



INTERNATIONAL NETWORK OF WOMEN AGAINST TOBACCO

Tobacco, Young Girls and Women in India

By Mira Aghi and Cecily Ray

In a milieu of social change in India, fueled by foreign news media, influence of foreign films and globalizing economic players, a tug of war is going on for women's minds between the tobacco pushers on one hand and societal values on the other. In a country where smoking is generally not socially acceptable for women, it is increasing among certain social groups. While attitudes about smokeless tobacco use by women are more ambivalent, its use by girls and women has been increasing.

Smoking

Around 3 or 4 percent of all women (aged 15 and above) smoke cigarettes or bidis in India (IIPS2007; Jha, 2008) and about half of that proportion (1.4 percent) smoke in reproductive age (15-49 years). This is equivalent to 0.5 percent of women of reproductive age in urban areas and 1.8 per cent in rural areas. (IIPS2007). Smoking prevalence is known to be highest in Jammu and Kashmir, Bihar and the northeastern States (Rani 2003). More young women are seen taking up cigarette smoking in cities. Bidi smoking is practiced by some women in rural areas or by women in lower social economic groups, mainly in north India. Hookah (water-pipe) smoking is a traditional form of smoking in north India still practiced by some women. A revival of this practice is taking place in urban areas due to its promotion by restaurant owners catering to a young crowd and the importation or smuggling of special tobacco preparations for water pipe smoking from West Asia.

continued on page 3

By: Lorraine Greaves

President's Corner

Girls and tobacco- world wide worries

This edition of the NET shines a light on the issue of girls and tobacco use. The Global Youth Tobacco Survey (GYTS) which was jointly developed by the World Health Organization (WHO) and the US Centers for Disease Control (CDC), revealed an alarming trend. Girls and boys are becoming more similar in their patterns of both tobacco use and cigarette smoking than they were in previous decades. This is bad news for girls, as it is evidence of acceleration in the trend of female smoking uptake. The other key finding of the GTYS is that more and more girls (and boys) are using tobacco products other than cigarettes. Both of these trends are worrisome for girls, as they indicate a departure from past patterns. What is causing this? Probably globalization, advertising, tobacco industry marketing all contribute to this situation.

continued on page 2

President's Corner continued from page 1

Girls and young women are more and more likely to be the subject of advertising, engaged with new media, and in tune with each other in a global community. While these communication patterns are exciting world developments, they also accelerate the spread of behaviours such as tobacco use, especially cigarettes.

While this means bigger and bigger profits for the tobacco companies, it means disaster for women's health, pressure on global health systems, degradation of the environment, and untold millions of deaths from tobacco in the 21st Century.

Further, it means that the millions of girls and young women who are beginning to smoke in low and middle income countries will grow into women who will struggle with both the economic as well as health costs. Economic pressures will affect them as individuals, and in their families and communities, as tobacco use spreads and tobacco production takes over their land and lives. The 21st Century will drain a lot of energy and health away from women, unless these trends are arrested soon.

This issue of the NET brings forward a wide variety of perspectives on girls and tobacco use from around the world. In countries such as China and India the potential markets for tobacco are huge, and girls form an integral part of that market. In Eastern Europe and Africa, the marketing of tobacco to girls and women is well under way. In our feature, Emerging Markets, we have numerous examples of this process that will underpin the female epidemic in the 21st Century.

The article on the situation in India by Aghi and Ray illustrates many aspects of the problem--the impact of globalization, the strong influences of tobacco marketing, movie depictions, urbanization, and the important dual issue of cigarette and smokeless tobacco use. They refer to health literacy issues and the rates of tobacco use among role models, such as school personnel. In short, there are numerous significant factors contributing to the development of the huge market in India. Girls are being influenced through branding of clothing, beauty and food products by tobacco companies, with the shocking results that girls are more likely than boys in India to start smoking before age 10.

But these concerns about girls are not confined to countries where the tobacco epidemic is still building. The Hemsing article describing a project with Aboriginal girls in Canada aimed at understanding smoking in the context of both culture and gender influences, makes it clear that there is much we don't yet know about addressing smoking among Aboriginal populations in high income countries.

The Okoli article about pregnancy and smoking among young women and girls clearly focuses attention on young pregnant smokers in higher income countries. In fact, the problem of pregnancy and smoking is almost entirely linked to young age and disadvantage in countries such as Canada, Australia, USA and UK. This observation alone gives us more information on how to intervene. The critical issue of how to prevent



smoking among girls, reflected upon in the review of evidence described by Okoli, similarly reveals that there is much we have not yet identified that is girl-specific in the field of prevention. This knowledge would help all of us across the globe in addressing the issues we face.

The good news is that there are so many individuals and groups who are concerned about these trends among girls. INWAT is leading the way in drawing attention to these issues, and will continue to keep the pressure on. We are particularly concerned with girls and women in low and middle income countries who stand to lose on so many different fronts if tobacco becomes part of their lives.

In short, there is a major challenge ahead of us in the tobacco control movement. INWAT is committed to empowering women, improving women's status and leadership potential, along with reducing and preventing tobacco use among the world's women. How do we encourage development, modernization and freedom for women, and how can tobacco control activities better contribute to that?

INWAT is an NGO in official relations to the World Health Organization (WHO), which also shares these goals and is a leader in applying a gender lens to global health. The WHO has recently developed two documents with the IDRC/CDRI and with me and my agency, the British Columbia Centre of Excellence for Women's Health, that draw attention to the importance of gender in developing tobacco policy, and to the evidence for different approaches in tobacco control for men and for women. These documents, Gender and tobacco control: A policy brief, and Gender and tobacco control: Sifting the evidence are both available for download on the website of the WHO-TFI at <http://www.who.int/tobacco/resources/publications/en/index.html>.

In this partnership with WHO, and in support of the FCTC concerns about gender, INWAT will be working extra hard to address and arrest these patterns that promise to dramatically detract from girls' and women's health in the 21st Century.

Tobacco, Young Girls and Women in India

continued from page 1

Workplace culture

Anecdotal evidence indicates an increase in cigarette smoking among women in occupational groups (Aghi, 2001; China view, 2008), but national surveys have not yet picked up any definite trend (Reddy 2004). Young women working at multinational corporations – including those involved in business process outsourcing (BPO) (Upadhy 2006), especially call centers – and overseas financial institutions, media firms in television, films and journalism, and those studying or teaching in schools of mass communication are starting to smoke cigarettes. What these groups have in common is a globalized or westernized work culture and outlook, high incomes, often stressful working hours and peer pressure.

Direct advertising

Another factor that may be pulling some women into smoking is cigarette advertisements, or memories of those that appeared before a new law banned tobacco advertising apart from point of sale. Since May 2004 when India's tobacco control law (Cigarettes and Other Tobacco Products Act [COTPA], 2003, see Box 1) went into force, cigarette advertisements on billboards began to be removed.

The earlier billboard advertisements, and often-identical ones in magazines or newspapers, featured upwardly mobile men. Some ITC (BAT affiliate) cigarette ads appeared to be targeted only at men, with the aspirational message "I get what I want". In others, a woman appeared, accompanying the man, as in the "Man with the Smooth Edge" Foursquare campaign. In the "Wills Made for Each Other" ads for Wills Navy Cut, a highly westernized and affluent looking couple was featured, always depicted in a playful mood, with the implication of equality between the sexes. (See Figure 1) (Miller 2007). The ambience in cigarette advertisements associated smoking with aspirations like independence, smartness and empowerment (Bansal 2005), something any modern, forward-looking woman can relate to.

