



# Women's Health East

## Women and Tobacco

Tobacco use is the single most preventable cause of death and disease in Australia with over 19,000 tobacco related deaths per year.<sup>1</sup> Tobacco contains nicotine, a powerfully addictive stimulant which can make smoking a regular and long-term habit that is not easy to quit.<sup>2</sup> Women are less likely than men to be current smokers and are thereby less at risk of smoking-related health conditions and diseases<sup>3</sup>, however overall rates of smoking in Australia have been decreasing since 2001 and have decreased at a faster rate among males than females.<sup>2</sup>

Approximately 18% of Australian women over 14 years of age smoke daily, and tobacco is responsible for 7% of the total burden of disease in Australian women.<sup>1,4</sup> It is estimated that around 6,000 Australian, and 1,500 Victorian women die each year from tobacco related illness, with the prevalence of smoking in Victorian women highest in the 18-24 age range at 22%.<sup>1,5</sup>

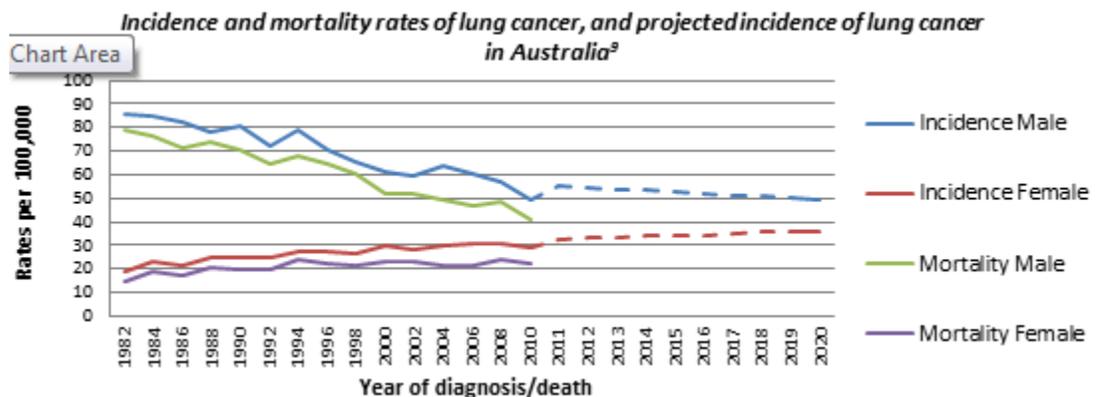
### Health Implications and Impacts

For women, cigarette smoking increases the risk of a number of specific health problems including:

- Irregular periods and secondary amenorrhea (absence of menstruation)<sup>6,7</sup>
- Problems relating to period pain, premenstrual syndrome and menopause
- Difficulties and complications during pregnancy and childbirth, including miscarriage and premature birth.<sup>6</sup>
- Lung cancer and chronic lung diseases
- A higher risk of developing cervical cancer, vulval cancer and heart disease<sup>6,7</sup>
- A higher risk of having stillborn and low birth-weight babies and losing children early in life<sup>6</sup>
- Reduced fertility and delays in conceiving
- Osteoporosis and hip fractures
- Cardiovascular disease and peripheral vascular disease<sup>1,6</sup>

Women who smoke and use an oral contraceptive have a tenfold increase in risk of cardiovascular disease and stroke.<sup>7</sup>

Cigarette smoking is responsible for about 65% of lung cancer cases in women and has become the fifth most diagnosed form of cancer in Australian women.<sup>1</sup> Women's lung cancer rates have risen dramatically in the last decade due to the increase in women's smoking rates in the 1960s-80s.<sup>7</sup> While the incidence of lung cancer has fallen among men, it has continued to rise among women, with the rate of death increasing by 56% between 1982-2007 (from 15 to 24 deaths per 100,000 females).<sup>8</sup> It is expected that lung cancer rates in females will continue to rise, reaching 36 newly diagnosed cases per 100,000 females in 2020.<sup>9</sup>



## Determinants

There are gender-specific issues to consider in relation to women and smoking. Women's Health Victoria<sup>10</sup> cite the following social and cultural factors associated with women's tobacco use:

- The tobacco industry specifically targets women through gender sensitive research and advertising.
- Smoking may be used as a coping device for women who have experienced sexual abuse, violence and other traumatic events, with higher rates of smoking seen among these women.\*
- Sole and young parenthood is associated with smoking. Twenty eight percent of sole parents in Victoria are current smokers, the majority of whom are women.<sup>8</sup> Women who adopt adult roles such as parenting and employment early in life may smoke to cope with the associated stresses, and may also have fewer resources available to help them quit.<sup>11,12</sup>
- Smoking is associated with weight control as it suppresses appetite and speeds up the body's metabolism.<sup>13</sup> Concerns about body image and self-esteem, together with weight management, are influential reasons for smoking among girls and women.<sup>13</sup> The media's promotion of 'thinness' as attractive can also influence girls to smoke as a way of controlling their weight.<sup>14</sup>
- In Australia, smoking rates have risen among women with low socioeconomic status (SES).<sup>15</sup> Twenty eight percent of women living in the most disadvantaged areas report being daily smokers, compared to 11% of women living in the most advantaged areas.<sup>16</sup> Explanations cited in literature focus on the fact that women with low SES are more likely to be exposed to factors that promote smoking, such as financial stress,<sup>17,18</sup> higher exposure to environmental tobacco smoke in their workplaces,<sup>17</sup> lower educational attainment and unemployment.<sup>18</sup>

