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## Tobacco as a Harmful Health Exposure to Women's Health

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### **Abstract:**

*Tobacco is one of the greatest emerging health disasters in the human history. Tobacco use is the leading cause of preventable death among women, but it is still under recognized as a critical women's health issue. More than five million people who died every year from tobacco out of which approximately 1.5 millions are women. According to the latest Tobacco Atlas, India ranks third in the top 20 female smoking populations across the globe. India's tobacco problem is more complex than probably that of any other country in the world, with a large consequential burden of tobacco-related diseases and death. According to the Global Adult Tobacco Survey (GATS). Smoking during pregnancy increases risks of pre-mature delivery, stillbirth, newborn deaths and it also leads to cervical cancer. This study focused on critical impacts on women's health and how it is affecting their lifestyles. Tobacco is influenced by different cultural, psycho social and socioeconomic factors. In deprived families money spends on tobacco may converted adequate nutrition into malnutrition for women and children. Aggressive marketing and advertising strategies are targeting women, who also encourage women to smoke as a sign of independence and success. Passive and active smoking disproportionately affect mothers and children which increases respiratory diseases. If we talk about the rural population of India the bidi making and consumption is increasing every year. Women in the bidi industries often experience "green sickness", the entry nicotine through the skin which causes health diseases. This study highlights the impact of tobacco on the women health. The biggest rise in female smoking is projected to be in the developing countries which are serious concerns.*

**Keywords:** Tobacco-smokeless/smoke, prevalence, health consequences, consumption patterns, SHS (Second hand smoke).

"Women have been gaining an increasing share of many kinds of jobs but...there, labour market participation has not been accompanied by a redistribution of domestic, household and children care responsibilities". Moghadam (1999)

### **1. Introduction**

"Tobacco is one of the greatest emerging health disasters in human history" (By Dr. G. Harlem). Which contain approximately 3000 chemical recognized in smokeless tobacco, while close to 4000 is there in tobacco smoke, many of them are harmful. Tobacco includes nicotine, which is an addictive forming drug, if the person starts to utilize nicotine, his body and mind will be converted into habitual use of it. Tobacco is the primary cause of preventable death amongst women, but is underneath accepted as a critical women's health issue.

WHO predicts that Tobacco deaths in India may go above 1.5 million annually by 2020. Many studies show that how tobacco can affect the health of a women's badly. There are many variations among tobacco products use by men and women both. There are also various factors like cultural beliefs which play an important role in their consumption of tobacco. So there is a need to understand these factors which affect theses patterns of consumption. Also identify the gender role among the prevalence of tobacco, especially from the point of view of policy making and program implementation. Why Women's health is essential ....? When men die, families generally experience a downturn in economic security however; deaths of mothers can affect the whole family's quality of life. Women tobacco, besides at risk for health hazard as a man, but also faces health consequences that are unique to women, including those related to pregnancy and cervical cancer.

### **2. Global Situation**

Globally 80% of the world's smokers live in low income & middle countries (Matters & Loncar, 2006) and these trends are gendered, as over 200 million women are smokers. (Unpublished data from WHO Tobacco free initiative). While male rates have peaked and are in slow decline, female rates are still rising. 9.3% female population currently smokes, this will rise to 20% by 2025. (Samet & Yoon, 2001). More than 5 million people who die every year from tobacco use, approximately 1.5 million are women. (WHO,2010). World wide SHS(second hand smoke) causes 4.3 lakh adult death per year and 64% of these deaths occur in women. This also estimated that

the number of women smokers worldwide are 200 million and expected to be about 500 million within next two decade with current trend. (WHO, 2013). Worldwide over 15 billion cigarettes are smoked every day.

### 3. Indian Scenario

In India, tobacco usage in women has doubled in the last five years and has been ranked third in top 20 female smoking populations across the globe (GATS, 2009-2010). One in five women in central India consumes tobacco and one in three women consume tobacco in eastern India. (WHO, 2009). Women contributes 76-95% of total employment in bidi manufacturing. Female smokers died an average eight years earlier than their non smoking peers (world lung foundation, 2010). Bidi rolling provides livelihood to an estimated 3-6 million people (more than Indian railway the official largest employers). 20% of the total tobacco consumed in the form of cigarettes, 40% is in the form of bidis and the remaining 40% is consumed as chewing tobacco. (GATS).

### 4. Various forms of Tobacco used by an Indian Woman

There are various kinds of smokeless and smoke tobacco use in India by both Men and Women found in various parts of the country. A smoked form of tobacco use includes Bidis, Cigarettes, Cigars, Cheroots, Chuttas, Dhumti, Pipe, Hooklis, Chillum, and Hookah. Other Smokeless forms of tobacco use Paan (betel quid) with tobacco, Paan masala with tobacco Tobacco, areca nut and slaked lime preparations, Mainpuri tobacco, Mawa, Khaini, chewing tobacco, - other forms are: Mishri, Gul, Bajjar, Lal dantmanjan, Gudhaku, and Creamy snuff.