Since the initial enforcement of the COTPA on advertising in 2004, the billboard ads were replaced by colorful signboards at points of sale (which can be interpreted as billboards) bearing the brand names and logos and/or pack shots of cigarettes. Sometimes these are accompanied by background images, such as of youth, both male and female, engaged in sports or recreational activities. While in the 2005 pre-COTPA study by Bansal, and colleagues based on earlier observations, cigarette advertising was said to be "ubiquitous in the environment," the latest GYTS in India has not shown a significant reduction in the proportion of youth seeing tobacco advertising from 2003 to 2006. In 2006, 37.8% of students reported having seen "a lot of cigarette advertisements" on billboards in the previous 30 days (Sinha 2008).

While one tug of war for women's smoking is taking place in certain work cultures, another is taking place in the courts, where tobacco distributors and sellers are disputing the constitutionality of the COTPA, especially the prohibition of advertising at point of sale and sale within

100 yards of educational institutions, as they say it violates their right to a livelihood. While these cases languish in the courts, colorful signboards with brand imagery and sometimes misleading words (like "lights" or "mild") are seen at every shop and many kiosks selling tobacco products.



Box 1. The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003.

This Act:

- Prohibits smoking in public places
- Bans advertisement of cigarettes and other tobacco products, direct or surrogate except at point of sale (with some restrictions)
- Prohibits sponsorship of sports and cultural events by tobacco manufacturers
- Prohibits sale of tobacco products to minors and within 100 yards of educational institutions
- Requires health warnings, including pictorial warnings (not yet in force)
- Requires statement of nicotine and tar contents (not yet in force)

Indirect advertising

The tug of war for the mind is intensifying as the cigarette companies step up their efforts in brand stretching and surrogate advertising, and event sponsorship (music concerts by the ITC, bravery awards by Godfrey Philips). The largest of the companies, the ITC, with around 70% of the cigarette market, and formerly associated with cricket sponsorship, launched a fashion retail chain in 2000, pulling in talented and known designers selling western wear for men and women, named after its range of Wills cigarettes. In a press release of August 22, 2006, Wills Lifestyle was said to be planning to double the number of its stores from 50 to 100 in 2-3 years, partly by entering into smaller towns. (ITC Portal website).

The law addresses such indirect advertising, but law enforcement authorities have not as yet acted on this. Surrogate tobacco advertisements in India can be divided into two types: The first type of ad is targeted at women with a globalized outlook. These are mainly fashion advertisements (Wills Lifestyle, John Players and Miss Players fashions) and the retail clothing stores they advertise for, as well as a range of fragrances and bath

and body care products (Essenza di Wills), soaps (Vivel di Wills, associated with the image of a famous young actress), and a shampoo (Fiama di Wills). The second type of ad is targeted at more traditional women: for shampoo (Superia) and food products. The ITC has even dared to play a role in traditional Hindu worship at home usually conducted by the woman of the house, by offering the sale of incense sticks (Mangaldeep). All the TV advertisements are in the Hindi language (Ghosh, 2008).

In February 2006, the Wills Lifestyle (WLS) brand was a sponsor of a national fashion week of the Fashion Design Council of India (Rao, 2006). Initially these weeks received a lot of publicity and the Wills name was seen in news reports in television and the print media until a clamp down after the entry into force of COTPA. However the continuing influence on the fashion world, including the models, remains. Fashion is becoming an ever more influential force in society, as fashion trends are increasingly going global with western and Chinese influences. Women's magazines are full of photographs of new designs for women, including WLS wear. These clothes would appeal to women who already have a westernized or globalized outlook.

The ITC seems to have realized that if it is going to get a response from women in cigarette sales, it will have to move closer to more traditional women – those who are already moving towards a greater consciousness of personal appearance as expressed in the growing popularity of beauty parlors and fitness centers in rural areas and small towns (Indian Express 2006). Some of the ITC range of shampoos bear the name of Wills and some do not, but all bear the ITC logo. These are not available in most shops or beauty parlours (where there are plenty of other brands), but are seen in television advertisements in the Hindi language. Free samples have been delivered door-to-door along with the daily newspaper or with home delivered Dominos pizzas in New Delhi. Additionally they are seen on the ITC website. In rural areas where the ITC conducts water management programmes and agricultural technical assistance programmes, it has opened retail grocery stores where ITC products are sold.

While smoking by women is viewed as an unacceptable western practice associated with other undesirable behaviours and attitudes, the ITC seems to be going to great lengths to approach the traditional Indian woman and families by associating its corporate image with everyday food products. (Thus the slogan on the website: "ITC. Touching your life. Every day") These products include such as whole wheat flour for making traditional un leavened breads (chapattis and parathas), convenience foods, such as ready to serve traditional dishes and pasta packets with instant sauces for children's snacks, as well as biscuits and chips. The ITC whole-wheat

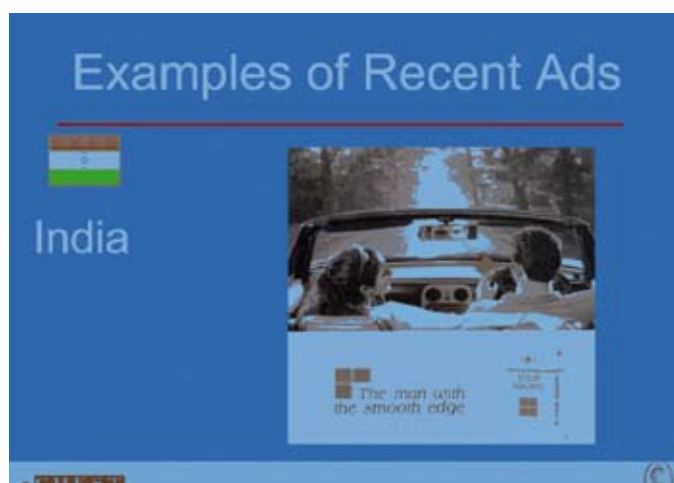


Figure 1. Cigarette advertising in India



Figure 2. Smokeless tobacco (surrogate) in India

flour and the convenience foods are on sale at many urban stores and are advertised in women's magazines. The biscuits and candies, targeted at children, are commonly available at grocery stores and tobacco shops. Other products are not currently seen in ordinary stores, but are likely to be seen in the rural ITC retail stores.

Another non-tobacco product advertised in women's magazines is 502 Pataka tea, considered a surrogate for 502 Pataka bidis.

Cigarettes in Films

While most smoking in Indian films is associated with powerful men (often villains), as well as women in negative roles, cigarette smoking has also been occasionally used by sensitive thoughtful women and women sharing a smoke with the man in their lives. Even where a man is the only one shown smoking, there is often a sympathetic woman shown nearby (World Health Organization, 2003; Action Council Against Tobacco, 2005).

The Global Youth Tobacco Survey (GYTS) of the World Health Organization and the Centers for Disease surveys school-attending adolescents approximating the age group 13-15 years. It shows that current cigarette smoking prevalence (in the last 30 days) among girls is 1.8% (1.1-2.8) and bidi smoking prevalence is 1.3% (0.9-1.9) in India as a whole (while among boys the corresponding figures are 5.9% (4.7-7.4) for cigarette smoking and 5.1% (3.7-7.1) for bidi smoking), and there are considerable regional variations (Sinha et al 2007). A different analysis of the same data shows that current cigarette smoking among girls is 1.6% (1.0-2.6) and among boys it is 5.4% (4.3-6.7). (Sinha 2008). No increase in smoking was registered between 2003 and 2006. However, most of the increase in female smoking is likely to be seen in women over the age of 16 years.

