



## Impact of Tobacco Control Policies on Women and Children: Key Findings and Advocacy Messages

The International Tobacco Control Policy Evaluation Project (ITC Project) at the University of Waterloo — the world’s largest tobacco research program — conducted an extensive research project on the impact of tobacco control policies on women (adult females aged  $\geq 18$  years) and children (aged  $\leq 18$  years). Data sources for the project were:

1. Literature reviews: 147 published studies and 21 reports on the impact of smoke-free laws; pictorial health warnings; plain packaging; tobacco advertising, promotion, and sponsorship (TAPS) bans; and tobacco price and tax measures on women and children;
2. International Tobacco Control Policy Evaluation Project (ITC Project) data:
  - 19 longitudinal analyses of gender differences in the pre-post policy impact of smoke-free laws, tobacco health warnings, and TAPS restrictions among adults (primarily smokers, but also non-smokers in some countries) in 14 countries (6 low- and middle-income countries (LMICs) and 8 high-income countries) of the ITC Project;
  - Longitudinal analysis of gender differences in the impact of tobacco tax policies and structures on cigarette consumption among adult smokers in 17 ITC countries;
  - 11 cross-country comparison analyses by gender on key indicators of the effectiveness of tobacco health warnings, smoke-free laws, TAPS restrictions, and tobacco price and tax measures based on data from adult smokers and recent quitters in selected ITC Project countries;
3. Global Adult Tobacco Survey (GATS)/Global Youth Tobacco Survey (GYTS) data: Analysis of policy impact on adult women (aged  $\geq 15$  years) and children (aged 13 to 15 years) based on policy-relevant measures from the GATS and GYTS;
4. Key informant interviews: Interviews were conducted with four female tobacco control experts who are leaders in tobacco control advocacy for women and children in LMICs.

This document provides information about the project for outreach, communication, and advocacy purposes. A brief summary of the main findings and key actions to protect women and children from the harms of tobacco are presented below. A more detailed summary with an expanded set of advocacy messages is provided in the full Project Summary Report.

### Evidence of Increasing Tobacco Use among Women and Children

- Approximately 200 million of the world’s 1 billion smokers are women. [1,2]
- Nearly as many women as men are smokers in high-income countries, and tobacco use among women is projected to increase in LMICs. [3]
- More than 24 million children are cigarette smokers, and youth smoking rates are on the rise in LMICs, especially among adolescent girls: [4]
  - In some countries, such as Senegal and Nigeria, rates of tobacco use are now higher among youth than adults. [1]
  - In Russia, Chile, and Romania, the rate of cigarette smoking among girls is on par with or even higher than it is among boys. [1]
- Growing numbers of women and young girls use tobacco products other than cigarettes:

- 367 million adults aged 15+ years and 13 million children worldwide use smokeless tobacco [4], with the highest prevalence among countries in the Southeast Asian region, such as Bangladesh, Timor-Leste, Myanmar, and India. [1,5,6]
- Waterpipe smoking has also become increasingly popular among women and youth, especially in Eastern Mediterranean countries such as Saudi Arabia, Pakistan, the United Arab Emirates, and Lebanon, and some Western countries such as Great Britain and the United States. [7,8]

## Health Harms of Tobacco Use and Exposure to Secondhand Smoke for Women and Children

- In 2016, 2 million women died of tobacco-related diseases worldwide. [1]
- Female smokers are at greater risk of developing stroke, coronary heart disease, and reproductive health harms compared to male smokers. [9,10]
- Globally, it is estimated that 35% of female non-smokers and 40% of children are exposed to secondhand smoke (SHS). [11]
- The health impacts of exposure to SHS are disproportionately placed on women and children. In 2004 alone, SHS caused more than 600,000 premature deaths — 47% of these deaths occurred among adult women, 28% in children, and 26% in adult men. [11]

## Marketing of Tobacco to Women and Children

- The tobacco industry uses aggressive marketing tactics that specifically appeal to women and children — including advertising campaigns [12,13], product packaging and branding [14,15], and product design (e.g., “light”, “slim”, and flavored cigarettes). [16,17]
- Tobacco companies are increasingly using the Internet and social media to reach larger numbers of women and children globally. [18,19]
- Research shows that exposure to tobacco advertising and promotion increases smoking uptake among women and children. [20–23]
- As rates of tobacco use decline in high-income countries, tobacco companies have increasingly focused on promoting their products in LMICs, which represent a vast emerging market for the industry.

