



a place of mind

THE UNIVERSITY OF BRITISH COLUMBIA

# INTEGRATING GENDER INTO APPROACHES FOR TOBACCO CESSATION

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# OBJECTIVES

- Describe how sex and gender influence smoking and efforts to quit
- Discuss gender-sensitive and gender-specific interventions to support tobacco reduction and cessation
- Explain how gender influences can be integrated into men-friendly approaches to smoking cessation for expectant and new fathers

Disclosure statement: I have no real or perceived vested interests that relate to this presentation nor do I have any relationships with pharmaceutical companies, and/or other corporations whose products or services are related to pertinent therapeutic areas

# Sex

- ◉ Biological concept
- ◉ Includes hormones, genes, anatomy, physiology, etc.
- ◉ Affects trajectories, prevalence, & treatment of health conditions & diseases



# Gender

- Multi-dimensional social construct
- Culturally specific, temporal
- Linked to power and to economic & social status



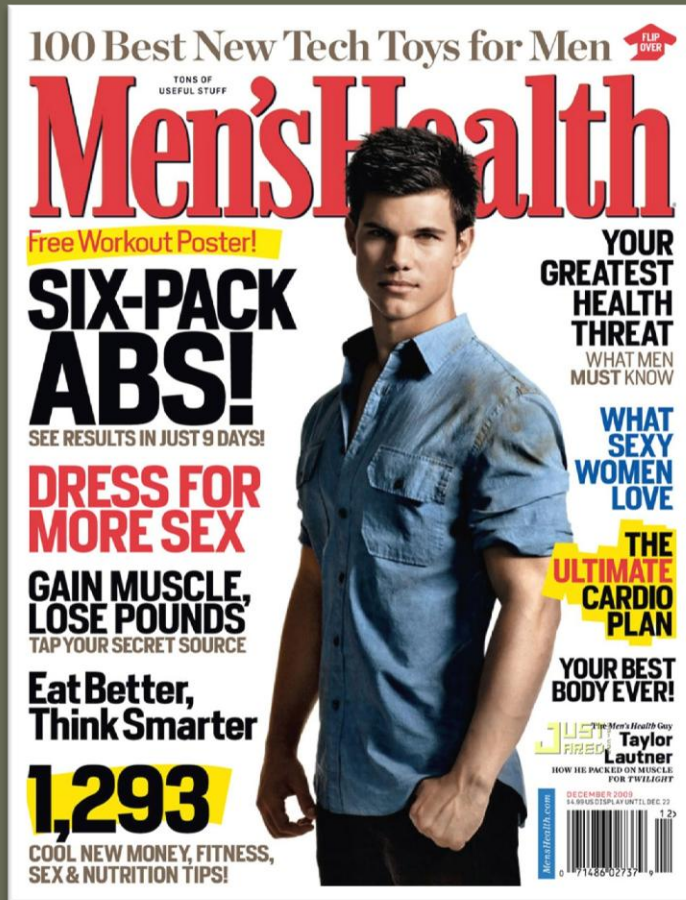
# Gender Roles

- ⦿ Behavioral norms applied to males and females
- ⦿ Defines dress, posture, talk, occupation, opportunity, access to space, food and money
- ⦿ Associated with differential status and reflects the level of gender (in)equity in a society

