

The International Tobacco Control Policy Evaluation Project

Impact of tobacco control policies on women and children: Project summary

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Executive Summary

Background and Overview

The tobacco epidemic is one of the biggest public health threats the world has ever faced. [1,2] The global prevalence of tobacco use is currently far higher among men than women. However, rates of smoking among women have nearly reached the levels of smoking among men in high-income countries (HICs) and tobacco use among women and young girls is on the rise in many low- and middle-income countries (LMICs). [3] Currently, approximately 200 million of the world's 1 billion smokers, and about 2 million of the world's 7 million people who die each year from tobacco use are women. [4,5]

Increased tobacco use among women poses serious risks to women's health, as well as that of their children and families, especially in LMICs that already bear a substantial burden of tobacco-related disease and death. Women and children may also lack power to control exposure to secondhand smoke (SHS) in their homes and public places. Of the more than 600,000 deaths caused by SHS in 2004 alone, 47% occurred in adult women, 28% in children, and 26% in adult men. [6] Women and girls represent a vast untapped market for the tobacco industry, and are thus actively targeted by marketing campaigns that are a key factor in driving increases in tobacco use among this demographic.

In recent decades, there has been growing recognition of the need to protect women and children from the harms of tobacco. For example, the theme of the annual World No Tobacco Day in 2010 was "Gender and tobacco with an emphasis on marketing to women", and the preamble of the WHO Framework Convention on Tobacco Control (FCTC) explicitly states the importance of children and gender in tobacco control [7]:

"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,..."

Preventing an epidemic of tobacco-related illness among women in LMICs, where smoking rates are still low, has been identified as one of the greatest public health opportunities of our time. [8] However, specific strategies and policies to achieve this are not yet outlined in the WHO FCTC and its guidelines, progress in implementing gender-responsive tobacco control strategies has been slow, and the impact of evidence-based policies on women and children has not been systematically reviewed. [3]

This report reviews existing research evidence and presents findings from new research 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 (adult females aged ≥ 18 years) and children (aged ≤ 18 years). Data sources for the report were the following:

1. Literature reviews: 147 published studies and 21 reports on the impact of smoke-free laws, pictorial health warnings, plain packaging, TAPS bans, and tobacco price and tax measures on women and children;
2. International Tobacco Control Policy Evaluation Project (the 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 in some cases also non-smokers) in 14 countries (6 LMICs and 8 HICs) of the ITC Project, the world's largest tobacco research program;
 - Longitudinal analysis of gender differences in the impact of tobacco tax policies and structures on cigarette consumption among adult smokers in 17 ITC Project countries;
 - 11 cross-country comparison analyses by gender on key indicators for 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 ≥ 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.

Based on the findings across all four data sources, the report concludes with key advocacy messages for tobacco control focusing on protecting women and children from the harms of tobacco use.

Summary of Main Findings

1. Literature Reviews

Key findings of our literature reviews on the impact of smoke-free policies, health warnings, plain packaging, TAPS bans, and price and tax policies on women and children are summarized below.

Smoke-free policies

Two key findings emerged from our review of 26 studies on the impact of smoke-free policies on women and children:

1. Evidence from HICs shows that strongly enforced comprehensive smoke-free laws that align with WHO FCTC Article 8 can significantly reduce exposure to SHS among women and children in workplaces, public places, and in homes – where they are most vulnerable to the harms of SHS.
2. There is a lack of research on gender differences in SHS exposure and the long-term impact of smoke-free laws on women and children in LMICs.

Health warnings and plain packaging

Four key findings emerged from our review of 24 studies on the impact of pictorial warnings and 31 studies on the impact of plain packaging on women and children:

1. Health warnings on tobacco packages are a cost-effective measure for reducing tobacco consumption, promoting cessation, and increasing awareness of the harms of tobacco use.
2. Studies show that large pictorial warnings with graphic images, as recommended by WHO FCTC Article 11, are equally effective across all sub-population groups (i.e., women and men) and may be especially effective for women and children in LMICs, where populations may have low levels of literacy and limited access to information on tobacco-related harms.
3. Tobacco packaging remains a primary source of marketing for tobacco companies, especially to target female and youth smokers. Studies from HICs provide strong evidence that plain packaging enhances the effectiveness of pictorial health warnings, and reduces the appeal of tobacco products among women and children.
4. Increasing use of smokeless and waterpipe tobacco among women and youth, particularly in LMICs, suggests the need for stronger health warnings on these products to raise awareness of their harms. However, few countries have legislation requiring health warnings on smokeless and waterpipe packages, and implementation remains a challenge.

Tobacco advertising, promotion, and sponsorship policies

Four key findings emerged from our review of 18 studies on the impact of TAPS policies on women and children:

1. Global evidence from HICs and LMICs shows that comprehensive bans on TAPS that align with WHO FCTC Article 13 are more effective than partial bans in reducing tobacco consumption and exposure to tobacco advertising.
2. The tobacco industry uses targeted marketing to promote their products to women and youth, especially in LMICs. Research on the impact of TAPS policies on women versus men and on youth versus adults remains limited.
3. Evidence from HICs shows that bans on point of sale (POS) displays and tobacco sales near schools reduce smoking among youth.
4. Challenges remain in controlling exposure to tobacco promotion in the entertainment and social media, which may increase youth smoking.

Tobacco price and tax policies

Five key findings emerged from our review of 48 studies on the impact of tobacco price and tax policies on women and children:

1. Raising taxes and prices on tobacco products in accordance with WHO FCTC Article 6 is the single most effective strategy for reducing tobacco consumption and discouraging tobacco use among adults.
2. There is strong evidence from HICs that raising the price of cigarettes significantly reduces youth smoking and consumption, and improves health outcomes for children.

However, there is inconsistent evidence on whether increased cigarette prices prevent young people from starting to smoke, with virtually no studies from LMICs.

