Recent years have seen increased attention to women’s health. Within this relatively new field, topics range from conditions that are unique to women such as menopause to coronary heart disease, which is the leading cause of death among women. The role of gender in the etiology, diagnosis, treatment, and prevention of disease is far more than that of a sociodemographic variable that simply mediates the effects of other factors on outcome. Gender is a dynamic construct that interacts with psychological, social, physical, and behavioral factors in influencing disease risk, expression, course, and prognosis. Health-related behaviors, such as smoking, are embedded in the complex network of psychological, social, physical, and behavioral factors that differ for men and women. Understanding risks to women’s health and the behaviors that contribute to this risk is like studying a mosaic. It is necessary to step back and view the behavior in context; only then can we see the full picture and effectively intervene to prevent disease.

In this chapter on women’s health, we will focus on smoking, the single most preventable cause of morbidity and mortality in women today.
Not only is smoking a significant risk factor, but it provides an excellent illustration of the importance of studying health-related behaviors in context. In the first section, we discuss prevalence rates for smoking among adult and adolescent women, drawing contrasts with men. In the second section, we describe the health consequences of smoking for women, focusing on cardiovascular disease. In the third section, we review the complex dynamic influences of psychological, social, physiological, and behavioral factors on smoking among women. In the final section, we offer suggestions for interventions and discuss the implications for health policy.

SMOKING PREVALENCE AMONG ADOLESCENT AND ADULT WOMEN

Smoking prevalence was first recorded by the National Cancer Institute in 1955, when it was determined that 24.5% of American women and 52% of American men smoked (United States Department of Health and Human Services [USDHHS], 1988). While the prevalence of smoking among males has steadily decreased from that first estimate, the rate of smoking among women rose to a high of 40% in 1977, before beginning its decline (USDHHS, 1989). Alarmingly, the most recent estimates available for smoking prevalence have shown that smoking among women may once again be on the rise, having increased from 22.8% (21.6 million) in 1990 to 23.5% (22.2 million) in 1991 (Centers for Disease Control and Prevention [CDC], 1993). This estimate represents an increase of 600,000 of American women who smoke cigarettes. Approximately one-third of these women can be expected to die prematurely from tobacco-related causes.

After decades of men having a higher prevalence of smoking than women, there is a convergence in the rates of smoking between the sexes (Biener, 1988). This shift in trends is due to both a lower rate of smoking cessation and a higher rate of smoking initiation among women compared to men (Chesney, 1991). The next section will review these differential rates of cessation and initiation.

Smoking Cessation Rates Lower among Women Than among Men

Most evidence indicates that the rate at which women stop smoking is lower than that for men (Harris, 1983; Remington et al., 1985). The percentage of male former smokers compared to female former smokers is higher for every age group between 25 and 65, but lower for people between 20 and 24 (USDHHS, 1989). For example, in a study of 50- and 60-year-old men and women who were identified as heavy smokers at adoles-