data collection tools, interviews are time consuming. A lot of time is required for transcription because interviews are usually lengthy. In addition, interviewer bias is recurrent in qualitative research (Blanche et al., 2006; Hennink et al., 2011). The inferences made by the interviewer to a certain extent can distort information gathering. Consequently there is a need for self-reflexivity throughout the interviews.

Inasmuch as this study is about smoking behaviour in a prohibited area, the topic is about individual behaviour and the motives behind this behaviour. Having an in-depth conversation on this topic with participants was an appropriate way to elicit the major inherent determinants of smoking. Though smoking seems to be socially acceptable in this specific context, participants might be sometimes influenced to overtly express themselves in front of others. For instance, a smoker can feel embarrassed to assert in front of his/her friends that they are the main influences of his/her smoking at the shop. In the same way, it was easier for non-smokers to affirm during a one-to-one interview what they felt when friends smoke around them at the coffee shop. This explains why this study used the in-depth interview to collect data rather than another tool.

Interview Participants

The participants recruited for the semi-structured interviews were exclusively people that frequented the shop, smokers and non-smokers. Non-smokers were included among the interviewees because, from the observation phase, I noticed that inevitably they are part of this environment and have a consistent role to play in this smoking problem at the MTB coffee shop. The observation phase enabled me to identify key informants for in-depth interviews. Patrons who were regularly seated at the coffee shop were thus selected as participants. Some information on demographics of the coffee shop users was also obtained. In the process, the race, gender and the level of study was taken into consideration. Given that Indians and to

a certain extent whites are dominant races at the coffee shop, these two groups had the priority during the selection process. Only students were interviewed; this is because staff members that frequent the MTB coffee shop were not available and in some way, they were reluctant to participate. Finally, I managed to get twenty (20) interviews with smokers at the MTB coffee shop and nine (9) interviews with non-smokers. Almost all the categories of people were represented in the sample apart from male black and coloured smokers. This is because these two categories of people were hostile to any conversation on the topic. They even denied smoking at the MTB coffee shop though I identified them smoking during the observation phase.

Interview Process

Participants were recruited at the MTB coffee shop and interviews took place in different settings around the campus where it was quiet and convenient for such conversations. Depending on the availability of interviewees, appointments were sometimes taken many days before the interview. Each interview lasted approximately twenty five (25) minutes, more or less depending on the interviewee. Before each interviews, the consent form was read and filled in by the interviewee. An audiotape recorder was always available to record conversations obviously with the permission of participants. During interviews, given my perceptible French accent, I always ensured that all interviewees understood the questions clearly. If they did not understand the question, I would reformulate it for them.

Measurements

The interview guide

A semi-structured interview guide was designed to effectively conduct in-depth interviews. Informed by the theoretical framework used for this study as well as the key research questions, the interview guide was divided into topics. Stemming from the Theory of Planned Behaviour, variables such as participants' *attitude, subjective norms and perceived behaviour control* with regards to smoking behaviour at the MTB were investigated. The Social Ecological Model developed in Chapter 3 enabled to position the factors accounting for smokers' behaviour at the MTB coffee shop in the relevant levels of influence presented in the model.

Structure of the semi-structured interview guide

Two distinct semi-structured interview guides were designed for smokers and non-smokers respectively. Each guide included an introduction, opening questions, key questions and questions related to the attitudinal variables developed in the Theory of planned behaviour.

In the introduction, I first of all introduced myself, presented the topic, the interest of the study, and asked permission to audio-record, and emphasised the confidentiality of information captured. These preliminary procedures helped to reassure the interviewee.

The opening discussion included questions around key topics related to the knowledge of anti-smoking laws in South Africa, knowledge about second-hand smoking, perception about no-smoking signs affixed at the MTB coffee shop or perceptions about the MTB coffee shop being a non-smoking area. These questions contributed to building a bridge between the interviewer and the interviewee so that s/he might feel comfortable with the next key questions.

The key part of the interview included questions around the main research question which is 'why do people smoke at the MTB coffee shop which is a designated non-smoking area?' Thus, questions for smokers such as 'Why are you smoking at the MTB coffee shop though it is a designated non-smoking area?' or for non-smokers like 'What brings you there?' were asked to freely elicit factors sustaining smoking at the MTB coffee shop. This also enabled generation of information on the overall reasons why people are smoking (or are not smoking) that could be framed in the influence levels within the SEM. Consequently, participants' responses to these key questions reveal the main level (s) of influences where a health promotion intervention should focus on.

A series of questions addressing people's attitude, subjective norms and perceived behaviour control with regard to smoking at the MTB coffee shop were also addressed. Thus, questions related to attitude including the perceived advantages and disadvantages of smoking at the MTB coffee shop, interactions between smokers and non-smokers and reaction to the smoking issue. Subjective norms specifically explored the perceived influences of others in the smoking at the MTB coffee shop. Perceived behaviour control related questions enabling to bring forth the factors hindering or encouraging people to smoke at the MTB coffee shop

regardless of the health hazard. It also raised the question of how the university should deal with the issue of smoking at the MTB coffee shop.

The last part of the interview involved demographic information. It was placed at the end because throughout the interview a certain rapport had been established with the interviewees. After conversing with them, they felt more confident to provide their age, race, level of study, and faculty without hesitation. Their cell phone number was requested in case I had a problem with transcription or needed more information.

Though interview guides encompassed topics in a certain order, the interview process did not systematically follow the questions in that order. Interviews always followed the natural flow initiated by the interviewee. But still, I made sure to explore all the topics in all the interviews. Open questions were systematically used because they do not generate a simple yes/no answer (see Hennink et al., 2011). The questions included a lot of probes to reorient the interview when the interviewee tended to go out of context. However, these probes by no means hindered participants from engaging freely and expressing themselves.

Challenges

Conducting an in-depth interview is not without challenges. The key challenge was to find participants who smoke and who were willing to participate to the study. Given that the topic overtly addresses a habit that smokers adopt every day at the MTB coffee shop, it was quite awkward for smokers to really talk about this smoking behaviour. Some of the smokers that have been observed acutely smoking during the participant observation completely denied having ever smoked at the shop and consequently couldn't participate to the study. To overcome this challenge, the main aim that is to provide a healthy environment to the people congregating at the MTB coffee shop was clearly explained. I ensured them that the study was not judgemental or compelling people to completely quit smoking.

Thematic Analysis

Qualitative data analysis requires the total immersion of the researcher in his/her data in order to identify, interpret and make sense of people's contrasting perspectives (Braun & Clarke, 2006; Hennink et al., 2011). The interpretive nature of qualitative research is prominent in the data analysis phase. Qualitative data analysis, though considered as flexible, follows established procedures and accepted methods for analysing textual or visual data (Hennink et al., 2011).

There is a wide range of approaches to analysing qualitative data: discourse analysis, content analysis, biographical analysis, narrative analysis, grounded theory or thematic analysis (Hennink et al., 2011). This study applied thematic analysis for interpreting data collected from in-depth interviews with smokers and non-smokers at the MTB coffee shop.

Thematic analysis is defined as "a method for identifying, analysing and reporting themes within data" (Braun & Clarke, 2006:6). It leads the researcher to find across a data set recurring themes relevant to the research questions. The key advantage of thematic analysis is its flexibility. However, this flexibility does not exclude validity and rigour in the analytical process (Braun & Clarke, 2006; Hennink et al., 2011). Thematic analysis goes beyond the mere count of words but emphasises the identification and description of themes.

Thematic analysis can be useful for both reporting experiences of participants and for examining how these experiences and meanings are the results of discourses prevailing within society. Moreover, thematic analysis allows both an inductive and a deductive approach. In inductive analysis the researcher analyses the data without confining it to a pre-existing coding frame or theoretically fixed idea. In this approach the analysis is data-driven (Braun & Clarke, 2006; Hennink et al., 2011). Unlike the inductive approach, a deductive thematic analysis is influenced by a theoretical background. Hence, questions addressed throughout the interviews or focus groups are stemming from theory. This analytical approach is purely driven by researcher's theoretical and analytical background (ibid).

This study applies the two approaches at different stages. The inductive analysis helped to freely elicit overall factors sustaining smokers' behaviour at the MTB coffee shop. From participants' responses to questions such as 'why are you smoking there though it is a designated non-smoking area?'; 'What brings you there?' or 'why are

you frequenting the MTB coffee shop' etc., a thematic analysis was conducted to regroup all these responses in several themes. After that, the themes (or factors) freely elicited were positioned in the fitting level (s) of influence presented in the SEM so as to propose the main guidelines for a future behaviour change intervention on campus.

The deductive approach was used in investigating factors influencing smokers' behaviour at the individual level through the constructs developed in the Theory of Planned Behaviour mentioned in Chapter 3. Questions related to people *attitude, subjective norms and perceived behaviour control* with regards to smoking at the MTB coffee shop were obviously based on the Theory of Planned Behaviour. Themes generated over the thematic analysis were preconceived and enlightened by this theory.

The flexibility as well as the openness to both an inductive and a deductive approach provided in the thematic analysis guided the choice of this approach to analyse in-depth interviews. I strictly followed the six phases of thematic analysis proposed by Braun & Clarke (2006) in the following table.

Table 4: Six phases of the thematic analysis

Phase	Description of the process
Familiarising yourself with your data	Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas.
Generating initial codes	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.
Searching for themes	Collating codes into potential themes, gathering all data relevant to each potential theme.
Reviewing themes	Checking if the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic 'map' of the analysis.
Defining and naming themes:	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme.
Producing the report:	The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected

	extracts, relating back to the analysis the research question and literature, producing a scholarly report of the analysis.
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Source: adapted from (Braun & Clarke, 2006).

After conducting the interviews, I proceeded with the verbatim transcription. A written record of interviews audio-recorded via cell phone was made. Although the verbatim transcription of interviews seemed excessively time consuming, it enabled me to familiarise myself with the data. Throughout the transcription, I was sometimes obliged to thoroughly listen to the audio-record twice or three times before writing down what the participants said. This familiarity with the data made straightforward the analysis of transcripts with the Computer-Assisted Qualitative Data Analysis Software (CAQDAS) Nvivo 10. The usage of software simplified generating codes. The term code refers to “an issue, topic, idea, opinion, etc., that is evident in the data” (Hennink et al., 2011:216). The coding is an essential procedure in qualitative thematic analysis. It is described as “the process of identifying and recording one or more discrete passages of text or other data items that, in some sense, exemplify the same theoretical or descriptive idea” (Gibbs, 2002:57).

The process of coding led to the identification and definition of themes. The main focus of thematic analysis is generating and examining themes. Identifying themes does not depend only on the quantifiable measurements but on their contribution in answering research questions (Braun & Clarke, 2006; Hennink et al, 2011). Factors accounting for smokers’ behaviour at the MTB coffee shop which is a designated non-smoking area were developed in themes according to participant’s responses. The exploration of these themes extracted has therefore been located – in the analysis chapter - in the different stages of influences explained in the Social Ecological Model.

Summary

This chapter explains processes and methods that guided the research in the field. The qualitative approach proved to be appropriate to answer the questions 'how' and 'why' and to provide deeper understanding of behaviours in a specific context (Hennink et al, 2011; Kumar, 2011). Through participant observation, I have not only examined in what conditions the smoking occurred at the MTB coffee shop, but it also enabled me to design relevant semi-structured interview guides to generate information from smokers and non-smokers. In-depth interviews conducted with both smokers and non-smokers provided data that was analysed in the systematic procedures provided in the thematic analysis. Knowing the importance of ethical principles in qualitative research, the core ethical considerations that were required for this study have been fully adopted. The next chapter thus presents the main results stemming from this study.

Chapter V

Participant Observation: Findings and Discussion

This chapter uncovers the major smoking facts that emerged from the participant observation conducted at the MTB coffee shop. The multiple hours spent observing and participating as a normal patron in the midst of other patrons, enable me to describe how smoking takes place at the coffee shop which is a designated non-smoking area. This disclosure of the observed smoking facts seems to intertwine to some extent with the next chapter which discusses the influential factors of the smoking habit at the MTB coffee shop. More details explaining smokers' behaviour in the non-smoking area will be provided in the analysis of interviews. Thus, this chapter is essentially descriptive. The following aspects will be explored: demographics of participants; activities; the ambience; interactions; the attitude of smokers, non-smokers and coffee shop owner with regards to smoking at the MTB coffee shop.

Demographics

The process utilised to garner the demographic information was to count the number of people seated at the MTB coffee shop. A table indicating the gender, race and the smoking status (specifies whether the individuals were holding a cigarette or not) were drawn, so as to facilitate the count (see appendix 4). The count was made one table after another. The table below recapitulates the number of people that were seated at the MTB coffee shop during the observation.

Table 5: Summary of the count of the MTB coffee shop users

Day	Current Non-smokers								Current Smokers								Total persons at the MTB coffee shop
	FI	FW	FB	FC	MI	MW	MB	MC	FI	FW	FB	FC	MI	MW	MB	MC	
1	18	10	11	2	7	13	3	1	4	3	2	2	3	5	0	0	84
2	5	14	6	3	8	9	6	2	3	4	4	1	4	6	0	1	76
3	29	5	1	6	9	2	0	4	5	3	7	0	3	2	1	1	78
4	16	7	5	2	8	4	2	1	2	4	6	1	8	4	0	1	71
Sub-Total	68	36	23	13	32	28	11	8	14	14	19	4	18	17	1	3	
Total	219								90								

FI: Female Indian

FW: Female White

FB: Female Black

FC: Female Coloured

MI: Male Indian

MW: Male White

MB: Male Black

MC: Male Coloured

Smokers: refers to the people who were smoking at that specific time as I was observing.

Non-smokers: refer to patrons who were seated at the MTB coffee shop and who were not holding a cigarette as I was observing. However, there is a possibility that some users who were in fact smokers were counted among non-smokers as they did not have a cigarette in their hand during the observation process.

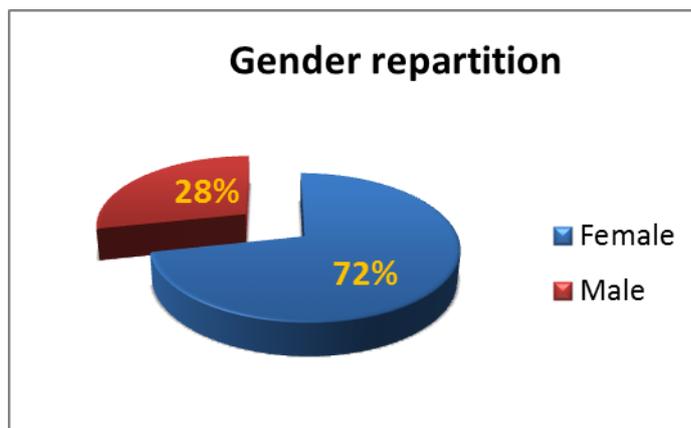
Gender

The coffee shop is frequented by the both males and females though the latter are more regular in the coffee shop. Gender repartition observed during the observation is provided in the table and graph below.

Figure 3: Gender repartition

Table 6: Gender repartition

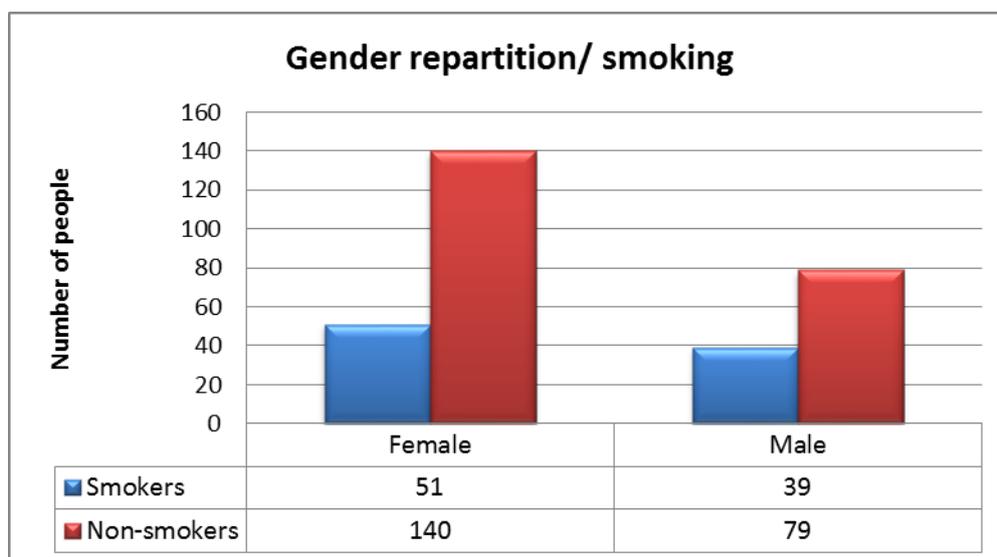
	Female	Male
Total number	298	118
Percentages	72	28



According to the graph above, females are predominant. There was twice (298/118) more females than males. This observation reflects the general statistics of students at the UKZN where the female gender is predominant⁷.

The clustered graph below presents the percentage of current smokers and non-smokers by gender.

Figure 4: Gender repartition/ smoking



From the table above, it appears that 17% of females were smoking (51/298), while 33% (39/118) of the male patrons were smoking as I was observing. It appeared that

⁷ The statistics gathered from the UKZN's admission office reported that there are 54% females and 46% males students at the UKZN.

in terms of percentages males were smoking more than females in the coffee shop. This finding concurs with other studies, suggesting that women are more mindful of non-smoking policies than males (Awotedu et al., 2006; Berg et al., 2011, Williams et al., 2011). Therefore, in settings such the MTB coffee shop where no-smoking signs are affixed, females are in general less likely to smoke than males.

However, in this present case, this assertion is arguable for Black and Coloured females. During participant observation, I saw only one black male as compared to the nineteen (19) black females who were holding a cigarette. For the Coloureds, I identified three (3) males out of four (4) females who were smoking.

Racial groups

Given the historical context bequeathed by the apartheid regime in South Africa, the racial definition and classification⁸ certainly differs from other multiracial countries like the US. Although there are several ethnic ramifications within the racial categories, the documentation about demographics statistics in South Africa always divided the population into four racial categories namely Blacks, Whites, Coloureds and Asians (Indians). The same classification was used for this study⁹.

One of the most striking facts that I noticed the first time I got to the MTB coffee shop was the significant number of Indians over other racial groups found on campus. There are a substantial number of whites as well, but Indians are predominantly the largest racial group that frequents the MTB coffee shop. The table and figure below provide some percentages about the race repartition in the coffee shop.

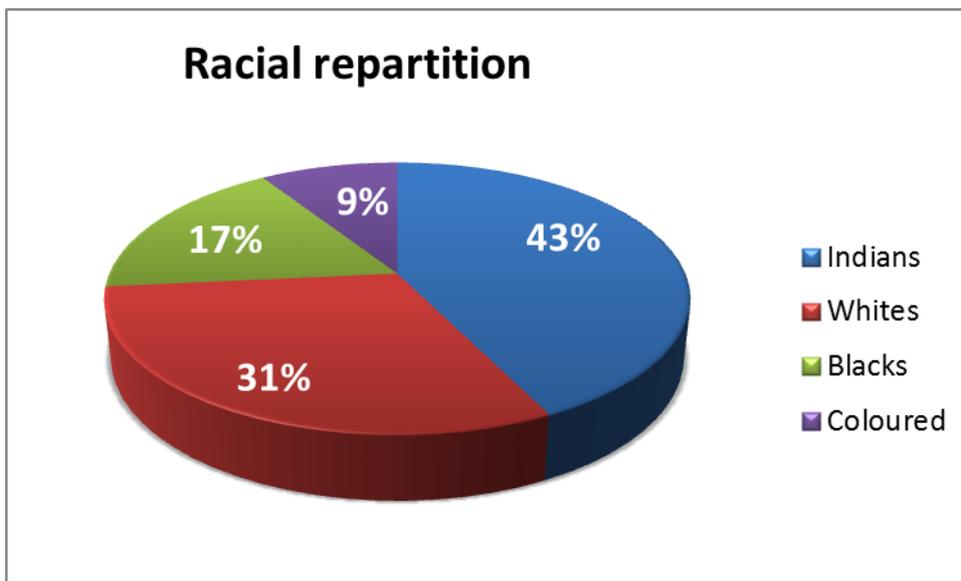
⁸The post-apartheid government has retained the same categories that underpinned apartheid, with one difference. 'Bantu' was substituted with (black) 'African', who are listed alongside 'whites' (European descendants), 'Indians' (who are descendants of Indian immigrants during the 19th Century, and 'coloured', who are of mixed race. It is not my intention to critique this classification or its derivation (see Tieman 2005 who offers a very functionalist discussion) but to acknowledge the arbitrariness of this classification which has no specific legislative basis.

⁹The state's determination of which 'race' it assigns citizens to, is on the basis of appearance in relation to apartheid assigned designations. When I identify individuals as belonging to one or other 'race' group I do so in terms of this received official classification and in terms of my own perception of who fits into what group. The issue is, of course, much more complicated (see Dolby, 2001).

Table 7: Racial repartition

	Indians	Whites	Blacks	Coloured
Total number	132	95	54	28
Frequencies (%)	43	31	17	9

Figure 5: Racial repartition at the MTB Coffee shop



One explanation for this high proportion of Whites and Indians at that site may be the fact that the MTB coffee shop charges very high prices for all the items sold. It is very expensive to regularly have a meal at the coffee shop.¹⁰

Moreover, I seldom saw someone sitting alone. The majority of tables included almost the four racial groups represented in South Africa. From my own experience on this campus, the coffee shop is the only place – apart from the lecture room – where one can see this racial and cultural mixing happening.