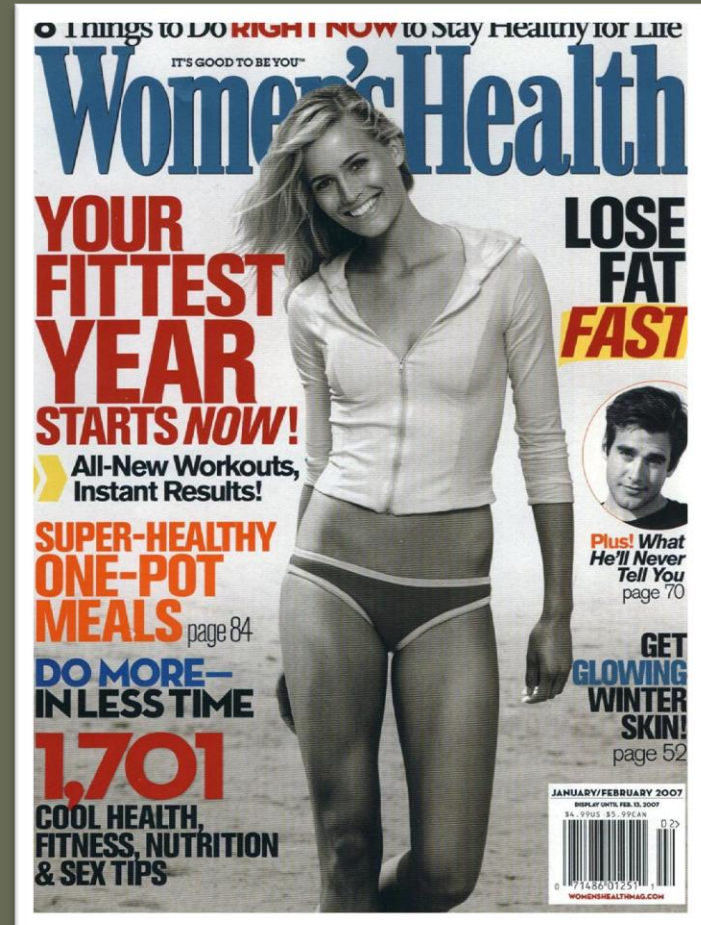




# MASCULINITIES



# FEMININITIES



# GENDER

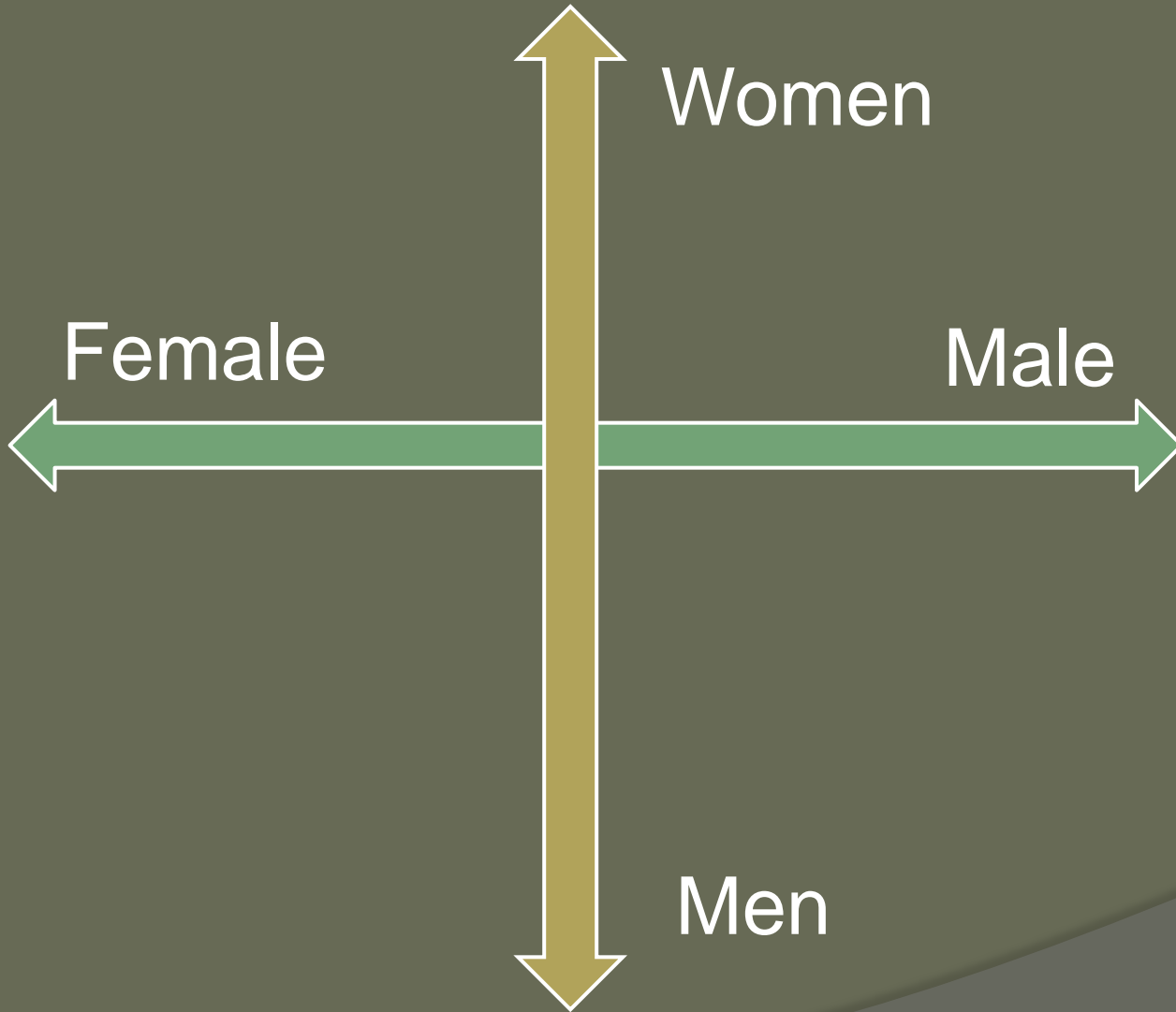
Women

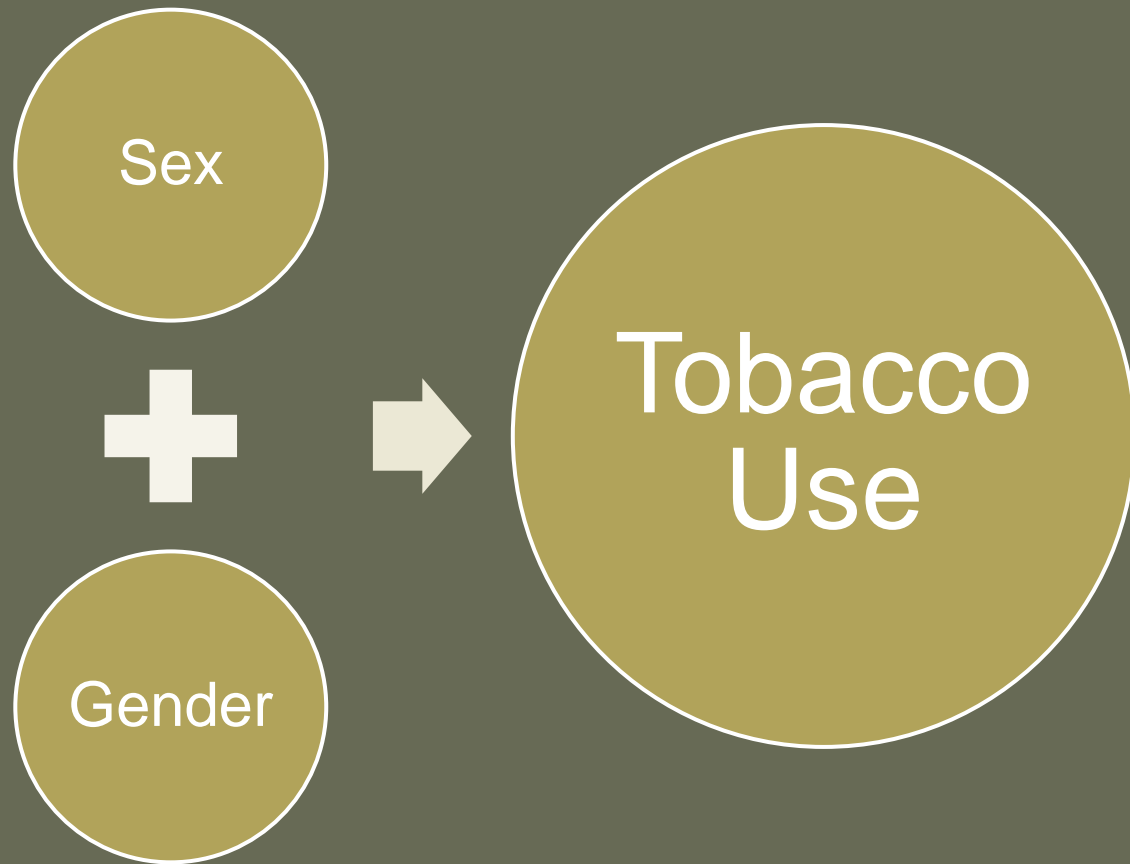
Female

Male

# SEX

Men







# Sex-related factors & tobacco

- NRT is less efficacious in women than men (Cepedia-Benito et al., 2004; Perkins et al .2008)
  - Genetic differences in males/females
  - Sex hormones or menstrual phase related factors
- No differences non-nicotinic pharmacotherapies.



# Sex-related factors & SC

- ◉ Women may need more intensive SC interventions
- ◉ SC during follicular phase might be more successful than luteal phase (Franklin et al., 2008)
- ◉ NRT may diminish craving & affective symptoms in females, particularly in luteal phase (Allen et al., 2000).



# Gender-related factors & tobacco

- ① **Gender roles/responsibilities** → who smokes, where, and when
- ② **Gender identities** → smoking as “masculine cool” or “feminine rebellion”
- ③ **Gender relations** → how gendered interactions influence smoking patterns
- ④ **Institutional gender** → how tobacco industry influences construction of gender and tobacco use

# GENDER AS A MARKETING TOOL







I look  
**temptation**  
 right in  
 the eye  
 and then  
 I make  
 my own  
 decision.