3. The widespread availability of single cigarettes in LMICs makes cigarettes more affordable to youth and undermines tobacco tax policies. Evidence suggests that bans on the sale of single cigarettes are generally poorly enforced, particularly in LMICs, and it is unclear how such bans affect smoking-related outcomes among youth.
4. Evidence on gender differences in the impact of tobacco price and tax measures is inconsistent. While most studies from HICs have shown that female smokers are more price responsive, other studies have found an impact among males only or no gender differences.
5. Few studies have examined the impact of price and tax policies across different types of tobacco products. This is especially important in LMICs such as Bangladesh, where female tobacco users may be switching from cheaper sources (i.e., bidis and smokeless tobacco) to cigarettes as cigarettes become more affordable.

2. ITC Project Data

Key findings from new ITC analyses to examine gender differences in the impact of smoke-free policies, health warnings, plain packaging, TAPS bans, and price and tax policies in selected ITC Project countries are summarized below.

Gender differences in impact of smoke-free policies, health warnings, and restrictions on tobacco advertising, promotion, and sponsorship

Three key findings emerged from the 19 longitudinal analyses of gender differences in the pre-post policy impact of smoke-free laws, tobacco health warnings, and TAPS restrictions in 14 countries (6 LMICs and 8 HICs) of the ITC Project:

1. Tobacco control policies are effective when they are implemented and enforced in accordance with the WHO FCTC. Smoke-free laws and health warnings that align with the Convention and its guidelines had a positive impact across most key indicators of policy effectiveness, including warning salience, avoiding warnings, exposure to SHS in public places, and implementation of home smoking bans. In contrast, partial TAPS bans were not consistently effective at reducing exposure to tobacco marketing.
2. Overall, there were few gender differences in the impact of smoke-free laws, pictorial health warnings, and TAPS bans, which suggests that policies affect males and females in similar ways. This was generally the case for both strong and weak tobacco control policies.
3. Among the gender differences in policy impact that were found, the majority of policy impact indicators (i.e., exposure to SHS, exposure to cigarette displays, cognitive and behavioral responses to health warnings) showed a stronger impact among females compared to males.

Gender differences in the impact of taxation and taxation structure

Four key findings emerged from the longitudinal analysis of gender differences in the impact of tobacco tax policies and structure on cigarette consumption in 17 ITC Project countries:

1. Studies have shown that simpler tax structures that apply one single tax rate based on quantities (i.e., specific uniform tax) are preferred over more complicated tax structures

(i.e., tiered structures that apply different tax rates for different products). ITC evidence across 17 countries found that tiered tax structures (versus uniform) were associated with higher cigarette consumption among both males and females.

2. The overall effectiveness of tobacco taxation policies varied by gender, with female smokers more responsive to an average tax increase than males.
3. Higher ad valorem share in excise taxes (i.e., a percentage based on value of tobacco, versus a fixed amount based on quantity) was associated with lower cigarette consumption among males but not females, suggesting that male and female smokers may face different prices in the price distribution.
4. The findings demonstrate the importance of maintaining a simple tax structure and suggest that tobacco tax increases may be more effective for reducing cigarette consumption among female smokers than male smokers.

Cross-country comparisons on indicators of health warning, smoke-free, TAPS, and price and tax policy impact

Five key findings emerged from the 11 cross-country comparison analyses by gender on key indicators for the effectiveness of tobacco health warnings, smoke-free laws, TAPS restrictions, and tobacco price and tax measures in selected ITC Project countries:

1. **Health warnings:** there were some differences in the impact of health warnings by gender in HICs versus LMICs. Overall, female smokers and quitters showed a stronger impact in HICs on three key measures of warning impact (noticing warnings, avoiding warnings, and thoughts about quitting), but males showed a stronger impact in LMICs on two of the measures (noticing warnings and thoughts about quitting).
2. **Smoke-free:** some gender differences in exposure to SHS and the implementation of home smoking bans were observed – male smokers and quitters were more likely to be exposed to SHS at work but were also more likely to have a home smoking ban.
3. **TAPS:** there were no consistent gender differences in exposure to tobacco promotion in HICs and LMICs.
4. **Price and tax:** price and tax measures generally had a greater impact on female smokers and quitters compared to males, particularly in HICs.
5. **Support for policies:** male and female smokers had similar levels of support for stronger tobacco control policies in HICs and LMICs.

3. GATS/GYTS Data

Six key findings emerged from our seven multi-country comparisons of GATS and GYTS data to explore gender and adult-youth differences in the impact of health warnings, smoke-free laws, and POS/advertising bans:

1. **Health warnings:** in some countries, female tobacco users were substantially less likely to think about quitting because of health warnings on smoked and smokeless tobacco packages compared to male tobacco users. Large gender differences were particularly evident in Bangladesh and India.
2. **Smoke-free workplaces:** exposure to SHS in workplaces continues to be high in many countries, particularly among males, but also among females.
3. **Smoke-free homes:** overall, there were small differences between males and females in exposure to SHS in the home.

4. **Smoke-free homes:** there was some evidence of differences between adults and youth in exposure to SHS in the home. In Africa and the Americas, youth consistently had higher exposure than adults. However, in the four countries with the highest prevalence of smoking in the home, adults had higher exposure compared to youth.
5. **POS/display bans:** exposure to POS cigarette marketing in stores continues to be high among youth in countries where it has been banned, with few differences in policy impact between boys and girls.

4. Key Informant Interviews

Four main themes emerged from interviews with four female tobacco control advocates regarding tobacco control issues and challenges facing women and children in China, India, Bangladesh, and Brazil:

1. There is a need for increased participation of women in all aspects of tobacco control, including policy development and implementation, to ensure gender equity in all levels of the process.
2. Stronger implementation of the WHO FCTC in general and through more gender-specific strategies is needed to protect women and children in LMICs from the harms of tobacco use and help them to quit.
3. A major barrier to reducing the tobacco epidemic among women and children is the continued threat of tobacco industry marketing and interference with policymaking.
4. There is a lack of effective policies to curb the use of other types of tobacco products among women, such as smokeless tobacco, which remains a significant threat for women in South Asian countries.

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).¹
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.

Impact of Tobacco Control Policies on Women and Children

Background

Tobacco use is the world's number one cause of premature death, killing approximately seven million people each year, including 2 million women. [9–11] It is estimated that nearly 80% of the more than 1 billion smokers in the world live in low- and middle-income countries (LMICs), where tobacco use imposes a disproportionately large health and economic burden, especially on vulnerable groups such as women and children. [1]

This report reviews existing research evidence and presents findings from new research 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 (adult females aged ≥ 18 years) and children (aged ≤ 18 years).

