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Better Late than Never: the Perceived Benefits of Smoking Cessation among Women in Late Midlife

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Abstract

The present study examined the association of smoking cessation (1 year without relapse) and self-reported psychosocial and physical outcomes among a community sample of women (N=195; mean age=63.7 years, S.D.=5.7). Data were collected in 1985–86 and 2009. Successful smoking cessation for 1 year was significantly associated with each of the outcome measures, e.g. less financial stress [Adjusted Odds Ratio (AOR)=0.50, 95% Confidence Interval (C.I.)=0.25–1.00, $p<0.05$], less life dissatisfaction (AOR=0.51, 95% CI=0.24–1.09, $p<0.05$). Findings suggest that older women should be included in smoking cessation programs, and the important benefits of quitting should be used to encourage cessation.

Keywords

smoking cessation; older women and smoking cessation; smoking cessation and health; smoking cessation and financial stress; smoking cessation and the social network

Introduction

Cigarette smoking is associated with approximately 10 less years of life, as well as a tripled death rate for continuous smokers compared to non-smokers.^{1–3} It is only in the past couple of decades that studies have examined smoking cessation among older adults, and have established that quitting smoking at any age is associated with reduced morbidity and mortality.^{1,4,5,6,7} Although the prevalence of older female smokers in the United States has been increasing,⁸ relatively little is known about the perceived benefits of smoking cessation among older women. This information could not only contribute to an understanding of the effects of smoking cessation among older adults, but also could be used by cessation programs to encourage older women to quit smoking. The present study, therefore, examines the relationship of self-reported successful smoking cessation to psychosocial and physical outcomes among a community sample of women in late midlife (mean age=63.7; SD=5.7 years). Specifically, we assess the association of smoking cessation with financial stress,

spousal/partner smoking, the number of friends who smoke, life satisfaction, and physical health.

In the only prospective studies, to our knowledge, on the effect of smoking cessation on perceived stress, Siahpush and colleagues^{9,10} showed that Australians age 18 who quit smoking were less likely to report financial stress at follow-up, 1–3 years later, than continuous smokers. We extend Siahpush's research by examining this association among women in late midlife.

Several studies have reported that smoking cessation by one spouse increased the likelihood that the other would also quit smoking.^{11,12} Among adolescents, individuals who do not smoke are more likely to select friends who are also non-smokers.^{13,14} Little is known, however, about the effect of this mechanism, termed "homophilous selection," among women in late midlife.

Prior investigations on samples outside of the U.S. and those comprised of younger or older age cohorts^{15,16} have shown that smoking cessation among women is related to an improved quality of life. However, we are unaware of any research specifically on the effects of smoking cessation on life satisfaction among older women.

Smoking is a major cause of coronary, cerebrovascular, and respiratory diseases among women, as well as several cancers.^{17,18} Although many older women smokers believe that "the damage is done,"^{19,20} smoking cessation at any age has been found to be salutary.⁵

In sum, based on the literature, we hypothesize that successful smoking cessation is associated with less financial stress, less spousal/partner smoking, fewer friends who smoke, greater life satisfaction, and better physical health.

Method

Participants and Procedure

Study participants were a sub-sample of the mothers from a community-based random cohort of mothers and youth who resided in two upstate New York counties, Albany and Saratoga, in 1975. More complete descriptions of the sample and study methodology appear in.²¹

Data were collected in 2009 using self-administered questionnaires. Control variables were assessed in 1985–1986 (mean age of participants=43 years). Written informed consent was obtained from the participants at both waves. The Institutional Review Board of New York University School of Medicine approved the procedures.

Our sample consisted of 195 women (mean age=63.7 years; SD=5.7) who reported being regular smokers in 1985–86 and who participated in the study in 2009. Of these 195 women, 45% reported daily smoking in the past year. Ten percent of the women had quit smoking for at least 1 year but less than 5 years, and 45% had quit smoking for 5 years or longer. Among the current smokers, 80% smoked at least ½ a pack of cigarettes per day.

Measures

The independent variable was smoking cessation for at least 1 year as reported in 2009. The participants were asked “When was the last time that you smoked a cigarette?” [Response range = Today or in the past few days (1) to More than 15 years ago (7)]. Following Gilpin et al., 1997²² and Siahpush et al., 2007,⁹ smoking cessation was defined as the participant’s report of not having smoked any cigarettes for at least 1 year (55%), and was coded as 1. A score of 0 was assigned if the participant had smoked in the past year (45%).

