Women, social disadvantage and policy

Hilary Graham

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❑ **Disadvantaged women represent an increasing proportion of the shrinking population of US smokers**

❑ **The risks of being disadvantaged and of being a smoker are influenced by the course one's life has taken (by one's 'life course')**

❑ **A disparities perspective should underpin tobacco control research and policy**

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1. Disadvantaged women represent an increasing proportion of the shrinking population of US smokers

because…

men's smoking prevalence
reached a higher & earlier
peak – and has declined
more rapidly since (today,
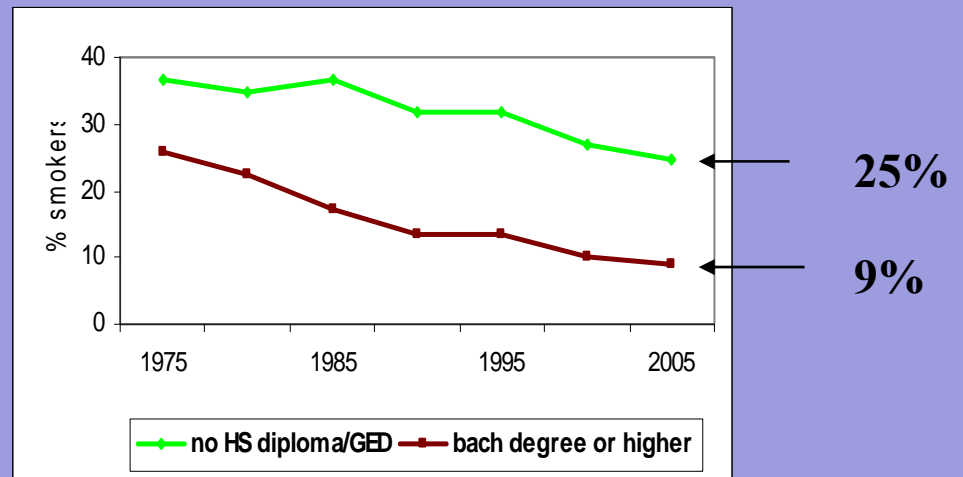women make up 43% of the
US smoking population)

US smoking prevalence

*Source:* U.S. Centers for Disease Control and Prevention
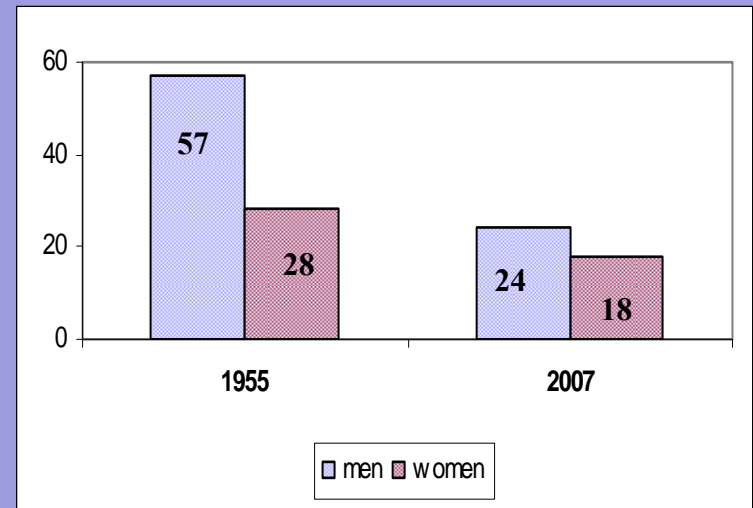
…and because…

female prevalence has declined much more sharply among women from more advantaged backgrounds

female smoking prevalence by educational level 1975-2005

25%

9%

…prevalence increases in line with increasing social disadvantage among African American & white women