Data sources for the report were:

- Literature reviews: 147 published studies and 21 reports on the impact of smoke-free laws, pictorial health warnings, plain packaging, tobacco advertising bans, and tobacco price and tax measures on women and children¹;
- International Tobacco Control Policy Evaluation Project (the 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 in some cases also non-smokers) in 14 ITC Project countries (6 LMICs and 8 HICs);
 - Longitudinal analysis of gender differences in the impact of tobacco tax policies and structures on cigarette consumption in 17 ITC Project countries;
 - 11 cross-country comparison analyses by gender on key indicators for the effectiveness of tobacco health warnings, smoke-free laws, TAPS restrictions, and tobacco price and tax measures in selected ITC Project countries;
- Global Adult Tobacco Survey (GATS)/Global Youth Tobacco Survey (GYTS) data: Analysis of policy impact on adult women (aged ≥ 15 years) and children (aged 13 to 15 years) based on policy-relevant measures from the GATS and GYTS;
- 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 report provides an evidence-based guide for the prioritization, development, and implementation of tobacco control policies that will be most effective to protect women and children from the harms of tobacco, and identifies knowledge gaps that should be addressed in future research.

¹ In general, we reviewed studies of the impact of smoke-free laws, pictorial health warnings, plain packaging, tobacco advertising bans, and tobacco price and tax measures on children aged ≤ 18 years. We also reviewed studies that covered a wider age range as long as the study sample included participants within our age criterion — this included studies of participants defined by authors as: young adults (age range: 15 to 35 years); young people (age range: 12 to 26 years); youth (age range: 9 to 24 years); and adolescents (age range: 11 to 19 years).

Tobacco use among women and children

Tobacco use among women is a growing concern. Currently, rates of adult tobacco use are generally lower among women than men worldwide, particularly in developing countries. [4] However, approximately 200 million women aged 15 years and older around the world are smokers, and this number could increase significantly in the future unless governments take strong actions to prevent smoking uptake and increase cessation among women. [4,5]

Another critical concern is the rise in tobacco use among youth in LMICs, particularly among young girls. Based on data collected between 2008 and 2017, the WHO estimates that more than 24 million children are cigarette smokers, and youth smoking rates have increased in LMICs in recent years. [12] In some countries, such as Senegal and Nigeria, rates of tobacco use are now higher among youth than adults. In Russia, Chile, and Romania, the rate of cigarette smoking among girls is on par with or even higher than it is among boys. [4]

In addition to cigarettes, the use of other types of tobacco products further increases the risk of tobacco-related health effects for women and youth globally. For example, it is estimated that 367 million adults aged 15 years and older and 13 million children worldwide use smokeless tobacco [12], with a high concentration of users in LMICs in the Southeast Asian region. [4,11,13] Waterpipe smoking has also become increasingly popular among women and youth, with the highest rates of use in the Eastern Mediterranean region. [14,15]

Health outcomes of tobacco use for women and children

Women and youth are especially vulnerable to the adverse health effects of tobacco use. Women who smoke are at greater risk of developing stroke, coronary heart disease, and reproductive health harms compared to men. [8,16] In 2016, 2 million women died of tobacco-related diseases worldwide. [4]

Non-smoking women and children are also disproportionately exposed to secondhand smoke (SHS) in their homes and public places. Globally, it is estimated that 35% of female non-smokers and 40% of children are exposed to SHS. It is well documented that exposure to SHS causes different forms of cancer, and cardiovascular and respiratory diseases in adults [17–19]; and elevates the risk for lower respiratory infections and asthma in children, and sudden death in infants. [20–22] 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. [6]

Marketing of tobacco to women and children

The tobacco industry has a long history of targeting women and children with aggressive marketing tactics, including female- and youth-oriented advertising campaigns [23,24], product packaging and branding [25,26], and product design (e.g., “light”, “slim”, and flavored cigarettes). [27,28] There is strong evidence that exposure to tobacco advertising and promotion increases smoking uptake among women and children. [29–32] In recent years, the tobacco industry has increasingly shifted to the use of new channels to promote their products, including the Internet and social media platforms that are highly efficient at reaching large numbers of consumers around the world. [33,34]

Tobacco use and social inequalities

Gender and age may interact with other social determinants of health, such as socioeconomic status (SES) or minority group status, thus placing some women and youth at even greater risk for tobacco-related harms. [35,36] Studies conducted in high-income countries (HICs) have found an association between social inequity (i.e., low education and income) and higher smoking rates as well as greater risk of SHS exposure. [37,38] However, the ways in which these vulnerabilities interact with gender to influence tobacco use, exposure, and health outcomes are not well-understood and further research is needed to understand the differential impact of tobacco control policies on women and youth of lower SES. [38]

Importance of reducing affordability of tobacco products for women and children

Tax increases that raise the price of tobacco products are widely recognized as the single most effective population-based strategy to reduce tobacco consumption, and may be especially effective as a tobacco control strategy for women and children. [39,40] Higher tobacco prices encourage current users to quit, prevent non-users from starting to smoke, and reduce tobacco consumption among continuing users. [41] Higher tobacco taxes are particularly effective in reducing smoking among youth, who are typically more price-sensitive than adults. [39,42] There is also some evidence to suggest that women are more price-sensitive than men. [36,43] Tobacco price and tax measures are most needed and stand to have the greatest impact in LMICs, where cheap tobacco products (including single cigarettes and bidis) are widely available and affordable. [44,45]

Impact of tobacco control policies on women and children

Given their importance for future market growth and expansion, the tobacco industry uses marketing activities that are strategically designed to appeal women and youth, especially in LMICs where rates of tobacco use among these groups are still relatively low. [46,47] Strong evidence-based policies, as set out in the WHO FCTC, are essential to curb the tobacco epidemic and reduce tobacco-related disease and mortality.

