



**Conference of the Parties to the  
WHO Framework Convention  
on Tobacco Control**

Seventh session  
Delhi, India, 7–12 November 2016  
**Provisional agenda item 5.8**

**FCTC/COP/7/14**  
**17 June 2016**

## **Addressing gender-specific risks when developing tobacco control strategies**

### **Report by the Convention Secretariat**

#### **INTRODUCTION**

1. The Republic of Korea as well as other Parties to the WHO Framework Convention on Tobacco Control (WHO FCTC) have raised concerns with the Convention Secretariat about the lack of guidance and practical approaches in addressing gender related provisions contained in the Convention, including its Preamble and to consider the discussion of this issue at COP.

2. In response to these observations, the Convention Secretariat prepared a short concept note which was presented to the third meeting of the Sixth Bureau of the Conference of the Parties in April 2016<sup>1</sup>.

The Bureau was asked to:

- Discuss the concept note on tobacco and gender and recommend including it as an agenda item for COP7.
- Offer guidance on the report to be submitted to COP7 and on the recommendations that will be made to the COP.

3. The Bureau agreed that an agenda item would be included in COP7 on addressing gender-specific risks when developing tobacco control strategies and asked the Convention Secretariat to prepare a more detailed concept note providing evidence on the gender specific risks

4. This concept note is the result of consultations with the International Network of Women Against Tobacco (INWAT), the United Nations Development Programme (UNDP), UN Women and WHO department of Gender Equity and Human Rights.

#### **OBJECTIVES**

5. Gender aspects of tobacco control have been repeatedly addressed in documents and speeches but information on the extent of the problem and the practical approaches to it are not as well known, or as widely disseminated. Best practices are not collected systematically. Serious quantitative and qualitative research gaps persist, especially in relation to low- and middle-income countries (LMICs).

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<sup>1</sup> COP/Bureau/6/3/9

6. This concept note aims to assist Parties to the WHO FCTC in implementing the gender-related provisions contained in the Convention.

7. This concept also seeks to bring the concerns raised to the attention of all Parties, to generate a broader discussion and to elicit direction from COP7.

### **GENDER-RELATED PROVISIONS IN THE WHO FCTC**

8. In the preamble to the WHO FCTC, the Parties to the Convention recognize that the spread of the tobacco epidemic is a global problem with serious consequences for public health that “calls for the widest possible international cooperation and participation of all countries” in an effort to create and implement “effective, appropriate and comprehensive” policies and laws to counter the epidemic.

9. One paragraph of the preamble is focussed exclusively on gender and tobacco control. It states that the Parties to the Convention:

- Express alarm at “the increase in smoking by women and young girls worldwide”,
- Emphasize the need for the “full participation of women at all levels of policy-making and implementation”; and
- Highlight the need for “gender-specific tobacco control strategies”.

10. In addition, the WHO FCTC recognizes the special contribution that members of civil society, including women’s groups, have already made to tobacco control nationally and internationally and stresses the “vital importance” of their continued participation. It also recalls the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in relation to health care.

11. The Guiding Principles of the WHO FCTC, as contained in Article 4, refer to the “strong political commitment” necessary for the development of multisectoral tobacco control measures and emphasize the need to address “gender-specific risks” when developing tobacco control strategies.

### **RATIONALE FOR THE INCLUSION OF GENDER-SPECIFIC PROVISIONS IN THE WHO FCTC**

#### **Gender differences impact tobacco control**

12. Tobacco use patterns amongst men and women vary greatly around the world depending on factors including ethnicity, religion, economic, social and cultural status, as well as age and the type of tobacco used.

13. According to a World Health Organisation’s Tobacco Fact Sheet, updated in June 2016, tobacco use is the leading cause of death, illness and impoverishment. It kills around 6 million people per year, including non-smokers who are exposed to other people’s smoke. Nearly 80% of the more than 1 billion smokers worldwide live in low- and middle-income countries (LMICs) where the burden of tobacco related illness and death is heaviest.

14. Approximately 250 million women and almost 1 billion men are daily smokers. Although the rates for male smoking have peaked and are now in slow decline, the rates for girls and women are still rising rapidly. Researchers predict that while 12% of the female population currently smokes, this number will rise to 20% by 2025. And this does not take into account other forms of tobacco such as chewing tobacco, water pipes, bidis, chutta, betel nut, snus or snuff, all of which are increasingly used by women. In several high-income countries, disadvantaged women are the highest sub-group of female smokers and the highest smoking uptake rates are seen in disadvantaged girls. Women in

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LMICs are rapidly becoming the biggest at-risk group, and the tobacco industry describes women and girls as an “untapped market resource”.

