



PROTECT WOMEN FROM TOBACCO USE TO CREATE A HEALTHY WORLD

BACKGROUND

- Tobacco consumption is a growing concern around the globe for many decades and has been regarded as one of the most common causes of morbidity and mortality.
- Tobacco use plays a pivotal role in perpetuating health inequalities among different socio-economic groups between genders.
- Gender based psychological aspirations are blatantly exploited to promote tobacco. Almost all cigarette and chewing tobacco advertising imagery across the world includes women, taking advantage of the changing position of women in the society and their increasing socio-economic independence.



TOBACCO USE AMONG WOMEN- GLOBAL SCENARIO

- The prevalence of cigarette smoking among women has increased worldwide in recent years and is considered a public health concern. [1]
- Tobacco is used by around 32.7% of males and 6.6% of women aged 15 years or older, worldwide. [2]
- The Southeast Asian Region (SEAR) recorded the highest tobacco usage prevalence globally in 2020, which was around 27.9%. The average prevalence was 46% among men and 9.7% among women. [2]
- Second-hand smoke causes the death of 600,000 women every year globally, and 64% of annual second-hand smoke related deaths are of women.[2]

TOBACCO USE AMONG WOMEN- INDIAN SCENARIO

- Tobacco use among women is prevalent in all regions of India and among all sections of the society.
- Data from nationally representative surveys in the country consistently documents the increasing trend of tobacco use among women, particularly smokeless tobacco (SLT). [3]
- As per Global Adult Tobacco Survey (GATS-2) 2016-17, about 14.2% of women aged 15 years and older in India are using tobacco in some or other form.
- Tobacco consumption among women in rural India has increased from 8.1% in NFHS-4 to 10.5% NFHS-5.
- As per NFHS 5, the prevalence of tobacco use among women in north eastern states of India is quite high. It is highest in Mizoram at 61.6% followed by Manipur at 43.1% and Tripura at 50.4%. [4]
- As per Global Youth Tobacco Survey (GYTS-4), the median age at initiation of cigarette, bidi and SLT is 11.5 years, 10.5 years and 9.9 years respectively. Girls initiated use of tobacco products earlier than boys. [5]
- The prevalence of current use of any tobacco product among girls aged 13-15 years has increased by 40% between 2003-2019.[5]

SECOND HAND SMOKE EXPOSURE AMONG WOMEN

- The consequences of tobacco use extend beyond the individual smoker and often adversely affects people around them.
- Second-hand smoke exposure among women has varied health consequences. Women exposed to second-hand smoke can have adverse reproductive health outcomes, such as pregnancy complications, fetal growth restriction, preterm delivery, stillbirths, and infant death. [6]
- As per GATS-2, over 33.7% of non-smokers, disproportionately women, were exposed to second-hand smoke at home, about 21% at work and 25.9% at any public place.

PLIGHT OF WOMEN IN THE BIDI INDUSTRY

- Women make the largest proportion of labor, comprising 90% of total employment in the bidi industry. [7]
- The exposure to tobacco, nicotine, dust and other particles absorbed through skin and nasopharyngeal route, endangers the health of bidi workers as well as their families. [8]
- Pregnant bidi workers are at an increased risk of anaemia and pregnancy-induced hypertension with higher frequency of neonatal deaths, stillbirths, premature births and low birth weight infants in comparison with non-bidi workers.[9]



HEALTH HARMS OF TOBACCO USE AMONG WOMEN



- Beyond increasing the risk of the same diseases as in men, smoking in women carries the risk of several gender-specific conditions such as cervical cancer, osteoporosis, fertility impairment, and premature menopause. [10]
- Women who smoke also have a markedly increased risk of cancers of the mouth, pharynx, oesophagus, larynx, bladder, pancreas, and kidney. The risk of cervical cancer has also been shown to be higher in female smokers than in female non-smokers. [11]
- The relative risk of lung cancer is significantly higher in women who smoke compared to male smokers. [12]
- Women who smoke are twice as likely to suffer a heart attack as non-smoking women. [13]
- Studies have reported that smokeless tobacco consumption during pregnancy adversely affects the gestational age at birth and can lead to low birth weight babies and act as a neuro-teratogen. [14]
- Women who did not use tobacco during pregnancy but lived with smokers had a two-time higher risk of stillbirth, indicating a strong causal association with second-hand smoke. [15]

CALL FOR ACTION

- To protect women from the harms of tobacco use and exposure to second-hand smoke, strong actions like increasing legal age of tobacco consumption from 18 to 21 years, prohibition of single stick cigarettes, abolishing Designated Smoking Areas in airports, hotels and restaurants should be executed.
- Increase in taxes on tobacco products to make them unaffordable must be implemented.
- Tobacco control needs to counteract the gender-specific messaging by the tobacco industry that tries to promote the use of tobacco and related products among women.
- It would be beneficial to integrate a tobacco control program with other programs such as reproductive and child health, prenatal care, poverty reduction, women and child development, and tribal welfare.[16]
- Exposure to tobacco in films is strongly related to tobacco uptake among young people. Female characters who smoke are shown as attractive, fashionable, provocative, cool and of high social status, normalising smoking in daily life. Strengthening legal provisions to restrict depiction of tobacco use in Bollywood movies must be implemented.[17]
- Public health campaigns with a focus on preventing smoking among young people should be gender-sensitive, as the reasons for starting smoking differ between boys and girls, girls being more affected by the desire to control weight or by a positive image of smoking.[18]

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