INTERNATIONAL NETWORK OF WOMEN AGAINST TOBACCO

Women's Leadership in Tobacco Control

INWAT was born out of concern not only for the lack of attention given to the growing challenges of women and girl's smoking but also to the absence of women leaders in the tobacco control movement. This was despite the fact that, at the very least, half of those working in this field were women. At the World Conference in Perth, Australia in 1990, the founding members of INWAT pledged to work to encourage engagement of tobacco control with issues of women's smoking and to promote women's leadership. Young women's uptake of tobacco use, women's exposure to secondhand smoke and aggressive tobacco marketing targeted at women and girls remain global challenges, but the last 19 years have seen women taking on positions of responsibility in tobacco control.

This feature article represents a selection of talented, visionary women leaders working in different countries and circumstances. Perhaps it is a sign of INWAT's success that selecting this list of featured women was no easy task. These women are each outstanding in their own right, but are also representative of the many excellent women working in key positions in tobacco control today.

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By: Lorraine Greaves

President's Corner

Where we lead, will you follow?

Leadership is a key issue for women and tobacco control. INWAT was established in 1990 in Perth, Australia on the occasion of the 7th World Conference on Tobacco or Health. There was a need for INWAT, first to draw attention to the issues facing women and tobacco use, marketing and growing, and secondly, to elevate women leaders in the tobacco control movement to a more visible position. While many gains have been made since 1990, there is a long way to go on all counts.

The issue of women and tobacco use, for example, is threatening to explode in the 21st Century. While smoking rates are gradually declining in many higher income countries, they are not declining at the same rates for all men or all women. Indeed, some subpopulations of smokers in higher income countries, such as low income earners, or single mothers, reflect the gendered issues affecting women's tobacco use.

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In low and middle income countries, where men may smoke more than women at present, this pattern is set to change. Indeed, over the world, 12% of women smoke at the moment, but it is estimated that by 2025, 20% of the world's women will be smokers. Male global smoking rates have peaked and are in gradual decline.

We do not know how high the rates of female tobacco use will go in this century, but INWAT is destined to become even more relevant and important as the world needs to address this looming women's health issue.

There are two main approaches to highlighting the work to reduce women's tobacco use. One is to pursue research, advocacy, action, programs and policies that are tailored for women and girls. This is crucial to make sure that our collective actions in tobacco control are relevant and effective in reducing the epidemic among women.

Second, we need to insert a gender lens into all of our collective work on tobacco control. This means that all of our activities and initiatives must be examined with the impact of gendered roles, assumptions, and access to power and resources in mind. Therefore we need to examine how tobacco programs and policies are differentially experienced by men and women, an area of study in which there is, finally, a growing interest.

It also means we continue to examine our organizations, policies, boards, committees, plenary programs, award recipients, funding arrangements, leadership and agenda-setting with a critical eye. Do they serve to perpetuate male leadership and recognize male accomplishments, or is there equity? In other words, are women, along with women's issues, being recognized?

INWAT has worked for 19 years on two fronts. The first is to diminish the impact of tobacco on women and girls worldwide. And the second is to increase the impact of women on and in the tobacco control movement. Hence, this issue of the NET is, at the occasion of the 14th World Conference on Tobacco or Health, shining a light on women's leadership on tobacco control.

In these pages, you will see some (of the many) women leaders in tobacco control, and get their insights into what needs to be done, and descriptions of how they lead in their sectors and regions. You will also see our invitation to all of them to reflect on what INWAT could do better.

We encourage all of you, in your various organizations and places in the tobacco control movement, whether male or female, to reflect on what you could do better as well. How can you and your organization play a stronger role in reducing the impact of the 21st Century epidemic among women and girls.

What can you do to promote women's leadership in tobacco control?

Women's Leadership in Tobacco Control

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Mary Assunta from Malaysia is the Chair of the Framework Convention Alliance and is one of the founding members of INWAT. Mary's energy and dedication to tobacco control have led to global recognition of her leadership.

Lives: Sydney Australia, but spends most of her time in Southeast Asia
Profession: Tobacco Control Advocate
What's happening now: wearing several hats and trying to squeeze in as much as possible
Latest Achievement: PhD in 2007

Tell us a little about your experience (history) working in tobacco control

I started working on tobacco control when I worked with the Consumers Association of Penang in Malaysia in the 1980s and 1990s where I focused on national tobacco control action but also learnt to address tobacco; it must be tackled at the international level. I also recognised that the problem is far more devastating for the poor and in low income countries where the industry is increasing its profits.

I began to understand the industry better through international advocates like Judith Mackay, Simon Chapman and Greg Connelly. NGOs like Corporate Accountability International (formerly INFACT) enabled me to get more involved in international advocacy. My international efforts started to galvanize when I joined the Framework Conventional Alliance (FCA) and became fully immersed in the FCTC process. In 2001 I left for Australia to further my studies and concentrated on tobacco control in Southeast Asia with SEATCA, while still engaging in activities with the FCA. In 2008 I started work as the Director of the International Tobacco Control Project at the Cancer Council Australia and I still continue my activities with SEATCA and FCA.

