5. National machineries of gender equality can take important first steps to advance tobacco control and advance progress towards the SDGs.

Upholding the right to health is a fundamental responsibility of the entire government, not just ministries of health. National machineries of gender equality can help fulfill this responsibility, while also advancing gender equality, by working across government to implement the WHO FCTC. In the first instance, national machineries of gender equality should:

- Ensure greater collaboration and coordination with key stakeholders such as ministry of health, ministry of finance, ministry of youth and sports, ministry of information, ministry of education, gender equality bodies, parliament and legislative bodies around tobacco control.
- Raise awareness of the need for gender-responsive, intersectoral tobacco control.
- Promote the need to take measures to address gender-specific risks in policy formulation, implementation, budgeting and evaluation.
- Partner with civil society, gender experts, women's organizations and LBGTQ+ groups for extended reach and insight.

In line with the Convention Secretariat's Global Strategy to Accelerate Tobacco Control 2025 and UNDP's Strategic Plan 2022-2025 and HIV, Health and Development Strategy (2022-2025), these briefs emphasise the importance of a coordinated, multisectoral whole-of-government approach to tobacco control, empowering Parties to work across sectors to achieve policy coherence.

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This brief was produced in collaboration with the Secretariat of the WHO Framework Convention on Tobacco Control.

FCTC
WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL
SECRETARIAT

UNDP

Tobacco Control

What National Machineries of Gender Equality Need to Know

Key Points

1. **Tobacco imposes significant health, social and economic harms across the entire population, particularly for women and lesbian, gay, bisexual, transgender and queer (LGBTQ) people.[i]**
2. **The risks of tobacco-related diseases are higher in women, and tobacco is associated with gender-specific health consequences.**
3. **The tobacco industry targets women, girls and LGBTQ+ people.**
4. **Incorporating gender equality and intersectionality principles into tobacco control at all levels is essential.**
5. **National machineries of gender equality can take important first steps to advance tobacco control and accelerate progress towards the Sustainable Development Goals (SDGs).**

Sustainable Development Goal 3 (SDG 3) aims 'to ensure healthy lives and promote well-being for all at all ages'.[1] One of the means of achieving this goal is to strengthen implementation of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) in all countries, as appropriate (Target 3.a). Promoting gender-responsive tobacco control is crucial for advancing gender equality, preventing gender-based disparities in health outcomes, and accelarating progress across the SDGs.[ii]

The WHO FCTC is a legally binding treaty that reaffirms the right to health.[2] It was developed in response to the tobacco epidemic and currently has 183 Parties, covering more than 90 percent of the global population.[3]

1. Tobacco imposes significant health, social and economic harms across the entire population, particularly for women and lesbian, gay, bisexual, transgender and queer (LGBTQ+) people.

Males account for the majority of tobacco use and tobacco-attributable deaths. In 2020, 22 percent of the global population used tobacco, including 37 percent of men and 7.8 percent of women.[4] Tobacco use causes more than 8 million deaths each year globally – three-quarters of which occur among males.[5]

Tobacco consumption among women and LGBTQ+ people is of growing concern. While studies remain limited, growing evidence suggests that LGBTQ+ people use tobacco at higher rates.[6,7] This is true for youth as well – data from the US suggests that youth that identify as lesbian, gay or bisexual are more likely to initiate smoking at a younger age, while transgender youth are more than two times as likely to smoke cigarettes and more than 3 times as likely to use smokeless tobacco than their counterparts identifying as heterosexual.[8] Minority stress has been identified as a key contributing factor to the high prevalence of tobacco use among LGBTQ+ people.[9]

Approximately 7 in 10 tobacco farm workers are women, exposing them to significant health and economic consequences.[10] Tobacco leaf cultivation is a notoriously labour-intensive process and often involves unpaid work from women family members of tobacco farmers in many low-income countries. This often leads to children missing school, in addition to family disputes and domestic violence.[11] Moreover, tobacco farmers are often unaware of the health consequences of tobacco farming, putting them at additional risk.[6]

Tobacco-related illnesses of family members also impede women's education, work and financial security. Having a relative with tobacco-related illness often results in reduced productivity and absenteeism from work. Women face a disproportionate amount of the care burden for tobacco-attributable illness, as women make up the majority of those providing unpaid home-based care including both for long-term chronic conditions and children who fall sick due to exposure to secondhand smoke.[6]

2. The risks of some tobacco-related diseases are higher in women and tobacco is associated with gender-specific health consequences.