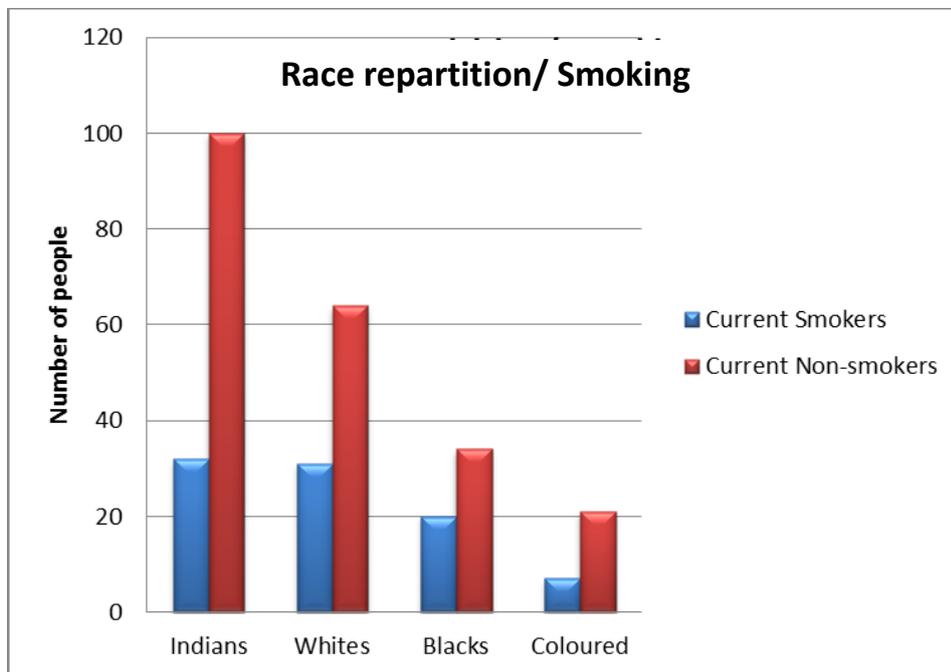
Concerning the smoking behaviour of each racial group, the observation provided the following table and graph:

¹⁰Given that the South African economic landscape is manifestly defined by a dualism (Carter & May, 1997), these two racial groups who are better-off than the others, can easily afford services offered at this facility.

Table 8: Smoking per gender

	Indians	Whites	Blacks	Coloured
Current Smokers	32	31	20	7
Current Non-smokers	100	64	34	21
Percentages of smokers (%)	24	32	37	25

Figure 6: Racial repartition: current smokers/ non-smokers



The table above shows that blacks had the highest percentage (37%) of smokers among patrons at the MTB coffee shop and the lowest was attributed to Indians. In addition, blacks had the highest number of smokers among female (N=19). In comparison to the fourteen (14) Indian and fourteen (14) white females who were smoking, the 45 % (19/42) of black females were largely above. This finding contradicts the study by Awotedu et al. (2006), on the attitude of students towards smoking restrictions in the Eastern Cape in South Africa. They concluded that black people are more favourable to smoking restrictions. This discrepancy in results may be explained by the potential biases that usually accompany observation studies (Hennick, 2011). The table and graph above merely present a snapshot of the

specific smoking behaviour inherent to each race. In providing a statistical significant difference in the mean between the races, appropriate statistical analysis such as the *independent-samples t-test* or *one-way analysis of variance* should validate this finding.

Age

The participant observation revealed that, the average number of people frequenting the coffee shop is approximately 20 years old. However, there were some students visibly older than 20 who usually came in a few times to have a meal, a drink or a cigarette. Some staff members around their forties or fifties also visited the coffee shop either for a meal or a cigarette.

Physical appearance and social class

The majority of people frequenting the venue were trendy and 'cool'. The excerpt below describes the general physical appearance observed.

I saw some male students with earrings, tattoos, fancy hairstyles; most of them have something atypical. I noticed that table located in the middle of the coffee shop, occupied by a multiracial group. They came to the coffee shop every day, at the same time, sat at the same table and smoked or played cards. There was this Indian male around 20 years old, with his long black hair partially tinted in red. He had earrings on his two ears and piercings on his tongue and his eyelids. On his arms I could see tattoos. He wore a slim-fit blue jeans and a small stylish tee-shirt with a collar in the form of a V. He covered his eyes with fancy sunglasses probably *Ray Bans*. It was almost impossible not to notice him and his group of friends. Most of the people there had fancy cell phones and other expensive gadgets such as iPads, Notebooks and iPods. One could not miss the car keys of Mercedes, BMW or Audi, laid on tables, evidence that these students own flashy cars. (Field notes, MTB Coffee shop, 2012).

Rarely will a studious student dress up like the individuals described in the excerpt above. This area seemed to be more frequented by students less inclined to academic activities. Apart from that, as mentioned earlier, the general level of price applied in this area is high compared to other eating places at Howard College

Campus¹¹. It requires a lot of money to have a meal there on a daily basis. Besides being well-off, coffee shop users are mostly “cool”, fashionable and party goers. Whether they are Black or White, Indian or Coloured, they all seem to have the same lifestyle that is led by their consistent purchase power. The social class might also be an important aspect that connects all the members of this small community.

Main activities taking place

The overall observation showed that people are involved in various activities at the MTB coffee shop:

During the day I saw people having a meal, having a cup of coffee, tea, cool drink or other beverages. I could see people coming from the long corridor that borders the site, holding white plastic dishes and sitting with their friends. They apparently went to buy food from other facilities and came to consume their food at the MTB coffee shop. Around a table next to the counter, I could see three people seated with a stack of documents on their table. Sporadically, they could glance at their documents and continue to talk. They could have been lecturers talking about topics related to academia. All around them, students were chatting, smoking, playing cards, some were screaming. One work group gathered there in the morning so as to work on their assignments. The work session lasted for a while, after 20 minutes this initiative turned into chats and laughs.

(Field Notes, MTB Coffee shop, 2012).

This extract above highlights that the coffee shop has certainly deviated from its original purpose. Initially, this facility aimed at providing an environment, where students and staff could easily exchange ideas while having their meal or coffee (Moodley, 2012). Given the high level of noise in these premises, it is certainly not the best place to study or get involved in any serious academic activity. In as much as the aim of this study is to deepen the understanding of smokers' behaviour in a designated non-smoking area, the issue of noise, albeit serious, will not be addressed in the present study.

¹¹ I did a benchmark on the prices applied by other facilities such as the cafeteria adjacent to the Main Library also frequented by many students.

The excerpt above indicates that the people who were sitting in that area were not all patrons of the MTB coffee shop. Some people ordered their meal from the coffee shop, others brought their own food in lunch boxes. Some others even bought food from other premises and sat at coffee shop to eat. This highlights the question of prices charged at the coffee shop mentioned in previous sections. The migration to the coffee shop also indicates that there is certainly a factor other than the food provided by the venue that draws people there. I suggest that the social engagement might be the main aspect that draws people to that place. This observation is similar to the findings by Fry et al (2008) in an investigation of the social role of cigarettes among young people in the UK. Although they claimed that cigarettes facilitate public engagement, they seemingly prioritise these interactions above smoking itself. An analysis of interviews provides clarifications on this trend.

An organized community

The fact that people usually congregate in the coffee shop courtyard, finally formed a community well organised. The following field note elaborates more in that perspective:

At the deck (see picture below) which is part of the coffee shop, there are two no-smoking signs clearly affixed on the wall in that area. Nevertheless, people are smoking here all day long. They are relatively young; it seems their age varies from 17 to 20 years old. The main activity here is smoking and playing cards. People are usually talking about parties, celebrities, vague topics and they usually use vulgar language like “F*** off”. I could recognise the same individuals seated almost at the same spot, the same group sitting at the same table the day before. One day, I awkwardly sat by a table usually occupied by a group of friends. I received strange gazes from people certainly wondering who this stranger was. I finally moved from that spot and found another table (Field Notes, MTB coffee shop, 2012).

Generally the same people frequent the venue almost every day and do the same things. They have their favourite spots where they like to hang out with their friends and engage with other coffee shop users. For these people, frequenting the coffee shop is already part of a routine in such a way that they have taken ownership of some specific spots. They are so ingrained in this area to the extent that they know who is or is not part of the community. Thus, they tend to protect their patrimony eagerly earned after many months at the MTB coffee shop.



Picture 1: The deck at the MTB Coffee shop

This attitude shows that the coffee shop users form a sort of community. Unlike the concept of community is commonly seen as a group of people sharing the same geographical area, it can also include different criteria such as shared interests and collective identity (National Cancer Institute, 2005). The social interaction that daily occurs created a community of people who share the same interests. At first glance, one could assert that the common interest is smoking, but given the number of non-smokers also frequenting this place, I can tentatively¹² conclude that the common need to socialise and relax forms this community. The responses obtained from interviewees will bring more clarity to the nature of the community formed at the MTB coffee shop.

Type of users

Two categories of individuals that usually frequent the MTB coffee shop have been identified: I named them *temporary customers* and *careless customers*.

The *temporary customers* are those who hang about in the coffee shop just for a few minutes. Some came during the break between lectures just for 15 minutes or less to have a drink, an ice cream or a cigarette and relax before resuming the lecture. Others came to have breakfast or lunch just for 30 minutes or less generally in the morning before lectures or at noon during the break. They came almost every day to

¹² Questions aiming to address the reason (s) why people frequent the MTB coffee shop are investigated in the interviews process and will provide more clarity for that question.

do the same thing, almost at the same spot. The extract below describes some users that I particularly observed:

I noticed an Indian female of about 28 years old; she comes every day during observation. She was usually seated at the same spot, just in the centre of the coffee shop in the morning and smoked one or two cigarette(s) before departing. I also spotted a white female around 21 years old who came every afternoon around noon with a lunch box to have lunch. This category of users includes all staff members. They all came there just for a brief time, to either eat, or take a coffee or have a cigarette (Field notes, MTB coffee shop, 2012).

Although these users were regular at the MTB coffee shop, their connection with that site seemed not necessarily strong enough.

Careless customers are those people who spend almost the whole day at the coffee shop, playing cards, smoking, chatting, etc. They are generally chain smokers. I was particularly struck by the attitude of some students during this participant observation. I attentively observed two young Indian men of about 20 years old. They spent the whole day smoking and playing cards. The rare interruptions were happening when they wanted to purchase more cigarettes, a soft drink or food.

This category is likely to oppose the enforcement of smoking restrictions at the coffee shop. They obviously have more interest to see the coffee shop rather be a designated smoking area than a designated non-smoking area. Implementing a health promotion intervention in that area to tackle the smoking problem will certainly raise consternation from this specific category of people.

The prevailing ambience

Interaction among users

During the participant observation process, a lot of interactions happened at the MTB coffee shop. The atmosphere prevailing seems to favour conversations. As one of my field notes observed:

There are groups of friends that usually occupy the spot next to the deck. When someone arrived s/he greets every member of the group with a hug and joins in the

conversation. I observed a black female of around 21 years old seated with two Indian girls of almost the same age, and she was sobbing. Apparently she had a problem because I saw tears coming from her eyes. As she was crying, the two Indian girls gave her a hug so as to console her. Afterwards, they all lit a cigarette and carried on the conversation trying to comfort their friend (Field Notes, MTB coffee shop, 2012).

The overall observation is that the coffee shop seems to be a place that enhances and sustains relationships. A convivial atmosphere prevails in the area. People usually sit with acquaintances and share cigarettes lighters with each other.

Seemingly, it confirms that the MTB coffee shop is akin to a community of people who want to relieve the stress through social interactions. The relaxing atmosphere as well as the public engagement that this setting provides certainly plays a significant role in people's behaviour. However the act of smoking might also create an atmosphere of rebellion where all smokers in union partake in the act of resistance to the non-smoking rule. This argument will be extended in the thematic analysis presented in the following chapter.

A smoking atmosphere

The ambience that prevails seemed to have an impact on user's behaviour with regard to smoking. The excerpt below describes the smoking environment to which the coffee shop users are daily exposed:

Still in the corridor leading to the MTB coffee shop, I was immediately struck by the odour of cigarette smoke. Nowhere in the venue can one avoid cigarette smoke. Although it is also a place for eating, it is almost impossible to smell the aroma of food because the cigarette smoke outweighs it. At certain times, I felt really exasperated because it was as if smokers blew their cigarette smoke right in my nostrils. Many times I ended up with huge headaches. I was obliged to move from the place where I was seated so as to catch my breath, far from the MTB coffee shop. Sometimes, I was standing on the balcony of buildings surrounding the coffee shop. And from there I could see the huge cloud of cigarette smoke rising from the coffee shop. During the rush hours – between 11 am and 1pm – a long queue of about 10 to 15 people waiting to place an order was formed in front of the counter of the coffee shop. They could wait there for about 10 minutes. And while there were waiting, they were obviously exposed

to cigarette smoke. Some people were even sitting in the midst of smokers whilst waiting for their order (Field Note, MTB coffee shop, 2012).

The above excerpt uncovers the health hazard deriving from constant exposure to cigarette smoke. Second and third hand smoke¹³ are the main health danger that needed to be tackled in that area. As reported by the US Department of Health and Human Services (2010), both smokers and non-smokers can be affected by the exposure to Second Hand Smoke (SHS) which is more toxic than the direct smoke inhaled from a filtered cigarette. Every day approximately a hundred people or more were exposed to the SHS and THS at the shop. As described in the extract above, the effects are perceptible. The absence of separation between smokers and non-smokers fosters the level of exposure. I experienced huge headaches, itchy eyes and difficulty breathing as a result of the time I spent in that area.

The prevalence of cigarette smoke could be perceived as a hindrance for smokers to stop smoking at the coffee shop. Fry et al (2008) identified it as a social factor that can generally influence smokers' decisions to avoid smoking. For smokers, it is usually hard not to smoke when others around are smoking (Fry et al., 2008). This factor is integrated among the barriers to perform the right behaviour derived from the *perceived behaviour control*, a determinant of behaviour developed in the Theory of Planned Behaviour (Ajzen, 1991).

It has been proven that students who perceived a favourable environment to smoking and consequently a weak anti-smoking ethos in their school or campus are more likely to smoke (Wakefield et al., 2003; Baillie et al., 2011). Referring to the organisational level developed in the Social Ecological Model (SEM), the smoking atmosphere in which smokers are daily immersed points out the role that UKZN failed to play as an institution. At this level, not only the onus of the University is questioned but that of the coffee shop management should also be addressed.

Yet, people seemed delighted to frequent this area. They were smiling, laughing, chatting, some were standing, a few were even screaming. I could feel the energy of this place. The 28 tables available were almost always occupied depending on the time of the day. It looked like everyone knew everyone. The majority were outgoing people. There is no shadow of a doubt, the coffee shop was a place where some

¹³ The concepts of Second and Third Hand Smoke are explained in chapter two: Literature review.

students pertaining to this community felt relaxed and for a moment forgot about the pressure of the academic world. The public engagement occurring in this setting though certainly usually initiated by smoking (Fry et al., 2008), seemed to be valued by all the users.

Interestingly, some people were very calm. From their facial trait, I assumed that they were probably older than the noisy and outgoing category of users. They were apparently postgraduate students and others were staff members. Although they were not screaming, shouting or laughing, they silently engaged with people while smoking, eating or drinking. The fact that they frequented the shop almost every day shows that they probably enjoyed that area.

The overall observation on the ambience highlighted the cosy and joyful atmosphere that the coffee shop seemed to provide to people. In spite of the cigarette smoke that always overwhelmed the area and the chaotic environment that seemed to prevail – from my own perspective as a outsider in that community – the overall ambience existing were pleasant for the patrons. For most of them, this site seemed to represent their favourite relaxing place on campus. Depriving them from this place or restricting their freedom might spur contention. This fact needs to be considered when an intervention is planned for this designated non-smoking area.

The Types of Smokers

Two main categories of smokers that usually frequent the venue have been identified as *social smokers* and *experienced smokers*.

The *social smokers* are relatively young and are mostly first or second year students. They are neither skilful nor addicted to smoking. It seems they smoke just to fit in and to be accepted among their groups of friends. I recognised them by the way they smoke. First of all they were inhaling the smoke and exhaling immediately without letting enough smoke in to permeate in the lungs. Hence a little amount of cigarette smoke got inside because they blew out almost all the smoke. Secondly, they systematically shared a cigarette between two or three people. Thus, once one individual lit a cigarette, as soon as the cigarette was half consumed, s/he shared it

with a friend sitting next to him/her. This is not very common among the *experienced smokers* because they really enjoy their cigarette and they usually need a whole cigarette to quench this craving. These social smokers visibly smoke occasionally and most of the time to impress people and to look 'cool'. Below is an account of such comportment:

I observed a table where three black girls were sitting and chatting. One of them was looking fashionable, with her sunglasses, her uncommon hair style and fancy clothes. Her two other friends were casually dressed with blue jeans, shirt and open shoes. The 'chic' girl took from her purse a cigarette and without asking for any permission from her friends (visibly non-smokers), she tried to light a cigarette. After one or two attempts she finally managed to light the cigarette. She seemed full of confidence and pride after the first puffs. It looks like she tried to impress everyone including her two friends (Field Notes, MTB coffee shop, 2012).

Based on this excerpt, smoking at the coffee shop can be perceived by some people as a means to fit in and position oneself among the 'cool' people. Apparently, some individuals gain some *advantages* by smoking at the shop. The smoking attitude is therefore sustained by their own *behavioural beliefs* referring to the advantages of smoking at the coffee shop outweighed by an evaluation of the outcomes (Ajzen, 1991). It appears that, these smokers usually believe that smoking conveys a 'cool' image. Questions concerning the advantage(s) drawn from smoking at the MTB coffee shop will be developed in detail in the following chapter.

The *experienced smokers* seemed more mature, older and calmer than social smokers. Some of them are generally staff or postgraduate students. They were holding their cigarette between the index and middle finger, between the first and second knuckle with the fingers pointing upward; one could see that they are used to smoking. They were inhaling the smoke into their lungs by taking a deep breath. Some people let the smoke dribble out of their mouth, exhaling slowly, whilst others could even blow out the smoke through their nose. They smoked with style, flicked off the ash elegantly and seemed to smoke because they liked it. By no means would they share a cigarette with their friends; they enjoyed every instant of their cigarette until the last puff. Additionally, the *experienced smokers* are often *heavy smokers* and already addicted to nicotine as portrayed in the following extract:

I heard some of them [smokers] coughing repetitively. I noticed that they were chain smokers. They could smoke one cigarette after another with very small breaks between two cigarettes. Apparently they may suffer from chronic cough (Field Notes, MTB coffee shop, 2012).

This typology of smokers raises the question of the identity of smokers and meanings attached to their smoking habit. Categorizing smokers at the coffee shop is in line with the classification proposed by Scheffels (2009) with young adult smokers in Norway. She classified smokers according to their identities and the meanings they have of smoking. She identified the performative smokers, defensive smokers, and negotiating smokers. The performative smokers are in a sense similar to what I named *social smokers*. They are in the phase of initiation and are proud to show that they are smokers. The fact that they are constantly in an area that accommodates smoking can significantly enhance smoking habit. The type of smokers that I named *experienced* smokers corresponds to both defensive smokers and negotiating smokers.

Defensive smokers like *experienced smokers* and some *social smokers*, claim to pertain to a community of smokers in opposition to non-smokers who disapprove of their smoking (Scheffels, 2009). They tend to preserve the right of smokers against all odds. This category of smokers might be strongly opposed to an anti-smoking intervention at the MTB coffee shop because of their perceived right to smoke over the right of non-smokers to have a pure and healthy environment.

Negotiating smokers are more strongly attached to smoking itself (Scheffels, 2009). They smoke purposefully and in a clean way. No need for a confrontation with non-smokers, they rather seek to differentiate themselves from the early starter smokers. This category of smokers is similar to the experienced smokers. They seem likely to approve a smoking restriction at the MTB coffee shop so as to protect non-smokers from the cigarette smoke.

Non-smokers and smoking

Non-smokers' rights

As a participant observer, I experienced what non-smokers usually face daily at the MTB coffee shop. The following account describes how I dealt with smokers:

As I was sitting by the deck, having a cup of coffee, I felt suffocated by the cigarette smoke. In front of me, behind me and on my left hand side, people were smoking without considering my presence. I wanted to ask them to stop smoking but I felt powerless to claim my right because so many people were smoking at the same time around me. I was sure they would not accept my objection or move away or extinguish their cigarette. Certainly they would ask me to compel all the other numerous smokers to stop smoking because I felt suffocated (Field Notes, MTB coffee shop, 2012).

My experience is probably the same that many other non-smokers experienced every day at the MTB coffee shop. Certainly they do not have enough boldness and confidence to complain about cigarette smoke. This apparent lack of audacity has contributed to a normalisation of smoking at the MTB coffee shop. It is common for people to step in and ask for a cigarette lighter because they presume that if someone is sitting there s/he is evidently a smoker.

Since accommodating smoking is the norm at the coffee shop, smokers are not asking for permission to smoke and non-smokers usually hesitate to ask smokers to stop smoking or move away (Poland et al., 1999; Poutvaara & Siemers, 2006). On the contrary, if smoking was not the norm it would be the smoker who would have to ask whether she/he could smoke (Poutvaara & Siemers, 2006).

During the participant observation, I had not come across a non-smoker opposed to someone who lit a cigarette. Likewise, I have not seen any smoker asking for permission before smoking. Unlike the findings by Poland et al (1999), which suggest that in the Canadian context, non-smokers are more confident to complain about smoking when no-smoking signage is visible in the area, at the MTB coffee shop, non-smokers seemed indifferent. The bargaining power occurring when non-smokers and smokers socially interact as described by Poutvaara and Siemers (2006) is not favourable to non-smokers at the MTB coffee shop. They are dominated by smokers.

However, from another lived experience at the MTB coffee shop, I realised that it is sometimes possible to ask a smoker politely to move away with his/her cigarette or to walk away and smoke somewhere else. Below is one experience that I had with a smoker at the coffee shop:

While I was drinking my coffee at the MTB coffee shop within the deck, a young coloured man of approximately 20 years old lit up his cigarette smoking next to me. He was tall and visibly stronger than me. Since I was the first to be in that spot, I felt empowered to claim my right. I asked him politely to move away because his cigarette bothered me. He moved to another spot indeed still in the coffee shop, but far from me without arguing. He was visibly annoyed but apparently he knew it was legitimate (Field Note, MTB coffee shop, 2012).

In public places, generally being the first to occupy a spot is a valid argument to impose the rule (Poland et al., 1999). With the predominance of smokers at the MTB coffee shop, it is rare for a non-smoker to be the first to occupy a spot. There is always someone smoking.

The general remark is that non-smokers seem to approve of smokers' behaviour. I have not seen people fanning or blowing smoke away, recoiling from smoke, using an inhaler, holding one's nose, knitting one's brow as a sign of disapprobation of smoking. The non-smokers were to a certain extent familiar with cigarette smoke and in fact, most of them seemed happy to dwell in the midst of the smoke.