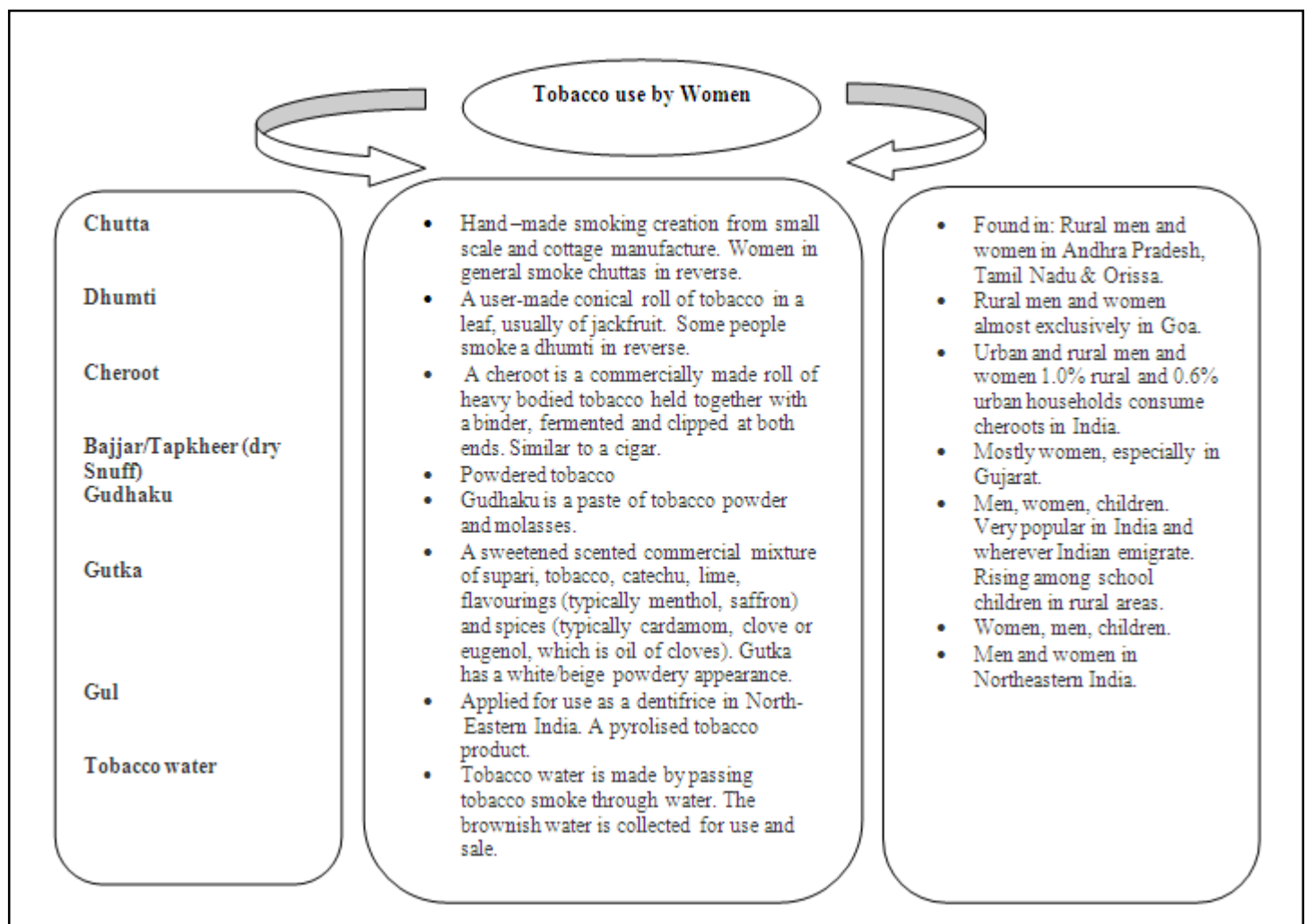


Figure 1

### 5. Health Consequences and Women

When women are held responsible for reproductive health, they may be blamed for their addiction to tobacco and its negative impact on their children. Much less medical attention has been paid to the negative health effects of paternal smoking on fertility and the health of the fetus. Adolescents who begin smoking at a younger age are more likely to become regular smokers and are less likely to quit than those who start later. Socioeconomic status (SES) has been implicated in the risk for onset of smoking among adolescents. Maternal smoking during pregnancy increases risks of prematurity, stillbirth, and neonatal death and may cause a reduction in breast milk. Tobacco links between sperm quality, there are sex specific effects on both male and female reproductive systems & capacities.

