

Women and Smoking:

A White Paper Addressing Smoking
from a Gender Perspective



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The rising prevalence of smoking among Spanish women has been a growing concern for many of us who work in a variety of specialties related to tobacco addiction. We therefore set out to analyze the problem of smoking from a gender perspective and to explore key aspects of tobacco use among women.

The fruit of that effort has now been published with the support of the Spanish Ministry of Health, by way of the Spanish Observatory of Women's Health and with the collaboration of the Spanish Committee for the Prevention of Smoking (CNPT). The volume *Women and Smoking: A White Paper Addressing Smoking from a Gender Perspective* deals with a range of issues relevant to the problem.

Here we give an English summary of the main conclusions and recommendations of the white paper, which can be downloaded in its original Spanish version (*Libro Blanco sobre Mujeres y Tabaco. Abordaje con una perspectiva de género*) at www.cnpt.es.

Introduction

As is the case for the use of any drug, tobacco consumption is influenced by both the nature of the substance itself and individual and environmental factors. Women started smoking later than men, mostly due to sociocultural factors related to their later entry into the job market and the emergence of the equal rights movement.

In Spain today, about 22% of Spanish women over the age of 15 smoke, according to Spanish National Health Survey figures for 2006; this percentage, however, is somewhat misleading because it encompasses all age groups. In fact, in the age bracket of 25 to 44 years, 32% of Spanish women smoke, compared to just 2% of those aged over 65, clearly demonstrating the effect that sociocultural factors have had and still have on smoking initiation among women. Despite this high prevalence, however, there is a general lack of awareness of smoking as a public health problem that also affects women.

Finally, smoking is a very good example of the impact that gender can have on certain health problems and any lessons learnt will be also useful in the design of gender-specific policies in other areas of health care.

Objectives

The main objective of the white paper on women and smoking was to focus attention on smoking as a growing health problem among women and in this way attempt to bring a gender perspective to interventions for the prevention, treatment, and control of

this addiction in Spain. Because the health repercussions of smoking have mainly affected men to date, diagnosis and cessation therapies have been susceptible to a gender bias.

Other objectives of the paper were (1) to raise awareness among the general public and health care professionals of the harmful effects of smoking for women, and (2) to improve the design and effectiveness of policies aimed at controlling smoking in the general population and in certain subpopulations such as pregnant women and women in low socioeconomic groups.

We will now describe the main conclusions of the white paper in 3 parts: the epidemiology of smoking in women and men, smoking and gender, and smoking control policies. The final section provides a series of recommendations on how to address the problem of smoking from a gender perspective.

Conclusions

The epidemiology of smoking in women and men

- Although smoking is a major health problem around the world and in developed countries in particular, it has mainly gained prominence as a health problem for men.
- The epidemic pattern of smoking follows a different pattern in men and women according to the model of López and colleagues (1994).^{*} That model shows that women start smoking later than men, and that there are gender-related differences in relation to epidemic stages and context.

^{*} López AD, Collishaw NE, Piha T: *A descriptive model of the cigarette epidemic in developed countries*. *Tob Control* 1994; 3: 242-7

- Spain is currently ending stage III of the epidemiological model of López and colleagues. This stage is characterized by a reduction in the prevalence of smoking among men and a rise in the prevalence among women and younger women in particular. The burden of smoking-related disease is most evident in men during this stage because women began to smoke several decades later than men.
- The harmful effects of smoking on all aspects of women's health, not just on reproductive health, have now become clear, dispelling the false belief that the effect is greater on men than women.
- Smoking-attributable morbidity and mortality have been underestimated as not all possible causes of death have been analyzed. This is particularly true for women, for whom estimates have mostly been made on the basis of data for diseases that are more prevalent in men.
- To date, secondhand smoke has mainly affected women because of the high prevalence of smoking among men. The Spanish law on public health measures related to smoking (28/2005) still allows smoking in certain bars, restaurants, and leisure centers, leaving men—but particularly women, who account for 53% of the sector—still vulnerable to the harmful effects of tobacco.

Smoking and gender

- Gender, as opposed to sex, refers to a social construct based on cultural conventions, attitudes, and relationships between men and women that involve differences and inequalities in terms of power and decision-taking.
- To analyze differences in health and disease patterns among women and men, the varying social roles assigned to each sex from the time of birth (gender roles), as well as sex, or biological, differences must be considered.
- The concept of gender equity refers to the fact that women and men have different needs and

that these must be identified and addressed in order to compensate for the current disparity.