Categories of non-smokers

Two categories of non-smokers were identified during the participant observation process. They are differentiated by their attitude toward smoking.

The first category of non-smokers seemingly has no problem with smoking and smokers. The majority of their friends are smokers; hence non-smokers end up approving of their smoking habit. They could spend the whole day with their smoker friends, breathing in the smoke coming from their cigarettes. It looked as if they were unaware of the health hazard¹⁴ to which they exposed themselves by dwelling in the midst of smokers.

¹⁴During the in-depth interviews with non-smokers I investigated the level of knowledge of health hazard related to SHS held by non-smokers at the MTB coffee shop. More details are provided in the next chapter.

The second category is made up of people who do not overtly show their disapprobation of smoking. Yet, their attitude seems to uncover their disapprobation of smoking as explained in the following notes:

I saw passers-by walking from the corridor adjoining the coffee shop. Some of them were throwing a glance to those who were sitting there. They seemed unconcerned about what happened at the MTB coffee shop (Field Notes, MTB coffee shop, 2012).

Externally they appeared apathetic about smoking but internally it seems they do not bear it at all. This type of individuals is usually passer-by, someone who comes to the coffee shop to buy food or a drink and move to another place to consume it. The time they spend at the venue is whilst they are waiting for an order placed at the counter. Although they do not explicitly complain, there are reasons to think that there is something that impedes them from remaining in the site like other patrons. The interviews with non-smokers will provide more details on the different perspectives with regards to the smoking taking place at the coffee shop courtyard.

Smokers' attitudes

Rather a designated smoking area

Although it is supposed to be a place where smoking is prohibited, the coffee shop courtyard is precisely used as a designated smoking area on campus.

There are people who come there exclusively to smoke. It seems that, according to them, the MTB coffee shop is the place where one should smoke. Many times a day, students and staff were popping in and out of the MTB coffee shop merely to smoke and resume their respective activities. Some came several times a day just to have a cigarette and leave thereafter. They were usually standing either at the entrance or in the middle of the coffee shop and blew the cigarette smoke without consideration for those who were sitting next to them. Very few even took the time to take a seat (Field Notes, MTB coffee shop, 2012).

There is no shadow of a doubt that smokers ignore the no-smoking signs affixed at the MTB coffee shop. The fact that people consciously step into the venue to light a cigarette is akin to an ostensible lack of awareness or disrespect toward the non-

smoking regulations. Over time, considering the coffee shop as a place where one could smoke, has progressively led to the legitimisation of smoking there. Gradually, smoking was embedded in people's behaviour and finally became the norm at the MTB coffee shop.

Legitimising smoking in a community has proved to be a catalyst for smoking (see Chapman et al., 1999; Poland et al., 1999; Poutvaara & Siemers, 2006; Brown et al., 2009). The fact that people feel normal to light a cigarette or ask for a lighter, draws attention to the effects that a standard adopted within a community has on individuals' behaviours (National Cancer Institute, 2005). Since the majority of people hold a cigarette, smoking becomes the norm and non-smoking is viewed as abnormal. The de-normalisation of smoking at the MTB coffee shop should be one of the priorities in a potential intervention aiming to change smokers' behaviour in this designated non-smoking area.

Cigarette smoke as a stimulus

Apparently, the smoking that takes place at the MTB coffee shop, plays a significant role in the smokers' behaviour. The following notes elaborate more on that point:

I noticed a group of Indians that were sitting for many hours just in front of me. They were heavy smokers; they could smoke at least four to five cigarettes per hour. On average, one cigarette lasted 5min40s. Sometimes they could spend 10 to 15 minutes without smoking, but as soon as one individual lit a cigarette all the members of that group did likewise. It was like a phenomenon of contagion. Even when an individual seated at a table next to them lit a cigarette and blew the smoke toward them, it seemed that as soon as they inhaled the cigarette smoke, they would also light their cigarette. I observed the same phenomenon among many other groups of smokers (Field Notes, MTB coffee shop, 2012).

On the whole, the smoking ambience and the incidence of cigarette smoke appear to have a triggering effect on cigarette consumption at the MTB coffee shop. Certainly this cigarette smoke is produced by other smokers frequenting the premise. This draws attention to the influence of other smokers on smokers' behaviour¹⁵. It looks like the more smokers spend time in the space, the more likely they are to consume

¹⁵ As part of the interpersonal level of influence developed in the SEM, the analysis of interviews addresses the role of other smokers on the smoking habit at the MTB coffee shop

tobacco. For some smokers, by sitting next to other people smoking or by inhaling the cigarette smoke, stimulate them to smoke as well. From this participant observation, it appears that smokers do not have sufficient control over their smoking at the MTB coffee shop.

The role of the coffee shop owner

In February 2011 a meeting was held between the SHE Manager, the coffee shop tenant and some academic staff located nearby the shop. It aimed at establish a blueprint to effectively address the noise and smoking at the MTB coffee shop. In the email presenting the minutes of the meeting, the SHE manager mentioned the practical measures agreed. One of the measures undertaken was the coffee shop tenant's responsibility to provide a waitress who will be responsible for enforcing compliance to the noise and the smoking issues (Govender, 2011). In spite of all the repeated meetings and resolutions, the coffee shop owner failed to enforce the agreement.

From the participant observation, it appears that the MTB coffee shop owner implicitly supports the smoking practices in the shop. I saw many people overtly illegally purchasing loose cigarettes at the coffee shop. A lighter was even provided at the counter so that smokers could light their cigarettes in front of the seller without being intimidated or reprimanded. They usually buy two or three loose cigarettes and rarely the whole pack.

Throughout the observation, I did not come across any attempt by the seller or the waitress to enforce the rule. Yet, the role of the coffee shop owner in implementing the non-smoking policy is significant (Poland et al., 1999). In spite of recurring complaints issued through multiple e-mails prompted by academic staff on the illegal smoking occurring in that area, the coffee shop tenant had declined his responsibility, claiming that the onus is rather of the University administration¹⁶. Yet,

¹⁶Since 2008, the administrative and academic staff and other MTB-based units have been complaining to the University about the health hazard caused by cigarette smoke emanating from the coffee shop. Intensive official letters and e-mails had been issued to the university administration. From this correspondence, the University decided to close the facility. This decision was contested by students and staff as not addressing the

South African legislation on tobacco control defines the role of the owner of such premises in the enforcement of the non-smoking rules. The law stipulates that “the owner of or person in control of a place or an area contemplated in subsection (1)(a)¹⁷, or an employer in respect of a workplace, shall ensure that no person smokes in that place or area” (TPCA Act, 2007:2).

Furthermore, as a “third party”, the owner would be a mediator between non-smokers and smokers in the setting (Poland et al., 1999:332). Having the support of the owner will certainly enhance the boldness that many non-smokers lack, to complain about smoking at the MTB coffee shop. Thus, non-smokers would confidently appeal to this third party rather than directly confronting the smokers.

Summary

The field notes gathered during the participant observation process helped me to describe how smoking takes place at the MTB coffee shop. Although a quantitative survey was needed to confirm the demographics, from this observation it appeared at first glance that males tend to smoke more in that area than females. Moreover, Blacks and Coloureds students seemed to be less law-abiding than Indians and Whites, as far as smoking at the MTB coffee shop is concerned. The overall observation is that smokers breach the non-smoking regulation by deliberately smoking in that area notwithstanding the no-smoking signs affixed. Thus, the coffee shop users and passers-by are daily exposed to SHS and THS. Furthermore, because the majority of people smoke in that area, smoking is perceived as the norm. The social acceptability of smoking weakens non-smokers’ intention to complain about the smoking. However the relaxed atmosphere prevailing seems to be one of the factors that attracts people to the MTB coffee shop. The next chapter will analyse in-depth interviews and provide an avenue for questions as to why smoking occurs at the MTB coffee shop.

issue of smoking, but rather removing access to a refreshment faculty. The University therefore decided to reopen the shop and since that time the smoking continued notwithstanding the signage placed in the area.

¹⁷ Subsection 1 (a) indicates that “No person may smoke any tobacco product in public area”. However, “the minister may permit smoking in the prescribed portion of public place, subject to any prescribed condition.”

Chapter VI

Factors influencing smoking behaviour: Findings and Discussion

Incorporating the social ecological lens provides a holistic view of all forces influencing smoking behaviour in designated non-smoking areas (Khotari et al., 2011). Themes elicited during interviews were framed into the emerging levels of influence developed in the Social Ecological Model (SEM) credited to McLeroy et al. (1988). This chapter discusses the reasons why people smoke at the MTB coffee shop which is normally a designated non-smoking area. Given the qualitative nature of this study and the small sample size, findings are reported using terms such as 'many', 'most', and 'few' rather than the possibly deluding precision of percentages and numbers more related to quantitative studies. The names assigned to participants are purely fictive so as to preserve the confidentiality. From this thematic analysis, four influential levels that explain smoking at the MTB coffee shop emerged namely intrapersonal, interpersonal, institutional and community levels. The policy level more related to national (TPCAs) and international (FCTC) tobacco control legislation, was not relevant to this case. Although they are not sufficiently enforced, non-smoking policies applicable at these levels are widespread.

Intrapersonal influential factors

At this level, individuals are influenced by their intrinsic characteristics such as knowledge, attitude or skills (McLeroy et al., 1988). Factors influencing health related behaviours at this level are mainly developed in psychological models and theories such as the Theory of Planned Behaviour and Health Belief Model (McLeroy et al., 1988; National Cancer Institute, 2005).

The three determinants of intention and subsequently of behaviour, namely attitude, subjective norm and perceived behaviour developed in the Theory of Planned Behaviour (Ajzen, 1991) outlined the influential factors elicited at this level. Findings from previous studies on smoking behaviour based on the Theory of Planned

Behaviour has proven that smoking behaviour (or intention) is most regularly accounted for by two determinants: namely attitude and perceived behaviour control (McMillan, Corner, & Higgins, 2005). In the same way, the present thematic analysis of interviews revealed that only the attitude and perceived behaviour control over smoking at the MTB coffee shop were freely elicited by respondents. The subjective norms reflecting important referents, who might have an influence over smokers' behaviour at the MTB coffee shop fit mostly into the interpersonal level which is developed in the next section.

Investigating the intrapersonal level of influences on smokers' behaviour at the shop brought forth the following determinants: knowledge about non-smoking legislation, knowledge about health hazard related to Second-hand smoke (SHS) and Third-Hand Smoke (THS) exposure, attitude towards smoking restrictions, attitude towards non-smokers and the perceived behaviour control over smoking at the MTB coffee shop.

Cognitive Factors

Knowledge of non-smoking legislation

Assessing the knowledge of participants concerning the non-smoking legislation applied in South Africa, at the Howard Campus and precisely at the MTB coffee shop brings to light the level of awareness of the do's and don'ts imposed by the authority.

The general trend among respondents is that they were not aware of the legislation concerning smoking in public places in South Africa. The majority showed a low level of awareness of the existing tobacco control legislation. For them the law prohibits smoking indoors but in open spaces such as the open-air coffee shop smoking is allowed as expressed in the following comments:

I know that you are not allowed to smoke in public places, unless it's an open area. That is what I think. And then you can't smoke indoor and stuffs like that. (Sharleen, smoker)

I know that we are not allowed to smoke in public place that is covered but we can smoke in an open area (Maeva, non-smoker).

These comments highlight that many smokers and even non-smokers have not yet grasped all the regulations on tobacco control implemented by the South African law. There is a general misconception of existing regulations by patrons.

In addition, some participants even admitted completely ignoring the existence of any smoking legislation in public places. Minou (smoker) declared, "I don't know there is one" when referring to the non-smoking legislation in South Africa. However, certainly due to their academic level (postgraduate), Clay, Estelle and Hana seemed more informed than the others about the non-smoking legislation and provided more accurate responses concerning the national tobacco control legislation.

The hazy knowledge of smoking restrictions in public places as it is written in the law is similar to the lack of cognizance of non-smoking rules in Howard College campus and especially at the shop. The majority of participants were completely oblivious to the smoking restrictions in the area. Others had a vague idea of the existing smoking restrictions:

I know nothing about this. I don't even know there was a policy there. (William, smoker)

I know that there are certain enclosed areas where you can't smoke. But I know in much open areas people do smoke. (Navesh, smoker)

When further questioned on signage placed in the coffee shop, William emphatically argued that signs are not communicating enough of the message; the authority should communicate more on that policy. This ignorance of regulations by patrons entails a constant breach of the law whereas among non-smokers it lessens their confidence to complain about cigarette smoke in the area. The above comments point out a need for a communication towards more awareness of non-smoking regulations among the MTB coffee shop users.

Awareness of health consequences

Respondents' knowledge of the health consequences of smoking was investigated. The majority of smoker participants affirmed that smoking is bad for the health and the SHS is more dangerous than the normal smoke. Geraldine shared her opinion on the SHS health effects:

Well I'm a smoker so second-hand smoking I know they say that it's actually worse than smoking a cigarette yourself. Second-hand smoke can have actually the same or worse effects but, since I'm already a smoker, I don't really mind if people around me smoke (Geraldine, smoker).

The extract above shows that in the sample of smokers, the majority had a good knowledge of the SHS health consequences. As reported by Geraldine and several other smoker interviewees, SHS is worse than direct smoking. Scientific evidence¹⁸ indeed validated this statement. This level of awareness proves the effectiveness of the anti-smoking communication that has been implemented over the years in South Africa. Yet, smokers do not act accordingly. Although smokers have sufficient cognisance of the negative consequences of SHS, they fail to comply with non-smoking rules and therefore expose non-smokers sitting with them.

In the same vein non-smokers denounced health hazards related to SHS exposure. Mandisa commented that:

I know that it is actually even more dangerous than the first hand smoke, and it can lead to, you know, lung cancer or other many health problems.

Surprisingly, although they understood the dangers of SHS exposure, non-smokers continue to frequent the MTB coffee shop area notwithstanding the cigarette smoke continually overwhelming this place. Having a good knowledge of the health hazards related to smoking does not necessarily lead to eschew smoking (Hsia & Spruijt-Metz, 2003; Gharaibeh et al., 2001). This finding confirms similar results by other scholars suggesting that young people are less influenced by the long term harmful health effects caused by smoking (see Wolburg, 2006; Lynch et al., 2009). Therefore, a strategy emphasising the health hazards of SHS exposure in the area is likely to fail.

¹⁸ A report of the US Centres for Disease Control and Prevention affirmed that SHS is more dangerous than actual smoking and causes many diseases such as lung cancer, heart disease, asthma- Available at: http://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/health_effects/
Accessed: 25 July 2013

Attitude toward the smoking restrictions

The overall stance corroborates what has been reported in the participation observation; the non-smoking policy at the MTB coffee shop is still inefficient and not enforced. Considering this flexibility of the policy, Chris (smoker) had a pessimistic opinion about its implementation:

It doesn't really exist. I mean we know there are smoking signs, all over the coffee shop but there is no implication on anyone who does smoke. Because lecturers smoke as well, there is admin and staff who smokes as well. So it's not like there is any consequences for smoking there because it honestly become a smoking area.
(Chris, smoker)

Scoffing at these non-smoking rules, some respondents even suggested that the no-smoking signs are purely ornaments and should be removed because they contradict the reality:

But I can't care for the signs; they don't seem to be working. Everyone is smoking there, I would rather go and take the sign off that's actually what is needed now, that someone goes and takes the signs off [laugh]. (Estelle, smoker)

All participants, smokers and non-smokers alike have heaped scorn on the implementation of smoking restrictions at the MTB coffee shop. The failure of the university in implementing non-smoking policy at the MTB coffee shop has made it incongruous.

Examining the attitude held by smokers and non-smokers toward the 'supposed' existent non-smoking rules, brought out the expected divergence of views on the matter (see Rigotti et al., 2003; Berg et al., 2011). The perceived relevance of these rules divides the opinion among the coffee shop users. Besides the general stance that this policy is inefficient, two contrasting views reverberated during the interview process: the first view was that this policy is legitimate and the second stated that it is irrelevant.

Favourable attitude

The majority of respondents acknowledged the importance of restricting smoking at the coffee shop. This support for smoking restrictions is explained by annoyances

caused by the cigarette smoke usually inundating the area. Melanie (smoker) developed:

I think they should [implement the non-smoking policy at the MTB coffee shop] because, even me as a smoker, sometimes, like someone sitting at the next table their smoke will go in my nose and I can get kind of irritated even as a smoker. So I suppose for non-smokers it's even worse. (Melanie, Smoker)

Similarly, other smokers having occasionally the same aversion for cigarette smoke denounced the discomfort that it brings particularly when they eat. Nadia (smoker) expressed her support toward the non-smoking policy:

I think that it's a good idea, because it's unfair that we smokers, we smoke and you, you try to have your lunch. I know that the cigarette smoke smells bad. And I'm a smoker and for me to say that the cigarette smells bad, I can't imagine how somebody else who doesn't smoke feels when I come and light my cigarette when they are eating their food. So I think actually, we shouldn't be allowed to smoke there (Nadia, Smoker).

From these excerpts, it appears that some smokers are not accommodating the smoking at the MTB coffee shop. Given that this area is primarily an eating place, the cigarette smoke irritates some patrons who eat there, being smokers or non-smokers.

The principal reasons underpinning this support for the non-smoking policy were an attempt to protect the rights of non-smokers to have access to the area and the nature of the university, which is an educational institution. Michael (smoker) explained:

I understand that it's [the MTB coffee shop] a non-smoking area. It's an educational institution and obviously you have a lot of people that don't smoke that obviously want to have a coffee and maybe it's a little bit difficult for them to eat with smokers around. (Michael, smoker)

Michael's view also brings forth the empathy towards non-smokers. He defended the legitimate right of others to frequent the MTB coffee shop. This group of smokers is not manifestly pertaining to the category of "defensive"¹⁹ smokers.

¹⁹Scheffels (2009) described "defensive smokers" as smokers who defend the community of smokers as oppose to non-smokers (see also Participant observation chapter)

The positive attitude towards a non-smoking policy held by this group of smokers, predicts a potential observance of the non-smoking rules at the MTB coffee shop (see Ajzen, 1991). Although this favourable attitude is not yet translated into a concrete compliance, this group represents a good target for a behaviour change intervention.

Unfavourable attitude

Respondents who expressed a negative attitude towards the non-smoking policy at the shop were in the majority smokers, though some few non-smokers were also against these restrictions. The perceived complexity of the question led few participants to avoid the subject and refrained from having a clear position.

The main argument raised by respondents that explain the irrelevance of smoking restrictions at the MTB coffee shop was the fact that smoking is not unlawful. Respondents stated that the MTB coffee shop is an open area therefore smoking should be allowed. This confirms the vague knowledge held by participants on the non-smoking policy initiated by the South African government and adhered to by the UKZN. In fact, the law clearly stipulates: “the Minister may prohibit the smoking of any tobacco product in any prescribed outdoor public place, or such portion of an outdoor public place as may be prescribed, where persons are likely to congregate within close proximity of one another or where smoking may pose a fire or other hazard ” (TPCA Act, 2007:2). From this excerpt, it obviously appears that it is illegal to smoke at the MTB coffee shop though it is an open area. However, some respondents obstinately refute these smoking restrictions:

I think there is enough airflow; it's an open air area. The space [the MTB coffee shop] is open enough for people to smoke in. (Naidoo, smoker)

Chris denounced the inappropriateness of the rules:

It shouldn't be a non-smoking area because it's an open area. And people are allowed to smoke in an open areas as long as it isn't enclosed (Chris, smoker).

These allegations underpin the incomprehension of smoking regulations and highlight once more the need for extra efforts for clarifying the width and depth of the tobacco control legislation.

The observed reluctance to smoking restrictions also derives from the belief of a legitimate right of smokers to smoke. In an attempt to assert their right to smoke, smokers generally use denial and resistance towards any action against their habit (Wolburg, 2006; Lynch et al., 2009). This reluctance to smoking is touched on William's account:

There are a lot of worse things out there. I don't do cocaine, I don't drink. There are many routes people can go down, over-eating, over-exercising by using steroids, there are a lot of things you can do. And of all the evil things out there smoking for me is the less evil. Smoking is just to make you relax, I'm not an alcoholic, and it keeps you intact. The reason why I smoke is because everything that are in excess affects other people, but when you smoke it's just yourself. If you drink too much, you can be abusive. If you take steroids you can be impulsive. But smoking is not illegal; there is nothing wrong with that. If you can smoke twenty cigarettes a day it will kill anyone (William, smoker).

William's attempt to minimize the risk of his smoking towards his own health and towards other people is common evidence of rebellion observed amongst smokers (see Wolburg, 2006). During the interview process smokers like William and Naidoo, blatantly defended their smoking habit. Yet, the prime purpose of non-smoking restrictions at the coffee shop is to avoid SH exposure and not to necessarily lead people to quit smoking. It appears that there is an association between the smoking habits in general and the legitimacy of the smoking practices in designated non-smoking areas such as the shop. As expressed in the above excerpt, some smokers strongly believe that smoking is not as bad as people tend to portray and thus it should not be prohibited in that area. Prohibiting smoking on the UKZN premises appear as an overt attack to smokers' behaviour and can generate conflict.

Interestingly, when questioned about how often they frequent the coffee shop, this group of defiant smokers admitted spending a lot of time there. Fidele ironically mentioned her constant presence at the coffee shop:

I frequent the MTB coffee shop every day, every minute [laugh]... The most I spend there is like three hours and during these three hours I'm smoking (Fidele, smoker).

It appears that the unfavourable attitude towards the smoking restrictions held by some smokers can be accounted for by the amount of time that they spend. The fact

that those individuals spend a lot of time at the coffee shop and consequently defy the non-smoking policy might be related to the special benefits that they draw from smoking there. The advantages of this smoking practice will be explored in detail in further sections of this chapter.

Examining in-depth the demographics of the category of people favourable to this non-smoking policy showed that most non-smokers, including Indian and white female smokers had a positive attitude towards the smoking restrictions at the coffee shop courtyard. On the other hand, male smokers seemed mostly against the policy. This finding suggests that people favourable to the smoking restrictions are more likely to abide by the rules by smoking less in that area. As pointed out in the participant observation, Indian and white females seemed more law-abiding than the other groups.

