

LIFESTYLE: WOMEN & SMOKING

Issue/Problem

The high incidence of smoking amongst women and girls in Northern Ireland

Evidence Base (Equality & Inequalities Report)

Prevalence of Smoking by Gender

In 1983 the percentage of females over 16 who smoked was 29%, this figure peaked in 1990/91 at 31%, dropping to 27% between 1994 and 1997, with another rise to 29% in 1998/99 before decreasing again in 2002/03.

During 2000/01 there were more female than male current smokers at 28% and 27% respectively, but 26% of both genders were current smokers in 2002/03.

Ref: Continuous Household Survey in "Equality and Inequalities in Health and Social Care in Northern Ireland: A Statistical Overview (DHSSPS, 2004:135).

Data from the Continuous Household Surveys show a downward trend in the prevalence of cigarette smoking over the last 20 years amongst those aged 16 and over, from 33% in 1983 to 26% in 2002.

However, whilst the percentage of male smokers in Northern Ireland has decreased from 39% in 1983 to 27% in 2002/03, the decrease among women has been less marked (29% in 1983 to 26% in 2002/03).

Ref: Continuous Household Survey in "Equality and Inequalities in Health and Social Care in Northern Ireland: A Statistical Overview (DHSSPS, 2004:135).

Women and Non-Smoking

In a report commissioned by the DHSSPS, Evandrou & Falkingham (2004) highlight that cross-sectionally a greater proportion of women state that they have never smoked than men of the same age.

Ref: Evandrou & Falkingham (2004) in "Equality and Inequalities in Health and Social Care in Northern Ireland: A Statistical Overview (DHSSPS, 2004:138).

Women, Occupation and Smoking

Women in semi-skilled or unskilled manual jobs are over three times as likely to be current smokers (37% and 38% respectively) compared with women in professional occupations (11%).

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Two important points have emerged from the analysis by Evandrou and Falkingham. Firstly, the odd for women smoking in 2000 were more than two times greater for those working in a manual occupation than in a non-manual occupation. Secondly, the rate of smoking cessation has been greater amongst men than women in manual occupations.

Ref: Evandrou & Falkingham (2004) in “Equality and Inequalities in Health and Social Care in Northern Ireland: A Statistical Overview (DHSSPS, 2004:138).

Young Women, Pregnancy and Smoking

Women aged 20 or under are more likely to smoke before or during pregnancy than those aged 35 and over (61% and 30%) of respectively. They are also more likely to smoke through pregnancy (43%) than women aged 35 and over (21%).

Ref: Infant Feeding Survey 1995 and 2000 cited in “Equality and Inequalities in Health and Social Care in Northern Ireland: A Statistical Overview (DHSSPS, 2004:107-108).

Evidence Base (Literature Review)

Why Do Women Smoke?

The causes relating to the rise of smoking amongst women are complex and include factors such as the changing position of women in society, women’s increasing social and economic independence, a lack of health education specifically targeted at women, and the tobacco industry’s deliberate attempts to target their products at women^{1 2}.

Addressing the Needs of Disadvantaged Women

Women, Smoking & Low Income

Research suggests that people on low income are most likely to take up smoking; least able to give up smoking; least able to afford smoking; and, most likely to experience increased material hardship because of their expenditure on tobacco³. There are many reasons why people on low incomes, particularly women, are more likely to smoke including modelling by parents, social environment, economic insecurity, isolation and stress of caregiving, poorer psychological and physical health, and lack of optimism and self esteem⁴.

There are lower smoking cessation rates amongst women in low-income groups. Barriers to smoking cessation for low-income women include lack of financial stability and frequent changes in employment status (which impacts upon self-esteem and motivation to quit), fear of weight gain, and lack of social support).

Lone mothers and their children are particularly vulnerable to tobacco use. Research suggests that the hardship that lone parents face is a major barrier to smoking cessation, whilst at the same time the financial and health burdens imposed by smoking further deepens the difficulties they experience⁵.

