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Correlates of perceived smoking prevalence among Korean American emerging adults

Christian J. Cerrada, Jennifer B. Unger, and Jimi Huh

University of Southern California, Department of Preventive Medicine, Los Angeles, CA

Abstract

Background—Perceived smoking prevalence, a strong predictor of actual smoking behavior, may be influenced by the ethnicity and gender of the reference group presented to Korean American emerging adults.

Methods—Self-identifying Korean and Korean Americans aged 18–25 (N=475), were invited to complete a 15–20 minute online survey about their attitudes towards smoking. Predictors of perceived smoking prevalence were evaluated separately for four reference groups: Caucasian Americans, Korean Americans in general, Korean American men, and Korean American women.

Results—Respondents' smoking status was associated with perceived smoking prevalence for all reference groups except Caucasian Americans, even among light smokers. Father's smoking status was associated with perceived smoking prevalence for Korean American men, only among females respondents.

Discussion—Findings suggest that ethnicity and gender of both the reference group and respondents influence smoking rate estimates. Tailoring intervention content to the target population's gender and ethnicity may be a way to enhance smoking prevention strategies.

Keywords

perceived smoking norms; emerging adults; Korean American smokers

BACKGROUND

The current national estimate of smoking prevalence among Asian American adults is 10.7%, the lowest rate among all racial and ethnic groups in the United States (1). Aggregated statistics like this obscure the wide variation in health outcomes across Asian

Corresponding Author: Christian J. Cerrada, 2001 N. Soto Street, SSB-1 3rd Floor, Los Angeles, CA 90032, 914-523-7267, Cerrada@usc.edu.

Christian J. Cerrada, B.S., 2001 N. Soto Street, SSB-1 3rd Floor, Los Angeles, CA 90032, 914-523-7267, Cerrada@usc.edu

Jennifer B. Unger, Ph.D., 2001 N. Soto Street, SSB-1 302P, Los Angeles, CA 90032, 323-442-8234, unger@usc.edu

Jimi Huh, Ph.D., 2001 N. Soto Street, SSB-1 302Y, Los Angeles, CA 90032, 323-442-8240, jimihuh@usc.edu

Disclosure of potential conflicts of interest

The authors do not report any conflict of interest.

Research involving human participants and/or animals

The Institutional Review Board at University of Southern California approved the study protocol.

Informed Consent

All participants completed informed consent prior to beginning the survey.

American ethnicities and mask groups that may be at higher risk for disease. For example, current smoking estimates have been as high as 17.1% among Korean American women and 36.7% among Korean American men (2, 3). Given this disparity in tobacco use within what is often considered a monolithic racial group, it is critical to understand the unique social and cultural contexts of smoking that contribute to this ethnic group's high risk for tobacco-related disease.

Studies of smoking among Korean Americans have elucidated culturally linked pressures to smoke. In focus groups conducted in New York, Korean American men described feeling pressured to conform to peers who smoked and that smoking is an integral aspect of male gender identity (4). Focus groups among Korean American emerging adults (KAEA) aged 18–25 in California described smoking as a way to enter Korean social networks in both high school and college settings and that smoking is a “natural” behavior (5). Additionally, gender differences in the relationship between acculturation and smoking among Korean Americans suggest that males and females experience different cultural contexts of smoking. Specifically, males who are less acculturated to the U.S. and females who are more acculturated report higher rates of smoking behavior (6). Thus, KAEA may be at especially heightened risk for tobacco use due to perceived culture and gender related norms.

Perceived smoking norms among peers or close friends are associated with youth's actual smoking behavior. Botvin et al demonstrated in a longitudinal study that youth who overestimated smoking behavior among peers were more likely to engage in smoking behavior two years later compared to their counterparts who did not overestimate (7). Another study showed that youth who initiated smoking or intensified their smoking in the past year had perceived greater smoking prevalence among their peers a year earlier (8). Commonly documented predictors of overestimating smoking prevalence include gender, age, ethnicity, close friends' smoking, and family members' smoking (9, 10). Studies among youth in Malaysia and Hong Kong have demonstrated that females are more likely to overestimate peers' smoking rates, but that the relationship between overestimation and actual smoking behavior was stronger among males (11, 12).