What motivates your work?

The tobacco industry is like no other industry. It has gotten away with so much and still continues to get away with much. Particularly in low income countries. I have a strong sense of truth and justice and want to do my utmost to address this industry that has lied to its customers and governments and still has not taken responsibility for its actions.

What is the latest initiative that you are working on?

Through SEATCA we are working on implementation of FCTC Articles 6, 8, 11, 13 and 5.3 in Southeast Asia, and with FCA we are focusing on several activities related to FCTC and the Illicit Trade Protocol INB3.

What is the greatest threat to women related to tobacco in your country or part of the world?

A passive attitude towards tobacco control and not fully recognising its wider economic impact on society. In most parts of Southeast Asia (except in the Philippines, 12%, and Lao PDR, 16%) fewer than 5% of women smoke. So women are a ready market for tobacco companies and the industry is going all out to market Light and Mild cigarettes or fruit flavoured cigarettes. Much of the marketing is direct marketing, viral marketing or via Internet. Women must raise a louder voice and be more visible in their advocacy activities.

Why do you believe women's leadership is important in tobacco control?

More women are becoming heads of government, ministers and policy makers hence they are in positions to develop, support and enforce policy and legislation on tobacco control. I believe women will take a more integrated approach to tobacco control. We need strong leaders not only to put tobacco higher up the national agenda, but also to tackle the trickier issues that keep coming up such as tobacco and employment and tobacco farming.

What would you say are the next steps that INWAT could take to improve tobacco control in the world?

I think we should slowly move away from isolating the issue as just "women and tobacco" and start integrating women and tobacco into national tobacco control. In some societies where men still control policy making, framing the issue as "women and tobacco" may not get it enough profile and national attention. I would like to see more women speak about tobacco and poverty, tobacco smuggling, and tobacco farming. We also need to build more capacity to develop expertise among women on illicit trade in tobacco which currently appears to be a male domain.

Is there anything else you would like to tell the INWAT Members?

Keep up the good work you have been doing and aim much broader in the future.

Veronique Le Clezio from Mauritius almost single-handedly got the government to pass good tobacco control legislation, including a 100% smoke-free public places provision after years of set-backs. Veronique's dedication, enthusiasm and drive sets an example of how one person can work to improve public health legislation.

Lives: in Mauritius
Profession: Artist- Painter- President of tobacco control association ViSa-Mauritius
What's happening now: I am working with the members of ViSa and the Ministry of Health to implement the new amendments to the tobacco law 2008.
Latest Achievement: Success in banning tobacco plantation in Rodrigues Island due to intense lobbying through petitions, press articles and radio programmes, as well as addressing the government of Mauritius.

Tell us a little about your experience (history) working in tobacco control:

I started tobacco control in Mauritius in 1998, with a consumer's association, and I launched ViSa association in 2001. Our first success was a ban on tobacco advertising in Mauritius then we successfully advocated for many smokefree places such as restaurants, shopping malls, the airport of Mauritius, and the City of Port-Louis. In 2004, ViSa won a WHO Award for the World No Tobacco Day for the theme of Tobacco and Poverty.

I designed creative flyers on 50 different aspects of tobacco control and these flyers are widely distributed in Mauritius. I work closely with the Ministry of Health of Mauritius on FCTC and health matters, as a member of the steering committee on tobacco control, and I am particularly skilled in lobbying, as it represents for me a challenge and the fun of David's sling!

Not only am I the technical advisor of a tobacco control alliance in Africa (IMPACT) and a member of INWAT, I have also been an active member of the Framework Convention Alliance since 2002.

What motivates your work?

I am also an artist committed to social work and I am interested in the fight for beauty, justice and the environment. I believe in the dignity of the human being and the right of each person for health and happiness.

What is the latest initiative that you are working on?

I am fully engaged in the surveillance of the tobacco industry that is presently ferociously lobbying the Government of Mauritius to water down the new amendments of the law and to delay them. I am also working on a project of graphic warnings with a grant from ACS-Cancer-Research-UK and FCA. I am a team member of the African Tobacco Situational Analyses.

What is the greatest threat to women related to tobacco in your country or part of the world?

The greatest threat for Mauritian women is ignorance of the real effects of active and passive smoking on their vulnerable bodies and on the health of their unborn and born children, and their gullibility, imitating actresses who smoke in movies.

Why do you believe women's leadership is important in tobacco control?

Women's leadership is important in all fields and in tobacco control because "women hold up half the sky." The Mauritian woman is still very traditional and she is often at home. She is usually very responsible and affectionate.

What would you say are the next steps that INWAT could take to improve tobacco control in the world?

INWAT needs to communication more with its members and to specialize by region, as each country and region has its own requirements.

Is there anything else you would like to tell the INWAT Members?

I would like to tell the INWAT members that our common race is our gender and that we have an important role to play to inform our sisters and our children and to convince those who hold up the second half of the sky and that we love. The future of the world is in our brains, our hearts, our wombs and our hands.