The dependent variables were assessed in 2009 and consisted of financial stress, frequency of spouse/partner smoking, the number of friends who smoke, life satisfaction (from 2005 to 2009), and physical health. Table 1 lists the dependent variables, the number of items comprising each scale, the scale author(s), response range, sample item, and Cronbach’s alpha. (See Table 1.) The scoring used for the dependent variables is described in Appendix 1.

Control Variables—The control variables consisted of a) demographic factors, b) the participant’s reports of her own and her spouse/partner’s smoking in 1985–1986,²⁵ and c) anxiety (1985–1986).²⁹ (See Appendix 2.)

Data Analysis

We conducted separate binary logistic regression analyses to examine the association between smoking cessation for at least 1 year and greater financial stress, more spousal/partner smoking, more friends who smoked, poor life satisfaction, and good physical health, respectively. We then conducted separate multivariate logistic regression analyses using the control variables specified above. Appendix 3 presents the means and standard deviations of the variables.

Results

There were no notable differences between the results of the binary logistic regression analyses and the multivariate logistic regressions. As shown in Table 2, after controlling for the covariates, smoking cessation for at least 1 year was statistically significantly associated with a lower probability of 1) financial stress, 2) spousal/partner smoking, 3) friends who smoked, and a higher probability of 4) greater life satisfaction, and 5) better physical health. (See Table 2.)

Discussion

To our knowledge, this is the first study to show that smoking cessation among older women is related to their perceptions of both psychosocial and physical benefits. Our results are partially consistent with findings of other studies^{16,30,31,32} that have examined a single dependent variable.

Financial stress may be a consequence of anxiety, which has been found to diminish after smoking cessation.^{33,34} However, our analyses controlled for earlier anxiety, thereby suggesting that less financial stress post-smoking cessation is not entirely due to reduced

anxiety. Alternative explanations include improved cash flow from no longer purchasing cigarettes, and the reduced likelihood of smoking-related work disability and associated costs.^{35,36}

The concordance of an individual's smoking cessation and a spouse or partner who does not smoke^{11,37,38} may be associated with support for cessation efforts, household and car smoking restrictions, role modeling, and/or the lack of immediate access to cigarettes.^{39,40,41,42–44} With respect to fewer friends who smoke, older individuals who quit smoking may select friends who are engaged in more healthful behaviors, i.e. non-smokers,^{11,45} to reinforce their own smoking cessation and to avoid exposure to secondhand smoke.¹¹ These findings suggest that women in late midlife may select friends, in part, based on similarity of smoking status.

Women who quit smoking may experience a greater probability of life satisfaction for several reasons. First, they may develop more adaptive coping skills that enhance their life satisfaction, rather than relying on smoking as a coping technique.⁴⁶ Second, they may be better able to engage in social relationships (included in our Life Satisfaction scale) and feel closer to friends and family members who abstain from smoking.^{47,48} Third, individuals who stop smoking may experience less distress and a consequent increase in life satisfaction. Consistent with prior research on smoking cessation and morbidity,^{15,49} our findings revealed a relationship between smoking cessation and better self-reported physical health.

There are a few caveats to keep in mind with respect to the results. First, since our sample consisted of predominantly older White women in the U.S., the findings cannot be generalized to men, other ethnic or age groups, or individuals living outside of the U.S. Second, our study was based on self-reports, and findings might have been strengthened by objective assessments of smoking, such as biological cotinine measures. However, prior research has found that self-report of smoking is valid.⁵⁰

Despite these caveats, the present study extends prior research on smoking cessation and has a number of strengths. First, data on smoking were obtained from women at two developmental stages; namely, in adulthood and in late midlife. Second, this is the first study to assess smoking cessation as related to the perception of a broad array of intrapersonal and interpersonal factors among women in late midlife.

Clinical implications include the importance of adding to or expanding smoking cessation interventions that address older women. Such programs should convey the significant psychosocial and health benefits to be gained by quitting, including reduced financial stress, increased life satisfaction, less smoking among the social network, and better physical health.

