# Gender Differences in Smoking Among U.S. Working Adults 

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#### Abstract

Background-Cigarette smoking remains a leading cause of morbidity and mortality. Although gender differences in cigarette smoking in the U.S. population have been documented, information on these differences among working adults is limited.

Purpose-To describe the current smoking prevalence by gender among working U.S. adults and examine gender differences in smoking by occupation.

Methods-The 2004-2011 National Health Interview Survey data for adults aged $\geq 18$ years that were working in the week prior to the interview $(\mathrm{N}=132,215)$ were analyzed in 2013. Current cigarette smokers were those who smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days.

Results-During 2004-2011, an estimated $22.8 \%$ of men workers and $18.3 \%$ of women workers were current smokers. Of the current smokers, women workers had higher odds of being an everyday smoker (prevalence OR [POR]=1.17, 95\% CI=1.09, 1.26); having poor self-rated emotional health ( $\mathrm{POR}=1.28,95 \% \mathrm{CI}=1.15,1.41$ ); and having chronic obstructive pulmonary disease ( $\mathrm{POR}=2.45,95 \% \mathrm{CI}=2.14,2.80$ ), heart disease ( $\mathrm{POR}=1.27,95 \% \mathrm{CI}=1.12,1.45$ ), and current asthma ( $\mathrm{POR}=2.21,95 \% \mathrm{CI}=1.96,2.49$ ) compared with men workers. Women in "supervisors, construction, and extraction" ( $38.9 \%$ ) occupations and men in "extraction" ( $40.5 \%$ ) occupations had the highest smoking prevalence.

Conclusion-Among working adults, women had lower prevalence of smoking than men, yet women who smoke were more likely than men to have adverse health outcomes, including selfrated poorer physical and emotional health.


## Introduction

Cigarette smoking remains a leading cause of morbidity and mortality. ${ }^{1-4}$ In 2011, $21.6 \%$ of men and $16.5 \%$ of women were current smokers in the U.S. ${ }^{2}$ Similar patterns were observed

[^0]among working adults ( $21.5 \%$ of men and $17.4 \%$ of women). ${ }^{5}$ Women who smoke have higher burden of smoking-related diseases than men who smoke. ${ }^{6-11}$ Women smokers have a $25 \%$ increased risk of developing coronary heart disease and chronic obstructive pulmonary disease (COPD) and a high incidence of lung cancer compared to men who smoke. ${ }^{6,10}$ The percentage of women in the workforce has also increased from $38 \%$ in 1970 to $47 \%$ in $2010 .{ }^{12}$

Furthermore, previous studies ${ }^{13-17}$ have demonstrated the additive effect of cigarette smoking on adverse health outcomes and certain occupational exposures. Understanding occupational factors, socioeconomic characteristics, and smoking behavior of working men and women may guide targeted gender-specific interventions and more effective policies, smoking-cessation programs, and counseling strategies. ${ }^{11,18}$ This study estimates genderspecific cigarette smoking prevalence by occupation and examines the association between smoking behaviors, select socioeconomic characteristics, and health status among working men and women.

## Methods

The National Health Interview Survey (NHIS) collects health information from the U.S. civilian non-institutionalized population. ${ }^{19,20}$ The survey response rates ranged from $72.5 \%$ in 2004 to $66.3 \%$ in 2011. ${ }^{19,20}$

Data on current occupation were collected from adults who were working in the week prior to the interview. ${ }^{20}$ Because of small sample sizes, 94 available detailed occupations were collapsed into 45 occupations using National Center for Health Statistics criteria ${ }^{20}$ and into four major occupational categories using criteria of Ham et al. ${ }^{21}$ Current cigarette smokers were those who smoked at least 100 cigarettes in their lifetime and currently smoke "every day" or "some days." 19

Data from the 2004-2011 NHIS were combined to improve precision and reliability of the estimates. ${ }^{19}$ Bivariable logistic regression was used to calculate prevalence ORs (PORs) and multivariable logistic regression to calculate PORs adjusted for age, race/ethnicity, education, and combined family income. ${ }^{10,18,19,21}$ The referent group was all other currently employed adults who were not in the occupation of interest. All tests were two-sided, and differences were considered significant at $\alpha=0.05$. Prevalence estimates with relative SE (RSE, calculated as SE of the estimate divided by the estimate) $>30 \%$ and $<50 \%$ are reported but may be unreliable. Estimates with RSE $\geq 50 \%$ were considered unreliable and are not reported. ${ }^{19}$ Analyses were conducted in 2013 using SAS, version 9.2 (SAS Institute Inc., Cary NC).

