



Epidemiology, determinants, and consequences of cigarette smoking in African American women: An integrative review

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ARTICLE INFO

Keywords:

African American Women
Cigarette smoke

ABSTRACT

Tobacco smoking is a national public health problem that has been associated with numerous adverse health effects, including increased disease and cancer rates. Previous review articles on smoking in specific demographic populations have focused on smoking in women and on smoking in African Americans, but have not considered the dual roles of ethnicity and gender in smoking behavior. African American women (AAW) are an important subgroup to study because they are distinct from non-AAW and their male African American counterparts on biopsychosocial factors that are relevant to smoking behavior. The purpose of the present review paper is to integrate and summarize the current literature on the epidemiology, determinants, and consequences of cigarette smoking among AAW, by contrasting them to relevant comparison groups (non-AAW and African American men). Evidence suggests that AAW are generally more likely to be light smokers and initiate smoking later. The prevalence rates of AAW smokers have decreased over the past 25 years, yet AAW are disproportionately affected by several smoking-related illnesses when compared to their ethnic and gender comparison groups. AAW smokers are distinct from relevant comparison groups in metabolic sensitivity to nicotine, aspects of smoking topography, and several psychosocial factors that influence smoking. Although a small literature on smoking in AAW is emerging, further empirical research of AAW smokers could inform the development of tailored interventions for AAW.

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1. Introduction

Smoking is a national public health problem among US adults, and adverse health effects related to cigarette smoke account for approximately 1 in 5 deaths each year (CDC, *Morbidity and Mortality Weekly Report*, 2008). The most recent census figures approximated that over 18 million US residents are African American females (US Census Bureau, 2007). However, African American women (AAW)¹ are at a dual disadvantage because they are historically underrepresented in research as African Americans and as women (Daunt, 2003; Geller, Adams, & Carnes, 2006; Sadler et al., 2005). Despite minority status in population number, AAW are considered a “vulnerable population” due to their over-representation in poor health outcomes in general (Flaskerud & Winslow, 1998). Accordingly, research of smoking in AAW is a priority.

There are relatively large literatures that have examined smoking among women (Barker, Orleans, Halpin, & Barry, 2004; Cepeda-Benito, Reynoso, & Erath, 2004; Collins et al., 2004; Patel, Bach, & Kris, 2004; Pauly, 2008; Reichert, Seltzer, Efferen, & Kohn, 2004; Schnoll, Patterson, & Lerman, 2007; Wetter et al., 1999) and among African Americans (Brook, Saar, Zhang, & Brook, 2009; King, Polednak, Bendel, & Hovey, 1999; Lawrence, Graber, Mills, Meissner, & Warnecke, 2003; Moolchan et al., 2007; Okuyemi, Pulvers, et al., 2007; Payne & Diefenbach, 2003; Pederson, Ahluwalia, Harris, & McGrady, 2000; Webb, 2008). Review articles on these topics have typically focused on differences between women and men without considering the concomitant role of ethnicity, or they have often focused on differences between African Americans and other ethnic groups without considering the role of gender (but see Sanchez-Johnsen (2005) for a review on smoking and obesity). While these reports are informative for understanding smoking among AAW, there are several reasons why it is important to identify the epidemiology, determinants, and consequences of smoking in the specific population of AAW.

Among females, AAW are known to be different than non-AAW in several demographic, psychosocial, and physiological characteristics (Ahmed, Brown, Gary, & Saadatmand, 1994; Andrews, Felton, Ellen Wewers, Waller, & Tingen, 2007; Clemens, Klesges, Slawson, & Bush, 2003; Collins et al., 2004; Delva, et al., 2006; Ensminger, Smith, Juon, Pearson, & Robertson, 2009; Harrell & Gore, 1998; King et al., 2006; Manson, Sammel, Freeman, & Grisso, 2001; Rosenberg, Palmer, Rao, & Adams-Campbell, 2002; Sartor et al., 2009; Wolff, Britton, & Wilson, 2003). Similarly, within the African American population, psychosocial and physiological factors differ between women and their male counterparts (Artinian, Washington, Flack, Hockman, & Jen, 2006; Fox, et al., 2004; King et al., 1999; Lockery & Stanford, 1996; Murtaugh, Borde-Perry, Campbell, Gidding, & Falkner, 2002; Nollen, Catley, Davies, Hall, & Ahluwalia, 2005; Pulvers et al., 2004; Qureshi, Suri, Zhou, & Divani, 2006; Savoca et al., 2009; Woods, Harris, Ahluwalia, Schmelzle, & Mayo, 2001). In addition, considering the concomitant role of ethnicity and gender is important because these two characteristics may potentially interact to influence factors relevant to smoking, such that AAW may be disproportionately represented in comparison to other groups (which is the case in obesity outcomes; Cook, Nies, & Hepworth, 2000; Klesges et al., 1998; Pomerleau et al., 2005; Sanchez-Johnsen, 2005).

