Gender

Key Recommendations

- FCA recommends that, when developing their costed, multisectoral national tobacco control strategies (as called for in the proposed Global Strategy to Accelerate Tobacco Control), Parties should ensure that their plans include gender-sensitive policies such as those outlined in the report to COP8 on this topic.
- COP8 should also mandate the Convention Secretariat to review gender-analysis in COP reporting so as to align with other gender-responsive monitoring and evaluation methodologies and human rights mechanisms.

Why this is important

Gender is an important determinant of health and health inequities – both acting alone, and through its interaction with other social determinants of health – such as education, economic position, location, ethnicity, and disability. It also influences tobacco use and associated health outcomes in different ways.

As such, it is important that gender-specific considerations are included in the development and implementation of tobacco control policies and programmes.

Background

The report *Gender-Responsive Tobacco Control: Evidence and Options for Policies and Programmes* was prepared in response to a request from COP7 to review the relationship between gender and tobacco, and provide evidence for gender-responsive tobacco control. The Report highlights that there are gendered patterns of tobacco use and tobacco-related harm.

Globally, men are more likely to smoke than women, although large national and regional variances exist. According to a WHO report on global smoking prevalence, 34% of men smoke compared to

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only 6% of women.\textsuperscript{2} Disaggregated smoking prevalence data alone does not provide a comprehensive picture of the influence of gender on tobacco related harm. For example, despite the variance in smoking prevalence, the health impacts of exposure to second-hand smoke (SHS) are disproportionately felt by women who constitute two-thirds of the deaths caused by SHS.\textsuperscript{3}

While rates of smoking among men are levelling off in many countries, rates of smoking among women are simultaneously increasing.\textsuperscript{4} In the 20 year period between 2005-2025 smoking prevalence among females is predicted to double.\textsuperscript{5} This trend is something that has been acknowledged throughout the history of the FCTC, with the preamble of the convention text stating that Parties were “\textit{Alarmed} by the increase in smoking and other forms of tobacco consumption by women and young girls worldwide” and recognized the “need for gender-specific tobacco control strategies.”

If gender related trends in tobacco use are not addressed in relation to other inequalities, this will have a significant impact on the tobacco epidemic and could reverse some of the recent gains in tobacco control in many countries. One of the guiding principles of the FCTC (Art 4.2(d)) is “the need to take measures to address gender-specific risks when developing tobacco control strategies.” Indeed, the FCTC recalls in its preamble the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) which \textit{“provides that States Parties to that Convention shall take appropriate measures to eliminate discrimination against women in the field of health care”}.

The tobacco industry has a long and well documented history of exploiting gender norms for targeted marketing of their products to increase tobacco use among different segments of the population.\textsuperscript{6} This includes use of hyper-masculine figures to advertise to men, and advertising targeting women that either reinforces gender norms (e.g. through sexualized messages) or capitalizes on the rejection of gender norms by co-opting messages of women’s equality and liberation.\textsuperscript{7}

While the tobacco industry has developed sophisticated gender-based strategies, tobacco control remains largely gender-blind. This constitutes a missed opportunity for reducing tobacco related harm, as well as health inequities more broadly.

Traditionally, tobacco control programming directed at women has focused on tobacco use during pregnancy. While such approaches are important, there is a need to develop broader programmes for girls and women throughout the life cycle. Tailored services are needed to address women’s particular reasons for tobacco use and concerns about stopping. Unless gender–specific indicators are incorporated into planning and provision of programmes, and until Parties are required to report on them, gains for women and girls will be severely curtailed.

Implementing gender-responsive tobacco control strategies requires a thorough understanding of

\begin{itemize}
\item \textsuperscript{3} Institute for Health Metrics and Evaluation. Data on Disability Adjusted Life Years, 2016. Accessible at: https://vizhub.healthdata.org/gbd-compare/
\item \textsuperscript{4} Women and the tobacco epidemic. Challenges for the 21st century. WHO/NMH/TFI/01.1.
\item \textsuperscript{6} We note here the strong interrelation of gender norms with social dynamics that have marginalized individuals as sexual minorities and the tobacco industry’s long history of exploitation of such circumstances as well.
\item \textsuperscript{7} Amos A, Haglund M. 2000. From social taboo to \textit{“torch of freedom”}: the marketing of cigarettes to women. Tobacco Control. 9(1): 3-8.
\end{itemize}
the relationship between gender and tobacco use. Data collected on tobacco use and tobacco related harm are often disaggregated, but thorough gender analysis related to health inequalities is rarely conducted. The result is a persistent gap in understanding the gendered elements of tobacco use and tobacco related harm, as well as the corresponding strategies to address these gendered elements.

Human Rights Framework for gender-responsive tobacco control

The CEDAW Committee has pointed out the international responsibility of States that omit to address private practices that put women’s health in danger in the following terms: “[T]he obligation to protect rights relating to women’s health requires States parties, their agents and officials to take action to prevent and impose sanctions for violations of rights by private persons and organizations”.8

The Committee has recognized that while biological differences between women and men may lead to differences in health status, there are societal factors that determine more favorable or detrimental health outcomes for women and girls.9 Therefore, and according to paragraph 31 of CEDAW’s Committee General Comment 24, States should “(a) Place a gender perspective at the center of all policies and programs affecting women’s health and should involve women in the planning, implementation and monitoring of such policies and programs and in the provision of health services to women”.

In addition to this, general Comment 14 of the ICESCR Committee recognizes three types of obligations on Party States: Respect (refrain from interfering); protect (take measures to prevent future violations) and fulfill (adopt positive measures to promote the rights).10 According to the ICESCR Committee, the right to health can only be attained if the services or initiatives created to guarantee the right meet the elements of availability, accessibility, acceptability, and quality.11 These elements gain a special importance in the case of upholding the right to health of women and girls. Campaigns should be designed with a gendered focus in order to reach that segment of the population. Governments must also be attentive and impede any initiative led by individuals or organizations that particularly targets women and girls to harm their health.

Actions for gender-responsive tobacco control

FCA emphasizes the need for gender-responsive tobacco control programming in order to counteract the tobacco industry’s targeting and exploitation of gender norms, and to address gender-specific vulnerabilities to tobacco-related harm.

As such, FCA recommends that in developing costed, multisectoral national tobacco control plans and strategies, Parties should adopt gender-sensitive policy targets and include gender-sensitive policies, such as those outlined in the report to COP8 on this topic.

11 Id.54 at parr. 12.
The development of these plans is included as a priority action under the proposed Global Strategy to Accelerate Tobacco Control\textsuperscript{12}, which is up for adoption at COP8.

There is also an urgent need for policy makers to incorporate gender indicators and gender-specific reporting requirements in their policies and programmes. This means moving away from simply disaggregating data, towards conducting a thorough analysis of the relationship between gender and tobacco, including gender inequalities.

As recommended in the report to COP8 on this topic, Parties should mandate the Convention Secretariat to review gender-analysis in COP reporting so as to align with other gender-responsive monitoring and evaluation methodologies and human rights mechanisms.\textsuperscript{13}

The report to COP8 on this topic provides a conceptual framework for Parties and other actors to use to guide their analysis of the relationship between gender and tobacco, focusing on the following domains:

- Tobacco use, gender and the social determinants of health
- Gender, tobacco and risk/health behaviours
- Gender and the health system response

\textsuperscript{12} The Global Strategy to Accelerate Tobacco Control is included as Annex 2 in document FCTC/COP/8/11, available at: http://www.who.int/entity/fctc/cop/sessions/cop8/FCTC_COP_8_11_EN.pdf?ua=1