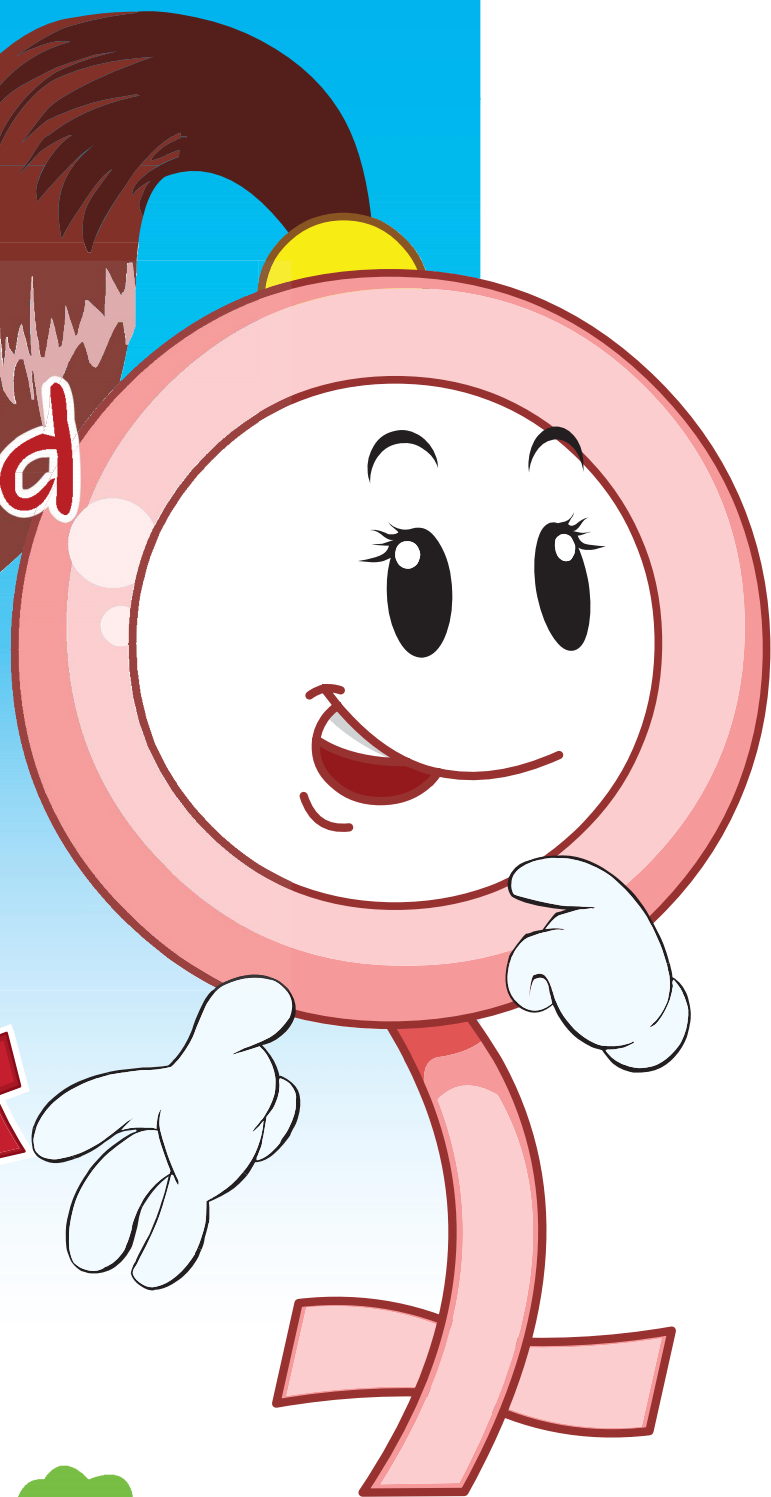


Fact sheets  
**Women and  
tobacco  
use**

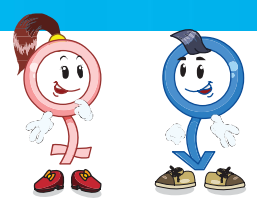


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# Girls and boys for change: tobacco control now



## Women and tobacco use

### A growing problem

Tobacco use by women is a serious, growing problem throughout the world. Women comprise about 20% of the world's more than 1 billion smokers and this figure is rising. Use of other forms of tobacco, such as *shisha* and smokeless tobacco, is also increasing among women in many countries, particularly in the Eastern Mediterranean Region. The WHO Framework Convention on Tobacco Control expresses alarm at "the increase in smoking and other forms of tobacco consumption by women and young girls worldwide".

