

Women, smoking and inequalities

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Brief overview of smoking

- Levels of smoking remain high in the poorest communities, linked to multiple social and economic disadvantages, ill health, and poor life-expectancy (Graham, Inskip, Francis, & Harman, 2006; Marsh & McKay, 1994).
- Smoking relates to embedded cultural and social norms within communities and households (Poland, 2000)
- Some groups, particularly people living in poverty and disadvantage, remain 'hard to reach' in terms of service delivery (Parry, Bancroft, Gnich, & Amos, 2001; L. Thompson, Pearce, & Barnett, 2007).



Why think about women's health?

In Ireland, women live around 4.8 years longer than men (CSO, 2009)

In 2005-7, healthy life expectancy for females was 81.6 years and 76.8 years for men (CSO, 2009)

But

Women are more likely to be hospitalised in 2010, with 343 hospital discharges per 1,000 women compared with 305 discharges per 1,000 men.

Women and Men in Ireland 2011, CSO.

Women are sicker, but men die quicker'

(Quoted in Gatrell 2008: 2)



Women's health is also important

- Disability-free, healthy futures are important
- Women also make a critical contribution to:
 - family life and as the main or sole carer of children
 - the health (directly and indirectly) of other family members, so future health of the population
- Women's mental health is at least as important as their physical health



Emotional work and mental health

Women invest energy in 'emotional work' keeping the family together
(Hothschild, 2007)

Married women suffer from poor mental health compared to married man and single women (Bernard, 2002: 211)

Why?

- Loss of identity
- Change of status
- Routine domestic work
- Lesser role in decision making, including where they live and how often they move (Wharton 2012).



Women are more likely to be admitted to psychiatric hospitals depression

(Women and Men in Ireland 2011, CSO)

Getting deeper into the statistics

Population based interventions, such as media campaigns and legislation, may change wider social attitudes towards smoking, but do not necessarily reduce health inequalities (Thomson, Wilson, & Howden-Chapman, 2006).

56% of women aged 18-29 from SC 5-6 are smokers - twice the rate among women in SC 1-2 (28%) and significantly more than women in SC 3-4 (36%).
SLÁN, 2007



Poverty, not a lack of willpower

Analysis of data from the *Living in Ireland 2000* household survey found that **social deprivation**, rather than reduced self-efficacy, accounted for higher smoking levels and lower quitting rates among women

'measures of economic resources and enduring economic and social difficulties' accounted for the largest part of the differential between social classes

(Layte and Whelan, 2008).



Approaches to women, smoking and poverty

Issues of agency and control for women living in poverty, who have limited capacity to control other peoples' smoking, compounded by (mutual) obligations towards kin and friends (Robinson & Kirkcaldy, 2007a; Robinson 2008)

Gendered relationships locating them as sole 'primary carers' requiring them to adjust their smoking, while their partners did not (Robinson et. al 2011).

Space and place influencing their ability to separate smoking and caring (Robinson & Kirkcaldy, 2007b)

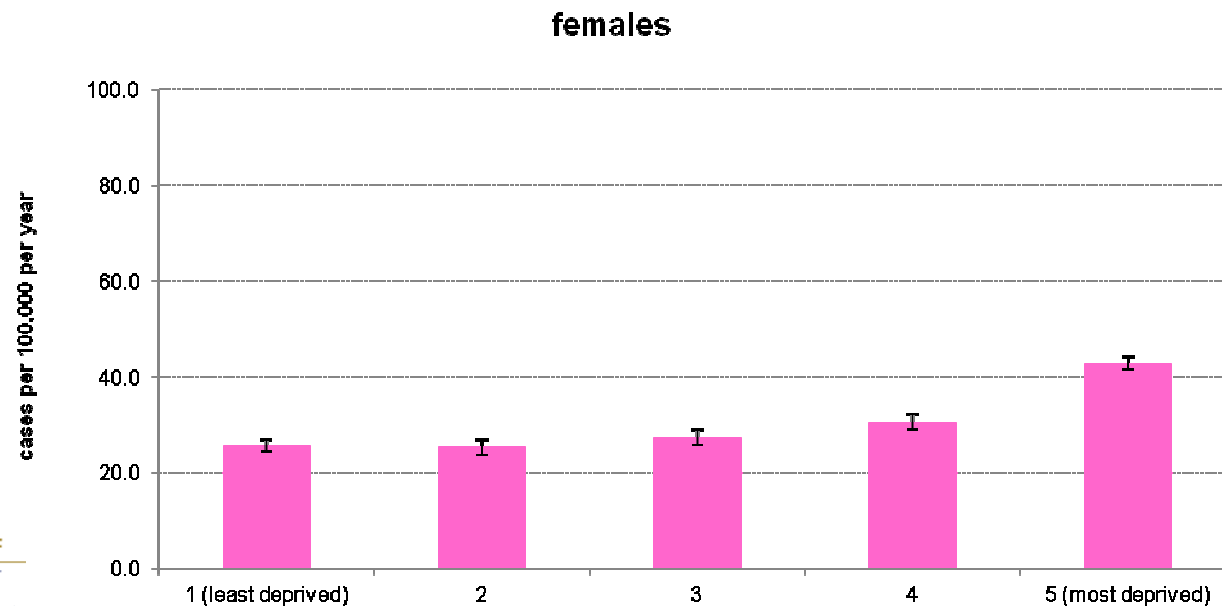


Women's smoking behaviour

Women smoke more, and inhale more deeply, increasing their risks of morbidity and mortality (Payne 2001)

