Poverty and Gender Issues in Tobacco Control

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Poverty is...

...multidimensional:

- Low income
- Poor access to resources, skills
- Vulnerability
- Insecurity
- Voicelessness, disempowerment

Gender, Race, Ethnicity
Why is poverty important?

- The poor can ill afford sickness
- The poor have greater health care needs
- The use of health services by the poor is low
- The poor face constraints in seeking health care
Poverty & tobacco

• Viet Nam: in households with smokers, expenditure on cigarettes is 1½ times that on education; 5 times that on health care; and 1/3 of that on food
• Bangladesh: poorest twice as likely to smoke as the wealthiest
• Tobacco farming often promotes deforestation and does not pay enough
• Cigarette production often employs child labor
What can we do?

- Put tobacco on poverty agenda
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- Build evidence: collect, analyze disaggregated information
- Develop tailored approaches: target poor areas, households; cross-subsidize poor households, areas through earmarked tobacco taxation
- Protect poor from out-of-pocket costs at time of illness by pre-payment (taxation, insurance) and risk pooling
Gender is...

... socially constructed

• Men and women have different:
  – roles
  – access and control over resources
  – needs

• Gender relations change over space and time
Why is gender important?

• Gender is a **determinant** of health
• There are gender differentials in:
  – exposure to disease and injury
  – household level investment in nutrition, care, education
  – access to and use of health services
• Women are disproportionately poor
• They face higher opportunity costs in seeking care
Gender & Tobacco

- Prevalence ~4 times more in men, boys
- Greater autonomy, changes in women’s roles = increased smoking uptake
- Motivations for uptake, continuing, cessation:
  - Men: “macho”; part of social relations; sports sponsoring; adventure clothing
  - Women: depression; family violence; weight control; quit less easily; false images of liberation target women
- Women develop lung cancer with lower levels of smoking, higher risk of aggressive forms
- More women than men work in manufacturing
What can we do?

- Build evidence: collect, analyze disaggregated information
- Consider differential impacts of policies on pricing, health warnings, access, bans
- For women, address myth of “light” cigarettes; for men, address myth of virility
- Develop more complex approaches for women to quit (e.g., intensive counselling)
- Intensify public awareness, advocacy
Thank you