

Women & Smoking

Cigarette smoking was rare among women in the early 20th century and became prevalent among women after it did among men. In 2005, 20.3 million (18.1 percent) of women smoked in the United States. Although fewer women smoke than men, the percentage difference between the two has continued to decrease year to year. Today, with a much closer gap between men's and women's smoking rates, women share a much larger burden of smoking-related diseases.

Smoking is directly responsible for 90 percent of all lung cancer deaths in America each year. In 1987, lung cancer surpassed breast cancer as the leading cause of cancer deaths among women in the U.S.

Current female smokers aged 35 or older are 12 times more likely than nonsmoking females to die prematurely from lung cancer.

In 2007, an estimated 70,880 women will die of lung and bronchus cancer.

Smoking is directly responsible for 80 percent of Chronic Obstructive Pulmonary Disease (COPD) deaths in women each year.

In 2003, 51.2 percent of all COPD deaths were in women. This is the third year in a row that women have outnumbered men in deaths attributable to COPD.

Current female smokers aged 35 or older are 10.5 times more likely than nonsmoking females to die from emphysema or chronic bronchitis otherwise known as COPD.

Annually, cigarette smoking kills an estimated 178,408 women in the United States.

Prevalence of current smoking in 2005 among adult female populations was highest among, non-Hispanic whites (21%), followed by non-Hispanic blacks (17%) and Hispanics (11%).

Women who smoke also have an increased risk for developing cancers of the oral cavity, pharynx, larynx (voice box), esophagus, pancreas, kidney, bladder, and uterine cervix.

Women who smoke double their risk for developing coronary heart disease.

Postmenopausal women who smoke have lower bone density than women who never smoked. Women who smoke have an increased risk for hip fracture than never smokers. Cigarette smoking also causes skin wrinkling that could make smokers appear less attractive and prematurely old.

Women have been extensively targeted in tobacco marketing dominated by themes of an association between social desirability, independence, weight control and smoking messages conveyed through advertisements featuring slim, attractive, and athletic models.

Teenage girls often start to smoke to avoid weight gain and to identify themselves as independent and glamorous, which reflect images projected by tobacco ads. Social images can convince teens that being slightly overweight is worse than smoking. Cigarette advertising portrays cigarettes as causing slimness and implies that cigarette smoking suppresses appetite.

In 2005, 23.0 percent of high school girls were current smokers, meaning they smoked at least once in the 30 days preceding the survey.

In 2003, 10.7 percent of mothers smoked during pregnancy. It is estimated that only 25 percent of women quit smoking once they become pregnant.

Cigarette smoking during pregnancy can cause serious health problems for both mother and child, such as pregnancy complications, premature birth, low-birth-weight infants, stillbirth and infant death. Mothers who smoke can pass nicotine to their children through breast milk. Cigarette smoking not only passes nicotine on to the fetus; it also prevents as much as 25 percent of oxygen from reaching the placenta. Smoking during pregnancy accounts for 20 to 30 percent of low-birth weight babies, up to 14 percent of preterm deliveries and about 10 percent of all infant deaths.

Additionally, infants are more likely to develop colds, bronchitis, and other respiratory diseases if secondhand smoke is present in the home or day care center. Maternal smoking has also been linked to asthma among infants and young children. The odds of developing asthma are twice as high among children whose mothers smoke more than 10 cigarettes a day.

Reducing frequency of smoking may not benefit the baby. A pregnant woman who reduces her smoking pattern or switches to lower tar cigarettes may inhale more deeply or take more puffs to get the same amount of nicotine as before.

The most effective way to protect the fetus is to quit smoking. If a woman plans to conceive a child in the near future, quitting is essential. A woman who quits within the first three or four months of pregnancy can lower the chances of her baby being born premature or with health problems related to smoking.

Women who quit smoking greatly reduce their risk of developing smoking-related diseases and dying prematurely. In 2003, 48.9 percent of women smokers tried to quit smoking for at least one day.

Women who quit smoking relapse for different reasons than men. Stress, weight control, and negative emotions, lead to relapse among women.

A recent study found among middle-aged smokers and former smokers, with mild or moderate chronic obstructive pulmonary disease, both breathed easier after quitting. After one year the women who quit smoking had 2 times more improvement in lung function compared with the men who quit.