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References

1. Jha P, Ramasundarahettige C, Landsman V, et al. 21st-century hazards of smoking and benefits of cessation in the United States. *N Engl J Med*. 2013; 368:341–50. [PubMed: 23343063]
2. Pirie K, Peto R, Reeves GK, Green J, Beral V. Million Women Study Collaborators. The 21st century hazards of smoking and benefits of stopping: a prospective study of one million women in the UK. *Lancet*. 2013; 381:133–41. [PubMed: 23107252]
3. Thun MJ, Carter BD, Feskanich D, et al. 50-year trends in smoking-related mortality in the United States. *N Engl J Med*. 2013; 368:351–64. [PubMed: 23343064]
4. Ebbert JO, Yang P, Vachon CM, et al. Lung cancer risk reduction after smoking cessation: observations from a prospective cohort of women. *J Clin Oncol*. 2003; 21:921–6. [PubMed: 12610194]
5. Gellert C, Schöttker B, Holleczer B, Stegmaier C, Müller H, Brenner H. Using rate advancement periods for communicating the benefits of quitting smoking to older smokers. *Tob Control*. 2013; 22:227–30. [PubMed: 23002181]
6. Gellert C, Schöttker B, Brenner H. Smoking and all-cause mortality in older people: systematic review and meta-analysis. *Arch Intern Med*. 2012; 172:837–44. [PubMed: 22688992]
7. Rogers RG, Hummer RA, Krueger PM, Pampel FC. Mortality attributable to cigarette smoking in the United States. *Population and Development Review*. 2005; 31:259–92. [PubMed: 25035524]
8. Morbidity and Mortality Weekly Report Vital Signs: Current Cigarette Smoking Among Adults Aged 18 Years - United States, 2005–2010. *MMWR*. 2011; 60:1207–12. [PubMed: 21900875]
9. Siahpush M, Spittal M, Singh GK. Smoking cessation and financial stress. *J Public Health (Oxf)*. 2007; 29:338–42. [PubMed: 17998258]
10. Siahpush M, Spittal M, Singh GK. Association of smoking cessation with financial stress and material well-being: results from a prospective study of a population-based national survey. *Am J Public Health*. 2007; 97:2281–7. [PubMed: 17971550]
11. Christakis NA, Fowler JH. The collective dynamics of smoking in a large social network. *N Engl J Med*. 2008; 358:2249–58. [PubMed: 18499567]
12. Falba TA, Sindelar JL. Spousal concordance in health behavior change. *Health Serv Res*. 2008; 43:96–116. [PubMed: 18211520]
13. Go MH, Tucker JS, Green HD Jr, Pollard M, Kennedy D. Social distance and homophily in adolescent smoking initiation. *Drug Alcohol Depend*. 2012; 124:347–54. [PubMed: 22417919]
14. Mercken L, Steglich C, Sinclair P, Holliday J, Moore L. A longitudinal social network analysis of peer influence, peer selection, and smoking behavior among adolescents in British schools. *Health Psychol*. 2012; 31:450–9. [PubMed: 22251218]
15. Hirdes JP, Maxwell CJ. Smoking cessation and quality of life outcomes among older adults in the Campbell's Survey on Well-Being. *Can J Public Health*. 1994; 85:99–102. [PubMed: 8012927]
16. Xu Q, Anderson D, Courtney M. A longitudinal study of the relationship between lifestyle and mental health among midlife and older women in Australia: findings from the Healthy Aging of Women Study. *Health Care Women Int*. 2010; 31:1082–96. [PubMed: 21058092]
17. Kenfield SA, Stampfer MJ, Rosner BA, Colditz GA. Smoking and smoking cessation in relation to mortality in women. *JAMA*. 2008; 299:2037–47. [PubMed: 18460664]
18. U.S. Department of Health and Human Services. [Accessed September 25, 2013] Women and smoking: A report of the Surgeon General. Published March 2001. <http://www.ncbi.nlm.nih.gov/books/NBK44303/>
19. Kerr S, Watson H, Tolson D, Lough M, Brown M. Smoking after the age of 65 years: a qualitative exploration of older current and former smokers' views on smoking, stopping smoking, and smoking cessation resources and services. *Health Soc Care Community*. 2006; 14:572–82. [PubMed: 17059499]
20. Thomas D. Faut-il arrêter le tabac quand on est âgé? Oui! Le sevrage tabagique est bénéfique à tout âge. [Is it useful to quit smoking in the elderly population? Yes! Smoking cessation is beneficial at any age.]. *Presse Med*. 2013; 42:1019–27. [PubMed: 23582146]

