

GENDER,
WOMEN, AND
THE TOBACCO
EPIDEMIC

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Preface

Dr Margaret Chan, Director-General of the World Health Organization (WHO), stated in her Foreword to the 2009 WHO report on women and health*:

The Millennium Development Goals and other global commitments have focused primarily on the entitlements and needs of women. The current financial crisis and economic downturn make this focus even more urgent: protecting and promoting the health of women is crucial to health and development – not only for the citizens of today but also for those of future generations.

A rise in the number of women smokers around the world will have enormous adverse effects on households' financial status and family health. While the epidemic of tobacco use among men is in slow decline in some countries, use among women in some countries is increasing. However, in India and in several other countries, women also use other forms of tobacco, such as chewing tobacco. Unless innovative and sustained initiatives are undertaken, the number of female users of tobacco is predicted to rise over the next several decades as a result of increased prevalence, as well as population growth.

This monograph is part of WHO's continued efforts to curb an epidemic of tobacco use affecting girls and women of all ages. It originated from a previous WHO monograph, *Women and the Tobacco Epidemic – Challenges for the 21st Century*, published in 2001. That monograph presented scientific papers commissioned by WHO in preparation for the 1999 WHO Conference on Tobacco and Health, Making a Difference to Tobacco and Health: Avoiding the Tobacco Epidemic in Women and Youth, held in Kobe, Japan. Since then, new data, changes in tobacco control legislation, and issues have emerged that warrant a new publication.

* *Women and Health: Today's Evidence, Tomorrow's Agenda*. Geneva, World Health Organization, 2009.

Much progress has been made on the issue of gender, women, and tobacco since 1999. Most significantly, the WHO Framework Convention on Tobacco Control (WHO FCTC), now endorsed by 168 signatories and with more than 170 Parties, emphasizes the need for a gender perspective. The Preamble states:

Alarmed by the increase in smoking and other forms of tobacco consumption by women and young girls worldwide and keeping in mind the need for full participation of women at all levels of policy-making and implementation and the need for gender-specific tobacco control strategies,

Emphasizing the special contribution of nongovernmental organizations and other members of civil society not affiliated with the tobacco industry, including health professional bodies, women's, youth, environmental and consumer groups, and academic and health care institutions, to tobacco control efforts nationally and internationally and the vital importance of their participation in national and international tobacco control efforts,

Recalling that the Convention on the Elimination of All Forms of Discrimination against Women, adopted by the United Nations General Assembly on 18 December 1979, provides that States Parties to the Convention shall take appropriate measures to eliminate discrimination against women in the field of health care.

In addition, Article 4 of the Guiding Principles of the WHO FCTC specifically mentions gender, noting "the need to take measures to address gender-specific risks when developing tobacco control strategies".

WHO has given high priority to strengthening global action on the gender, women, and tobacco issue in its own programmes, including an operational project in Viet Nam. In the WHO Western Pacific Region, all five-year Action Plans on tobacco or health since 1990, including the 2010–2014 Plan, have emphasized the importance of preventing a rise in tobacco use among women. In 2010,

Gender and Tobacco with an Emphasis on Marketing to Women is the theme of the WHO campaign for World No Tobacco Day.

Progress has also been made in mobilizing non-governmental organizations (NGOs), foundations, and the scientific community in support of activities concerned with gender, women, and tobacco. For example, the International Network of Women Against Tobacco (INWAT), founded in 1990 to address issues of tobacco and women, has grown steadily and now has members in more than 80 countries. INWAT regularly distributes reports and newsletters and in 2006 published *Turning a New Leaf: Women, Tobacco and the Future. The Tobacco Atlas*, now published by the American Cancer Society and the World Lung Foundation, places a special emphasis on girls and women. A gender perspective has been integrated into many American Cancer Society tobacco projects. The CHEST Foundation, based in the United States of America, developed a Speaker's Kit on Women and Girls—an educational tool addressing the dangers of tobacco use—which has been produced in many Asian languages. World and regional conferences on tobacco and health now strive for gender equality in their committees, chairs, and speakers, and they include the topic of gender, women, and tobacco in their programmes.