Cheryl Healton,
Dr. PH -- President & CEO of the American Legacy Foundation ® Washington DC

Tell us a little about your experience (history) working in tobacco control

I am honored to be asked to contribute to your article on leadership in tobacco control. I am a relative newcomer with respect to tobacco issues. During the 80's and 90's, my work was largely focused on HIV

and AIDS. Any achievements we make in tobacco control are because we stand on the shoulders of giants who came before us. My work and that of the other dedicated staff at the American Legacy Foundation has been focused on ameliorating the tobacco epidemic in the US where more than 400,000 die each year in America alone from tobacco related-diseases. The litigation settlement between many state Attorneys General and the tobacco industry precludes the Foundation from operating outside the United States so our work is focused on the U.S.

For nearly a decade I have had the honor of leading the Foundation's work in public education, grant-making, research, technical assistance and policy. We have achieved a great deal. Our acclaimed truth® campaign has been credited with averting 450,000 young people from initiating tobacco use from 2000-2004 – the first four years of the campaign. We have partnered with many other groups, both public and private, to raise awareness about the need for smoking cessation services; educated the public on ways to succeed in quitting; and raised awareness about the toll of secondhand smoke and tobacco-related disease on the nation.

As a grant maker, the Foundation has supported a broad range of on the ground, community-based programs with many racial and ethnic groups, youth programs and policy and research efforts.

It has been a real joy to see the many fruits of these programs in the field and to share with the wider public health community our many replicable success stories.

What motivates your work?

As a public health professional, I am highly motivated to work on a problem which causes so much disease and death and which is in fact 100 percent preventable. Few health problems fit this profile. Tobacco-related disease is a by-product of the tobacco industry. Since it is human-made, it can and must be unmade.

I am also motivated as a former smoker, wife and mother, and daughter of a woman who died prematurely of tobacco-related causes. I smoked my first cigarette at age 9 (before the release of the first Surgeon General's Report on Smoking and Health) and was a daily smoker by age 15. My mother smoked from her early teens and died at the age of 62 of a massive heart attack. In the past year, I have lost an aunt and an uncle to lung cancer and they join a growing list of family and loved ones struck down too early in life due to tobacco addiction. I am motivated to prevent as many families as possible from living through the pain of the death of a family member or a loved one that really did not need to happen.

What is the latest initiative that you are working on?

With the talented staff at the Foundation, I am working on reaching smokers with critical information they need to motivate them to quit and help them reach critical smoking cessation services. This project is a collaboration of 16 states, the American Heart Association, the American Cancer Society, the Association of State and Territorial Health Officials (ASTHO), the Robert Wood Johnson Foundation and many others. Called EX®, it includes a national and local media campaign, print materials and a bilingual Web site in English and Spanish (www.BecomeAnEX.org). So far, this effort has achieved great success reaching millions of smokers with helpful health information. I am also working hard to raise funds to maintain the Foundation's work as we adapt to the global recession which is adversely impacting our spending power.

What is the greatest threat to women related to tobacco in your country or part of the world?

The greatest threat to women in the U.S. and beyond is the sheer magnitude of the tobacco epidemic and the relentless niche marketing efforts of the tobacco industry aimed at girls and young women. Currently, 22.3% of men and 17.4% of women smoke. Women, as the primary family health givers, are also vastly burdened by the huge toll of tobacco-related disease in our country where 8.6 million adults are ill with a tobacco-related disease in a given year.

Finally, no parent wants to see their child take up smoking. It is not a habit, it is an addiction. Each day 3,900 U.S. children and teens try smoking, and many more do worldwide. Each instance of smoking initiation is a future premature death waiting to happen. As mothers, we love our children and want them to lead long and healthy lives.

Why do you believe women's leadership is important in tobacco control?

Women's leadership is crucial to tobacco control at all levels but especially on the grassroots level where communities organize for change. Women can speak from the heart to policy makers and collectively represent the most significant counter weight to the seemingly bottomless pit of money the tobacco industry can marshal to keep its power in legislative and regulatory bodies around the globe. Unless this stranglehold can be broken globally, the tobacco epidemic will grow even more dire, with a billion deaths predicted by the World Health Organization in this century if current trends continue.

At the leadership level woman contribute greatly by working in collaboration across the globe with all colleagues, men and women, to achieve the vision set forth in the FCTC.

What would you say are the next steps that INWAT could take to improve tobacco control in the world?

Working together to keep the women of the world focused on the tragic toll of tobacco is the most important step we all need. Policy change is sweeping the world and the tobacco industry is mobilized to try to block policies that lower sales. Clean indoor air, price hikes, public education and an end to smoking in films and TV watched by many youth are key policies which need to be advances globally.

Amanda Amos from Scotland is the Head of the University of Edinburgh's Public Health Sciences Department and a founding member of INWAT. She has been an energetic and constant supporter of INWAT-Europe and is now its research co-ordinator and advisor.

