

Global Perspectives on Women and Second Hand Smoke

Tobacco use and exposure is one of the largest preventable causes of death worldwide – for both men and women. What, then, is so special about its impact on women?

- Women face nearly all of the same health risks from tobacco as men, but also have extra risks including breast cancer, fertility problems and risks to their unborn children.
- Women are specifically targeted by the tobacco industry as a promising growth market, especially in countries where they have not traditionally smoked.
- Wherever they have less power and status than men, women are at a disadvantage in negotiating their right to breathe clean air in workplaces, public places or at home.
- Poverty, greater responsibilities for child care, traditions which limit their activity, or taboos on women smoking may make it more difficult for women smokers to seek or get help quitting.

What can we do to ensure that women get full protection from policy to protect our health?

- Enact and enforce comprehensive smoking bans in public places: this ensures that everyone, regardless of power or influence, gets full protection from second hand smoke exposure in those places.
- Ban tobacco advertising and promotion. Non-smoking women and girls from around the world are at risk of being pulled into a lethal addiction to tobacco and smoking women discouraged from quitting by advertising which associates tobacco use with fashion, luxury, sophistication, freedom, modernity and attractiveness.
- Raise tobacco taxes. These have a greater impact on the smoking prevalence of women and other groups with less economic power (like youth).
- Tailor cessation support to the needs of women and ensure that it is accessible for them.
- Ensure women's participation in the design and implementation of tobacco control policy: women know best about the specific problems faced in their societies, and how to best take them into account.

The following articles highlight the work of women who have played key roles ensuring that women's needs are taken into account in the formation of tobacco control policy and the provision of cessation services around the world.

Scotland

India

China

Argentina

Smoking bans protect women

Scotland was one of the first countries to introduce nearly a complete ban on smoking in enclosed public places. Professor Jill Pell of Glasgow University and colleagues studied the impact of the ban on hospital admissions of smokers for acute coronary syndrome. They found that the ban reduced non-smokers' admissions by over 20% -- with a greater impact on women than on men. Professor Amanda Amos, a public health researcher from the University of Edinburgh, suggests that one reason for the difference could be that non-smoking women often have less power to assert their right to a smoke-free workplace. "We have to be careful about our conclusions, though: not all research on the impact of smoking bans differentiates data from men and women, and not all of the research that does, shows that smoking bans have a greater impact on women's' heart health. It may be that in some places there is a difference between men and women, and in others there is not: a lot depends on the country's smoking patterns and how they have developed; even women in the same society may have strikingly different situations."

Professor Amos points out that even the Scottish ban, with its proven positive impact on heart health, does not protect all working women. "The ban does not apply in homes, and more women are social service workers, domestic workers and home care workers; they are not protected from occupational secondhand smoke with all its toxic ingredients." In countries with less comprehensive bans that exempt bars, restaurants, or casinos, the situation is even worse: "Who works most often behind bars or waits tables? In many countries it is women, and where that is the case, the loopholes in smoking bans have a greater impact on women."

Most of the people working in these occupations do not have a lot of choice about whether or where they work, and in times of economic recession, they have even fewer choices. Even in their own homes, women are not always able to avoid secondhand smoke. But while it cannot regulate what happens in private space, smoke-free legislation can help reduce secondhand smoke exposure at home by shaping social norms. These can influence behaviour at home without actually regulating it.

In Scotland, there are several effective women's associations which bring women together to work for social inclusion, equal access to social justice and resources, and encourage comprehensive health care. These organizations will play an integral role in educating the public on women's unique perspective in terms of tobacco use and exposure. As Professors Amos and Pell demonstrate in their work, women in Scotland are having a key role in policy development.



Professor Amanda Amos is the Head of the Public Health Sciences section at the University of Edinburgh. Her primary area of study is smoking and tobacco control and current research includes interventions to reduce children's exposure to second-hand smoke exposure in the home.

Professor Jill Pell is a Professor of Public Health at the University of Glasgow. Professor Pell is a Fellow of the European Society of Cardiology. She sits on the Medical Research Council's Population and Systems Medical Board, the Chief Scientist's Biomedical and Therapeutics Committee and the Faculty of Public Health's Research Committee.



