13. The International Women’s Movement and Anti-Tobacco Campaigns

Introduction

For decades, the international women’s movement has been mobilizing at the grass-roots level and affecting the international political agenda. Among the issues it has successfully brought to the world’s attention are violence against women, consumer and environmental justice, reproductive health and sexual rights, and human rights. In recent years, the international women’s movement has begun to join forces with the tobacco control movement.

The following is an historic account of women’s activism in two regions where women’s leadership has made a significant contribution to women’s health and development. Although it deals with global trends, only two case-study regions are presented here: Asia and the Pacific, and Latin America and the Caribbean. Through an historical analysis and overview of the current situation, this chapter outlines the potential for future tobacco control actions, as well as existing social resources that promise to help prevent the rising epidemic of tobacco use among women.

A Brief History of the International Women’s Movement

Women have taken strong leadership roles at the national and international levels of the women’s movement throughout the world. The United Nations World Women’s Conferences, which have provided opportunities to build solidarity, share visions, and articulate regional concerns, have been an important influence on the international women’s movement.1 The First United Nations World Conference on Women was held in Mexico City in 1975, the year that was designated as the International Women’s Year. The Women’s Tribune, consisting of about 2000 women from nongovernmental organizations (NGOs) of various countries, was held simultaneously with the United Nations Conference. The majority of the participants came from the United States and Latin America; Asian, African, and grass-roots women’s groups were underrepresented. Asian women watched the heated confrontation between feminists from the industrialized northern hemisphere and the developing countries of the southern hemisphere. Issues such as women’s reproductive rights were featured in debates on women and health, but otherwise, health was low on the list of priorities. In 1980, the Second United Nations World Conference on Women was held in Copenhagen, Denmark. African women were more visible at this conference, because of geographical and historical ties between Europe and Africa. The confrontation between industrialized-country and developing-country feminists was less apparent, but other political issues related to the Cold War dominated the agenda. Considered the most controversial of the global women’s conferences, this one nevertheless succeeded in introducing the important Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), known as the women’s bill of rights. A detailed discussion of CEDAW is found in the chapter on women’s rights and international agreements.

The new strength of regional women’s networks was reflected at the Third United Nations World Conference on Women, held in Nairobi, Kenya, in 1985. Women’s health and the environment were not major issues at that event, but women’s reproductive health was an increasingly important human rights issue, and issues of poverty and education were highlighted. In the aftermath of other United Nations conferences, including one on environment and development, the Vienna Human Rights Conference, and the International Conference on Population and Development, women’s NGOs concerned with health and the environment developed stronger lobbying strategies and political agendas. This momentum culminated with the Fourth United Nations World Conference on Women, held in Beijing, China, in 1995, when representatives from the industrialized and developing countries achieved an important consensus on both environmental and women’s health issues.

The Platform for Action—the blueprint for women’s equality in the 21st century—was adopted by the Conference in Beijing. It included 12 critical areas of concern: poverty, education, health, violence against women, armed conflicts, economy, decision-making, mechanisms for the advancement of women, women’s human rights, media, environment, and the girl-child. The Platform also contained hundreds of recommen-
ations and strategies for each area. For the first time at a United Nations Women’s Conference, tobacco was recognized as a women’s health issue in the general discussions and recommendations.

**Founded in 1990, INWAT is a global network of more than 1700 tobacco control and women’s health specialists in about 80 countries that addresses the social, cultural, health, and economic issues of tobacco as they affect women and girls.**

At the parallel NGO Forum, hundreds of workshops were held on a large variety of issues, including violence against women, reproductive rights, trafficking in women, armed conflicts, feminization of poverty, and political participation. Participants at the grass-roots level shared their experiences in organizing to fight against development projects that perpetuated gender discrimination. There was also an important transformation of women’s self-image, from women as victims to women as leaders and visionaries. For example, at a workshop on Asian Women’s Alternatives in Action, participants from various Asian countries reported innovative and dynamic strategies and practices and showed their determination to work towards a world based on gender justice through women’s empowerment. The theme of the NGO Forum, Look at the World Through Women’s Eyes, reflected this newfound confidence and assertiveness.

