

Women and tobacco use

A global trend

Tobacco use by women is a serious and growing problem worldwide. Women comprise about 20% of the world's more than 1 billion smokers and this figure is rising (1). Non-cigarette forms of tobacco, such as waterpipe and smokeless tobacco, are also increasing among women in many countries, particularly in the WHO Eastern Mediterranean Region.

In many developing countries, rates of tobacco use among women have been, and still are, low relative to men. This is due to traditional disapproval of tobacco use by women. However, as social and cultural norms regarding women's tobacco use change, increasing numbers of women are starting to consume tobacco in all its various forms.

Increasing tobacco use among women in the Eastern Mediterranean Region

In recent years, tobacco use among women has increased in many countries of the Region, especially among girls with rates of up to 30% in some countries (2). For adult women, smoking rates are as high as 10% in Jordan, 7% in Lebanon and 6% in Tunisia and Yemen (2). While there is still a higher prevalence of male smokers than women, data from the Global Youth Tobacco Survey reveal that this gender gap is narrowing among young people in some countries.

Waterpipe and smokeless tobacco use in the Region is increasing among women. The Region has the second highest rate (9%) in the world of girls' (age 13–15) use of tobacco products other than cigarettes, including waterpipe and smokeless tobacco, with rates exceeding 20% in a number of countries (3). In many countries, more women and girls use waterpipes and smokeless tobacco than smoke cigarettes. While boys are much more likely to smoke cigarettes than girls, with non-cigarette tobacco use the gap is much narrower.

The impact of tobacco use on women's health

The harmful effects of tobacco use include an increasing prevalence of heart attack, stroke, cancer and respiratory disease among women (1).

- ▶ Women who smoke have higher risks for cancers of the lung, mouth, pharynx, oesophagus, larynx, bladder, pancreas, kidney and cervix, as well as leukaemia and possibly breast cancer. The risk of developing lung cancer is 13 times higher for current women smokers compared to lifelong non-smokers. Women smokers develop lung cancer with lower levels of smoking than male smokers.
- ▶ Smoking is a major cause of coronary heart disease in women, and is even higher among women who use oral contraception. Women who smoke are twice as likely to develop coronary heart disease (suffer a heart attack) as non-smoking women.
- ▶ Women who smoke are at increased risk of chronic obstructive pulmonary disease, including bronchitis and emphysema.
- ▶ Smoking increases infertility and delays in conception. Women who smoke during pregnancy increase the risk of spontaneous abortion, premature delivery, stillbirth and low birth weight.
- ▶ Postmenopausal women who smoke have lower bone density and an increased risk of osteoporosis and hip fracture.

Women and tobacco cessation

Studies show that women become more easily addicted to nicotine than men and find it harder to quit. Women may find quitting more difficult than men because of lack of social support, fear of weight gain and because tobacco use is seen as a buffer against depression.



**World Health
Organization**

Regional Office for the Eastern Mediterranean

Women and second-hand smoke

Second-hand smoke poses another serious problem. Worldwide, second-hand smoke causes an estimated 600 000 premature deaths a year, the majority being among women and children (1). In the Region, many women and young people live in homes that are not smoke-free and are also exposed to second-hand smoke in public places, both of which increase their risk of smoking-related illnesses.

There is no safe level of tobacco use or exposure to second-hand smoke. Women and children need to be protected from exposure to second-hand smoke at home, work and in public places. However, women often do not have the power to negotiate smoke-free spaces, even within their own homes.

Tobacco marketing to women

The spread of tobacco use by women and girls is directly linked to aggressive tobacco company marketing activities that increasingly target this group, particularly in low-income and middle-income countries. Women-targeted brands have been developed, that have packaging and names designed to appeal to women. This is a major area of growth for tobacco companies.

Tobacco marketing promotes the belief that smoking is fashionable and keeps women slim. Tobacco advertisements in women's magazines associate smoking with romance and glamour.

They use images of vitality and sophistication, slimness and beauty, and link tobacco use to female friendship and being a modern woman.

Best practices and the way forward

The WHO Framework Convention on Tobacco Control (FCTC) expresses alarm at “the increase in smoking and other forms of tobacco consumption by women and young girls worldwide”. All of us have a responsibility to prevent the tobacco epidemic from becoming as bad among women as among men. If we do not, millions of preventable deaths will occur, especially in the developing world.

Women have a right to be protected from the harms of tobacco use. This should be done through the measures called for in the WHO FCTC. There should be:

- ▶ education on the risks of tobacco use, including waterpipe and smokeless tobacco
- ▶ bans on tobacco advertising, promotion and sponsorship
- ▶ protection against second-hand smoke
- ▶ support for quitting
- ▶ the empowering of women and girls to take a leading role in tobacco control
- ▶ the encouragement of men to assume greater responsibility in protecting women and children from their tobacco use.

References

1. *Women and health: today's evidence, tomorrow's agenda*. Geneva, World Health Organization, 2009.
2. *Fact sheets on the Global Youth Tobacco Survey, 2001–2009*. Cairo, WHO Regional Office for the Eastern Mediterranean, 2010.
3. Warren CW et al. *Global tobacco surveillance system: The GTSS Atlas*. Atlanta, CDC Foundation, 2009.