Global evidence is clear that tobacco control policies such as comprehensive smoking bans, large pictorial health warnings, plain packaging, comprehensive bans on all forms of TAPS, and tobacco price and tax increases are effective for decreasing tobacco consumption and tobacco-related health risks, and increasing quitting among adults in a number of HICs. [48] However, few studies to date have examined the impact of these policies on women and children, with virtually no studies from LMICs.

Key Findings of Literature Reviews on the Impact of Tobacco Control Policies on Women and Children

Smoke-free policies

A total of 26 published studies and 3 reports on the impact of smoke-free policies on health outcomes, smoking behavior, and exposure to SHS among women (see Appendix A for full report) and children (see Appendix B for full report) were reviewed. There were two key findings:

1. Evidence from HICs shows that strongly enforced comprehensive smoke-free laws that align with WHO FCTC Article 8 significantly reduce exposure to SHS among women and children.
 - Strong, well-enforced smoke-free laws in HICs dramatically reduce SHS exposure in public places and workplaces [49–51] and increase the adoption of smoke-free homes. [52–59]
 - This results in improved health outcomes for males and females, and particularly benefits non-smoking women and children who are especially vulnerable to the harmful effects of SHS and are most likely to be exposed to SHS in the home. [51,60–63]
2. There is a lack of research on the impact of smoke-free laws on women in general, and even fewer studies on the impact of smoke-free laws on women and children in LMICs.
 - Most studies have been conducted in HICs and assess smoke-free policy impact at the population level. Few studies examine gender differences in SHS exposure and the impact of smoke-free laws on women's smoking/tobacco use behavior; and the ways in which gender might interact with SES to influence the impact of smoke-free laws.
 - There is limited research from LMICs on whether smoke-free laws reduce children's exposure to SHS, improve child health outcomes, or affect youth smoking behavior.

Health warnings and plain packaging

A total of 55 published studies and 11 reports on the impact of pictorial health warnings and plain packaging on enhancing the noticeability of warnings, communicating health information, discouraging smoking initiation, promoting cessation, and reducing product appeal among women (see Appendices C and D for full reports) and children (see Appendices E and F for full reports) were reviewed. There were four key findings:

1. Health warnings on tobacco packages are a cost-effective measure for reducing tobacco consumption, increasing cessation, and increasing awareness of the harms of tobacco.
 - Evidence is clear that large pictorial warnings with graphic images as recommended by WHO FCTC Article 11 are more effective than smaller text warnings. [64–73]
2. Studies show that large pictorial warnings are effective across all sub-population groups.
 - The effectiveness of large pictorial warnings is found among adults and youth, and among both males and females. [74,75]
 - Real-world studies from Canada and Australia show that pictorial warnings – especially those that feature graphic depictions of smoking-related disease – are also more effective than text-only warnings at preventing youth from starting to smoke and communicating information on the health effects of smoking. [76–78]
 - Pictorial health warnings may be especially effective for women and children of low SES or in LMICs where there are fewer mass media campaigns, limited access to accurate health information, lower literacy levels, and high exposure to tobacco marketing and promotion. However, implementation of large pictorial warnings (>50% front/back) as recommended under Article 11 guidelines of the WHO FCTC has been particularly slow in LMICs.

- As of September 12, 2018, 25 LMICs require large pictorial warnings (>50% front/back) on cigarette packages, as recommended under Article 11 guidelines of the WHO FCTC. Currently, Timor-Leste has the world's largest cigarette package warnings (85% front/100% back), followed by Nepal (90% front/back) and Vanuatu (90% front/back), and India — where legislation for 85% front/back warnings was upheld by the Supreme Court in January 2018. However, 42% of the world's population is still not covered by pictorial health warnings, including a number of LMICs that have the largest numbers of smokers, such as China, Indonesia, and the Russian Federation. [79]
 - Evidence suggests that health warnings and messages that are targeted to pregnant women may be effective for motivating cessation during pregnancy. [80,81]
3. Tobacco packaging remains a primary source of marketing for tobacco companies. Female smokers are specifically targeted through packaging design, colors, and branding elements that are used to increase the appeal of tobacco products among both youth and adult women. Research studies from a number of HICs provide strong evidence that plain packaging enhances the effectiveness of pictorial health warnings, and reduces the appeal of tobacco products among youth and female smokers. [25,82–99]
 4. Few countries have implemented health warnings on smokeless and waterpipe tobacco packaging. Increasing use of these products among women and youth, particularly in LMICs where these tobacco products are heavily marketed, suggests that strong warnings are needed to convey the message that they are not a safer alternative to cigarettes.

Tobacco advertising, promotion, and sponsorship policies

A total of 18 published studies on the impact of policies to restrict TAPS on smoking prevalence; smoking susceptibility, experimentation, and initiation; and exposure to tobacco marketing among women (see Appendix G for full report) and children (see Appendix H for full report) were reviewed. There were four key findings:

1. Global evidence shows that comprehensive bans on TAPS in line with Article 13 of the WHO FCTC are more effective than partial bans.
 - Studies in HICs and LMICs show that comprehensive TAPS bans reduce tobacco consumption among adult smokers and decrease exposure to tobacco advertising compared to weaker TAPS restrictions. [100–107]
2. The tobacco industry targets women and girls with aggressive and sophisticated marketing strategies, especially in LMICs. However, there is very little research on gender differences in the impact of TAPS policies.
 - One multi-country study found that point of sale (POS) display bans may be more effective in reducing smoking prevalence among women compared to men. [108]
3. TAPS bans are especially important for youth, who are aggressively targeted by the tobacco industry.