The incidence of lung cancer amongst the most deprived women in Ireland is 1.7 times that of the least deprived.

(National Cancer Research Institute)



The cycle of women's smoking



Women smoke,
which affects their health



They may expose their children
to smoke before they are born,
and during their childhood,
which adversely affects their health

Their children are more likely
to go on to smoke



Women's poor health affects their quality of life
and life expectancy



Girls attracted to smoking?

- Current smoking rates for those aged 15-17 decreased for both adolescent boys and girls between 2002 and 2006. SLÁN, 2007
- However, by 2006, smoking rates among girls aged 15-17 were 5 to 8 percentage points higher compared to boys of the same age within the same social class groups.
SLÁN, 2007
- HBSC 2010 – drop in ever smoking among older girls (47% in 2010 vs. 57% in 2006).



Sustained levels of smoking

The 36% of 15-17 year-old female adolescents in SC 5-6 who reported smoking in the HBSC 2002 survey correspond with the 55% of 18-23 year-old women in SC 5-6 who reported smoking in SLÁN, 2007

This suggests that there may be a high level of smoking initiation among young women, especially in SC 5-6, soon after leaving school. SLÁN, 2007

Linked to other risk taking behaviours



Unable to quit before they are pregnant



- AskChili survey found young smokers ‘invincible’ but believed that would quit if they became pregnant
- Around 20% of women in Ireland smoke during pregnancy (Growing Up in Ireland, 2010)
- 40% of smokers had lower educational attainment, associated with leaving education early
- Women aged under 25 years more likely to smoke and not take folic acid than older mothers

Tarrant RC, Younger KM, Sheridan-Pereira M & Kearney JM (2011)

Children, inequalities and smoking (health)

Exposure to tobacco for babies and young children is linked to:

- risk of pre-term birth
- low birth weight
- Sudden Infant Death Syndrome (SIDS)
- respiratory illness
- glue ear and hearing problems
- poor educational attainment
- poor health over their life-time



Gender, children and second-hand smoke

Women with children are more likely to smoke than women without children

(Graham, 1994; Graham, Inskip, Francis, & Harman, 2006)

After the introduction of smoke-free initiatives, children who live with non-smokers experience the highest reductions in exposure to second-hand smoke compared to children who live with smokers

(Sim *et al.* 2010; Akhtar *et al.* 2007; Borland *et al.* 1999; Jarvis *et al.* 2000)



Children, inequalities and smoking (socio-economic)

Children exposed to secondhand smoke are likely to:

- live in neighbourhoods where smoking is high
- live in poorer quality housing
- generally suffer from multiple disadvantages
- take up smoking during childhood and adolescence
- more likely to continue to smoke during adulthood



Resilience and self-empowerment

Macro-societal discourses of them as ‘bad mothers’ countered by narratives of their being a ‘good mothers’ – with ‘moral tales’ constructed to justify their smoking

Issues of ‘risk’ negated by reference to wider risks and what they perceived to be more immediate harms, forming ‘negative communities of interest’

Use of humour and laughter to subvert health ‘dogma’ and to ridicule idealised patterns of behaviour



Smoking as an act to sustain the self

Smoking as a means of coping and time-out, and important de-stressor where control could hang by a thread

Expressions of mutuality, solidarity and sharing between women, a sign of their togetherness as well as 'otherness'

Expression of self, and identity, reminding them that they were a person with needs



Cigarettes and identity

P1 You can't stop [smoking] it's a drug isn't it?

P2 Children are stressful. At the end of the day when they are in bed, you have had 12, 15 hours of no time to yourself at all, and then they go to bed and you just (sigh) and that's when you have one.

P1 That's the first thing you do isn't it?

P2 And that's when you start to calm down.

P3 It is a stress relief thing

Robinson J. "Trying my Hardest": The Hidden Social Costs of Protecting Children from Environmental Tobacco Smoke. *International Review of Qualitative Research*. 2008 August 2008;1(2):173-94.