**VIRGINIA SLIMS**  
*Find Your Voice*

© 1999 Philip Morris Inc. 0000

**VIRGINIA SLIMS**  
 REGULAR LIGHTS 100'S

**SURGEON GENERAL'S WARNING: Smoking By Pregnant Women May Result in Fetal Injury, Premature Birth, And Low Birth Weight.**

8 mg "tar," 0.7 mg nicotine av. per cigarette by FTC method.

# Gender-related factors & SC



**Gender sensitive**

**Gender specific**



# Smoking Cessation For Women

**Smokefree Women**  
smokefree.gov  
women.smokefree.gov

Smokefree Monday 2011

Join the Healthy Monday Challenge

How it works!

British Columbia Centre of Excellence for Women's Health

About Us Knowledge Generation BCCEWH Initiatives Opportunities News/Events Publications/Resources

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## Expecting to Quit

A Best-Practices Review of Smoking Cessation Interventions for Pregnant and Postpartum Girls and Women

The report Expecting to Quit: A Best Practices Review of Smoking Cessation Interventions for Pregnant and Postpartum Girls and Women, 2nd edition examines interventions designed to reduce or eliminate smoking during pregnancy.

English Website ►  
Site Français ►

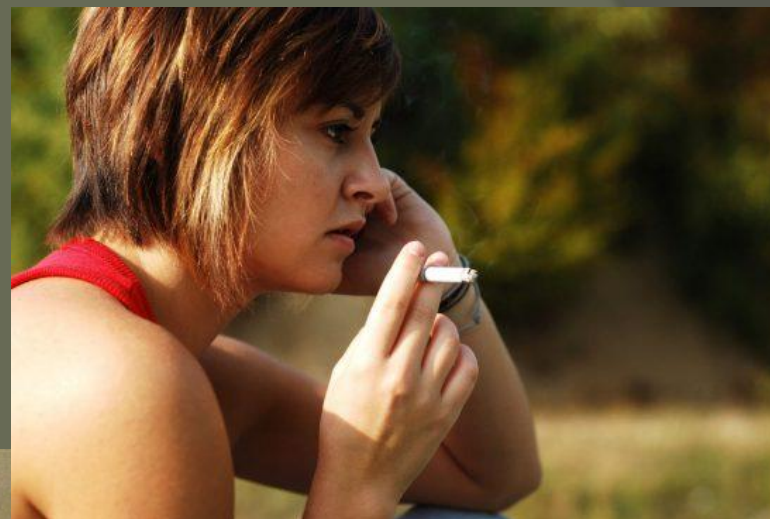
## Stop Smoking:

A Cessation Resource for Those Who Work With Women

CANADIAN PUBLIC HEALTH ASSOCIATION

<http://www.expectingtoquit.ca/>

Integrating gender in  
support for smoking  
cessation: Examples  
from our research  
program



# THE FACET STORY



## GOALS:

- ☐ support young families in their efforts to become smoke free
- ☐ develop effective gender-appropriate tobacco reduction interventions
- ☐ promote knowledge translation between researchers and community