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

### The impact on women's health

The harmful effects of tobacco use include an increasing prevalence of heart attacks, strokes, cancers and respiratory diseases among women. For instance:

- 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.
- Postmenopausal women who smoke have lower bone density and an increased risk of osteoporosis and hip fracture.

### Why is tobacco use increasing among women?

Women are being increasingly targeted by tobacco companies, especially in low-income and middle-income countries. Tobacco marketing promotes the belief that smoking is fashionable and keeps women slim, and that tobacco use is a symbol of women's emancipation and independence.

Tobacco use by women is becoming more socially acceptable in many countries as cultural norms change. Women also become more easily addicted to nicotine than men and find it harder to quit. They are more likely to be influenced by peer pressure and to report feeling dependent on cigarettes. 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.

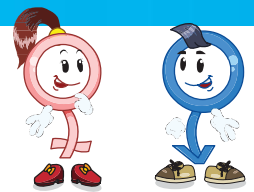
### An opportunity

We have an opportunity and a responsibility to prevent the tobacco epidemic from becoming as bad among women as among men. Women have a right to be protected from the harms of tobacco use through measures called for in the WHO Framework Convention on Tobacco Control, such as education, bans on tobacco marketing, protection against second-hand smoke and support for quitting. If we do nothing, millions of preventable deaths will occur.





# Girls and boys for change: tobacco control now



## Girls and tobacco use

### **A narrowing gap**

The Global Youth Tobacco Survey shows that tobacco use among girls age 13–15 around the world is increasing and the gap between the rates of girls and boys is getting smaller. In some countries, as many girls now smoke as boys.

In the Eastern Mediterranean Region, rates of tobacco use among school girls are rising rapidly and have reached as high as 19.5% in the Islamic Republic of Iran, 22.4% in Somalia, 26.8% in the Syrian Arab Republic, 27.7% in the occupied Palestinian territory (West Bank) and 54.1% in Lebanon. As in the rest of the world, the gap between girls and boys rates of tobacco use in some countries in the Region is decreasing.

The Region has the second highest rate (9%) in the world of girls' use of tobacco products other than cigarettes, including *shisha* and smokeless tobacco, with rates exceeding 30% in Lebanon and 20% in Jordan, Syrian Arab Republic, United Arab Emirates and occupied Palestinian territory (West Bank).

In addition, 38% of 13–15 year olds in the Region live in a home where others smoke, and 46% are exposed to second-hand smoke in public places. This poses great risks for girls' health and for their future well-being.

### **Why do girls start smoking?**

Tobacco use tends to start in adolescence and addiction can set in quickly. Teenagers who begin smoking at a younger age are more likely to become regular smokers and less likely to quit than those who start later.

Teenage girls may use tobacco to bolster low self-esteem, to manage stress and as a buffer against negative feelings. They may believe that it reduces appetite and helps control body weight.

Girls are increasingly being targeted by the tobacco industry in their marketing. This is done by advertising in women's magazines and designing brands, packaging and promotional items to appeal to girls. Advertisements target girls through their use of images of vitality, slimness, sophistication, female friendship, independence and beauty.

Tobacco use by parents, family members and friends also influences girls' tobacco use. Tobacco use has become more socially acceptable at home and in public. Teachers are role models for students, but only around half of all schools in the Region have a ban on the use of tobacco products by teachers. As gender norms change in the Region, rates of tobacco use among girls are likely to increase.

### **What can be done to protect girls from tobacco use?**

Implementation of the WHO Framework Convention on Tobacco Control requires gender-specific tobacco control strategies in order to provide equal protection for both girls and boys against the harms of tobacco use. Girls have a right to protection from tobacco marketing and second-hand smoke. To achieve this:

- girls need to be empowered with information about the harmful effects of tobacco use and their right to live in a smoke-free environment
- the sale and marketing of tobacco to everyone, including young people, must be stopped
- adults should restrain from tobacco use around young people
- schools must become smoke-free environments.



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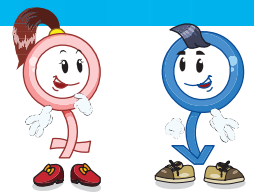
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# Girls and boys for change: tobacco control now



## Women and second-hand smoke

### **A major problem**

Second-hand smoke is a mixture of the smoke from the burning tip of a cigarette and the smoke exhaled by a smoker. It causes lung cancer in non-smokers and increases the risk of coronary heart disease. Although the majority of smokers are men, many women and children are affected by their second-hand smoke. Worldwide, second-hand smoke causes an estimated 600 000 premature deaths a year, the majority (64%) among women. In many countries of the Eastern Mediterranean Region, many young people live in homes that are not smoke-free and are exposed to second-hand smoke in public places.