Lives: Edinburgh, Scotland
Profession: Professor of Health Promotion
What's happening now: balancing research and teaching with heading up my university department (Public Health Sciences)
Latest Achievement: advising on national (Scotland and England) and European youth tobacco control

Tell us a little about your experience (history) working in tobacco control

I started working in tobacco control in the 1980s when I left my previous career in molecular genetics to undertake an MSc in Community Medicine. One of my main motivations for getting involved in public health was my longstanding involvement in the women's movement, particularly women's health issues. I was very fortunate to have Mike Daube (first full-time director of ASH UK) as my dissertation supervisor. He opened my eyes to the power and deviousness of the tobacco companies and encouraged my research on how they were targeting women. At that time women were almost invisible in smoking campaigns in the UK unless they were pregnant. I was shocked to find in my dissertation research that British women's magazines were full of tobacco ads but had hardly any coverage of the health effects of smoking- even though it was (and remains) the top cause of death in British women. I also became aware of the importance of smoking as a major cause of inequalities in health. After a couple of years working in London I moved back to Edinburgh University to a lectureship in (what was then) health education. Two years ago was promoted to a Personal Chair in Health Promotion. Over the past twenty years I have had the privilege to be involved in tobacco control in a variety of ways through my research and dissemination, teaching MSc students and medical students, training PhD students, advocacy and policy advice in Scotland, UK and Europe, and not least INWAT.

What motivates your work?

Without hopefully sounding too pompous, I want to make a difference, particularly in relation to inequalities in health. Scotland has about the poorest health in Western Europe and enormous inequalities in health - both in large part due to tobacco use. I see young people, notably disadvantaged girls, continuing to take up smoking, and the same pattern being replicated and spread to much poorer parts of the world. It makes me angry. So my aim as a qualitative social scientist is to do the best research I can to inform more effective action on this issue, particularly on women and smoking, and to help others (students, practitioners and policymakers) to develop the knowledge, motivation and skills to be effective health promoters.

What is the latest initiative that you are working on?

My research is currently mainly focussed on evaluating the impact of the smokefree legislation on individuals and communities in Scotland and England. I am currently involved in undertaking a gender and diversity-based analysis of our data with colleagues in Edinburgh, Liverpool and Vancouver. I am also doing a review on youth smoking for the Department of Health in England to inform their future tobacco control strategy. I also represent INWAT on the Advisory Board of the European Commission's HELP campaign, which is the largest media campaign ever undertaken on tobacco.

What is the greatest threat to women related to tobacco in your country or part of the world?

In the UK it is the view that so much has been done in recent years on tobacco use (eg smoke-free legislation, NHS cessation services) that nothing more needs to be done and it's now up individuals to just act sensibly i.e. not start or quit. Fortunately there still seems to be political will to take further action. There is also a concern as the recession deepens that governments across Europe will be less willing to invest in tobacco control.

Why do you believe women's leadership is important in tobacco control?

It is an equity and empowerment issue. I have seen the incredible contribution that many wonderful women around the world have made to moving tobacco control forward. I have also seen the many important ways that they have re-framed key questions, and produced answers, that have highlighted and addressed fundamental issues in the field, not least around gender and inequalities.

What would you say are the next steps that INWAT could take to improve tobacco control in the world?

As a founding member of INWAT I think that our original aims still hold true. Despite the growth in digital media it is still challenging to connect in meaningful ways, to share expertise and experience, and to nurture and support the new leaders for tomorrow. INWAT has always operated on a shoestring, but we need to continue to find ways to inform and influence tobacco control around the world.

Is there anything else you would like to tell the INWAT Members?

Being a member of INWAT has been invaluable to me both professionally and personally. I would like to thank all of you who I have met along the way and look forward to future collaborations and connections.

Shoba John, Programme Director, HealthBridge. Based in India.

Lives: in Mumbai- the Maximum City, in India
Profession: Public Policy Advocacy
What's happening now: As Programme Director of HealthBridge, based in India, my current work involves support for tobacco control advocacy efforts at international and sub-national levels, which includes work on FCTC issues and expanding smokefree areas in India.
Latest Achievement: At the 3rd Conference of Parties in November 2008, with FCA colleagues, successfully supported Governments in the WHO-SEARO region to develop progressive Guidelines on Articles 11, 13 and 5.3 of the FCTC.

Tell us a little about your experience (history) working in tobacco control

My work in policy advocacy began in the consumer rights movement. While working in defense of consumer rights at the Association for Consumers Action on Safety and Health in India, I noticed that the tobacco industry frustrates and thwarts consumer rights in devious ways. The search for strategies to address these concerns led to advocacy for a national tobacco control law in the country. I joined HealthBridge in 2001, which provided the opportunity to further advance work in this direction.

Around the same time, the FCTC was in the early stages of development and the Framework Convention Alliance (FCA) introduced me to its inter-governmental negotiating rounds in Geneva. My role was to mobilise support for the inclusion of evidence-based, progressive proposals in the Treaty, in particular from countries in the WHO- South East Asia region (SEARO). I have come to be elected an FCA Board Member for the SEARO region and continue to work toward the implementation and development of the articles at the international and national levels.