## Tobacco Control for the Protection of Women and Children

The WHO Framework Convention on Tobacco Control (WHO FCTC) is the world’s first international public health treaty that calls on governments to implement evidence-based measures to combat the tobacco epidemic. The Convention entered into force in 2005, and is one of the most widely adopted United Nations treaties with 181 Parties to date. The WHO FCTC highlights the need to protect women and children from the harms of tobacco use, and explicitly states in its preamble [24]:

***“Deeply concerned about the escalation in smoking and other forms of tobacco consumption by children and adolescents worldwide, particularly smoking at increasingly early ages,...”***

***“The Parties to this Convention, ... Alarmed by the increase in smoking and other forms of tobacco consumption by women and young girls worldwide and keeping in mind the need for full participation of women at all levels of policy-making and implementation and the need for gender-specific tobacco control strategies,...”***

Incorporating gender in tobacco control is essential for the full implementation of the WHO FCTC. However, specific strategies and policies to achieve this are not yet outlined in the treaty and its guidelines, and the impact of tobacco control policies on women and children has not been systematically reviewed. [3] In addition to the limited progress by Parties in developing gender-responsive tobacco control strategies, global progress in the implementation of WHO FCTC measures overall remains slow and uneven across policy domains and between countries and regions, largely due to tobacco industry interference with tobacco control. For example, the latest global estimates show that 80% of the world's population is still not covered by comprehensive smoke-free legislation, 42% live in countries without pictorial health warnings, and 85% are not covered by comprehensive TAPS bans. [5,25]

## **Key Conclusions on the Impact of Tobacco Control Policies on Women and Children**

1. The literature review shows that the negative health impacts of tobacco use and exposure to SHS are disproportionately placed on women and children. Therefore, it is critical that evidence-based tobacco control policies that align with the WHO FCTC, including smoke-free laws, health warnings, TAPS bans, and tobacco price and tax increases reach women and children to protect them against the harms of all forms of tobacco.
2. ITC Project studies on the impact of smoke-free laws, pictorial health warnings, and TAPS bans show that these policies are generally equally effective for women and men. However, in LMICs, where smoking rates among women are currently low, these policies could have an even greater benefit for women, by protecting them from exposure to secondhand smoke, educating them against the harms of tobacco, and curbing aggressive tobacco industry marketing tactics designed to increase market share among women and young girls.
3. ITC Project analyses suggest that strong price and tax policies, which are among the most effective WHO FCTC policies for reducing tobacco use, may have a greater impact on reducing cigarette consumption among females than males.
4. Although a small number of countries have implemented local level programs to reduce tobacco use and SHS exposure among women, no country to date has implemented a comprehensive national gender-based strategy to reduce tobacco use among women.
5. There is a lack of research on the impact of tobacco control policies on women and children in LMICs, where the burden of tobacco use is the greatest.
6. There are significant gaps in the implementation and evaluation of policies for tobacco products other than cigarettes — such as smokeless and waterpipe tobacco — that are widely used by women in a number of LMICs with the most tobacco users, including India and Bangladesh.