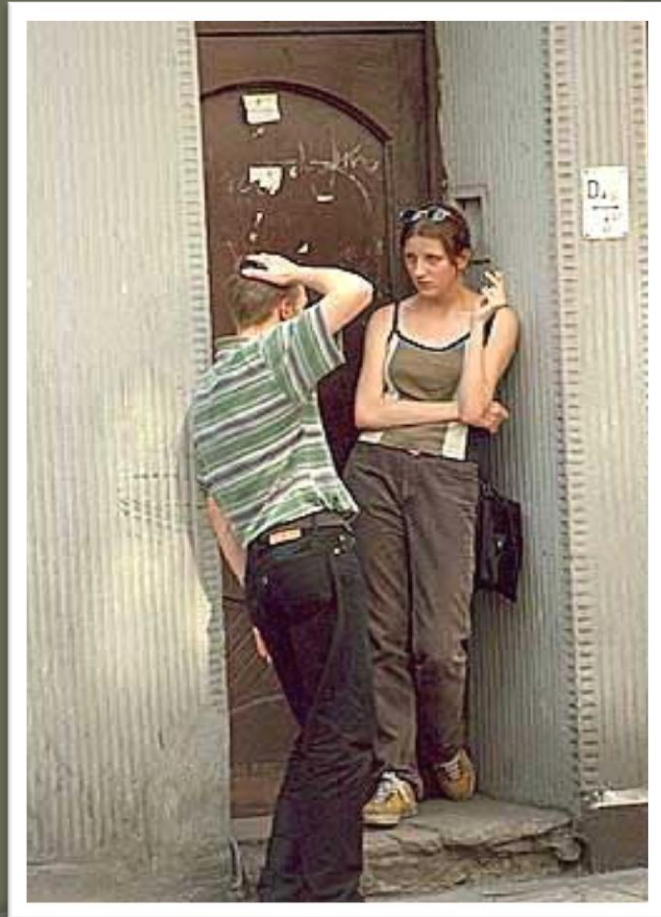
# COUPLES & SMOKING



# Couple Dynamics & Tobacco

- **Tobacco-related routines**
- **Tobacco-related interaction patterns (TRIPs)**
  - **Disengaged**
  - **Conflictual**
  - **Accommodating**

Bottorff, J.L., Kalaw, C., Johnson, J.L., Chambers, N., Stewart, M., Greaves, L., & Kelly, M. (2005). Unraveling smoking ties: How tobacco use is embedded in couple interactions. *Research in Nursing and Health*, 28, 316-328.



## Couples and Smoking

What You Need to Know When You are Pregnant



## COUPLES AND SMOKING

What You Need to Know When  
You are Pregnant

<http://www.facet.ubc.ca/>

<http://women.smokefree.gov/topic-relationships.aspx>

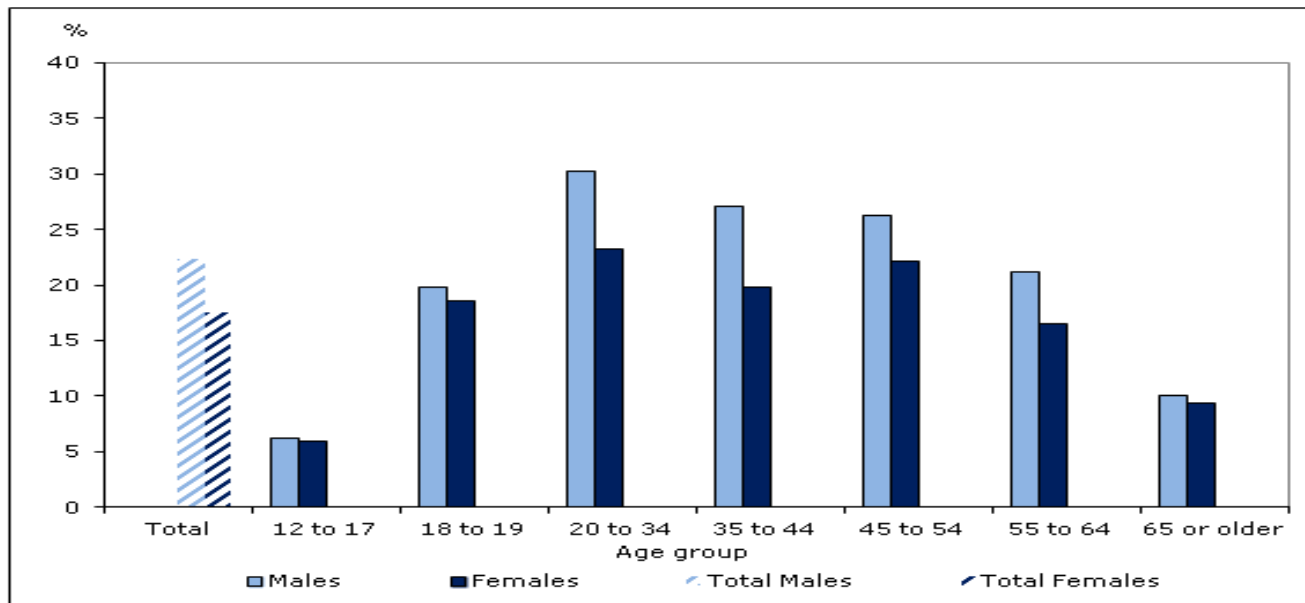


# How many fathers smoke?



**Chart 2**  
**Percentage who smoke daily or occasionally, by age group and sex, household population aged 12 or older, Canada , 2011**

[Description](#)



**Source:** Canadian Community Health Survey, 2011.

People typically begin smoking during their teenage years, so the percentage of Canadians who have not started smoking by age 20 is an indicator of future smoking rates. In 2011, 52.4% of Canadians aged 20 to 24 had never smoked, about the same as in 2009, though an increase from 45.8% in 2008 (Chart 3).