Young Women & Smoking

A recent report by the NHS Health Development Agency notes that smoking rates for young women are higher than those for young men. The report highlights the growing body of evidence that suggests that, even at an early age, young women smoke for different reasons and have different patterns of smoking that may quickly tie them into the habit. The report further notes that the impact of smoking on their health is even greater for those young women who face the added disadvantage associated with poor education, low income and single motherhood⁶.

Evidence from both surveys and telephone helplines demonstrate that a significant proportion of young smokers do want to quit smoking. However, services which are set up primarily for adults are unlikely to be suitable for young smokers. Research highlights a need for current smoking cessation services to consider the needs of young smokers⁷.

Smoking & Pregnancy

In Northern Ireland, Catholic women are more likely than Protestant women to smoke before or during pregnancy (38% and 33% respectively).

Reducing the prevalence of smoking during pregnancy is one of the key priorities of the Five Year Tobacco Action Plan. Smoking in pregnancy is associated with many adverse effects for the mother, the foetus and the newly born baby including miscarriage, placenta damage, pre-term delivery, low birth weight perinatal death and sudden infant death syndrome⁸.

There is an urgent need to identify more effective methods of reducing smoking during pregnancy. However, in regards to developing effective smoking cessation interventions it should be noted that pregnant women are not a homogenous group. Age, ethnicity, economic status, level of education and number of pregnancies have all been identified as major variables which may influence the likelihood of smoking cessation⁹.

There is some evidence to suggest that younger women are more likely to smoke during pregnancy and that older, more educated women, have better smoking cessation rates during pregnancy. There is also some evidence that suggests low income, pregnant

adolescents continue, or may even increase smoking during pregnancy to control weight and avoid dieting in the postpartum period¹⁰.

Women, Ethnicity & Smoking

Smokers from minority ethnic groups smoke fewer cigarettes than the UK population as a whole. Smoking rates for women from minority ethnic groups tend to be much lower than for men (8% or lower amongst Indian, Pakistani, Bangladeshi and Chinese women). Smoking rates tends to be higher amongst women in some minority ethnic groups in comparison to others (e.g. a 1999 survey reported that 28% of Black Caribbean women in England and Wales smoke)¹¹. However, it is important to note that although prevalence of smoking is low amongst women in minority ethnic groups, it is reported that a high proportion of Bangladeshi women chew tobacco, which in itself has serious health risks¹².

The lower uptake of smoking amongst women in some minority ethnic groups may be associated with the stigma attached to female smoking and/or women’s relative lack of access to economic resources in certain communities.

Women, Sexual Orientation & Smoking

Results from several health surveys (mainly US-based studies) over the last 15 to 20 years suggest that lesbians are more likely than heterosexual women to smoke (it should be noted that such studies are limited by a number of methodological problems). Findings from research on women in the general population provide some insight into the potential risk factors for smoking amongst gay women including factors such as higher rates of stress and depression (e.g. resulting from marginalisation and social exclusion)¹³.

Hughes and Jacobson (2003) suggest that greater knowledge of how sexual orientation might influence smoking can inform and guide prevention and treatment programmes aimed at reducing tobacco use among women.

Women, Disability and Smoking

There appear to be few smoking cessation programmes targeted specifically at people with disabilities. It is suggested that given the high rates of smoking among women with disabilities and the increased risk of secondary conditions, smoking cessation efforts for this particular population should be given a much higher priority. Recognition much be given to the barriers experienced by women with disabilities when accessing smoking cessation services (e.g. transportation and cost barriers)¹⁴.

Women, Mental Health and Smoking

Smoking prevalence is suggested to be significantly higher among people with mental health problems in comparison to the general population. People with psychotic disorders living in institutions are believed to be particularly vulnerable. McNeil (2001) stresses that this is an important yet poorly addressed public health concern.

Research suggests that both men and women with mental health problems who smoke feel excluded from mainstream smoking cessation programmes. A range of appropriate interventions for people with mental health problems must be identified and guidance for professionals involved in mental health in regards to supporting smokers with mental health problems should be devised¹⁵.