The Global Surveys of School Personnel conducted in India show that in all India, cigarette and bidi smoking prevalence among female educational personnel is only 2.4 and 2.1 per cent respectively; in the Northeast it is 10.0 and 8.8 per cent. And in the East, (where Bihar is located), it is 4.2 and 6.6 per cent (Sinha 2007). Yet in the state of Bihar alone, 31 per cent of female school personnel were found to smoke cigarettes or bidis on a slightly less recent survey (Sinha 2002).

Smokeless Tobacco Use

Smokeless tobacco used for centuries by some proportion of women in India, seems clearly on the increase. Till a few decades ago, most of smokeless tobacco used by women has been either inexpensive processed forms or in unprocessed state, then processed by them at home into snuff or burnt tobacco powder or incorporated into betel quid (paan). Since the 1970s processed smokeless tobacco has been increasingly sold in foil sachets, the best selling form of which is gutka, a scented chewing tobacco (claimed to be 'zarda') mixed with all the flavourful ingredients used in paan, i.e., paan masala (e.g., areca nut, spices and resins) along with calcium hydroxide paste and other chemicals like magnesium hydroxide. The only missing ingredient of paan is the fresh betel leaf. Gutka reminds the user of traditional paan, while no preparation is necessary. Paan masala is also sold in sachets identical to those of gutka except for

the product name. Another more traditional tobacco product is also being marketed similarly: khaini – a menthol scented moist snuff – a surrogate non-tobacco product called chaini khaini has been advertised, with pictures of glamorous young women.

Advertisements for paan masala, a non-tobacco product, always call to mind the product gutka and are considered by tobacco control advocates to be surrogate advertisements. Paan masala advertisements have increasingly included the portrayal of women as users or the product along with men (Figure 3) (Miller, 2007). The entry into force of the COTPA, prohibiting advertisements that indirectly promote tobacco use, has not yet been used to clamp down on paan masala advertisements. The tobacco industry is working hard to glamorize chewing of tobacco among women and girls.

The GYTS shows that smokeless tobacco use prevalence among girls is 5.5% (4.0-7.7) and any tobacco use is 9.7% (7.2-12.8) in India as a whole (among boys the corresponding figures are 9.9% (7.9-12.3) and 17.3% (14.5-20.4)) (Sinha 2007). No significant difference between boys and girls for any tobacco use was found in five of six regions, indicating an increase in use among girls and a lifting of social barriers to tobacco use among girls (Sinha 2007).

Prevalence of smokeless tobacco use among female school personnel in all of India is 11.9 per cent; in the North it is 21.3 per cent and in the Northeast it is 26.5 per cent (Sinha 2007). In Bihar, 53.4% of female school personnel used smokeless tobacco in 2002 (Sinha 2002).





A small study on school students in Punjab, where tobacco use has been traditionally very low due to the religious injunctions against its use, found that pan masala advertisements on buses and television had greatly influenced these adolescents, both boys and girls and influenced them to try pan masala and gutka (Kaur 2002). Other unpublished studies done elsewhere, such as Gujarat, have shown a similar influence (Gupta 2004).

Discussion

Factors making girls and women vulnerable to peer pressure and tobacco advertising include: 1) a lack of knowledge or a partial knowledge about the impact of tobacco use on health and on reproductive outcomes; 2) increases in purchasing power of girls and women 3) well-funded and alluring marketing campaigns linking the emancipation of women with smoking or smokeless tobacco use.

Sinha (2008) while reporting on GYTS data mentioned a revealing fact, namely that in 2006 over one third of ever-smokers initiated smoking before age 10 with girls significantly more likely than boys to start smoking so early. This is likely to be due to two reasons: Impact of promotion and non-implementation of the tobacco legislation. Tobacco legislation is likely to protect girls from buying tobacco before the age of 18 only if the legislation is strictly implemented everywhere in India (Sinha 2008)

Increasing access to electronic media and print media, along with increasing literacy, means that tobacco advertising, be it direct or surrogate, will reach women. According to the third round of the National Family Health Survey 65% of women (85% of urban and 55% of rural women) had access to the media (TV, radio or newspaper) at least once a week (NFHS-3 – India 2007 Factsheet). Previously a survey found that 50 out of every 100 Indian women watch TV or listen to the radio regularly (Sarma, 1998).

Positive Attitudes to Build On

A poll of youth (aged 18-25 yrs), including 267 young women, visiting a local cultural festival held this past February in Mumbai were overwhelmingly against dating a smoker (67%) or marrying a smoker (75%) and very few were smokers themselves. They also overwhelmingly supported smoke-free public places (Salaam Bombay, 2008).

Health awareness programmes are needed in schools, colleges and workplaces that emphasize the dangers of smoking, especially to both women and men and to children born to smokers.

Action Council Against Tobacco. Tobacco in Movies & Impact on Youth. A study by Burning Brain Society. Research and Evaluation of Hindi movies released in 2004 and 2005. Supported by World Health Organization and Ministry of Health and Family Welfare. Video available in part at: <http://in.youtube.com/watch?v=s1rFQfOnhA>

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Smoking during pregnancy more common among girls and young women under 35

By Chizimuzo Okoli, PhD, British Columbia Centre of Excellence for Women's Health, Vancouver, Canada

About 20%–30% of women still smoke during their pregnancy in Canada (1-4). However, younger women, under 20 years of age, are up to five times more likely to report smoking during their pregnancy than women over 35 (5). Although 30 - 40% of smokers quit during pregnancy (6), this is often brief, with nearly 70%–90% returning to smoking by one year after having a baby. (6) Many pregnant smokers who enroll in smoking cessation programs suspend their smoking for the duration of their pregnancy as opposed to quitting altogether (7) ; or they commit to “temporary abstinence” (8) instead of changing the way they view their smoking behaviour. However smoking cessation among pregnant girls and young women is not often addressed; possibly because of the double stigma related with teenage pregnancy (9) and smoking during pregnancy. (10)

So how do we encourage pregnant girls and young women to quit smoking? First of all, advice to quit smoking from health care providers can motivate girls and women to attempt to quit smoking (11, 12). Yet many health care providers still fail to address quitting with their patients (13) because they may feel unskilled to address the issue of smoking, or because they do not feel that they have the time for meaningful interventions (14, 15). It is important to encourage girls and women who are interested in quitting to engage their health care providers in talks about quitting smoking.

Second, many women who quit smoking during pregnancy do so for ‘the baby’ rather than for themselves. However, tobacco use can have harmful effects on girls and young women’s health and bodies beyond just harming the fetus. Girls and young women need to be encouraged to see quitting smoking as one important way to stay healthy and take care of their own health. Such encouragement can motivate, promote, and strengthen a commitment to permanent quitting.

Third, quitting smoking is a process in which girls and young women can experience some set-backs and relapses. Taking care of nutrition, exercise, and stress reduction as they go through the process of quitting can improve the chances of success for girls and young women.

Finally, avoiding secondhand tobacco smoke exposure and using positive support networks (such as friends, family members, supportive partners e.t.c.) can greatly affect the success of quitting smoking. It is important for girls and young women to consider more than one



approach to quitting smoking by using available counseling, group programs, and pharmacologic aids in discussion with their health care provider.