Since that time, women’s awareness of and support for tobacco control has grown. A major turning point was the gathering of nearly 500 women from 50 countries in Kobe, Japan, in November 1999, at the World Health Organization (WHO) International Conference on Tobacco and Health, Making a Difference to Tobacco and Health: Avoiding the Tobacco Epidemic in Women and Youth. Upon returning to their countries after the Conference, many women leaders carried out national campaigns and media events and joined forces with tobacco control programmes. Anti-tobacco activities led by women’s groups have grown in many countries, including Malaysia, Thailand, Bangladesh, Japan, the Lao People’s Democratic Republic, Turkey, Cuba, and Brazil. At the WHO public hearings held in Geneva in 2000, women leaders from the Federation of Cuban Women, REDEH/CEMINA (Brazil), the Centre for Human Environment in Ethiopia, the international Women’s Environment & Development Organization (WEDO), and the Zuna Women’s Operation Green (Zimbabwe) testified against the tobacco industry and showed their support for the WHO Framework Convention on Tobacco Control (WHO FCTC).

A key resource and bridge between tobacco control and the women’s health movement is the International Network of Women Against Tobacco (INWAT). Founded in 1990, INWAT is a global network of more than 1700 tobacco control and women’s health specialists in about 80 countries that addresses the social, cultural, health, and economic issues of tobacco as they affect women and girls. INWAT also aims to promote women’s leadership in tobacco control. Its publication *Turning a New Leaf: Women, Tobacco, and the Future* highlighted this theme, as well as the linkages between tobacco production and consumption and the status of women.

The InterAmerican Heart Foundation (IAHF) and INWAT organized a forum with a focus on women and tobacco during the First SRNT [Society for Research on Nicotine and Tobacco] Latin America & Second Iberoamerican Conference on Tobacco Control, held in Rio de Janeiro, Brazil, in 2007. The purpose of the forum was to provide a platform for debate and to share experiences and lessons learned about women and tobacco in the fields of advocacy, research, and policy.

The WHO FCTC negotiations provided an important opportunity for groups such as INWAT and the women’s movement to work together to influence the final version of the treaty. During the negotiations in Geneva in October 2000, a women’s caucus was begun as a subgroup of the Framework Convention Alliance (FCA). By 2008, FCA membership included almost 300 health, environmental, consumer, and human rights organizations from more than 100 countries. FCA plays a critical role in the treaty process, working collaboratively with governments, providing educational material and tobacco control expertise, monitoring the treaty implementation process,
and helping to shape the public climate that has provided momentum for international regulation of the tobacco industry. Its board has been exemplary in its gender and regional balance.

At the founding of FCA in 1999, the women’s caucus acted as a coalition of NGOs to ensure effective implementation of the WHO FCTC and provided an open forum for dialogue between NGOs, government delegates, and United Nations agencies. Its specific goal was to promote networking among leaders (both women and men) concerned with gender issues and to provide technical support to government delegations.

Throughout the WHO FCTC process, the women’s caucus had daily programmes that included briefings by eminent leaders such as Judith Mackay, former chairperson of the WHO Policy and Strategy Advisory Committee; Margaretha Haglund, former president of the International Network of Women Against Tobacco; and Phetsile Dlamini, Minister for Health and Social Welfare in Swaziland. The caucus organized briefings for delegates, highlighting issues such as the exploitation of feminine imagery by multinational corporations to market tobacco to women and girls. Together with the International Alliance of Women and the Campaign for Tobacco-Free Kids, the women’s caucus made numerous statements during the negotiations concerning the importance of a gender perspective on political and economic policies. Most important, the caucus was instrumental in ensuring that the WHO FCTC made reference to treaties that would strengthen a gender perspective in its interpretation. The group prepared an NGO briefing paper that evolved into the first draft of the WHO FCTC Preamble, which eventually contained key provisions on gender and human rights. Among the priorities of the caucus were women’s rights as human rights issues, as encapsulated in CEDAW, the Convention on the Rights of the Child, and the Covenant on Economic, Social and Cultural Rights.