Is the issue/problem being addressed by current or proposed strategies and policies? On what level?

General Population-Based Policies and Initiatives

Five Year Tobacco Action Plan

The overall aim of the [Five-Year Tobacco Action Plan 2003-2008](#) is to create a tobacco free society. The key objectives of the plan are preventing people from starting to smoke, helping existing smokers to quit and protecting non-smokers from tobacco smoke. Although the plan is aimed at the population of Northern Ireland as a whole three target groups have been identified - children and young people, pregnant women who smoke, and disadvantaged adults who smoke. The Action Plan contains a range of interventions relating to smoking prevention and cessation including the development of public information campaigns, the promotion of sustainable specialist smoking cessation services in a variety of settings, and the promotion of no smoking policies in the workplace.

Health and Social Service Boards, Trusts, Local Health and Social Care Groups and others bodies such as the Health Promotion Agency have taken numerous steps to tackle to issue of smoking including the implementation of various smoking cessation services. Multi-agency, multi-disciplinary [Tobacco Control Groups](#) have been established in each of the four HSS Board areas to plan and support smoking cessation initiatives.

A Healthier Future: DHSSPS Smoking Consultation

In December 2004, the Department of Health, Social Services and Public Safety (DHSSPS) published [A Healthier Future: A New Twenty Year Regional Strategy for Health and Wellbeing](#), which sets out a vision of how health and social services will develop in Northern Ireland. A Healthier Future highlights the need to reduce smoking as a key element in improving the health of the population.

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The document outlined the intention of the DHSSPS to conduct a public consultation on smoke-free public places and workplaces. The consultation offered three policy options including a total ban on smoking in all enclosed public places and workplaces in Northern Ireland. A ban on smoking in Government buildings is currently in place. The full outcome of the consultation is pending.

HSS Board, Trust and LHSCG Activities

A [Smoking Cessation Co-ordinator](#) has been appointed in each of the four HSS Board areas to oversee the implementation of effective smoking cessation services. *Some examples* of smoking cessation and prevention initiatives in each Board area are outlined below.

Eastern Health and Social Services Board¹⁶:

- Provision of specialist training to dentists in the EHSSB area to help their patients quit smoking.
- Promotion of the Mouth Cancer Awareness Week which highlights the link between smoking and oral cancer.
- Provision of small grants to voluntary and community organisations to facilitate smoking cessation and education programmes with young people and adults.

Western Health and Social Services Board¹⁷

- Development of a smoking cessation video for those providing smoking cessation and prevention services.
- LHSCG commissioned research into smoking and young people and smoking amongst people with mental health problems.

Southern Health and Social Services Board¹⁸

- SHSSB worked in co-operation with Development Patient Partnerships to launch a new “Game Chart” to help people quit smoking.
- Provision of specialist training to smoking cessation specialists.

Northern Health and Social Services Board¹⁹

- Establishment of a Smoking in Pregnancy Group that aims to help pregnant smokers who wish to quit. Includes representative from disciplines such as midwifery, nurse managers, health promotion and Sure Start.

The Role of the Health Promotion Agency

The Northern Ireland Health Promotion Agency is involved in a wide range of smoking prevention and cessation activities including:

- Public Information Campaigns – media advertisements, posters and leaflets outlining the risks associated with smoking and passive smoking.
- “No Smoking Day” – media campaigns, promotion of the Smokers’ Helpline.

- Smoke Free Northern Ireland website - www.smokefreenorthernireland.com is a website development by the HPA to act as a central point for accessing information, resources and links relating to organisations who support the campaign for smoke free workplaces.
- Activities aimed at Young People – the HPA’s website www.up-to-you.net, aimed at Year 8, 9 and 10 students, provides advice and information on the risks associated with smoking and passive smoking.