### **The risks to health from second-hand smoke**

Non-smokers who live with smokers are at increased risk of smoking-related illnesses. For example:

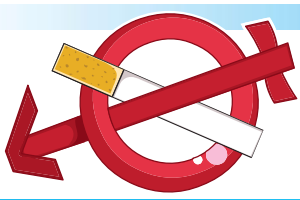
- Women whose male partners smoke have increased rates of lung cancer and increased risk of coronary heart disease.
- Parents who smoke may harm their infant children by increasing the risk of low birth weight, sudden infant death syndrome, reduced physical development and childhood cancer.
- Exposure to second-hand smoke results in respiratory illnesses, chronic respiratory symptoms (such as asthma), ear infections and reduced lung function in children. Children of smoking mothers have more episodes of respiratory illness and there is a clear link between smoking in the home and the hospital admission of children for pneumonia and bronchitis.

### **Protection against second-hand smoke**

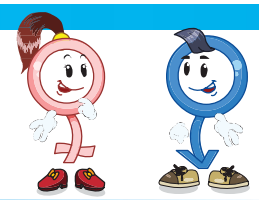
There is no safe level of exposure to second-hand smoke. Women and children need to be protected from second-hand smoke exposure within the home, at school and in the workplace. However, women often do not have the power to negotiate smoke-free spaces, even within their own homes. Protection can be greatly furthered through smoking bans at national level that adhere to the WHO Framework Convention on Tobacco Control (Article 8 and its guidelines). To protect against second-hand smoke:

- Women must be empowered with information on their right to breathe tobacco-free clean air.
- Women need to be better informed of the hazards of second-hand smoke to themselves, their foetuses, their children and other family members.
- Smokers must take responsibility for not exposing others to their second-hand smoke.
- All workplaces, public transport, schools and health services should be made smoke-free.





# Girls and boys for change: tobacco control now



## Reproductive health and tobacco use

### **The impact of tobacco use on reproductive health**

Women who smoke are more likely to experience infertility and delays in conceiving, and tobacco use also has a negative impact on male fertility and sexual potency. Women are also more likely to have menstrual problems, including painful periods, irregular bleeding, missed periods and the early onset of menopause.

Maternal smoking and exposure to second-hand smoke during pregnancy increases the risks of miscarriage, premature delivery, stillbirth, low birth weight, a reduction in breast milk production and neonatal death (sudden infant death syndrome).

Tobacco use by mothers also increases the risk of health and behavioural problems in infants and children, including abnormal blood pressure, cleft palates and lips, leukaemia, infantile colic, wheezing, respiratory disorders, eye problems, mental retardation, attention deficit disorder, and behavioural and developmental problems.

### **Quitting during pregnancy**

For women who use tobacco, their partners and families, pregnancy is an opportunity to quit. There are many possibilities for interventions to help women quit before, during and after pregnancy. These should also target paternal smoking.

Pregnant women may find it easier to quit if their partner, family or friends quit too. The support of partners and family members during pregnancy and in the postpartum period is crucial. Avoiding relapse after pregnancy is important for both the child and the mother's health.

Support for women to quit can be given by health professionals, including midwives and community health workers, as well as by religious leaders, traditional healers and traditional birth attendants. Women may feel stigmatized for using tobacco while pregnant and try to hide it, so any support needs to be non-judgemental to be most effective. Some helpful strategies for women intending to quit are:

- setting a quit date
- telling families, friends and co-workers to obtain their support
- anticipating challenges to quitting that may arise and preparing to address them
- removing tobacco products from your environment and making your homes smoke-free.

Pregnant women should attempt using non-chemical approaches before trying nicotine-replacement therapy. Some may prefer individual support or women-only cessation groups. Self-help materials and counselling may be helpful, including telephone counselling to reach women in the home.

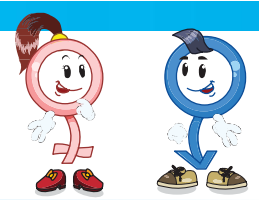
### **Men's role in supporting their pregnant wives to quit**

A partner who smokes is probably the most important factor in women's continued smoking. Male partners should be encouraged to support and not undermine women's efforts to quit during pregnancy and afterwards. Impending fatherhood should be seen as an opportunity for men to quit given the dangers of second-hand smoke to their families.