TABLE. Percentage of persons aged  $\geq 18$  years who were current cigarette smokers,\* by selected characteristics — National Health Interview Survey, United States, 2010 and 2011

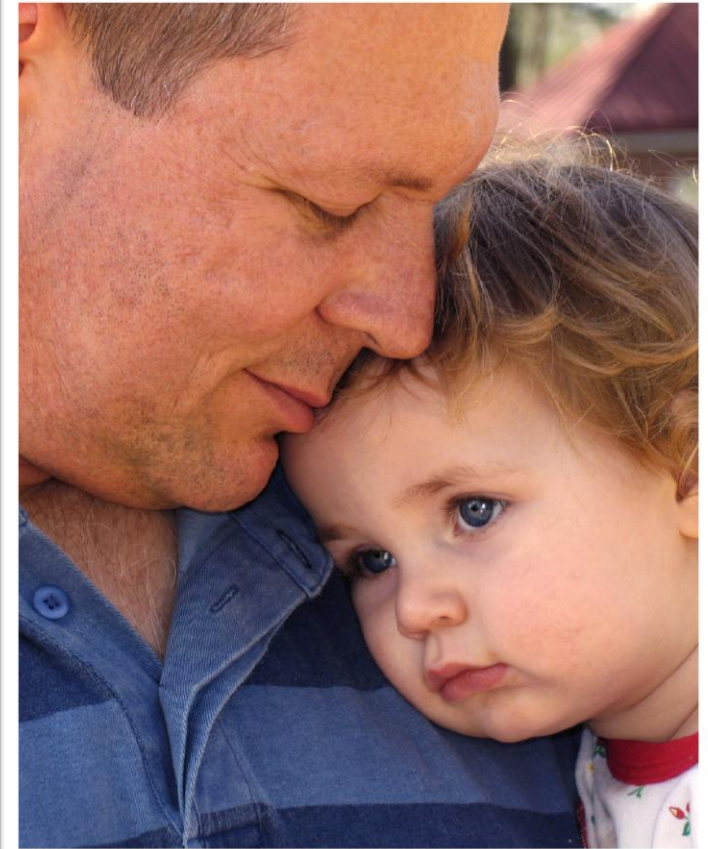
Characteristic	Men				Women				Total			
	2010 (n = 11,986)		2011 (n = 14,811)		2010 (n = 15,171)		2011 (n = 18,203)		2010 (n = 27,157)		2011 (n = 33,014)	
	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
Overall	21.5	(20.7–22.3)	21.6	(20.7–22.5)	17.3	(16.5–18.1)	16.5	(15.8–17.3)	19.3	(18.7–19.9)	19.0	(18.4–19.6)
Age group (yrs)												
18–24	22.8	(19.9–25.7)	21.3	(18.7–23.9)	17.4	(15.0–19.8)	16.4	(14.3–18.6)	20.1	(18.2–22.0)	18.9	(17.3–20.6)
25–44	24.3	(22.8–25.8)	24.5	(23.0–26.0)	19.8	(18.4–21.2)	19.7	(18.5–20.9)	22.0	(21.0–23.0)	22.1	(21.1–23.1)
45–64	23.2	(21.6–24.8)	24.4	(22.8–25.9)	19.1	(17.9–20.3)	18.5	(17.3–19.8)	21.1	(20.1–22.1)	21.4	(20.4–22.4)
$\geq 65$	9.7	(8.3–11.1)	8.9	(7.7–10.1)	9.3	(8.1–10.5)	7.1	(6.2–8.0)	9.5	(8.6–10.4)	7.9	(7.2–8.6)

CDC, MMWR Nov 9, 2012

<http://www.cdc.gov/mmwr/pdf/wk/mm6144.pdf>

## FACET AND FATHERS

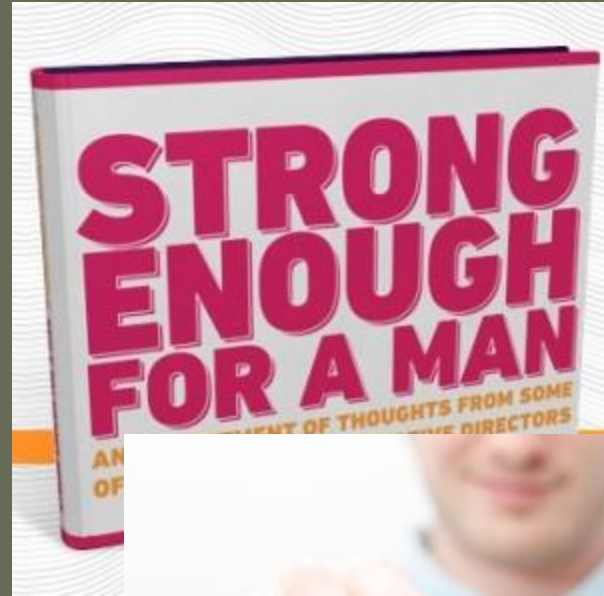
- ❖ Few men reduce during partner's pregnancy
- ❖ 15% households report daily exposure to a smoker