Women's smoking rates by educational level[1], 2004-06, US
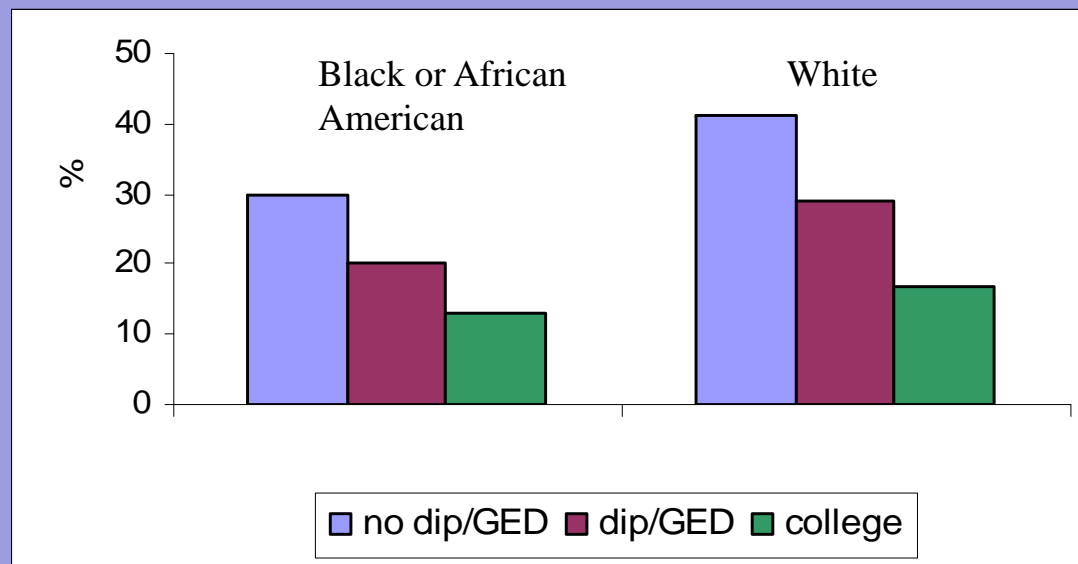
[1]no high school diploma or GED/high school diploma or GED/some college or more

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2. The risk of being disadvantaged & being a smoker are both influenced by one's life course

For all ethnic groups, <u>the risk of social disadvantage</u> is related to:

- family background (parent's socioeconomic status - education, occupation, income) *and*
- child-to-adult pathways (e.g. educational trajectory &, for women, by age of becoming a mother) *as well as*
- current circumstances (e.g. occupation, living standards &, for women, cohabitation status)

Evidence for US and UK is that family background & adolescent pathways are becoming more, not less, important influences on adult circumstances

Among women in most ethnic groups, <u>risk of being a smoker</u> is related to:

- family background *and*
- child-to-adult pathways (educational trajectory & age of
        becoming a mother) *as well as*
- current circumstances (living standards & cohabitation status)

Illustrate by focusing on smoking among white mothers in the UK (with Catherine Law & Summer Sherburne Hawkins, UCL Inst of Child Health, UK)

UK Millennium Cohort Study of 18000 children born in 2000/01

• 9 mths after birth, 28% of mothers reported that they were cig smoker (≥1 cig per day)

• table focuses on mothers from disadvantaged backgrounds (based on their father's occupation: 'routine and manual' occupations or never worked/long-term unemployed or not known)

	current smoker (%)
all mothers	**28**
mothers with childhood disadvantage	
+ left education ≤ 16yrs	
+ a mother < 20yrs	
+ adult disadvantage [1]	
+ lone mother	

Disadvantaged:

Family background →

Child-adult pathways →

Current circumstances →

[1] **based on annual household income ≤ £11000 (approx ≤$16000) predominantly from welfare payments**

Disadvantaged life course and smoking

	current smoker (%)
all mothers	28
mothers with childhood disadvantage:	33
+ left education ≤ 16	
+ a mother < 20	
+ adult disadvantage	
+ lone mother	
mothers experiencing none of these disadvantages	