Attitude towards non-smokers

The participant observation presented in the previous chapter extensively described interactions that occur among smokers and non-smokers in the facility. Examining the attitude of smokers towards non-smokers provides an insight on the way smokers act and react with regards to the non-smokers' right to have a healthy environment.

Contrasting views emerged from the analysis. A group of smokers vehemently stated that “non-smokers shouldn't sit there if they have a problem with smoking” (Fidele, smoker) and others went on to say that they “don't care about non-smokers” (Estelle, smoker). Describing smoking as a “selfish habit”, Estelle explained her smoking attitude towards non-smokers:

Smoking is a selfish habit first of all. Okay you understand that smoking is bad for the health and it also could be bad for the person next to you in terms of second-hand smoke. But it is selfish in the sense where you don't give a damn about those things. I know that okay... I'm not going to smoke forever but for now I do smoke and it really helps me to relax, calming my stress. It's a selfish habit, you really don't think about how it's going to affect the general society, and you don't think about those things, it's all about you at that moment (Estelle, smoker).

Perhaps less intuitively than Estelle, several smokers act selfishly at the MTB coffee shop. The selfishness of the smoking habit as depicted in the above extract, account for the apathy of some smokers towards the people around them. All they want is to sate the desire to smoke regardless the people next to them.

Questioned on how they would react if an individual complained about the cigarette smoke, smokers had divergent stances. Some reported that they would “feel offended, really get upset” (Fidele, smoker), because, “this is a smoking area... everybody smokes here” (Nadia, smoker). Some smokers felt really irritated about this judgmental act towards them. As it has been echoed by some scholars, general disapprovals of smoking are perceived by smokers as an overt judgmental act (see Wolburg, 2006; Lynch et al., 2009; Berg et al., 2011). Usually smokers act aggressively to defend their freedom to smoke. This reaction can be well explained by the Theory of Psychological Reactance²⁰(Brehm and Brehm, 1981). Relating this theory to the smoking habit, the odds are that smokers who perceive threats to their freedom to smoke will certainly react to restore that freedom. This hostile reaction was also denoted among non-smokers. Questioned about how smokers would react if he complained about cigarette smoke at the coffee shop, Ryan explained:

Ah he will probably swear you. I've had an experience like that, I asked the guy nicely “could you please see the non-smoking signs, could you please go and smoke somewhere else”. He stood up and said “oh I paid my university fees. You go and sit somewhere else”. Students - they don't care (Ryan, non-smoker).

Ryan's account is an explicit example of how this category of smokers responds to complaints made by people around them. In line with the above comment, one such smoker, Geraldine had confirmed: “sometimes, when I'm not in the mood, I just completely disregard [the complaint of non-smokers] and I continue to smoke”.

It appears that these complaints are considered inappropriate by this category of smokers. For them, an opposition by other users is akin to an act of stigmatization of their smoking. Discourteous reactions of smokers also depend on the individual complaining about cigarette smoke. Estelle admitted adopting different reactions depending on the individual approaching her:

²⁰ The theory of psychological reactance stipulates when people perceive that their freedom is being threatened, one way to restore this freedom is to engage in forbidden behaviour (Brehm and Brehm, 1981).

I would be shocked, but I don't think I would listen to those persons [complaining about the smoke coming from my cigarette]. I would just tell them to go to the park if they want the fresh air. I don't know it will depend on the authority as well. If it's someone senior to me, maybe I would move away from them but not necessarily move away from the coffee shop. But if it's someone younger than me, I will just tell him to go fly (Estelle, smoker).

The older the individual complaining the more likely is the smoker to comply. From a non-smoker perspective, Maeva confirmed Estelle's view:

Well I'm a first year so I will not go to a third year and say "excuse me you are breaking the law stop smoking". But also it is an unnecessary confrontation for nothing (Maeva, non-smoker).

This draws a strong argument on the role that older individuals and authorities could play in reducing the smoking incidence at the MTB coffee shop. Postgraduate students and staff have enough influence to speak out and complain about smoking when need be. They are part of the interpersonal factors of influence as developed in the SEM.

Unlike the aforementioned group of defiant smokers, a considerable number of smoker participants expressed their consideration for the right of other people who might be affected by cigarette smoke. This group of smokers were roughly the same that showed a favourable attitude toward the implementation of a non-smoking policy at the MTB coffee shop as earlier presented. They claimed to be in accordance with non-smokers' right and accept their complaints:

If there is a non-smoker around, I will move away. It's my choice to smoke; I shouldn't impose my habit to them. I will move away (Navesh, 2012).

An attempt to accommodate non-smokers was mostly perceived among *experienced smokers* described in the observation chapter.²¹ Although they recognized the right of non-smokers, the responsibility of non-smokers and authorities were frequently voiced. Some of them claimed to be completely unaware of the inconveniences caused by their smoking to other patrons at the MTB coffee shop. According to them people should speak out if they are affected by the cigarette smoke, likewise, the

²¹The *Experienced smokers* seemed more mature, older and calmer than social smokers. Some of them are generally staff or postgraduate students. They smoke not to show off but simply because they like it.

authorities should come and speak to them. They are not sensitive to non-verbal communication.

Perceived advantages of smoking at the MTB coffee

Identifying the advantages of smoking at the MTB coffee shop enables one to draw out more factors that outweigh the desire to comply to the rules. Four themes emerged from the assessment of the perceived benefits gained from smoking at the MTB coffee shop: stress relief, convenience of the site, availability of cigarettes and the freedom to smoke.

The main advantage of smoking at the shop echoed by roughly all smoker respondents was that it reduces the stress level. According to them in a stressful environment such as the university where day after day students have academic work, the level of stress is usually high. Several smokers reported finding refuge at the coffee shop between lectures:

Because we are in a university, it can be a stressful environment. Towards exams, generally everybody smokes more. Smoking is an outlet for stress (Michael, 2012).

Dealing with stress through smoking is expected due to the fact that nicotine has direct pharmacological effects that moderate stress (Tyas & Pederson, 1998). The desire to cope with the stress via smoking is legitimate. The concern remains on the legal place to smoke.

When respondents explained why they prefer letting off steam at the MTB coffee shop, the need to socialise was the prime reason. Naidoo (smoker) indicated that he only smokes there because it is the place where he socializes. In parallel with Naidoo's view, Hana (smoker) underlined the link between socialising and smoking:

When we come here to relax, we come to eat, and when people eat, they want to smoke and when they socialize, they also want to smoke. So I think that's the main reason we come here, just to relax and have a cigarette (Hana, smoker).

Accounted for in Hana's view is the existing association between socializing and smoking that was discussed aplenty in the literature²².

The convenience of the setting was also largely reported as an advantage of smoking at the MTB coffee shop. The fact that the MTB coffee shop is central to the lecture venues enables smokers to gain time and avoid walking long distances to find a place to smoke and chill. Navesh elaborated:

It's a comfortable place it's a place to relax and you see, it's very central to the campus and the other places like the 'Vegs Cuisine', it's right down at the car parking and even the 'caf' [sic] by the library it's not very close to our lecture venue. And sometimes we have few times between our lectures and we don't want to walk all the way to the car park or all away to the cafeteria, and then we have a short period when we can relax (Navesh, smoker).

In addition to that central position of the MTB coffee shop on the campus, smoker participants also mentioned the comfort provided by the setting; chairs and tables are available. Some others rather allude to the discomfort of other eating places. In that line, William (smoker) expressed his aversion for ants usually slinking around food in other eating areas:

At the coffee shop there are tables and chairs as well which you don't find anywhere else on campus. A massive influence for me it may sound funny, it's because there is no ants here. The rest of the university, you can't sit on the grass, you can't sit on the benches there are always ants. So I like coming to the coffee shop, there are tables everywhere, there are chairs the coffee shop is right there if I get hungry (William, smoker).

The perceived freedom was another benefit that accompanies smoking at the MTB coffee shop. As mentioned earlier, smokers are generally marginalized in society (Scheffels, 2009), hence their frequent hostility to smoking restrictions. This area is therefore their only refuge and a place where they feel free. Navesh (smoker) explained:

²² For instance, Fry et al (2008) explained how young smokers prioritise socialising over smoking in public engagement.

The freedom of smoking, freedom to relax, it is not about being restricted constantly, you don't get a lot of restrictions at the coffee shop... I like the fact that they have the rules but they are not so strict (Navesh, smoker).

The perceived freedom mentioned in this extract uncovers the laxity of the UKZN authorities towards the constant infringement of the non-smoking policy. This suggestion will be developed in further sections of this chapter.

Overall, these advantages are critical aspects offsetting the possible desire to abide by the rules. These findings suggest that the elicited advantages of smoking mainly derived from the ambience prevailing at the MTB coffee shop. As reported in the participant observation this atmosphere is created by the physical setting, patrons and the coffee shop owner.

Perceived disadvantages of smoking at the MTB coffee shop

Investigating the disadvantages of smoking at the coffee shop, enabled the researcher to appreciate and weigh up the negative outcomes pertaining to the behavioural beliefs that account for the overall attitude (see Ajzen, 1991). The views diverged from participants. Few smoker participants declared that they do not see any disadvantages of smoking there. However, the majority highlights some negative consequences of their smoking at the venue.

An increase of cigarette consumption in an environment that encourages smoking is usually expected (Aveyard et al., 2003; Zapata et al., 2004). The excessive amount of cigarettes smoked in the courtyard as depicted in the participant observation, was the first perceived negative outcomes mentioned by participants. On many occasions, smoker participants reported smoking more when they frequent the area:

I personally smoke too much. If I'm away from the coffee shop, and I'm spending my time ... like today I was in the library, I only smoke three cigarettes for the day. While, if I'm sitting there from the morning, I would have probably finish my pack of cigarettes by now [around 2pm]. You see someone else takes a cigarette out, you just automatically take a cigarette and light it. Or you are in the middle of a conversation; you say "ok let's have a cigarette". (Chet, smoker)

This propensity to smoke more at the MTB coffee shop is certainly accounted for by factors emanating from other levels of influences such as the pressure of other

smokers, the easy access to cigarettes and obviously the absence of stringent policies.

In parallel with this statement, Sana (smoker) deplored the negative effects of smoking at the shop on the attendance of lectures “people are really not motivated when they are seated there. When you sit there and smoke, you really don’t want to go to the library and work when you are relaxing”. Sana’s view is in line with the observations pointed out in the previous chapter. The participant observation showed that there is a category of individuals named *careless customers* who were constantly sitting there, chatting, smoking and playing cards. Consequently, they allocated less time to academic activities.

The negative image that smoking conveys to the university was also mentioned. Sana explained:

I think the negative results might be the perception of the University, because there are a lot of students that are sitting there the whole day, smoking, playing cards, and things like that. So it gives a negative perception on the coffee shop itself and to the University... Imagine a visitor coming with his child from high school and he thinks of enrolling his child and directly opposite the coffee shop, is the faculty of humanities. If you walk to the faculty offices and you look across there is the coffee shop with smokers only, you are going to have a bad image of the place (Sana, smoker).

The reputation of the university may suffer from the inconsiderate smoking occurring overtly next to the many adjacent offices. Sana, like some other participants, set the alarm bells ringing on the potential threat that the UKZN might ignore. For them, the image of the UKZN that people have built over years might be weakened by such smoking behaviour. Moreover, that poor image is also sparked by the litter problem after smoking. Evelyn (smoker) affirmed that “the litter out there makes the place dirty. There is no ashtray or anything; people just throw their cigarettes on the floor” (see Tomaselli, 2013).

An additional disadvantage also recurrently mentioned throughout the interviews was the SHS exposure for other users especially non-smokers. As developed above, certain smoker participants gave proof of altruism towards non-smokers by defending their right to have a healthy environment.

Taken as a whole, the elicited disadvantages of smoking included personal outcomes as well as external outcomes. The increasing cigarette consumption subsequent to a constant presence at the shop is the main intrapersonal negative outcome that may have led smokers to ponder their decision to smoke. Other perceived disadvantages that concern external aspects such as the image of the university and the SHS exposure are generally less likely to affect their smoking habits.

Perceived behaviour control over smoking in a designated non-smoking area

The perceived behaviour control developed in the Theory of Planned Behaviour (Ajzen, 1991) refers to the perceived ease or difficulty to perform a specific behaviour. It reflects the perception of control over factors influencing the specific behaviour that are either internal (knowledge, skills) or external (attitude of others, environment). The majority of these obstacles elicited were external namely, the absence of designated smoking area, the leniency of the current non-smoking policy, the profusion of other smokers and the availability of cigarettes in the area. Given that these external obstacles overlap with those elicited in other levels of influence in the SEM, this section will focus on inherent factors. External factors will be explained along with the section concerning the interpersonal, organisational and community levels of influence in further sections.

The perceived behaviour control over smoking at the MTB coffee shop will be examined for smoker participant, whereas, for non-smokers, the perceived difficulties to approach smokers will be investigated.

Perceived difficulties and ease to smoke at the MTB coffee shop

The only internal factor pointed out by smoker respondents was the fact that smoking in the coffee shop is already part of their habit on campus. For many patrons, the courtyard is their favourable place on campus and it becomes the only place where they usually find themselves apart from lecture venues. Like any other habit, smoking at the venue is not easy to control. Fidele (Smoker) recognized “it’s by habit. It’s because I’ve always smoked there”. The difficulty to change this habit is also linked to a kind of addiction to cigarette itself. Geraldine (smoker) admitted: “I think if my friends stop [smoking at the MTB coffee shop] it will help. But I wouldn’t say I will immediately stop because I’m already addicted to that”. This category of smokers

affirmed to be under no external influence but only under the power of their craving for cigarette. The strong attachment to the routine of lighting up a cigarette at the venue is also linked to the numerous aforementioned advantages that smokers draw from smoking there. William (smoker) elaborated:

I enjoy it, that's why I'm there. It's not so much of a social thing for me, it's more a habit. If I come out of the lecture, I like to take five minutes to myself and just have a cigarette at the coffee shop, have a cup of coffee, I don't smoke because other people around are smoking. I smoke because I want to smoke (William, smoker).

Underlining the perceived benefits drawn from the smoking habit, William's comment confirmed the weight of personal advantages in performing the behaviour. The personal benefits such as the stress relief, satisfaction of the desire to smoke, hamper the adoption of the desirable behaviour. In addition, this comment emphasized a constant exhibition of their own choices alluding to an attempt by smokers to demonstrate a certain control over their lives. As described by Descombe (2001:171), smoking confers to smokers a "*self-empowerment*" and control over their own destiny. Smoking is akin in a sense to independence. Hana elaborated more on that perspective:

My smoking is not influenced by anyone because it's my personal choice. I've been smoking before I started coming to the coffee shop, so it wasn't influenced by anyone. Even if my friends stop smoking at the MTB coffee shop, I won't stop because it's their choice. Obviously I'm smoking here and it's my personal choice and I'm gonna [sic] continue to smoke there if I feel comfortable. But I won't be influenced by them (Hana, smoker).

In Hana's comment, a desire to show autonomy is subtly underpinned. For this category of smokers, the influence of friends is a tenuous argument. They are not frequenting the MTB coffee shop to fit in with a specific clique, but smoke regardless of others' attitude. This category of smokers belongs to the group of *experienced smokers*²³ as described in the participant observation as chain smokers, addicted, older than *social smokers*, more 'clean' in the way they smoke.

²³*Experienced smokers* as opposed to *social smokers* are older and already addicted to cigarette. They are in a certain way similar to the *negotiating smokers* described by Scheffels.

Perceived difficulty to complain about cigarette smoke

The interaction between non-smokers and smokers in public places is usually leading to a contention between the two parties (Poland et al., 1999). Questions about non-smokers taking up action on smoking at the MTB coffee shop revealed that in many cases, non-smokers were not brave enough to complain about cigarette smoke. They evoked their indifference towards the smoking issue or their lack of courage and confidence to face smokers. It is not easy to confront more than twenty people smoking around. Precious (non-smoker) argued:

It's like you against the world. It is a miracle for me because I'm the only one who is not smoking among the numerous smokers. So how do I tell them "don't smoke there"?

(Precious, non-smoker)

Tim (non-smoker) mentioned the perceived aggressiveness of smokers:

You see the thing is smokers' and people who drink (alcohol) are often aggressive when you approach them with regard to quitting or changing their position (Tim, non-smoker).

Fearing the reaction of smokers is generally a hindrance for non-smokers to complain about cigarette smoke in public places (see Poland et al., 1999; Baillie et al., 2011). It corroborates the fear to complain reported in the participant observation²⁴. Students alone cannot effectively impose the rules because they lack the authority necessary to promote conformity (Baillie et al., 2001). Moreover, the perceived risk to be marginalised amongst friends was also mentioned. Few non-smoker participants acknowledged that they are afraid to jeopardize their relationship with their friends. Research suggests that females are generally more likely to approve of smoking in order to fit in with the group than males (Fry et al., 2008). Questioned about his reaction towards the smoking occurring at the MTB coffee shop, Simthe (smoker) asserted that: "some of them are my friends too and I think they will not be happy about it." Simthe's comment draws a parallel with the influence of friends developed in the interpersonal influential level.

²⁴I related how as a non-smoker participant observer, I was afraid of conflict with smokers that my complaints could have brought

Another argument pointed out was the seeming insignificant impact that complaints could have on smokers' attitude. Given that the non-smoking policy is not enforced, non-smokers minimized the impact that their overt disapproval of smoking could have on smokers' attitude toward non-smoking rules at the MTB coffee shop. Mandisa predicted the scoffing attitude of smokers towards her complaints about cigarette smoke:

I don't think they will take you seriously. They will probably think that you are joking. I don't think they will actually stop because you tell them (Mandisa, non-smoker).

The lack of confidence in Mandisa's attempt to claim her right might also be accounted for by either internal factors such as the fear of smokers' reaction abovementioned or other external factors such the support of the coffee shop owner and the UKZN authorities as well. The fact is that the majority of non-smoker respondents have never stood up against smoking practices at the MTB coffee shop. Non-smoker students feel that enforcing the non-smoking law is not their responsibility. Baillie et al., (2011:263) referred to a "live and let live" philosophy adopted by non-smoker students. For them, any attempt to enforce a regulation without a clear support of the administration is a waste of time. During the field work, only one non-smoker affirmed having ever complained about smoking in that area:

I think I stood up and told them quite a few times. I don't think it helps anyway, but some students said "sorry, sorry man" and they stop smoking or they go. But most of the time, the students don't care; they know they're right and privileged to smoke (Ryan, non-smoker).

Similar to Ryan's account, I also complained about cigarette smoke during the participant observation process. As recounted in the previous chapter, the reaction of the smoker vis-à-vis my complaint was peaceful. These contrasting reactions confirms the typology of smokers according to their attitude toward non-smokers' rights.

Interpersonal influences

The influence of family members, friends, peers, neighbours and other acquaintances has proved to play an important role in the health related behaviours of individuals (McLeroy et al., 1988; Kothari et al., 2007; McMillan & Corner, 2003).

Various individuals or group factors emerged from the interviews. The main important referents that have a positive or negative influence over smokers' behaviour at the MTB coffee shop included other smokers, friends, coffee shop owner, non-smokers, and lecturers.

Other smokers

Housed within this section is a description of the inter-influence happening among smokers at the MTB coffee shop. Other people smoking were the predominant interpersonal influential factor among respondents. Inasmuch as smoking is more related to socializing (Fry et al., 2008; Mercken et al., 2011), smoker participants recognised being influenced by other smokers. Nadia (smoker) described:

I smoke here because other people are smoking here. Because if there where nobody smoking here, and the signs were there, then I wouldn't smoke there. But because everybody smokes here, the professors are here, lecturers are here, all the students are here smoking, then I sit down and I smoke, because it's a smoking zone to me (Nadia, smoker).

Similar to the above excerpt, Chet (smoker) perceived the smoking of other people as an obstacle for her to comply with the non-smoking rules at the MTB coffee shop:

The fact that everyone smokes ...well, when I say everyone, the fact that the majority of people that are sitting there are smoking either way. I don't see why I should stop smoking if everyone else is smoking. I know it's such a selfish answer to give you, but why must I stop smoking [at the MTB coffee shop] when everyone else is smoking. And that is probably a bad thing to say because that's what somebody else could be saying. If we all have a different mindset, I suppose I wouldn't smoke there (Chet, smoker).

Chet's testimony reflects the lack of enthusiasm towards an alignment to smoking restrictions. A personal attempt to abide to the law is considered as a drop in the ocean compared to the numerous smokers that are usually smoking at the site.

Progressively, the same argument snowballs among smokers and no one takes the bull by its horns to change the situation.

The influence of friend smokers soared among interpersonal influential factors of smoking at the MTB coffee shop. On many occasions, smoker participants admitted smoking at the coffee shop because of their friends. Melanie (smoker) described how her friends influenced her smoking inception when she came to the university:

I quit smoking when I came to this university. And then when I hung out with more of my friends who do smoke, I also started smoking again. But there is this sort of peer pressure of your friends. And also the fact that other people are smoking freely (Melanie, smoker).

Described in the participant observation, the interactions between patrons lead them to smoke together and share their cigarettes. Hence the perceived mutual influence exerted. The pressure can be either direct or indirect. Evelyn and Geraldine, both smokers, explained how a direct pressure is often exercised by offering a cigarette among friend smokers:

My friends [influence me to smoke at the MTB coffee shop] because they often offer me a cigarette, even if it's someone that you just meet, when you light your cigarette, you offer him a cigarette (Evelyn, smoker).

The pressure exerted by friend smokers is a key leading factor of smoking among young people (see Descombe, 2001; Lee et al., 2003; Fry et al., 2008; Mercken et al., 2011). In educational institutions, the pressure of friends smoking is more intense in the courtyard, restaurant or other similar facilities (Mercken et al., 2011). This is because while they interact, students easily influence each other.

In evaluating the magnitude of the pressure exerted by other smokers, questions comparing the number of cigarettes smoked in and out of the coffee shop were asked:

I do smoke less during the holidays. I'm not really exposed to people that are smoking so much. And I only smoke very, very rarely. But being in the coffee shop is like, I don't know, being exposed to all the people there will make you want to smoke. I think it's a social thing maybe social environment ...stuff like that. But it does make you want to smoke more I did notice that (Geraldine, smoker).