Coming back to the social

‘Targeted approaches with particular occupational groups and the unemployed need to avoid stigmatising these groups and should also take account of how the ‘lived experience of socio-economic deprivation’ reinforces and sustains smoking behaviour ‘

SLÁN 2007



Lifestyle and occupation of women

Women more likely than men to have a third level qualification

(Women and Men in Ireland 2011, CSO)

Gender empowerment measures have been linked to increased rates of smoking among women (Hitchman & Fong 2011)



Occupation and smoking

In SLÁN 2007, smoking rates among people in employment stood at 29%...

... rising to 49% among the 3% of respondents who were 'unemployed and currently looking for work' and 44% among the 4% who had 'long-term sickness and disability'.



Women and occupation

RES: I don't know, I seem to be busier at school I don't have time. Now it's maybe even 'til half past 3 when the boss has gone into [a] meeting and then I don't have another one 'til I get home

INT: Right

RES: So you can see why I didn't want [to stay at home], 24 hours I was smoking. (CS6FH)

I would say probably [smoking] more because I am doing nothing, so I am constantly. I don't know, I can't even think to every hour, I would say practically every half hour during the weekend, aye I am really bad at the weekend, where I'm like, where it would be constantly lighting up. (SH14319FH)

Gendered work and smoking

- Irish women work fewer hours, earn less and are under-represented in the Oireachtas and in local and regional authorities. (Women and Men in Ireland 2011, CSO)
- Women more likely to have part-time, or insecure jobs, and more likely to suffer from stress, and have no power at work. (Women and Men in Ireland 2011, CSO)
- More likely to take on large amount of unpaid work, associated with low-status and low self-esteem, exhaustion and depression



Smoking and stress

- When asked if giving up smoking would make it harder to deal with stress in their lives, 33% of smokers from lower social classes (SC 5-6) and 33% of women overall agreed that it would make it harder, compared to 22% of smokers from higher social classes (SC 1-2) and 23% of men overall.
- The likelihood of stress was reported by half of female respondents from SC 5-6, indicating that smoking is used as a form of stress management by some women, and more so among those in lower social classes. SLÁN 2007



The place of cigarettes and smoking

The relative low risk of smoking at times confirmed by front-line health workers

Cigarettes as cultural objects with additional symbolic value

The irrelevance of conversations of about smoking to many people in terms of their life



Research into sustaining smoking

Barriers to quitting smoking, or smoking outside the home, are experienced differently by mothers and fathers, reflecting the gendered roles of caring

(Graham, 1994; Greaves & Jategaonkar, 2006; Greaves, Kalaw, & Bottorff, 2007; Royce, Corbett, Sorensen, & Ockene, 1997; Thompson, Parahoo, McCurry, O'Doherty, & Doherty, 2004)

Research into couple dynamics has indicated that gendered power relationships influence decisions to alter smoking behaviours

(Bottorff, Kalaw, Johnson, Chambers, Stewart, Greaves et al., 2005; Bottorff, Kalaw, Johnson, Stewart, Greaves, & Carey, 2006; Greaves, Kalaw, & Bottorff, 2007).



Women and quitting

- Women were less likely (16%) than men (23%) to report successfully quitting smoking.
- 36% of female smokers (compared to 27% of men) expected that they would put on weight if they stopped smoking, suggesting that some women may be using smoking as a method of controlling their weight.

SLÁN 2007



“I’m a Thinner.”

Long and lean. That’s the way I like things.
I like my figure slim. My men trim. And my cigarette thin. Silva Thins 100’s. Long and thin in looks.
Lower in tar than many filter 100’s.
Think about it.



In menthol too.

Silva Thins 100’s

Warning: The Surgeon General Has Determined That Cigarette Smoking is Dangerous to Your Health.
11 mg. “tar”, 0.9 mg. nicotine av. per cigarette by FTC method. © 1998 Philip Morris Inc.

Why women still smoke

SLÁN 2007:

- There is evidence that women and men respond somewhat differently to nicotine.
- For example, female addiction may be reinforced more by the sensory and social context of smoking rather than by nicotine itself (Brigham, 2001).



Not just smoking...

Smoking is often one part of a constellation of behaviours and mental states. Smoking links with excess alcohol intake, lack of physical activity, mental health problems and poor quality of life. Multifaceted interventions to promote physical and mental health are thus needed. SLÁN, 2007



Women, inequalities and smoking

The intersections of gender with poverty and smoking offer ways of conceptualising similarities as well as differences in women's lives, and how they construct their own concepts of agency and identity

Understandings of the sustaining benefits of smoking in addition to dominant discourses of risks and harms can offer insights into lived reality of women's lives of cigarettes and smoking,

A critical public health perspective, using situated understandings makes an important contribution to why women still smoke, and why women in developing countries may take up smoking



What next?

- Find the motivator for individual women, likely not to be with their own health and wellbeing but concerned with the health of others
- Multiple 'teachable moments' but may need to be (unacceptably) tough?
- Harm reduction leading to cessation?
- Think 'outside' physical health, to mental health, poverty and paid and unpaid work
- Self-esteem and mental and physical occupation dulled by the effects of poverty