# What about SC interventions for men?

- 11 intervention studies targeting men (Okoli et al. 2011)
  - Only 2 -> treatment components specifically for men (expectant fathers/gay men)
  - Others delivered in settings serving men



# IF WE COULD HELP FATHERS REDUCE AND QUIT SMOKING . . .



**Support women's  
effort to reduce  
and stop smoking**



**Support men's  
health**



**Create smoke-free  
homes for children**



Smoke like a man:  
Die like a man

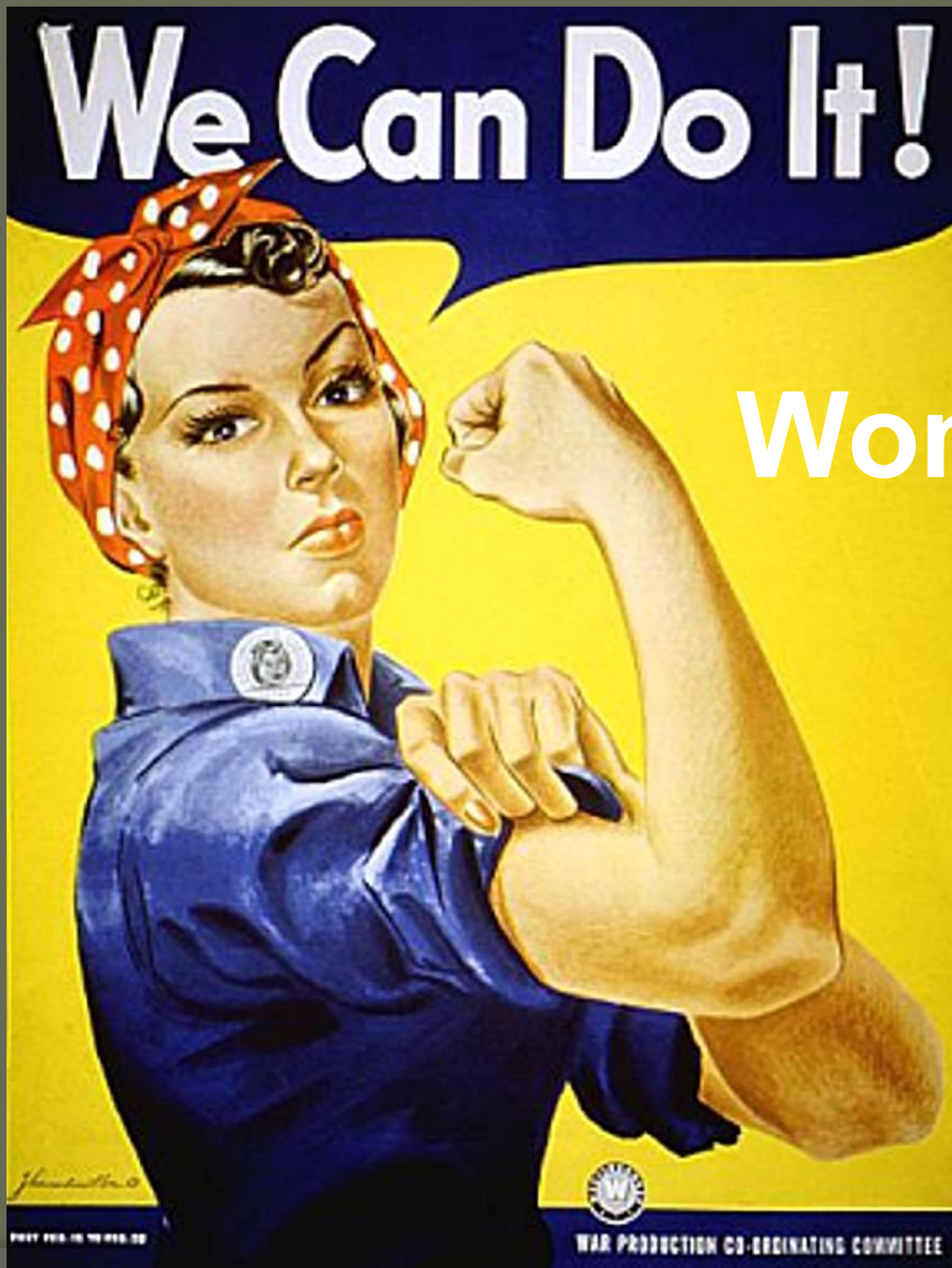


# Shifting Masculinities

## The “Good” Dad







# Women's Work

# Men's business, women's work



- ◎ **Preserve relationships**
- ◎ **Positioned smoking as traditional masculine activity, part of men's identity & an aspect of shared intimacy**