What motivates your work?

The fact that the tobacco epidemic continues to plague the developing parts of the world worries me. The unabated ruthlessness of the tobacco industry that continues to claim precious lives by the seconds keeps me engaged. The promise of evidence-based strategies and the FCTC to reduce tobacco use helps me see light at the end of what appears to be a fairly long tunnel! The motivation and tenacity of co-campaigners make the tasks much more pleasant.

What is the latest initiative that you are working on?

Given the emerging focus and opportunity to address cross border-to-bacco control concerns, my current focus is to instill interest and inspire action among diverse stakeholders on illicit trade in tobacco products, and on tobacco advertising, promotion and sponsorship across South and South East Asia. To this end, I have recently initiated a situational analysis that explores the current status of tobacco advertising, promotion and sponsorship, particular the cross border elements and the regulatory mechanisms thereof in South and South East regions. Expanding smokefree areas is another issue that I currently focus on in collaboration with the Global Smokefree Partnership, which I co-chair.

What is the greatest threat to women related to tobacco in your country or part of the world?

Cigarette companies are increasingly targeting the hitherto less exploited female market segment in India and the region. Notably, cigarette smoking among women in India is considerably lower than in several other developing countries. No wonder India's major cigarette maker, Indian Tobacco Company, is the sponsor of the country's most popular fashion show! Under the lure of aggressive marketing and amidst the daily struggles of holding ground with their male counterparts, our female friends often overlook the fact that "Women who smoke like men, die like men!".

Why do you believe women's leadership is important in tobacco control?

Leadership inspires, and women's leadership is truly motivational, particularly in cultures where gender barriers still exist. Women's leadership needs to be about the creation of role models, spaces and equal opportunities.

What would you say are the next steps that INWAT could take to improve tobacco control in the world?

Just as with other public health or social concerns, being a woman brings additional vulnerabilities -- be it to the impoverished tobacco farm worker, the underpaid bidi roller, the female passive smoker or even the smoker herself!! Gender concerns in tobacco control or otherwise are best addressed in a holistic framework, by involving men and women. INWAT has made consistent efforts in this direction. The more we could integrate the gender issues in tobacco control with other social issues and rights-based campaigns, the greater would be our impact in bringing down the gender barriers to tobacco control.

Is there anything else you would like to tell the INWAT Members?

While the battle against tobacco may seem long drawn, it is surely one that is promising. It is important for us to go beyond our traditional allies and look for support in the least expected places, if we have to make a difference in our lifetime.

GERMAN POLICY RECOMMENDATIONS "WOMEN AND TOBACCO"

By Sibylle Fleitmann, Chairwoman FACT . Frauen Aktiv Contra Tabak e.V. (German Association of Women Against Tobacco)

On October 13-14, 2008 the Annual Conference of the Federal Drug Commissioner of Germany on the theme of "Women and Tobacco – New Pathways in Prevention" was organised by FACT e.V. (Women against tobacco Germany), with contributions from Lorraine Greaves and Margaretha Haglund from INWAT, Gemma Vestal from WHO and Michelle Bloch from the National Cancer Institute, USA. The aim of the conference was to develop policy recommendations that would support integration of gender issues in the development of the German tobacco control policy. Following is the summary of main points:

1. Gender specific measures, programmes and campaigns that take into account women's living and working conditions should be developed.
2. Priority target groups such as young women and girls, single mothers, socially disadvantaged women with low education, women with psychological and drug problems and their social networks, should be encouraged to participate in the development of prevention measures.
3. Interventions to promote nonsmoking and protection from second hand smoke during pregnancy should be integrated by starting before pregnancy, motivating the partners to accept responsibility, including for relapse prevention, and be centered around the needs and capacities of pregnant women and their partners.
4. Include prevention, counselling and treatment in pre- and post graduate curricula and in continuing education, recognize tobacco addiction as a disease and develop payment schemes for counselling and treating tobacco dependence.
5. Women health professionals and women in leadership positions should become ambassadors for a smokefree life; they should use women's media to promote nonsmoking as the norm.
6. The German government should propose "Women and Smoking" as theme for the WHO World No Tobacco Day 2010.
7. Research projects on gender and tobacco should receive greater funding.
8. A national tobacco control coordination mechanism should be established in Germany.
9. Allocate 0,1% of tobacco taxes to tobacco control activities.
10. Implement the Framework Convention on Tobacco Control.

We would like to take the opportunity to thank Ms Sabine Bätzing, the Federal Drug Commissioner of Germany for her personal engagement and support for women and tobacco in Germany. Ms Bätzing has officially written to WHO proposing "Women and Tobacco" as the theme for WNTD 2010. We are hoping that you will support this proposal with your governments, so that the theme will enjoy accrued visibility world wide.