Women in grassroots community action

At less than 6 percent, the prevalence of smoking amongst women in India is considerably lower than in Europe. This figure, however, is rising. Marketing by the tobacco industry has continued to glamorize the “lifestyle” of a tobacco smoker in an attempt to attract a new market. As women gain political, social and economic independence, the tobacco industry has been successful in linking independence to tobacco consumption.

“Over 70% of the Indian population still lives in rural areas where traditional roles remain strong,” explains Dr. Mira Aghi. Magic has come to rural India in the form of ‘Accredited Social Health Activist’ (ASHA) workers who are being empowered to lead tobacco control in rural India. Asha is educated up to 8th grade and has received intensive training to handle her job and is the backbone of National Rural Health Mission (NRHM). Dr Aghi’s work with these women has convinced her that rural population is poised to be protected from tobacco.

Dr Aghi’s orientation for tobacco control work has been not just a health but a development issue. She believes that women have to fully participate in order to build their own destiny. No one knows better than women themselves what is good for them.



Dr. Mira B. Aghi is a Behavioural Scientist and a Communications Expert whose work has focused on intervention research and advocacy in India and internationally, including South Asia, Southeast Asia, the Middle East, and Eastern and Southern Africa.

Women and tobacco in China

A million Chinese people die from tobacco every year, says Dr. Gonghuang Yang *Director of the National Center of Disease Control in China*. Despite decades of low and consistent prevalence rates among women, the tobacco industry has made a concerted effort to attract and addict young women, particularly those just joining the work force.

While China does not yet have a nationwide smoking ban, Hong Kong has comprehensive tobacco control policy which includes regulation of indoor smoking, school based anti tobacco education, media campaigns and community events. Between 1982 and 2008, smoking prevalence in Hong Kong has been halved. In Hong Kong, it is no longer considered acceptable for even male doctors to smoke, whereas in China, a large percentage of male doctors still smoke.

Dr. Sophia Chan, who specializes in helping women in Hong Kong quit smoking, remarks on the difference between smoking patterns of Chinese men and women: "While in China men smoke with friends, for pleasure, women often smoke alone, and do it less for pleasure than to relieve stress. While they may want to quit, taboos against smoking make it difficult for Chinese women to admit that they smoke, so this keeps them from seeking help. To reach these women, organizations in Hong Kong have introduced telephone counseling which protects anonymity.

"While addiction to tobacco is only a problem for a small minority of Chinese women, the bigger problem is secondhand smoke. Smoking rates among men remain disturbingly high, so even where they may be protected by smoking bans in public spaces, non-smoking women are often exposed to tobacco smoke at home," concludes Dr. Chan.



Dr. Gonghuang Yang, a graduate of West China Medical University is currently the Director of the National Center of Disease Control in China and full professor of epidemiology, and professor of institute of Basic Medical Sciences, Chinese Academy of Medical Sciences/Peking Union Medical College.

Dr Sophia Chan is professor and head of the School of Nursing at the University of Hong Kong. Her research focuses on developing effective interventions for women and youth smokers, and she has been a champion of anti tobacco legislation.



The Slow Birth of Tobacco Control: Argentina's Struggle against the Tobacco Industry

Although Argentina has one of the highest smoking rates in the Americas, for men as well as women, it is one of the last countries in the region to ratify the FCTC and does not have a comprehensive tobacco control policy at national level. Like in and the tobacco industry continues to target women and youth with marketing, linking tobacco consumption to nationalistic values and glamour.

Dr. Alderate is working to understand both what makes women start smoking, and how to best help them quit. "One big barrier in helping pregnant women quit smoking is that there has been so much education about the harm it does to the unborn child that women who continue to smoke feel a lot of guilt; they are ashamed to tell their health care providers. So we have had to work to find ways to approach the subject less directly, and make them feel that they can seek help without being judged," explains Dr. Alderate. "Even when they are not pregnant they may still feel ashamed to admit their addiction, or guilty that they cannot protect their children from secondhand smoke. A woman who still smokes and is alone caring for small children may feel torn between her obligation to protect children from her smoke, and her obligation to watch the children to protect them from other harm. This guilt can be a barrier to engagement in cessation support.

In addition to the WHO, NGOs are increasing creating alliances, acknowledging the cross sectoral approaches that need to be taken in order to comprehensively address disease and illness.



***Dr Mariela Alderate** works at the Italian Hospital in Argentina and with the InterAmerican Heart Foundation. She is currently studying methods on how to best help women quit smoking.*