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)equality in a society
Masculinities

Femininities
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

- **Gender roles/responsibilities** → who smokes, where, and when
- **Gender identities** → smoking as “masculine cool” or “feminine rebellion”
- **Gender relations** → how gendered interactions influence smoking patterns
- **Institutional gender** → how tobacco industry influences construction of gender and tobacco use
Gender as a Marketing Tool
Gender-related factors & SC

Gender sensitive

Gender specific
Smoking Cessation

For Women

http://www.expectingtoquit.ca/
Integrating gender in support for smoking cessation: Examples from our research program
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

Couples and Smoking
What You Need to Know When You are Pregnant

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

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 ≥18 years who were current cigarette smokers,* by selected characteristics — National Health Interview Survey, United States, 2010 and 2011

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<td>% (95% CI)</td>
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<td>Overall</td>
<td>21.5 (20.7–22.3)</td>
<td>21.6 (20.7–22.5)</td>
<td>17.3 (16.5–18.1)</td>
<td>16.5 (15.8–17.3)</td>
<td>19.3 (18.7–19.9)</td>
<td>19.0 (18.4–19.6)</td>
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<td>Age group (yrs)</td>
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<td>18–24</td>
<td>22.8 (19.9–25.7)</td>
<td>21.3 (19.7–23.9)</td>
<td>17.4 (15.0–19.8)</td>
<td>16.4 (14.3–18.6)</td>
<td>20.1 (18.2–22.0)</td>
<td>18.9 (17.3–20.6)</td>
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<td>25–44</td>
<td>24.3 (22.8–25.8)</td>
<td>24.5 (23.0–26.0)</td>
<td>19.8 (18.4–21.2)</td>
<td>19.7 (18.5–20.9)</td>
<td>22.0 (21.0–23.0)</td>
<td>22.1 (21.1–23.1)</td>
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<td>≥65</td>
<td>9.7 (8.3–11.1)</td>
<td>8.9 (7.7–10.1)</td>
<td>9.3 (8.1–10.5)</td>
<td>7.1 (6.2–8.0)</td>
<td>9.5 (8.6–10.4)</td>
<td>7.9 (7.2–8.6)</td>
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*Current smokers were defined as those who smoked one or more cigarettes in the past 30 days.

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, Ponic, & 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

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.
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.

- **Accessible program resources**
- **Support and sustain men’s self-management**
- **Foster community**

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.
YouTube is these concepts used when using Google.
The book Zoom is vs Unico as a QR code that drives people out through the book People choose to watch Uncle and tells the best places to watch them.
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.
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  - **www.itag.ca**
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  - **FACETobacco**
  - **@FACETobacco**
Questions & comments.....
SELECTED References


- Oliffe, J.L., Bottorff, J.L., & Sarbit, G. (2012). Mobilizing masculinity to support fathers who want to be smoke free. *CIHR Institute of Gender and Health Knowledge Translation Casebook*. Ottawa, ON: CIHR.


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.