For further Information please contact: Sibylle Fleitmann, Chairwoman FACT e.V. e-mail: s.fleitmann@gmx.de

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Emerging Voices

The latest in our series of articles by young women leaders in tobacco control is by Rachel Kitonyo

Insight on Kenyan Tobacco Control

Tobacco was introduced to the East African Coast in 1560 by Portuguese and Spanish merchants. British American Tobacco (Kenya) Ltd set up shop in 1965 and since then has positioned Kenya as its hub for manufacturing and distribution of its products within the East and Central Africa regions. According to the 2003 Kenya Demographic Health Survey, Kenyan smoking prevalence was estimated at 23% in men and less than 1% in women.

Smoking prevalence is rising, especially among school-aged children, and particularly among girls. According to the 2001 Global Youth Tobacco Survey (GYTS), of the 13% of Kenyan school children who used tobacco products, 15.8% were boys and 10% were girls. The recent GYTS, however, revealed that girls' smoking rates had caught up with those of boys. In 2007, 18.2% of Kenyan school children used tobacco, with that rate being the same for both boys and girls.

Tobacco production and consumption in Kenya has also led to deforestation, soil degradation, illness, malnutrition, child labour and resulting school dropouts, and a negative impact on female reproductive health in tobacco growing areas. In response to this, government and civil society in Kenya have been involved in tobacco control since the 1970's. Rachel Kitonyo is the Executive Director of the Institute for Legislative Affairs (ILA) and shares ILA's activities in tobacco control.

The ILA has been involved in drafting and lobbying for the passage of comprehensive tobacco control legislation in Kenya since 2004. This has been

accomplished through meetings with religious leaders to garner their support, public education and awareness initiatives on the legislation through national radio and television, opinion polling to demonstrate public support for the proposed legislation, and one-on-one lobbying of members of Parliament. In 2006, ILA was also involved in drafting subsidiary legislation to ban smoking in public places and offered technical assistance to the Ministry of Health through the Attorney General's office to defend a court case filed by the tobacco industry in Kenya challenging the subsidiary legislation. In 2007, ILA trained 100 enforcement officers from Nakuru Municipality to enforce local bylaws creating smokefree public places.

The Tobacco Control Act 2007 was enacted on 8th October 2007. The Act is comprehensive, covering the major supply and demand reduction strategies recommended in the Framework Convention on Tobacco Control (FCTC), such as providing for the setting up of a Tobacco Control Board and Fund, public education and awareness by both government and civil society, smokefree public places, comprehensive bans on advertising, promotion and sponsorship, larger warning labels, provision for increased taxation of tobacco products, provision for alternative economic livelihoods and provisions to deal with smuggling.

The tobacco industry responded by filing two lawsuits challenging the constitutionality of the Act on the grounds that the ban on advertising violated the freedom of expression. ILA is assisting the government in defending these lawsuits and is offering technical assistance to the Ministry of Health to develop regulations under the Tobacco Control Act 2007 and train 1000 enforcement personnel from the provincial administration, public health officers, municipal council enforcement officers, police personnel and representatives from civil society organizations within ten principal towns in the eight provinces of Kenya. The training will cover four areas: the rationale for tobacco control, the provisions of the Tobacco Control Act 2007, the practicalities of enforcing the Tobacco Control Act 2007, and monitoring enforcement of the Tobacco Control Act.

ILA is also running a campaign to generate media in support of tobacco control in Kenya through 45 print and electronic media houses. ILA hosts a consortium of 11 organisations that is carrying out a situational analysis of tobacco control in Kenya funded by the International Development Research Centre (IDRC) and the Bill & Melinda Gates Foundation. The analysis is focusing on the enforcement of smokefree legislation in Nairobi and monitoring the ban on advertising, promotion and sponsorship. It will involve a baseline survey to identify where the law is not being enforced, and meetings with policy-makers and various interest groups such as employers unions, teachers unions, workers unions, and associations of hotel, restaurant and bar owners to support a smokefree Nairobi, including a campaign within Nairobi primary and secondary schools to make them smokefree.

ILA is an active member of the Kenya Tobacco Control Alliance (KETCA) and Rachel Kitonyo is the Vice Chairperson of KETCA.

Smoking among Women and Legislative Advances in Romania

By Eugenia Bratu, Claudia Dima and Carmen Nicolae

Romania is a country in the Balkans where many Western visitors are dismayed to see taxi drivers, nurses and doctors light up at work and where smoking is still very common.

Although Romania and Bulgaria are now Members of the European Union, it seems that the Balkans is seen as the "home to Europe's most inveterate smokers[1]."

Smoking: current trends and consequences

About 27% of women aged 15-59 smoke, according to a recent survey, Knowledge, Attitudes and Practices of the General Romanian Population Regarding Tobacco Use and the Legal Provisions, 2007.[2]

Describing the trends in women's smoking prevalence in Romania is difficult as comparable longitudinal data are lacking. However, the data presented in the Figure 1[3] show that from 1999 to 2005, smoking prevalence increased among women, in Romania, despite a decline in other countries of the region (Albania, Croatia and Moldova).