- By studying smoking habits in women and men, it is possible to identify different patterns of use, starting age, response to different treatments, motivations and influences, and difficulties quitting.
- The reasons for smoking initiation are clearly influenced by gender roles: girls are mostly affected by self-esteem, stress, and concern about weight and appearance, while boys typically start in search of new sensations.
- Both female and male smoking behavior is influenced by society at large (sociocultural context, regulatory controls, the media, advertising, etc.) and the immediate social context (family, school, peer groups, etc.), and these, in turn, are strongly influenced by gender.
- Tobacco companies have used the association between smoking and the ideals of freedom and equality to encourage smoking among women. This association is nonexistent, however, as tobacco causes addiction, disease, and death in women and men alike.

Smoking control policies

- Effective tobacco control measures include preventing people from starting to smoke in the first place, helping those who want to quit to do so, and protecting everyone from secondhand smoke. The current situation, however, calls for policies that take into account the gender perspective and the specific characteristics of women.
- Smoking control policies must incorporate the concept of gender mainstreaming. Mainstreaming in this context refers to the organization, or more accurately, the reorganization of existing systems to improve the way policies are implemented and assessed from the perspective of gender. Measures to this effect have been insufficient to date.
- Tobacco control policies are effective when they target the circumstances and conditions of

women's lives at the same time they address the problem of consumption.

- National and international groups and networks have been set up to strengthen the leadership role adopted by women in the area of smoking control. Particularly noteworthy are the activities of the International Network of Women Against Tobacco, set up in 1990.
- A gender approach to the problem of smoking is currently complicated by a lack of research that breaks data down according to gender and gender-sensitive variables.
- There is also a lack of training in gender issues across professional sectors. Such training is key to designing effective smoking control policies targeting women.

Recommendations

- The gender perspective has been lacking from much epidemiological research and this is particularly true for smoking addiction. To further our understanding of how smoking affects both women and men's health, more research is required into sex-specific (biological) and gender-specific (sociocultural) characteristics of differential smoking-attributable morbidity and mortality.
- Data analysis by sex and gender-sensitive indicators must be investigated for monitoring the smoking epidemic and evaluating programs.
- Gender differences in health behaviors and the close causal association between lifestyle and adult morbidity and mortality highlight the importance of incorporating gender into the analysis of such behaviors and particularly into the planning, implementation, and assessment of smoking control policies and programs.
- Training programs aimed at professionals from all sectors (including health care professionals, policy makers, and educators) are required if the gender perspective is to be integrated across the board.
- Systems that are susceptible to taking a gender approach and policies for female empowerment

must be developed by reorganizing existing programs and responding to the impact that smoking has on women's lives.

- The different incentives and obstacles that promote or discourage the adoption of healthy behaviors by both women and men must be analyzed. Tailored interventions and programs to promote healthy behaviors should be based on the findings of such analysis and on the evaluation of outcomes.
- Women already actively involved in smoking prevention and cessation actions should be progressively integrated into existing groups and networks to strengthen their national and international position.
- The political context into which measures to control smoking addiction are set must have the following features to ensure a gender-sensitive approach:
 - Legal means to protect all members of society from the risks of exposure to secondhand smoke, to protect women in particular from the many ways smoking is encouraged, to reduce access to tobacco (by limiting points of sale and introducing greater control), and to limit availability (through taxation).
 - Measures through which people gain greater control over factors—such as smoking—that represent serious health hazards. Examples would include informative and awareness-raising actions, educational programs, and activities designed to promote and support anti-smoking initiatives, including movements concerned with social and health care equality for women.
 - Health care resources, meaning interventions that promote and support smoking cessation. Such measures should be sensitive to the needs of both women and men but in particular should target younger women and those at high health-related and social risk.
 - Follow-up and monitoring measures such as gender-sensitive research programs that assess impact in the short, medium, and long term.

Key Aspects

- Policies aimed at preventing smoking initiation and reducing consumption should target women living in socially disadvantaged environments.
- Measures to control smoking addiction in women should not focus exclusively on reproductive health.
- Smoking in the context of reproductive health should be approached from the broadest gender perspective. Measures should not focus exclusively on pregnancy but take into account all aspects of reproductive health, including post-natal care.
- All health education documents should use inclusive, gender-neutral language to make both men and women visible and gradually decrease the current language bias towards men.
- Control, prevention, and treatment interventions can be made more specific and effective if they take into consideration gender differences in motivation, social pressure, or factors that add risk or confer protection.

Chapters and authors

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