You can refer to our report *Expecting to Quit*, (16) which is an overview of better practices in addressing smoking during pregnancy. This resource is also available in French, Spanish and Portuguese (www.inwat.org) The British Columbia Centre of Excellence for Women's Health is currently engaged in updating our review of literature on interventions with pregnant smokers. You can check out tips to quit smoking or to help someone you know who is pregnant to quit smoking at the following sites:

1. www.tobaccofree.org/quitting.htm
2. www.lungusa.org
3. www.helpingyoungsmokersquit.org
4. www.helppregnantmokersquit.org
5. www.smokefree.gov/quit-smoking/index.html

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CAMEL No. 9 – LATEST BRAND AIMED AT WOMEN

By Victoria Almquist

One of the most egregious examples of the tobacco industry's putting women and girls in its crosshairs in the United States was the glitzy rollout of R.J. Reynolds' new women-targeted extension of its Camel brand, Camel No. 9. According to R.J. Reynolds (RJR), the company developed the product because women smokers "didn't feel that Camel had a brand for them." Eager to fill that void, RJR created Camel No. 9, with sleek packaging (black with fuschia foil), flowery ads, a pink camel on every cigarette and the slogan, "light and luscious."

Camel No. 9 was launched in January 2007 with a huge marketing effort, estimated at costing between \$25 and \$50 million. From January through May 2007, full-page ads ran in U.S. women's magazines that have high youth readership such as Glamour, Cosmopolitan, Marie Claire, InStyle and Vogue. Point-of-sale marketing is still pervasive throughout the U.S. The direct mail marketing for this brand continues to be extravagant and includes dollar-off coupons and offers for a variety of free cigarette cases and lighters. Perhaps the most visibly outrageous aspect of this marketing campaign was the Camel No. 9 parties – "ladies only" nights held in bars across the U.S., offering women facials, manicures, makeup and hair styling; all to be enjoyed while smoking a free pack of Camel No. 9's and drinking a new drink named in honor of the brand -- the Divine Nine martini. Participants at these events were given goody bags full of treats and coupons. In some locations, the goody bags included pink crystal "jewelry" for cell phones and lip-gloss, both of which seem aimed at girls.

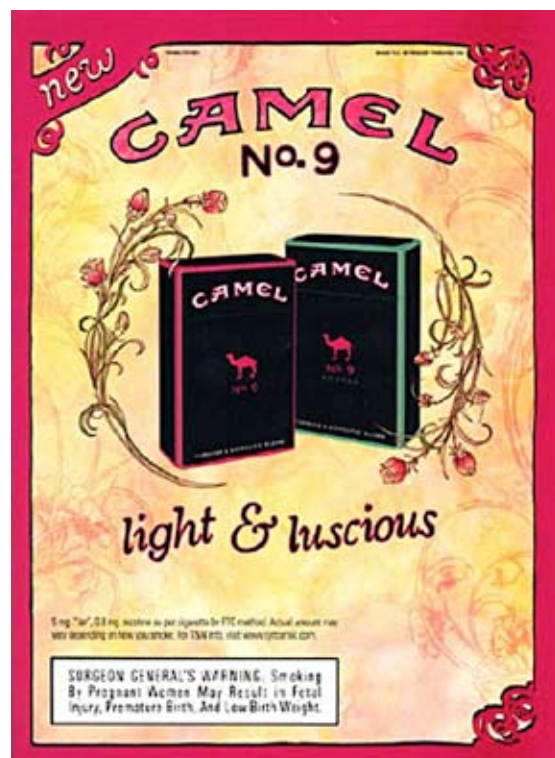
In addition to the paid marketing, there was viral marketing. Numerous blog entries quickly created "lore" for the new cigarette -- Camel No. 9's were touted as tasting like chai lattes, of leaving less of an odor in clothes and hair, and of not smelling as bad as regular cigarettes. Young women wrote that they loved the look of the new cigarette and saw the striking packaging as a fashion accessory.

Clearly RJR had a winner on its hands and in the summer of 2007, RJR introduced an extension of the brand, Camel No. 9 Stiletto (100's). It is almost unheard of to launch an extension of a new brand in the same year that the brand was introduced and this speaks to the success of this new product.

This blatant marketing to girls and young women created outrage among a wide range of people -- women, parents, legislators, journalists, tobacco control advocates and the general public. Numerous articles were been written in national and local press in the U.S. and several members of the

U.S. House of Representatives weighed in with two letters to the editors of the women's magazines running the ads. And a campaign run by the Campaign for Tobacco-Free Kids enabled U.S. advocates to send emails to editors of the women's magazines; this effort generated over 4,000 personal (not form) messages to the editors, none of which received a response. The lack of meaningful response to the Congressional and other letters generated its own media, creating bad publicity for the women's magazines.

The marketing of this product continues in the U.S., although not as blatantly. In December of 2007, R.J. Reynolds announced that it would suspend all advertising of its products in print media in the U.S. starting in January of 2008. RJR no longer promotes "ladies night" bar events, although there is anecdotal evidence that these events are continuing, but not at the pace of 2007. However, the point-of-sale and direct mail marketing continues, but these forms of marketing are less visible to non-smokers and the general public and hence less likely to generate as much controversy for RJR.



“Examining the relationship of gender, culture and tobacco use among Aboriginal Canadian teens” ?

By Natalie Hemsing, MA, British Columbia Centre of Excellence for Women's Health
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Smoking rates among Aboriginal teenaged girls are the highest of any group in British Columbia (BC) Canada. Fully 32% of female Aboriginal teenagers report current smoking, compared with 22% of Aboriginal male teenagers, 17% of all BC female teens and 13% of all BC male teens (1, 2). Aboriginal girls and boys also initiate smoking early; 87% of smokers have begun by age 14, and 31% initiated at age 10 or before (3).

Prevention and cessation research and program development is an urgent priority given that 50% of Canada's Aboriginal population is under 25 years of age (4), the early age of smoking initiation, and the high prevalence of tobacco use. Traditionally, high smoking rates among Aboriginal and other populations have been explained in terms of the accumulation of statistical risk factors for tobacco use, including parent and peer smoking (5), history of abuse and traumatic life events (6), low-self esteem and depression (7, 8). However, presence of these risk factors fails to completely explain the variance observed in Aboriginal Canadian teenage smoking behaviour.

In response, the British Columbia Centre of Excellence for Women's Health (BCCEWH) is currently involved in two projects examining smoking among Aboriginal adolescents. Aboriginal Adolescent Girls and Smoking: a Qualitative Study (funded by the Canadian Institutes of Health Research) is a collaborative research project linking Aboriginal and non-Aboriginal researchers to examine gender and culture-related factors influencing smoking among Aboriginal adolescent girls (13-19) in six communities in British Columbia. Interviews with Aboriginal girls are currently being analyzed, and focus groups will then be held with girls to discuss relevant themes and issues associated with their smoking behaviour.

A second research project, being carried out at the BCCEWH is Gender Identity, Ethnic Identity and Tobacco Use Among Aboriginal Adolescents (funded by the Vancouver Foundation). This research explores the relationship between gender identity, cultural identity, and associated stress and smoking behaviours. Gender and ethnic identity have demonstrated links to mental health, stress and substance use (9, 10). Yet no studies have examined these issues with Aboriginal Canadian girls and boys. Hence, existing measures on culture and gender identity have been modified and are currently being piloted in a survey of 100 Aboriginal teen girls and boys. Data will then be analyzed

to determine the usefulness of the measures and to see if there is any link between gender identity and Aboriginal identity in predicting smoking behaviour. Both of these projects seek to increase knowledge about the interconnections between gender and culture in affecting Aboriginal teen girls and boys' smoking patterns, and offer useful information to Aboriginal communities and health planners regarding prevention and cessation approaches.

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Using gender-specific strategies in the Youth Quitline

By Sophia Chan, David Wong, Angela Leung, Yim-Wah Mak, Daniel Fong, Doris Leung, Debbie Lam and Tai-Hing Lam of the University of Hong Kong.



