

Editorial

Tobacco use among women: gendered perspective to be included in global tobacco control policies

Tobacco is the single greatest preventable cause of death in the world today. Currently tobacco use kills more than 5 million people worldwide each year. By the end of this century, tobacco alone is predicted to kill a billion people, more than three quarters of these death will be in low and middle income countries^{1,2}. Worldwide approximately 1.3 billion people currently smoke cigarettes or other tobacco products. The majority of the world's smokers (80%) live in low or middle income countries³. While the prevalence of global tobacco use among men is declining slowly, the epidemic among women is rising rapidly^{4,5}. In general, about 8 per cent of women in developing countries and 15 per cent in developed countries currently smoked cigarettes. The current smoking prevalence (12%) of women globally is expected to go up to 20 per cent by 2025 and women from developing countries are the biggest at-risk group⁵. About 7 per cent of adolescent girls smoke cigarettes as opposed to 12 per cent of adolescent boys. In some countries, almost as many girls smoke as boys. The female population in developing countries will increase from 2.5 now to 3.5 billion by 2025; it means that even if the prevalence remains low, the absolute numbers of women smokers will increase⁶.

Like men, women who smoke can suffer from many tobacco-related health problems such as lung cancer, cancer of the mouth, throat, larynx, esophagus, stomach, pancreas, bladder, kidney along with heart disease, chronic obstructive pulmonary diseases, stroke, infertility and many other illnesses^{1,2}. In addition, women smokers face a significantly higher risk of developing smoking-related illnesses such as lung cancer and myocardial infarction than men. Women

smokers also have additional hazards of menstruation (irregular cycles, higher incidence of dysmenorrhoea, *etc.*), abnormal pregnancy (miscarriage, premature labor, lower birth weight, *etc.*), female-specific cancers (cervix, breast cancers) and lower bone density (among post menopausal women). Women who use oral tobacco products are also at risk of getting cancers of the gum and buccal mucosa, *etc.* Smoking among women who are caregivers also causes a wide variety of adverse health effects in their children, such as lower respiratory tract infections, asthma, middle ear infections, *etc.* Exposure to environmental tobacco smoke is a cause of lung cancer and coronary heart disease among women who are lifetime non-smokers and breast cancer in non-smoking pre-menopausal women^{4,5}. There are also many economic effects related to women and tobacco, such as expense of buying cigarettes (diverting money from other family expenditure) and cost of illness (direct medical expenses and indirect cost of premature death, *etc.*)⁵. Smoking also impoverishes many women by affecting their health⁷. These effects are particularly severe for poorer women in poorer countries⁵.

Tobacco use primarily begins in early adolescence. Tobacco use initiation among adolescents is influenced by both personal and environmental factors. Personal factors include knowledge, attitudes and beliefs (including self-esteem; self-image; and locus of control). Most women smoke because they want to relax and take a break, to be sociable, to deal with stress and depression, to fight feelings of helplessness, to deal with anger and frustration; to avoid gaining weight, *etc.* Girls appear to be more affected than boys by the desire to smoke for weight control and by the perception that smoking controls negative moods; girls

may also be more influenced than boys to smoke by rebelliousness or a rejection of conventional values. The environmental factors are socioeconomic status (such as education, occupation, economic situation, *etc.*) and socio-cultural factors (such as parental influence, peer influence, advertising and promotion, *etc.*). Girls with lower socioeconomic status, whose parents smoke and who have smoking friends are more likely to take up smoking^{4,8}.

Research suggests that exposure to tobacco marketing is associated with the likelihood that adolescents will start to smoke⁹. The US Surgeon-General's 2001 report identifies tobacco advertising as a major influence on women who smoke⁴. In fact, to the tobacco industry, selling tobacco products to women currently represents the single largest product marketing opportunity in the world. The tobacco industry spends billions of dollars each year on advertising. Tobacco companies promote cigarettes through every conceivable medium, including radio, television, magazines and newspapers, billboards and, recently, the Internet. The tobacco industry is making huge investments in targeting women and girls with aggressive and seductive advertising that exploits ideas of independence, emancipation, sex appeal and slimness. Tobacco advertisements target women's desire for weight loss and appeal to women's growing desire for freedom of choice and independence. In many countries, cigarettes are advertised as 'light', 'low smoke', and 'less smell' to defuse the harmful, addictive effects of tobacco and to reassure present and potential smokers that they can engage in 'healthy smoking'¹⁰.

Tobacco companies target women and girls with more than just advertisements; tobacco marketing campaigns also use packaging, branding, promotion, sponsorship, and integrating the product into popular culture to target women in a variety of ways. These methods include sponsoring sporting events and teams; promoting rock concerts and discos; placing their brand logos on t-shirts, rucksacks and other merchandise popular with children; and giving away free cigarettes and brand merchandise in areas where young people gather, such as rock concerts, discos and shopping malls. Today, there are two main types of cigarettes marketed to women, female brands and dual sex brands. Female brands, like Virginia Slims, Capri and Misty, are marketed directly to women using feminine images. Dual sex brands, like Marlboro and Camel, are marketed to women with independent and fun-loving imagery¹¹.

