Women and Tobacco: The Future Epidemic

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ABSTRACT

Smoking is still seen mainly as a male problem, since in most countries smoking prevalence is lower among women than men. Yet, it is currently estimated that there are already about 200 million women in the world who smoke, and in addition, there are others who chew tobacco. Approximately 15% of women in developed countries and 8% of women in developing countries smoke, but because most women live in developing countries, there are numerically more women smokers in developing countries. Unless effective, comprehensive and sustained initiatives are implemented to reduce smoking uptake among young women and increase cessation rates among women, the prevalence of female smoking in developed and developing countries could rise to 20% by 2025, equating to 532 million women smokers. Even if prevalence levels do not rise, the number of women who smoke will increase because the female world population is predicted to increase by more than one billion by 2025. Thus, while the epidemic of tobacco use among men is in slow decline, the epidemic among women will not reach its peak until well into the 21st century. This will have enormous consequences not only for women's health and economic wellbeing but that of their family.

In Asia, there can be no complacency about the lower level of tobacco use among women, as smoking among girls is on the rise. The spending power of girls and women is increasing so that cigarettes are becoming more affordable; the social and cultural constraints which previously prevented many women from smoking are weakening; and women-specific health education and quitting programmes are rare. The health effects of smoking for women are more serious than for men in that, in addition to the general health problems common to both genders, women face additional hazards in pregnancy, female-specific cancers such as cancer of the cervix, and exposure to passive smoking. Further, evidence suggests that women find it harder to quit smoking. The tobacco companies are targetting women by marketing light, mild, menthol cigarettes, and introducing advertising directed to women. The greatest challenge and opportunity in primary

preventive health in Asia is to avert the predicted rise of smoking among women.

THE GLOBAL PICTURE

Smoking is still seen mainly as a male problem, since in most countries smoking prevalence is lower among women than men. Yet, it is currently estimated that there are already about 200 million women in the world who smoke, and in addition, there are others who chew tobacco (WHO 1999).

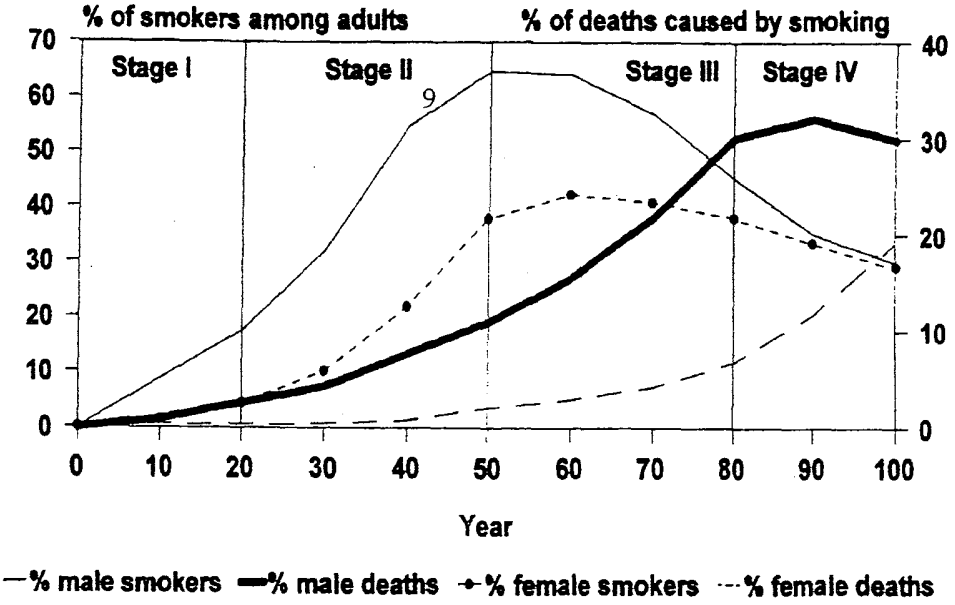
Approximately 15% of women in developed countries and 8% of women in developing countries smoke, but because most women live in developing countries, there are numerically more women smokers in developing countries.

Unless effective, comprehensive and sustained initiatives are implemented to reduce smoking uptake among young women and increase cessation rates among women, the prevalence of female smoking in developed and developing countries could rise to 20% by 2025 (Lopez A personal communication 1997). This would mean that by 2025 there could be 532 million women smokers. Even if prevalence levels do not rise, the number of women who smoke will increase because the population of women in the world is predicted to rise from the current 3.1 billion to 4.2 billion by 2025.

Thus, while the epidemic of tobacco use among men is in slow decline, the epidemic among women will not reach its peak until well into the 21st century. This will have enormous consequences not only for women's health and economic wellbeing but that of their family.