Signs of growing awareness and activity related to the WHO FCTC beyond the arena of negotiations have been evident at other international events. It is noteworthy that in 1999 and 2000, the expert committee that oversees CEDAW requested that governments report on tobacco use under Article 12. During the Beijing Plus Five meeting in 2005, members of the CEDAW Committee spoke at a panel on the linkages between gender, women, and tobacco and CEDAW provisions. Also, at the United Nations Children’s Summit, the World Association of Girl Guides and Girl Scouts, along with the Campaign for Tobacco-Free Kids, held events pointing out new and innovative ways for girls to become leaders in the anti-tobacco movement.

Ayako Kuno, one of the eight founding members of the Women’s Group, wrote in the magazine Women’s Revolt, “I realized recently that most feminists smoke”.

Asian Women’s Anti-Tobacco Organizations

This section describes Asian anti-tobacco organizations that, although small in membership, laid the groundwork for a stronger movement today. As taboos against women smoking in public subsided in many traditional Asian societies, well-educated, emancipated women increasingly used tobacco. Nevertheless, some health-conscious groups are prevailing in their struggle to control the tobacco epidemic among women.

The Japanese Non-Smokers’ Rights Group

In 1977, around the time the Japanese Non-Smokers’ Rights Group was formed, feminists in Nagoya founded the Women’s Group to Eliminate Harm of Tobacco. The women’s liberation movement in the early 1970s claimed the equal right to smoke, and many young feminists had started to use tobacco. However, those feminists who objected to smoking challenged this idea and insisted that both men and women should stop smoking.

Ayako Kuno, one of the eight founding members of the Women’s Group, wrote in the magazine Women’s...
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Revolt, “I realized recently that most feminists smoke. I felt sick of the polluted air. I myself used to look positively at women smoking because it seemed they challenged the traditional social norm based on Confucian patriarchal ideology that smoking is not women’s behaviour. However, I began to question if smoking means women’s liberation, because tobacco is poison and harmful to health and the environment”.

The issue reappeared in 1987, when Women’s Action on Smoking was formed in Tokyo by female doctors, teachers, writers, and working women who were concerned about how a male-dominated culture perpetuates women’s suffering from second-hand smoke (SHS) at home and in the workplace. This group also focused its attention on rising rates of tobacco use among young women. According to Nobuko Nakano, one of the founders, the main objectives of the group were non-smokers’ rights and the prevention of smoking among youth, especially girls. Its members were engaged in activities to promote smoke-free education in schools, appealing to non-smokers’ rights through the media and lobbying. They also established a hotline for non-smokers to address the issue of SHS in the workplace and initiated a campaign to remove tobacco vending machines. Recently, women have become more outspoken about protecting themselves and their children from SHS as a right.

In the past decade, several medical professionals in the group independently started training programmes for cessation. These programmes, carried out by women doctors, have attracted many women smokers. Also inspired by the Kobe Conference in 1999, the Japanese Nursing Association (JNA)—Japan’s largest women’s professional organization, with 600 000 members—campaigned to stop smoking by nurses and to make hospitals smoke-free. The rate of smoking among nurses (25.7%) was twice that of all Japanese women in 2001. JNA published booklets on quitting smoking and organized many seminars to train leaders for cessation programmes. Some progress was noteworthy: in 2006, the nurses’ smoking rate dropped by 6%, although it was still high (19%). JNA is continuing its efforts to highlight nurses’ important role in helping patients quit smoking and combating SHS. It is noteworthy that in other countries, such as Thailand and Brazil, nurses associations are becoming increasingly active in tobacco control and efforts to make hospitals smoke-free.

The Consumers Association of Penang

The Consumers Association of Penang (CAP), in Malaysia, an internationally recognized consumer advocacy group, started an anti-smoking campaign in 1973. Since then, it has organized numerous seminars, forums, and exhibitions and has published and distributed booklets, educational kits, posters, and stickers to inform people of the negative effects of tobacco on health, the environment, and the economy.

CAP urges women to play active roles in smoking prevention and cessation and provides concrete suggestions, including the following:

- Women health professionals can actively promote a tobacco-free lifestyle; women doctors and nurses can serve as educators and disseminators of information.
- Women in the media can reverse the social acceptability of smoking; they can promote non-smoking as an attractive and healthy lifestyle and can undo the damage done by others in the media.
- Women in politics and government can be instrumental in passing anti-smoking legislation and regulations and should advocate stricter laws.
- Women in sports should boycott sports activities sponsored by the tobacco industry, as participation in such activities implies an endorsement of smoking.