THEORETICAL FRAMEWORK

According to Social Identity Theory, individuals' overall self-concept is derived from multiple social categories with which they identify (13). Moreover, individuals adopt norms and behaviors of others they perceive to share a social identity with, which may have implications for health behaviors (14). Given the prominence of cigarette smoking in Korean culture (15), it is likely that smoking is also ingrained in Korean and Korean American sociocultural identity. Further, studies have shown that group norms regarding health behaviors are associated with intentions to change only among individuals who highly identify with the reference group (16). It stands to reason that KAEA's perceived smoking norms and smoking behavior will be associated with a reference group they identify with or want to emulate.

The aforementioned studies have focused primarily on perceived smoking prevalence among peers or classmates where ethnicity is not specified, and thus do not capture the extent to

which participants identify with these groups. Of those, only one (Unger & Rohrbach) addressed smoking prevalence among “similar” others (9). They found no association between smoking prevalence estimates among peers and actual smoking prevalence among respondents who shared the same ethnicity, gender, and academic performance. Still, for minority youth living in a multicultural context, it is unclear whether ethnicity- and gender-specific prevalence estimates of particular groups are associated with individual smoking behavior. For example, when Korean Americans are asked to estimate the smoking prevalence of their peers, it is unclear whether they are using Koreans, a generic perception of Americans, or Korean Americans as their reference group. Given that smoking is more prevalent among certain groups, e.g. Korean Americans compared to Caucasian Americans and Korean American men compared to women, further investigation of reference group characteristics are needed.

Family member’s smoking status is also a common predictor of youth’s own smoking behavior among Asian cultures (17). One factor particularly relevant to Korean Americans, and to other Asian American ethnic groups, is substantially higher prevalence of smoking among Korean males compared to females (3). Because smoking behavior appears to be heavily associated with gender norms and gender identity, i.e. being a man (4), the influence of father’s smoking status may also influence male KAEA’s perceptions of smoking normativity differently from their female counterparts.

Another potentially important aspect of smoking behavior among Korean Americans is the high prevalence of light smoking (1–9 cigarettes a day) and intermittent smoking (non-daily), particularly among females (18). Findings from the 2003 California Health Interview Survey show that 68.4% of Korean American adult women smokers were light or intermittent smokers vs. only 36.6% of male smokers (18). Data collected from 1999 to 2008 (the most recent available) show that approximately 75% of Korean American smokers were light or intermittent smokers (19). Since data were not reported for Korean Americans by age group, it is unclear whether these results are consistent among emerging adults (aged 18–25) and how they relate to perceptions of smoking prevalence among this group.

The primary objective of this study was to determine if common predictors of perceived smoking prevalence depend on the ethnicity and gender of the reference group among KAEA. A secondary objective was to investigate the relationship between smokers’ intensity level based on self-reported number of cigarettes smoked per day and perceptions about smoking normativity. We hypothesized that gender, current smoking status, and father’s smoking status would predict perceived smoking prevalence among Korean Americans and not Caucasian Americans. We sought to explore whether these associations were additionally influenced by respondents’ smoking intensity.

METHODS

Participants

Recruitment for the study occurred from June through October 2012. Research assistants sent private messages through various social media platforms (e.g. Facebook, Kakaotalk) to their peer network, posted a “general status” to their social media peers, and created an

online open Facebook page with study information. Study information was also spread through word of mouth. Finally, research assistants approached participants in areas where there were high concentrations of Korean Americans. Participants who met the study criteria, self-identifying Korean or Korean Americans aged 18–25, were invited to complete a 15–20 minute survey hosted by SurveyMonkey either online or on their mobile phone. The Institutional Review Board at University of Southern California approved the study protocol. All participants completed informed consent prior to beginning the survey.

