

WOMEN AND TOBACCO: GLOBAL TRENDS

Throughout the world, smoking by women is a serious, growing public health problem. Because of the significant gender differences in the cultural and social influences on smoking, consumption patterns, health effects and responses to tobacco marketing and promotion, smoking amongst women must not only be addressed by general anti-smoking initiatives but by efforts specifically targeted at women.

Prevalence

Historically, men have been the primary users of manufactured tobacco products. Recently, however, tobacco use by women in many countries has increased dramatically or outpaced tobacco use by men.

- In the Asia and Pacific region – where smoking has not been considered proper among women -- only about 12% of all women smoke but the numbers are rising.¹
- In Denmark, Norway, the Czech Republic, Fiji, Israel, and the Russian Federation, smoking rates among women currently reach 30%.
- In the United States, 22% of adult women are current smokers, compared to 28% of men. Caucasian and African-American women smoke in roughly equal proportions (23% vs. 22%). Native American women (31%) smoke at much higher rates, while much smaller proportions of Latino (14%) and Asian (12%) women smoke.²
- In countries such as India, the use of traditional forms of tobacco by women is widespread. Tobacco is smoked in bidis (hand-rolled cigarettes) and hookahs (water pipes), or chewed in pan (betel leaf). Burnt powdered tobacco is also rubbed inside the mouth.

Health Effects

Based on current smoking trends, tobacco use will soon become the leading cause of death worldwide, causing more deaths than HIV, maternal mortality, automobile accidents, homicide and suicide combined.³ As smoking gains popularity among women, they will account for an ever-increasing proportion of tobacco-related deaths.

- As with men, smoking by women is strongly linked to heart disease and lung cancer, but it is also linked to cervical cancer and osteoporosis.⁴ Worldwide, smoking accounts for over 10% of cancer deaths in women.
- In the United States in the 1980s, lung cancer overtook breast cancer as the leading cancer killer of women.⁵

- Women who smoke are twice as likely to develop coronary heart disease (CHD) as nonsmoking women. The risk of CHD is further increased if the smoker is also using oral contraceptives.⁶
- The reproductive side effects of smoking cigarettes include spontaneous abortions, stillbirths, premature menopause, infertility, low birth weight, and sudden-infant-death syndrome after birth.⁷ Nevertheless, an estimated one in five pregnant women smoke in the United States alone.⁸
- Smoking as few as five cigarettes per day can reduce the lung function growth of both boys and girls during adolescence, with teenage girls being particularly vulnerable. By age 18, teenage girls who do not take up smoking are likely to reach and maintain a higher maximal lung function than their smoking counterparts.⁹
- Research in the United States has found that women often have a more difficult time quitting smoking than men.¹⁰ They have lower cessation rates, and girls and women aged 12-24 are more likely to report being unable to cut down on smoking than men and boys the same age.¹¹
- According to studies in the United States, girls and women are significantly more likely than boys to report feeling dependent on cigarettes, and are more likely to report feeling sad, blue, or depressed during quit attempts.¹²

Tobacco Companies Target Women And Girls

Women, especially those in developing countries, constitute a major untapped market for the cigarette companies. The tobacco industry uses the expertise of marketing and promotion tactics developed over decades to reach these potential smokers.

- Cigarette companies first began targeting women in the United States in the 1920s to recruit female smokers, equating smoking with freedom and emancipation.¹³
- Six years after the introduction of Virginia Slims and other brands aimed at the female market in the United States, the rate of smoking initiation of 12-year-old girls had increased by 110%. Increases among teenage girls of other ages were also substantial.¹⁴
- After aggressive promotional campaigns targeting women and girls, smoking among women in Japan jumped from 8.6% in 1986 to 18.2% in 1991.¹⁵ In several Asian countries, tobacco companies use glamorous, thin women to distribute cigarettes at discos and other youth meeting places, directly challenging women to smoke.¹⁶
- Marketing cigarettes as “slims” or “thins” plays into social pressures on young women to control their weight, manage stress and appear grown-up. A study in the United States found that girls who had recently dieted or were concerned about their weight were more than twice as likely to be current smokers as those who had not dieted or were not concerned about their weight.¹⁷ A study of Asian women found that almost 40% of respondents believed that smoking would help control body weight.¹⁸

Environmental Tobacco Smoke, Women, and Kids

The dangers of tobacco smoke are not confined to the smoker. Environmental tobacco smoke, a combination of exhaled smoke and smoke from the burning end of the cigarette, is also a health hazard. Nonsmoking women and children who live with smokers are at increased risk for smoking-related illnesses.

- Studies rank environmental tobacco smoke (ETS) – also known as secondhand smoke -- as the third leading cause of preventable death in the United States, after active smoking and alcohol use, with an estimated 53,000 deaths annually.¹⁹ About half of these deaths occur from exposure in the workplace.²⁰
- Exposure to tobacco smoke can be as much as five times higher in restaurants than at other workplaces.²¹ In the United States, approximately 80% of waitstaff and 53% of bartenders are female.²²
- Research shows that ETS exposure caused by parental smoking, especially the mother's, contributes to hundreds of thousands of cases of lower respiratory tract infection (pneumonia, bronchitis and other infections) in infants and children under 18 months of age annually.²³
- A 1997 study reported in *The Archives of Pediatrics and Adolescent Medicine* claims that 6,200 children die each year in the United States from lung infections, low birth weight, Sudden Infant Death Syndrome (SIDS) and burns caused by their parents' smoking. The researchers also estimate that 5.4 million children each year survive other ailments such as ear infections and asthma that were caused by parental smoking, and that treatment costs run to \$4.6 billion annually.²⁴ ETS exposure in utero and in infancy can alter lung function and structure and create other changes that predispose children to long-term pulmonary risks.²⁵
- In the United States, SIDS, the primary cause of death in infants between the ages of one month and one year, is strongly linked with maternal smoking, both during pregnancy and after birth. This risk is independent of other known risk factors for SIDS, including low birth weight and low gestational age, both of which are specifically associated with smoking during pregnancy.²⁶

The National Center for Tobacco-Free Kids, 25 July 2000

¹ World Health Organization, "Avoiding the Tobacco Epidemic in Women & Youth," *International Conference on Tobacco and Health, Kobe*. WHO/NCD/TFI/KOBE/99.4

² U.S. Centers for Disease Control and Prevention (CDC). "Cigarette Smoking Among Adults – United States, 1997," *Morbidity and Mortality Weekly Report (MMWR)*, 1999, Vol. 48, No. 43.

³ Howard Barnum, "The Economic Burden of the Global Trade in Tobacco," Paper presented at the 9th World Conference on Tobacco and Health, October 1994.

⁴ Husten C.G., et al., "Trends and Effects of Cigarette Smoking among Girls and Women in the United States, 1965-1993" *Journal of the American Medical Women's Association (JAMWA)*, 1996, Vol. 51, No. 1 & 2.

⁵ CDC, "Mortality Trends for Selected Smoking Related Cancers and Breast Cancers – United States, 1950-1990," *MMWR*, 12 November 1993, Vol. 42, No. 44.

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⁷ Stein Z., "Smoking and Reproductive Health," *JAMWA*, 1996, Vol. 51, No. 1 & 2.

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- ⁹ Gold D., et al., "Effects of Cigarette Smoking on Lung Function in Adolescent Boys and Girls," *The New England Journal of Medicine*, 26 September 1996.
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- ¹² *Ibid.*
- ¹³ *Ibid.*
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- ²⁶ National Cancer Institute, National Institute of Health.