21. Brook JS, Brook DW, Gordon AS, Whiteman M, Cohen P. The psychosocial etiology of adolescent drug use: a family interactional approach. *Genet Soc Gen Psychol Monogr*. 1990; 116:111–267. [PubMed: 2376323]
22. Gilpin EA, Pierce JP, Farkas AJ. Duration of smoking abstinence and success in quitting. *J Natl Cancer Inst*. 1997; 89:572–6. [PubMed: 9106646]
23. Hilton JM, Devall EL. The Family Economic Strain Scale: development and evaluation of the instrument with single- and two-parent families. *J Fam Econ Issues*. 1997; 18:247–271.
24. Perron, R. [Accessed February 11, 2014] Recession takes toll on Hispanics 45+: boomers particularly hard hit. <http://www.aarp.org/money/budgeting-saving/info-03-2010/hispeconomy.html>
25. Johnston, LD.; O'Malley, PM.; Bachman, JG.; Schulenberg, JE. Monitoring the Future national survey results on drug use, 1975 – 2005: Volume I, secondary school students. Bethesda, MD: National Institute on Drug Abuse; 2006. (NIH Publication No. 06-5883)
26. Brook JS, Morojele NK, Brook DW, Zhang C, Whiteman M. Personal, interpersonal, and cultural predictors of stages of cigarette smoking among adolescents in Johannesburg, South Africa. *Tob Control*. 2006; 15:i48–53. [PubMed: 16723676]
27. Endicott J, Nee J, Harrison W, Blumenthal R. Quality of life enjoyment and satisfaction questionnaire: a new measure. *Psychopharmacol Bull*. 1993; 29:321–6. [PubMed: 8290681]
28. Cohen, P.; Cohen, J. Life Values and adolescent mental health. Mahway, NJ: Lawrence Erlbaum Associates; 1996.
29. Derogatis LR, Lipman RS, Rickels K, Uhlenhuth EH, Covi L. The Hopkins Symptom Checklist (HSCL): a self-report symptom inventory. *Behav Sci*. 1974; 19:1–15. [PubMed: 4808738]
30. Holahan CK, Holahan CJ, North RJ, Hayes RB, Powers DA, Ockene JK. Smoking status, physical health-related quality of life, and mortality in middle-aged and older women. *Nicotine Tob Res*. 2013; 15:662–9. [PubMed: 22965789]
31. Piper ME, Kenford S, Fiore MC, Baker TB. Smoking cessation and quality of life: changes in life satisfaction over 3 years following a quit attempt. *Ann Behav Med*. 2012; 43:262–70. [PubMed: 22160762]
32. Vollset SE, Tverdal A, Gjessing HK. Smoking and deaths between 40 and 70 years of age in women and men. *Ann Intern Med*. 2006; 144:381–9. [PubMed: 16549850]
33. Hajek P, Taylor T, McRobbie H. The effect of stopping smoking on perceived stress levels. *Addiction*. 2010; 105:1466–71. [PubMed: 20528815]
34. McDermott MS, Marteau TM, Hollands GJ, Hankins M, Aveyard P. Change in anxiety following successful and unsuccessful attempts at smoking cessation: cohort study. *Br J Psychiatry*. 2013; 202:62–7. [PubMed: 23284151]
35. Husemoen LL, Osler M, Godtfredsen NS, Prescott E. Smoking and subsequent risk of early retirement due to permanent disability. *Eur J Public Health*. 2004; 14:86–92. [PubMed: 15080398]
36. Koskenvuo K, Broms U, Korhonen T, et al. Smoking strongly predicts disability retirement due to COPD: the Finnish Twin Cohort Study. *Eur Respir J*. 2011; 37:26–31. [PubMed: 20516052]
37. Holahan CJ, North RJ, Holahan CK, Hayes RB, Powers DA, Ockene JK. Social influences on smoking in middle-aged and older women. *Psychol Addict Behav*. 2012; 26:519–26. [PubMed: 22004130]
38. Manchón Walsh P, Carrillo P, Flores G, Masuet C, Morchon S, Ramon JM. Effects of partner smoking status and gender on long term abstinence rates of patients receiving smoking cessation treatment. *Addict Behav*. 2007; 32:128–36. [PubMed: 16650624]
39. Coppotelli HC, Orleans CT. Partner support and other determinants of smoking cessation maintenance among women. *J Consult Clinical Psychol*. 1985; 53:455–60. [PubMed: 4031200]
40. Deiches JF, Baker TB, Lanza S, Piper ME. Early lapses in a cessation attempt: lapse contexts, cessation success, and predictors of early lapse. *Nicotine Tob Res*. 2013; 15:1883–91. [PubMed: 23780705]
41. Gulliver SB, Hughes JR, Solomon LJ, Dey AN. An investigation of self-efficacy, partner support and daily stresses as predictors of relapse to smoking in self-quitters. *Addiction*. 1995; 90:767–72. [PubMed: 7633293]