The Action on Smoking and Health Foundation of Thailand

The first project in Thailand dealing exclusively with tobacco control was the Women and Smoking Project, an NGO formed by 12 health organizations in 1986. In 1997, the Project became the Action on Smoking and Health Foundation of Thailand (ASH Thailand). Its activities include programmes designed for youth, including Smoke-Free Schools 2000. ASH Thailand cooperates closely with the National Council of Thai Women, an umbrella group that has taken strong actions against tobacco in recent years. Thai nurses have also established a national organization that works cooperatively with physicians to establish smoke-free hospitals and provide patient counselling.
A special project called “Thai Women Don’t Smoke” was set up in 1995 to counter the tobacco companies’ efforts to encourage women to start smoking. The project focuses on the effects of smoking on appearance and on children’s health and promotes the view that smart women do not smoke. The mass media have been actively involved in the project, and ASH Thailand has worked closely with three national beauty contests: Miss Teen Thailand, Miss Thailand, and Miss Thailand World.

The Consumers Union of Korea

The Consumers Union of Korea, established in 1970, started a no-smoking campaign in 1984 to stop the spread of tobacco use among young people. The Union has 25,000 members (most of them women) and 121 member firms. Its activities and goals include:

- Demonstrations and press releases
- Street rallies on World No Tobacco Day
- Protests of tobacco-sponsored events, e.g. Marlboro concerts
- Advocating stronger warning labels
- Advocating a ban on tobacco vending machines
- The Asian Women’s Health Movement.

The Asian Women’s Health Movement

It is noteworthy that in the Asian region, tobacco control programmes have often worked outside the mainstream of women and health activities. This historic schism should be analysed in depth through sociological research so as to uncover more effective ways to bridge the gap in the future. Although some organizations such as the International Network of Women Against Tobacco have worked with national counterparts in the Asia region, much more work needs to be done to enlist the help of grass-roots as well as national organizations that have worked in women’s reproductive health, family planning, and other public health issues—most of which currently are not advocates for tobacco control.

In a number of countries, such as India, Bangladesh, Nepal, the Philippines, and Malaysia, many women’s organizations are committed to the advancement of women’s health and are working on important health issues.

The Centre for Health Education, Training and Nutrition Awareness

The Centre for Health Education, Training and Nutrition Awareness (CHETNA) is an NGO based in Gujarat, India. Established in 1980 with the mission of contributing to the empowerment of disadvantaged women through health education, CHETNA (which means “awareness” in several Indian languages) has a Women and Health Programme that aims to enable women and communities to initiate, manage, and sustain comprehensive, gender-sensitive primary health care for all. Its main activity is training employees of NGOs and government in gender and health, reproductive health, emotional and mental health, ageing, and traditional health and healing practices. CHETNA uses a participatory approach, and its communications strength is its adaptation to the local social, cultural, and economic conditions of its constituents.

Buddha Bahnipati Family Welfare Project

The Buddha Bahnipati Family Welfare Project (BBP) of the Family Planning Association in Nepal formed
its first women’s group in 1990. Members of BBP take a comprehensive approach to improving the overall livelihood of women. They conduct informal classes on literacy, savings and credit, animal raising, and fodder production, and they operate health camps where women can learn about gynaecology, vasectomy, and dental, eye, and general-health check-ups. The purpose of the group is to help women gain confidence, security, and dignity, as well as to improve their standards of living.

Bangladesh Women’s Health Coalition

The activities of the Bangladesh Women’s Health Coalition (BWHC) are based on three principles: (1) each woman should be treated with respect; (2) each woman’s particular needs should be carefully discussed with her by health-care professionals; and (3) each woman should be provided with sufficient information and counselling to make her own choices about her reproductive health.

BWHC operates seven clinics that offer a choice of family-planning methods. The clinics are staffed by women paramedics recruited from the community. Doctors, nurses, and attendants also provide counselling, as BWHC considers counselling crucial to overcoming class barriers between the health professionals and their clients. BWHC also organizes training programmes for government paramedics.

