



Health Canada's role is to foster good health by promoting health and protecting Canadians from harmful products, practices and disease. Smoking trends among women are cause for concern. The number of young women who smoke is increasing, and there is an overall slower decline in the rate of smoking among women compared to men. Canada's Tobacco Control Initiative addresses tobacco cessation, prevention and protection among women.

WOMEN AND TOBACCO

Tobacco and Women's Health

Smoking is the main risk factor associated with lung cancer, and one of the factors in heart disease and stroke (cardiovascular disease) and respiratory diseases. It is also linked to a variety of other cancers, including cancer of the mouth, throat, larynx, oesophagus, pancreas, kidney and bladder.

Smoking affects women differently than it does men. For example, smoking among women is linked to lower fertility, cancer of the cervix, osteoporosis, and menstrual and menopausal problems. Smoking during pregnancy has been found to be associated with lower birth weight babies, and recent research suggests a link between secondhand smoke and breast cancer.

Current Situation

- According to a recent survey, overall, 26% of women in Canada smoke. The percentage of women aged 15 to 19 who smoke is 31% compared to 27% for men the same age. The rate of smoking for women aged 20 to 24 is 32% compared to 39% for men the same age.
- A breakdown of women smokers (1998) indicates that women in lower income groups are more likely to smoke. The same survey also showed that 71.7% of women who were lone parents were smokers.
- The smoking rate for Aboriginal populations is nearly double the rate found in the general Canadian population 57% vs. 32%.
- Thirty-one percent of women smokers said they would quit smoking if they developed a smoking-related illness or fatal illness or fatal disease. Ten percent reported they would quit if they became

pregnant or had children. About 16% reported they would never quit.

- Those women who have quit smoking did so out of concern for their future health (32%) or because they were worried about their current health (25%). Sixteen percent quit because of the cost of smoking; 89% of those who quit smoking did so "cold turkey."
- Pregnant women who smoke have higher rates of miscarriage, stillborn babies, premature birth, low-birth weight babies, and babies who die of Sudden Infant Death Syndrome (SIDS).
- According to the 1996 National Population Health Survey, approximately 31% of Canadian women of child-bearing age (15 to 44 years) use tobacco.
- Approximately 37% of current or former female smokers reported smoking during their most recent pregnancy. Current daily smokers were more likely to report smoking during pregnancy than current occasional smokers (77% vs. 20%, respectively).
- Although pregnant women are more likely to quit smoking and smoke fewer cigarettes, post-partum relapse rates are high; approximately 60% of women who quit smoking for all or part of their pregnancy start smoking again before their babies reach six months of age.
- Of young teens aged 12 to 14 years, 8% smoke (half of whom are daily smokers and half occasional smokers). In comparison to young male teens, a higher percentage of young female teens smoke (6% vs. 9%).
- Approximately 85% of deaths attributable to lung cancer are due to smoking. Lung cancer death rates have surpassed breast cancer death rates among women (6,500 deaths as compared to 5,300 deaths in 1998), making lung cancer the number one cause of cancer-related deaths among women.

One in a series of fact sheets prepared for the



■ Over the past 25 years, female smoking rates have declined at a much slower pace than those of males.

Promoting Women's Health

A smoke-free lifestyle is one element of a comprehensive approach to women's health and well-being. Information and programs developed for adolescent and adult women approach tobacco use in the context of women's everyday lives.

Health Canada Initiatives

The issue of women and tobacco is integral to a wide range of health promotion and disease prevention programs. The Federal Government continues to address this important issue through its most recent initiative, the Tobacco Control Initiative (TCI). The key components of the Initiative are legislation and regulations, enforcement, research and public education. The Public Education Component aims to improve the overall health and quality of life of Canadians, particularly young Canadians, by reducing tobacco-caused illness and death through a balance of prevention (helping non-smokers to remain smoke-free), protection (protecting the health of non-smokers), and cessation (encouraging and helping those who want to quit) activities.

■ Since 1994, the Federal Government has spent over \$125 million on programs aimed at reducing tobacco usage in Canada. Through these efforts, Canada has retained its ranking among the world leaders in tobacco control.

■ In the period 1994-1997, the Government allocated \$104 million to the Tobacco Demand Reduction Strategy (TDRS). The government has now allocated \$100 million over five years under the TCI. Five broad target groups, including women were identified. This Initiative builds on lessons learned from past strategies and strengthens legislation, regulations, enforcement, research and public education activities.

Many resources have been developed for girls and women under past Health Canada Initiatives. For example:

■ Cigarette Smoking and Young Women's Presentation of Self (1996) — this report examines the role and impact of smoking in the self-presentation behaviours of young women, focusing on how smoking relates to body image and self-conception.

■ Stop Smoking Before It Starts: An Information Kit for Community Organizations Working with Adolescent Girls (1996) — a resource that includes information and activity suggestions on topics such as pressures to smoke and ways to resist these pressures, some model prevention programs and sources of additional information.

■ A Way Out: Women with Disabilities and Smoking (1997) — a workbook written by women with disabilities to help women with disabilities understand why they smoke and to help them quit when they are ready.

■ Francophone Women's Tobacco Use in Canada (1996) — an information base for the development of more effective policies, programs and resources to reach Francophone females age 15 to 19 and those 20 years and older.

Sources:

National Population Health Survey, 1996, Health Canada, 1998.

Women and Tobacco: A Framework of Action, Second National Workshop on Women and Tobacco, Ottawa, February 1995, Health Canada, 1995.

Canadian Cancer Statistics, Monograph, Health Protection Branch, Health Canada website, 1998 (www.cancer.ca/stats/)

National Population Health Survey Highlights: Smoking Behaviour of Canadians, 1996/97. Health Protection Branch, Health Canada website, 1998. (www.hc-sc.gc.ca/hpb/lcdc/bc/nphs)

Health Canada (1995). Smoking and Pregnancy: A Woman's Dilemma. Ottawa: Minister of Supply and Services Canada.

Aussi disponible en français.

Our mission is to help the people of Canada maintain and improve their health

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