Women face higher risks of some smoking-induced diseases. For example, women who smoke are more likely to develop chronic obstructive pulmonary disease (COPD) then men who smoke,[12] and do so at a younger age.[13] Women smokers are also more likely to develop coronary artery disease than their male counterparts.[14] Potential reasons for these gender differences include differences in smoking behaviours and greater biological susceptibility to toxins.[15] Women smokers also experience gender-specific health consequences, including increased risks of cervical cancer, osteoporosis, fertility impairment and premature menopause.[7,14] Transgender women who smoke while undergoing estrogen therapy may be at increased risk of thromboembolic events.[16]

More than half of the 1.3 million annual deaths due to secondhand smoke exposure are among women.[5] Women often face difficulties negotiating smoke-free spaces including in homes and cars, particularly in countries with high rates of male smoking.[17,18] Exposure to secondhand smoke is linked to a variety of health impacts, including poor pregnancy outcomes, lung cancer, and heart disease, amongst others.[19]

i LGBTQ+ is an acronym for lesbian, gay, bisexual, trans, queer and other gender identities and sexual orientations not covered in the acronym. UNDP acknowledges that the terms covered under the acronym are in constant evolution and that their use and the meaning attached to them varies from one place to another.

ii For the purpose of this document, the term gender as a qualifier (i.e. gender-responsiveness and gender equality, gender-based disparity) is understood to include not only women, but also persons that do not adhere or are perceived to not adhere to traditional binary gender roles or have or are perceived to have sexual orientations that are not heteronormative.

WHAT NATIONAL MACHINERIES OF GENDER EQUALITY NEED TO KNOW
Tobacco control

3. The tobacco industry exploits gender stereotypes and increasingly targets women, girls and LGBTQ+ people.

The tobacco industry has perpetuated gender norms for many decades through targeted advertising to appeal to different groups.[7] This has included campaigns which focus on masculinity and risk-taking to appeal to men using figures perceived as hypermasculine.[6] Among women, the industry has sought to exploit shifting societal gender norms. While social and cultural constraints once prevented many women from smoking, in many countries these are now weakening, leading to a global surge in women and young girls who use tobacco. The industry has capitalised on this, employing marketing strategies that associate smoking with concepts such as independence, beauty, glamour, empowerment, and sexual allure.[6, 20]

The tobacco industry has also targeted LBGTQ+ people through direct advertisements, sponsorships and promotional events. Tobacco companies have made numerous donations to LGBTQ+ rights organizations as well as sponsoring pride events. Sponsorship and promotion are also common at LGBTQ+ nightclubs and bars, including giving away free cigarettes. As a result of this pervasive and targeted advertising, LGBTQ+ people are more likely to be exposed to tobacco industry marketing.[8, 21]

4. Incorporating gender equality and intersectionality principles into tobacco control at all levels is essential.

Women's unequal representation in medical research puts their health at risk.[22] Gender inequality is widespread in health leadership globally[23] and unequal representation of women is associated with gender being insufficiently included and reported in health studies.[24,25] Women are often underrepresented in smoking-cessation trials.[7]

Gender-based barriers and disparities also impact women and LGBTQ+ people from accessing tobacco cessation services and health care for tobacco-attributable illnesses. Gender biases result in women receiving poorer standards of care for tobacco-attributable illnesses such as cardiovascular disease (CVD). Women face challenges to get reported symptoms taken seriously, with evidence that women are asked fewer questions, given fewer examinations and receive fewer diagnostic tests.[7] LGBTQ+ people also often face barriers including reduced health-seeking behaviour due to stigma and reduced access to healthcare.[21]

Tobacco and Gender in International Agreements

The Kobe Declaration, adopted in 1999, recommended a number of key actions at national and international level including increasing public funding for research and advocacy on women, girls and tobacco, ensuring gender equality becomes an integral part of tobacco control strategies as well as increasing public funding for counter-advertising that disconnects tobacco use and women's liberation and reaches women and girls in all cultural contexts.[26]

FCTC/COP7(12) recognized the detrimental impacts tobacco imposes on women and girls and the need to address gender-specific risks when developing tobacco control strategies. The decision welcomed a previous report of the Convention Secretariat adding potential areas of gender-specific tobacco control measures and policies.[27]

WHO FCTC Article 4.2(d) urges states to take into consideration "the need to take measures to address gender-specific risks when developing tobacco control strategies".[28]

Intersectional and gender-responsive approaches to tobacco control means acknowledging how gender, identity, socioeconomic conditions, and other factors interact to create a unique set of challenges for women and LGBTQ+ tobacco users. For example, LGBTQ+ people are also likely to be part of other groups which experience higher smoking prevalence such as people with mental health conditions or experiencing youth homelessness.[21] Gender-responsive approaches promote interventions that challenge gender norms, promote gender equity, and support people to make informed choices for their health.