Figure 1. Hong Kong Youth Quitline website

Youth smoking is a major concern in public health, and quitting at an earlier age can largely reduce the health hazards due to smoking. Although most Asian countries have a low smoking prevalence for girls and young women, increasing trends have been observed. According to the Global Youth Tobacco Survey, the smoking prevalence of girls aged 13 to 15 (regular smoking in young people is defined as smoking at least 1 cigarette in the past month) in the Western Pacific Region rose from 7.8% in 1999–2005 to 8.4% in recent years.^{1,2} In Hong Kong, the daily smoking prevalence of young women aged 20 – 29 rose from 6.2% in 2002 to 7.0% in 2005.³ There is a growing need for smoking cessation services and trained personnel to help girls and young women stop smoking, and a smoking cessation hotline is an effective and cost effective means to assist smokers to quit.⁴ Not only can it serve a large segment of the population regardless of geographical location, it is also easily accessible and affordable. Although there are increasing quitline services globally,⁵ few focus on special groups such as youth and young adults. There is little information on the characteristics and needs of young female smokers who call quitline services, and this article reports on the smoking history, current smoking behavior, stage of readiness to

quit, reasons to quit, perceived most tempting situation to smoke, and perceived level of importance of quitting to young female smokers who received quitline counseling in Hong Kong.

The Department of Nursing Studies of the University of Hong Kong initiated the first Youth Quitline in Hong Kong in 2005. The quitline operated from Monday through Friday (5 – 9pm) and Saturday to Sunday (2 – 6pm) to capture young smokers after school/work, and was managed by trained peer counselors (secondary school and university students) to provide tailor-made smoking cessation counseling for youth and young adults aged 12 – 25 years who were current smokers.⁶ A detailed assessment of the person's smoking status, past smoking and quitting history, stage of readiness to quit, and nicotine dependence, was conducted by the counselor. Each telephone counseling session lasted for about 40 minutes, and was based on the 5 "A's" strategy (Ask, Advice, Assess, Assist, and Arrange), and the stage of readiness to quit smoking, and provided advice on overcoming withdrawal symptoms and preventing relapse.^{4,7} We contacted the smokers at 1 week and 1 month after the initial call, to assess the progress and provide further counseling where necessary.

Follow up calls were conducted at 3 and 6 months to assess the smoking status of participants. We also encouraged smokers to access our website (www.hku.hk/yquit) (Fig 1) to obtain information and resources about smoking cessation.

Up to December 2007, 130 young women were in the group that completed baseline telephone counseling, of whom 88 called the quitline proactively, and 42 were referred by school teachers and social workers. About 29% were aged 12–14 years; 27% aged 15–17 years; and 44% aged 18–25 years. The mean age to start regular smoking per month was 13 years (SD = 2.1), with the youngest aged 9. On average, participants had smoked for 4 years (SD = 3.2), and 48% smoked fewer than 10 cigarettes on a typical smoking day. Over half (59%) had low nicotine dependency, and 63% had past quit attempt(s). About one-third were not ready to quit (pre-contemplation stage), 38% were in the contemplation stage, and the rest were in the preparation/ action stage. Most wanted to quit due to concerns of their own health (58%), or requests by school teachers, parents or friends (33%). (Fig 2) The most tempting situations to smoke included other people smoking nearby (55%) and craving (27%). (Fig 3) Young women with smoking parents (58%) perceived quitting being less important (mean score = 7, out of a possible range of 0-10, with higher scores indicating more important) than others without smoking parents (mean = 7.5) (P = .03).

Nearly all women who smoke started smoking as teenagers, and early intervention is important to promote smoking cessation in young women. Those who called our quitline had varying stages of readiness to quit smoking, and those who had smoking parents perceived less importance to quit. Many female smokers experience unique risks related to menstrual and reproductive functions, hormonal influences, fear of weight gain, and lack of social support.⁸ One of the strategies to motivate them to quit is to tailor the counseling by focusing on specific woman's health concerns in relation to smoking and highlighting problems that are relevant to smokers.

Although many young women in Hong Kong are considered to be light smokers (occasional smokers and those who smoke fewer than 10 cigarettes on a typical smoking day), the majority were tempted to smoke when others were smoking nearby or by craving. Behavioural skill modification to resist smoking temptations, and solutions to counteract nicotine withdrawal symptoms would be appropriate to assist this group of young female smokers. The trend of smoking among women will continue to increase because of the keen tobacco promotion targeting woman, especially in developing countries, and the lack of governmental attention on woman smoking. New initiatives to expand the existing smoking cessation services, with special emphasis on young women smokers, is urgently needed not only in Hong Kong and mainland China, but also the rest of the world.

This study was funded by the Health Care Promotion Fund, Food and Health Bureau (#18040084) and the Hong Kong Council on Smoking and Health.

continued on page 14

Figure 2. Reasons to quit smoking

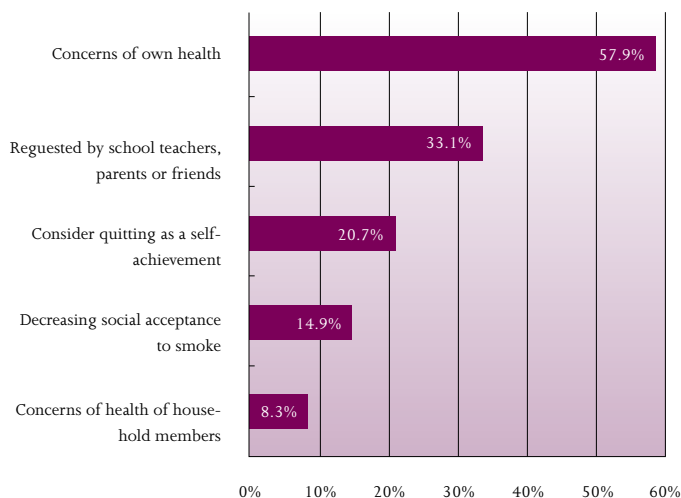
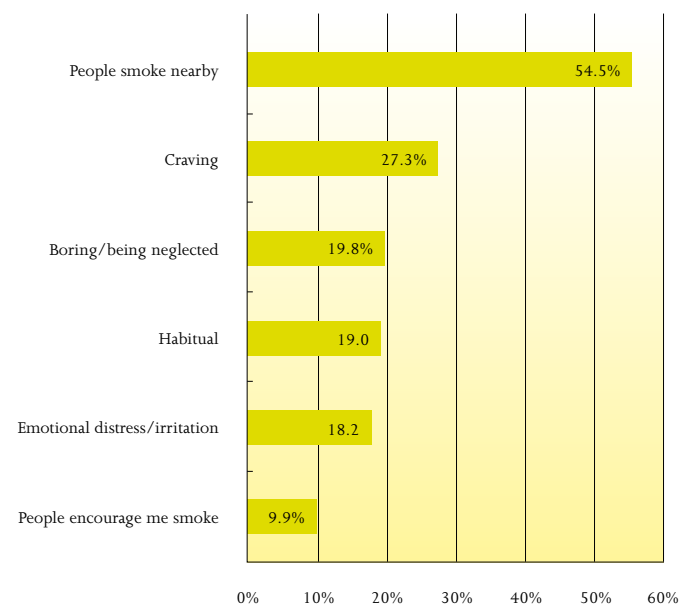


Figure 3. Perceived the most tempting situations to smoke cigarettes



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WOMEN AND TOBACCO IN ITALY

By Elizabeth Tamang, Martina Di Pieri, Annarosa Pettenò. Direzione Prevenzione, Servizio Sanità Pubblica e Screening, Veneto Region.