### Key factors associated with smoking prevalence in women include:

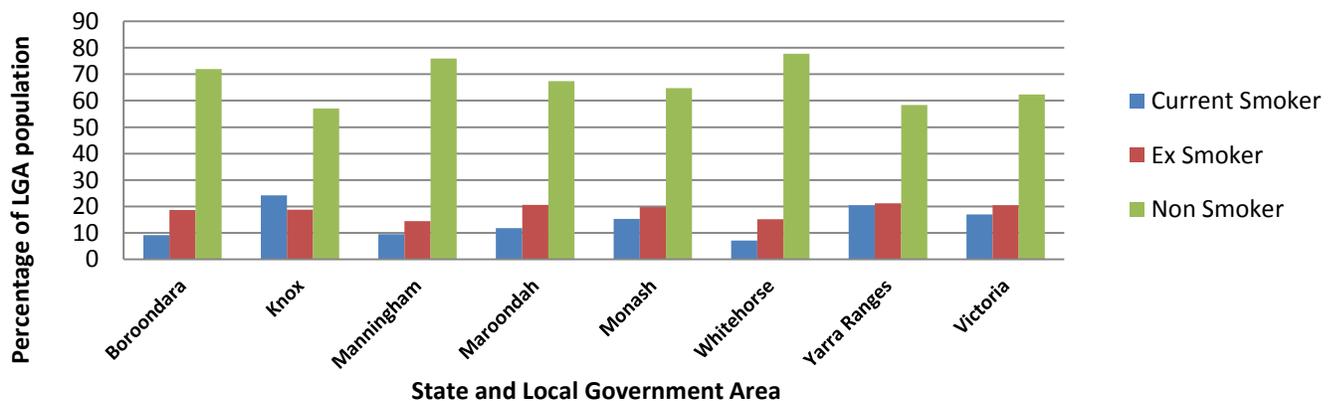
- Peer pressure
- Fear of weight gain
- Low socioeconomic status
- Young motherhood and sole parenting
- Stress
- Depression and other mental illness
- Violence and trauma
- Poor physical health
- Indigenous status
- Same-sex attraction<sup>10</sup>

## Eastern Metropolitan Region

Findings from the Victorian Population Health Survey 2008<sup>19</sup> show that:

- Females in Knox (24.2%) are most likely to be current smokers, whilst females in Whitehorse (7.1%) are least likely to be.
- Across the region, females are less likely than males to be current smokers, although the difference in Yarra Ranges is less pronounced than in other LGAs.
- Smoking patterns in the EMR were similar to Victorian patterns.

**Smoking status of Females, 2008 EMR and Victoria<sup>19</sup>**



\*For more information, please see our [Violence against Women Fact Sheet](#)

# References

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- <sup>2</sup> Australian Bureau of Statistics 2012, 'Gender Indicators Australia: Smoking', retrieved 29 October 2012, <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by+Subject/4125.0~Jan+2012~Main+Features~Smoking~3320>
- <sup>3</sup> Australian Institute of Health and Welfare 2008, 'Australia's Health 2008', retrieved 29 October 2012, <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442453674>
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- <sup>5</sup> Department of Human Services 2008, *Victorian population health survey 2008: Selected findings. 2. Health and Lifestyle*, Department of Human Services, retrieved 31 October 2012, [http://docs.health.vic.gov.au/docs/doc/8A58828201D17E36CA25787300157837/\\$FILE/2008\\_ch02\\_01.pdf](http://docs.health.vic.gov.au/docs/doc/8A58828201D17E36CA25787300157837/$FILE/2008_ch02_01.pdf)
- <sup>6</sup> Cancer Council Australia 2012, 'Myths about Smoking', retrieved 29 October 2012, [http://www.cancer.org.au/preventing-cancer/smoking-and-tobacco/myths-about-smoking.html#jump\\_6](http://www.cancer.org.au/preventing-cancer/smoking-and-tobacco/myths-about-smoking.html#jump_6)
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- <sup>9</sup> Australian Institute of Health and Welfare 2012, 'Cancer incidence projections: Australia, 2011–2020', retrieved 1 November 2012, <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=10737421440>
- <sup>10</sup> Women's Health Victoria, *Women and Tobacco: Gender Impact Assessment No. 14*, Women's Health Victoria, retrieved 30 October 2012, [http://whv.org.au/static/files/assets/c27db54a/Women\\_and\\_tobacco\\_GIA.pdf](http://whv.org.au/static/files/assets/c27db54a/Women_and_tobacco_GIA.pdf)
- <sup>11</sup> McDermott L, Dobson A, Owen N 2009, 'Determinants of continuity and change over 10 years in young women's smoking', *Addiction*, vol. 104, no. 3, pp. 478-87, retrieved 31 October 2012, <http://onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.2008.02452.x/abstract;jsessionid=554C6658BA83735AECBCDBBA1E6B972E.d01t04?systemMessage=Wiley+Online+Library+will+be+disrupted+on+8+December+from+10%3A00-12%3A00+GMT+%2805%3A00-07%3A00+EST%29+for+essential+maintenance>
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- <sup>16</sup> Australian Bureau of Statistics 2006, 'Tobacco smoking in Australia: a snapshot', retrieved 31 October 2012, <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4831.0.55.001>
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