Gabriela

Gabriela is a national coalition of women’s organizations in various sectors of the Philippines. Its Commission on Women’s Health and Reproductive Rights provides community-based health services for women, men, and children. The Commission operates a women’s clinic in Metro Manila and two pilot communities; in one year, it provided approximately 1500 consultations, 1100 of which were to women. The Commission’s objectives are to develop women’s health initiatives and to integrate these into the overall developmental efforts of the communities. Two pilot communities have already developed their own management plans. The outstanding characteristic of Gabriela’s “health service to sisters in need” is that it lets women in communities organize themselves and manage by themselves.

Asian-Pacific Resource & Research Centre for Women

The Asian-Pacific Resource & Research Centre for Women (ARROW), based in Malaysia, advocates women-centred and gender-sensitive policies and programmes for women’s health based on—and evolved from—comprehensive public health care. This NGO provides practical information, resources, and research findings. Its information kit, “Towards Women-Centred Reproductive Health”, is an action-oriented introduction to women-centred reproductive health and is most useful for women’s health projects and movements at the grass-roots level. It can also be used to advocate for government public health policy. ARROW uses a life-course approach, covering the prenatal period, girlhood, adolescence, menopause, and old age. It also addresses critical areas of women’s health that have been given little attention in Malaysia, including occupational health, emotional and mental health, and violence against women.

These networks and alliances have the potential to become essential links in the worldwide movement to control tobacco and advance women’s health, but stronger connections must be made between them and the tobacco control movements. It is crucial to disseminate information on the hazards of tobacco use among these NGOs and to foster strong leadership skills.

The Latin American and Caribbean Women’s Health Movement

As in the case of the Asian women and health movement, the feminist health movement in the Latin American and Caribbean countries was initially antagonistic to tobacco control policies, because they were viewed as attempting to obstruct women’s newly found “liberties”. Indeed, many women considered it their “right” to smoke in public, particularly as it had been a social taboo in the past. Similar trends can be seen in North America.

It is noteworthy that the feminist movement in Latin American and Caribbean countries began simultaneously with the growth of the movement in North America and Europe. In the late 19th and early 20th centuries, important feminist leaders in Latin American countries provided leadership and stimulated activism to improve women’s status and access to education, including university education. Women’s rights to health and
economic and political participation were the main areas of concern for the early activists.

Feminism in the Latin American and Caribbean region promoted women's autonomy and liberation. At the same time, the inclusion of women in traditional male activities changed women's lifestyles to include smoking. Feminist arguments used to improve women's status were adopted by tobacco companies, and the ideology of the movement was manipulated by tobacco advertising. Initially, advertisements associated tobacco with sophisticated and glamorous women. Images of women who succeeded in men's activities, such as Amelia Earhart, were also used. In the past decade, messages targeting women linked tobacco with liberty and pleasure.

Although the tobacco industry succeeded in courting many emancipated women, the beginnings of an opposition were forming. In 1984, representatives from 60 women's health groups who attended the First Regional Women and Health meeting in Colombia created the Latin American and Caribbean Women's Health Network (LACWHN). LACWHN is made up of approximately 2000 member groups; 80% of the members come from Latin America and the Caribbean, and the rest come from North America, Europe, Africa, Asia, and the Pacific. Its board of directors is composed of nine health activists from different countries in Latin America and the Caribbean, and its headquarters is in Santiago, Chile. One of its main activities is the publication of a quarterly journal, Women's Health Journal, and a special annual document, Women's Health Collection. For its first 10 years, LACWHN was coordinated by Isis International, a regional feminist NGO based in Santiago. In 1995, by agreement of its board of directors, LACWHN became an autonomous institution and currently functions as a foundation.

LACWHN disseminates and promotes research and studies on women's health issues and mobilizes groups and activists to advocate for and defend women's rights regarding these issues. Its activities are organized as campaigns around specific days designated to draw attention to particular health issues. The network also promotes activities by its members and disseminates health information to interested parties, such as women's groups, academic institutions, governmental health and social authorities, health and associated professionals, the private sector, journalists, and policy-makers.

A review of women's health campaigns promoted by LACWHN provides some perspective on women's health activities and their possible applications to tobacco control. The first LACWHN campaign focused on maternal mortality, and 28 May 1987 was declared the first Women's Health Day, a day set aside to emphasize that issue. National maternal mortality rates in the region and the difficulties of reducing them were the motivating factors for developing a campaign to influence political will and increase social support.