Smoking prevalence in Italy is 23.5%, with 27.9% of men and 19.3% of women smoking. Some 17.5% are ex-smokers of whom 22.6% are men and 12.8% women. Among young persons aged 15 to 24 years old 19.9% are smokers, of whom 22.5% are males and 17.3% are females with a peak of 25.9% among 21-24 year olds. (1) (2007 DOXA survey for Istituto Superiore della Sanità-ISS),

The average number of cigarettes smoked daily in Italy decreased from 16.8% in 2002 to 14.1% in 2007. The introduction of the smoking ban in all public and work places passed in 2003 and implemented in January 2005 could have had an effect on this reduction. The average number of cigarettes smoked every day by young people is 9.9 compared to the 14.1 smoked by adults.

• Women and smoking: (1)

- In Italy 19.3% of women are smokers. The highest smoking rate of 29.3% is in the age group of 25-44 year olds. Smoking rates among other age groups include 17.3% of 15-24 year olds, 19.1% of 45-64 year olds, and 6.7% of those 65 years of age or older.
- Geographically the highest number of women smokers are found in the Centre of Italy (28.2%) compared to the North (17%) and the South (17.3%).
- Incidentally, the highest number of smokers is found among 24-34 year old women. The majority of these women have higher education, are degree holders (29%), managers and professionals (38%), and are certainly better informed about the serious health risks correlated to smoking. (2,3)
- 53% of women smoke an average number of 15 cigarettes a day, whereas 41% smoke between 15-24 cigarettes and 6% smoke more than 25 cigarettes a day.



- Daily life stress is considered by women as the first reason for their smoking habit. In recent years the tension women face for their careers, being on the same level if not better than their male colleagues, coping with their families and at work has put a lot of pressure on them, so smoking has become a private moment, a get away from all worries and fatigues of daily life. Nevertheless 76% of the women smokers interviewed declared they do not like the aroma or smell of cigarettes, they know smoking is an acquired habit, and 64% declared they smoke because they are addicted to tobacco and nicotine. (2,3)

• Smoking habits in young people: (1)

- Among Italian girls between 15 and 24 years 17.3% are smokers, with the highest rate of 25.9% among girls aged 21 to 24 years.
- Italian girls start to smoke between 15 and 17 years (56.4%) with an average age of 15.9 years - the same age as their male counterparts (59.7%).
- Smoking by young people is done mostly in outside public places (86.5%) and in the company of friends (76.3%). In a survey, women smokers declared they light up with others and only 19% of women smokers declared they lived in a social context where no other women smoked. (2,3)
- Girls more often buy 20 cigarette packs (74.8%) than boys their age (67.8%), rather than the 10 cigarette packs (girls 21.6% vs. boys 32.2%).
- 94.9% of the young think second hand smoke is very or quite hazardous for health.
- 20.2% of young smokers have made at least one quit attempt.

• Health risks: (4)

- In Italy about 80,000 deaths every year are attributed to tobacco smoke.
- 34.4% of all causes of deaths attributed to tobacco occurs in persons between 35 and 69 years.
- In 2005 deaths from lung cancer (5523 deaths) among women were less than breast cancer (8505 deaths), but by far exceeded deaths by stomach cancer (3070 deaths), becoming the third cause of death from cancers among women (after cancer of the breast and colon rectum).

• Tobacco control strategies:

- In the last three years 1,660,000 persons have stopped smoking, 26.4% have been influenced a lot or quite a lot by the introduction of the law which banned smoking in all public and work places (law 3/2003 which entered in force in January 2005). (5)
- "Mamme libere dal fumo" ("Smoke free Mothers") is a project of the Veneto region which has become a national project where midwives are trained to provide counselling to pregnant women to stop smoking and remain non smoking especially after giving birth. It also promotes smoke free homes. (6)
- "Genitori Più" ("Plus Parents") another project from Veneto has become a national campaign programme promoted by the Ministry of Health dedicated to parents to improve the well-being and quality of life of their children and of the whole family by promoting seven healthy actions including smoke free parents and smoke free homes. (7)
- An interesting pilot study has also been carried out by the Scientific Institute of Cancer Prevention (CSPO) in collaboration with the Italian Cancer League (LILT) in 2004-2006 in Florence with the aim of validating a model of brief intervention to reduce or quit smoking among women who access the prevention of cervical cancer screening programmes of the National Health Services. Of the 2062 women contacted, of whom 562 (27.3%) were smokers, 177 smokers agreed to participate in the pilot study. Six months after the intervention 17% of the participants had quit smoking. After one

year the quit rate was 12.4% among the participants. There was a big reduction also in the number of cigarettes smoked and the delay in smoking the first cigarette among the other participants. By applying this model of intervention, it is possible to reach a large number of women smokers and contribute in reducing their smoking habits and tobacco related diseases in the country. The Health Ministry is financing a randomized study to evaluate the impact of counselling for smoking cessation and in promoting physical activity during cervical cancer prevention screening programmes in three regions (Toscana, Piemonte and Emilia Romagna) (8)

- There is a movement called "Movimento Donne control il Fumo" (Women against Tobacco Movement) under the Umberto Veronesi Foundation. It raises awareness on tobacco and women issue. Women's associations dedicated to cancer prevention, journalists, writers, actresses and successful women participate and put their expertise and experiences at the disposal of other women through interviews, testimonials and articles. A recent report from a survey has been presented by the Foundation describing the phenomenon of women smokers in Italy. The survey involved 19.6 million, of which 4.4 million were smokers. (2,3)

• Cessation support:

- There are 346 cessation clinics (266 belonging to Local Health Units and 80 to the Italian Cancer Leagues). Group cessation therapy is also offered both by the Local Health Units and by private non profit associations like the Cancer Leagues. (5) Unfortunately even today in Italy cessation methods offered are all still modelled on male criteria and characteristics.

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4. www.tumori.net/it/banca_dati/
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8. Chellini E., Iossa A., Gorini G., Gasparini A., Martellucci P.M., Terrone R., Grazzini G., Counseling sul fumo alle donne che partecipano allo screening del tumore della cervice uterina, Firenze.

CIGARETTE CONSUMPTION AMONG ADOLESCENT FEMALES IN GALICIA

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In Galicia, a region located in the northeast of Spain with a population of 2.75 million (1.4 million female), 25.4% of adults are smokers, with smoking rates for men at 30% and for women at 21%. In 2007, a study was conducted that assessed at-risk behavior in the youth population, collecting information on cigarette use, physical activity, eating habits and accidents, among other behaviors. This study, detailed below, looked at the prevalence of cigarette use among Galician females 15-16 years old, and analyzed the factors determining this behavior and its association with other risk factors, such as diet.

Methods:

The target population was adolescents enrolled in the fourth year of compulsory secondary education during the 2007-2008 school year. The sample of 2,029 students (1,119 female) completed an anonymous questionnaire of 66 forced-choice questions (32 about cigarette use), providing information about experimentation, their personal cigarette consumption and that of people in their environment, and the factors that affected use. The prevalence rates were calculated by gender and age (15 years; >15 years), with confidence intervals of 95%, taking into account the sampling design, and were compared applying the Wald test (Stata v10.0).

Results:

While almost three-quarters of the youth (73.1%) stated that they had never been smokers, 22.6% identified themselves as current smokers and 4.4% stated that they were former smokers.

Over one in ten (11.3%) identified themselves as daily smokers with an almost equal number (11.2%) being occasional smokers, and 57.2% having at some point tried cigarettes.