In response to the rising epidemic of tobacco use among women, a number of public health actions have been taken by international community. In 1989, the World Health Organization chose "Women and Tobacco" as the theme for the "World No Tobacco Day". In 1990, the International Network of Women Against Tobacco was formed in Australia, to develop women's leadership, advocacy and education on the issues of women and tobacco. In 1992, the first international conference on women and tobacco was held in Northern Ireland. In 1999, an important international meeting on women and tobacco took place in Kobe, Japan and came up with the Kobe Declaration on Women and Tobacco. In 2000, eight Millennium Development Goals (MDGs) were adopted by United Nations (UN) member states. Two of these specifically focus on improving the status of women, and the WHO has applied these goals to tobacco control. The WHO Framework Convention on Tobacco Control (WHO FCTC), the first treaty negotiated under the auspices of the World Health Organization, was adopted by the World Health Assembly on 21 May 2003 and entered into force on 27 February 2005. The WHO FCTC incorporates gender concerns in its preamble and, in Article 4, suggests that countries "address gender-specific risks when developing tobacco control strategies" at national, regional and international levels.

As of 21 July 2009, 168 countries have signed the WHO FCTC. Many governments are taking efforts to implement tobacco control programmes, including higher tobacco taxes, elimination of tobacco advertising and promotion, smoke-free environments and strong, graphic health warnings on tobacco packaging, *etc.* However, many tobacco control programmes in both developed and developing countries continue to take a gender-neutral or gender-blind approach⁵.

To draw attention to the harmful effects of tobacco marketing towards women and girls, the World Health Organization selects "Gender and tobacco with an emphasis on marketing to women" as the theme for the next World No Tobacco Day, which will take place on 31 May 2010. It aims to highlight the need for the nearly 170 Parties to the WHO Framework Convention on Tobacco Control to ban all tobacco advertising, promotion and sponsorship in accordance with their constitutions or constitutional principles.

It is a challenge for the 21st Century that the problems associated with tobacco use among women are steadily increasing worldwide. Despite the well-known dangers to women, tobacco companies continue

to target women using marketing strategies and tactics that associate tobacco use with the universal desire of women. Controlling the epidemic of tobacco use among women is an important part of any comprehensive global tobacco control policy. It is therefore important that the policy needs to adopt gendered perspective in its goals and practices. Gender-specific policies should be based on a clear understanding of the personal and environmental factors that contribute to tobacco use initiation and maintenance. In the coming time, special attention should be paid to increase awareness of the impacts of smoking on women's health and counter the tobacco industry's targeting of women. Women's roles and leadership in anti-tobacco activities should be promoted. More gender-specific research is needed to provide scientific evidence on epidemiological, social and socioeconomic aspects of tobacco use among women, particularly in developing countries. By actively responding to the World No Tobacco Day "Gender and tobacco with an emphasis on marketing to women", national governments can be successful in curbing the epidemic of tobacco use in their countries as well as in the whole globe.

**Hoang Van Minh* &
Pham Thi Quynh Nga****

*Faculty of Public Health
Hanoi Medical University
No 1 Ton That Tung, Dong Da, Ha Noi
hvminh71@yahoo.com

*For correspondence:
& **Tobacco Free Initiative
World Health Organization
63 Tran Hung Dao, Ha Noi, Viet Nam
ngap@wpro.who.int

References

1. World Health Organisation. *World Health Report 2002: Reducing risks, promoting healthy life*. Geneva: World Health Organization; 2003.
2. Jha P, Chaloupka FJ. *Tobacco control in developing countries*. Oxford, UK: Oxford University Press; 2000.
3. Guindon GE, Boisclair D. *Past, current and future trends in tobacco use. World Bank. HNP Discussion Paper No 6, Economics of tobacco control*. Washington DC: World Bank; 2003.
4. U.S. Department of Health and Human Services. *Women and smoking: a report of the Surgeon General*. Washington DC: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General; 2001.
5. Mackay J, Amos A. Women and tobacco. *Respirology* 2003; 8 : 123-30.
6. World Health Organization. *Women and health: today's evidence tomorrow's agenda*. Geneva: World Health Organization; 2009.
7. Esson KM, Leeder SR. *The millennium development goals and tobacco control*. Geneva: World Health Organization; 2004.
8. Aghi M, Asma S, Yeong CC, Vaithinathan R. In: Samet J, Yoon S-Y, editors. *Initiation and maintenance of tobacco use, in women and the tobacco epidemic: challenges for the 21st century*. Geneva: World Health Organization; 2001. p. 49-68.
9. Lovato C, Linn G, Stead LF, Best A. Impact of tobacco advertising and promotion on increasing adolescent smoking behaviours. *Cochrane Database Syst Rev* 2003(4): p. CD003439.
10. Kaufman NJ, Nichter M. In: Samet J, Yoon S-Y, editors. *The marketing of tobacco to women: global perspectives, in Women and the tobacco epidemic: challenges for the 21st century*. Geneva: World Health Organization; 2001. p. 69-98.
11. Chaloupka FJ. *Cigarette smoking in Pacific Rim countries: The impact of U.S. Trade Policy*. National Bureau of Economic Research, Working Paper number 5543, April 1996. Presented at the WEA International 1996 Pacific Rim Allied Economic Organization Conference, January, 1996.