

CTUMS

CANADIAN TOBACCO USE MONITORING SURVEY

WOMEN AND SMOKING IN CANADA

The Canadian Tobacco Use Monitoring Survey (CTUMS) was developed to provide Health Canada and its partners with timely, reliable, and continual data on tobacco use and related issues. The survey's primary objective is to track changes in smoking status and amount smoked, especially for 15–24-year-olds, who are most at risk for taking up smoking.

These findings are based on interviews conducted by Statistics Canada between February and December 2002. This fact sheet describes 2002 results on several topics concerning women and smoking, including data on smoking and pregnancy. It updates trends in the prevalence of smoking since 1985, describes non-smokers (who constitute the majority of women), and details exposure to second-hand smoke.

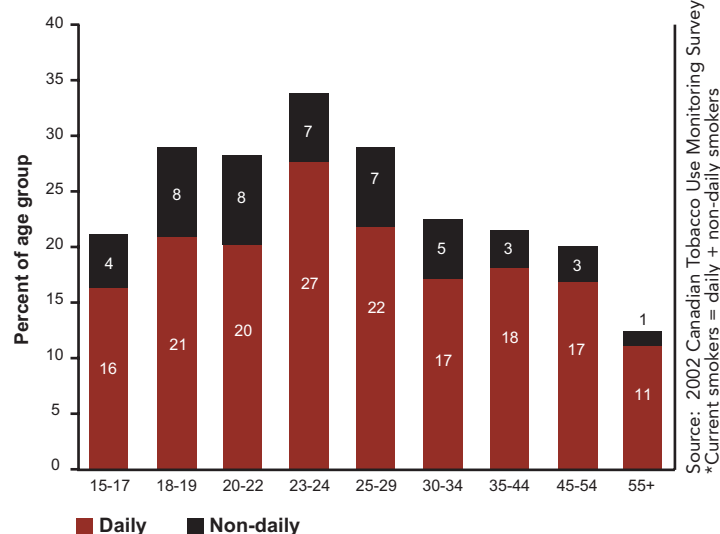
All CTUMS fact sheets and supplementary tables, representing four full years of data collection since February 1999, are available on Health Canada's Tobacco Control Programme website at www.gosmokefree.ca/ctums.

Trends in Smoking

In 2002, one in five women in Canada aged 15 and older (20%) was a current smoker, smoking either daily or on an occasional (non-daily) basis. This proportion represents a major reduction from 1985, when 32% of women smoked.¹ A smaller proportion of women smoked than of men (20% versus 23%, respectively), a difference that has been stable for many years.

Of the 2.6 million women who smoked, 82% did so daily. This percentage was down from 87% in 1985. The highest prevalence of smoking among women was at ages 23–24 — 34% of this group were current smokers (Figure 1). This proportion was triple the prevalence of smoking among women aged 55 and older, and the prevalence of daily smoking was considerably higher than in any other age group.

FIGURE 1
Current female smokers*
by age, Canada, 2002



¹ Statistics Canada. *Health and social support, 1985* (Catalogue 11-612E, No 1). General Social Survey Analysis Series #1. Ottawa: Statistics Canada, 1988.

Smoking rates among women aged 15 and older varied not only by age but also according to province of residence, from a low of 14% in British Columbia to a high of 25% in Nova Scotia. That pattern did not hold for the two youngest age groups. Among women aged 15–19 and 20–24, the highest rates were found in Saskatchewan and Quebec, and these were about twice as high as those in British Columbia (Figure 2).

Although 2002 smoking rates varied widely across Canada, they varied less according to education level than in past surveys. Smokers were equally likely to be found among women with less than high school, a high-school certificate, or a college diploma (21–22%). Only university graduates reported a different — and much lower — prevalence of smoking (13%).

Women who smoked daily consumed an average of 14.8 cigarettes per day. This was a full three cigarettes fewer than men who smoked daily (17.9 cigarettes per day). The amount women smoked daily increased from 11.7 cigarettes at ages 15–19 to 16.9 cigarettes at ages 35–44.

Smoking and Pregnancy

Slightly more than 1.5 million women aged 20–44 in Canada were pregnant at some time in the five years before the 2002 CTUMS. Of these women, 11% smoked

during their pregnancy. Moreover, 13% of these pregnant women had spouses who smoked during their pregnancy. There was a high degree of correspondence between the smoking rates of mothers-to-be and of fathers-to-be: if the mother reported smoking during pregnancy, the spouse was five times more likely to smoke than if the mother did not (55% and 11%, respectively).