15. It cannot be assumed that tobacco control policies and programmes affect men, women, boys and girls in the same way. Gender characteristics play a significant role in initiating and maintaining tobacco use. Research over the past 20 years has indicated the following differences:

- Women and men who smoke share heightened risks for many diseases, but biologically, women also experience risks that are unique to them or that are higher for women than for men. These include cervical cancer, breast cancer and higher incidences of coronary artery disease.
- Smoking impacts women’s hormonal patterns, their fertility and pregnancy outcomes, particularly the negative health impact of maternal smoking on foetal development.
- Women with mental health disorders, including depression, anxiety and schizophrenia, are significantly more likely to smoke than those without such conditions.
- The meanings that women and young people attach to smoking are related to gender and identity. These include creating and maintaining social relationships, body image, weight control, enhancing social identity and status, and self-medication.
- Women can have greater difficulty quitting than men and require different approaches to smoking cessation and the treatment of tobacco dependence. For example, nicotine replacement therapy is less effective for women than for men.
- - More women than men are exposed to second-hand smoke and in many households, women and children will be more vulnerable to second-hand smoke.
- Price measures can have less effect on men than on women.
- Tobacco use by girls is reaching or even surpassing the prevalence of tobacco use by boys, especially in the use of tobacco products other than cigarettes.
- In countries with a high prevalence of smoking amongst men and where smoking is strongly linked to masculinity, boys are particularly vulnerable to social pressure and marketing strategies.
- Women and girls face specific risks in relation to working in tobacco cultivation, especially in LMICs.

16. Implementing demand and supply reduction measures of the WHO FCTC in a more effective and equitable manner therefore requires tobacco control policies and programmes to address gender differences.

### **Tobacco industry tactics specifically target gender differences**

17. The tobacco industry is very aware of gender differences and the wide diversity of women and men. It ensures that tobacco advertising, promotion and sponsorship are targeted differently at women and men as well as girls and boys in various social, economic and cultural contexts. It aims marketing campaigns at women and girls with advertisements drawing on gender stereotypes and which falsely link tobacco use to concepts of beauty, prestige and empowerment. It draws up marketing campaigns towards men and boys which emphasize masculinity, adventure and sport.

18. In relation to women and girls, tobacco companies sponsor events such as tennis tournaments, fashion shows, professional dance performances, art exhibitions, beauty contests and disco dancing competitions. They also provide so-called corporate social responsibility funding for women’s

organizations and campaigns against domestic violence. So-called female brands, like light and slim cigarettes, are designed and marketed to appeal to weight-conscious women, and low prices, easy availability and free samples help these marketing strategies succeed among young women. In India, for example, where it may not be culturally acceptable for women to buy cigarettes openly, companies have offered to deliver them to the home. More women than men smoke light or ultra-light cigarettes (63% versus 46%), often in the mistaken belief that light means safer. In addition, other tobacco products, which might be deemed more socially acceptable for women are gaining ground and are being strongly marketed by the tobacco industry. This is the case women's use of water pipes in some East Mediterranean countries.

## **POTENTIAL AREAS OF GENDER-SPECIFIC TOBACCO CONTROL MEASURES AND POLICIES**

19. Gender-sensitive policies and measures may, for example, consider:

- Raising taxes on tobacco, with the active participation of women leaders, and earmarking revenue to specific tobacco control activities benefiting women, adolescent girls, boys and men (Article 6 of the WHO FCTC on price and tax measures to reduce tobacco demand);
- Empowering individuals, particularly women, through gender-sensitive educational efforts, to create smoke-free environments (Article 8 of the WHO FCTC on protection from exposure to tobacco smoke);
- Issuing textual and pictorial health warnings to reflect gender-specific patterns of tobacco uptake and cessation (Article 11 of the WHO FCTC on packaging and labelling of tobacco products);
- Warning women and girls, boys and men about the dangers of tobacco through gender-sensitive information and communication (Article 12 of the WHO FCTC on education, communication, training and public awareness);
- Empowering women, girls, boys and men to identify and counter influences from tobacco advertising, promotion and sponsorship (Article 13 of the WHO FCTC on advertising, promotion and sponsorship);
- Training health professionals and community organisers in gender-specific treatment of tobacco dependence (Article 14 of the WHO FCTC on demand reduction measures concerning tobacco dependence and cessation);
- Making use of gender indicators in the collection of tobacco-use data and increasing both qualitative and quantitative research, especially in LMICs, in order to better understand gender differences in tobacco use, dependence and cessation. (Article 20 of the WHO FCTC on research, surveillance and exchange of information).

## **ACTION BY THE CONFERENCE OF THE PARTIES**

20. The COP is invited to note this report and provide further guidance.

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