Women have traditionally started smoking later and consumed fewer numbers of cigarettes than men. The pattern of smoking among and between women and men differs according to the stage of the smoking epidemic in each country (Figure 1).

Figure 1: A Model of the Cigarette Epidemic



Source: Lopez et al 1994

DEVELOPED COUNTRIES

Cigarette smoking among women is declining in many developed countries, notably the USA, UK, Canada and Australia. (Cavelaars et al 2000, Graham 1996) But this good news disguises some bad news: more girls than boys are now smoking in some western countries, for example, UK, Sweden, Austria, Denmark, Finland, Germany. (Wold et al 2000). And, the downward trend is not found in all developed countries: in several Southern, Central and Eastern European countries cigarette smoking is either still increasing among women or has not shown any decline. (Amos and Haglund 2000).

DEVELOPING COUNTRIES

Most women live in developing countries, where currently only between 2-10% smoke cigarettes, although in South Asia women more commonly chew tobacco. There is no cause for complacency as it does not reflect health awareness, but rather social traditions and women's low economic resources.

The numbers of women smokers in developing countries will inevitably increase because:

* the female population in developing countries is predicted to rise from the present 2.3 to 3.5 billion by 2025, so even if the prevalence remains low, the absolute numbers of smokers will increase;

* girls' and women's spending power is increasing so that cigarettes are becoming more affordable;

* the social and cultural constraints which previously prevented many women smoking, e.g. in China and Muslim countries, are weakening in some places;

* the tobacco companies are targeting women with well-funded, alluring promotional campaigns and marketing low tar, menthol cigarettes likely to appeal to women;

* women are increasingly portrayed smoking in popular international movies; female film stars and models are photographed smoking;

* women's organisations and women's magazines (all over the world) have failed both to understand that smoking is a feminist issue, or their need to take an appropriate role;

* woman-specific health education and quitting programmes are rare.

* governments in developing countries may be less aware of the harmfulness of smoking and are preoccupied with other health issues;

HEALTH

The scientific evidence has shown conclusively that both smoked and smokeless tobacco cause multiple fatal and disabling health problems throughout the life cycle.

If women smoke like men, they die like men. There is now evidence that the health effects of smoking for women may be even more serious than those for men. Smoking currently kills around half a million women in the world each year and this number is increasing rapidly. (WHO 1999) Between 1950 and 2000, around 10 million women died from tobacco use. It is estimated that over the next 30 years, tobacco-attributable deaths among women will more than double (Jacobs 2001).

Women who smoke have markedly increased risks of cancer, particularly lung cancer, heart disease, stroke, emphysema and other fatal diseases. If they chew tobacco, they risk oral cancer.

In addition to the health risks that women share with men, women face particular problems linked to tobacco use (USSG 2001, RCP 1992, Ernster 2001, Jacobs 2001). These include:

* Cancer: Female-specific cancers, such as cancer of the cervix.

* Coronary heart disease: increased risk with use of oral contraceptives.

* Menstruation: Irregular cycles, higher incidence of painful cramps (dysmenorrhoea).

* Menopause: Women who smoke tend to enter menopause at age 49 -- 1 to 2 years before non-smokers. This places them at a greater risk for heart disease and

osteoporosis, including hip fractures, as well as an increased incidence of hot flushes.

* Pregnancy: Smoking in pregnancy causes increased risks of - spontaneous abortion (miscarriage), ectopic pregnancy, low birth weight, higher perinatal mortality, long term effects on growth/development of the child. Many of these problems affect not only the health of the foetus,[8] but also the health of the mother. For example, a miscarriage with bleeding is dangerous for the mother, especially in poor countries where health facilities are inadequate or non-existent.

* Infertility: Smoking is also linked to infertility and delays in conceiving.

* Environmental Tobacco Smoke (ETS) has a negative impact on the woman's own health and also reproductive health. Even a father's smoking during pregnancy causes complications, such as low birth weight.

* Smoking by the mother or father around a baby or child leads to:
  - childhood chest infections
  - long term effects on growth/development
  - children more likely to become smokers

ECONOMICS

There are many economic effects related to women and tobacco, including:

* Expense of buying cigarettes (diverting money from other family purchases)
* Costs of ill-health, which can range from medical bills to loss of income
* Costs of premature death
* Costs of looking after relatives affected by tobacco
* Costs of widowhood or even destitution if a male breadwinner dies from smoking

These effects are particularly severe in poorer women in poorer countries. Health care facilities are now or in future will be hopelessly inadequate to cope with this epidemic.

SMOKING CESSATION

Several studies have suggested that women may find it more difficult to quit smoking than men. The reasons why women seem to find it more difficult to quit than men are not well understood (Hunter 2001), but it is likely to be due to a combination of biological, psychological and social factors as well as lower access to quitting advice and treatment.