## Results

During 2004-2011, of the 141 million U.S. adults working the week prior to the interview, $53.5 \%$ were men, $46.5 \%$ were women, and $20.7 \%$ were current cigarette smokers. Smoking prevalence was highest among non-Hispanic whites and those with education shigh school, income $<\$ 35,000$, no health insurance, and living in the Midwest (Table 1). Smoking
declined among working men ( $3.0 \%, p<0.0001$ ) and women ( $2.8 \%, p<0.0001$ ) during 20042011.

After adjusting for covariates, women who smoked had significantly higher odds of being an everyday smoker $(\mathrm{POR}=1.16)$; making an attempt to quit smoking $(\mathrm{POR}=1.10)$; having poor self-rated physical health ( $\mathrm{POR}=1.20$ ) ; having poor self-rated emotional health ( $\mathrm{POR}=1.28$ ); missing work for $>7$ days at a job or business because of illness or injury ( $\mathrm{POR}=1.76$ ) ; and having COPD ( $\mathrm{POR}=2.45$ ), any cancer ( $\mathrm{POR}=2.57$ ), heart disease ( $\mathrm{POR}=1.27$ ), or current asthma ( $\mathrm{POR}=2.21$ ) than men who smoked (Table 2).

Men working in "precision production, craft, construction, repair operators, fabricators, and laborers" (POR=1.94) occupations had the highest odds of being a current smoker. Among detailed occupations, "vehicle and mobile equipment mechanics, installers, and repairers" (POR=1.88) had the highest POR (Table 3), and "legal" (0.33) occupations had the lowest POR.

Women working in "services" (POR=1.34) occupations had the highest odds of being a current smoker. Among detailed occupations, "supervisors, construction, and extraction" (POR=3.00) had the highest POR and "primary, secondary, and special education school teachers" $(\mathrm{POR}=0.39)$ had the lowest POR. After adjusting for age, race, education and income, women in "healthcare practitioners and technical" (POR=1.56); "protective service" (POR=1.46); and "community and social services" (POR=1.37) occupations had significantly higher smoking prevalence than men (Table 3).

## Discussion

During 2004-2011, significantly more men (22.8\%) than women (18.3\%) were current smokers. Women smokers were more likely to report poor physical and mental health, COPD, heart disease, cancer, and current asthma than men who smoke. Factors associated with smoking and adverse health outcomes in women (e.g., biological factors, genetic and hormonal factors, socioeconomic factors, occupational exposure, job stress, personal lifestyles, secondhand smoke exposure, or a combination of these factors) have been reported previously. ${ }^{10,11,23-25}$

In both men and women, cigarette smoking prevalence varied widely by occupational group. In certain occupations, the prevalence of smoking was three times greater than the Healthy People 2020 goal that aims to reduce cigarette smoking prevalence to $\leq 2 \%$. ${ }^{26}$ Similar findings have been previously documented. ${ }^{21,22,27}$

Women in health care-related occupations had higher smoking prevalence than men. This finding is underscored by the fact that more women than men work in this sector and that healthcare providers are critical in the delivery of clinical preventive services for reducing tobacco use. Social or cultural factors related to the occupation may be associated with higher smoking prevalence. ${ }^{21}$

Holahan and colleagues ${ }^{28}$ found that presence of smokers in the workplace and at home was significantly associated with higher odds of being a current smoker. Our findings of lowest
prevalence among women in teaching-related occupations and among men in "legal" occupations are supported by previous reports. ${ }^{6,21,29}$ The observed differences of smoking prevalences by job type could be explained, in part, by occupational and environmental factors, such as low educational level, increased job stressors, workplace culture, exposure to dusts and chemicals, and low rates of tobacco control programs and policies. ${ }^{21,27,29}$

