

## Women and tobacco: The first worldwide study

Death rates in women from lung cancer, a very reliable marker of the evolution of the smoking epidemic, are rising virtually throughout the industrialized world. Over the next 30 years, tobacco-related deaths among women will more than double, so that by the year 2020, well over a million adult women will be dying every year from tobacco-related illness. These two striking statements can be found in "*Women and Tobacco*", a new publication of the World Health Organization (WHO), which has just been presented to the 8th World Conference on Tobacco or Health, meeting from 30 March to 3 April 1992 in Buenos-Aires, Argentina.

The book, prepared by Dr. Claire Chollat-Traquet, a scientific specialist with the WHO Tobacco or Health programme, explores the many special issues that surround the impact of tobacco use on the health and well-being of women. Noting that most tobacco control programmes fail to address the distinct needs of women, the book concentrates on the identification of gender specific factors that help explain why girls and women smoke and how tobacco damages their health. A special effort is also made to cover all dimensions of the problem, ranging from conditions in developing countries that deter female smoking to the reasons why women may find it more difficult to quit than men.

The number of women smokers grows daily, not only because of the world's fast growing populations, but also because smoking is being fostered and encouraged worldwide for commercial gain. Moreover, in spite of incontrovertible evidence on the toll of death, disease, and incapacity that is being caused, many governments have remained ambivalent towards solving an equation in which the variables are excise and tax revenue, health and welfare expenditure, and political expediency.

### Smoking patterns and trends

Until after the first World War, and even later in some countries, for young women in developed countries to smoke was considered to be improper and unseemly. As the twentieth century progressed, women's emancipation, equality and freedom from social constraints were reflected in an increased permissiveness which included a rapid increase in smoking prevalence, particularly in industrialized countries. Several decades later, as the effects of smoking on health became clear, the educated and affluent sectors of these societies which had been the first to smoke were the first to abandon the habit. In countries where smoking has declined among women, the habit has become increasingly associated with disadvantage and low education. In developing countries, tobacco consumption is now increasing at a rate of 2.1% per annum.

However, data on tobacco use in most developing countries are incomplete and the true extent of tobacco consumption by women is not accurately known. In general, surveys suggest a smoking prevalence by women of about 5%–10%, but in some areas it is known to be as high as 25%, with a few relatively isolated examples of 80% of the women in an area being smokers. The low level of tobacco use in developing countries is not due to high awareness of the health damages of tobacco but merely a consequence of social traditions or shortage of economic resources. The more developed areas show often higher smoking rates than less developed areas in the same country.

Smoking prevalence rates among men and women are beginning to converge in many industrialized countries. While women and men in some countries may be quitting at the same rate, it is often the case that more young women than men are starting to smoke. If this trend continues, female smokers will outnumber male smokers in the near future.

### At added risk

Until recently, the incidence and mortality rates from smoking related-diseases were low among women, leading to the assumption that women might be more resistant than men to the damage caused by tobacco. Data now make it clear that women are as vulnerable as men and, moreover, face added risks as well.

Female smokers are more susceptible to infections of the reproductive tract and more likely to suffer disorders of fertility. Menstrual disorders are also more common; onset of the menopause is typically two to three years earlier. Smoking during pregnancy is linked to premature delivery, spontaneous abortion, fetal and perinatal death, and increased risk of delivering a low-birth-weight baby.

The risk of myocardial infarction (heart attack) increases with the number of cigarettes smoked daily, primarily due to the effects of nicotine and carbon monoxide. This information is important for the many women who smoke cigarettes with lower tar and nicotine yield, believing they are "safer".

Few smoking mothers realize that they are placing their children at risk. Children who are constantly exposed to tobacco smoke may develop a series of health problems in the first years of life, including pneumonia, acute bronchitis, tracheitis, laryngitis, and other respiratory disorders. Several studies have also linked chronic middle ear effusions in children to parental smoking.

Last but not least, nicotine reduces the circulation of blood and the uptake of oxygen, with adverse effects on the skin, hair, and eyes. Contrary to the images promoted in cigarette advertising, smoking

causes premature wrinkles, bad breath, stained teeth and fingernails, gum disease, dental problems, a hoarse voice, and chronic cough.

#### “Women only”

The question of why women start and continue to smoke is explored in a special chapter of the book which reveals the importance of gender difference in the physiology and social psychology of smoking. Details range from the impact of tobacco products and advertising targeted at women, through the need to address the fear of weight gain when helping women to stop smoking.

The tobacco industry has increased both the amount and variety of products and promotion designed to appeal to women. The industry has even created “women only” brands, using particular colours, shapes, sizes, names and tastes to give women the impression that smoking will make them successful, youthful, happy and slim.

It is well known that psychosocial factors influencing the maintenance of smoking can be negative, such as to cope with stress, or positive, such as to obtain pleasure. The former seem to be the major influence in women, the latter in men. Women smokers report that smoking helps them cope with loneliness, sadness, grief, anger and frustration.

Another gender-specific feature is that once women start smoking, they may find it more difficult to quit than men, including because of fear of weight gain. Disadvantaged women who live in particularly difficult circumstances are also less likely to give up smoking than better-off, middle-class women.

Moreover, although many women manage to refrain from smoking for a long time, they may relapse in situations involving negative emotions, such as conflicts, stress or loss. Men, on the contrary, tend to relapse in positive situations, such as social events.

#### Action urgently needed

In its conclusion, the study describes the actions that need to be taken by governments, policy-makers, health professionals and women’s groups to protect girls and women from starting to smoke and to plan cessation programmes specifically designed to reach and influence women. It stresses the urgent need for each country to develop a strategy for preventing female tobacco consumption, thus morbidity and mortality caused by tobacco, from reaching the levels observed in men.

In this respect, preventing girls from taking up the smoking habit is certainly the most efficient measure. It requires a combination of improving their knowledge of the effects of tobacco, developing personal and social skills which will enable them to resist social pressure to smoke, and involving family, schools and other youth networks in promoting healthy life-styles.

This first worldwide study of the scale and health impact of tobacco use by women will undoubtedly become a major tool in WHO’s efforts to promote a tobacco free society.

World Health Organization, Geneva

## Let us help the developing countries avoid dependence on tobacco!

The Eighth World Conference on Tobacco or Health opened on Monday, 30 March 1992 in Buenos Aires, Argentina, in the presence of the Argentine President Carlos Menem, many ministers of health, and several hundred specialists from all over the world.

In his opening address Dr. Hiroshi Nakajima, Director-General of the World Health Organization (WHO), painted a candid picture of the world situation regarding the control of smoking and its adverse effects on health, while stressing the progress made towards a tobacco-free society.

“Over the past few years the movement for the protection and promotion of health has gained momentum”, he commented. “Yet still each year three million people die as a result of tobacco-related diseases. It is projected that, if control measures on a wider scale are not undertaken urgently, within the next few decades the annual death rate will be ten million”.

This first conference on tobacco or health held in a Latin American country was devoted specifically to the planning and implementation at regional level of strategies for the prevention and control of smoking. The task is particularly arduous in the developing countries, where the tobacco industry is trying to conquer new markets to make up for those it is losing through the decline in smoking in many developed countries.

Dr. Nakajima said that the profits at stake for the tobacco industry are enormous, but so too are the health risks for the population of the world. “It is not acceptable that, together, the five largest multinational tobacco companies have annual revenues that are more than 60 times the annual budget of WHO”. The gross revenue of the largest of these companies from its international tobacco operations is equal to the gross domestic product of Bangladesh, a country of 115 million inhabitants. “But the industry is losing over 8000 of its con-