The Role of Healthcare Professionals in Smoking Cessation

There are two levels of intervention provided by healthcare staff in regards to smoking cessation. The first level comprises of brief opportunistic advice which is mainly delivered during the course of routine consultation by a range of healthcare professionals. The second comprises of specialist cessation interventions that include the delivery of intensive advice and support on a one to one basis or in groups by health professionals who are specially trained to deliver such services²⁰. In 2003 the DHSSP published a [Training Framework](#) setting out minimum standards setting minimum standards for the different levels of smoking cessation interventions and describing the knowledge and skills necessary to deliver high quality smoking cessation interventions to regional standards.

The Role of Voluntary and Community Agencies

Many voluntary and community organisations in Northern Ireland make a valuable contribution to smoking cessation and prevention. For example, [The Ulster Cancer Foundation](#) has been responsible for the provision of specialist training to healthcare professionals throughout each Board area. The Foundation also deliver a wide range of projects including to co-ordination of an annual “No Smoking Day”, adolescent smoking cessation in schools, the UCF Stop Smoking Clinic.

Examples of Policies/Initiatives Targeted at Women

Pregnant women are one of the three main target groups highlighted in the Five Year Tobacco Action Plan. A range of smoking cessation initiatives are currently in operation in NI which are aimed at encouraging pregnant women to give up smoking both during and after their pregnancies. The Health Promotion Agency (HPA), for example, has developed a range of resources including the “*Give your baby a breather*” leaflet which are available in antenatal units. In 2004 the HPA also hosted a seminar that attracted a range of experts on smoking and its effects on the unborn child.

A number of Sure Start initiatives and midwives also provide smoking cessation and prevention advice and support for pregnant

women and mothers on low incomes.

Is the problem amenable to further intervention by the DHSSPS or other?

Women & Smoking – Interventions

A report published by the Health Development Agency, "[*Searching for the Solution: Women, Smoking and Inequalities in Europe*](#)" (Bostock, 2003), identifies a wide range of interventions to address the issues of smoking amongst women, especially amongst those in low-income groups. Interventions in the areas of research, the biomedical research agenda, tailoring tobacco control, and expanding networks and building alliances are highlighted in the report. A number of these interventions are outlined below (however, please refer to the report for the full range of recommendations).

Research Issues

- There has often been a failure of researchers and others to identify gender specific issues for men and women in regards to smoking. 'Gender mainstreaming' must be introduced into tobacco control research, programmes and strategies.

The Biomedical Research Agenda

- There is a relative scarcity of research studies that examine the relationship between smoking and certain outcomes of importance to women's health. The report highlights that a gender sensitive approach to biomedical research is needed which identifies the differentiated effects of tobacco smoke on women and girls. Specific areas for research considered to be urgent include, for example, the effects of nicotine dependence on women; the impact of hormone replacement therapy; investigating the links between smoking and osteoporosis; the impact of smoking on condition; and the impact of smoking pre-pregnancy.

Tailoring Tobacco Control

- Governments should use a proportion of tobacco tax to address the dimensions of disadvantage and provide cessation services focused on low-income smokers.
- Broad based tobacco control strategies should take a gender perspective and a gender sensitive approach which includes developing and promoting a greater understanding of the impact of smoking amongst low-income women and their children.
- Develop a good infrastructure that provides back-up and support for women at local level in regards to smoking cessation in addition to mass-media campaigns. Such support could include local cessation programmes, self-help groups, locally developed materials and trained local workers.

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- There is a need for women-centred community based programmes targeted at specific groups such as low-income pregnant women, low-income mothers, immigrants in local communities, and residents in long stay hospitals.

Expanding Networks/Building Alliances

- A more proactive approach to which emphasis the importance of tobacco control policies should be taken. There is a need to mobilise people at grassroots level and links between women's organisations/groups should be encouraged to ensure the development of effective strategies and programmes that reach poorer women. This should include building a network/alliances with women's health groups, women's political and social groups, organisations concerned with poverty and social exclusion, the teaching profession, those working in the area of homelessness, environmental groups, those working in the area of mental health, prisons and prison welfare organisations, charities that work with women, labour unions/organisations, women's media and advertising agencies.