Although the NHIS data did not include measures to assess workplace policies or exposures to secondhand smoke, other national surveys ${ }^{21,27,29}$ have shown that the proportion of smoke-free worksites are lower in mining, production, food services, and construction occupations than in professional and related services occupations, and the current results show that smoking prevalences are higher among these occupations. Detailed description of current smoking among working men and women by occupation will inform interventions that can be targeted to specific worksite settings. These interventions may include a combination of effective strategies such as tobacco-free policies, cessation programs, and educational campaigns. ${ }^{30-33}$

Study limitations include the use of self-reported smoking information that was not validated by biochemical tests. ${ }^{34,35}$ Cross-sectional analysis of NHIS data does not assess the long-term health effects of smoking or causal inferences between smoking and health outcomes. The study only included currently employed adults; however, additional analyses examining longest-held job found similar results in both men and women.

Smoking is the most important modifiable risk factor associated with various health outcomes. Women had lower prevalence of smoking, yet a higher prevalence of adverse health outcomes when compared with men. For some occupations, women smoked more than men. Future studies should explore methods to include indicators on individual's industry and occupation, smoking behaviors, gender, and health outcomes for designing targeted intervention programs specific to the group. Targeting occupations with high smoking prevalence while considering gender differences may further reduce smoking and improve overall well-being. Results of this study can be used to implement existing, effective tobacco control strategies in coordination with gender-specific interventions. ${ }^{27,28,30-33}$

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| Characteristics | Number in sample ${ }^{a}$ |  | Estimated ${ }^{\boldsymbol{b}}$ currently working population (in 1,000s) |  | Current smokers (prevalence \% [95\% CI]) |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Men | Women | Men | Women | Men | Women |
| Age group (years) |  |  |  |  |  |  |
| 18-24 | 6,817 | 7,115 | 9,302 | 8,604 | 26.9 (25.5, 28.4) | 19.4 (18.2, 20.6) |
| 25-44 | 31,564 | 31,054 | 35,246 | 28,865 | 23.7 (23.1, 24.3) | 19.7 (19.1, 20.3) |
| 45-64 | 24,071 | 25,475 | 27,733 | 25,418 | 21.7 (21.0, 22.4) | 17.3 (16.7, 17.9) |
| >65 | 3,071 | 3,048 | 3,008 | 2,447 | 10.2 (8.9, 11.5) | 9.2 (8.0, 10.4) |
| Race/ethnicity |  |  |  |  |  |  |
| Hispanic | 13,233 | 11,279 | 11,865 | 7,587 | 18.6 (17.7, 19.5) | 10.1 (9.4, 10.8) |
| Non-Hispanic white | 40,318 | 40,104 | 52,016 | 45,862 | 24.0 (23.4, 24.6) | 20.9 (20.4, 21.5) |
| Non-Hispanic black | 7,836 | 11,453 | 7,367 | 8,332 | 22.7 (21.5, 23.9) | 15.3 (14.4, 16.1) |
| Other | 4,136 | 3,856 | 4,040 | 3,552 | 19.9 (18.4, 21.5) | 9.7 (8.4, 10.9) |
| Education |  |  |  |  |  |  |
| <High school | 9,126 | 6,744 | 9,340 | 5,496 | 32.5 (31.1, 33.9) | 26.0 (25.4, 28.2) |
| High school graduate | 17,290 | 16,277 | 20,489 | 16,256 | 31.7 (30.9, 32.6) | 25.7 (24.8, 26.6) |
| >High school | 38,631 | 43,240 | 44,911 | 43,173 | 16.8 (16.2, 17.3) | 14.5 (14.1, 15.0) |
| Unknown | 476 | 431 | 549 | 407 | $\sim^{c}$ | $\sim^{c}$ |
| Household income (\$) |  |  |  |  |  |  |
| 0-34,999 | 18,155 | 22,125 | 15,943 | 16,113 | 32.3 (31.4, 33.3) | 26.1 (25.2, 26.9) |
| 35,000-74,999 | 21,118 | 20,578 | 24,131 | 20,318 | 25.1 (24.4, 25.8) | 19.7 (19.0, 20.4) |