Mingling with other smokers affects considerably the amount of cigarettes smoked per day. Like Geraldine, many other smoker respondents admitted to smoke more cigarettes in the MTB coffee shop. Students usually spend much of their time with peers. Knowing that smoking is a contagious phenomenon, they end up smoking as well (see Descombe, 2001, Fry et al., 2008). Studies have concluded that seeing other smokers smoking sparks a desire to smoke as well (e.g. Fry et al., 2008, Wakefield et al., 2000).

The influence of other smokers is indirectly expressed by the cigarette smoke puffed out by smokers at the MTB coffee shop. It is akin to a snowball effect, when someone lights up a cigarette, automatically all the group also light their cigarettes²⁵. Geraldine described how it happens:

My friends that are around me [influence me to smoke] because every time that I see them taking a cigarette to smoke and I get the smell of it I feel like oh well you know I want to smoke as well so let me just... Hum I think the friends are the biggest influence when it comes to smoking (Geraldine).

The cigarette smoke produced by other smokers is certainly a trigger for smoking behaviour at the MTB coffee shop. This natural reaction to cigarette smoke is correlated to the extent by which an individual is addicted to nicotine (Tyas & Pederson, 1998). Heavy smokers mostly find themselves in that position of vulnerability toward cigarette smoke.

The remarkable effect that the pressure exerted by friend smokers had on smoking is also perceptible on non-smokers. As explained earlier, some non-smokers like Simthe abstained from complaining about cigarette smoke because of the influence of their friends²⁶. Likewise, a study by Baillie et al. (2011) also found that there are non-smoker students who are not only ready to tolerate smoking but also to purposely associate with their friend smokers while they smoke. It therefore raised once more the need for more awareness of the consequences of second hand smoke exposure.

²⁵ The same observation has been reported in participant observation.

²⁶ Referring to the obstacles that impede him from complaining about his friends Simthe stated that "some of them [smokers] are my friends too and I think they will not be happy about it."

Passivity of non-smokers

The *laissez-faire* attitude expressed by the bulk of non-smokers towards smoking at the MTB coffee shop was interpreted by smokers as a sign of consent for their smoking behaviour. On many occasions, smokers mostly were in favour of non-smoking restrictions. Chet (smoker) intensely deplored non-smokers' passivity:

If they really have a problem they should bring it up. If non-smokers who sit at the coffee shop had a big issue about it they should say something. Well that's my opinion (Chet).

Smoker participants also revealed that the constant disapproval of non-smokers might have an effect on their smoking related behaviour at the MTB coffee shop. This constant conflict with non-smokers can result in more consideration for non-smoking rules. However, as explained earlier, this indifference of non-smokers is accounted for by some factors that impede them from complaining²⁷.

When questioned about the persons who might disapprove of her smoking Hana explained how she often tried to accommodate her friends who suffer from asthma while they are sitting at the MTB coffee shop:

Certain non-smokers who have health problems like asthma [don't approve of my smoking]. I even have a friend that doesn't approve of my smoking around her. So when she is around, I move away. Like I acknowledge that my smoke affects her. I don't smoke around her (Hana).

It appears that smoker respondents who acknowledged the positive effect of overt complaints about smoking were the same in favour of the non-smoking policy at the coffee shop. This category of smokers is more likely to abide by the non-smoking rules if the enforcement is effective.

²⁷ The identified main factors that impede non-smokers from complaining are: the normalisation of smoking, the indifference of the coffee shop owner and the UKZN administration and their lack of knowledge of non-smoking restrictions, the influence of friends just to name a few.

Coffee shop owner

As an individual, one of the coffee shop tenant's²⁸ "Simona", as the patrons affectionately called her, has a significant influence over their smoking at the MTB coffee shop. The rapport that she has built over the years with patrons has transcended the formal client-customer relationship. On many occasions, smoker respondents asserted that they consider Simona as an important referent in their decision to smoke at the MTB coffee shop. Yoyo described her relationship with Simona and her influence:

The fact that the person owning the coffee shop sells cigarettes makes it hard for me to stop smoking there. I'm quite close to her [Simona]. If she said "Don't smoke here they try to close me down because of the smoking", I care about her, I won't smoke there anymore. I could come down here [in the yard]. She is a very nice lady, she usually takes care of me, when I'm sick she gives me medication. If they [the UKZN authorities] try to close her down I can do it for her (Yoyo, smoker).

Chris elaborated more on the role that Simona plays in his smoking habit:

The only person that would make me stop smoking at the coffee shop is Simona the owner. If she asks me "the university is giving me some troubles, they are not going to give you any consequences but I'm the one getting into, please stop smoking there". That's the only way I can have any sort of "ok fine, I will stop smoking there". Because at the end of the day that is her livelihood, she makes some money from there and obviously, she doesn't want to get in trouble with the university, they will take away that from her. Because she is very lovely to the students, so we will give it back to here by saying "ok, we will smoke a little bit away from that area". But otherwise, there is no other thing that could make me personally stop smoking over there (Chris, smoker).

Delving into Chris' comment, it appears that some respondents pay heed to Simona's instructions. The attention and care that Simona usually provides to her clients especially students, has strengthened the confidence and the respect that they have for her. Like Chris and Yoyo, many other smoker participants clearly stated, that Simona is one of the key individuals who might influence their smoking behaviour at

²⁸ The MTB coffee shop is managed by a married couple. Most of the time, the wife (Simona) is working in the shop, while the husband is more often busy with the logistic and supply affairs.

the MTB coffee shop. The fact that they are ready to refrain from smoking to protect her business shows how strong this connection is.

The owner's attitude either favourable or unfavourable towards smoking at the coffee shop might have an effect on smokers' behaviour. In absence of evidence to the contrary, very few efforts have been undertaken by Simona to address smokers' constant infringement of the non-smoking policy. As a matter of fact, all smoker respondents who claimed to be under Simona's influence as far as smoking at the MTB coffee shop is concerned, actively smoked at the MTB coffee shop regardless of smoking restrictions. Moreover, the fact that she apparently yielded a certain profit from selling cigarettes might explain her lack of interest in the matter. From the participant observation, it has been noted that the majority of people sitting in that area are smokers and therefore contribute largely to the turnover of the business. Thus accommodating smoking and availing cigarettes in the area is part of the strategy unfolded by the coffee shop owner. The issue of availability of cigarettes in that area and the role of the MTB coffee shop as an institution will be explained in detail in the next section.

Staff smokers

Administrators and other lecturers have also proved to have a significant role to play in smokers' behaviour. As important referents, their favourable attitude towards smoking at the MTB coffee shop could therefore contribute either to enhance cigarette smoking practice on the premises or to alienate them. The participant observation chapter related how smoker staff overtly smoked at the MTB coffee shop. Some were smoking cigarettes, others cigars. Student smoking behaviour is also predicted by a constant exposure to teachers smoking outside on the campus (Poulsen et al., 2002). In addition, the fact that some authorities blatantly breach the non-smoking regulations is a sign of endorsement towards smokers regardless of the non-smoking signage. It discloses the incongruity of existing regulations and contradicts the key objectives of these rules. Nadia voiced the smoking habit of some lecturers:

Even professors smoke there, the lecturers, everybody and they are smoking cigars, cigarettes, and the signs are there. How can we students abide to the rules if you are not respecting them yourself? (Nadia, smoker)

The question raised in Nadia's comment suggests a legitimate argument echoed by several other participants. Witnessing staff smoking regardless of the non-smoking regulation considerably abates the decisions of smoking students to comply. By overtly infringing the rules, smoker staff weakens the effectiveness of enforcement. Normally they are supposed to set a good example, but they instead expose the flexibility of this policy.

On the other hand, participants also have a certain respect for administrators who disapprove of their smoking. It has been reported in previous sections that when an official complains about smoking, smokers are more likely to comply. This authority that administrators have over students can be exerted for compliance instead of championing smoking habits.

Overall, the interviews showed that friends are the greatest interpersonal factor sustaining smokers' behaviour at the MTB coffee shop. The existing circles of friend smokers generate reciprocal influences. However, some respondents reported the significant role that Simona, the coffee shop owner plays as an individual in championing smoking habits in that area. Unfortunately, this influence is barely exerted for enforcing the non-smoking policy at the MTB coffee shop.

Organisational or institutional factors

From a social ecological perspective, the institutional level of influence describes "how organisational characteristics can be used to support behavioural changes" (McLeroy et al., 1988:359). For smoking related behaviour, the organisational level of influence generally refers to the role of institutions such as schools, universities, companies and churches in changing the "corporate ideology" subsequently to behaviour change (McLeroy et al., 1988:361; Kothari et al., 2007). Scholars agreed that personal attempts to adopt healthy behaviours are more likely to work out in a social environment favouring and sustaining that specific behaviour (McLeroy et al., 1988; Dresler-Hawke & Veer, 2006). Examining the organizational influential factors allows one to draw parallels with the responsibility of UKZN and the coffee shop as an 'institution'. This has been partly explored in the previous sections.

This section aims to draw attention to organisational forces that account for smokers' behaviour at the MTB coffee shop. In analyzing interviews, the following themes arose: laxity of UKZN's administration towards smoking, leniency of the coffee shop, availability of cigarettes at the coffee shop as well as the atmosphere prevailing at the coffee shop.

Laxity of UKZN administration toward the smoking issue

As observed in the previous chapter, people deliberately smoke at the MTB coffee shop without any intervention by the designated university officers (SHE office). All respondents being smokers or non-smokers strongly denounced the lack of enforcement of smoking restrictions at the coffee shop. Clay (smoker) pointed a finger at the failure of the current policy as a result of the smoking happening at the shop:

I mean if something was going to happen people wouldn't smoke there. If they had enforced the law that was supposed to be in place, I could guarantee that people wouldn't smoke there. It is just obvious like if you say you shouldn't drink and drive, if people have a punishment, people wouldn't drink and drive (Clay, smoker).

Comparing the smoking restrictions with the rules for alcoholic drivers, Clay favoured the establishment of penalties. Absence of punishment accompanying the enforcement of the non-smoking policy makes it tenuous and questions the real commitment of UKZN in tackling this smoking problem. From a non-smoker perspective, Precious (non-smoker) also drew a germane parallel with the implementation of rules applied in other facilities in the Howard College campus:

There are sort of laxity toward the implementation of the law, because if there are non-smoking restrictions, people should not smoke. You know it is the same thing in the library, "don't use your cell phone, don't smoke, don't eat", people do that because it's there. So in the same way this other restrictions have been enforced in other places, it is the same way; it should be enforced in the coffee shop (Precious, non-smoker).

The same way the discipline is applied in other facilities, the non-smoking policy should also be implemented. The failure to bring smokers to abide by this policy is to a certain extent akin to the indifference of the authorities with regards to that issue.

As a matter of fact, UKZN has not yet taken the bull by its horns and addressed this smoking issue seriously. Signs are certainly affixed in that area, but as reiterated by many respondents, “it has never been an issue” hence, “nobody has ever been around while we are smoking” (Navesh, smoker; Chet, smoker). As indicated in Baillie et al’s. (2011) study, smoking students’ behaviour is directly influenced by the indifference of the university administration. The discrepancy in enforcing the non-smoking policy conveyed by the administrators discredits the relevance of policy.

Moreover, this lack of enforcement has also progressively tarnished the image of the University. Delving into some respondents’ comments disclosed how the authority of the university is discredited. Chris (smoker) deplored the passivity and the flimsy influence of the authorities:

Nobody does anything about it. I mean in this university, you can get away with anything, there is no formal discipline in this university. Honestly if the Vice Chancellor [of the UKZN] has to come next to me and ask me to stop smoking, I will tell him “I’m finishing my cigarette, I’ll put it off later”. I know that he is not going to do anything. That’s why people smoke where ever they want to smoke because we know they are not going to do anything. Even during exams time, like when people are studying in the Architecture Department, and in like certain classrooms, they smoke in the classroom because even the security guard you buy them a coke, they will be ok (Chris, smoker).

Chris’ account emphasises the system of *laissez-faire* that generally prevails at the University. It explains one of the reasons why the administration failed in enforcing the non-smoking policy. It sounds as if the UKZN leniency has eroded its own influence over time. Practices such as corruption as described in Chris’ testimony, are factors that discredited the UKZN attempts to implement non-smoking rules. Research suggested that the gap between the expected enforcement of smoking rules by administrators and the reality on campus is confusing the students (Baillie et al., 2011).

Furthermore, the silence and the apparent negligence conveyed by authorities allude to a mandate to proceed with the smoking at the venue. Many smoker participants indicated that smoking stems from the fragility of the non-smoking policy. Addressing questions on the perceived barriers to conform to the non-smoking rules, Sana

(smoker) stated, “the fact that nobody enforces the rules, I have no authority to listen to”. In the same vein Lelo (smoker) affirmed that she will comply with the non-smoking policy “if they [UKZN authorities] start to be serious about no smoking there [the MTB coffee shop]”. Lelo and Sana’s responses show that this laissez-faire attitude may be a factor that impedes their attempts to comply with the smoking restrictions.

Some students coming from an environment with stringent law enforcement hesitated at first to light a cigarette at the MTB coffee shop because of the signs. With a nonchalant system and the high incidence of smoking in that area, they ended up breaching the regulation as well.

The poor image that smoking at the coffee shop conveys to the *brand image* of the UKZN has been mentioned earlier in the section concerning the perceived disadvantages. It is worthwhile to emphasise the association between the flexibility of the non-smoking regulations and the overall performance of the University and its students. Tati (non-smoker) fervently pointed out the consequences that smoking habits have on the calibre of UKZN students as compared to other famous universities:

Are they [people who smoke at the MTB coffee shop] really there to study? This is a university, an institution, it’s a professional place, there is this sort of vibe of contradiction to the purpose of what a university is. You know, other universities like Oxford, like Harvard, what kind of policy do they have that we can learn from. What calibre of students are they training? (Tati, non-smoker)

The paucity of sufficient information to sustain Tati’s arguments on the contrasting outcomes of smoking practices observed among the shop’s users as compared to other famous universities worldwide is still to be confirmed. However, as suggested earlier in previous sections and even in the participant observation chapter, smoking at the coffee shop seems to hamper the academic performances of students. It has been observed that this area is rarely frequented by studious students. The majority of patrons seemed to be *cool*²⁹, willing to accommodate smoking. Therefore they spend the maximum of the time at the coffee shop, chatting, playing cards, eating

²⁹ Cool refers to trendy and popular people.

and smoking. The time wasted in that area could have been invested in the library in academic work.

Availability of cigarettes

This section aims to underline the impact that the availability of loose cigarettes as well as the ambience prevailing in that area, have on respondents. According to South African legislation, smoking is unlawful in some public places³⁰. Owners of certain public places may be liable on conviction to penalties³¹. Like the UKZN, the MTB coffee shop as the 'institution' where the smoking occurs has the responsibility to enforce the non-smoking law in the area. The influence of the coffee shop owner Simona as an individual has been already covered earlier.

The participant observation revealed that the MTB coffee shop illegally sold loose cigarettes and provided cigarette lighters at the counter, even after many years of fielding complaints from academics about the lack of non-smoking enforcement in the courtyard (Bonnin, 2010; Valodia, 2011). The contrasting availability of cigarettes in this supposedly designated non-smoking area was voiced several times by respondents. Participants were bewildered by the overt trade of loose cigarettes in a theoretically smoke free area. It alludes to a lack of seriousness from the coffee shop owner and his lack of concern about the complaints lodged by academics over many years to both himself and the University. One of the respondents was Melanie (smoker) who underlined this incongruity:

I believe that if you don't want some place not to be a smoking zone, you shouldn't sell cigarettes there.

In a more heated manner Navesh denounced the contradiction:

Besides the fact that it's an open area, the coffee shop itself sells cigarettes. So you can't actually sell cigarettes in an establishment and hinder people to use it in the establishment (Navesh, smoker).

³⁰ The TPCA act No 23 of 2007 is clearly states that "The owner of or person in control of a place or an area contemplated in subsection (1)(a), or an employer in respect of a workplace, shall ensure that no person smokes in that place or area".

³¹ According to the TPCA act No 23 of 2007 "Any person who contravenes or fails to comply with [the provisions of] section 2(5), 4(1) or 5, or contravenes or fails to comply with any regulation made in terms of this Act, shall be guilty of an offence and liable on conviction to a fine not exceeding [R10 000 or to such imprisonment as may be determined] R100 000".

As a matter of fact, selling cigarettes may considerably hinder all attempts by the owner to control smoking at the MTB coffee shop.

Availing cigarettes is evidence that smoking is tolerable at the coffee shop courtyard and therefore discourages non-smokers from complaining. This tacit approbation of smoking by the coffee shop is a backup for smokers against the non-smokers' potential complaints. Knowing the role of the coffee shop as a 'third party' in conflicts between smokers and non-smokers (Poland et al., 1999), this approbation outweighs an attempt to complain by non-smokers. Precious (non-smoker) mentioned this aspect when questioned about the factors that impede her from complaining about smoking:

Yeah the thing is, what if they have the backing of the owner of the coffee shop or they say it's like a tradition, at the MTB coffee shop we always smoke there and who are you to come and tell us not to smoke. So it should come from the school down to the owner of the coffee shop to the people who are frequenting (Precious, non-smoker).

Consequently, non-smokers feel powerless and avoid confrontations with smokers. On many occasions, smoker respondents instead identify the accessibility to cigarettes as an advantage and obviously a catalyst for their smoking behaviour in that space. Since smokers draw benefits from having cigarettes at hand whilst they are socialising, it fosters their cigarette uptake in that facility:

The benefit is that I don't have to purchase my cigarette and walk around looking for a place to smoke. At the coffee shop everyone can meet there and smoke there (Sana, smoker).

Stepping back to the perceived advantages of smoking at the MTB coffee shop, its central position was largely echoed by respondents. Although the cigarette price is higher than other places, smokers still prefer to procure cigarettes from the shop. This is because, in the same spot they can eat, smoke and relax with their friends. As concluded in a study by Zapata et al. (2004), the easy access to cigarettes is also perceived as a catalyst for smoking.

Furthermore, the apparent financial benefits gained from selling cigarettes at the MTB coffee shop may account for the laxity of the owner towards smoking. From a

marketing perspective, facilitating the access to the product to the consumer is part of the marketing mix³² used to increase the sales. The easy access to cigarettes is a tactic employed by the coffee shop management to satisfy the majority of smoker patrons and obviously yield some profit margins. However, this 'apparent' profit could be maximised by enforcing non-smoking regulations. According to a study by Walbeek et al. (2007) on the effects of the tobacco control legislation on the revenue of restaurants in South Africa, smoking restrictions have at worst no significant effect on restaurant revenues, and at the best a positive effect on their revenue. It is therefore advisable to restrict smoking in order to earn more on such premises.

An ambience stimulating smoking

The general ambience prevailing at the coffee shop courtyard has been extensively described in the participant observation. Anticipated in the participant observation findings, the impact of the smoking atmosphere on smoking behaviour was noted. As a matter of fact, it has been observed that when an individual lights a cigarette as soon as the smell reached smokers sitting around, they would immediately light their cigarette as well. The contagion effect of smoking has already to some extent been touched on in the section concerning the influence of smoker friends. However, apart from other smokers' influence, the overall ambience created by the coffee shop also affects smokers' behaviour. Scholars agreed that an environment with a weak non-smoking ethos generally fosters smoking practices among young people (Wakefield et al., 2000; Fry et al., 2008). The general ambience created by the combination of the smoke overwhelming the place, the perceived ease to purchase a cigarette, the open air and the convenience of the setting favours smoking in that place:

It's so difficult to say no to a cigarette especially if you just get that smell of it and you just want to have a cigarette. I even try to have like half a cigarette at a time per day, you know, to try to quit. It's so difficult when so many people are smoking around you. I noticed that when I'm away from the coffee shop and away from campus in general, I smoke less (Chet, smoker).

The effect of an atmosphere favourable to smoking provided by the coffee shop is confirmed by the fact that respondents smoked more in that area than they do in

³² The marketing mix includes four Ps: Product, Price, Place and Promotion. Place is the third element that constitute the operational marketing. Place refers to the ease to

other places. Socializing and smoking are two activities that are usually simultaneously performed (Descombe, 2001; Fry et al., 2008). The participant observation has reported that socialising is the main activity in the venue. An in depth analysis of interviews showed that participants seem to prioritize the social ambience at the MTB coffee shop more than smoking (Fry et al., 2008). Naidoo (smoker) expressed his desire to socialise with his fellows:

I only smoke there because it's the place where I socialise. If I didn't socialise there, I wouldn't smoke there. I would smoke somewhere else. It's just the fact that socialising brings me there (Naidoo, smoker).

The public engagement and interaction sought by Naidoo demonstrates how the social environment weighs in favour of smoking. In the same vein, Chet (smoker) supported the social interaction more than smoking: "I think it's more about social gathering, not necessarily just the smoking".

Overall, the organisational influential level is a key point in smoking occurring in that designated non-smoking area. The responsibility of both UKZN administration and the coffee shop management stood out. As a governmental educational institution, the coffee shop has a duty to make sure it follows the national tobacco control legislation by mostly providing a healthy environment to all students. Although the coffee shop is located within the premises of the University, legally the loose cigarette sales that occur are liable to contraventions.

Community Influence

From a social ecological standpoint, the community influence on health related behaviour mainly refers to the existing norms and standards concerning behaviour (National Cancer Institute, 2005). In the context of smoking, this level of influence is reflected by the normalisation of smoking within the community. By availing cigarettes and ignoring the anti-smoking regulations, the integration of smoking as a normal habit fosters cigarette uptake within the community (Kothari et al., 2007). Thus, the community and organisational level are relatively similar and often seem to overlap (National Cancer Institute, 2005).

The focus for this section identifies the MTB coffee shop as a “mediating structure” in the process of normalisation of smoking (McLeroy et al., 1988). Community refers to “face-to-face primary groups to which individuals belong” (McLeroy et al., 1988:363). In this case, these primary groups include informal social networks formed through interactions.

Knowing the strong attachment to the coffee shop expressed by many smoker respondents, this section seeks to uncover the role of the existing community formed. In addition, an emphasis is put on the normalisation of smoking within this community and thus the high incidence of cigarette uptake in that premise.