Young Women – Interventions

Reducing smoking amongst young people is a priority, however, research suggests that efforts in prevention have largely been ineffective given that many current smoking cessation initiatives in the UK are targeted at adults. A report by the Health Development Agency, "[Smoking Cessation in Young People: Should We Do More to Help Young Smokers Quit?](#)" states that there is a lack of research into what interventions are effective and acceptable with young people. The report further highlights the need for a co-ordinated effort to develop and evaluate smoking cessation interventions for young people in the UK.

- Consideration must be given to delivering cessation services in locations acceptable and accessible to younger people. Young people may be reluctant to access school-based cessation services due to issues around confidentiality. Many may not be able to afford the costs of transport to services located in hospitals or health centres.
- Some school-based initiatives have report high levels of satisfaction by young people. However, it may be useful to explore the use of outsiders rather than teachers in school based cessation services. Exploring the use of other education settings, other than schools, such as training colleges and universities may be more effective for young people.
- GP surgeries, health centres, family planning clinics and youth centres may be useful locations in which to base smoking cessation services for young people. Partnerships between health professionals and youth services should be developed in particular.

- The provision of telephone helplines specifically geared towards young people may be effective. Particularly those that ensure confidentiality.
- Well-designed computer based programmes, which offer the user as much, or as little, information as the user wants may be effective for young people.

Pregnant Women – Interventions

Barriers to accessing smoking cessation services for pregnant women can include lack of childcare facilities, travel and transport difficulties, and the difficulties arising from fitting in smoking cessation meetings/groups with other domestic arrangements²¹.

An additional area of concern is the high rate of relapse of women who give up smoking during pregnancy and relapse within a few months of giving birth.

Research suggests that an emphasis on the pregnant woman's behaviour as an area for intervention has tended to obscure the effects of their partners' smoking habits and prevented the development of an appropriate emphasis on the partners' smoking. This is an important area for intervention given that the presence of fathers/partners who smoke in the pregnant smokers' social network affects both the extent of passive smoking and the extent to which she will have support to quit²².

A report published by Health Canada, [*Expecting to Quit: A Best Practices Review of Smoking Cessation Interventions for Postpartum Girls and Women*](#), emphasises that part of a comprehensive response to smoking amongst pregnant women should be policies that improve the social determinants of health such as housing and income. The notion of smoking as a “lifestyle choice” must be replaced with the acknowledgement that smoking is a social structural issue.

The report identifies a range of components that are important elements of smoking cessation interventions targeted at pregnant women. These include:

- Quit Guides: take-home, patient-focused guides to quitting, usually incorporating some skill building, tips on reduction and cessation and advice.
- Counselling: delivered by a range of practitioners from obstetricians to peers.
- Support: the identification and involvement of a “buddy” for the pregnant woman to assist with providing social support during the cessation process.
- Partner counselling/social context: identification of the smoking patterns of the partner and friends and family as key aspects of

Inequalities and Unfair Access Issues Emerging from the DHSSPS (2004) “Equality and Inequalities in Health and Social Care: A Statistical Overview” Report

the assessment process.

- Information: educational material about pregnancy and smoking in the form of pamphlets or videos.
- Follow-up: with a view to sustaining the impact of the other components and offering encouragement.
- Incentives: Both financial and symbolic rewards.
- Groups: support groups or group counselling to deliver and/or sustain the intervention.

The report highlights that multi-component approaches to smoking cessation amongst pregnant women are the most effective approaches.