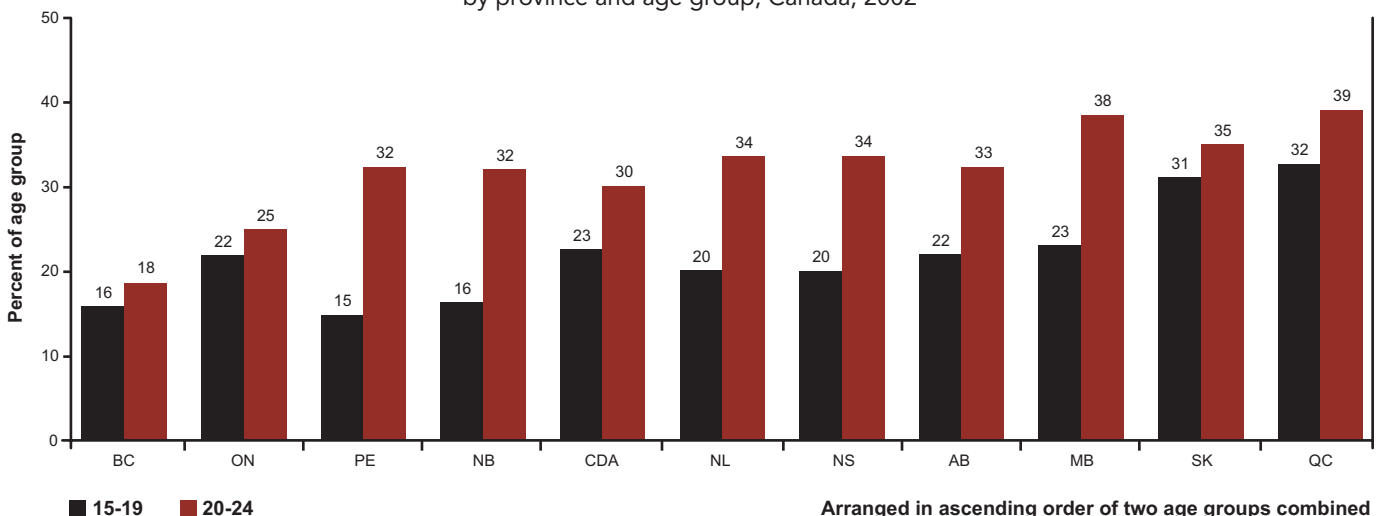
Non-smokers and Potential Quitters

There are now about three women in Canada who have never smoked for every one who currently smokes. In 2002, 58% of Canadian women aged 15 and older reported having never smoked, as compared with 50% in 1985.

Among women who did smoke in 2002, less than half (45%) indicated that they were not even considering quitting (“pre-contemplators”). The balance were at least thinking about quitting (39% of smokers) or actively planning/trying to quit (15%). The largest group of committed female smokers (who were not even contemplating quitting) was found at age 25 or older (Figure 3).

Current female smokers most often mentioned “more willpower” when asked what it would take for them to quit (28% of the reasons given), but having children at home was apparently also an inducement. Women aged

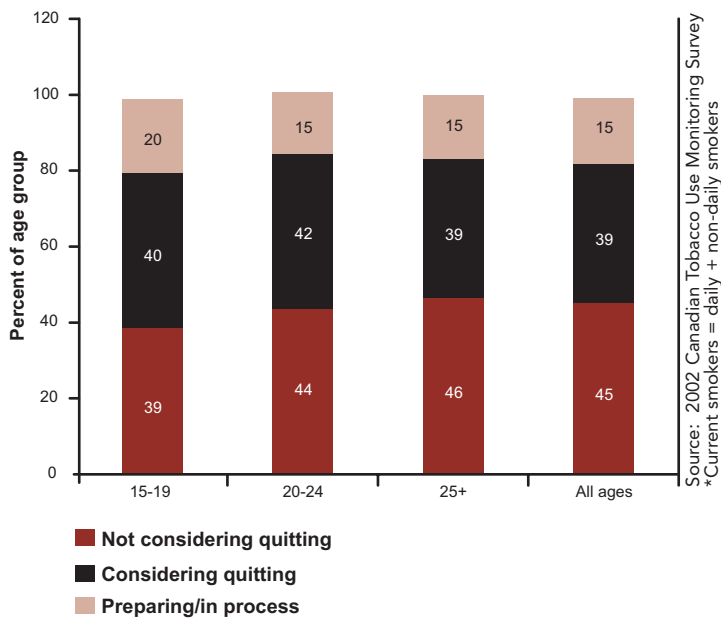
FIGURE 2
Current female smokers* aged 15-24
by province and age group, Canada, 2002