Data Collection and Measures

The questionnaire was developed using information from focus groups and included measures on perceptions of smoking prevalence, attitudes towards secondhand smoking exposure, and cultural perception of smoking (5). Respondents had the choice of completing the online surveys in either English or Korean and were compensated with \$20 for their participation. Surveys were completed from June to November 2012.

Demographic characteristics—Participants recorded their age, sex, ethnic identity, and self-reported current smoking status. Of those who smoked ($n=114$), only 29% reported smoking more than 10 cigarettes per day.

Smoking Intensity—Current smokers were classified as heavy or light smokers based on average number of cigarettes smoked per day. Light smokers were those who smoked 10 or fewer cigarettes a day. While there is inconsistency in how heavy and light smoking is defined, we used cutoffs suggested by Tong et al (18), which reflect typical smoking habits among Asian American youth.

Father's Smoking Status—Participants indicated whether their father was a current smoker, former smoker, or never smoker. Former and never smokers were collapsed into a single “non-smoker” category.

Perceived Smoking Prevalence—Participants were asked to estimate smoking rates in free response: “Out of 10 _____ Americans, how many would you guess that they smoke?” The reference groups were: Caucasian Americans, Korean Americans, Korean American men, and Korean American women.

Acculturation—The 8-item Acculturation, Habits, and Interests Multicultural Scale for Adolescents (AHIMSA) Acculturation Scale (20) was used to measure acculturation. An example item includes “I am most comfortable being with people from ...”. Response options include: United States, Korea, Both, or Neither. Scores were generated by tallying each response endorsed, resulting in four subscales with each score ranging from 0 to 8: assimilation (i.e. orientation to US culture), separation (i.e. orientation to Korean culture), integration (i.e. orientation to both U.S. and Korean culture), and marginalization (i.e. orientation to neither culture). Only three of the four subscales at maximum are to be used to avoid collinearity (20) and the separation subscale was elected because higher smoking prevalence is observed in Korea (50% among men and 14% among females) (21).

Statistical Analysis

KAEA's perceptions of smoking prevalence were compared for Caucasian Americans, Korean Americans in general, Korean American men, and Korean American women separately. Given similar rates of smoking between White males and females (21.1 vs. 18.4), perceived smoking prevalence was not asked for males and females separately (1). Four multiple linear regression models were conducted to examine and compare potential predictors of perceived smoking prevalence across the four reference groups. These included gender, current smoking status, father's smoking status, orientation to Korean culture, and age, which are common correlates of perceived prevalence. After covariates were entered into the regression model, interaction terms were included to determine whether the effect of current smoking and father's smoking status depended on gender of the participant. We also tested for the interaction of smoking intensity with gender.

RESULTS

475 KAEA, the majority of whom resided in Southern California, completed the survey (Mean age=21.1, SD age=2.2; 43.7% Male, see Table I). 25% were current smokers. Among current smokers, 60% were male and approximately 17% were light smokers. Smoking rates among the sample's fathers align with current prevalence estimates (3). Our sample overestimated smoking prevalence in all reference groups. For example, over 90% of respondents overestimated rates among Korean American men, with approximately half of the respondents overestimating the rates by double or more. Complete findings have been presented elsewhere (5).

Standardized beta coefficients from multiple regression analyses are presented in Table II. Females consistently perceived a greater percentage of smokers across all reference groups (p 's <0.01), controlling for age, smoking status, father's smoking status, and orientation to Korean culture. Current smoking status was also a significantly positive predictor of perceived smoking prevalence for all groups except Caucasian Americans ($\beta=.10$, n.s.); smokers perceived higher smoking rates among Korean Americans ($\beta=.17$, $p<0.01$), Korean American men ($\beta=.14$, $p<0.01$), and Korean American women ($\beta=.19$, $p<0.001$) than their non-smoker counterparts, controlling for age, gender, and orientation to Korean culture. Main effects of father's smoking status were not significant for perceived prevalence for any of the reference groups. Interestingly, Korean-orientation was also not a significant predictor of perceived smoking prevalence for any of the reference groups. Further analysis also showed that none of the four acculturation subscales were associated with the outcome variable (not shown).