¹ ASH (1998) *Big Tobacco and Women: what the tobacco industry's confidential documents reveal*. Ash Cancer Research Campaign, November 1998. www.ash.org.uk/html/conduct/html/tobexpld8.html

² Simpson, D. (2000) *Doctors and Tobacco: Medicine's Big Challenge*. www.bma.org.uk/tcrc.nsf/htmlpagesvw/resourcesfrm

³ Marsh & Kay (1994) cited in Richardson, K (2001) *Smoking, Low Income and Health Inequalities: Thematic Discussion Document*. Report for Action on Smoking and Health and the Health Development Agency. www.renewal.net/Documents/RNET/Research/Smokinglowincome.pdf

⁴ Richardson, K (2001) *Smoking, Low Income and Health Inequalities: Thematic Discussion Document*. Report for Action on Smoking and Health and the Health Development Agency. www.renewal.net/Documents/RNET/Research/Smokinglowincome.pdf

⁵ Dorsett, R. & Marsh, A. (1998) *The Health Trap: Poverty Smoking and Lone Parenthood*. London: Policy Studies Institute.

⁶ Bostock, Y. (2003) *Searching for the Solution: Women, Smoking and Inequalities in Europe*. London: NHS Health Development Agency. www.hda.nhs.uk/Documents/inwat_women_and_smoking.pdf

⁷ Foulds, J. (1999) *Smoking Cessation in Young People: Should we do more to help young smokers quit?* Health Development Agency. www.hda-online.org.uk/Documents/smokingcessation_youngpeople.pdf

⁸ DHSSPS (2003) *Five-Year Tobacco Action Plan 2003 – 2008*. www.dhsspsni.gov.uk/publications/2003/tobaccoplan.pdf

⁹ Lindsay, B. (2001) *Smoking Cessation in Pregnancy: A Review of the Evidence Base*. www.uea.ac.uk/nam/namru/documents/smokingcessationreport.pdf

¹⁰ Greaves, L. et al (2003) *Expecting to Quit: A Best Practices Review of Smoking Cessation Interventions for Postpartum Girls and Women*. Health Canada. www.hc-sc.gc.ca/hecs-sesc/tobacco/prof/women/expecting/index_e.html

¹¹ Health Survey for England 1999 cited in “*Tobacco and Ethnic Minorities*”. ASH Factsheet No. 26. www.ash.org.uk/html/factsheets/html/fact26.html

¹² Cooper, H., Arber, S., Ginn, J. & Smaje, C. (2000) *Ethnic Inequalities in Health and Smoking Behaviour: The Role of Social Capital and Social Support*. Health Development Agency. www.hda-online.org.uk/documents/ethnic_healthsmok.pdf

¹³ Hughes, T. & Jacobson, K. Sexual Orientation and Women's Smoking. *Current Women's Health Reports* 2003, 3:254-261. www.biomedcentral.com/1534-5874/3/254

¹⁴ Centre for Research on Women with Disabilities (2003) *Improving the Health and Wellness of Women with Disabilities*. www.crowdbcm.net/healthpromotion/Smoke-gen.htm

¹⁵ McNeil, A. (2001) *Smoking and Mental Health – A Review of the Literature*. London: Smoke Free London Programme. www.ash.org.uk/html/policy/menlitrev.pdf

¹⁶ Information extracted from EHSSB website - www.ehssb.n-i.nhs.uk

¹⁷ Information extracted from WHSSB website - www.whssb.org

¹⁸ Information extracted from SHSSB website – www.shssb.org

¹⁹ Information extracted from NHSSB website – www.nhssb.n-i.nhs.uk

Inequalities and Unfair Access Issues Emerging from the DHSSPS (2004) “Equality and Inequalities in Health and Social Care: A Statistical Overview” Report

²⁰ DHSSPS (2003) Training Framework for Smoking Cessation Services in Northern Ireland.

www.dhsspsni.gov.uk/publications/2003/smoking_cessation.pdf

²¹ Renewal.net Case Study. *Helping Pregnant Women Stop Smoking in Sheffield.*

<http://monitor.isa/722763200/1451752T050804140248.txt.binXMysM0dapplication/mswordXsysM0d>

<http://www.renewal.net/Documents/RNET/Case%20Study/Helpingpregnantwomen.doc>

²² Greaves, L. et al (2003) *Op Cit.*