- Strong evidence from HICs indicates that exposure to TAPS (including advertising and display of products at POS) increases the likelihood that young people will start smoking and become established smokers. [109–114]
 - Studies from HICs show that POS tobacco display bans decrease exposure to tobacco promotion, reduce smoking, and denormalize smoking behavior among youth [115–119]; and that bans on tobacco product sales near schools reduce retailer density and youth exposure to tobacco products [120,121], which then decreases youth smoking rates.
4. Exposure to smoking in movies increases smoking susceptibility, smoking initiation, and positive attitudes towards smoking among adolescents from countries of all income levels. [122–130] Some evidence from HICs suggests that exposure to tobacco marketing on the Internet and social media may increase youth smoking. [114,131–134]

Tobacco price and tax policies

A total of 48 published studies and 7 reports on the impact of tobacco price and tax policies on smoking prevalence and consumption, smoking initiation, smoking experimentation, health outcomes, cessation, and price-minimizing or tax-avoidance behaviors among women (see Appendix I for report) and children (see Appendix J for full report) were reviewed. There were five key findings:

1. Raising taxes and prices on tobacco products in accordance with Article 6 of the WHO FCTC and its guidelines is the single most effective strategy in reducing tobacco consumption and discouraging tobacco use among adults. [37,39,40]
2. There is strong evidence from HICs that raising the price of cigarettes significantly reduces youth smoking and consumption. [42,135–139] Some research from the United States shows that cigarette tax increases reduce the risk for low birthweight, and decrease rates of hospitalization for asthma and lower respiratory infections among children. [140–143] However, there is inconsistent evidence on whether increased cigarette prices prevent young people from starting to smoke. [37,42,104,144–147], with virtually no studies from LMICs.
3. Youth in many countries have easy access to single cigarettes, particularly in LMICs. [45,148,149] The sale of single cigarettes makes cigarettes more affordable to youth and undermines tobacco tax policies. Evidence suggests that bans on the sale of single cigarettes are generally poorly enforced, particularly in LMICs [150–153], and it is unclear how such bans affect smoking-related outcomes among youth.
4. Evidence on gender differences in impact of tobacco price and tax measures is inconsistent – perhaps due to inconsistency in study methods and models. Most studies have shown that female smokers are more price responsive; however, other studies have found an impact among males only or no gender differences.
 - Evidence from HICs suggests that female smokers may be more likely to engage in price-minimizing or tax avoidance behaviors in response to tax and price increases, such as purchasing cigarettes from cheaper sources. [154–156]

- Some research suggests that tobacco tax and price increases may reduce smoking among pregnant women. There is also evidence to suggest that price increases may have less of an impact on female smokers with weight concerns. [157]
 - Few studies have examined gender differences in the impact of price and tax measures in LMICs, where smoking rates tend to be much lower among females but may be increasing with rising incomes.
5. Few studies have examined the impact of price and tax across different types of tobacco products. Evidence from Bangladesh suggests that more smokers may be switching from cheaper sources (i.e., bidis and smokeless tobacco) to cigarettes as cigarettes become more affordable, especially for female tobacco users. [158]

Key Findings of ITC Analysis of Gender Differences in the Impact of Tobacco Control Policies on Women and Children

Impact of smoke-free policies, health warnings, and restrictions on tobacco advertising, promotion, and sponsorship

The ITC Project provides a rich resource of nationally representative, longitudinal datasets across 29 countries, which allows for rigorous evaluation of the impact of WHO FCTC policies. This includes very strong potential for examining whether the impact of policies differ by gender.

We conducted 19 new analyses in 14 ITC countries (6 LMICs and 8 HICs) to test for gender differences in the impact of health warnings, smoke-free policies, and TAPS (see Appendix K). For each policy domain, we identified key indicators of policy effectiveness from ITC surveys, and tested for pre- to post-policy differences in these indicators among the overall sample of smokers and by gender.

Overall, results demonstrated that strong tobacco control policies led to increases on measures of policy impact among both males and females, with few gender differences. However, there were some cases where a gender difference in responses to policies was observed, suggesting the need for continued gender-based analyses of policy impact to better understand these differences and to inform future policy development.

The 19 analyses across 14 ITC countries yielded three key findings:

1. Tobacco control policies are effective when they are implemented and enforced in accordance with the WHO FCTC. Smoke-free laws and health warnings that align with the Convention and its guidelines had a positive impact across most key indicators of policy effectiveness, including warning salience, avoiding warnings, exposure to SHS in public places, and implementation of home smoking bans. In contrast, partial TAPS bans were not consistently effective at reducing exposure to tobacco marketing.
2. Overall, there were few gender differences in the impact of smoke-free laws, pictorial health warnings, and TAPS bans, which suggests that policies affect males and females in similar ways. This was generally the case for both strong and weak tobacco control policies.
3. Among the gender differences in policy impact that were found, the majority of policy impact indicators (i.e., exposure to SHS, exposure to cigarette displays, cognitive and

behavioral responses to health warnings) showed a stronger impact among females compared to males.

Impact of taxation and taxation structure on cigarette consumption

Tobacco tax increases are recognized as the most effective tobacco control policy. But little is known about gender differences in the impact of tobacco tax and price policies. Therefore, additional in-depth analyses of ITC Project data were conducted to explore whether tax policies and systems are equally effective among women and men, as measured by changes in cigarette consumption. The analyses used longitudinal data from smokers in 17 ITC countries surveyed from 2002 to 2013, as well as data on cigarette excise tax structures and demographic characteristics for each country gathered from various sources.

The evidence from the analyses across all countries suggests that female smokers are more responsive to tax increases overall; however, gender differences in tax effectiveness are complex, and depend on the type of tax structure as well (see Appendix L). There were four key findings:

1. Tiered tax structures were associated with higher cigarette consumption among both males and females. A change from a uniform to a tiered structure was associated with nearly a doubling of cigarette consumption.
2. The effectiveness of tobacco taxation policies varied by gender, with female smokers more responsive to an average tax increase than males. The tax elasticity of cigarette consumption was -0.28 for female smokers, and was -0.11 for male smokers. This means that after the tax increase, the percentage reduction in cigarette consumption was greater among women than men.
3. Higher ad valorem share in excise taxes (i.e., a percentage based on value of tobacco versus a fixed amount based on quantity) was associated with lower cigarette consumption among males but not females. This suggests that female smokers may be less likely to reduce cigarette consumption in response to ad valorem tax increases that keep pace with income growth and inflation, likely due to their lower average incomes compared to males.
4. The findings support previous evidence demonstrating the importance of maintaining a simple tax structure and suggest that tobacco tax increases may be more effective for reducing cigarette consumption among female smokers than male smokers.