(Bottorff, Oliffe, Kelly, Greaves, Johnson, Ponc, & Chen, 2010)

# STRENGTHENING MOTIVATION.....



- ✓ Support shifts in masculine roles
- ✓ Strength-based + messages to support change
- ✓ Testimonials to reflect shared challenges & peer support
- ✓ Masculine look/feel



MY SCORE  
\_\_\_\_\_ OUT OF 16

ANSWER KEY



True 3, True 4, True 5, False 6, False 7, True 8, True 9, False 11, False 12, True 13, True 14, True 15, False 16, True



## Which Smoking Facts are True?

- 1 Smoking is the number one preventable cause of home fire deaths in Canada. TRUE / FALSE
- 2 Smoking by dads can be harmful to an unborn fetus and increases the risk of early pregnancy loss. TRUE / FALSE
- 3 Babies of smoking parents are 8 times more likely to die of Sudden Infant Death Syndrome (SIDS). TRUE / FALSE



I am a guy  
who smokes

"Smoking is a part of my life. I'm in reasonably good shape despite what they say about the harmful effects of smoking cigarettes."



I am a dad  
who wants  
to quit

"I actually have a kid now and my smoking is not just about me anymore. My smoking also makes it harder for my partner to quit."



# DADS IN GEAR



Group program for  
expectant and new dads  
who smoke and want to  
reduce and quit.



# PROGRAM COMPONENTS


**1. Fathering**

**2. Exercise**

**3. Tobacco Reduction**








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[BEING A DAD](#)
[HEALTHY DAD](#)
[SMOKE-FREE DAD](#)
[TOOLBOX](#)
[BLOG](#)

## THE RIGHT TIME ... THE RIGHT REASONS ...

“When I found out I was going to be a dad, I found myself starting to re-think my smoking.”


Dads in Gear (DIG) is a program for new and expectant dads who want to stop smoking. The program focuses on fathering, healthy living, and quitting smoking.




[Being A Dad](#)
[GO >>](#)

[Healthy Dad](#)
[GO >>](#)


[Smoke-Free Dad](#)
[GO >>](#)



Stories, Videos, Tips, Quizzes & more





Videos, Nutrition, Fitness & more



Quit Stories, Tips, Videos & more

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**Forum ->**

Exchange ideas and views ...

---

**Stories ->**


Share everyday experiences ...

---

**Videos ->**

Watch entertaining videos ...

**Tools to Reduce and Quit Smoking ->**



**Health Care Professionals ->**

Dads in Gear was developed by FACET (Families Controlling and Eliminating Tobacco), a program of research committed to finding new ways to support young families in their efforts to become smoke-free.

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[Healthy Dad](#)
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# DADS IN GEAR WEBSITE

- ❖ Accessible program resources
- ❖ Support and sustain men's self-management
- ❖ Foster community







12 VIDEOS





# THE NEXT STEPS »



# Opportunities to integrate sex and gender...

- ◉ Review current programs/messages
  - Language/presentation
  - Types of support provided
- ◉ Development of new programs/resources
  - Consultation with potential end users
  - Literature



# Sex and Gender – the pay off

- More complete understanding of health behaviour (including smoking).
- Enhance effectiveness of SC programs for women and men.
- Reduce health inequalities.



# Acknowledgements



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[www.itag.ca](http://www.itag.ca)

[www.facet.ubc.ca](http://www.facet.ubc.ca)



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# Questions & comments.....



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- The NY State Cessation Center Collaborative Conference Call is now offering an electronic format to submit your evaluation and CME/Course Credit Form. This online form is accessed by clicking on the link below or by copying the link and putting it in your internet browser.  
<https://www.surveymonkey.com/s/TCNYConfCall>
- The paper evaluation and course credit form is also available on the NYS Smokers' Quitline site, <http://www.nysmokefree.com/confcalls/default.aspx>, to be downloaded, completed and submitted via fax to (518) 891-6159. Please choose one method, electronic or fax, to submit your forms. Evaluation and Course Credit forms have to be submitted by March 13, 2013 in order to receive credit/certificate.