When One Size Doesn't Fit All: Developing Gendered Internet-Based Messages for Youth About Breast Cancer and Smoking

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Smoking affects more than lungs....

- Tobacco smoke contains approximately 20 mammary carcinogens (California Environmental Protection Agency, 2005).
- A causal association between active smoking & regular exposure to secondhand smoke (SHS) & premenopausal breast cancer has been demonstrated (Collishaw et al., 2009).
- Vulnerability high during breast cell growth (Innes & Byers, 2001; Lash & Aschengrau, 1999; Okasha, McCarron, Gunnell, & Smith, 2003).







Goal: To raise awareness among youth about girls' increased risk for BC when exposed to tobacco smoke

Objectives:

□To develop gender- and Aboriginal-tailored messages

□To evaluate youths' responses to the tailored messages



Program of Research

START is nested within the British Columbia Adolescent Substance Use Survey (BASUS)

BASUS	Wave 2 (Spring 2010)	Wave 3 (Fall 2010)	Wave 4 (Spring 2011)	Wave 5 (Fall 2011)	Wave 6 (Spring 2012)
START	Phase 1 BASUS data used to identify and characterize groups based on smoking status, gender and ethnicity	Phase 2 Message development (Qualitative; focus groups)	Phase 3 Message delivery and evaluation using a randomized trial (including a partial cross-over) nested within the ongoing BASUS cohort study		evaluation I (including a ed within the study



START: Message Development Phase

 Message strategies developed via 8 focus groups



 43 youth aged 12 to 17 (18 were female, 20 were of Aboriginal descent)

(Bottorff et al., 2010; Haines et al., 2010)



Be Breast Friends for Life





Girls' Views

- Girls should know this
- Focus on what's important to girls – e.g., connections with others (girlfriends)
- Use novel images
- Use a "real life example"
- Offer strategies to avoid tobacco exposure

"It makes more of an impact when it shows like a real life story, that it could happen, instead of statistics or facts or something."

"[It] gave you the information that you needed to know. Because it might be hard to tell your friend to quit smoking [or] like 'go somewhere else.' It might be a little awkward to bring it up. And having a suggestion would make it a little easier."

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Boys' Views



- Use "catchy" but not "cheesy" messages
- Needs to be easily recognized as a message for boys - don't pay attention to usual BC messages
- Liked idea of "respecting girls"
- Using overtly sexualized images/messaging was distracting – didn't read the message.

Tailored START Messages

Girls' Messages

Smoking affects more than your lungs. Cigarette smoke, even second hand smoke, puts girls at risk of breast cancer at an early age. Avoid places where you and your friends are exposed to second hand smoke. START If you smoke, think about quitting. Do it for yourself and for all the girls you know. Smoking affects more than your lungs. Cigarette smoke, even second hand smoke, puts girls at risk of breast cancer at an early age. Avoid places where you and your friends are exposed to second hand smoke. **START**

If you smoke, think about quitting. Do it for yourself and for all the girls you know.

Boys' Messages

HEY GUYS, SHOW YOU CARE!

Respect the girls around you by not exposing them to second hand smoke.



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HEY GUYS, SHOW YOU CARE!

Respect the girls around you by not exposing them to second hand smoke.



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Standard Message

WARNING YOU'RE NOT THE ONLY ONE SMOKING THIS CIGARETTE

The smoke from a cigarette is not just inhaled by the smoker. It becomes second-hand smoke, which contains more than 50 cancer-causing agents.

Health Canada



START: RCT Phase





Measures

- Demographics
- □ Smoking behaviour
- □ Message viewing time
- Perceived risk
- U Worry
- □ Information-seeking





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Participant Characteristics		Intervention n (%)	Control n (%)
Gender [*]	Male	310(48)	348(42)
	Female	339(52)	491(59)
Age in years***	13	92(14)	172(21)
	14	351(54)	480(57)
	15	206(32)	187(22)
Ethnicity	Aboriginal	71(11)	96(11.8%)
	Other	555(89)	717(88)
Family member has had BC*	Yes	153(25)	154(20)
Have tried smoking tobacco-	Yes	60(9)	104(12)
Does anyone smoke in your	Yes	60(9)	107(13)
Past month's exposure to SHS	Every day	20(3)	35(4)
rast month's exposure to Sho	Almost every day	70(11)	(1)
	At least once a week	153(24)	236(28)
	At least once in past month	281(44)	347(43)
	Never	110(17)	119(15)
Tobacco identified as a risk factor for BC	Yes	172(27)	208(25)

Exposure to intervention



Time spent reading messages



Intervention group significantly differs from control group at p<0.001



Post-intervention relative risk

My smoking increases my risk of BC (smoking girls)		0.84€	
If I start smoking, it will increase my risk of BC (non- smoking girls)	-		1.14€€**
Exposure to SHS increases my risk of BC (all girls)	-		1.14 ^{€€**}
Exposure to SHS increases girls' risk of BC (all girls)	-		1.14€€**
Exposure to my SHS increases BC risk of the girls I spend time with (smoking girls)	-		1.13€
Exposure to SHS increases girls' risk of BC (all boys)	-		1.10 ^{€€*}
Exposure to my SHS increases BC risk of the girls I spend time with (smoking boys)			1.10€
	0 0.	.5 1	1.5

 ${}^{{\ensuremath{\in}}}$ Unadjusted RR due to small sample size

^{€€}Adjusted RR for age, family history of BC, smoking status of family and peers, and having tried cigarettes. *p<0.01, **p<0.001



Post-intervention worry



I am worried that I could get BC because I am exposed to someone else's SHS (all girls)

I am worried that I could get BC because of my cigarette smoking (smoking girls)

I am worried that I could get BC if I started smoking cigarettes (nonsmoking girls)

I am worried that SHS from other peoples' cigarette smoke increases girls' risk for getting BC (all girls)

I am worried that SHS from my cigarette smoking increases the BC risk of the girls that I spend time with (smoking girls)

I am worried that SHS from other peoples' cigarette smoke increases girls' risk for getting BC (all boys)

I am worried that SHS from my cigarette smoking increases the BC risk of the girls that I spend time with (smoking boys)

€ Unadjusted RR due to small sample size € Adjusted RR for age, family history of BC, smoking status of family and peers, and having tried cigarettes. *p<0.01



Interest in receiving more information



[€]Unadjusted RR due to small sample size

^{€€}Adjusted RR for age, family history of BC, smoking status of family and peers, and having tried cigarettes.

*p<0.01, **p<0.001

*Girls' responses significantly differed at p<0.05



Conclusions

- Tailored + framed, gender-specific messages appear to increase awareness
- Girls' response may be related to physical/social changes with transition to womanhood
- Findings suggest masculine norms can be repositioned to promote young men's involvement in girls/women's health issues
- Interactive technologies hold promise for cost-effective, gendered health promotion



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