

Why the Issue of Women and Tobacco Needs a Focused, Multi-Sectoral, Consultative, Community Level Interventions?

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Introduction

The challenges are different for women using Tobacco, which is one of the important avoidable risk factors for premature death and disease in women all over the world. So, women use of tobacco needs special attention in Health agendas [1].

Why a need for a women-specific tobacco control policy?

Tobacco use in any form is estimated to cause more than 1.3 million deaths in India every year.

World over tobacco kills > 8 million people each year, 1.2 million of these are due to second-hand smoke exposure. The annual death toll among women will be 2.5 million by 2030 and 75% will continue to occur in developing countries. For tobacco control to be effective and not lop-sided, we need to focus on women separately. Tobacco use among women need to be recognized as a major social determinant of health inequalities.

Risk for women is different

Risks among women are unique as well as higher. Smoking causally linked to cervical cancer, a leading cause of death from cancer among women in Low Middle Income Countries (LMICs.). There is an indication of some evidence linking active smoking and exposure to Second Hand Smoke (SHS) to increased breast cancer risk among women. Compared with non-smokers, women smokers have a 25% greater relative risk of coronary heart disease [2]. Women are twice as likely to develop lung cancer if they smoke the same amount as men and if they are the same age and have the same smoking history. Women smokers develop lung cancer at an earlier age.

In females, the addiction is stronger and cessation more difficult

Research shows that women may be more likely than men to smoke for managing their mood. Coping with stress is a stronger predictor for them to continue tobacco use. Smokeless tobacco use among Hi-income women linked to taste, odour and digestion whereas Lo-Income women reported it to be linked with coping with abuse, dealing with hunger pangs and to get energy (Perking up) to do their work. Nicotine replacement therapy (NRT) has been reported to be less effective for women than for men. The withdrawal symptoms are

stronger, especially during menstruation [3,4]. It is a common myth amongst the females from upper class that they can lose weight by smoking Cigarettes [5].

Women are targeted by the tobacco industry in their marketing strategies

The tobacco industry specifically targets women, capitalizing on an under represented consumer group (especially in regions or countries where smoking rates among women are still very low). It does this through product development - how the product looks, how it feels handling it. Advertisements presenting women as equal to men, appeal to some women. The industry markets the tobacco products as adding to their personality.

Tobacco industry is known to carefully and meticulously devise strategies to get women to initiate and continue to use tobacco products by responding to their desires and aspirations like reducing their weight to size zero, make them look Carefree, Cosmopolitan, and courageous.

Many women in LMICs today are profitably employed and can spend money on themselves to look trendy, smart, independent and hassle-free. The tobacco industry understands this well and uses it to its advantage.

Tobacco control policies need to be focused on females

The Governments, organizations and NGOs working in tobacco control must include gender and diversity-based analyses in the design and evaluation of tobacco control measures and evaluate separately women's performance on different provisions/tobacco control measures.

If falling behind, find out why, often to be discovered by conducting qualitative research. Do watch if women are quitting at the same rate as men if the price of smoking/smokeless tobacco is going up. Watch also how it affects the woman when her husband, the only earning member, is not quitting. What happens to the house hold budget, nutrition, education and health of the family? In one study the female domestic workers advised one another to ask for a salary hike rather than quitting [6].

Exposure of women to SHS in homes, public/workplaces need to be monitored carefully.

Women who use smokeless/chewable tobacco find it very hard to give up

Quitting the use of smokeless/chewable tobacco is difficult and special cessation efforts are required. Women are found to be using more of Chewable tobacco and the habit may be more difficult to give up than the smoking habit [7].

What needs to be done to protect females from tobacco control policies

All policies related to women's health and wellbeing should involve women at all stages, giving equal representation of all economic classes. Human rights of women should be protected in her right as a woman and not just a child-bearer/child caregiver.

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