The publication of this monograph is opportune. The numbers of women who use tobacco and who are exposed to second-hand smoke (SHS), especially in poor communities, are expected to increase in the coming decades, for the following reasons:

- The female population in low- and middle-income countries is predicted to increase; thus, even if smoking prevalence remains low, the absolute numbers of women smokers will increase.
- Girls' and women's spending power is increasing, so cigarettes are becoming more affordable for them.
- The social and cultural constraints that have prevented many women from smoking are weakening in some countries.

- Women-specific health education and quitting programmes are rare, especially in low- and middle-income countries.
- In countries where rates of smoking are increasing among men, women will be increasingly exposed to the hazards of SHS.
- The tobacco companies are targeting women, using well-funded, alluring marketing campaigns.

In her editorial for INWAT, Dr Gro Harlem Brundtland, the former Director-General of WHO and a lifelong anti-tobacco advocate, concluded:

We need a broad alliance against tobacco, calling on a wide range of partners such as women's organizations to halt the relentless increase in global tobacco consumption among women. There is a special need for gender-sensitive health education and quitting programmes. There is also a need to involve more women in senior, decision-making positions in the tobacco control movement, on editorial boards of medical journals which include tobacco issues, on WHO expert panels, and in nongovernmental organizations that deal with tobacco issues.

In keeping with this urgent call, this monograph helps to assess the current situation, identifies gaps in research, and offers solutions that must be heeded to prevent an epidemic of the gravest order.

Dr Judith Mackay

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A Message from Dr Margaret Chan