Cross-country comparisons on indicators of health warnings, smoke-free, TAPS, and price and tax policy impact

Adjusted cross-sectional percentages for male and female smokers and quitters from the latest survey wave in selected ITC Project countries, are presented for 11 key indicators of policy impact across the domains of health warnings, smoke-free policies, TAPS, and price and tax policies (see Appendix M).

The results showed some variations across the countries and by gender in the prevalence of key behaviors and attitudes related to tobacco control policy impact. Overall, findings were largely consistent with existing literature and the ITC longitudinal analyses on the impact of tobacco control policies on women. However, further analyses are needed to examine observed patterns in more detail and to conduct statistical tests of any potential gender differences.

These comparisons yielded five key findings:

1. There were some gender differences in the impact of health warnings, but the direction differed between HICs and LMICs. In HICs, female smokers and quitters showed a stronger impact on three key measures of warning impact (noticing warnings, avoiding warnings, and thoughts about quitting), but in LMICs, males showed a stronger impact in on two of the measures (noticing warnings and thoughts about quitting).
2. There were some gender differences in exposure to SHS and implementation of home smoking bans — male smokers and quitters were more likely to be exposed to SHS at work but were also more likely to have a home smoking ban.
3. There were no consistent gender differences in exposure to tobacco promotion in HICs and LMICs.
4. Price and tax measures generally had a greater impact on female smokers and quitters compared to males, particularly in HICs.
5. Male and female smokers had similar levels of support for stronger tobacco control policies in HICs and LMICs.

Key Findings of GATS and GYTS Multi-country Comparisons on Impact of Health Warnings, Smoke-Free Laws, and TAPS Bans

Seven figures of published multi-country data from the GATS and GYTS on key indicators of health warnings, smoke-free, and TAPS policy impact were prepared to explore gender differences and adult-youth differences in policy impact (see Appendix N). The data was extracted from published fact sheets and country reports available on the Global Tobacco Surveillance System Data (GTSSData) website of the US Centers for Disease Control and Prevention for the following indicators: thinking about quitting because of health warnings, exposure to tobacco smoke in workplaces and homes, and noticing cigarette marketing in stores after POS advertising/display bans.

The GATS and GYTS data yielded six key findings:

1. In some countries, female tobacco users were substantially less likely to think about quitting because of health warnings on smoked and smokeless tobacco packages compared to male tobacco users. Large gender differences were particularly evident in Bangladesh and India.
2. There were some differences between adults and youth in the impact of health warnings on thinking about quitting, however patterns in the differences were inconsistent and the reasons for the differences are unclear.
3. Exposure to SHS in workplaces continues to be high in many countries, particularly among males, but also among females.
4. Overall, there were small differences between males and females in exposure to SHS in the home. Smoking in the home was most prevalent in Egypt (2009), Indonesia (2011), Greece (2013), and Viet Nam (2015) where males had slightly higher (ranging from 1% to 10% higher) exposure compared to females.
5. There was some evidence of differences between adults and youth in exposure to SHS in the home. In Africa and the Americas, youth consistently had higher (ranging from 4% to 22% higher) exposure than adults. However, in the four countries with the highest

prevalence of smoking in the home, adults had higher (ranging from 9% to 34% higher) exposure compared to youth.

6. Data were not available to compare impact of POS advertising/display bans on adult males and females and there were limitations in the data available to compare impact of such bans on adults versus youth. However, the available data suggests that exposure to POS cigarette marketing in stores continues to be high among youth in countries where it has been banned, with few differences in policy impact for boys and girls.

The findings provide a preliminary perspective on gender differences and adult-youth differences in policy impact within the limitations of the available data. More extensive analyses are needed to further explore whether differences are statistically significant.

Key Findings of Interviews with Tobacco Control Advocates in Asia, India, Bangladesh, and Brazil

We conducted key informant interviews with four female tobacco control experts who are leaders in tobacco control advocacy for women and children. The interviews provided more in-depth country-specific knowledge and perspectives on trends, progress, current issues and priorities in tobacco control specific to women and children (see Appendix O).

Four key findings emerged from the informant interviews:

1. There is a need for increased participation of women in all aspects of tobacco control, including policy development and implementation, to advance gender equity at all levels of the process.
2. Stronger implementation of the WHO FCTC that incorporates gender-specific tobacco control strategies is needed to protect women and children in developing countries from the harms of tobacco use and to promote cessation.
3. A major barrier to reducing the tobacco epidemic among women and children is the continued threat of tobacco industry marketing and interference with policymaking and thus, strong implementation of WHO FCTC Article 5.3 is essential.
4. There is a lack of effective policies to curb the use of other types of tobacco products among women, such as smokeless tobacco, which remains a significant threat for women in South Asian countries.

Conclusion

Strong implementation of tobacco control policies that align with the WHO FCTC will have a measurable impact on curbing the tobacco epidemic, particularly among women and children.

The main conclusions of this report are summarized below:

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 (see example from Vietnam on page 16) or taken steps towards the development of policies (see example from Bangladesh on page 18) that aim to reduce tobacco use and SHS exposure among women, no country to date has implemented a comprehensive national gender-based tobacco control strategy.
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.

The findings provide an evidence-based guide for the prioritization, development, and implementation of tobacco control policies that will be most effective to protect women and children from the harms of tobacco, and identifies knowledge gaps that should be addressed in future research.

Key Advocacy Messages

Strengthening Tobacco Control Policies to Protect Women and Children

Based on the research evidence summarized in this report, key advocacy messages to guide the implementation of tobacco control policies, including those that are most effective for the protection of women and children, are presented below.

Smoke-free policies

- Strengthen and accelerate the implementation of comprehensive smoke-free laws in line with WHO FCTC Article 8 guidelines to 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.
- Implement and enforce policies to curb the use of waterpipe tobacco in indoor public places — 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 — where prevalence is high among women and men and is increasing among youth.
- Strengthen public awareness of the harms of SHS and the importance of smoke-free homes and private vehicles. Education campaigns should target both males and females, particularly in LMICs such as Bangladesh, India, China, and Taiwan where women have higher rates of SHS exposure in the home compared to men.