We then tested the interaction of current smoking status and father's smoking status with male gender (see Model 2's in Table II). When estimating smoking prevalence among Korean Americans in general, females own smoking status was not a significant predictor of perceived smoking prevalence ($\beta=.04$, n.s.). However, the significant interaction term ($\beta=.19$, $p<0.05$) revealed that this relationship holds for males only. There was also a significant interaction term for father's smoking status and gender ($\beta=-.16$, $p<0.05$) for the Korean American men reference group; the females whose fathers smoked reported higher perceived

smoking prevalence ($\beta=.16$, $p<0.05$) and this relationship was not observed for males ($p>0.05$).

We also examined the effects of participants' smoking intensity on perceived prevalence, controlling for gender, age, father's smoking status, and orientation to Korean culture. Compared to non-smokers, light smokers estimated greater smoking prevalence for Korean Americans ($p<0.01$), Korean American men ($p<0.05$), and Korean American women ($p<0.01$). For the Caucasian American reference group, only heavy smokers perceived greater smoking prevalence compared to non-smokers ($p<0.05$). Heavy smokers did not perceive greater smoking prevalence than light smokers for any reference group (p 's >0.05). Interactions between each smoking level and gender were not significant (not shown).

DISCUSSION

Our findings demonstrate that common predictors of perceived smoking prevalence, except for gender, vary across the reference group presented to participants. For example, we showed that current smoking status was a significant positive predictor of perceived smoking prevalence for all three Korean American reference groups and not for Caucasian Americans. This overall pattern is consistent with previous research on group norms using social identity theory (16). Perceived smoking prevalence, which captures the normativity of smoking behavior, was associated with respondents' own smoking behavior only for reference groups that were ethnically similar to our sample.

With regard to gender, females consistently estimated greater smoking prevalence among all groups compared to males. This finding aligns with extant research where females overestimate smoking prevalence among peers to a greater extent than males (9–12). One possible explanation is that because, on average, women are less likely to engage in substance use, they are more likely to have misperceptions about its prevalence (22). Indeed, 34.0% of the males in our sample were smokers compared to only 16.5% among females.

Two additional explanations for overestimation include the false consensus effect and stereotyping. The false consensus effect occurs when individuals overestimate the prevalence of their own behavior in the population (23). Stereotyping, on the other hand, occurs when individuals overestimate the prevalence of an attribute that is consistent with a particular group (24). Ames proposes a similarity contingency model where the type of overestimation depends on the individual's perceived similarity to the group. Specifically, those who perceive high similarity to a reference group will exhibit the false consensus effect whereas those who perceive low similarity will stereotype (25).

Our findings regarding gender differences in overestimation provide support for a similarity contingency model. For the Korean American reference group, we observed that the relationship between perceived smoking norms and own smoking behavior was influenced by respondents' gender; it existed only for males. When asked to think about smokers among Korean Americans without explicit mention of gender, participants may have automatically based their perceptions on Korean American men, the group for which smoking is most common. We speculate that male smokers perceived greater similarity to

this group and projected their smoking behavior more than females. Alternatively, males may have initiated smoking to match perceived smoking norms relevant to an ethnically similar group.

When the gender of the Korean American reference group was made explicit, respondents appeared to relate to their own father's smoking behavior in order to estimate smoking prevalence among Korean American men. Females with fathers who were current smokers perceived greater smoking prevalence than females with non-smoker fathers. For males, however, this relationship did not exist. It appears that females, who are not part of the Korean American men in-group, stereotyped smoking behavior among this reference group, especially when their father also smoked.

After dividing current smokers into two categories by smoking intensity, light and heavy smokers, we observed a similar pattern of overestimation by smoking status. In this case, light smokers perceived greater smoking prevalence compared to non-smokers among all groups, except for Caucasian Americans. Again, we observed that overestimation occurred only for groups with which respondents were ethnically similar. Interestingly, there were no differences in perceived smoking prevalence between light smokers and heavy smokers. This suggests that the association between overestimating smoking behavior and actual smoking behavior exists so long as KAEA are smokers, regardless of intensity.