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| Characteristics | Number in sample ${ }^{a}$ |  | Estimated ${ }^{b}$ currently working population (in $1,000 \mathrm{~s}$ ) |  | Current smokers (prevalence \% [95\% CI]) |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Men | Women | Men | Women | Men | Women |
| 275,000 | 19,035 | 17,026 | 26,676 | 21,742 | 15.8 (15.1, 16.5) | $12.1(11.5,12.7)$ |
| Unknown | 7,215 | 6,963 | 8,540 | 7,160 | 20.8 (19.5, 22.0) | 16.0 (15.0, 17.0) |
| Health insurance |  |  |  |  |  |  |
| Not insured | 14,279 | 10,995 | 14,866 | 9,663 | 35.2 (34.2, 36.3) | 28.2 (27.1, 29.4) |
| Insured | 51,038 | 55,484 | 60,135 | 55,436 | 19.7 (19.2, 20.3) | 16.6 (16.2, 17.0) |
| Unknown | 206 | 213 | 288 | 234 | - ${ }^{c}$ | - ${ }^{c}$ |
| Region |  |  |  |  |  |  |
| Northeast | 14,279 | 10,995 | 12,924 | 12,192 | 20.9 (19.6, 22.2) | 17.5 (16.7, 18.4) |
| Midwest | 51,038 | 55,484 | 18,226 | 16,447 | 25.3 (24.3, 26.3) | 21.4 (20.5, 22.3) |
| South | 23,610 | 24,436 | 26,950 | 23,099 | 24.4 (23.6, 25.1) | 19.2 (18.5, 19.8) |
| West | 16,547 | 15,276 | 17,190 | 13,595 | 19.3 (18.4, 20.2) | 13.9 (13.1, 14.6) |
| Total | 65,523 | 66,692 | 75,289 | 65,333 | 22.8 (22.4, 23.3) | 18.3 (17.9, 18.7) |

${ }^{a}$ The 2004-2011 National Health Interview Survey respondents aged $\geq 18$ years, working in the week prior to the survey
${ }^{b}$ Estimated average annual populations are weighted to represent current U.S. men and women workers aged 18 years who were employed in the week prior to the interview.
${ }^{c}$ Relative SE for the estimated number of people who currently smoke $>30 \%$; estimate suppressed.

## Table 2

Smoking behavior and health characteristics of current smokers by gender among working U.S. adults