42. Hyland A, Higbee C, Travers MJ, et al. Smoke-free homes and smoking cessation and relapse in a longitudinal population of adults. *Nicotine Tob Res.* 2009; 11:614–8. [PubMed: 19346505]
43. Mermelstein R, Cohen S, Lichtenstein E, Baer JS, Kamarck T. Social support and smoking cessation and maintenance. *J Consult Clin Psychol.* 1986; 54:447–53. [PubMed: 3745596]
44. Messer K, Mills AL, White MM, Pierce JP. The effect of smoke-free homes on smoking behavior in the U. S *Am J Prev Med.* 2008; 35:210–6.
45. Flatt JD, Agimi Y, Albert SM. Homophily and health behavior in social networks of older adults. *Fam Community Health.* 2012; 35:312–21. [PubMed: 22929377]
46. Sun J, Buys N, Stewart D, Shum D. Mediating effects of coping, personal belief, and social support on the relationship among stress, depression, and smoking behaviour in university students. *Health Educ.* 2011; 111:133–46.
47. O'Malley AJ, Arbesman S, Steiger DM, Fowler JH, Christakis NA. Egocentric social network structure, health, and pro-social behaviors in a national panel study of Americans. *PLoS One.* 2012; 7:e36250. [PubMed: 22615760]
48. Woolf SH, Rothenich SF, Johnson RE, Marsland DW. Is cigarette smoking associated with impaired physical and mental functional status? An office-based survey of primary care patients. *Am J Prev Med.* 1999; 17:134–7. [PubMed: 10490056]
49. Østbye T, Taylor DH, Jung SH. A longitudinal study of the effects of tobacco smoking and other modifiable risk factors on ill health in middle-aged and old Americans: results from the Health and Retirement Study and Asset and Health Dynamics among the Oldest Old survey. *Prev Med.* 2002; 34:334–45. [PubMed: 11902850]
50. Vartiainen E, Seppälä T, Lillsunde P, Puska P. Validation of self reported smoking by serum cotinine measurement in a community-based study. *J Epidemiol Community Health.* 2002; 56:167–70. [PubMed: 11854334]

Appendix 1: Scoring of Dependent Variables

For the indicator variable of financial stress, a participant was assigned a score of one if at least one of the scale values was 1 standard deviation above the mean for that scale. For the indicator variables of spouse/partner smoking, the number of friends who smoke, and physical health, a participant was assigned a score of one for the respective indicator variable if the original value was 1 standard deviation above the sample mean for that scale. For the indicator variable of low life satisfaction, a participant was assigned a score of one if the original value was 1 standard deviation below the sample mean for that scale.

Appendix 2: Control Variables, Year Assessed, Number of Items, Author(s), Response Range, Sample Item, and Cronbach's alpha

Control Variables (Year Assessed) Number of Items Author(s)	Response Range	Sample Item	Cronbach's alpha
<i>Demographic Factors</i> Age (2009) 1 item	*	What is your current age?	N/A
Family income (1985–1986) ²⁸ 1 item	(1) Under \$4,000 - (15) \$75,000 or over	During the past 12 months, what was your total income before taxes?	N/A
Educational level (2009) ²⁸ 1 item	(1) Less than high school - (6) Doctoral degree or equivalent	What was the highest degree that you earned in school?	N/A

Control Variables (Year Assessed) Number of Items Author(s)	Response Range	Sample Item	Cronbach's alpha
<i>Participant's Smoking</i> ²⁵ (1985–1986) 1 item	None (1) - More than one pack a day (5)	How many cigarettes do you smoke a day?	N/A

* - Mean age=63.7 years.

