

Tobacco smoking among low-income Black women: Demographic and psychosocial correlates in a community sample

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Received 5 April 2006; accepted 9 October 2006

This study sought to identify demographic and psychosocial correlates of cigarette smoking among low-income U.S. Black females. A total of 263 women provided demographic information and completed measures of perceived stress, anger, and alcohol and tobacco use. The analyses examined smoking using two variables: (a) smoking status category (nonsmokers [0 cigarettes/day], light smokers [1–10 cigarettes/day], moderate smokers [11–19 cigarettes/day], and heavy smokers [≥ 20 cigarettes/day]) and (b) a continuous measure of cigarettes smoked daily. Multinomial logistic (MLR) and hierarchical multiple regression (HMR) analyses were used to model demographic, psychological, and alcohol use correlates of smoking. Results indicated that 30% of the sample were nonsmokers, 44% reported light smoking, 6% were moderate smokers, and 20% were heavy smokers. Both regression models explained a significant proportion of the variance in smoking, accounting for 57% and 31%, respectively. Across smoking categories, the odds of smoking were greater for older women who had less education, lower income, greater perceived stress, and more frequent heavy alcohol use. Number of cigarettes smoked daily was associated with similar factors, including less education and income, and older age. Heavy smoking was predicted by having fewer children. Current drinking was associated with light and heavy smoking, and with the extent of daily smoking. Anger was not a predictor of smoking in either model. A more complete understanding of the demographic and psychosocial factors associated with smoking among Black women can inform prevention and cessation strategies aimed at this population.

Introduction

Tobacco use is the leading preventable cause of premature morbidity and mortality among women in the United States (U.S. Department of Health and Human Services [USDHHS], 2001). Smoking-attributable lung cancer is the number-one cause of death among women. Some evidence also suggests that women are more vulnerable than men to the damaging effects of smoking (USDHHS, 2001). Smoking also poses unique health risks to women, such as cervical cancer and premature menopause (USDHHS, 1980).

Smoking also exacerbates health problems that disproportionately affect U.S. Black women, such as infant mortality, low birth weight, hypertension, diabetes, and cerebrovascular disease (Heckler, 1985; USDHHS, 1998). In particular, rates of cardiovascular disease are twice as high among Black women as among White women (USDHHS, 1998). Compared with White women, Black women experience greater health deterioration (Geronimus, 1992) and are more likely to die from smoking-related diseases (Manton, Patrick, & Johnson, 1989).

Blacks in general tend to start smoking at later ages than Whites (Hunter et al., 1986), smoke fewer cigarettes per day (Darby, 1985), and prefer mentholated brands (Richardson, 1997), trends that are reflected in comparisons between Black and White women (Moon-Howard, 2003; J. M. Watson et al., 2003). Most tobacco intervention trials do not include individuals who smoke a few cigarettes per day, under presumptions that they are less nicotine

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