Director-General, WHO

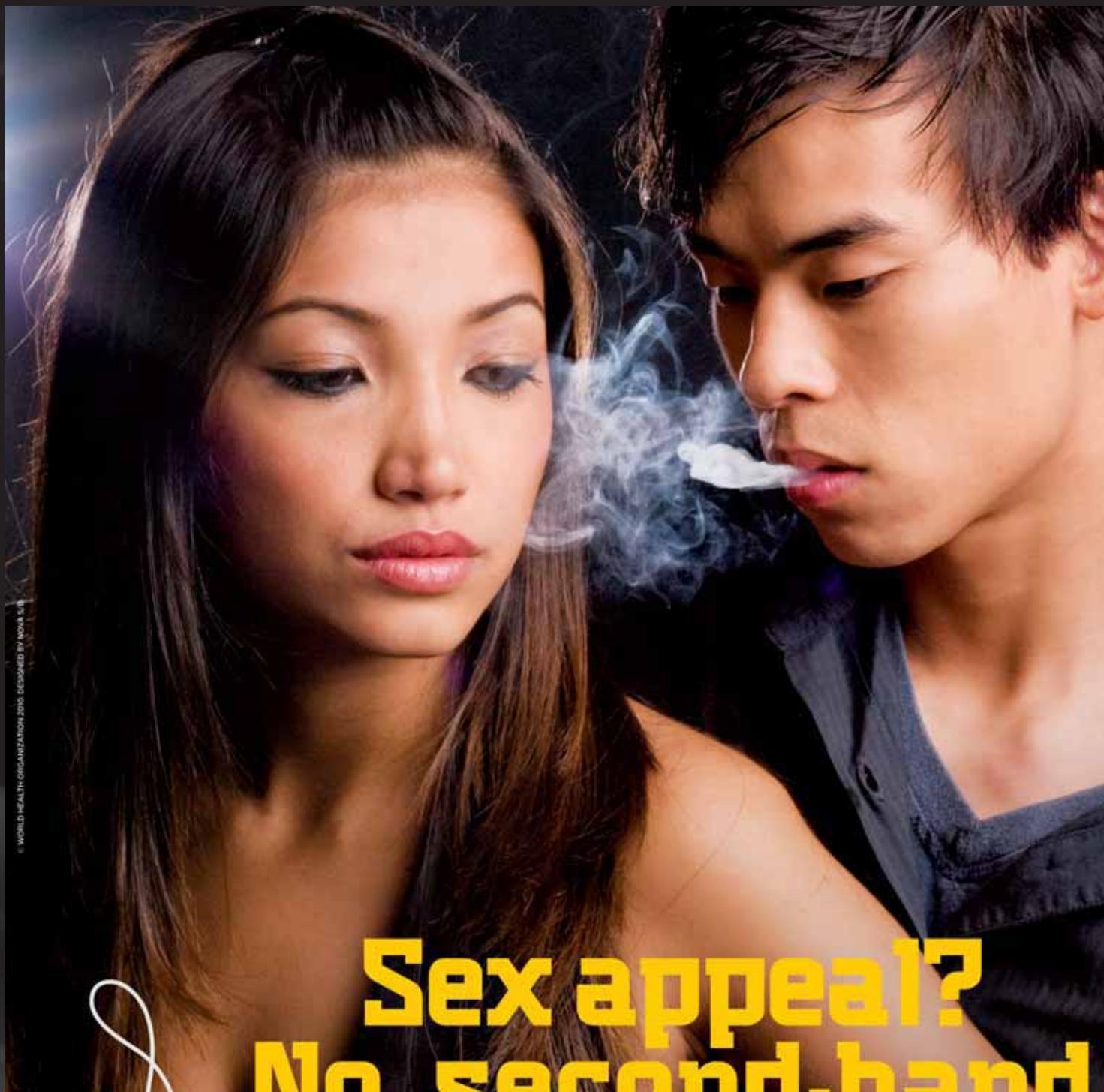


We need to strongly support women's leadership in tobacco control, and we must act now. As the 2009 WHO report on women and health noted, tobacco use is one of the most serious avoidable risk factors for premature death and disease in adult women and is responsible for about 6% of female deaths worldwide. Without action to reduce smoking, deaths among women aged 20 years and over may rise from 1.5 million in 2004 to 2.5 million by 2030; almost 75% of these projected deaths will occur in low- and middle-income countries. Furthermore, second-hand smoke is a killer, and there is no safe level of exposure. In regions where the majority of smokers are men, millions of women and children suffer from exposure to second-hand smoke. Most alarming, the rates of smoking are increasing among youth and young women in several regions of the world. Where tobacco use is still relatively low among women and girls, an opportunity exists for preventing increased uptake and future premature deaths.

Let us remember that tobacco poses a threat to achieving the United Nations Millennium Development Goals (MDGs). The MDGs are about reducing poverty, as well as achieving gender equality. They recognize that poor health anchors large populations in poverty. They also acknowledge that better health allows people the opportunity to find their way out of poverty. Still, there is an alarming trend that links poverty with tobacco use. Poor families are more likely to include smokers than richer families. Poor families spend a substantial part of their total expenditures on tobacco—often more than they spend on education or health care. According to the World Bank, the use of tobacco results in economic losses of billions of dollars each year—and most of those losses occur in developing countries. Cost-effective tobacco control strategies can work. Bans on tobacco advertising, increased tobacco taxes, graphic labels on tobacco packaging, controls on smuggling and counterfeiting, and legislation to create smoke-free environments in all public places and workplaces have helped. Enforcing and enacting such measures with women's full participation is sound social and economic development policy.

WHO is committed to improving women's health and promoting women's leadership and chose Gender and Tobacco with an Emphasis on Marketing to Women as the theme of its 2010 World No Tobacco Day. As I have often said, the challenges are different for women. That is why women need special attention in health agendas. As caregivers in the home, they are an important resource. They are also susceptible to special health problems and have a heightened risk of premature mortality. Also, many women do not have adequate access to health services, even though continuity of care is essential over a life-course. Part of the solution is to empower women to leverage their resources and creativity. We have seen example after example of women who are given the right encouragement and an enabling environment making changes, not only in their own lives, but in the lives of their families and communities.

This monograph makes an important contribution to our scientific understanding of tobacco use among women. It also provides an analytical framework for promoting a gender perspective in policy-making. We have added an important new tool in the effort to scale up technical and other assistance at country level. On 27 February 2005, the WHO Framework Convention on Tobacco Control (WHO FCTC) entered into force. Currently, more than 170 Parties have ratified the Convention. Its Preamble recognizes women's leadership as key to achieving the goal of tobacco control. Most important, it supports a principle central to achieving gender equality in health—that women's right to health is a human right.



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Sex appeal? No second-hand

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