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Disadvantaged life course and smoking

	current smoker (%)
all mothers	28
mothers with childhood disadvantage:	33
+ left education ≤ 16	44
+ a mother < 20	
+ adult disadvantage	
+ lone mother	
mothers experiencing none of these disadvantages	

Source: MCS analysis - Graham, 2009

Disadvantaged life course and smoking

	current smoker (%)
all mothers	28
mothers with childhood disadvantage:	33
+ left education ≤ 16	44
+ a mother < 20	63
+ adult disadvantage	
+ lone mother	
mothers experiencing none of these disadvantages	

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Disadvantaged life course and smoking

	current smoker (%)
all mothers	28
mothers with childhood disadvantage:	33
+ left education ≤ 16	44
+ a mother < 20	63
+ adult disadvantage	69
+ lone mother	72
mothers experiencing none of these disadvantages (advantaged life course)	12

Source: MCS analysis - Graham, 2009

So far…I have discussed how smoking is linked to social disadvantage

- over time: increasing social differentials in prevalence

- across the life course: prevalence increases as disadvantage accumulates

3. A disparities perspective should underpin tobacco control research and policy

….illustrate with two examples

A disparities perspective …on policies that signal the social unacceptability of smoking ('social denormalisation' 'stigmatization')

- Smokers are concentrated among already-stigmatized groups (young mothers, lone mothers, poor adults etc)

- Negative stereotypes of smoking & smokers draw on this fact

- **when asked to describe 'the typical smoker', non-smokers referred to 'teenage smokers' 'smoking mothers' 'the unemployed' & 'the working class' (UK study)**

- **being a smoker features among the negative stereotypes of 'welfare mothers' on TV (US study)**

- **in the media, including on-line forums, smokers are seen as part of an 'underclass' (uneducated, unemployed, excessive users of services etc) (Australian study)**

- **Negative alignments of 'smokers' and 'the disadvantaged' are occurring at a time when bodily & behavioral cues are increasingly used to infer an individual's social position and assess their moral worth**

- **Disparaging comments about an individual's dress code, speech & accent; body shape & size; habitual behavior (diet, physical activity, smoking etc) are ways of talking about disparities without naming them**

- **Are tobacco control policies that reinforce non-smoking norms inadvertently permitting/legitimating hostility towards disadvantaged groups in which smoking is concentrated?**

A disparities perspective …on wider social policies

- **social inequalities in key predictors of smoking have been widening in the US, UK and elsewhere**

- **illustrate by looking at US living standards as measured by real household income (i.e. income after adjustment for inflation) from 1970**

- **begin with poorer households (20th percentile of the income distribution) – then richer households (80th percentile) & very rich households (95th percentile)**

Trends in household incomes: 20th percentile US, 1970-2005 (real income $)