Since 1988, Women's Health Day has been adopted internationally and celebrated worldwide by women's health groups and other interested parties. Campaigns have been established on specific days to promote awareness of the issues of abortion (28 September), violence against women and girls (25 November), human rights (10 December), and HIV/AIDS (1 December).

LACWHN has organized regional training and the development of educational programmes for participants in women's health issues.

The campaign was initially a protest. Later, it began to incorporate proposals for change. Its visibility and impact grew, and the number of participating groups increased. In 1987, 100 groups from 45 countries participated, and today, more than 1500 groups participate in approximately 80 countries. Health workers have joined with women's health activist groups to diversify and expand participation.

Women's health groups have produced and published background papers providing data, analyses, and perspectives. Interactions between academic groups, as well as between health professionals and grass-roots women's organizations, have expanded conceptual boundaries, providing credibility and strengthening women's lobbying efforts. Interactions with United Nations agencies, international and national research/funding organizations, and governments have increased the impact of local and national actions. The media have been involved from the beginning, and recently, media attention has increased and heightened the campaign's visibility.6
The principal indicators on which to evaluate the campaign remain the numbers of participants and the alliances made, along with the programmes and actions established by health services. Small grants (from US$ 300 to US$ 1000 each) for women’s groups have been distributed for local projects to improve grass-roots women’s organizations.7

LACWHN has organized regional training and educational programmes for participants in women’s health issues. These programmes were initiated in universities and academic units by LACWHN members associated with national women’s health NGOs to disseminate scientific information on women’s health from a gender perspective. In addition, scholarships for short training programmes at women’s health NGOs have been provided to share successful women’s health programmes and services, particularly programmes addressing sexual and reproductive health and violence against women.

One of the most important roles of global networks is lobbying and advocacy of the United Nations and other relevant international agencies.

In 1992, LACWHN organized and promoted a regional preparatory process for the International Conference on Population and Development (ICPD), held in Cairo, Egypt, in 1994, through member meetings. The role of women’s health activists and LACWHN in the ICPD was crucial in the adoption of the ICPD Plan of Action by consensus.

In 1995, LACWHN developed a project to monitor implementation of the ICPD Plan of Action in several Latin American and Caribbean countries, with the cooperation of the United Nations Population Fund (UNFPA). Between 1996 and 1999, five countries in Latin America were monitored by women’s health NGOs in partnership with United Nations agencies and governments. In the 1980s, democracies were reestablished in many Latin American and Caribbean countries, but inclusion of women in the participatory process was rare. The project to encourage women’s participation in development through the monitoring of governmental implementation strengthened democratic procedures. This project enabled many women’s health leaders and activists to develop and increase their negotiation and advocacy capacities and the tools to promote national, regional, and local women’s health policies and programmes. Similar experiences in other countries of the region will increase and improve women’s participation.

By 2001, the majority of LACWHN’s members were based in Latin America and the Caribbean. The range of themes, activities, and goals of the groups is very broad. Some groups are activist-oriented, while others provide services and sponsor academic activities. Their actions have been influential at grass-roots, local, national, regional, and international levels.

In 1997–1998, the LACWHN database included 30 categories of thematic issues, each of which was subdivided for more specific classification of members’ interests and activities. All the activities are related to women and tobacco control, but they do not necessarily give the issue prominence in their programmes. The potential, however, is apparent, as their concerns include human rights, family, mental health, women’s identity, life-courses, communications, legislation, environment, religions, and economic issues.

In the Andean area, where community-based organizations are a long-standing tradition, many women’s groups matured decades ago and were incorporated into the network for broader interaction with other groups.8 In the southern hemisphere, where many countries were ruled by dictatorships until the 1980s, women’s groups have developed only in the past decade.

Few of the registered groups currently pursue tobacco control activities. Their primary focus is on sexual and reproductive health issues, mental health, and the impact of medical-care policies on health-care reform. Nevertheless, great potential exists for integrating anti-tobacco campaigns into these activities. There is also potential for the dissemination of research and news related to tobacco and health through LACWHN’s Women’s Health Journal.

