

SECTION SIX
CULTURAL
PERSPECTIVE ON
COUNSELING WOMEN

General Counseling Suggestions
African American
American Indian
Asian American & Pacific Islander
Caucasian
Hispanic

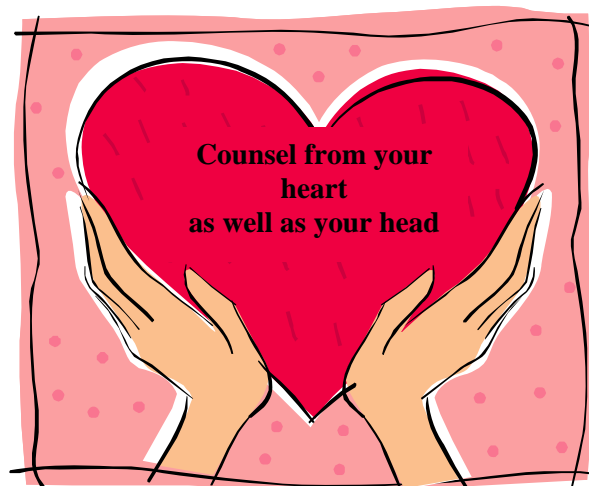
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The information listed in this section is provided to help you counsel women to quit smoking. Research is needed to identify more effective strategies for women in different racial and ethnic groups. This information **DOES NOT** apply to every woman within a cultural group. **Some of the information listed is not culturally specific and could be applied to women from different ethnic and racial groups.** It is vital for you to keep in mind that every woman is an individual and must be treated as such. In general, the following suggestions should be kept in mind when counseling women.

GENERAL COUNSELING SUGGESTIONS

1. Provide smoking cessation interventions, which include the 5A's counseling approach, to women of different racial and ethnic minorities.¹
2. Tailor smoking cessation interventions (including self-help materials) to each ethnic or racial group and convey the interventions in a language understood by the smoker.²
3. Provide every woman with a clear and strong message to quit, along with information on the harmful effects of smoking and the benefits of quitting on her health and her baby's health (if she is pregnant).
4. Provide every woman with a clear, strong message to eliminate secondhand smoke exposure. Provide her with information on how secondhand smoke exposure affects her and her baby's health (if she is pregnant) during and after pregnancy. Problem-solve with her on how she can avoid social situations where others are smoking.
5. Build trust with each woman. Avoid judgmental attitudes. Focus on the benefits of quitting smoking on her and her baby's health, if she is pregnant. Let her know that resources are available to her now and when she is ready to quit smoking.



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AFRICAN AMERICAN WOMEN

THINGS YOU MIGHT CONSIDER WHEN COUNSELING
AFRICAN AMERICAN WOMEN WHO SMOKE

1. Help her think of ways she can cope with stress and resist the urge to smoke (call a family member, take a bath, listen to music, prayer, etc.). Teach her how to do deep breathing exercises to help her relax. Ask her about the things that she already does to relax and suggest other things she can do.
2. Encourage her to ask for support from significant others (spouse/partner, family members, friends) in her efforts to quit smoking.
3. Provide her with the facts about the link between smoking and poor reproductive health, pregnancy, and women's health outcomes.
4. Extended families, especially grandmothers, play a major role in influencing and supporting African American women.³
5. The role of spirituality in maintaining wellness is often strong in the African American community.⁴

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THE FACTS ABOUT AFRICAN AMERICAN WOMEN AND SMOKING

- In the United States, during the year 2004, 17.2 percent of adult African American women (18 years of age and older) smoked.⁵
- In North Carolina, during the year 2005, 16.4 percent of adult African American women (18 years of age and older) smoked.⁶
- In North Carolina, during the year 2005, 10.7 percent of African American mothers reported that they smoked during pregnancy.⁷
- In North Carolina, during the year 2005, 14.3 percent of low-income African American mothers enrolled in WIC reported smoking during pregnancy.⁸
- African American women experience a higher percentage of low birthweight and premature babies; smoking makes both conditions more likely to occur.⁹
- Cigarette smoking may have a greater effect on birth weight among African American pregnant smokers than among Caucasian pregnant smokers. Higher cotinine levels are present in African American women than in Caucasian women who smoke the same amount of cigarettes.¹⁰
- In the United States, smoking during pregnancy declined among women of all racial/ethnic populations from 1989 to 1998. It decreased in African American pregnant women from 17.2 to 9.6 percent.¹¹
- In 2003, smoking rates were higher in African American females over age 25 years old who have less than a high school education (26.9%) compared to those with a college education (11.4%).¹²
- African American women are almost twice as likely as Caucasian women to relapse during the postpartum period after successfully quitting during pregnancy.¹³
- African American women may be more sensitive than Caucasian women to the addictive properties of nicotine. The serum cotinine levels have been found to be higher among African American women than among Caucasian women even though African American women smoked fewer cigarettes per day.¹⁴
- Smoking is associated with many health risks for women. These health risks include coronary heart disease, lung cancer, stroke, chronic obstructive pulmonary disease (COPD), respiratory disease, hip fractures, and menstrual disorders.¹⁵
- African Americans experience higher mortality rates from cancer, cardiovascular disease, and infant death than other ethnic groups. All three of these risk factors are directly affected by tobacco use.¹⁶