very little improvement in living standards of poorer households

Legend: 20th percentile"
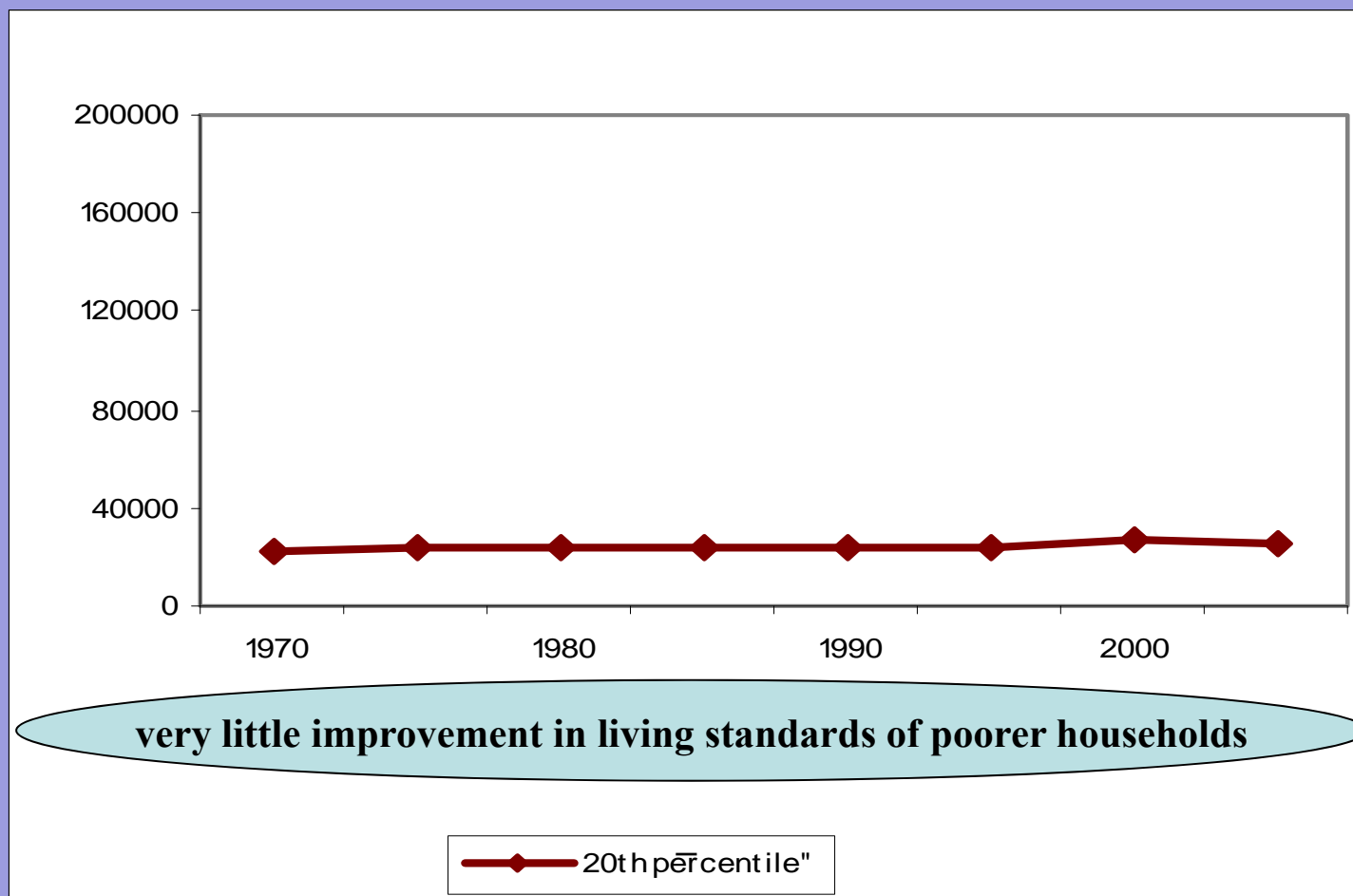
Trends in household incomes: 20th percentile, 80th percentile and 95th percentile, US, 1970-2005 (real income $)