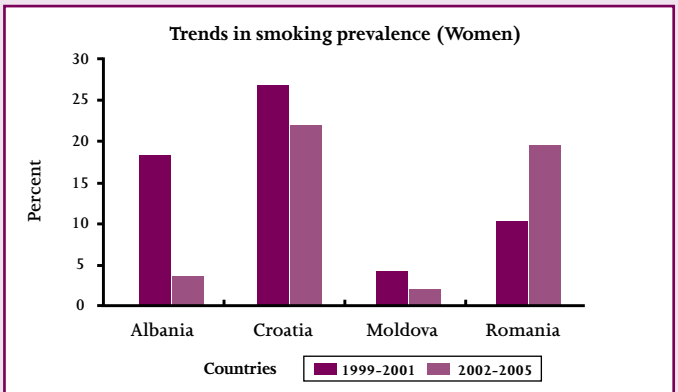

Fig 1. Trends in smoking prevalence in Albania, Croatia, Moldova and Romania

According to the Global Youth Tobacco Survey, 14.8% of Romanian girls aged 13–15 years smoke[3], a high rate of smoking compared to other countries of South-Eastern Europe.

The report, *Reversing the tobacco epidemic, Saving lives in south-eastern Europe*, shows a ratio of male to female smoking lower among young people than among adults in Romania, implying that smoking is becoming increasingly common among girls and young women. The rates of smoking among girls are higher than those among older women, suggesting that rates among women are set to increase significantly[3]. The report also states that death rates from cancer of the trachea, bronchus and lung are increasing among women in most of the countries of the South-Eastern European region including Romania.

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Although *Health and economic development in South Eastern Europe*, stated that while in Albania and Romania, "smoking by women remains relatively uncommon," it is increasing among certain groups of women[4].

A transversal study[5] conducted in Bucharest where the population is diverse and reflects trends at the national level, shows that 29% of the mothers with babies under 9 months of age smoke. The prevalence of smoking among Roma mothers is higher compared with non-Roma mothers. Some 68% of the mothers smoked light cigarettes and 40.3 % incorrectly considered them less harmful.

Smoking among health professionals was also studied[6]. In 2000, 40% of nurses smoked and the results of the study *Smoking prevalence in nurses school from Bucharest*, in 2005, reported that 55.1% of participants in the first year of training, especially women, were smokers, while in a similar study from 1995 only 26% were smokers. In 2000, 38.6 % of women doctors in Romania were smoking[7].

Legislative and policy measures for tobacco control

Despite the evidence of increasing trends of smoking among women in Romania, measures to control the tobacco epidemic are not gender specific.

In the last years the fight against tobacco consumption has been more intense and there is some improvement of the legislation. In Romania, legislation regarding preventing and combating the effects of tobacco use, Law no. 349/2002[8], came into force in December 2002. Since that time, different laws and ordinances introduced different measures to protect health. For example, the Governmental Ordinance no. 13/2003[9] added an amendment about total smoking bans in public and private health institutions.

In 2008, Ordinance no. 5/ 2008[10] came into force, modifying the existing legislation and adding some special provisions (including those on smokefree public spaces) that went into effect on 1 January 2009. Smoking is banned in enclosed public places, except in designated smoking rooms. As of 1 January 2009, smoking rooms must comply with some mandatory requirements, which include that they be used only for smoking, occupy less than 50% of space, have functioning ventilation systems, provide ashtrays and fire extinguishers and are visibly marked. Smoking in bars, restaurants, discotheques is allowed in smoking areas however, if the total area of these establishments is less than 100 m2, the owner or manager can decide to designate the entire space for smokers or for non-smokers.

From July 2008, through the Order of Minister of Public Health 618/ 2007[11], pictorial warnings have been mandatory on all tobacco packs in Romania. However, a one-year period has been allowed for tobacco products without pictograms to be sold to permit tobacco producers to clear up the stocks of tobacco products without pictorials.

Progress was achieved in regulating tobacco advertising by Government Ordinance 6/2008[12], which bans tobacco advertising not only in cinemas, but also in theaters, performing arts and other venues where visual materials are displayed to the public.

To reduce the growing trends of smoking among women and girls, gender specific policies, programs and surveillance should be developed and implemented. Groups of women such as nurses and nursing students, women doctors, mothers with newborn infants and pregnant women are target populations requiring special interest.

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Congratulations to the InterAmerican Heart Foundation

The InterAmerican Heart Foundation has been honoured with a Luther Terry Award for Excellence in Tobacco Control. Beatriz Champagne, Executive Director of the organization and INWAT Board Member, will be honoured in Mumbai in March 2009 at the World Conference on Tobacco or Health. The InterAmerican Heart Foundation has been advocating for ratification and implementation of the Framework Convention on Tobacco Control in Latin America and the Caribbean. They also have initiatives for promoting heart health in this region and have recently completed a risk factor study in 7 cities called the CARMELA study.

INWAT Congratulates the InterAmerican Heart Foundation and the other honoured Luther Terry Award Recipients.

Thank you Mira Aghi!