15–44 who had ever smoked and who had children at home had a higher quit rate (48%) than did those with no children at home (37%). And those who still smoked were less likely to do so (22%) than were women of this age with no children at home (26%).

Over half of the female smokers who saw a doctor in the year before the survey (53%) were advised to reduce smoking or quit. Paradoxically, women who had been pregnant in the previous five years (and who presumably were still pregnant or had small children at home at the time of the survey) were less likely to be advised to reduce or quit (43%) than were those who had not been pregnant during this time (56%).

FIGURE 3
Stages of quitting smoking, by age
Current female smokers* aged 15+, Canada, 2002



Second-hand Smoke at Home

In 2002, fewer than one Canadian home in five had a regular smoker indoors. This was a 31% decrease from 1999. Despite this improvement, more than two thirds of a million (688,000) children under the age of 12 still were regularly exposed to second-hand smoke at home.

Second-hand Smoke Outside the Home

More than 7 million Canadian women were in the work force in 2002,² and 71% of them reported that smoking was completely restricted at work. This proportion compared favourably with that of male workers (61% with complete restrictions).

Women were moderately supportive of restrictions on smoking in restaurants and bars: 46% supported complete smoking bans in restaurants, and 29% supported complete bans in bars. Sizable proportions thought that smoking should be allowed in enclosed or designated areas of restaurants (52%) and bars (45%), whereas 26% thought that smoking should be allowed in all sections of bars.

Survey Methods

Objectives: The Canadian Tobacco Use Monitoring Survey (CTUMS) was initiated in 1999 to provide Health Canada with reliable data on tobacco use and related issues. The primary objective is to track changes in smoking status and amount smoked, especially for those aged 15–24, who are most at risk for taking up smoking.

Population Coverage: The target population for CTUMS is all persons aged 15 and older living in Canada, excluding residents of Yukon, Nunavut, and the Northwest Territories, and full-time residents of institutions. In addition, because this was a telephone survey, the 3% of Canadians without telephones are not included.

Data Collection: The results in this fact sheet are based on data collection that took place between February and December 2002. Statistics Canada conducted computer-assisted interviews by telephone; only direct reports (i.e., not third-party) with selected persons were accepted.

Survey Design: Information about household composition and second-hand smoke in the home was collected in 50,906 households. In about half of these households, one person aged 15 or older was selected to obtain

² Statistics Canada. Labour force characteristics by age and sex (CANSIM table 282-0002). Available at http://cansim2.statcan.ca/cgi-win/cnsmegi.exe?Lang=E&RootDir=CII/&ResultTemplate=CII/CII_Pick&Array=1&ArrayId=2820002.

information on smoking habits. This amounted to 23,341 individuals in 2002, about half of whom were aged 15–24. There were 12,681 women in this sample and 10,660 men. With this sampling frame, it is possible to estimate the smoking prevalence of Canadians aged 15 and older within about $\pm 2\%$ each year. The margin of error will increase when estimating the prevalence of tobacco use for subgroups. To allow provincial comparisons of approximately equal reliability, the overall sample size for the survey was divided equally across all 10 Canadian provinces. A few topics were introduced or modified in the questionnaire in July 2002, and the total sample for these was 11,909. They include non-cigarette forms of tobacco use and visits to a physician and dentist (to establish a denominator for those smokers receiving advice to quit from these health professionals).

The overall response rate, which takes into consideration the participation of both households and individuals, was 82% for the 2002 CTUMS data collection. Every telephone number called by Statistics Canada was fully accounted for in order to calculate the survey's response rate accurately and to properly weight the data to represent the Canadian population.

Microdata: A microdata set containing the results of the survey is available for purchase from Statistics Canada. The public release of the data was announced on July 30, 2003, in Statistics Canada's *The Daily*.

Terminology: A section containing definitions of the main terminology used in this fact sheet can be found at the following website location:
<www.gosmokefree.ca/ctums>.