- but sustained improvements for those who are already well-off

Legend: 20th percentile" — 80th percentile — 95th percentile
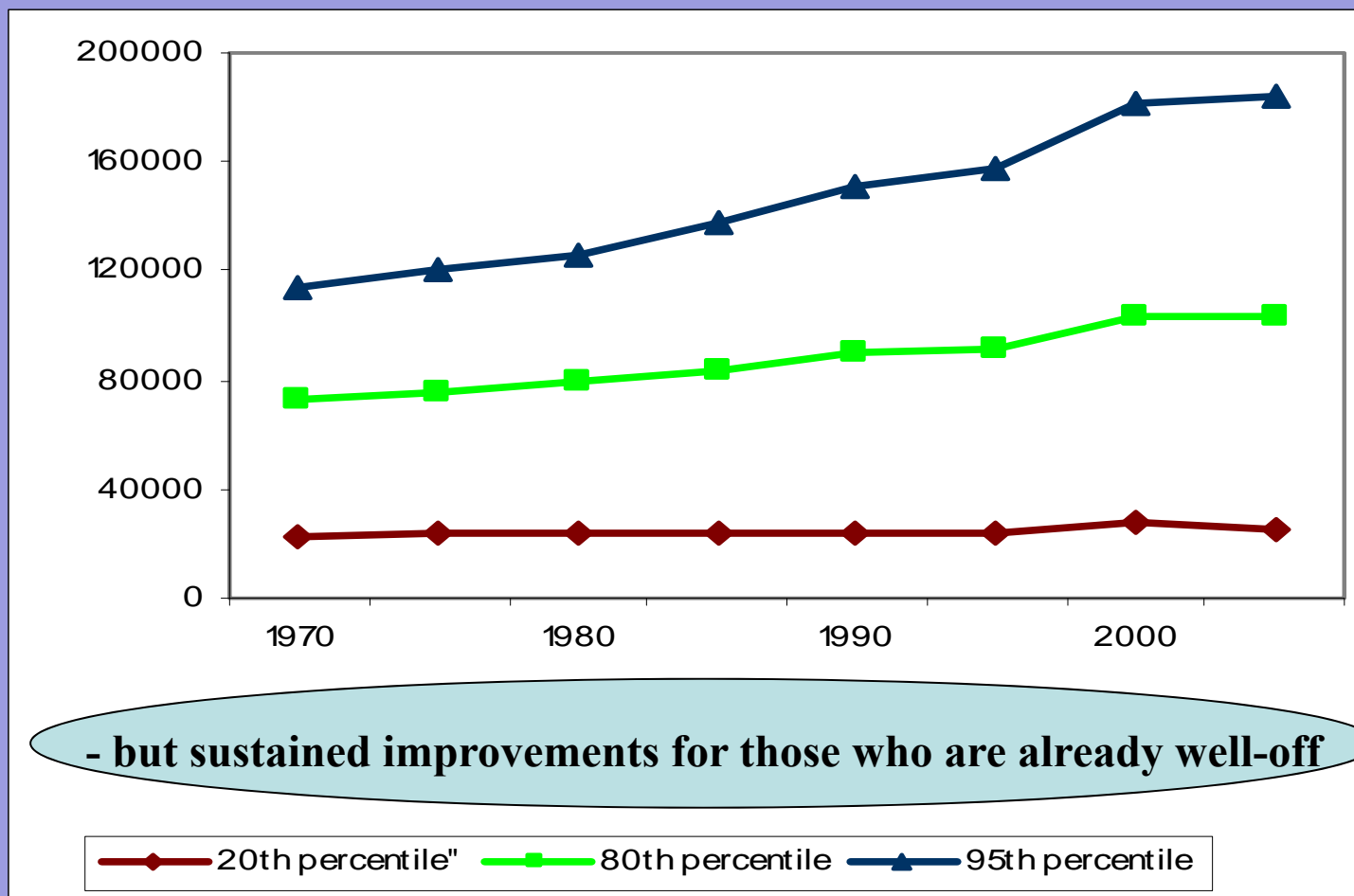
widening disparities reflect government policies on tax & cash benefits – these have done less to hold down income growth at the top & to lift incomes at the bottom