## **Taking Action to Protect Women and Children from the Harms of Tobacco**

1. There is an urgent need to strengthen and accelerate the implementation of effective tobacco control policies in line with the WHO FCTC, including comprehensive smoke-free laws, large pictorial health warnings, comprehensive TAPS bans, plain packaging, and tobacco tax increases — as called for under the first Global Strategy to Accelerate Tobacco Control that was adopted at the eighth session of the Conference of the Parties (Geneva, 1-6 October 2018).<sup>1</sup>

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<sup>1</sup> Conference of the Parties to the WHO Framework on Tobacco Control. Decision FCTC/COP8(16). Measures to strengthen implementation of the Convention through coordination and cooperation. 2018.[http://www.who.int/fctc/cop/sessions/cop8/FCTC\\_\\_COP8\(16\).pdf](http://www.who.int/fctc/cop/sessions/cop8/FCTC__COP8(16).pdf)

2. There is a clear need to develop and integrate gender-based measures into national tobacco control strategies that will improve health outcomes and reduce tobacco prevalence among women. A greater emphasis should be placed on incorporating gender into tobacco control measures that aim to:
  - a. Ensure universal protection against exposure to all forms of tobacco smoke in public places and workplaces, especially for low-income women who often work in settings where they are more likely to be exposed to SHS.
  - b. Support women to be tobacco-free by implementing large pictorial health warnings on all tobacco product packaging with messages that focus on protecting their own health and the health of their children.
  - c. Prevent the tobacco industry from marketing their products to women by implementing and enforcing a comprehensive ban on all forms of TAPS, including new forms of digital and entertainment media.
  - d. Stop tobacco companies from using product packaging to attract and mislead female consumers through plain and standardized packaging laws which apply to all types of tobacco products.
  - e. Reduce affordability across all forms of tobacco by increasing price and tax, particularly for those forms of tobacco which are predominantly used by women.
3. Effective policies to curb the rising use non-cigarette tobacco products among women and youth, such as smokeless and waterpipe tobacco, must be implemented and enforced across all countries, especially in LMICs where prevalence is the highest.
4. Monitoring use of all forms of tobacco is needed to identify gender differences in tobacco use and policy impact in LMICs. Additional longitudinal policy impact research is needed to better understand the ways in which gender may interact with other vulnerabilities and SES and to evaluate the impact of tobacco control policies on children.
5. There is a need for strategic actions to strengthen capacity to fight tobacco industry interference in LMICs, including educational campaigns and advocacy efforts to raise public awareness about tobacco industry marketing to women and children and to galvanize political commitment to tobacco control.