Contrary to what we would expect, acculturation was not associated with perceived smoking prevalence. Given higher rates of smoking among Koreans in Korea, in contrast to Korean Americans (21), we would expect that those who identified more strongly to Korean culture would perceive greater smoking prevalence. Our finding suggests that the perception of smoking in a Korean American context as normative is pervasive among KAEA regardless of acculturation level.

A few limitations warrant further discussion. Because the data come from cross-sectional self-report surveys, we are unable to draw conclusions about the relationship between smoking behavior and perceived smoking prevalence. Specifically, our data do not provide evidence that greater perceived smoking prevalence is causally related to individuals' initiation of and/or continued smoking. However, given the past research suggesting a causal association between perception and smoking, we speculate that a similar relationship also exists among KAEA.

Our convenience sample is predominantly from California, a state where smoking prevalence is lower than other parts of the country, i.e. 14.0% among adults and 7.4% among Asian Americans (26). Thus, our results may not be generalizable to KAEAs living in areas where there is greater smoking prevalence or where there are smaller concentrations of Korean Americans. Because California is home to the largest proportion of Korean Americans in the country (30%) (27), culture and gender norms surrounding smoking behavior may be more pronounced. In addition, because participants were recruited primarily through social media, non-users of social media may have been underrepresented in our sample.

Finally, since we did not assess participants' perceived similarity to the reference groups, we are unable to provide strong evidence for the similarity contingency model. Although all participants in the study identified as either "Korean" or "Korean American" and reported high levels of bicultural orientation, future studies should explicitly assess perceived similarity to reference groups.

CONCLUSION

Altogether, these results suggest that certain characteristics, namely ethnicity and gender of both the reference group and responders, are influential factors to consider for perceived norms for cigarette use. Our study adds to the literature by applying a social identity framework to smoking norms and behavior among an understudied ethnic minority group. We provide evidence supporting previous work that emphasized the role of identity in the relationship between group norms and behavior. In addition, we demonstrate the relationship between norms and behavior even among light smokers, a category under which many KAEA and Asian American youth fall. For interventionists who work with minority youth to correct misperceptions about smoking prevalence, considering the target population's gender and ethnicity may be a way to enhance their prevention strategy. For example, correcting prevalence estimates of smoking among Korean Americans in general may be more effective among male KAEA, regardless of their smoking intensity level.

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Table I**Demographics**

	Mean	SD	%
Gender (male)			43.7
Age	21.1	2.2	
Smoking status			
Non smoker			75.9
Light smoker			17.0
Heavy smoker			7.1
Father's smoking status (Yes)			29.2
% Males who are current smokers			34.0
% Females who are current smokers			16.5
Perceived smoking prevalence among:			
Caucasian Americans	44.6	19.2	
Korean Americans	63.5	20.2	
Korean American men	70.2	20.7	
Korean American women	43.9	20.9	
Acculturation			
Korean Orientation (Separation)	1.7	2.1	

Perceived smoking prevalence was measured out of 10, e.g. 44.6% = 4.46/10.

Table II

Linear regression models of predictors of perceived smoking prevalence

	Among Caucasian Americans		Among Korean Americans		Among Korean American men		Among Korean American women	
	<i>Model</i>		<i>Model</i>		<i>Model</i>		<i>Model</i>	
	1	2	1	2	1	2	1	2
Male	-.16**	-.16*	-.20 [†]	-.21 [†]	-.23 [†]	-.20**	-.19 [†]	-.18**
Current smoker (yes)	.10	.02	.17**	.04	.14**	.06	.19 [†]	.14
Father's smoking status	.06	.12	.06	.13*	.06	.16*	.06	.10
Current smoker × male		.12		.19*		.12		.07
Father's smoking status × male		-.10		-.12		-.16*		-.06

* p<0.05;

** p<0.01;

[†] p<0.001

The models control for age and acculturation (Korean orientation)