… and have done less than in most other rich countries

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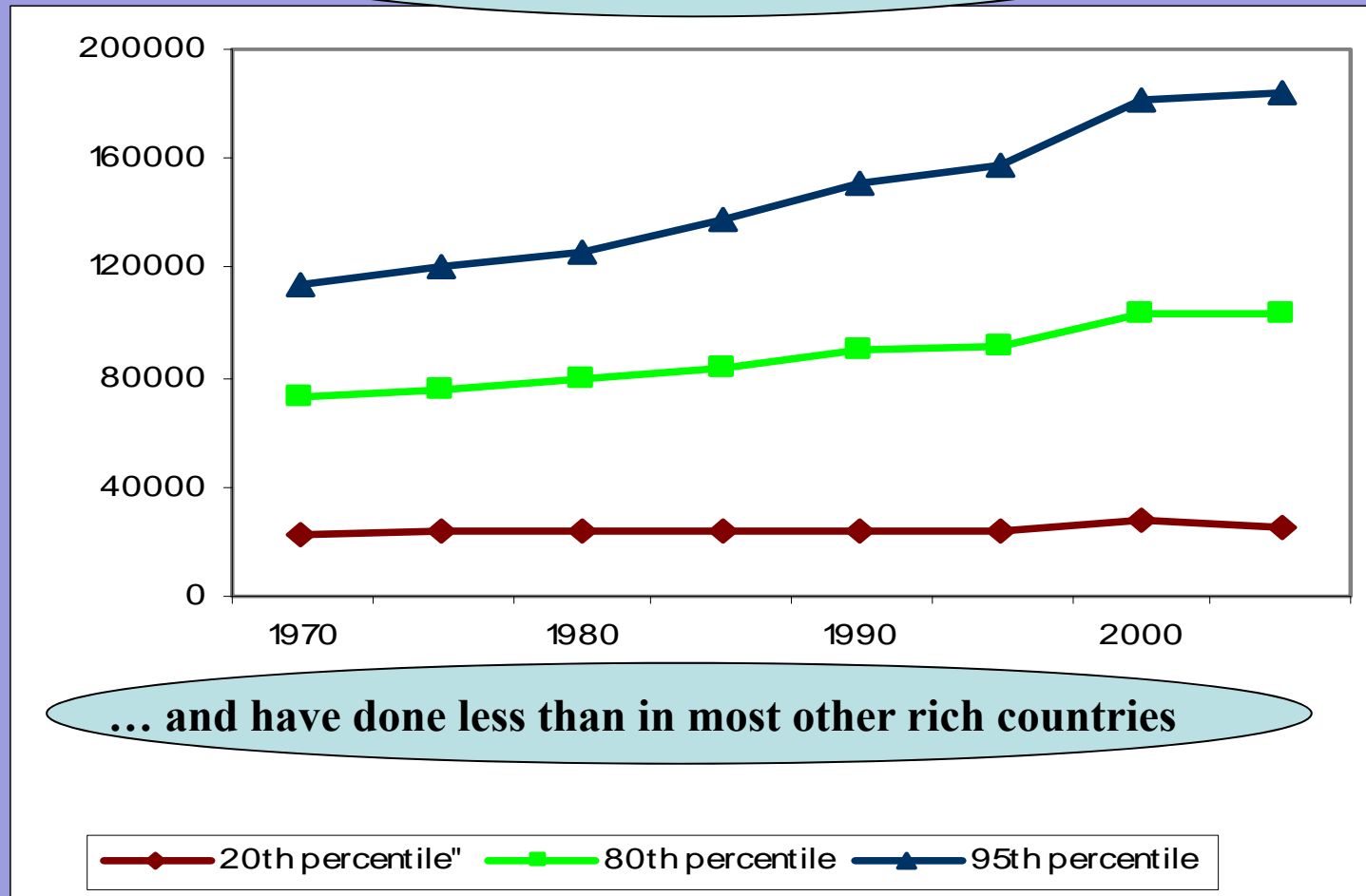
- **cross-national studies suggest that, when governments are committed to reducing inequalities in people's lives – in childhood circumstances, child-to-adult pathways, adult circumstances - they are successful**

- **when political commitment weakens, these policies become less effective: for example, educational & income inequalities widen and rates of social mobility fall**

- **with smoking increasingly linked to social disadvantage, social policies are also tobacco control policies**

Conclusions

❑ Decline in smoking is leaving behind a population which is increasingly female & disadvantaged

❑ Social disparities across women's lives impact on their smoking careers - multiple disadvantage is therefore associated with high rates of smoking

❑ Negative stereotypes of smoking implicitly draw on its association with social disadvantage, raising challenges for tobacco control policies that 'denormalise' smoking

❑ Social disparities, and policies to address them, should be a priority for tobacco control research and policy

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Thank you