The average age of first use was 13 and the average start age was 13.7 years old. The majority (77.5%) smoked with friends; 30.5% stated that they smoked on the street and 28.4% smoked at a bar or disco. The students had been smoking an average of 23.7 months and 72.2% believed that they have smoked more than 100 cigarettes in their lives. Daily smokers reported smoking an average of eight cigarettes per day and the occasional users smoked five per week. Three-quarters of those surveyed reported smoking more on weekends and 14.5% smoke the



same every day, a pattern that is significantly higher for students over 15. Smoking rates were higher among young women whose mothers smoke, who have either a mother or both parents working outside the home, whose grades are worse than those of their classmates and who have more than 10€ per week to spend. Over a third of the students (33.7%) expressed a desire to quit, 46% had made quit attempts and 23.2% of the students surveyed stated that they need help to quit. Almost a third of girls who smoke have a poorer diet than those who don't smoke.

Conclusions:

The prevalence of smoking among Galician adolescents is high and smoking initiation occurs at an early age. There are few differences linked to gender. Smoking among Galician youth is significantly affected by having parents who smoke and/or who work outside the home and having more spending money or disposable income. Prevention programs should address self-esteem and resisting peer pressure and there is a need for school-based cessation assistance and programs that educate parents about becoming positive role models.

Emerging Voices



The latest in our series of articles by young women leaders in tobacco control is by Gabriela Requeira from Argentina. Gabriela is also Secretary of the Board of INWAT

Argentinean young women and smoking: You've come a long way, baby...

For many years, women leaders from Argentina have been working in different areas to find their social and political voice. From the acquisition of civil rights to the opportunity to vote for the election of the first woman President in December 2007, Argentinean women's image and social roles have continued to change. Today's Argentinean young woman is a woman who is far from the past: she is educated, has her own profession and job, has economic independence, no longer thinks of sex as taboo and is engaged in the technological world.

With the advent of this new woman has also come the establishment of the tobacco epidemic in young women, and the opportunity for the tobacco industry to use different marketing strategies focused on this growing segment in the country.

Recently, the promotion of fashion events has become one of the most common marketing strategies for the tobacco industry. It knows that image and beauty are strong elements for Argentinean women and they tend to be very involved with fashion. And it knows that fashion dictates what and who are "in" or "out." Market research shows that the goods that best represent the contemporary Argentinean woman are make-up, creams, clothes and perfumes.

The well known cigarette brand Virginia Slims uses the most popular fashion events and the names of famous designers and beautiful models to sell its products. In some cases, it also set up smoking lounges at fashion events where the women smokers could taste the new Virginia Slims Ultra Slims. Fashion models reinforce the image of glamour, beauty, success and fun that tobacco companies like to associate with cigarettes. In addition, fashion models are thin and, as we know, an important factor young women associate with smoking is weight control. So, this situation reinforces the tobacco marketing strategy because if models smoke to stay thin, the girls who want to be like models smoke so they will be thin.

We urgently need to take action to stop the spread of the epidemic and to make young women aware of the true nature of tobacco. Unfortunately, Argentina has not yet ratified the FCTC. There was an intention to ratify in 2005, but it failed. We need to encourage civil society and women's organizations to urge our governments to take the measures in our countries that internationally have been demonstrated to be effective. They must do this to protect current and future generations of women from the devastation of the tobacco epidemic.



The "female segment" in Argentina

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In one of their internal documents Lorillard stated in 1973 that "... the growing importance of the female smoker is due to several factors: fewer females quitting, more females beginning to smoke and girls accounting for a growing proportion of teenage smokers."¹ Although these words were written more than thirty years ago, they describe very well the current situation in Argentina in relation to female smokers or, in the tobacco industry's words, "the female segment".

Nowadays Argentina has one of the highest smoking prevalence rates in Latin America, 28.6% among adult and 21.3% among adolescent women.² As in some other countries, girls smoke more than boys. Following the model proposed by Lopez et al,³ that describes the smoking epidemic in four phases, Argentina is moving from the second to the third phase.⁴ This means that after a peak of smoking

continued on page 18

The “female segment” in Argentina continued

prevalence among men and rising prevalence rates among females’, males’ prevalence rates are expected to decline while the females will continue to rise. As declines can be significantly greater among highly educated persons³, it is likely that the tobacco epidemic will affect women, particularly low income ones.

International experience shows that at this point of the tobacco epidemic conditions for implementing tobacco control measures are more favorable.³ So, it is time for Argentina to act. Despite of recent progress, Argentina has not yet ratified the FCTC, nor does it have a comprehensive national ban on tobacco advertising. In order to advocate for legislation in accordance with the FCTC, we have been conducting some research about the tobacco industry’s marketing strategies.⁵ Our current work describes how tobacco companies have targeted women in Argentina and uses the information obtained to design more gender-specific tobacco control interventions.

We have begun a systematic search of previously secret Philip Morris (PM) and British American Tobacco (BAT) documents on different websites. Strategies described in the documents will be triangulated with a content analysis of tobacco advertisements found in the six largest Argentinean women’s magazines published during 1995-2008.

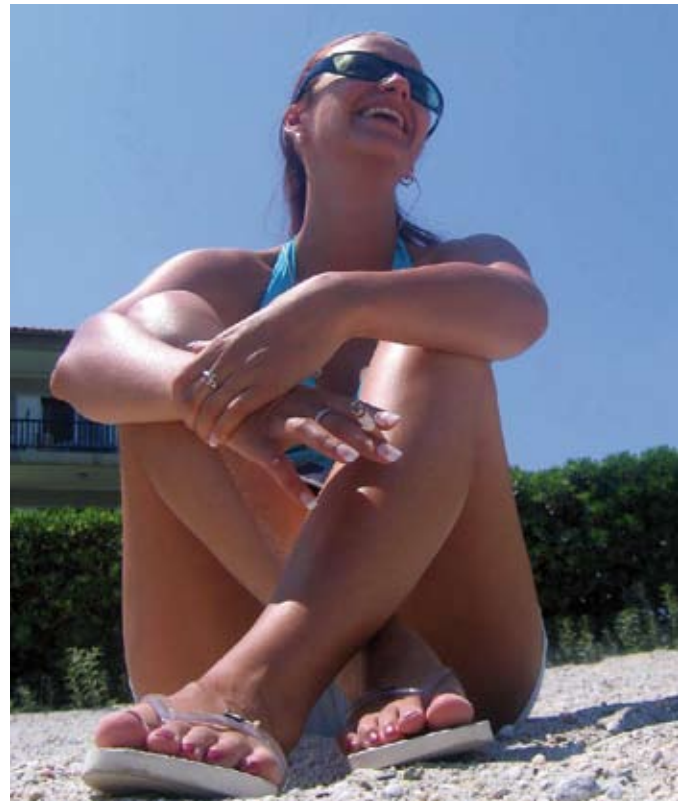
Our preliminary findings indicate that BAT research showed that Argentinean women smokers were resistant to advertising that singled them out for being female.⁶ BAT concluded this was the main reason for the failure of female brands such as Virginia Slims. Coincidentally, we found that only 1% of the advertising found in female magazines showed a woman as the main character.

Women were included in ‘lights’ and premium segment marketing. In 1990 BAT created a low price light cigarette targeted to youth. The target group characteristics were: fashion-aware, educated, health conscious, and influenced by market pressure towards low calorie food. Marketing strategies showed light brands as a means of reducing the perceived health risks associated with smoking.⁷ This strategy was so successful that in 1998 29% of the Argentinean market smoked light cigarettes, occupying the 8th place in the world market. Most of the consumers were young women who were for a middle-high income level.⁸ Likewise, 79% of the ads founded in women’s magazines belonged to light cigarettes.