Female health conditions affected by tobacco use include cervical bone, diseases and enhanced mortality from breast cancer for women who smoke. Women in the bidi industries often experience “green sickness”, the entry of nicotine through the skin, which causes health effects such as weakness, headache, breathing difficulties and fluctuation in blood pressure and heart rate. (campaign for tobacco-free, 2001). Female bidi rollers reports verbal and physical abuse based on gender and caste system. Studies show that those working in tobacco harvesting have evidence of nicotine in their urine. A woman living in a patriarchal household knows the problem, she faces in asking her threats of domestic violence is common.

#### **6. Tobacco Control and Women’s Right**

For Women, the rights associated with tobacco information and control fit together with United Nations agreements regarding Women and Children such as CEDAW (Committee on the Elimination of Discrimination against Women). Which help to create legal frameworks for social and public health policies, for example CEDAW has existed for over 25 years and has been ratified by 185 countries (as at June 2007): all of which are legally required to uphold it.

Article 12: Specifically, requires the elimination of discrimination in health care, which would include health information about tobacco or pharmacological treatment for tobacco.

Article 11: (1) (f) offers protection by ensuring healthy working conditions, which is relevant to Secondhand smoke regulations.

#### **7. Efforts Taken by Indian Government**

India government made my provisions to control tobacco consumption like prohibition of smoking in public places to protect the environment and protect the life of mothers and children, by its harmful effects. Government used the powerful source of media to aware the public and Indian is also participant to the Framework Convention on Tobacco Control (FCTC) since September 2003. The Indian parliament has passed “The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act” in 2003 (CTPA) and it was enforced from May 1, 2004. In this act there is a ban on the sale of tobacco products to minors, a ban on direct and surrogate tobacco advertising (except at point of sale and on tobacco packs), and prohibition of smoking in public places. Even though the Indian Act is an important landmark step forward, there are still a few missing issues that need to be addressed as per the FCTC. State governments also made their efforts at district and state level by doing research and awareness to control its consumption and selling at public places.

#### **8. Some Myths in Relation to Tobacco and Smoking as a Fashion Class**

In many countries, women use “light” cigarettes and belief that “light” means “safer” in fact “light” smokers often connect in compensatory smoking, inhaling more deeply and more frequently to absorb the desired amount of nicotine. In the Asian and Pacific countries where smoking has become a symbol of women’s liberation, many young women are turning to tobacco as a sign of freedom. Others take up the habit because of a popular belief that smoking keeps them slim. Reasons for starting may reflect local beliefs and cultural practices. For example, some Indian women believe that chewing tobacco can cure toothaches or can be useful during childbirth. Government of India have taken an initiative to display the warning during the Indian films, but Bollywood songs promoting theses tobacco as fashion class or style of 21<sup>st</sup> century women in their scenes or “hookah” songs by performances of renowned stars.

#### **9. Conclusion**

WHO Framework Convention on Tobacco Control (FCTC) can do much to protect women’s health. It is also important to educate and empower both women and men to establish smoke-free environments at home. The majority of victims of second-hand smoke (SHS) are women and children, exposed in their homes through the smoking of men. Exposure to SHS needs to be given a higher priority to protect women’s and children’s rights to a safe and smoke-free environment in homes and public places. There are many gaps in the data about the health impact of tobacco use on girls and women of all ages. Much more research is needed on the ways women—particularly in developing countries—use a variety of tobacco products, including snuff, chewing tobacco, and traditional forms of rolled tobacco. Finally, high-quality, population-based cancer incidence data are needed on health risks for women who work in the informal sectors of tobacco growing, production, and marketing. We need to identify targeted strategies to involve individuals, policy makers, organization especially women’s organizations. Corporate social responsibility should be prohibited tobacco companies engage in such activities like educational programs, community projects, research etc. to improve their image, but there is a clear conflict of interest between the health harms caused by tobacco use and tobacco industry spending on initiatives that address health issues. Tobacco prevention and termination program should be incorporated into maternal services, child and reproductive health services. And also use clear pictures to ensure that those who cannot read are also able to understand the health risks of tobacco use. India has a huge problem of extensive tobacco use among women, particularly among disadvantaged women. Women and children often lack the power to negotiate smoke free spaces including their homes. Women face many problems like cancer, abuse, still birth and also work as an obstacle in the development of women in various fields. In India tobacco also attributable burden which is estimated US\$ 7.2 billion in the year 2002-03. Many studies show that second hand smoke exposure at home was high, according to (GATS). Researches also conclude that in India prevalence of smokeless tobacco is very high among women’s groups. Many myths are also connected with the tobacco products which create more complexity to understand the difference and similarities between culture, beliefs and gender differences. There is need of strict prohibition laws on tobacco, which will help us to protect millions of women.

“The truth about women’s tobacco use and their health if women smoke like men, they die like men”.

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