One reason for the lack of involvement of women’s groups in tobacco control has been the perception that international, regional, and national networks, as well as
governments and United Nations agencies, have failed to invite them to participate in tobacco control activities. The frequent and fluid relations of LACWHN with United Nations agencies have been concerned with sexual and reproductive health matters, violence against women, and women’s impact on the health-care reform process.

In Latin America and the Caribbean, there is considerable potential to expand the scope of women’s health-care issues and to strengthen the social base for women’s leadership in tobacco control. Increased awareness and the mobilization of women’s health activists in the region are basic requirements for reaching women and girls. The advantage of having groups organized and connected through LACWHN is that it enables them to coordinate and promote tobacco control activities. The wide range of women’s groups affiliated with LACWHN, in cooperation with the INWAT Latin and Caribbean Network, could ensure that information on the hazards of tobacco use reaches women and girls, including grassroots and rural women.

**Women leaders offer expertise on women’s perspectives and experiences, particularly in networking and building alliances.**

In addition to consumer organizations, a number of international reproductive, human rights, and sustainable-development networks continue to lobby on behalf of women’s health. These organizations have expressed interest in tobacco control and have occasionally contributed as advocates. Strong international networks include the Women’s Global Network for Reproductive Rights and WEDO, an international advocacy network whose aim is to achieve a healthy and peaceful planet, with social, political, economic, and environmental justice for all, through the empowerment of women in all their diversity and through their equal participation with men in decision-making, from grass-roots to global arenas. It was actively involved in the Rio Summit as well as the Kobe Conference on Women and Tobacco and has played an important role in convening a “linkage caucus” that helps integrate NGO views at various United Nations conferences.

Reaching Out to Other Women’s Networks

One of the most important roles of global networks is lobbying and advocacy of the United Nations and other relevant international agencies. In addition to the women’s NGOs that are actively involved in health promotion, a number of regional and international networks concerned with sustainable development and women’s rights could be mobilized to participate in tobacco control? A number of women’s organizations have indicated a strong interest in joining the anti-tobacco movement. The Women’s Global Network for Reproductive Rights has members in more than 110 countries and is a strong potential ally. Other important groups are the International Association of University Women, the Girl Guides Association, and Soroptimist International, which has almost 100 000 members in 119 countries. It is worth noting that Soroptimist has tobacco control as one of its official priorities.

As tobacco control efforts focus more on the WHO FCTC, the importance of including women lawyers and human rights organizations in these efforts has grown. One active regional network is the Asia Pacific Forum on Women, Law and Development (APWLD). This NGO was an outcome of the Third World Forum on Women, Law and Development held in Nairobi, Kenya, in 1985. The Asian participants formed APWLD as a regional organization committed to enabling women to use law as an instrument of social change for equality, justice, and development.

The breastfeeding campaigns against infant formula are also important potential allies, because their organizations have had considerable experience mobilizing at an international level and calling for conventions to deal with aggressive marketing and commercial interests. In Asia, the breastfeeding campaign was launched in the 1970s, when large numbers of babies in developing countries were dying after bottle-feeding. The women’s boycott of Nestle, one of the world’s largest producers of infant formula, was reportedly the largest boycott in the world up to that time. The International Baby Food Action Network (IBFAN) was founded by six individuals in 1979 and had grown to 140 groups by 1989.
**Discussion**

The greatest challenge facing women’s organizations is that of galvanizing the leadership to prevent a rising epidemic of tobacco use among women, particularly young women. Women’s groups involved in tobacco control programmes have argued that to be successful, such programmes must start from girls’ and women’s own experiences and take into account the broader context of women’s lives. This is possible when women’s leadership is prominent within tobacco control. Women’s organizations should be involved in tobacco control for several key reasons:

- Working with women’s groups helps to reach other groups, such as husbands and partners, as well as children, to influence their behaviour and reduce exposure to environmental tobacco smoke.

- Working with women’s organizations can widen the political support for tobacco control, taking it beyond the health community. This may be particularly important when support is needed to introduce specific legislative or regulatory mechanisms.

- Women leaders offer expertise on women’s perspectives and experiences, particularly in networking and building alliances.