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- In the United States, African American women are less likely than Caucasian women to be heavy smokers (smoking 25 or more cigarettes per day). Among African American women, 4.5 percent are heavy smokers compared to 14.0 percent among Caucasian women.¹⁷
- In the United States, African American women are more likely to use smokeless tobacco (snuff or chewing tobacco) than Caucasian women. Among African American women, 1.0 percent use smokeless tobacco compared to 0.2 percent among Caucasian women.¹⁸
- While smoking among Caucasian female high school students has declined from 1991 to 2005, smoking among African American female high school students has increased slightly, from 11.3 percent in 1991 to 11.9 percent in 2005.¹⁹
- In the United States, African American girls (grades 9 - 12) were less likely to have used smokeless tobacco than Caucasian girls.²⁰
- Approximately three out of every four African American smokers prefer menthol cigarettes. Studies have found that menthol cigarettes may facilitate the absorption of harmful smoke constituents.²¹
- Studies have demonstrated the efficacy of a variety of smoking cessation interventions in minority populations. The nicotine patch, clinician advice, counseling, tailored self-help materials, and telephone counseling have been shown to be effective with African Americans.²²

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AMERICAN INDIAN WOMEN

THINGS YOU MIGHT CONSIDER WHEN COUNSELING AMERICAN INDIAN WOMEN WHO SMOKE

1. Encourage her to ask for support from significant others (spouse/partner, family members, friends) in her efforts to quit smoking.
2. Provide her with the facts about the link between smoking and poor reproductive health, pregnancy, and women's health outcomes.
3. Acknowledge the role of traditional tobacco usage in American Indian traditions. Distinguish between the recreational outcomes (abuse = negative outcomes) versus the traditional outcomes (controlled/ceremonial uses = positive social and cultural outcomes) of tobacco use. Traditional tobacco use represents honor, respect, integrity, and seriousness. Ceremonial use is not viewed as unhealthy. In fact, traditional ceremonial use is spiritually and emotionally healthy.
4. Acknowledge that the social support system and network of American Indian women shape and influence decisions. Subsequently, counseling and guidance are sought first from a family member, then an elder, followed by a minister or other person of known spiritual leadership, before contacting someone outside the community for assistance or direction.
5. Understand that silence in decision making does not imply agreement or consent.

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THE FACTS ABOUT AMERICAN INDIAN WOMEN AND SMOKING

- In the United States, during 2000 - 2002, 36.8 percent of adult American Indian women (18 years of age and older) smoked.²³
- In North Carolina, during the year 2005, 31.8 percent of adult American Indian women (18 years of age and older) smoked.²⁴
- In North Carolina, during the year 2005, 25.1 percent of American Indian mothers reported smoking during pregnancy.²⁵
- In North Carolina, during the year 2001, 31.9 percent of low-income American Indian mothers who were enrolled in WIC reported smoking during pregnancy.²⁶
- Smoking is associated with many health risks for women. These health risks include coronary heart disease, lung cancer, stroke, chronic obstructive pulmonary disease (COPD), respiratory disease, hip fractures, and menstrual disorders.²⁷
- In North Carolina, studies have shown that a significant number of adult American Indian women (18 years of age and older) use smokeless tobacco.²⁸
- The national 2001 Youth Risk Behavior Survey, funded by the United States Bureau of Indian Affairs (BIA), found that 14.5 percent of female high school students in schools funded by the BIA, used smokeless tobacco.²⁹
- Tobacco use is sacred to the American Indian culture. Traditional ceremonial use of tobacco for prayer and honoring implies sincerity, honesty, respect for cultural values, and spiritual integrity. The tobacco used in American Indian ceremonies is pure. It has no added chemicals in its production or use.
- Recreational tobacco use is not a socially acceptable behavior in most American Indian communities, as it is detrimental to the health of the body.