The community formed

The sense of community formed and mentioned during the participant observation, was corroborated by many respondents. Minou elaborated on this aspect:

It is a very social environment. You make new friends actually as you are sitting there. You meet people who have the same interest with you. From asking for a cigarette, asking for a lighter, you can embark on a conversation or something like that. The cigarette is like a talking point. It's how guys pick up girls (Minou, smoker).

Similarly, Nadia had a more explicit statement with direct reference to the community of smokers. She gave her opinion on the smoking restrictions at the MTB coffee shop:

This is a smoking area, it is not a non-smoking area. Even with the signs it's definitely a smoking area. And for everybody, it is a smoking area because we are always smoking here. Everybody, different races, different cultures, you find Christians, Muslims everybody. We are brought together by one thing, smoking. It's a community of smokers. Most of my friendships here have started because of smoking (Nadia).

These two extracts highlight the role of smoking in the community. Social interactions as earlier asserted, might certainly be the aspect that gathers people in that area. However, smoking is the activity that initiates the interaction. As reported in Minou and Nadia's stances, cigarettes are an easy trigger for conversation inception. This community may not be a community of smokers due to the presence of some non-smokers, yet, the way smoking is widespread in the area shows that it plays an important role that is generating and to a certain extent unifying relationships.

Interactions among the members of this community of smokers take place regardless of the gender, the race, the sexual orientation or religion. As noted during the participant observation process, despite the historical background, and the division stimulated by the apartheid regime, the MTB coffee shop is the only eating place where different races mingle regardless the stereotype laid by the system. William confirmed this argument:

Also you know, I don't want to sound racist, but as a white man in this country, I'm not comfortable anywhere else on campus. I always used to go to the cafeteria and sit there and have a cigarette. I've got a couple of black friends but the majority of them wouldn't care that I'm smoking there, but at the caf [sic] they care that I'm a white and then ask me to move. I'm not comfortable there you know up to the library that's more of your Indian territory. The coffee shop tends to be diverse. You know it's not only white people there. But it's people from all the cultures that don't mind. It's not that they are smoking; it's just there is no judging attitude in the coffee shop while we smoke there. If you go anywhere else on campus, it's not comfortable.

This account illustrates the openness that characterises this community. The comfort expressed by many participants is not only due to the physical appearance of the seating arrangements, but also by the acceptance of the diversity apparent in this community. Unlike other facilities that follow the general racial fraction put in place, the small community formed at the coffee shop has surmounted that barrier and finds a way to accommodate everyone. Apart from the smoking factors that may account for this cosiness, Geraldine points out another significant argument:

Yeah definitely, I think that the majority of people there are like basically upper class if I can put it that way. They are like rich; they are like cool you will not find like a studious engineer student there. You find trendy people you know, people who are like them who smoke, who drink, who do everything that are considered cool. So basically it's the type of persons that hangs around there. (Geraldine)

Social class and lifestyle might also be important aspects that sustain the relationships within this community. This argument has been in part mentioned in the participant observation. Students frequenting the coffee shop are for the majority wealthy and "cool". As Geraldine commented, it is rare or even impossible to see a studious student sitting there. Most of students that smoke in that area are negatively

perceived by others. Examining non-smokers' overall attitude towards her smoking, Sana (smoker) described how they apparently perceived her:

I think non-smokers have a low image of me because I'm smoking there. Maybe they feel I'm not intelligent, I'm not hard working, I'm disrespectful because I'm smoking, and things like that. (Sana, Smoker).

Stigmatizing smoking generally stirs up rebellion among young smokers (Wolburg, 2006; Lynch et al., 2009). Smoking restrictions at the MTB coffee shop are perceived as explicit rules that marginalise smokers. Consequently, considered as "of the same kind" smokers usually rally as a "protective unit" forming the community of smokers as opposed to the negative evaluations of non-smoker (Scheffels, 2009: 477). Although non-smokers also frequent the MTB coffee shop, the overall analysis shows that a community of people in favour of smoking is formed in that area. Hence, smoking is perceived as something normal. Given that sustainable individual changes entail effective changes within a community (McLeroy et al., 1988; National Cancer Institute, 2005), the strong ties created between the community formed at the MTB coffee shop and the patrons should be an important target for a smoking behaviour change intervention.

Normalising smoking

Having explored the existing community formed at the MTB coffee shop, it appeared that smoking is a norm that governs this social gathering. Notwithstanding the signs affixed, people have accepted smoking as a way of life. It was echoed in themes such as the knowledge of non-smoking policy, the attitude towards the policy and towards non-smokers. Smoking is anchored in the tradition of the MTB coffee shop to the extent that many respondents thought that it was indeed a designated smoking area. Estelle alluded to a general 'consensus' among people frequenting the coffee shop:

People who go to the coffee shop are people who generally smoke. So there is a general consensus among those who frequent the coffee shop. Even though there are signs around that say there is no smoking, that's for general public fear. As for the people who attend the coffee shop, the general consensus is that it's a smoking area regardless of the signs. (Estelle, smoker)

This comment draws attention to the general smoking agreement that has progressively settled in that area. It seems that the more people smoke in that area, the more smoking becomes normalised. Although there are signs prohibiting smoking, the members of this organised community have established their own rules. The participant observation showed that there is a specific group of patrons who form the kernel of this community. Individuals such as Estelle are considered as defenders of the smoking norm perpetrated over the years. Factors that make smoking tolerable within this community are mostly the fact that the MTB coffee shop is an open area, the predominance of smokers in the area, the easy access to cigarettes and the flexibility of both the UKZN administration and the coffee shop owner towards smoking. All these elements have been discussed in previous sections.

Interestingly, after examining the data set, it was noted that to a certain extent, the perception of smoking as a normal habit is related to the smoking attitude at the MTB coffee shop. When asked whether she will be embarrassed by a complaint of a non-smoker, Navesh (smoker) responded, “No! Smoking is a normal thing nowadays. Not at all, I can’t be ashamed about it. It is a normal thing”. This may also reflect the smoking prevalence in South Africa where around 24% of young people smoke. The acceptability of smoking as a normal habit was also noticed among non-smokers. Simthe described how he perceived smokers at the MTB coffee shop:

As normal people, you see the thing is maybe because I’m used to it, I’ve become blind I can’t see that it’s bad. So I can’t really see that they are smoking. In the beginning it was shocking especially because there were no-smoking signs. When I came here the first year, I was very shocked. But now, I got accustomed to it. It’s normal though it’s illegal but it’s normal (Simthe, non-smoker).

Like Simthe, non-smokers who are part of the community appeared to accommodate smoking. They usually associate with smoker friends at the MTB coffee shop and thus, have no problem with cigarette smoke. Conversely, as reported in the section concerning non-smokers’ attitude towards smoking, the majority of non-smokers preferred avoiding instead of confronting non-smokers. The same attitude was observed by Poutvaara and Siemers (2007:15) while explaining the significant role of social norms in a setting accommodating smokers and non-smokers: “If accommodating smoking is the norm, non-smokers will hesitate to ask smokers to stop smoking, since asking is not customary and thus involves utility losses”. As

suggested by McLeroy et al. (1988), instead of changing social influences over individuals, health promotion interventions should focus on norms and social networks to which individuals belong.

Overall, the community formed at the coffee shop may not be necessarily a 'community of smokers' but a community of people who tolerate smoking. The general "consensus" concerning smoking approved by the MTB coffee shop users mentioned by Estelle (smoker), is a sign of the strength of the connections linking all the members of this community. Smoking appeared also to be the main catalyst for friendship initiation or upholding.

Proposed solutions

Identified factors explaining cigarette uptake in the facility derived from multiple levels of influences. The interview process also addressed the potential actions to carry out in order to tackle the smoking problem. A variety of propositions emerged from responses. Two categories of measures were suggested namely actions undertaken by the authorities and personal resolutions initiated by each individual. The principal solutions emphasized the onus of the University as well as the role of the coffee shop management.

Propositions involving the authorities

The opportunity was given to patrons to speak their mind about the possible actions to be undertaken in order to revamp the health environment at the coffee shop. All respondents asserted that the university administration and the coffee shop management are key determinants for compliance. A more stringent and serious enforcement process was the major emerging feedback from responses. As explained earlier, participants indicated that the non-smoking policy was very weak and even inexistent:

I think the best way to get people stop smoking at the MTB coffee shop is to enforce a strict policy, that's the only way. Stop supporting the habit basically (Geraldine, smoker).

The mainstream measures proposed were in accordance with the Framework Convention on Tobacco Control (FCTC)³³ implemented by the WHO such as fines, banning cigarette sale in the area and allocating a smoking area for smokers.

Allocating a smoking place for smokers

Smoking is not illegal; however, smoking in designated non-smoking areas is prohibited. According to the South African law, a clear separation should exist between smoking zone and areas designated for non-smokers (TPCA Act, 2007). Naidoo claimed the legitimacy of having a specific place allocated for smokers:

What I have noticed is that there are a lot of places where they say you can't smoke, but they have any places where they say you can smoke. And if you see, then the whole campus you can't smoke basically on the whole campus. So I think people should revise that because you can't tell them not to do something that they have to do, and not give them a certain place to do it (Naidoo, smoker).

The point raised by Naidoo, has been subjected to an enquiry. It appears in fact that there is no specific area allocated for smokers in the Howard College campus. Given that some patrons have no control over their smoking due to their addiction to nicotine, this measure should be appropriate for this category. Applying a complete smoking ban is likely to backfire.

Coercive measures

Assigning a security guard or any official authority in the area to pursue compliance was the main suggestion mentioned by respondents. For effective law enforcement, Minou (smoker) recognised the role of authorities:

If they really enforce the rules like put an official of the university there or security guard, who will tell us "there is no smoking allowed there". The only reason is that no one told us before. It's not being rebellious; most people come here just to smoke (Minou, smoker).

The coercive power exerted by an authority in enforcing the law has been touch on earlier in the sections concerning the interpersonal and organisational factors.

³³ FCTC is a legally binding global treaty that provides the foundation for countries to implement and manage tobacco control programmes to address the growing epidemic of tobacco use. Also see chapter 2 literature review.

Smoking students affirmed that they are less likely to consider complaints formulated by other students:

It should have authorities there, because we are not going to listen to people that are students like us. The owner himself could even do it (Geraldine, smoker).

An authority merely enforcing the non-smoking policy without sufficient practical implications is likely to fail. Participants like Evelyne (smoker) listed a number of practical sanctions that need to be applied in case of infringement of the smoking regulations and that are supposed to stir up compliance:

Actually the owner and the university telling us, “no don’t do that” and giving us consequences for action. So if you smoke this and this will happen to you. Things like suspension, fines, getting kick out of the coffee shop. If they see me smoking at the coffee shop they can ask me to leave (Evelyne, smoker).

Stringent punishment such as negative report in academic records, suspensions from the coffee shop and fines should go along with the enforcement process. According to the South African legislation, a person who fails to comply with the smoking restrictions in public places is liable to a fine not exceeding R500 (TPCA Act, 2007).

On the other hand, knowing the rebellious attitude usually sparked by anti-smoking communication (see Wolburg, 2006; Lynch et al., 2009), the enforcement process need to be done with courtesy. William advocated for more considerations in approaching smokers at the MTB coffee shop:

Just enforcing it [the non-smoking policy], but it comes with the attitude of enforcing. We don’t want to feel victimise because we choose to smoke, we must just be approach as human being and say “listen we’re aware that you guys choose to smoke and that’s find, you have that right, but please smoke somewhere else”. But don’t come across and say, “you are not allow to smoke here, otherwise we gonna [sic] slap you with R500 fine”. We don’t hear that. Ask us very politely, just please move, and we will.

As explained in William’s account, several respondents suggested that the tone used to bring compliance among smokers should be moderate and respectful. Accordingly, authorities in charge of pursuing compliance in that area should be mindful of the potential side effects generated by an inappropriate communication.

Personal resolutions

Participants have been given voice to speak about the practical actions they should personally take to comply with the non-smoking rules at the coffee shop. Smokers asserted that they should either find another place to smoke or cease smoking completely.

Avoiding the coffee shop is a reasonable and achievable resolution especially for the smokers who rarely frequent the site:

I think personally I should avoid going there. Well I mean if you don't expose yourself to such an environment, you are not going to be tempted to do something like that you know. Because the temptation is there when you see all these people, the cigarettes are there. So as far as possible maybe take another route when you go, don't pass through the coffee shop. I think that what I should do or go to another place (Geraldine).

For *heavy smokers* like Melanie, the best option is to find another place to smoke and carry on with the same practices:

I suppose I should find another place to smoke, because for most of people stopping smoking is not going to be an option. So I think we should find another place where we can do all the same thing but in a designated smoking area (Melanie, smoker).

This alternative could be viable provided that the university allocates a smoking area with table and chairs similar to the MTB coffee shop. Otherwise, the same smoking problem will be replicated to another supposed non-smoking place on the campus.

Some few smokers proposed to completely quit smoking. Navesh (smoker) asserted that unless actions are undertaken, the only solution left for compliance is to completely quit smoking:

It's only by stopping smoking permanently that I'll stop smoking there without the intervention of the University (Navesh, smoker).

Quitting smoking is easier for individuals less addicted to nicotine (Tyas & Pederson, 1998). This group of smokers pertained to a category of individuals who usually smoke exclusively when they frequent the venue. As asserted earlier in Melanie's

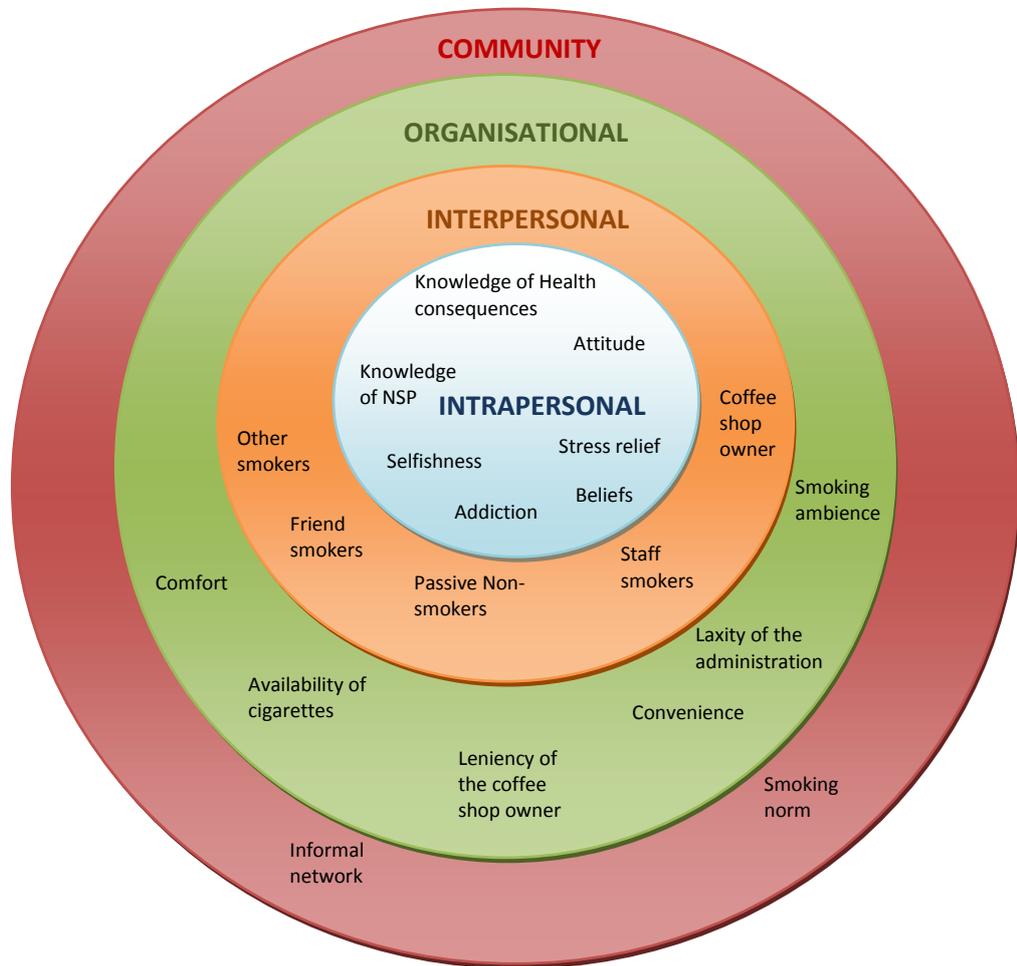
comment above, the majority of smokers will certainly relapse after taking the firm decision to stop smoking.

Several practical actions have been suggested in order to solve the smoking problem. However, considering the complexity of the issue reflected by the multiple levels explaining smoking behaviour, the solutions suggested should be weighted by identified factors of influence. The next chapter will discuss the fitting measures to apply in light of identified forces that sustain smoking behaviour at the MTB coffee shop.

Summary

The complexity surrounding smoking behaviour at the MTB coffee shop was interpreted by four influential levels developed in the SEM of McLeroy et al. (1988) namely the intrapersonal, interpersonal, institutional and community levels. As summarised in Figure 7 below, the cigarette uptake prevailing in that premise emanates from a combination of multiple factors extensively uncovered in this chapter. Although the magnitude of their effects is unequal, each level affects smokers' behaviour. Interestingly, a chain of causality has been noted among the different levels of influence. Findings stemming from this thematic analysis were to certain extents confirmed by some key elements pinpointed during the participant observation process. Above all, the onus of the UKZN administration and the coffee shop management reverberated throughout the interviews as key determinants of the smoking problem in the premises. In addition, the mutual influence exerted by other smokers and especially friends emerged among the individuals who directly or indirectly pressurise smokers. The community formed at the coffee shop has adopted a general consensus by 'plebiscite' that acknowledges smoking as normal and acceptable. Normalising smoking appears to foster cigarette uptake and hinder non-smokers from complaining about smoke. The conclusion chapter that follows emphasise on the appropriate mechanisms to implement so as to tackle the smoking problem at the MTB coffee shop enlightened by emerging forces sustaining smoking practices in the courtyard shop.

Figure 7: Influential levels of smoking at the MTB coffee shop



Chapter VII

Conclusion

Behaviour change is a progressive and stratified process (Prochaska et al., 1994). In addressing the smoking behaviour at the MTB coffee shop which is supposed to be a designated non-smoking area, this formative study implicitly endeavoured to illuminate important aspects that decision-makers should consider. Despite the paucity of literature concerning smoking behaviour in designated non-smoking areas, reviewing the existing literature shed light on the overall mechanisms that drive and sustain smoking habits. Scholars attested that cigarette uptake among students is a complex habit involving multiple variables (e.g. Fry et al., 2008; Mercken et al., 2011; Kothari et al., 2007). In providing a holistic appreciation of forces influencing the smoking behaviour, the Social Ecological Model (McLeroy et al., 1988) oriented the analysis of the multiple levels accounting for smokers' behaviour at the MTB coffee shop. Specific to intrinsic determinants of behaviour, the Theory of Planned Behaviour (Ajzen, 1991) emphasised on variables deriving from the intrapersonal level.

This thesis underpinning aim was to lay a foundation in the behaviour change process to reduce the Second-hand smoke (SHS) and even Third-Hand Smoke (THS) exposure at the MTB coffee shop. Considering the smoking at the MTB coffee shop, this study provided a suitable case for investigating smokers' behaviour in a non-smoking area. The interpretive paradigm applied through a qualitative approach premised on patrons' experiences at the MTB coffee shop as far as smoking is concerned. Participant observation conducted in the area informed the series of in-depth interviews that followed.

Findings uncovered interrogations mentioned in the introduction chapter. The first investigation focused on describing how cigarette uptake occurred at the MTB coffee shop. The participant observation conducted, led the researcher to experience as a non-smoking customer, the incidence of smoking in the supposed designated non-

smoking area. Having portrayed how smoking practices happen in the area, the second objective was to uncover factors accounting for smokers' behaviour in that area. From the twenty (20) interviews with smokers and nine (9) with non-smokers, a thematic analysis was performed. The computer-assisted qualitative data analysis software (CAQDAS) NVivo10 facilitated the process. Freely elicited by respondents, emerging themes were located within the corresponding influential levels in the Social Ecological Model (SEM). Mapping the multiple facets of the smoking practices at the MTB coffee shop enabled the researcher to come up with meaningful suggestions which will effectively address the smoking problem. Given the multiple instrumental forces involved in that process, a manifold mechanism should take into consideration a number of aspects for effective behaviour change.

SHS and THS exposure represents a serious health hazards for the community

Scientific evidence of health hazards emanating from SHS and THS exposure have been brought forth. In spite of its supposed slow side effects, constant exposure to SHS is a serious leading cause to many diseases such as lung cancer, heart diseases and asthma. Yet, the university administration failed in addressing this health problem evident in the manner in which no-smoking signs are disregarded and no formal action is taken against the perpetrators. Besides its prime aim that is to deepen the understanding of smokers' behaviour in non-smoking area, this study thus also aimed to draw the authorities' attention to the plight of the non-smoking university population, whose health is directly and indirectly affected by the smoking. As described in the participant observation section, an important barometer for measuring the cigarette smoke exposure was the scores of patrons who daily sit in this area constantly overwhelmed by cigarette smoke. Interviews confirmed that SHS exposure in the coffee shop courtyard is a constant annoyance for some smokers and non-smokers. Importantly, as voiced by participants, applying healthy practices will enhance the public image of the university already vitiated by smoking practices that overtly occurred in the site. Likewise, enforcing non-smoking rules on the university campus, will cultivate good habits in preparing students for employment in smoke-free workplaces and appreciating the importance of upholding the law that prohibit smoking in some public spaces.

In addition, among the disadvantages of smoking at the MTB coffee shop expressed by participants, the high propensity of cigarette uptake has been revealed as a major perceived negative outcome. It appeared that smoking is to some extent encouraged by the smoking ambience prevailing at the MTB coffee shop. This finding warrants further investigation aiming at measuring the impact of the favourable atmosphere to smoking provided by a designated non-smoking area on the incidence of smoking in that area.