# Girls and boys for change: tobacco control now



## Women, waterpipes and smokeless tobacco

### **Increasing use of waterpipe and smokeless tobacco**

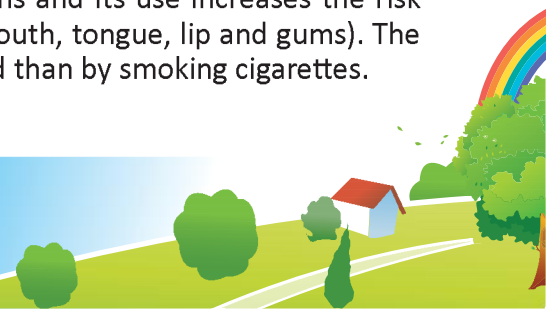
In many parts of the world people use a waterpipe to smoke tobacco or use smokeless tobacco. This is particularly true in the Eastern Mediterranean Region, where waterpipe and smokeless tobacco use is increasing rapidly, especially among women. The Region has some of the highest rates in the world with an overall rate of 9% of girls age 13–15 using tobacco products other than cigarettes, and country rates of over 30% in Lebanon and over 20% in Jordan, occupied Palestinian territory (West Bank), Syrian Arab Republic and the United Arab Emirates. Smokeless tobacco is easier for young people to obtain than cigarettes and easier to use without drawing attention. In many countries, more women and young people 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.

Waterpipe smoking is becoming part of a new lifestyle trend in many countries, as a popular way to spend time with friends socializing. It is being promoted as fashionable, sophisticated and a sign of women's freedom. It is sometimes portrayed as a traditional activity, appealing to people's sense of identity and heritage. Waterpipe tobacco is also available in sweetened flavours, such as apple, strawberry, grape, cherry, mint and cappuccino that may particularly appeal to young people and women.

### **The health risks of waterpipe and smokeless tobacco use**

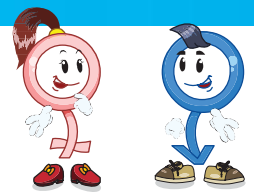
Waterpipes and smokeless tobacco are damaging to health. However, the health dangers of waterpipe and smokeless tobacco use are little understood by users. Waterpipes and smokeless tobacco are not a safe alternative to cigarettes, and there is no proof that any device or accessory can make waterpipe smoking safer. Using a waterpipe to smoke tobacco may seriously damage the health of smokers and the health of those exposed to the second-hand smoke emitted. It is important to remember that:

- Waterpipe tobacco has significantly higher nicotine content than cigarettes. One head of unflavoured tobacco has the nicotine equivalent of 70 cigarettes. Waterpipe tobacco also contains numerous toxins known to cause lung cancer, heart diseases and other illnesses. Even after it has been passed through water, the smoke produced by a waterpipe contains high levels of toxins, including carbon monoxide, metals and cancer-causing chemicals. A typical 1-hour long waterpipe smoking session involves inhaling 100–200 times the volume of smoke inhaled with a single cigarette.
- The fuels used to heat waterpipes, including wood cinders and charcoal, produce toxins that contain high levels of carbon monoxide, metals and cancer-causing chemicals. Second-hand smoke from waterpipes is a mixture of tobacco smoke and smoke from the fuel, and therefore poses a serious risk for those inhaling it. Waterpipe use or exposure to second-hand smoke from a waterpipe can also have adverse effects during pregnancy.
- Waterpipe use is linked to chronic bronchitis and respiratory disease. It also facilitates the transmission of hepatitis and tuberculosis, being responsible for an estimated 17% of cases of tuberculosis in the Region.
- Smokeless tobacco also contains cancer-causing toxins and its use increases the risk of cancers of the oral cavity (such as cancer of the mouth, tongue, lip and gums). The nicotine in smokeless tobacco is more easily absorbed than by smoking cigarettes.





# Girls and boys for change: tobacco control now



## The effect of men's tobacco use on women

### **Men's tobacco use**

The majority (around 80%) of the world's smokers are currently men. The Eastern Mediterranean Region has some of the highest rates of adult male tobacco use, including 61% in Lebanon, 62% in the Syrian Arab Republic and 53% in Tunisia. Tobacco use among young boys (age 13–15) in the Eastern Mediterranean Region has also reached alarming levels in many countries.