## References

- 1 Drope J, Schluger N, Cahn Z, *et al.* The tobacco atlas. 6th edition. Atlanta: 2018. <https://tobaccoatlas.org/>
- 2 Mackay J, Amos A. Women and tobacco. *Respirology* 2003;**8**:123–30.
- 3 Hitchman SC, Fong GT. Gender empowerment and female-to-male smoking prevalence ratios. *Bull World Health Organ* 2011;**89**:195–202. doi:10.2471/BLT.10.079905
- 4 World Health Organization. WHO global report on trends in prevalence of tobacco smoking 2000-2025, second edition. Geneva: 2018. <http://apps.who.int/iris/bitstream/handle/10665/272694/9789241514170-eng.pdf?ua=1>
- 5 World Health Organization. WHO report on the global tobacco epidemic, 2017. Monitoring tobacco use and prevention policies. Geneva: 2017.
- 6 Singh PN, Yel D, Sin S, *et al.* Tobacco use among adults in Cambodia: evidence for a tobacco epidemic among women. *Bull World Health Organ* 2009;**87**:905–12. doi:10.2471/BLT.08.058917
- 7 Maziak W. The global epidemic of waterpipe smoking. *Addict Behav* 2011;**36**:1–5. doi:10.1016/j.addbeh.2010.08.030
- 8 Maziak W, Jawad M, Jawad S, *et al.* Interventions for waterpipe smoking cessation. *Cochrane Database Syst Rev* Published Online First: 31 July 2015. doi:10.1002/14651858.CD005549.pub3
- 9 Samet J, Yoon S, WHO Tobacco Free Initiative. Women and the tobacco epidemic: challenges for the 21st century. Geneva: 2001. <http://apps.who.int/iris/handle/10665/66799>
- 10 Huxley RR, Woodward M. Cigarette smoking as a risk factor for coronary heart disease in women compared with men: a systematic review and meta-analysis of prospective cohort studies. *Lancet (London, England)* 2011;**378**:1297–305. doi:10.1016/S0140-6736(11)60781-2
- 11 Öberg M, Jaakkola MS, Woodward A, *et al.* Worldwide burden of disease from exposure to second-hand smoke: a retrospective analysis of data from 192 countries. *Lancet* 2011;**377**:139–46. doi:10.1016/S0140-6736(10)61388-8
- 12 Amos A, Haglund M. From social taboo to "torch of freedom": the marketing of cigarettes to women. *Tob Control* 2000;**9**:3–8. doi:10.1136/TC.9.1.3
- 13 Fischer PM, Schwartz MP, Richards JW, *et al.* Brand logo recognition by children aged 3 to 6 years. Mickey Mouse and Old Joe the Camel. *JAMA* 1991;**266**:3145–8.
- 14 Hammond D, Doxey J, Daniel S, *et al.* Impact of female-oriented cigarette packaging in the United States. *Nicotine Tob Res* 2011;**13**:579–88. doi:10.1093/ntr/ntr045
- 15 Islam F, Thrasher JF, Szklo A, *et al.* Cigarette flavors, package shape, and cigarette brand perceptions: an experiment among young Brazilian women. *Pan Am J Public Heal* 2018;**42**:1–8. doi:10.26633/RPSP.2018.5
- 16 Toll BA, Ling PM. The Virginia Slims identity crisis: an inside look at tobacco industry marketing to women. *Tob Control* 2005;**14**:172–80. doi:10.1136/tc.2004.008953
- 17 The flavor trap. How tobacco companies are luring kids with candy-flavored e-cigarettes and cigars. 2017. [https://www.tobaccofreekids.org/microsites/flavortrap/full\\_report.pdf](https://www.tobaccofreekids.org/microsites/flavortrap/full_report.pdf)
- 18 Cortese DK, Szczypka G, Emery S, *et al.* Smoking selfies: using Instagram to explore young women's smoking behaviors. *Soc Media + Soc* 2018;**4**:205630511879076. doi:10.1177/2056305118790762
- 19 Liang Y, Zheng X, Zeng DD, *et al.* Exploring how the tobacco industry presents and promotes itself in social media. *J Med Internet Res* 2015;**17**:e24. doi:10.2196/jmir.3665
- 20 Pierce JP, Choi WS, Gilpin EA, *et al.* Tobacco industry promotion of cigarettes and adolescent smoking. *JAMA* 1998;**279**:511–5.
- 21 Sargent JD, Dalton M, Beach M. Exposure to cigarette promotions and smoking uptake in adolescents: evidence of a dose-response relation. *Tob Control* 2000;**9**:163–8.
- 22 Lovato C, Watts A, Stead LF. Impact of tobacco advertising and promotion on increasing adolescent smoking behaviours. *Cochrane Database Syst Rev* 2011;Art. No.: CD003439. doi:10.1002/14651858.CD003439.pub2

- 23 Perlman F, Bobak M, Gilmore A, *et al.* Trends in the prevalence of smoking in Russia during the transition to a market economy. *Tob Control* 2007;**16**:299–305. doi:10.1136/tc.2006.019455
- 24 World Health Organization. *WHO Framework Convention on Tobacco Control*. Geneva: World Health Organization 2003. [http://www.who.int/fctc/text\\_download/en/](http://www.who.int/fctc/text_download/en/)
- 25 Canadian Cancer Society. Cigarette Package Health Warnings: International Status Report, Sixth Edition. 2018. <http://www.cancer.ca/~media/cancer.ca/CW/for%20media/Media%20releases/2018/CCS-international-warnings-report-2018---English---2-MB.pdf?la=en>