More awareness of Non-smoking policies

Inquiry into patrons' awareness of the existing non-smoking policy revealed an erroneous understanding of non-smoking rules. The general observation was that the majority of participants had an erroneous cognisance of non-smoking legislation. This is partly due to insufficient communication on non-smoking rules applied at the national level and even at the level of the university (institutional). For instance, according to the majority of participants, smoking in public places is legitimate, provided that it happens in an open area. This assertion is inaccurate according to the South African tobacco control legislation³⁴. Therefore there is a need for more awareness of non-smoking rules at all the levels. Although signs are affixed in the site, smokers seemed more sensitive to verbal communication. As upheld by respondents, an official communication by the university explaining the smoking restrictions is required. This communication can be achieved through some channels such as e-mail and the official notice board or a verbal communication by the coffee shop owner or staff in the area whilst people are smoking.

Outweighing the perceived advantages conveyed by smoking

Findings suggested that smokers drew many benefits from smoking at the MTB coffee shop such as stress relief, freedom and socialisation. Prohibiting smoking in a designated non-smoking area is to a certain extent an overt fight against the smoking habit itself. Although some disadvantages of smoking have also been expressed, the fact that they were still smoking showed that advantages outweighed

³⁴ The tobacco control legislation stipulates that: "The Minister may prohibit the smoking of any tobacco product in any prescribed outdoor public place, or such portion of an outdoor public place as may be prescribed, where persons are likely to congregate within close proximity of one another or where smoking may pose a fire or other hazard" (TPCA Act, 2007:2).

the perceived inconveniences. Consequently, a communication should also portray evoked disadvantages as essential to surmount and benefit from the advantages. For instance, for new smokers it will be suitable to demonstrate the risk of ending up addicted to nicotine as a result of constant tobacco consumption at the coffee shop.

However, as has been documented in the literature, it is advisable to focus on the positive effects of not smoking instead of stressing on the disadvantages of smoking in that area (Gilbert, 2005). Thus, smoking less can be perceived as a reward for abiding by the non-smoking rules. Perceived advantages are very important for smokers such as the stress relief and the subtle pleasure could be compensated by smoking in other places, especially for smokers already addicted. Creating a designated smoking area is thus required. As for early beginners, they can substitute smoking with other activities such as sports (Fry et al., 2008).

De-normalising instilled smoking norms

One of the major findings was the key role that the smoking norms have on the smokers and even non-smokers' behaviour. As largely echoed in the literature review chapter, when smoking is condoned, it becomes ultimately a norm with smokers feeling more confident about breaching the non-smoking rules, whereas, non-smokers hesitate to complain about cigarette smoke (Poutvaara & Siemers, 2007). Additionally, applying these non-smoking restrictions in the university campus will restrain the impetus of tobacco marketing and eventually change the smoking social norm (see Ling & Glantz, 2002).

For sustainable behaviour change, a focus should be on the norm to which individuals are subjected (McLeroy et al., 1988). The responsibility of the authorities in that concern has been voiced in the previous chapter. Although overwhelmed by administrative problems deemed more important, the university failed to control the smoking norm that has been instilled over years. In addition de-normalising smoking is likely to backfire unless more strict measures including sanctions are implemented. As a matter of fact, the smoking norm cannot be altered instantly because of its roots profoundly engraved in the community formed at the MTB coffee shop. Inasmuch as the community members change over the academic year, it is certainly difficult for the current patrons to comply with the regulation. It is advisable

to start a behavioural change intervention at the MTB coffee shop at the beginning of the academic year in order to mark the footprints that need be followed.

The central onus of authorities

Findings displayed four influential levels as accounting for the smoking habits at the MTB coffee shop namely, intrapersonal, interpersonal, organisational and community level. Although factors such as addiction to nicotine, stress relief, attitude or peer pressure have been echoed by participants, findings showed that the responsibility of authorities stood out as a central point for tackling the smoking problem. The major reasons for smoking expressed by participants were always directly or indirectly entailed by the duty of authorities such as the MTB coffee shop owner and the University administration (see also Baillie et al., 2011). Consequently, it appeared the onus of authorities forms the backbone of the smoking problem at the MTB coffee shop. From a social ecological stand point, institutional level influenced other levels and represents the core aspect that has to be altered. For instance, factors such as availability of cigarettes, laxity of authorities, smoking ambience are under the control of authorities. Evoked reasons such as the passivity of non-smokers, the smoking norm and the knowledge of the non-smoking policy are perhaps not directly under the control of authorities but ultimately, derived from the laxity of authorities in enforcing the non-smoking policy. It emphasises the duty of authorities in the process required for changing smoking habits at the MTB coffee shop.

In addition, in their proposal for change, participants emphasised the importance of stringent law enforcement. All respondents asserted that the non-smoking policy has not been enforced and the majority suggested coercive measures to sanction perpetrators. Amongst the practical measures suggested in the previous chapter, some are feasible and likely to have an impact on smokers and non-smokers' behaviour.

The call for a security guard or any other officials enforcing the non-smoking rules at a practical level has been largely expressed by respondents. Sanctions such as expulsion from the coffee shop, fines or mentions in the academic reports should be applied in case of lack of compliance, in order to strengthen the non-smoking policy. However, assigning a safety officer enforcing the law in the area has financial

repercussions for the university because of the extra remuneration that should be covered. In addition, as denounced by respondents, corrupt practices are likely to happen, especially if the individual assigned is a security guard given low wages.

Furthermore, implementing the non-smoking policy should not deliberately result as an offence towards smokers. There is a risk of a boomerang effect, if the tone used in communicating patronises the smoker (see Wolburg, 2006; Lynch et al., 2009). Instead of an expected conformity to smoking restriction, an impolite enforcement can produce contentions and more defiance among smokers. Therefore, authorities should approach smokers with respect and empathy.

Another more advisable and achievable measure suggested was to separate the non-smoking zone with a designated smoking zone. This decision will probably lessen the unwilling exposure to SHS. Knowing the strong ties already built among the members of the community formed at the MTB coffee shop, it is likely to observe some non-smokers willingly exposing themselves to cigarette smoke by sitting in the designated smoking area with their smoking friends (see Baillie et al., 2011). Nevertheless, this separation will provide an alternative place.

Rethinking the relaxing spaces in campuses

Findings showed that the majority of participants prioritised the social engagement and the desire to relax with their peers, rather than the craving to smoke at the coffee shop (see Fry et al., 2008). Socialising, engaging with people, meeting new friends and exchanging experiences is part of the ambience prevailing in the university community. Consequently, this thesis also appeals to the University's administration to rethink how to provide spaces where students can socialise without becoming a hazard for the health. Restaurant, coffee shop, cafeteria and the like, should be spaces where students and staff will relax and interact in an organic manner. Bearing in mind the primary purpose of such facilities, in establishing such spaces, the university community should certainly eschew that smoking becomes the crutch in those areas.

Moreover, the racial and ethnical mingling occurring at the MTB coffee shop flaunted the diversity of the South African nation. As a matter of fact, interracial interactions prevailing in such facilities are germane in the South African context given the

sequels caused by the apartheid regime. In rethinking and reorganising eating-places in the campus in light of the prescriptions stipulated by the South African tobacco control legislation, the university should be mindful of the meanings related to smoking as well as the benefits drawn from frequenting those areas.

Direction for further research

Apart from the direct implications relevant to the MTB coffee shop that emerged from this research, other theoretical conclusions can be drawn. Principally based on the SEM (McLeroy et al., 1988) this qualitative study uncovers the main levels influencing smokers' behaviour in a specific designated non-smoking area. Stemming from these findings, a large-scale quantitative study can be conducted in order to statistically assess the magnitude of each factor and subsequently the impact of each level. A structural equation modelling might therefore be useful in designing a fitting SEM that account for smokers' behaviour in designated non-smoking areas.

Another idea is to assess the impact of the implementation of the smoking restrictions on the amount of cigarettes smoked in the same area. A longitudinal study can be performed to compare the incidence of smoking before implementing the non-smoking policy with the amount of cigarettes smoked after enforcing the rules. An additional interesting avenue for further research is a measurement of the particular impact of smoking restrictions at the coffee shop on the overall smoking cessation among students and also on the attitude of non-smokers.

The role of demographic variables can also be explored in further studies. The racial and ethnic disparity present South Africa, may also fan interests to investigate more on how smoking behaviour in designated non-smoking areas differs from each group. An evaluation of the possible correlation between the smoking habits in non-smoking areas and other demographic variables such as gender, social class or age group, represents possibilities for insights into smokers' behaviour.

Finally, in recent developments, what used to be the MTB coffee shop has relocated (in August 2013) to another public place adjacent to the main library. However, the critiques from this case study still have relevance for rethinking public spaces where students congregate for social engagement. Interestingly, further research can

compare smokers' behaviour at the new venue with behaviours portrayed in present investigation.

References

Primary sources

Govender, M. Interviewed by Issock, P. (May 2012), Safety, Health and Environment office of the UKZN, Durban.

Issock Issock, P.B. (2012). Unpublished Field Notes. Graduate Programme in Culture, Communication and Media Studies, University of Natal, Durban, South Africa.

Chet. Interviewed by Issock, P. (October 2012), Durban.

Chris. Interviewed by Issock, P. (October 2012), Durban.

Clay. Interviewed by Issock, P. (October 2012), Durban.

Estelle. Interviewed by Issock, P. (October 2012), Durban.

Evelyne. Interviewed by Issock, P. (October 2012), Durban.

Fidele. Interviewed by Issock, P. (November 2012), Durban.

Geraldine. Interviewed by Issock, P. (October 2012), Durban.

Hana, Interviewed by Issock, P. (November 2012), Durban.

Kris. Interviewed by Issock, P. (October 2012), Durban.

Lelo. Interviewed by Issock, P. (October 2012), Durban.

Maeva. Interviewed by Issock, P. (October 2012), Durban

Mandisa. Interviewed by Issock, P. (November 2012), Durban

Maurice. Interviewed by Issock, P. (October 2012), Durban.

Michael. Interviewed by Issock, P. (October 2012), Durban.

Minou. Interviewed by Issock, P. (October, 2012), Durban.

Nadia. Interviewed by Issock, P. (November 2012), Durban.

Naidoo. Interviewed by Issock, P. (October 2012), Durban.

Navesh. Interviewed by Issock, P. (October 2012), Durban.

Precious. Interviewed by Issock, P. (October 2012), Durban.

Redy. Interviewed by Issock, P. (November 2012), Durban.

Ryan. Interviewed by Issock, P. (October 2012), Durban.

Sana. Interviewed by Issock, P. (October 2012), Durban.

Sharleen. Interviewed by Issock, P. (October 2012), Durban.

Simthe. Interviewed by Issock, P. (November 2012), Durban.
Steph. Interviewed by Issock, P. (October 2012), Durban.
Tasny. Interviewed by Issock, P. (October 2012), Durban.
Tati. Interviewed by Issock, P. (October 2012), Durban.
Tim. Interviewed by Issock, P. (November 2012), Durban.
Will. Interviewed by Issock, P. (October 2012), Durban.
Yoyo. Interviewed by Issock, P. (October 2012), Durban.

Secondary sources

Action on Smoking and Health. 2011a. Tobacco Policy and the European Union. [Online]. Available at: <http://www.ash.org.uk>. [Accessed 28 Aug 2012]

Action on Smoking and Health. 2011b. Tobacco regulation. [Online]. Available at: <http://www.ash.org.uk>. [Accessed 28 Aug 2012]

Ajzen, I. 1991. The theory of planned behaviour. *Organizational Behaviour and Human Decision Processes*, 50, pp.179-211.

Albers, A. B., Siegel, M., Cheng, D. M., Biener, L., and Rigotti, N. A. 2007. Effect of smoking regulations in local restaurants on smokers' anti-smoking attitudes and quitting behaviours. *Tobacco Control*, 16, pp. 101 – 106.

Anger, S., Kvasnicka, M. & Siedler, T. 2010. One Last Puff? Public Smoking Bans and Smoking Behaviour, IZA DP, 4873, pp. 1-35.

Armitage, C.J., Conner, M. 2001. Efficacy of the Theory of Planned Behaviour: A meta-analytic review. *British Journal of Social Psychology*, 40, pp. 471 -499.

Asare, B. E. 2009. Tobacco regulation in South Africa: Interest groups and public policy. *African Journal of Political Science and International Relations*, 3 (3), pp. 99-106.

Aveyard, P., Markham, W. A., & Cheng, K. K. 2003. A methodological and substantive review of the evidence that schools cause pupils to smoke. *Social Science and Medicine*, 58(11), pp. 2253–2265.

Awotedu, A.A., Jordaan, E.R., Ndukwana, O.Z.B., Fipaza, N.O., Awotedu, K.O., Martinez, J., Foyaca-Sibat, H. & Mashiyi, M.K. 2006. The smoking habits, attitudes towards smoking and knowledge regarding anti-smoking legislation of students in institutions of higher learning in the Eastern Cape Province of South Africa. *South African Family Practice*, 48(9), pp. 14.

Babbie, E. & Mouton, J. 2006. *The practice of social research*. South African Edition. Oxford University Press Southern Africa.

Babbie, E. 2007. Paradigms, theory and social research. In: *The Practice of Social Research*, 11th edition. Belmont, CA: Thomson Wadsworth, pp. 30-59.

Baillie, L., Callaghan, D. & Smith, M.L. 2010. Canadian Campus Smoking Policies: Investigating the Gap Between Intent and Outcome From a Student Perspective. *Journal of American College Health*, 59(4), pp. 260- 265.

Baker, T.B., Brandon, T.H. & Chassin, L. 2004. Motivational influences on cigarette smoking. *Annual Review of Psychology*, 55, pp. 463-491.

Bandura, A. 1977. Self-efficacy: Toward a unifying theory of behaviour change. *Psychological Review*, 84, pp. 191 – 2.

Berg, C.J., Lessard, L., Parelkar, P.P., Thrasher, J., Kegler, M.C., Escoffery, C., Goldade, K., and Ahluwalia, J.S. 2011. College student reactions to smoking bans in public, on campus and at home. *Health Education Research*, 26 (1), pp. 106 – 118

Blanche, M.T., Durrheim, K., Painter, D. 2006. *Research in Practice: applied methods for the social sciences*, 2nd edition, Cape Town: University of Cape Town Press.

Blecher E. Illicit Trade in South Africa. *Trends in Organized Crime*. Vol Atlanta, Ga: American Cancer Society; Forthcoming.

Blecher, E.H. 2006. The effects of the Tobacco Products Control Amendment Act of 1999 on restaurant revenues in South Africa: a panel data approach. *South African Journal of Economics*, 74(1): 123-130.

Bonnin, D. 2010. E-mail to Mr. Pool. [Online]. 17 November. Available at: pabloissock@yahoo.fr . [Accessed 24 April 2012]

Braun, V. & Clarke, V. 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, pp. 77-101.

Brehm, S. S., & Brehm, J.W. 1981. *Psychological reactance: A theory of freedom and control*. New York: Academic Press.

Bronfenbrenner, U. 1979. *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.

Brown, A., Moodie, C., and Hasting, G. 2009. A longitudinal study of policy effect (smoke-free legislation) on smoking norms: ITC Scotland/United Kingdom, *Nicotine and Tobacco Research*, 11 (8), pp. 924 – 932.

Cancer Association of South Africa. 2012. Fact Sheet of the Cancer Association of South Africa (CANSA) on Tobacco Products. [Online]. Available at: http://www.givengain.com/cause_data/images/1056/Position_Statement_on_Tobacco_Products_March2012.pdf [Accessed April 2012]

Centre for Disease Control and Prevention. 2013. Health effects of Second Hand Smoke. [Online]. Available at: http://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/health_effects/ [Accessed 25 July 2013]

Chang, C. 2006. Psychological Motives Versus Health Concerns: Predicting Smoking Attitudes and Promoting Antismoking Attitudes. *Journal of Health Communication*, 24, pp: 1– 11.

Chapman , S., Borland , R., Scollo , M., Brownson , R. C., Dominello, A., and Woodward , S. 1999. The impact of smoke-free workplaces on declining cigarette consumption in Australia and the United States. *American Journal of Public Health*, 89 , pp. 1018 – 1023 .

Chapman, S. 1986. *Great Expectations: Advertising and the Tobacco Industry*. London: Comedia.

Chapman, S. 2002. Blaming tobacco's victims. *Tobacco Control*, 11, pp. 167-168.

Chassin, L., Presson, C. C., Rose, J. S., & Sherman, S. J. 1996. The natural history of cigarette smoking from adolescence to adulthood: Demographic predictors of continuity and change. *Health Psychology*, 15(6), 478–484. doi:10.1037/0278-6133.15.6.478

Cohen, E.L., Shumate, M. D., & Gold, A. 2007. Anti-smoking media campaign messages: Theory and practice. *Health Communication*, 22(2), pp. 91 – 102.

Conner, M. & Armitage, C. J. 1998. Extending the theory of planned behavior: A review and avenues for further research. *Journal of Applied Social Psychology*, 28 (15), pp. 1429-1464.

Corcoran, N. 2007. Theory and models in communicating health messages. *Communicating health: Strategies for health promotion*, pp. 5 – 31.

Darling, N., & Cumsille, P. 2003. Theory, measurement and methods in the study of family influences on adolescent smoking. *Addiction*, 98, pp.21-36.

Davies, M.B. 2007. *Doing a Successful Research Project: using qualitative or quantitative methods*. New York: Palgrave MacMillan.

- Descombe, M. 2001. Uncertain Identities and Health Risking Behaviour: the Case of Young People and Smoking in Late Modernity. *British Journal of Sociology*, 52 (1), pp. 157-177.
- Dickens, L. & Watkins, K. 1999. Action Research: Rethinking Lewin, *Management Learning*, 30(2), pp: 127–140.
- Dolby, N. E. 2001. *Constructing Race*, New York: State University of New York Press.
- Doucet, J. M., Velicer, W.F., and Laforge, R. G. 2007. Demographic differences in support for smoking policy interventions. *Addict behave*, (32); pp. 148- 57
- Dresler-Hawke, E. & Veer, E. 2006. Making healthy eating messages more effective: combining integrated marketing communication with the behaviour ecological model. *International Journal of Consumer Studies*, 30, pp. 318- 326.
- Fila, S.A., & Smith, C. 2006. Applying the Theory of Planned Behaviour to healthy eating behaviours in urban Native American youth. *International Journal of Behavioral Nutrition and Physical Activity*, 3, (11), pp. 1-10.
- Finlay, L. And Gouch, B. 2003. *Reflexivity: A Practical Guide for Researchers in Health and Social Sciences*. Oxford: Blackwell.
- Fishbein, M., and Cappella, J. N. 2006. The Role of Theory in Developing Effective Health Communications, *Journal of Communication*, 56, pp. 1-17.
- Fry, G., Grogan, S., Gough, B., and Conner, M. 2008. Smoking in the lived world: How young people make sense of the social role cigarettes play in their lives, *British Journal of Social Psychology*, 47, pp. 763-780
- Gharaibeh, H., Haddad, L., Alzyoud, S., El-Shahawy, Abu Baker, N., and Umlauf, M. 2011. Knowledge, Attitudes, and Behavior in Avoiding Secondhand Smoke Exposure Among Non-Smoking Employed Women with Higher Education in Jordan, *International Journal of Environmental Research and Public Health*, 8, pp:4207-4219.
- Gilbert, E.2005. Contextualising the medical risks of cigarette smoking: Australian young women’s perceptions of antismoking campaigns. *Health, Risk & Society* 7(3), 227–245.
- Gilgun, Jane F. 2010. Reflexivity and qualitative research. *Current issues in Qualitative research*, 1(2), pp: 1-8

Godin, G., Valois, P., Lepage, L. & Desharnais, R. 1992. Predictors of smoking behaviour – an application of Ajzen's theory of planned behaviour. *British Journal of Addiction*, 87, pp: 1335 – 1343.

Govender, M. 2011. Meeting to address the complaints held in February 2011.[Online]. 19 May. Available at :pabloissock@yahoo.fr . [Accessed 24 April 2012].

Greenwood, D. J., Levin, M. 1998. *Introduction to Action Research: Social Research for Social Change*, Thousand Oaks: Sage Publication Inc.

Griffin, K. W., Botvin, G. J., Doyle, M. M., Diaz, T., & Epstein, J. A. 1999. A six-year follow-up study of determinants of heavy cigarette smoking among of high-school seniors. *Journal of Behavioral Medicine*, 22, pp. 271-284.

Groenewald, P., Vos, T., Norman, R., Laubscher, R., van Walbeek, C., Saloojee, Y., Sitas, F., Bradshaw, D. & the South African Comparative Risk Assessment Collaborating Group. 2007. Estimating the burden of disease attributable to smoking in South Africa in 2000. *South African Medical Journal*, 97(8), pp. 674-681.

Grünkemeier, E. 2013. Breaking the silence: *South African Representation of HIV/AIDS*, Woodbridge: James Currey.

Guidon, G. E., Tobin, S., and Yach, D. 2002. Trends and affordability of cigarette prices: ample room for tax increases and related health gains. *Tobacco Control*, 11, pp. 35 – 43.

Hennink, M., Hutter, I., Bailey, A. 2011. *Qualitative Research Methods*, London: SAGE Publications Ltd.

Hesse-Biber, S. and Leavy, P. 2006. *The Practice of Qualitative Research*. Thousand Oaks CA: Sage Publications.

Hsia, F. & Spruijt-Metz, D. 2003. The meanings of smoking among ChineseAmerican and Taiwanese American college students. *Nicotine & Tobacco*, 5, (6), 837–849.

Huan-Ying, L., & Reich, M. R. 2012. Case: Tobacco Control Policy in South Africa: Study guide, Harvard School of Public Health.

Kothari, A., Edwards, N., Yanicki, S., Hansen-Ketchum, P. and Kennedy, M.A. 2007. Socioecological Models: Strengthening Intervention Research in Tobacco Control. *Drogue, Sante et Societe*, 6 (1), 337 – 364

Kumar, R. 2011. *Research methodology*, (3rd), London: Sage Publications Ltd

Lavin, D., & Groarke, A. 2005. Dental floss behaviour: A test of the predictive utility of the theory of planned behaviour and the effects of making implementation intentions. *Psychology, health, and Medecine*, 10, pp. 243- 252

Lee, H., Hubbard, A.S.E., O’Riordan, C.K.& Kim, S. 2006. Incorporating Culture into the Theory of Planned Behavior: Predicting Smoking Cessation Intentions among College Students. *Asian Journal of Communication*, 16, (3), pp. 315 – 332.

Ling , P. M., & Glantz, S. A. 2002. Why and how the tobacco industry sells cigarettes to young adults: Evidence from industry documents. *American Journal of Public Health*, 92, 908 – 916 .