Tobacco health warnings

- Strengthen and accelerate the global implementation of large pictorial warnings on packages of cigarettes, smokeless, and waterpipe tobacco (and the device itself) in line with the recommendations of Article 11 of the WHO FCTC.
- 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.
- Develop and evaluate more effective gender-specific health warnings to raise awareness of the harms of tobacco use (and SHS) for men and women – especially for products such as SLT, for which knowledge of health harms is low.
- Accelerate the global implementation of plain/standardized packaging for all tobacco products in line with the recommendations of Articles 11 and 13 of the WHO FCTC to reduce the appeal of tobacco products and curb tobacco industry's use of tobacco packages to attract and mislead female tobacco users.

TAPS restrictions

- Strengthen and accelerate the implementation of comprehensive TAPS bans that cover all types of tobacco in order to prevent the tobacco industry from using unregulated forms of marketing to promote their products, particularly among women and youth in LMICs.
- Increase the adoption of bans on POS displays and advertising and ensure effective enforcement and compliance, as POS has become a key channel of marketing for

tobacco companies as more traditional forms of marketing have been banned or restricted.

Tobacco price and tax policies

- Increase prices on all types of tobacco products through higher excise taxes, at a rate that surpasses the rate of inflation and income growth. This is especially important in LMICs, where tobacco prices remain low, but income growth may be increasing rapidly, resulting in greater affordability of tobacco products.
- Taxes on tobacco products should be uniform and specific in order to reduce consumption and discourage tax-avoidance strategies that weaken the public health impact of tax policies, such as substitution and switching to lower prices brands and products.
- Implement stronger policies to eliminate the availability of cheaper or lower-taxed sources of tobacco, as price sensitive smokers — especially females and youth — are more likely to seek out these sources in response to price increases, rather than reduce their consumption.
- Advocate for earmarking of tobacco tax revenues in order to establish sustainable funding for tobacco control efforts, especially in LMICs.
- Strengthen and accelerate bans on the sale of single sticks of cigarettes and bidis, and small pouches of smokeless tobacco.

Product regulation

- Prohibit the use of additives and flavours in tobacco products, particularly those that are specifically designed to attract women and youth, such as menthol in cigarettes and perfumes, herbs and spices that are used in smokeless tobacco products in Bangladesh.

Preventing tobacco industry interference with policymaking

- Monitor tobacco industry activities and implement comprehensive measures to eliminate tobacco industry interference with policymaking as called for under WHO FCTC Article 5.3 and its guidelines, which the WHO FCTC Impact Assessment Expert Group² has identified as the highest priority for strengthening and accelerating global implementation of the Convention.

Other actions to increase integration of the needs of gender and youth in tobacco control policy development

- Consult with and provide financial support to women's empowerment and gender equality groups and programs.
- Increase the participation and prominence of women in tobacco control conferences, and at all levels of policymaking and implementation – as called for in the FCTC preamble.
- Require a gender-based analysis of all future tobacco control program and policy development.

² Materials prepared by the ITC Project for the WHO FCTC Impact Assessment and other relevant details of the assessment are available on the WHO Convention Secretariat website:
<http://www.who.int/fctc/implementation/impact/en/>

- Strengthen efforts to empower women and girls — especially those of lower SES — in order to enhance their ability to improve their own health outcomes, such as by quitting tobacco use or encouraging their families to adopt smoke-free homes.
- Incorporate gender-responsive messages into anti-tobacco mass media, education and information campaigns and evaluate their impact.
- Strengthen and promote more gender-responsive health care services by promoting gender equality within health systems, and providing training to health care workers to improve their understanding of gender differences in health outcomes and responses and delivery of cessation advice that considers the specific needs of women.

Research Directions to Guide Stronger Policies for Women and Children

In addition to policy recommendations, the following research priorities and actions to strengthen tobacco control policies for women and youth are also identified.

General research directions

- Strengthen research capacity, especially in LMICs, to better understand gender differences in tobacco use behaviors.
- Report data from existing tobacco surveillance studies and other tobacco research disaggregated by gender and develop and validate standardized measures to assess gender and other aspects of disadvantage as determinants of health.
- Evaluate whether the effectiveness of tobacco control policies differs not only between men and women, but also among other vulnerable populations (i.e., minority groups, LGBTQ status), as well as how gender might interact with other social determinants of health, such as income and ethnicity.
- Expand research on gender differences in tobacco use by including other types of tobacco products such as smokeless tobacco, waterpipe tobacco, and roll-your-own tobacco.

Policy-specific research directions

- Evaluations of the long-term impact of smoke-free policies on women and youth in HICs and LMICs, including studies to better understand the ways in which smoke-free policy impact may vary by gender in addition to other vulnerabilities such as SES.
- Longitudinal studies on the impact of pictorial health warnings on youth in LMICs, including impact on awareness of health risks, quit-related behaviors, and smoking initiation.
- Longitudinal studies on the impact of plain packaging on women and youth, including monitoring of industry responses to the policy.
- Experimental and real-world studies to guide the development and implementation of effective pictorial health warnings to curb the growing use of waterpipe and smokeless tobacco among women and youth. This is especially urgent in Eastern Mediterranean countries, and other Western countries such as Great Britain and the United States, where use of these products is high among women and youth.
- Research to understand how new forms of media (e.g., Internet, social media) are used to market tobacco products to women and youth and how these new media can be most effectively used to promote anti-tobacco messages.
- Studies on the impact of tax and price policies in LMICs and price elasticity of tobacco products that may be more prevalent among women than cigarettes, such as smokeless tobacco and bidis.

Bangladesh: Taking Steps Towards the Development of Gender-based Measures to Curb Smokeless Tobacco Use among Women

Background

- Bangladesh is one of only two countries in WHO South-East Asian region where rates of smokeless tobacco (SLT) use are higher among adult women (25%) than men (16%).
- Bangladesh ratified the WHO FCTC in June 2004.
- The Smoking and Tobacco Products Usage (Control) Act, 2005 (Amendment 2013) is the primary national tobacco control law. The Act includes provisions for health warnings on tobacco product packaging, tobacco advertising bans, tobacco taxes, and smoke-free zones. Zarda, gul, and sadapata — the three most commonly used SLT products in Bangladesh — are defined as tobacco products under the Act. However, the Rules for implementation are not adequate to control use of SLT, and the production and sale of these products is still unregulated.