Marlboro has been the best selling brand in Argentina since 1992 and the main one in the premium segment. During the 1990’s, PM placed Marlboro as the first brand choice in 45% of those starting to smoke, followed by lights with 26%. Thirty-eight percent of the starters were women, who were the youngest brand profile in the Argentinean market.⁸ Our findings put Marlboro as the most advertised brand in female magazines. Although 50% of Marlboro ads included promotional items, they were for men or unisex and never included female items.

Our principal conclusion is that the tobacco industry targeted Argentinean women using light and premium brands like Marlboro, rather

than using exclusively female brands. The description of prevalent gender norms in one country is a key finding because such norms can be used to develop more effective tobacco control interventions. We hope that these and future findings can help to design more efficient communication tools.



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What's Wrong with This Picture?

The South African government banned the advertising, promotion and sponsorship of tobacco products to the general public in January 2001.

Despite this, the following picture, which looks very much like an advertisement for a tobacco product called 'Shag', appeared in May 2008 in a publication called South African Convenience Retailer. In fine print, directly beneath the picture are the words, "The above information is not aimed at the general public and is exclusively an advisory & information source for the tobacco trade."

So, when is an advertisement not an advertisement? Does the disclaimer printed below the picture turn what looks like an advertisement for 'Shag' cigarettes into something else, and if so, what? What is the difference between an 'advertisement' and an 'advisory and information source'? Does the fact that the publication is aimed at the owners and managers of convenience shops mean that it is impossible for the publication to fall into the hands of members of the general public? Might it not be left open on a counter or other surface in a shop? And what about the children of the manager or owner of a convenience shop? Is it impossible that this advertisement could fall into their hands? Does this picture break the law?

Obviously, these are questions that are most properly answered in a court of law, and if the court deemed that the picture is an advertisement it would fall under the ambit of the law and therefore be banned. But that is not all that is wrong with this picture.

We have for a considerable period of time been accustomed to advertisements for tobacco products that are targeted at women and girls. Depending on how they are crafted by the advertising agencies these advertisements attempt to associate tobacco use with the universal desire of women for independence, glamour, beauty, freedom, youth and fun.

Does this advertisement fall into that category? It might. The picture of the very slim young woman might appeal to young women and girls as an 'ideal' body type to which they might aspire. On those grounds alone, it would be deplorable, given the persistent association among girls and some women of smoking with thinness, and the problems experienced mainly in adolescence with bulimia and anorexia.

But there is an even more insidious side to this particular advertisement.

The young woman in the photograph— and she is clearly very young-looking — is almost naked. Her only attire is a pair of lacy panties. Her pose is sexual. Coily, it seems, she has covered her obviously naked breasts with her folded arms but the look on her face is anything but shy. She is staring directly into the camera in a frank, inviting way. And the pair of 'angel' wings on her back are, moreover, inviting viewers to see her as angelic. What, one wonders, could a picture like this possibly have to do with the act of smoking a cigarette? The answer almost certainly lies in the name of the product, 'Shag'.



THE ABOVE INFORMATION IS NOT AIMED AT THE PUBLIC & IS EXCLUSIVELY AN ADVISORY & INFORMATION SOURCE FOR THE TOBACCO TRADE
DANGER: SMOKING CAN HARM THOSE AROUND YOU

Most dictionaries provide four or five definitions of the word 'shag'. Two of those are pertinent in this case. Used as a noun, the word 'shag' can refer to a coarse kind of cut tobacco. Used as a verb, it is vulgar slang for having sexual intercourse with someone.

All marketing is intentional. The name of this brand of tobacco, and the advertising that has been used to promote it have been carefully targeted towards sexual innuendo — and not very subtle innuendo at that. This depiction of a young woman as a sex object is profoundly offensive. It clearly impugns the dignity of women and is therefore repugnant.

And of what real use could this advertisement in a trade publication possibly be? It doesn't tell the tobacco seller anything about the quality of the tobacco product. In fact, it gives the trader no information about the product at all, save for its name, which could have been communicated in any other way.

It is therefore not beyond the bounds of reason to assume that the advertisement has been produced to provide titillation for the mostly male owners and operators of convenience shops, and possibly, to give them something that they might like to share with their friends or growing sons.

The tobacco industry is clearly not content only to target women as potential consumers of their deadly products, it is also prepared to use women as marketing tools for those products.

Photographic exhibition shows the benefits of quitting smoking

For No-Smoking Day in the UK, the Health Promotion Co-ordinator at the Mater Hospital in Belfast, Northern Ireland, teamed up with the Artist in Residence to create a photographic exhibition showing the benefits of quitting smoking, including looking good and feeling great. The models were the hospital's own staff who had successfully stopped smoking. The choice of text combined with the photographs was taken from the conversations with the ex-smokers. The creative team commented: "We hope the subtlety of their comments/statements will make the viewer think about the benefits of being "smoke Free", in contrast to the more sensational tactics of other anti-smoking/ advertising campaigns."

For more information, contact Trish Keogh-Hogett
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OBE for Judith Mackay

Congratulations to Judith Mackay, long-standing INWAT member and recipient of INWAT's Lifetime Achievement Award in 2004, for being honored as an 'Officer of the Order of the British Empire' in the Queen's Birthday Honours, announced on 14 June 2008. The Order of the British Empire is part of the British honors system that was instituted in the early years of the twentieth century to recognize formally those who have given special service to the nation and

Commonwealth. Recipients are drawn from many fields, including industry, the military, politics, education, the arts, medicine and science. Many of those honored this year had been involved in charitable and volunteer work or had done other services for their communities. Judith's honor cited her 'services to tobacco control in Asia.' INWAT joins all Judith's friends in offering her our congratulations.

INWAT and the 14 WCTOH in Mumbai

As usual INWAT will take the opportunity to meet its members as well as promote its activities during the next world conference in Mumbai. 9-12 March 2009. Although the conference will not start until March 9th INWAT will use the opportunity to celebrate the International Women's Day with a special pre-conference on Women and Tobacco co-sponsored by the WHO.

In order to start the promotion of our activities as early as possible this is a list of activities that has now been decided.

March 8th

10.00-15.00. INWAT and WHO pre-conference on Women and Tobacco. Among the speakers are Mira Aghi, India, Jackie Tumwine, Uganda, Douglas Bettcher, WHO, Judith Mackay, HongKong, Patricia Lambert South Africa/US and our President Lorraine Greaves, Canada

March 9th

15.30-16.30 Panel discussion on Women and Tobacco chaired by Mira Aghi. Participants are current as well as past President Lorraine Greaves and Margaretha Haglund, Gabriela Requeira from Argentina, Jackie Tumwine from Uganda and Judith Mackay from Hong Kong.

March 10th

The INWAT Members meeting will be held during lunchtime.

March 11th

A new INWAT Spanish members meeting will be held during lunchtime.

Session not yet scheduled

There will also be an INWAT-INWAT Euro 90 minutes Session. Some of the speakers and topics are; Mobilizing women's leadership to address tobacco use among girls and women (Lorraine Greaves, Canada); Women and secondhand smoke in Europe (Amanda Amos,



Scotland), Promoting Tobacco Control Leadership among the Women of Civil Society (Mira Aghi, India), Challenges in Women's Smoking in Central and Eastern Europe (Magda Cedzynska, Poland and Promoting INWAT at the Regional level (Elizabeth Tamang, Italy).



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