However, several barriers should be recognized:

- An emphasis on emancipation and autonomy may provoke a hostile reaction to measures perceived as restrictive of individual freedom. Aggressive misleading advertising by tobacco companies may cause smoking to still be seen as a symbol of women’s emancipation or as an important coping mechanism for women under stress. Some women’s organizations are critical of traditional health education approaches aimed at changing women’s smoking behaviours; they see these approaches as individualistic, victim-blaming, guilt-inducing, and disempowering.

- Funding needs have prompted some women’s organizations to accept money from tobacco companies. In the United States, Philip Morris spent millions of dollars on women’s causes between 1990 and 1995 and supported more than 100 women’s groups in 1995.

- Many women’s organizations, particularly grass-roots and community-based groups, work in a collective, non-hierarchical way. These organizations may view traditional tobacco control activities as top-down and inimical to the way they work. Information flow between national and community networks, and between international and national networks, is often limited.

Armed with a tobacco treaty—the WHO FCTC—women’s health activists are promoting a comprehensive approach to women’s health in which they include tobacco control activities and bring to bear important human rights treaties such as CEDAW. It is vitally important that women’s leadership be enlisted at all levels in the advocacy campaign for the WHO FCTC.

**Recommendations**

In addition to recommendations made in other chapters, it is important to re-emphasize the importance of comprehensive tobacco control strategies such as bans on advertising and promotion of smoke-free environments, including the home.

Other measures to consider include:

1. Working closely with CEDAW and the Convention on the Rights of the Child to strengthen a gender perspective in the WHO FCTC.

2. Collaborating with women leaders working on broad social and economic issues such as the environment, human rights, labour law, religious ethics, child welfare, and fair trade laws.

3. Forming a women’s watch group to monitor the WHO FCTC and the marketing practices of tobacco companies.

4. Holding regional gender, women, and tobacco conferences to strengthen regional networks against tobacco use.

5. Using new information technologies and electronic media to mobilize young women and girls in anti-tobacco campaigns.
References

The rates of smoking among youth and young women are increasing in several regions of the world. There are more than a billion smokers worldwide. The World Health Organization (WHO) estimates that about 9% of women and 40% of men smoke. By 2015, tobacco use is expected to cause almost three times as many deaths as HIV/AIDS and will be responsible for 10% of all deaths. The toll may be even higher when tobacco products other than cigarettes, such as khaini, mawa, and betel quid, are taken into account. In the areas where tobacco use among women and girls is still relatively low, tobacco control programmes are needed to prevent increased uptake and future premature deaths. In today’s economic climate, protecting and promoting the health of women is crucial to health and development—not only for the present but also for future generations.

This monograph is intended to contribute to the scientific understanding of gender, women, and tobacco in a global effort to control the tobacco epidemic. It presents the findings of an international team of scholars and experts who reviewed the most current research and provided an overview of tobacco control issues related to gender with a focus on women. Interdisciplinary teams included researchers and activists in public health, medicine, nursing, and dentistry, as well as anthropology, psychology, economics, law, journalism, and gender studies. The concerns of tobacco control policy-makers, educators, public health advocates, and economic planners, as well as youth and women leaders, are addressed. Special attention is paid to a gender analysis of policies that affect girls and women of all ages throughout the life-course. The role and responsibility of men to protect women against second-hand smoke and as advocates for gender equality are also highlighted.

The monograph has four sections: Tobacco Use and Its Impact on Health, Why Women and Girls Use Tobacco, Quitting, and Policies and Strategies. Topics covered include determinants of starting to use tobacco, exposure to second-hand smoke, the impact of tobacco use on health, the nature of addiction and cessation, and treatment programmes, as well as policy issues involving gender analyses and human rights. The monograph also addresses the critical issues of national economic policy regarding tobacco control, international treaties, and strategies for mobilization at regional and international levels.

As the WHO Framework Convention on Tobacco Control builds momentum and the international community rallies to reduce deaths caused by tobacco, the need for timely and accurate information about tobacco and girls and women will become increasingly critical. This monograph discusses gaps in knowledge, as well as what is known. It addresses the concerns of women leaders, tobacco control policy-makers, economists, educators, health scientists, and researchers, as well as tobacco activists.