“Over 10 million women consume zarda, sadapata and gul without any regulations on their use. Considering the threat that SLT can pose to public health, it is of critical importance to identify and promote methods for reducing the use of SLT”

- Farida Akhter, Executive Director of UBINIG

Tobacco Industry Marketing of Smokeless Tobacco Products to Women

Tobacco companies use a number of strategies to target SLT products to women in Bangladesh. For example:

- Low pricing for SLT products — especially zarda, sadapata and gul — that make them easily affordable to lower SES groups, including women who often have lower incomes than men.
- Zarda and gul product names that are designed to appeal to girls and women, such as Shahzadi (Princess), Shobha (beautiful), and Shurovhi (fragrance, sweet smell).
- Package design that appeals to women, such as attractive, re-useable packs that can be refilled with small amounts zarda, betel leaves, areca nut and lime that are much less expensive than large zarda packs.
- Addition of ingredients to SLT products that may be especially appealing to women, including natural and artificial flavors, perfumes, spices, molasses, menthol, sugars, herbs, and coloring agents.

How Bangladesh is Taking Action to Curb Smokeless Tobacco Use among Women

The Tamak Birodhi Nari Jote (TABINAJ) — the first anti-tobacco alliance of women in Bangladesh whose mission is to save women, men, and children from the hazards of tobacco — is actively lobbying at the grass-roots level, as well as at the national level for Amendment of the Tobacco Control Law to strengthen the effectiveness of its implementation.

A Smokeless Tobacco (Control) Strategy Paper has been drafted with participation of the National Tobacco Control Cell under the Ministry of Health & Family Welfare. The strategy paper identified nine key recommendations (see Appendix O):

1. Regulation of Production

- Impose a limit on the number of producers and quantity of production of SLT products.
- License the production of SLT in order to regulate the production.
- Limit mixing/use of tobacco in other products such as betel leaf/betel nut (as per WHO FCTC Articles 9 & 10).

2. Hygienic manufacturing practice (HMP)

- Make Hygienic Manufacturing Practice (HMP) mandatory in the factory/production sites.

3. Prohibit use of child labor in production

4. Prohibit use of sweet substances/spice/fragrant/addictive materials/color etc.

- Regulate the ingredients in all tobacco products to reduce consumers' attraction to SLT.

5. Packaging (Standardized packaging) restrictions

- Set the minimum pack-size and the dimension of the packets so that the pictorial warning can be visibly placed.
- Determine the minimum weight of SLT products so that it is not readily available to consumers. The selling of SLT in loose quantities should be discouraged.
- Prohibit the packaging and marketing in polythene and sachet packets.

6. Regulation of supply, sale and consumption

- Regulate the number of tobacco product sellers/dealers and require licensing. In specific areas, sales should be limited to market areas.
- Prohibit hawker or mobile vendors from selling SLT products.
- Prohibit the display/sale/use of SLT in public places.
- Prohibit and strictly enforce selling/buying to and from under-aged persons by showing of voter ID card with cancellation of seller's license as the penalty for violation.

7. Require mandatory pictorial health warnings and warnings on potentially harmful effects, disclosure of production and expiry dates and ingredients on the packet of tobacco products

8. Public awareness program

- Implement government mass media public awareness campaigns on the harms of SLT.
- Engage media/educational institutions/religious institutions/training institutes/civil society/NGOs in the development and deployment of the campaigns.

9. Banning usage of tobacco products in phases

- Ban the use of tobacco products in phases in consideration of protecting public health.

Vietnam: Tobacco Control Initiatives to Protect Women from the Harms of Tobacco

Background

Vietnam has one of the highest smoking rates among LMICs, with much higher prevalence among men than women (45% vs. 1%). [159] However, the gender difference in deaths caused by tobacco is more narrow (26% of deaths among men vs. 14% among women), suggesting that the health impact of tobacco use in Vietnam is disproportionately placed on women.[4]

In 2013, Vietnam implemented a new tobacco control law along with a national tobacco strategy. While the strategy does not address gender-specific risks or incorporate gender-responsive measures, it does identify targets for reductions in tobacco use by gender, and it includes several policy recommendations that would benefit women, such as implementation and enforcement of smoke-free environments; developing regulations for a complete ban on tobacco advertising, promotion, and sponsorship; involving community groups and NGOs in tobacco control; and capacity building and training of all staff. The strategy also strongly highlights the importance of education and communication programs, i.e.: [160]

“Information, education and communication on the prevention and control of tobacco’s harmful effect should be the key solution and must be incorporated in programs and strategies on improving health which are designed to raise people’s awareness of the harmful effects of tobacco with an aim to change the behavior of using tobacco in the community.”

Local and national programs by the Vietnam Women’s Union

The Vietnam Women’s Union has also been active in initiating tobacco control programs and campaigns to protect women and children from the harms of tobacco use. A pilot project was developed at the 2009 WHO operational planning meeting for gender and tobacco projects and carried out by the Women’s Union with support from the District Authority and Health Unit in the Thanh Mien district of Hai Duong province.[161] The aim was to raise awareness of the harms of SHS – especially among women – and to empower women to improve their own health and the health of others by creating smoke-free homes and encouraging others not to smoke. The intervention, which included counselling at health centres, provision of materials to women, and activities at womens’ clubs, resulted in a reduction in smoking in the home, primarily by men.[162]

Another recent Women’s Union initiative was a national smoke-free mass media campaign in collaboration with the Ministry of Health and supported by Vital Strategies aiming to protect women and children in Vietnam from SHS exposure by raising awareness of the harms of SHS, encouraging the adoption of smoke-free homes, and supporting 100% smoke-free public places.[163] The campaign included testimonial ads disseminated online through social media as well as print, radio, and television from December 2016-February 2017. An evaluation study of the campaign found successful reach of the ads, with 8% of the sample (representing almost 5 million people) recalling the ads unprompted. The campaign was also found to have a positive behavioural impact on both men and women – three-quarters of male smokers and female non-smokers reported trying to make their home smoke-free as a result of the ads; over three-quarters of females encouraged others to quit; and two-thirds of male smokers made a quit attempt after seeing the ads.[164]

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