

Spousal influence on smoking behaviors in a US community sample of newly married couples

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Abstract

Among married couples, partners often have similar characteristics and behaviors. Among individuals who smoke cigarettes, it is not uncommon for them to have a partner who also smokes. In fact, having a partner who smokes can influence the spouse's initiation of smoking, or return to smoking after a previous quit attempt. Additionally, it is possible that a nonsmoking partner can influence his/her spouse to stop smoking. Participants for this research are from a community sample of couples in the United States. They were recruited at the time they applied for their marriage license and followed through to their second wedding anniversary. Logistic regression models, controlling for demographics, were utilized to determine if a partner's smoking status predicted smoking initiation or relapse over the early years of marriage. Overall, there was some support that a partner's smoking status did influence the other's smoking, although more support was found for spousal influence on relapse than cessation. There was more support for husband's influence compared to wife's influence, nonsmoking wives were more likely to resume smoking in the early years of their marriage if their partners were smokers. Wives' smoking, however, did not predict husband initiation of smoking. These findings suggest that during the transition into marriage, spouses do influence their partners' behaviors. In particular, women are more likely to resume smoking, or return to smoking if their partners smoke.

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Romantic partners are often quite similar to one another and this similarity may include a wide variety of health and behavioral characteristics. This similarity has been found for affective disorders (Galbaud du Fort, Bland, Newman, & Boothroyd, 1998) and antisocial behavior (Krueger, Moffitt, Caspi, Bleske, & Silva, 1998). Yamaguchi and Kandel (1993) found significant

concordance for drug use in couples both prior to and during their marriage. Similarly, Leonard and Das Eiden (1999) found significant correlations among men and women for the average daily volume of alcohol consumed, frequency of heavy drinking, and frequency of intoxication in the year prior to their marriage, as well as in the first year of marriage.

Spousal similarity for substance use is not restricted to alcohol and illicit drugs. If one person smokes cigarettes in a relationship, it is not uncommon for the partner to also be a smoker (Sutton, 1993). In a study of smoking cessation, just over a third of the sample reported that

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their partners also smoked (Roski, Schmid, & Lando, 1996). Because this sample consisted of more educated individuals who volunteered for a smoking cessation program, it is possible that this is an underestimate of the rate of smoking behaviors of both partners in the general population or in more at-risk populations. In a sample of low-income, pregnant women, three-quarters of the women reported that their husband or partner also smoked (Kendrick et al., 1995).

There are several reasons why romantic partners may have similar behavioral patterns. Assortative mating is one possible explanation for spousal similarity. This nonrandom mating between individuals would result in individuals choosing partners who are already similar to themselves in terms of personality characteristics, behaviors, physical traits, or even health. In a study of similarity among newlyweds (Houts, Robins, & Huston, 1996), couples were found to be more similar on role preferences and leisure activities than one would expect by chance, thus providing some evidence for assortative mating. Sutton (1993) found that across a wide range of characteristics (e.g., age, education, religion, personality, etc) "...similarities between partners are already present at the outset [of marriage]" (p. 28). Taken together, these findings suggest that, for some characteristics, assortative mating may explain spousal similarities.

Although individuals enter into marriage with partners who are similar to themselves, it is also possible that similarity arises by partners changing in response to the other's behaviors. For instance, one spouse may influence the other to adopt healthier behaviors (Umberson, 1987, 1992), thus causing a similarity in healthy behaviors that may not have existed prior to marriage. Spousal influence has also been identified as increasing similarity in other areas. Jennings and Stoker (2000) examined similarity of political beliefs and spousal influence in married individuals and found that spousal influence was involved in increasing political similarity in couples.

There is evidence to suggest that nonsmokers may be influenced to start smoking by their partners. Daly, Lund, Harty, & Ersted (1993) examined late onset smoking initiation (smoking initiated at 17 years old or older) and found that women whose significant others smoked were significantly more likely to start smoking compared to women whose partners did not smoke. Additionally, a partner's smoking status may be the factor that influences the spouse's return to smoking. For instance, among women who quit smoking during pregnancy, the strongest predictor of relapse was having a partner who smoked (Severson, Andrews, Lichtenstein, Wall, & Zoref, 1995). Similarly, Kahn, Certain, and Whitaker (2002) found relapse rates four times as high for individuals living with smokers, compared to those who did not. When considering changes in smoking behaviors, Collins, Emont, and Zywiak

(1990) found that social influence processes were the most important predictor of long term smoking outcome.

A spouse's smoking status may also affect a partner's cessation of smoking. Individuals are more likely to stop smoking if their partners are nonsmokers (McBride et al., 1998) and they are more likely to believe that they can remain a nonsmoker if their partner is a nonsmoker (Severson et al., 1995). Additionally, not only is current partner smoking status important, but past smoking may also influence a person's likelihood of quitting. Monden, de Graaf, and Kraaykamp (2003) found that individuals living with a current smoker, compared to those living with someone who never smoked or an ex-smoker, were the least likely to quit smoking.

There are several limitations in the current literature on factors related to smoking. Many of the studies that assess factors related to cessation and relapse of smoking among married couples have tended to focus on pregnant or postpartum women (e.g. McBride et al., 1998; Pollak & Mullen, 1997; Severson et al., 1995; Woodby, Windsor, Snyder, Kohler, & Diclemente, 1999), or enrolled participants who have volunteered for intensive smoking cessations programs (e.g. Mermelstein, Cohen, Lichtenstein, Baer, & Kamarck, 1986; Roski et al., 1996). The specific nature of these samples places some limitations upon the generalizability of the findings. For example, expectant mothers are likely to have an increased motivation to quit, but that motivation may be primarily limited to the period of pregnancy, evidenced by the high quit rates during pregnancy and rapid relapse shortly after the birth of the child. Few studies have considered smoking behaviors among the general population (West, McEwen, Bolling, & Owen, 2001). Additionally, although there is some research on how spouses influence their partners' alcohol use (e.g., Leonard and Mudar (2003)) research on spousal influence and smoking is lacking.

The transition into marriage provides a unique opportunity to examine change in individuals. Marriage has often been described as one transition in the family life cycle (for a discussion, see Teachman, Polonko, and Scanzoni (1987)). As such, many changes occur during this transition. For instance, during this time, individuals continue the process of separation from their family of-origin and form a new partnership (Wallerstein, 1994). Additionally, the individuals increase their interdependence on one another; that is, one person has an influence on the other (Huston & Robins, 1982). Social network changes are also likely during this transition with some premarital relationships weakening (Reid & Fine, 1992) while other relationships are developed (Cohen, 1992). Further, because couples tend to become less close over time and relationship satisfaction tends to decline (Glenn, 1998), we would expect spousal influence to be strongest at the time of

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