TOBACCO INDUSTRY

The transnational tobacco companies, as their sales decrease in the West, are keen to expand into new markets and women are identified as a key potential growth area.

PROMOTION

The tobacco industry promotes cigarettes to women using seductive but false images of health, liberation, slimness and modernity.

Until the 1980s, there was relatively little tobacco promotion in developing countries. The national monopolies did not, in general, promote their products, or did so only minimally. But from the 1980s, when young women in some developing countries were starting to become more independent and were copying western fashion and trends, the transnational tobacco industry introduced tobacco advertisements.

Many of these initial advertisements were very 'masculine' like the Marlboro cowboy, but gradually a whole range of advertisements were produced, moving from "men-only" advertisements; through "neutral" advertisements showing, for example, a pleasant mountain scene or a blue lagoon; advertisements where both men and women appeared, for example, enjoying the outdoors in a group; to women-only advertisements in the mid-1980s.

Smoking was promoted as being glamorous, sophisticated, fun, romantic, sexually attractive, healthy, sporty, sociable, relaxing, calming, emancipated, feminine, rebellious, and an aid to slimming. (Amos and Haglund 2000) Even the religious Madonna is used in the Catholic Philippines.

Designer cigarettes then appeared: in 1989, the Yves St Laurent brand of cigarettes was launched throughout Asia, with elegant packing appealing to women. Some of the monopolies and national companies, such as in Japan and Indonesia, then began to copy promotion targeting women.

MARKETING

Tobacco companies have now produced a range of brands aimed at women. Most notable are the 'women-only' brands such as Kim, Virginia Slims, Capri, Vogue, MS, and More. These are feminised cigarettes - long, extra-slim, low-tar, light-coloured, menthol.

Some companies have also produced special gift packs and offers designed to appeal to women. In Taiwan, tobacco companies launched gift packs for the Lunar New Year, with the Yves St Laurent luxurious gift pack containing two cartons of cigarettes plus one crystal item. The 555 gift packs had either a tea set or an ashtray and the Virginia Slim Lights gift packs stylish lighters suitable for women smokers. In Australia there have been Alpine fashion key rings, bags and silk underwear.

In Japan purchasers of Mila Schon cigarettes have had the chance to win handbags and ladies watches. In some countries young women are being targeted through direct mail shots: graduates of Tokyo Women's University were sent, unsolicited, sample packets of Salem to their home addresses

Although it is mainly men's sports that are sponsored in developing countries, these are watched by women. For example, 46% of spectators at the Hong Kong Salem Tennis in 1993 were women. Michael Chang, who plays regularly in Marlboro and Salem tennis events in

China, Japan, the Republic of Korea and Hong Kong, enjoys idol status with many teenage girls throughout Asia.

There are sponsored women's events. In 1989, British-American Tobacco Co decided to add the Viceroy Women Football Competition on to the final match of Viceroy Cup in Hong Kong. Malaysia is the prime example in the world of brand-stretching - for example, using cigarette names for travel holidays, bistros, jewelry shops, etc.

Arts sponsorship provides the tobacco industry with an aura of culture, glamour and respectability, sponsoring events that appeal to women as well as men. Events in Asia include Peter Ustinov (Hong Kong, 1992); Tony Bennett Jazz concerts (Thailand, 1993); Central Ballet of China (1994); Andrew Lloyd Webber's 'The Phantom of the Opera' sponsored by Philip Morris (Hong Kong, 1995); ASEAN Arts Awards (ASEAN, 1999). In New Zealand there are the Benson and Hedges Fashion Design Awards.

Events and activities popular with the young also receive sponsorship. Admission to films and pop or rock concerts has been either free, or through the exchange of empty cigarette packets for free tickets (Taiwan 1988, Hong Kong 1994). American singers, such as Paula Abdul and Madonna, who would not promote tobacco in the US, allow their names to be associated with cigarettes in other countries. In 2002, BAT organised a huge musical celebration in Indonesia, clearly designed to attract the young.(Media, 2002)

EXPOSED

Following a ruling in the law courts in the USA, previously secret and internal industry documents have now been revealed to the public. These show that on a global basis, the multinational tobacco industry has consistently lied or obscured the truth -- to governments, to the media and to smokers. Nowhere has this been more evident than in developing countries, which often lack the expertise to challenge the industry.