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ASIAN AMERICAN & PACIFIC ISLANDER WOMEN

Asian American and Pacific Islanders are persons of Asian or Pacific Islander ancestry whose origins are from China and Mongolia to the north, Indonesia to the south, the Indian subcontinent to the west, and the U.S.-related Pacific Islands to the east. The six largest subgroups of Asian Americans are from China, the Philippines, Japan, India, Korea, and Vietnam. The three largest Pacific Islander subgroups are Hawaiians, Samoans, and Guamanians. The term 'Asian American and Pacific Islander' is used throughout this Guide.

THINGS YOU MIGHT CONSIDER WHEN COUNSELING ASIAN AMERICAN & PACIFIC ISLANDER WOMEN WHO SMOKE³⁰

1. Encourage her to ask for support from significant others (spouse/partner, family members, friends) in her efforts to quit smoking.
2. Provide female interpreters and providers whenever possible. This is often preferred by Asian American and Pacific Islander women.
3. Provide her with the facts about the link between smoking and poor reproductive, pregnancy and women's health outcomes.
4. Consider the following list of characteristics of some Asian American and Pacific Islander women. Please keep in mind that these items do not apply to all Asian American and Pacific Islander women.
 - Women tend to be polite and non-confrontational.
 - Family harmony is highly valued.
 - Deep respect is held for the male role in the family.
 - Obedience to one's elders is strictly observed.
 - Prolonged eye contact may make the patient feel uncomfortable.
 - Women may not be compliant if medical instructions do not agree with cultural or religious beliefs.
 - The husband, his mother, and women elders usually provide support.
 - Docility, quietness, obedience to the males and elders of the family, and seeking group approval are common traits.
 - Korean women may appear non-opinionated, however, "yes" may mean, "I heard you" not "I will do it."
5. Understand that cigarette smoking in the Asian culture has been popularly associated with affluence and sophistication. Sharing cigarettes, particularly among male guests, is a gesture of hospitality in a number of Asian cultures.³¹

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THE FACTS ABOUT ASIAN AMERICAN & PACIFIC ISLANDER WOMEN AND SMOKING

- In the United States, during the year 2004, 4.8 percent of adult Asian American women (18 years of age and older) smoked (*this figure does not include Native Hawaiians and other Pacific Islanders*).³²
- In North Carolina, during the year 2005, 6.6 percent of adult Asian American and Pacific Islander women (18 years of age and older) smoked.³³
- In North Carolina, during the year 2005, 2.4 percent of Asian American and Pacific Islander mothers reported smoking during pregnancy.³⁴
- In North Carolina, during the year 2005, 5.1 percent of low-income Asian American and Pacific Islander mothers who were enrolled in WIC reported smoking during pregnancy.³⁵
- Smoking rates are generally low among pregnant Asian American and Pacific Islander women.³⁶
- Smoking is associated with many health risks for women. These health risks include coronary heart disease, lung cancer, stroke, chronic obstructive pulmonary disease (COPD), respiratory disease, hip fractures, and menstrual disorders.³⁷
- Smoking rates are much higher among Asian American and Pacific Islander men than among Asian American and Pacific Islander women, regardless of their country of origin.³⁸
- The rate of smoking among Asian American and Pacific Islander women increases with acculturation, while the reverse occurs with men.³⁹
- The prevalence of smokeless tobacco use is relatively high among women in certain areas of India and south Asia, where it is considered more socially acceptable for women than smoking.⁴⁰
- Tobacco is a crop of significance in Asian countries, producing 63 percent of the tobacco leaves in the world.⁴¹

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CAUCASIAN WOMEN

**THINGS YOU MIGHT CONSIDER WHEN COUNSELING
CAUCASIAN WOMEN WHO SMOKE**

1. Encourage her to ask for support from significant others (spouse/partner, family members, friends) in her efforts to quit smoking.
2. Provide her with the facts about the link between smoking and poor reproductive, pregnancy and women's health outcomes.
3. Recognize and let her know that it may take her several attempts to quit before she can become smoke-free.
4. Help her to set her own goal(s) regarding smoking reduction or cessation.
5. Present healthy options such as a sensible diet and exercise for weight control instead of cigarette smoking.
6. De-glamorize cigar smoking as an alternative to cigarettes for Caucasian women who report seeing this practice in the media.
7. Encourage the use of stress reduction techniques such as exercise, reading, or taking a bubble bath to combat the urge to smoke.