Lopez A.D., Collishaw N.E. and Piha T. 1994. A descriptive model of the cigarette epidemic in developed countries. *Tobacco Control*, 3, 242-247.

Lynch, I., de Bruin, L.M., Cassimjee, N. & Wagner, C. 2009. A qualitative investigation of South African cigarette smokers’ perceptions of fear appeal messages in anti-smoking advertising. *Health SA Gesondheid*, 14(1), pp. 13-19.

Maguire, K. & Love, K. 2006. Health and fear: A study of the use of fear in promoting healthy behaviours among 18–25 year old students in relation to smoking. *Journal of Environmental Health Research* 5(2), pp: 95–104.

McLeroy, K.R., Bibeau, D., Steckler, A. & Glanz, K. 1988 An Ecological Perspective on Health Promotion Programs. *Health Education Quarterly*, Vol. 15(4): 351-377.

McMillan, B., & Conner, M. 2003. Using the theory of planned behaviour to understand alcohol and tobacco use in students. *Psychology, Health and Medicine*, 8, pp. 317 - 328.

McMillan, B., Higgins, A., & Conner, M. 2005. Using an extended Theory of Planned Behavior to Understand smoking amongst schoolchildren. *Addiction Research and Theory*, 13 (3), pp. 293 – 306.

Mercken, L., Candel, M., Van Osch, L. and de Vries, H. 2011. No smoke without fire: The impact of future friends on adolescent smoking behaviour. *British Journal of Health Psychology*. 16, pp: 170- 188.

Meyer. J. 2000 Using qualitative methods in health related action research. *British Medical Journal*, 320, pp: 178 -181.

Montazeri, A. & McEwen, J. 1997. Effective communication: Perception of two anti-smoking advertisements. *Patient Education & Counselling*. 30, pp.29–35.

National Cancer Institute. 2005. *Theory at a Glance: A Guide for Health Promotion Practice*. NHI Pub.

National Council Against Smoking. 2011a. Second Hand Smoke. [Online]. Available at: <http://www.againstsmoking.co.za/good-news-sa-to-become-100-smokefree/>, [Accessed August 2012]

National Council Against Smoking. 2011b. Good News: SA to become 100% smoke free. [Online]. Available at: <http://www.againstsmoking.co.za/second-hand-smoke/> [Accessed August 2012]

Norman, P., Conner, M. & Bell, R. 1999. The theory of planned behavior and smoking cessation. *Health Psychology*, 18, pp. 89 – 94.

Northridge, M.E. 2001. Why we need an international agreement on tobacco control. *American Journal of Public Health*, 91(2), pp. 191-192.

Orbell, S., Lidiierth, P., Henderson, C. J., Geeraert, N., Uller, C., Uskul, A. K., & Kyriakaki, M. 2009. Social–cognitive beliefs, alcohol, and tobacco use: A prospective community study of change following a ban on smoking in public places. *Health Psychology*, 28(6), pp. 753.

Patterson, F., Lerman, C., Kauffman, V.G., Neuner, G.A. & Audrain-McGovern, J. 2004. Cigarette smoking practices among American college students: Review and future directions. *Journal of American College Health*, 52(5), pp. 203 – 210.

Peltzer, K. 2008. Tobacco use trends among adolescents and adults in South Africa. *Journal of psychology in Africa*, 18(2), pp. 339-346.

Polacek, G.N.L., and Atkins, J.L. 2008. Smoking Behavior, Attitude of Second-Hand Smoke, and No-Smoking Policies on a University Campus. *The Health Educator*, 40 (1), pp. 37 – 45.

Poland, B.D., Stockton, L., Ashley, M.J., Pederson, L.L., Cohen, J.E., Ferrence, R., & Bull, S.B. 2000. Interactions Between Smokers and Non-Smokers in Public Places: A Qualitative Study. *Tobacco Control*, 9, p. 364-371.

Poulsen, L. H., Osler, M., Roberts, C., Due, P., Damsgaard, M. T., & Holstein, B. E. 2002. Exposure to teachers smoking and adolescent smoking behaviour: analysis of cross sectional data from Denmark. *Tobacco control*, 11 (3), 246 – 251.

Poutvaara, P., and Siemers, L.H.R. 2007. Smoking and Social Interaction, IZA DP No. 2666

Prochaska, J., Norcross, J., & DiClemente, C. 1994. *Changing for Good*. New-York: Avan Books.

Rehan, V.K., Sakurai, R. and Torday, J.S. 2011. Thirdhand smoke: a new dimension to the effects of cigarette smoke on the developing lung. *American Journal of Physiology- Lung Cellular and Molecular Physiology*, 301 (1), L1 – L8.

Rigotti, N. A., Lee, J. E., & Wechsler, H. 2000. US college students' use of tobacco products results of a national survey. *Journal of the American Medical Association*, 284, pp. 699–705.

Rigotti, N.A., Regan, S., Moran, S.E. & Wechsler, H. 2003. Students' opinion of tobacco control policies recommended for US colleges: A national survey. *Tobacco Control*, 12, pp. 251-256.

Ringold, D.J. 2002. Boomerang effects in response to public health interventions: Some unintended consequences in the alcoholic beverage market. *Journal of Consumer Policy* 25(1), 27–63.

Robinson, S & Bugler C. 2008. Smoking and drinking among adults, 2008. *General Lifestyle Survey 2008*. ONS.

Ross, H., & Chaloupka, F. J. 2003. The effect of cigarette prices on youth smoking. *Health economics*, 12(3), pp. 217-230.

Sallis, J.F., Owen, N., & Fisher, E.B. 2008. Ecological Models of Health Behaviour. In: Glanz, K., Rimer, B.K and Viswanath, K. 4th edition. *Health Behaviour and Health Education*. San Francisco: Jossey-Bass

Saloojee, Y., & Steyn, K. 2005. Educating medical students about tobacco. *South African Medical Journal*, 95, pp. 330–331.

Sasco, A. J., & Kleihues, P. 1999. Why can't we convince the young not to smoke?, *European Journal of Cancer*, 35, pp. 1933-1940.

Scheffels, J. 2009. Stigma, or sort of cool: Young adults' accounts of smoking and identity, *European Journal of Cultural Studies*, 12, pp. 469-485

Schensul, S. L., Schensul, J. J. and LeCompte, M. D. 1999 *Essential Ethnographic Methods: Observations, Interviews, and Questionnaires* (Book 2 in Ethnographer's Toolkit). Walnut Creek, CA: AltaMira Press.

Schiavo, R. 2007. *Health Communication: From Theory to Practice*. San Francisco: Jossey-Bass.

Seo D C, Macy JT., Torabi MR., Middlestadt SE. 2011. "the effect of a smoke free campus policy on college student's smoking behaviours and attitudes", *Preventive Medicine*, vol 53, No 347- 352

Simons, H. 2009. *Case Study Research in Practice*. London: Sage.

Sitas, F., Urban, M., Bradshaw, D., Kielkowski, D., Bah, S. & Peto, R. 2004. Tobacco attributable deaths in South Africa. *Tobacco Control*, 13(4), pp. 396-399.

Snape, D. And Spencer, L. 2003. The foundations of qualitative research. In: Ritchie, J., and Lewis, J., *Qualitative Research Practice. A Guide for Social Science Students and Researchers*. London: Sage Publications.

South Africa. 1993. Tobacco Products Control Act 83, 1993

South Africa. 1999. Tobacco Products Control Amendment Act 12, 1999

South Africa. 2007. Tobacco Products Control Amendment Act 23, 2007

South Africa. 2008. Tobacco Products Control Amendment Act 63, 2008

Stokols, D. 1996. Translating Social Ecology Theory into Guidelines for Community Health Promotion. *American Journal of Health Promotion*, 10 (4), pp. 282 – 298.

World Bank. 1999. Curbing the epidemic: governments and the economics of tobacco control. Series: Development in practice. Washington DC: World Bank

Thun, M., Peto, R., Boreham, Jilian., Lopez, A. D. 2012 Stages of the cigarette epidemic on entering its second century. *Tobacco Control*, 21: 96- 101.

Tomaselli, K. G. 2010. Of Campuses and Communication. *The UKZN Griot*, August, p.8, col. 6

Tomaselli, K. G., & Chasi, C. 2011. *Development and public health communication*. Cape Town: Pearson.

Tomaselli, K. G. 2012. Consuming Nature: Antarctica, Penguins and Pollution, *Critical Arts:South-North Cultural and Media Studies*, 26 (3), pp: 328 – 352.

Tomaselli, K. G. 2013. Of Trash and Garbology. *The UKZN Griot*, July, p. 1-2.

Treiman, D. J. 2005. The Legacy of Apartheid: Racial Inequalities in the New South Africa, Paper presented at the Conference on Ethnic Minority Disadvantage in the Labour Market: Cross-National Perspective, University of California Los Angeles, London, 14th November.

Tyas, S. L., & Pederson, L. L. 1998. Psychosocial factors related to adolescent smoking: A critical review of the literature. *Tobacco Control*, 7, pp. 409-420.

U.S. Department of Health and Human Services. 2007. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. [Online] Available at:

<http://www.surgeongeneral.gov/library/secondhandsmoke/factsheets/factsheet1.html> (Accessed on 20 April 2011).

U.S. Department of Health and Human Services. 2010 How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services Centres for Disease Control and Prevention, National Centre for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

UCT Club 2012. UCT Club home page. Available at <http://www.uctclub.uct.ac.za/index.php?pid=23> [Accessed 25 May 2012].

Unger, J.B. 2011. Cultural Identity and Public Health. In: Schwartz, S.J., Luyckx, K. and Vignoles, V.L. ed. *Handbook of Identity Theory and Research*. New York: Springer. pp. 811-825.

Valodia, I. 2011. Email to Mr Pool. [Online]. 13 May. Available at: pabloissock@yahoo.fr. [Accessed 24 April 2012].

Van Walbeek C. 2001. Recent trends in smoking prevalence in South Africa--some evidence from AMPS data. *South African Medical Journal*, 92, p.468-472.

Van Walbeek, C. P. 2002. *The Economics of Tobacco Control in South Africa*. Applied Fiscal Research Centre, School of Economics, University of Cape Town: Cape Town.

Van Walbeek C. 2005. Tobacco control in South Africa. *Promt Educ*; suppl 4:25-8.

Van Walbeek, C. P. 2007. Effects of the Tobacco Products Control Amendment Act of 1999 on restaurant revenues in South Africa – a survey Approach. *South African Medical Journal* 97(3), 208.

Wakefield, M. A., Chaloupka, F., Kaufman, N.J., Orleans, C.T., Barker, D.C., and Ruel, E.E. 2000. Effect of restrictions on smoking at home, at school, and in public places on teenage smoking: Cross sectional study. *British Medical Journal*, 321, pp. 333 – 337

Wakefield, M., Flay, B., Nichter, M. & Giovino, G. 2003. Effects of anti-smoking advertising on youth smoking: A review. *Journal of Health Communication*, 8, pp. 229- 247.

Welman, C., Kruger, F. and Mitchell, B. 2005. *Research Methodology*. (3rd). Cape Town: Oxford University Press Southern Africa.

West, R. 2006. Tobacco control: present and future. *British Medical Bulletin*, 77 and 78, pp. 123-136.

West, R. 2007. What lessons can be learned from tobacco control for combating the growing prevalence of obesity? *Obesity Reviews*, 8 (1), pp. 145-150.

White, V. M., Warne, C. D., Spittal, M. J., Durkin, S., Purcell, K. & Wakefield, M. A. 2011. What impact have tobacco control policies, cigarette price and tobacco control programme funding had on Australian adolescents' smoking? Findings over a 15-year period, *Addiction*, vol. 106, no. 8, pp. 1493– 1502.

World Health Organisation. 2011. *WHO Report on the Global Tobacco Epidemic: warnings about the danger of tobacco*. Geneva: World Health Organisation.

Wilcox, P. 2003. An ecological approach to understanding youth smoking trajectories: problems and prospects. *Addiction*, 98 (Suppl 1), pp. 57–77

Wilkins, N. 2000. The Economics of Tobacco Control in South Africa: Lessons for Tobacco Control Toolkit Development, In: WHO. *Briefing note prepared for the WHO meeting on the Development of Toolkits for Tobacco Control Legislations and Economic Interventions*, March 30 – 31. Geneva: World Health Organisation.

Williams, R. D., Barnes, J.T., and Hunt, B. P. 2011. Health Beliefs Related to Second-Hand Smoke and Smoke-free Policies in a College Community. *American Journal of Health Studies*, 26(3), pp: 153- 159.

Wolburg, J.M. 2006. College students' responses to anti-smoking messages: Denial, defiance, and other boomerang effects. *The Journal of Consumer Affairs* 40(2), pp. 294–323.

Wolfson, M., McCoy, T., & Sutfin, E. 2009. College students' exposure to second-hand smoke. *Nicotine Tob Res*, 11, pp: 977–984.

Yach, D. & Paterson, G. 1994. Tobacco advertising in South Africa with specific reference to magazines. *South African Medical Journal*, 84(12), pp. 838-841.

Yin, R.K. 2003. *Case study research: Design and methods* (3rd ed.). Thousand Oaks, CA: Sage.

Zapata, L. B., Forthofer, M. S., Eaton, D. K., Brown, K. M., Bryant, C. A., Reynolds, S. T., & McDermott, R. J. 2004. Cigarette use in 6th through 10th grade: The sarasota county demonstration project. *American Journal of Health Behavior*, 28, pp. 151-165.

Zoellner, J., Krzeski, E., Harden, S., Cook, E., Allen, K., and Estabrooks, P. A. 2012. Qualitative Application of the Theory of Planned Behavior to Understand Beverage Consumption Behaviors among Adults, *Journal of the Academy of Nutrition and dietetics*, 112 (11), pp. 1774 – 1784.

Appendices

Appendix 1: Consent form

INFORMED CONSENT FORM

Dear Participant,

My name is Paul Issock and I am a Masters student at the University of KwaZulu-Natal (UKZN), Howard College Campus. I am conducting a research study on better understanding smokers' behaviour in non-smoking areas, under the Centre for Communication and Media and Society (CCMS). This research process forms part of my Master's thesis entitled:

A Critical Analysis of Smokers' Behaviour in a Designated Non-Smoking Area: A Case Study of the MTB Coffee Shop, University of KwaZulu-Natal, South Africa.

This study aims to better understand and explain why smokers disregard the smoking policy at the MTB coffee shop. The results will help to inform future interventions in this area.

Please be advised that you may choose not to participate in this research study, and should you wish to withdraw at a later stage, you have the full right to do so and your actions will not disadvantage you in anyway. You are invited to participate in a semi-structured interview.

There is no material or financial benefits attached to participating in this research study, and your participation is entirely voluntary. The information obtained from the interview will be treated in a confidential manner, and will be safely stored at the University of KwaZulu-Natal. Thank you for taking part in this study and your input will add significant value to this research project.

Should you need further clarity or have any questions regarding this research study, please contact me or my research supervisor.

Researcher:
Paul Blaise Issock Issock

Research Supervisor:
Prof. Keyan Tomaselli

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Your participation is much appreciated, thank you.

DECLARATION:

I, hereby declare that I am fully aware of the contents of this Informed Consent Form and the nature of this research project. I fully agree to participate in this research project as a volunteer, and therefore I have the right to refuse to answer any questions.

I also have the right to withdraw from this research study at any point, should I wish to do so, and my actions will not disadvantage me in any way.

Signature of Participant

Date

Appendix 2: Interview guide with Smokers

Semi-structured interview guide to be administered to smokers at the Memorial Tower Building (MTB) coffee shop

My name is Paul Issock and I am a Masters student at University of KwaZulu-Natal (UKZN), Howard College. I am conducting a research study to better understand smoking behaviour in non-smoking areas at Howard College. I am interested in investigating the reasons why some smokers at the Memorial Tower Building (MTB) coffee shop do not respect the non-smoking policy on this site. I would appreciate your responses or views to some questions about this topic. Thus, I will ask you questions about your knowledge and perception of the non-smoking policy at the Howard College campus, your attitude toward these restrictions, the social influence you face when you smoke at the MTB coffee shop, as well as your ability to avoid smoking at this site. There are no right or wrong answers. Please tell me how you feel and what you really think about these issues.

DEMOGRAPHIC

Gender		Age	
Race		Faculty and school	
Level of study			

KNOWLEDGE

- 1- What do you know about the smoking legislation concerning public places in South Africa?
- 2- What do you know about the non-smoking policy at the Howard College campus?
- 3- What are the consequences of smoking at the MTB coffee shop (on health, other people's health, the environment.etc.)?
- 4- What are the dangers of Second Hand Smoke?

PERCEPTION

- 5- How do you feel about the existing smoking restrictions at the MTB coffee shop?
- 6- How do you feel about the MTB coffee shop being a non-smoking area?
- 7- How do you feel about your smoking at the MTB coffee shop which is a designated non-smoking area?
- 8- How do you feel about the right of non-smoker to have a pure and safety environment at the MTB coffee shop?

ATTITUDE

- 9- What do you believe are the *advantages* of smoking at the MTB coffee shop?(What benefits do you draw from smoking at the MTB coffee shop?)

10-What do you believe are the *disadvantages* of smoking at the MTB coffee shop?
(What are the negative effects that might result from smoking at the MTB coffee shop?)

11-What do you like/ dislike about smoking at the MTB coffee shop?

12-What do you think about non-smokers who might be exposed to the smoke coming from your cigarette when you smoke at the MTB coffee shop?

13-How would you react if a non-smoker seating next to you at the MTB coffee shop would hinder you from smoking near him/ her?

14-How would you react if an individual would point you the no-smoking sign affixed at this site while you are smoking?

FACTORS THAT LEAD PEOPLE TO SMOKE AT THE MTB COFFEE SHOP

15-Why is there a policy banning smoking at the MTB coffee shop?

16-Why do you smoke at the MTB coffee shop, which is a designated non-smoking area?

17-Why do you frequent the MTB coffee shop?

SUBJECTIVE NORMS

18-Who do you think, would *approve* of your smoking in non-smoking areas like the MTB coffee shop?

19-Which individuals or groups would *disapprove* of your smoking in non-smoking areas like the MTB?

20-Who do you like to sit with when you are at the MTB coffee shop? (Who do you like to smoke with when you are at the MTB coffee shop?)

21- Who are the individuals who might influence your smoking at the MTB coffee shop?

22-How do you think smokers perceive you when you are smoking at the MTB coffee shop? How do you think non-smokers perceive you when you are smoking at the MTB coffee shop?

23-How do you think people close to you (friends, girl friend, relatives, lecturer etc.) perceive your smoking at the MTB coffee shop?

PERCEIVED BEHAVIOURAL CONTROL / SELF EFFICACY

24-What would make you stop smoking at the MTB coffee shop?

25-What factors make it difficult or impossible for you to respect the non-smoking policy at the MTB coffee shop and elsewhere on the campus?

26-What do you think UKZN should do to help you stop smoking at the MTB coffee shop?

27-What should you personally do in order to stop smoking at the MTB coffee shop?

28-What practical measures would help you and other people to respect smoking restrictions at the MTB coffee shop?

 Thank you for your participation.

Appendix 3: Interview guide with non-smokers

SEMI-STRUCTURED INTERVIEW GUIDE TO BE ADMINISTERED TO NON-SMOKERS AT THE MEMORIAL TOWER BUILDING (MTB) COFFEE SHOP

My name is Paul Issock and I am a Masters student at University of KwaZulu-Natal (UKZN), Howard College. I am conducting a study research to better understand smoking behaviour in non-smoking areas at Howard College, UKZN. I am interested in investigating the reasons why smokers who frequent the Memorial Tower Building (MTB) coffee shop do not respect the non-smoking policy at this site. I am also going to look at how non-smokers feel about smokers not respecting the campus' non-smoking policy, especially at the MTB coffee shop. I would appreciate your responses or views to some questions about this topic. Thus, I will ask you questions about your knowledge and perception of the existing non-smoking policy at the MTB coffee shop, as well as your attitude towards smokers at this site. There are no right or wrong answers. Please tell me how you feel and what you really think.

DEMOGRAPHIC

Gender	Age
Race	Faculty and school
Level of study	

KNOWLEDGE

- 1- What do you know about the smoking legislation concerning public places in South Africa?
- 2- What do you know about existing smoking restrictions at the MTB coffee shop?
- 3- What is the purpose of the smoking restrictions at the MTB coffee shop?
- 4- How does the cigarette smoke coming from a smoker seating next to you at the MTB coffee shop affect your health?

GENERAL PERCEPTION OF SMOKERS AND POLICY AT THE MTB COFFEE SHOP

- 5- How do you feel about the non-smoking policy at the MTB coffee shop?
- 6- How do you feel about people smoking at the MTB coffee shop (notwithstanding "No smoking" signs are visible at this site)?

ATTITUDE TOWARDS SMOKERS' BEHAVIOUR

- 7- What challenges do you face when you are seated at (or passing by) the MTB coffee shop next to someone who is smoking?
- 8- Why are you frequenting the MTB coffee shop notwithstanding the cigarette smoke overwhelming this site? (Why are you avoiding the MTB coffee shop?)

- 9- How should smokers behave at the MTB coffee shop with regards to the existing non-smoking policy?
- 10- How should non-smokers behave at the MTB coffee shop with regards to the non-smoking policy?
- 11- How will a smoker (or smokers) react if you ask him or her (or them) to stop smoking at the MTB coffee shop?

SMOKERS' INFLUENCE

- 12- With whom do you like to sit when you are at the MTB coffee shop?
- 13- What brings you at the MTB coffee shop? (What discourages you from frequenting the MTB coffee shop?)
- 14- How do you think people perceive you when you sit **among smokers** at the MTB coffee shop?

ABILITY TO BRING SMOKERS TO RESPECT THE POLICY

- 15- What have you done so far, to bring smokers to respect smoking restrictions at the MTB coffee shop? If nothing, why haven't you done anything about it?
- 16- What are the things that impede you to ask to a smoker to stop smoking at the MTB coffee shop?
- 17- What should you do as a non-smoker, to bring smokers to respect the non-smoking policy at the MTB coffee shop?
- 18- What should UKZN authorities do to get smokers to respect the non-smoking policy at the MTB coffee shop?

 Thank you for your participation.