Appendix 3: Coding, Means, and Standard Deviations of the Variables Used in the Analyses (N=195)

Dependent and Independent Variables	Coding	Mean	Standard Deviation
Successful smoking cessation (2009)	(0) No – (1) Yes	0.55	0.50
High financial stress (2009)	(0) No – (1) Yes	0.32	0.47
High spousal/partner smoking (2009)	(0) No – (1) Yes	0.17	0.38
High peer smoking (2009)	(0) No – (1) Yes	0.12	0.33
Low life satisfaction (2009)	(0) No – (1) Yes	0.21	0.40
Good physical health (2009)	(0) No – (1) Yes	0.17	0.38
Educational level (2009)	(1) Less than high school - (6) Doctoral degree or equivalent	2.30	0.92
Family income (1985–1986)	(1) Under \$4,000 - (15) \$75,000 or over	9.07	3.28
Average cigarette smoking (1985–1986)	(1) None – (5) More than one pack a day	3.85	1.06
Average spouse/partner cigarette smoking (1985–1986)	(1) None – (5) More than one pack a day	3.12	1.65
Anxiety (1985–1986)	(1) Not at all – (5) Extremely	2.19	0.66

Table 1

Dependent Variables, Year Assessed, Number of Items, Author(s), Response Range, Sample Items, and Cronbach's alpha

Dependent Variable (Year Assessed) Number of Items Author(s)	Response Range	Sample Item	Cronbach's alpha
<i>Financial Stress (2009)</i> Financial strain ²³ 7 items	Never (0) - Almost always (4)	How often is it hard to live on your present income?	0.90
Financial problems ²⁴ 14 items	Completely untrue (0) - Definitely true (3)	Because of the current economic condition, how true is it that you find it more difficult to pay for food?	0.90
Symptoms due to financial worries ^{Original} 5 items	Completely untrue (0) - Definitely true (3)	Because of the current economic condition, how true is it that you sometimes feel anxious?	0.79
<i>Frequency of Spouse/Partner Smoking (2009)</i> ²⁵ 1 item	Not at all (0) A few cigarettes or less a week (1) 1-5 cigarettes a day (2) About half a pack a day (3) About one pack a day (4) About one and a half packs a day (5) More than one and a half packs a day (6)	As far as you know, how many cigarettes did your spouse/partner smoke in the past year?	N/A
<i>Friend Smoking (2009)</i> ²⁶ 1 item	None (0) A few (1) Some (2) Most (3) All (4)	How many of your friends smoke cigarettes on a regular basis?	N/A
<i>Life satisfaction from (2009)</i> ²⁷ 19 items	Quite dissatisfied (1) - Quite satisfied (4)	Taking everything into consideration, during the period of 2005-present, how satisfied were you with your living/ housing situation?	0.96
<i>Physical Health</i> ^{Original} 1 item	Much poorer than average (1) Somewhat poorer than average (2) About average (3) Somewhat better than average (4) Much better than average (5)	Overall, relative to other people your age, do you think your physical health over the past 12 months has been ...	N/A

Table 2

Odds Ratio (OR) and Adjusted Odds Ratio (AOR) from Bivariate and Multivariate Logistic Regressions: Successful Smoking Cessation as Related to Financial Stress, Spousal/Partner Smoking, Number of Friends Who Smoke, Life Satisfaction, and Physical Health in the Mid-60s (N=195).

Independent Variables	High Financial Stress in the Mid-60s (37.8%) OR (or AOR) (95% CI)	High Spousal/Partner Smoking in the Mid-60s (17.4%) OR (or AOR) (95% CI)	High Peer Smoking in the Mid-60s (12.3%) OR (or AOR) (95% CI)	Low Life Satisfaction in the Mid-60s (20.5%) OR (or AOR) (95% CI)	Good Physical Health in the Mid-60s (17.4%) OR (or AOR) (95% CI)
Bivariate Analysis Without Controls: Successful Smoking Cessation	0.41 (0.22–0.75) **	0.37 (0.17–0.80) **	0.06 (0.01–0.25) ***	0.46 (0.23–0.93) *	2.2 (0.99–4.90) *
Multivariate Analysis With Controls: Successful Smoking Cessation	0.50 (0.25–1.00) *	0.36 (0.16–0.85) **	0.08 (0.02–0.35) ***	0.51 (0.24–1.09) *	2.4 (1.01–5.60) *

Note:

* p<0.05,

** p<0.01,

*** p<0.001 (one-tailed test);

Control variables were: age, family income, anxiety, participant smoking, spouse/partner smoking (each assessed in 1985–86), and educational level (2009).