A special thank-you goes to Mira Aghi for her tireless work on the World Conference on Tobacco or Health. In addition to being the head of the abstract review team, she has also worked hard to coordinate INWAT events at the World Conference, including the INWAT Member's Meeting and the Women and Tobacco Plenary. The Executive Board of INWAT would like to extend a warm thank-you to Mira.

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INWAT Events at the 14th World Conference on Tobacco or Health

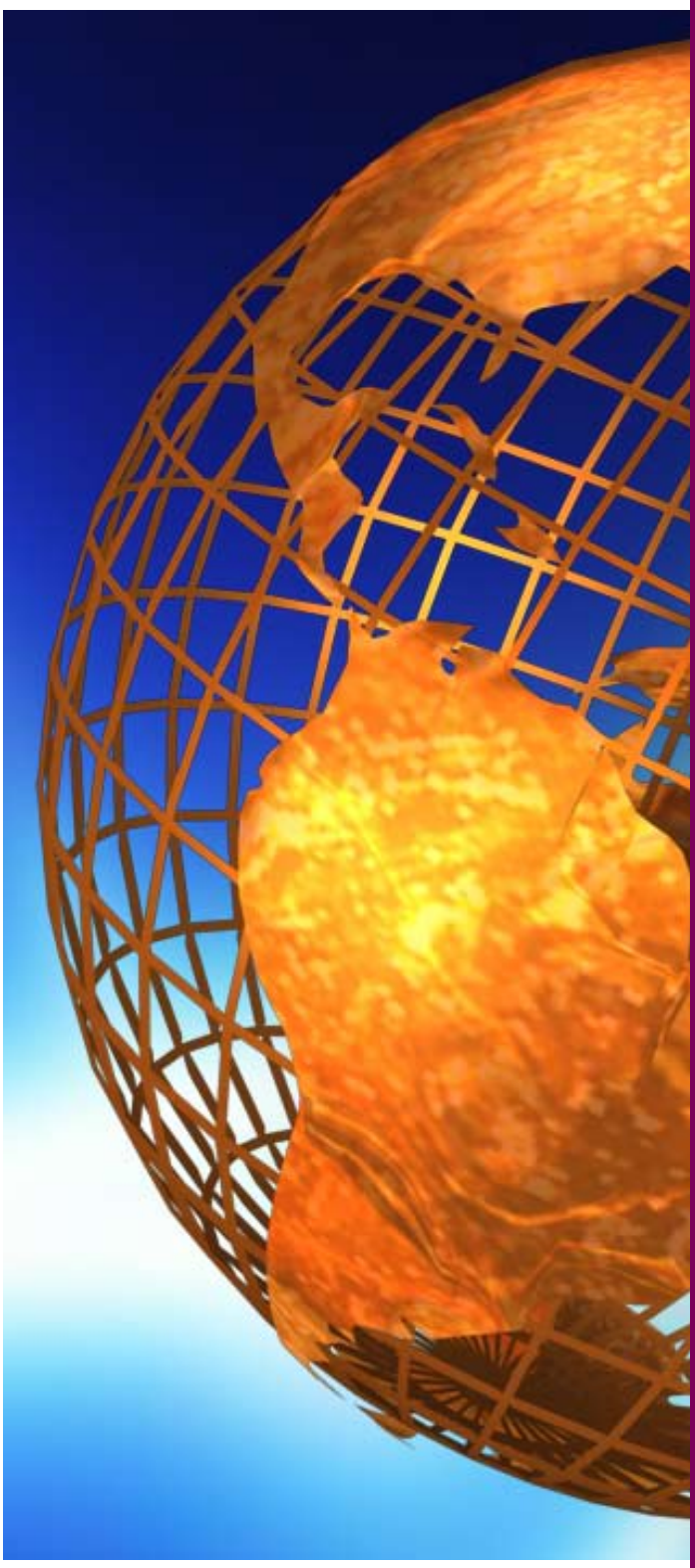
Pre-Conference Symposium – From Kobe to Mumbai – What's Next for Women and Tobacco?
8 March 2009
Time: 10:00 – 15:00
Venue: "Godrej Dance Academy" at National Centre for Performing Arts (NCPA)" – main venue of Conference

INWAT Plenary – Leadership – Women and Tobacco
9 March 2009
Time: 15:30 – 16:30
Venue: "Tata Theatre" at National Centre for Performing Arts (NCPA) – main venue of the 14th WCTOH

INWAT Bundled Session--Women, Tobacco and Tobacco Control Strategies
9 March 2009
Time: 13:30 - 15:00
Venue: "Trident-Regal Ballroom III"

INWAT Member's Meeting
10 March 2009
Time: 12:15 - 13:15
Venue: "East Room 1" at National Centre for Performing Arts (NCPA) – main venue of the 14th WCTOH

INWAT Spanish Members' Meeting
11 March 2009
Time:12:15 - 13:15
Venue: "East Room 1" at National Centre for Performing Arts (NCPA) – main venue of the 14th WCTOH



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