In many cultures tobacco use marks a transition to manhood and is part of men's socializing together. Tobacco marketing also targets men by associating smoking with manliness, sport, health, attractiveness, success and wealth.

Like women, male smokers have increased risk for lung and other cancers, coronary heart disease, chronic bronchitis and emphysema, and osteoporosis. Tobacco use also has a negative impact on male fertility and sexual potency.

### **The impact of men's tobacco use on women and children**

As the majority of smokers, men are largely responsible for women's exposure to second-hand smoke in the home and in the workplace. Women can often find it hard to negotiate smoke-free space, even within their own homes.

Men's tobacco use diverts household income that could be spent on food, education and health care, with negative effects on families, especially poor ones. The economic costs of the death, illness and disability of a male head of household due to tobacco use are high and affect women and children. The loss of earnings and the costs of health care can be a serious burden for women to cope with. They can find it harder to gain employment and often earn less than men. Women are also usually the main caregivers to men with tobacco-related illnesses.

### **Men's role in fighting the tobacco epidemic**

Men have important roles and responsibilities to protect their families and co-workers from the harmful effects of tobacco use and exposure to second-hand smoke. These include:

- As family members and workers, they can protect their families and co-workers by avoiding smoking in the home and the workplace.
- As fathers, they can protect the health of foetuses, infants and children from their second-hand smoke.
- As husbands, they can encourage their pregnant wives to quit and remain tobacco-free.
- As the main earners in many households, they can protect their families from the economic burden of tobacco-related death and illness by quitting. This also ensures that income that could be spent on necessities, such as clothing, food and education, is not spent on tobacco products instead.
- As politicians, religious leaders, teachers, media leaders, businessmen and health care providers, among others, they can provide positive role models by not using tobacco and encouraging others not to do so.



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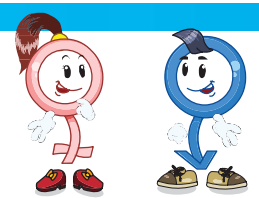
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# Girls and boys for change: tobacco control now



## Tobacco marketing to women

### **A massive untapped market**

With millions of customers dying from tobacco-related illnesses or quitting each year, the tobacco industry needs to recruit thousands of new smokers every day. As potential customers, women present a major marketing opportunity for the tobacco industry, especially in developing countries where rates of tobacco use among women are currently low.

Tobacco companies have a long history of targeting women and girls in their marketing campaigns. After aggressive promotional campaigns targeting women and girls, smoking among women in Japan jumped from 8.6% in 1986 to 18.2% in 1991. In recent years, the industry has stepped up its efforts to market its products to women and youth, including in the Eastern Mediterranean Region. This includes both direct marketing through advertising of tobacco products and indirect marketing through promotions and sponsorship. The Global Youth Tobacco Survey has found high levels of exposure in the Region to advertising on billboards and in newspapers and magazines. It also found that 15% of 13–15 year olds in the Region own an object with a tobacco company logo or other cigarette branding, while 9% have been offered free cigarettes.

### **How are women targeted?**

The tobacco industry targets women through the development of female-identified brands and through advertising campaigns that depict smoking as feminine and fashionable.

- Brand names are used that appeal to women, such as Philip Morris' Virginia Slims evoking slimness and RJ Reynolds' Camel No. 9 evoking perfume.
- Misleading branding terms are used, such as "light", "ultra-light" and "low tar". Women are more likely to smoke these brands of cigarette than men in the mistaken belief that they are safer.
- Advertisements are placed in women's magazines associating smoking with romance and glamour. They use images of vitality and sophistication, slimness and beauty. Advertising even links smoking with being a modern liberated woman and with female friendship.
- Cigarette packaging for certain brands is designed to appeal to women, such as small "purse" packs that resemble cosmetics, fit into purses and evoke slimness, and in the use of feminine colours, such as pink and mauve.
- Promotional items that appeal to women are distributed, such as flavoured lip balm, cell phone jewellery, tiny purses, clothing and wristbands.
- Tobacco companies sponsor events, such as women's sporting tournaments, beauty contests and fashion shows, and promote smoking by women in films and on television to create negative role models.

### **Protecting women from tobacco marketing**

Women have a right to be protected from tobacco marketing. We need to empower women through raising awareness of the marketing tactics of the tobacco industry. Tobacco advertising, promotion and sponsorship must be banned in accordance with the WHO Framework Convention on Tobacco Control (Article 13). We have the opportunity to prevent the tobacco industry from luring new generations of women into a lifetime of nicotine addiction. We must seize it.





## Further reading

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