One quote from a document on women showed that BAT had their gender team in place a quarter of a century ago. In 1976:

> "Smoking behaviour of women differs from that of men.... more highly motivated to smoke.... they find it harder to stop smoking.... given that women are more neurotic than men it seems reasonable to assume that they will react more strongly to smoking and health pressures.... there may be a case for launching a female oriented cigarette with relatively high deliveries of nicotine...." (Thornton 1976)

And their eyes are upon Asia: an industry journal (Tobacco Reporter) editorial about the Asian market stated:

> "Rising per-capita consumption, a growing population and an increasing acceptance of women smoking continue to generate new demand." (Tuinstra 1998)

ACTION

There is an urgent need to develop effective gender-specific tobacco control strategies and to allocate sufficient funds for tobacco control programmes that also reach women and girls.

In order to develop more effective tobacco control programmes for women, particularly in developing countries, much more research is needed on women and smoking.

INTERNATIONAL LEVEL

WHO

The Director General of WHO, Dr Gro Harlem Brundtland recognises the importance of tobacco as a women's issue. WHO has brought more women into the organisation, and given high priority to strengthening global action on women and tobacco issues, for example:

* WHO has secured funding for a major initiative on women and tobacco currently underway in the Southern African Development Commission (14 Southern African countries).

* An international meeting on Women and Tobacco took place in Kobe, Japan in November 1999. This drew in, for the first time, women's organisations beyond the traditional tobacco control groups, culminating in The Kobe Declaration on Women and Tobacco.

* In the Western Pacific Region, all three 5-year Action Plans on Tobacco or Health since 1990 have emphasized the importance of preventing a rise in smoking among women as a high priority.

THE WORLD BANK

The 1999 World Bank report "Curbing the Epidemic" marked the first time a major financial institution has supported policies designed to reduce tobacco demand. The document argues that tobacco control is good for the wealth as well as the health of nations; that it does not lead to loss of taxes or jobs; and that tobacco control measures (e.g., price increases, advertising bans, smoke-free areas, health education and pharmaceutical assistance in quitting) are cost-effective in both industrialized and developing countries. There is no specific indexing of women, and most of the data are not sex-disaggregated, but the message is the same for women as for men.

GOVERNMENT ORGANISATIONS

SIDA, the Swedish International Development Cooperation Agency, funded a regional project on women and tobacco in the African region in 2002-2003.

NGOs

In addition to general NGOs, the International Network of Women Against Tobacco (INWAT) was founded in 1990 to address the issues around tobacco and women. It has members in about 60 countries.

The American College of Chest Physicians has produced and made freely available a Speakers' Kit and CD-Rom on women and tobacco that will be translated into some Asian languages in 2002.

CONFERENCES

At the 10th World Conference on Tobacco or Health in Beijing in 1997, 50% of all committee members, chairs and invited speakers were women. When funding was offered to developing countries for two delegates, it was suggested that one be a female. Each speaker was asked to incorporate the twin themes of 'developing countries' and 'women' into his or her presentation on whatever topic. This has set a template for all future world conferences.

REGIONAL LEVEL

The Asia Pacific Association for the Control of Tobacco (APACT), first established by Dr David Yen in Taipei, organizes biennial regional meetings. Delegates from the poorer countries find the smaller regional meetings more supportive than the large, international conferences. The topic of women and tobacco has often been covered at the conferences.

NATIONAL LEVEL

The lead government ministry is usually the Ministry of Health, but women's commissions or ministries should be active. For example, in 2001 the Women's Commission in Hong Kong saw smoking as a women's issue, and formally endorsed the government's legislative proposals to ban all smoking in the workplace and in restaurants.

Non-governmental organisations, including women's groups, can:

* lobby, advise or pressure governments, to make sure that all legislation and other tobacco control action is gender-sensitive

* make sure that ministries or commissions on women address tobacco as a woman's issue and uphold the principle of women's right to health as a basic human right, building on the progress made at the Fourth World Conference on Women and the Convention to Eliminate All Forms of Discrimination Against Women (CEDAW).

* insist on a total ban on all promotion, especially that targeting girls and women

* ask for increased public funding for research and advocacy on women and girls and tobacco

* promote women's leadership in tackling tobacco

* lobby women's magazines to better inform women about the issue

* recruit the entertainment industry, especially female movie and pop stars

* counter the claims of the tobacco industry that tobacco is a freedom for women

* assist with cessation programmes for women

* join the International Network of Women Against Tobacco (INWAT)

Individual women can act in an exemplar role by not smoking themselves, by discouraging their own children from starting smoking, and by encouraging their partners, parents, children and co-workers to quit.

CONCLUSION

The challenge facing us at beginning of the 21st century is to how stem the second wave of the tobacco epidemic, particularly in developing countries and among disadvantaged women in developed countries. There needs to be wider recognition that women's tobacco use is a global health problem and that effective women-centred tobacco control programmes should be implemented at international as well as national levels.

Unless there is a strong, coordinated effort with the aims of preventing girls from starting to smoke, and of assisting cessation, the tobacco epidemic will take a terrible toll on women all over the world.

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