| Characteristics | Men (\% [95\% CI]) | Women (\% [95\% CI]) | Women compared with men ( $\mathrm{POR}^{\boldsymbol{a}}$ [95\% CI]) |
| :---: | :---: | :---: | :---: |
| Frequency of smoking |  |  |  |
| Every day | 76.8 (75.9, 77.7) | 79.4 (78.5, 80.3) | 1.16 (1.08, 1.24) |
| Some days | 23.2 (22.3, 24.1) | 20.6 (19.7, 21.5) | $\mathbf{0 . 8 6}$ (0.81, 0.93 ) |
| Attempted to quit smoking |  |  |  |
| Yes | 43.9 (42.8, 45.0) | 46.2 (45.0, 47.3) | 1.10 (1.03, 1.17) |
| No | 56.1 (55.0, 57.2) | 53.8 (52.7, 55.0) | 0.91 (0.86, 0.97) |
| Number of cigarettes/day ${ }^{b}$ |  |  |  |
| $\leq 14$ | 51.9 (50.9, 53.0) | 62.4 (61.3, 63.4) | 1.55 (1.46, 1.65) |
| >14 | 48.1 (47.0, 49.1) | 37.6 (36.6, 38.7) | 0.65 (0.61, 0.68 ) |
| Age first started to smoke (years) |  |  |  |
| $\leq 18$ | 69.4 (68.4, 70.4) | 68.0 (66.9, 69.0) | 1.03 (0.97, 1.11) |
| >18 | 30.6 (29.7, 31.2) | 32.0 (31.0, 33.1) | 0.97 (0.91, 1.03) |
| Self-rated physical health |  |  |  |
| Excellent/good | 92.0 (91.5, 92.5) | 90.6 (90.0, 91.2) | $\mathbf{0 . 8 3}$ (0.75, 0.92) |
| Poor/fair | 8.0 (7.5, 8.5) | 9.4 (8.8, 10.0) | 1.20 (1.09, 1.33) |
| Self-rated emotional health |  |  |  |
| Good | 42.5 (40.7, 44.4) | 37.0 (35.4, 38.6) | $\mathbf{0 . 7 8}$ (0.71, 0.87) |
| Poor | 57.3 (55.4, 59.1) | 63.0 (61.4, 64.6) | 1.28 (1.15, 1.41) |
| Chronic diseases |  |  |  |
| COPD | 3.8 (3.4, 4.2) | 8.9 (8.4, 9.5) | 2.45 (2.14, 2.80) |
| Heart disease | 4.3 (3.9, 4.7) | 5.4 (5.0, 5.9) | 1.27 (1.12, 1.45) |
| Any cancer ${ }^{\text {f }}$ | 2.6 (2.3, 2.9) | $6.4(5.8,6.9)$ | 2.57 (2.23, 2.96) |
| Lung cancer | $3.9(1.3,6.5)$ | 1.1 (0.22, 1.89) | 0.35 (0.11, 1.05) |
| Current asthma | $4.4(3.9,4.8)$ | 9.1 (8.4, 9.7) | 2.21 (1.96, 2.49) |
| Asthma attack | 40.4 (35.4, 45.5) | 51.1 (47.4, 55.8) | 1.45 (1.13, 1.87) |
| Seen/talked to a physician |  |  |  |
| Yes | 51.4 (50.4, 52.4) | 66.0 (64.9, 67.1) | 1.81 (1.70, 1.93) |
| No | 48.6 (47.6, 49.6) | 34.0 (32.9, 35.1) | 0.55 (0.52, 0.59) |
| Light/moderate physical activity |  |  |  |
| Yes | 50.6 (49.5, 51.8) | 55.1 (53.9, 56.3) | 1.18 (1.11, 1.25) |
| No | 49.4 (48.2, 50.5) | 44.9 ( 43.7, 46.1) | 0.85 (0.79, 0.90) |
| Lost work days |  |  |  |
| 0 | 56.7 (55.7, 57.7) | 45.9 (44.8, 47.0) | $\mathbf{0 . 6 7}$ (0.63, 0.71$)$ |
| 1-7 | 34.6 (33.6, 35.9) | 41.6 (40.5, 42.7) | 1.50 (1.41, 1.59) |
| $>7$ | 8.7 (8.1, 9.3) | 12.5 (11.7, 13.2) | 1.76 (1.59, 1.96) |

Note: Boldface indicates statistical significance; estimates are weighted to represent the U.S. working population.
$a_{\text {POR represents the odds of women who are current smokers with specific smoking behaviors or health outcome compared with men who are }}$ current smokers with specific smoking behaviors or health outcome. PORs were adjusted for age, race, education, and income.
${ }^{b}$ Overall average number of cigarettes smoked among working population who currently smoked was 14.
COPD, chronic obstructive pulmonary disease; POR, prevalence OR

PORs represent the odds of workers that are current smokers belonging to a specific occupation of interest compared with the odds of all other workers. Analysis was done separately for men and women;
PORs are adjusted for age, race, education, and income.
PORs represent the odds of women being a current smoker in a specific occupation of interest, as compared with the same odds of men being current smokers in the same occupation group of interest. nc,
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weighted to represent current U.S

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[^1]:    PORs represent the odds of women being a current smoker in a specific occupation of interest, as compared with the same odds of men being current smokers in the same occupation group of interest. nc,