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THE FACTS ABOUT CAUCASIAN WOMEN AND SMOKING

- In the United States, during the year 2004, 20.4 percent of adult Caucasian women (18 years of age and older) smoked.⁴²
- In North Carolina, during the year 2005, 21.3 percent of adult Caucasian women (18 years of age and older) smoked.⁴³
- In North Carolina, during the year 2005, 12.6 percent of Caucasian mothers reported smoking during pregnancy.⁴⁴
- In North Carolina, during the year 2005, 35.3 percent of low-income Caucasian mothers reported smoking during pregnancy.⁴⁵
- Among pregnant women, Caucasian women tend to smoke more than African American women do. However, the difference in smoking rates between these two groups appears to be narrowing.⁴⁶
- Smoking is associated with many health risks for women. These health risks include coronary heart disease, lung cancer, stroke, chronic obstructive pulmonary disease (COPD), respiratory disease, hip fractures, and menstrual disorders.⁴⁷
- Caucasian women who smoke have been more likely to be heavy smokers (smoking 25 or more cigarettes per day) than African American or Hispanic women.⁴⁸
- Caucasian teenage females, under the age of 18, are much more likely to smoke than African American females in this same age group.⁴⁹
- One Tennessee survey of high school students found that more Caucasian female smokers reported smoking to control their body weight than female African American smokers. Smoking to maintain a lower body weight is believed to contribute to tobacco dependence.⁵⁰

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HISPANIC WOMEN

Many terms are used to refer to the richly diverse Hispanic/Latino communities. No consensus has emerged among the Hispanic/Latino community on which term to use. The word 'Hispanic' is derived from España or Spain. Opponents of its use state that Spanish conquistadors did away with much of the native cultures in Latin America. The word 'Latino' traces its roots back to ancient Rome and some say that it is more inclusive of all Latin American countries such as Cuba, Puerto Rico, and others. Other terms commonly used include Chicano, Latin American, and Latin. Some prefer to use a term that refers to the person's country of origin such as Mexican American or Mexican national, Puerto Rican, etc. In North Carolina, we are seeing a more regular use of the term 'Latino' although both are still acceptable and widely used. The term 'Hispanic' is used throughout this guide.

THINGS YOU MIGHT CONSIDER WHEN COUNSELING HISPANIC WOMEN WHO SMOKE

1. A Hispanic woman will respond best to advice to change her behavior if you demonstrate "simpatía" (a pleasant, easy-going manner that avoids personal conflict). A pat on the shoulder or gently placing one's hand on her hand, are considered signs of genuine interest and warmth.
2. Avoid using a family member as an interpreter for smoking cessation counseling.
3. Speak directly to the woman when using an interpreter. Maintain eye contact with the woman to help establish a strong relationship.
4. Talk to her briefly about personal matters such as how her children/husband are doing before counseling about smoking. Involve family members in helping support her when she quits.
5. Remind her that when she does not smoke she serves as a positive role model for her family, and promotes good health for herself and her baby.
6. Provide her with the facts about the link between smoking and poor reproductive, pregnancy and women's health outcomes.
7. Avoid placing time constraints on progress toward quitting. Recognize each step she takes towards a goal.
8. Encourage her to ask for support from significant others (spouse/partner, family members, friends) in her efforts to quit smoking.
9. Let her know that her own children will be less likely to smoke if she quits.

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10. Allow her to see the same provider at each counseling session, if at all possible. Personal contact is essential for the Hispanic woman.
11. Many Hispanic women live with partners and extended family members who smoke. They may not feel comfortable asking them not to smoke. Such confrontation is considered impolite, and perhaps inappropriate, if she depends on them for financial support.

THE FACTS ABOUT HISPANIC WOMEN AND SMOKING

- Hispanic women are less likely to be heavy smokers (smoking 25 or more cigarettes per day) than Caucasian or African American women.⁵¹
- In the United States, during the year 2004, 18.9 percent of adult Hispanic women (18 years of age and older) smoked.⁵²
- In North Carolina, during the year 2005, 8.9 percent of adult Hispanic women (18 years of age and older) smoked.⁵³
- In North Carolina, during the year 2005, 1.3 percent of Hispanic mother reported smoking during pregnancy.⁵⁴
- In North Carolina, during the year 2005, 2.1 percent of low-income Hispanic mothers reported smoking during pregnancy.⁵⁵
- Smoking among pregnant Hispanic women has consistently been among the lowest in the United States. Of all live births in the year 1998, 4.0 percent of Hispanic women reported smoking during pregnancy. Reports have shown smoking among Hispanic women to be positively associated with acculturation.⁵⁶
- Smoking is associated with many health risks for women. These health risks include coronary heart disease, lung cancer, stroke, chronic obstructive pulmonary disease (COPD), respiratory disease, hip fractures, and menstrual disorders.⁵⁷
- Many Hispanic women live with partners and extended family members who smoke. They may not feel comfortable asking them not to smoke. Such confrontation is considered impolite, and perhaps inappropriate, if she depends on them for financial support.

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