Indeed, there is a small emerging empirical literature on tobacco use specifically among AAW. However, these findings have yet to be summarized and integrated in a comprehensive fashion. This is a notable gap in the literature because an up-to-date review may: (a) provide practitioners and researchers who work with this population with information that may be useful for tailoring treatment approaches; and (b) stimulate future research that targets important areas that have been previously neglected.

Accordingly, the present article reviews and integrates the current literature on the epidemiology, determinants, and consequences of cigarettes smoking specifically among AAW. The aims are to: (1) describe current epidemiological data, trends, and smoking behavior patterns for AAW smokers; (2) discuss biological and psychosocial factors that may influence smoking behavior in AAW; (3) review the health consequences of smoking in AAW; and (4) suggest important avenues that should be targeted in future research of smoking in AAW. For the purpose of this review, African Americans are defined as residents of the US who have “origins in any of the Black racial groups of Africa” (US Census Bureau, 2000). The term is used to refer to individuals of African descent who define themselves as African American or Black with African roots. This is in contrast to individuals who primarily consider themselves to be “Black” with Hispanic or other roots. We compare African Americans with Caucasian Americans in the present review because Caucasian Americans currently represent the ethnic majority (US Census Bureau, 2000). We use the term “Caucasian American” to refer to individuals who identify themselves as Americans, report their race as “White,” and have descendants in Europe, North Africa, or some areas within the Middle East (US Census, 2000).

Some guiding questions to be considered in this paper are as follows: are AAW different from their male African American counterparts in the epidemiology, determinants, and consequences smoking? Among women, are AAW different from non-AAW? Do ethnicity and gender interact in their influence on tobacco use patterns, determinants, and consequences?

2. Epidemiology of tobacco use and associated characteristics among AAW

2.1. Prevalence and heaviness of smoking

According to data collected in 2007, AAW currently appear to be the least likely to smoke (15.9%) when compared to African American men (23.4%), Caucasian American women (18.5%), and Caucasian American men (22.2%) (CDC, NCHS, 2008). That is, ethnicity and gender appear to have interactive effects on smoking risk such that the differences in smoking prevalence between Caucasian American men and women are less prominent than the corresponding differences between AAW and African American men, with AAW being at disproportionately lower risk (CDC, NCHS, 2008).

Ethnic and gender differences in current epidemiologic smoking prevalence rates are best interpreted in reference to changes in smoking rates in the U.S. population over the past 25 years. Notably, trends in recent years suggest that the rates of smoking among AAW have decreased. According to national data from the Centers for Disease Control and Prevention, (CDC, NCHS, 2008), there was a 30.9% smoking prevalence among AAW in 1985, and 20.7% prevalence in 2000 (NCHS, 2008), until rates fell to their current level of 15.9%. For African American men, smoking prevalence rates also considerably decreased from 1985 (40.2% smoked) to 2000 (25.7%), and again in 2007 (23.4%) (NCHS, 2008). Thus, it appears that smoking prevalence rates comparatively decreased more among African American men than AAW between 1985 and 2007, with rates among African American men decreasing by 16.8% and rates for AAW decreasing by 15.3%.

Recent comparisons of AAW to Caucasian American women suggest that both groups have shown recent declines in smoking prevalence, although reductions have been more dramatic among AAW (CDC National Center for Health Statistics, 2008). Data from the US Surgeon General's Report on Women and Smoking (2001) indicated that 27.9% of Caucasian American women smoked in 1985; this was lower than the 30.9% of AAW who reported smoking in 1985. By the year 2000, however, more Caucasian American women smoked (22%) than AAW (20.7%), and this gap had widened by 2007 (18.5% of Caucasian American women vs. 15.6% of AAW, respectively) (CDC NCHS, 2008).

¹ African American women is abbreviated as AAW.

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