



GENDER TRANSFORMATIVE HEALTH PROMOTION HOW TOBACCO CONTROL CAN IMPROVE GENDER EQUITY

The World Health Organization Framework Convention on Tobacco Control (FCTC) identifies tobacco control among women and girls and the inclusion of gender sensitivity as key issues. And, internationally, it is recognized that gender is among the most influential of the determinants of health. Evidence increasingly demonstrates that tobacco control initiatives are more effective if they are designed with gender in mind.

There are many opportunities for organizations and governments to integrate gender into the policies and actions emerging from the FCTC. Tobacco control has the potential to either improve or worsen gender equality. Here are some suggestions for those interested in further developing programs, policy and research to improve both gender equity and reduce the health impact of tobacco on girls and women, boys and men.

1 Avoid reinforcing stereotypes and harmful attitudes about women and men. The tobacco industry has long used advertising that portrays men as strong and independent and women as glamorous, sexual, and liberated. When developing smoking prevention and cessation resources, be careful not to reinforce this type of stereotyping and imagery. For example, avoid encouraging women to quit smoking due to concerns about their appearance or advising men that smoking leads to poorer sexual performance and they should “man up” and quit.

2 Design tobacco control initiatives that focus on a full range of needs, roles and experiences of both men and women across the lifespan. Historically, there has been a tendency in tobacco control to develop “gender-sensitive” programs which focus primarily on women during pregnancy or emphasize their caregiving roles. Work to develop tobacco control initiatives that focus on a full range of life roles other than reproduction and pregnancy and fetal health (for women) and work (for men).



3 Support women’s social, political and economic empowerment. Tobacco control initiatives can strive to simultaneously improve both tobacco-related health outcomes as well as gender inequity. For example, empowerment and skill-building programs can enable women to manage their exposure to secondhand smoke. Or, policies to regulate the farming, processing and manufacturing of tobacco can include explicit goals of increasing income and household empowerment for women and child tobacco workers by improving labour options, increasing women’s status, and reducing women’s vulnerability to abuse.

4 Incorporate gender analysis into project planning. Sex- and gender-based analysis (SGBA) is an analytical tool that systematically integrates a gender perspective into the development of policies, programs and legislation, as well as planning and decision-making processes. There are a number of tools that are designed to help identify the known or potential sex, gender, diversity and equity effects of a program, policy or research project. One starting place is the SGBA e-Learning Resource website (<http://sgba-resource.ca>)

5 Promote approaches to tobacco control that build bridges between public health and social justice and human rights concerns. We all have fundamental rights such as the right to health, the right to life and the right to a safe, clean environment. Learn more about the numerous legal tools available to advance health, human rights and reduce tobacco use such as the FCTC (the world’s first international public health treaty) and shadow reporting to various United Nations groups.

6 Avoid the impulse to “protect” women from tobacco use. Globally, rates of male smoking have peaked, while rates of women’s smoking are on the rise. In general, as women’s status increases in a country, women’s use of tobacco also rises. This has

led to strategies that aim to prevent tobacco use in women by promoting rigid cultural or religious norms that limit freedoms or reinforce women’s traditional roles and responsibilities. Advocate for strategies that aim to reduce women’s tobacco use while still ensuring that women’s socio-economic status continues to improve.

7 One size does not fit all. While gender is a fundamental determinant of health, it is important to remember that women (and men) are not a homogenous group. Develop health promotion strategies that are meaningful for diverse groups of women (and men) by examining the links between sex, gender and other determinants such as race-ethnicity, income, education, occupation and the social and built environments.

8 Recognize the myriad social, cultural and economic factors related to tobacco use and build partnerships to broaden the traditional view of what constitutes tobacco control. Many tobacco control efforts have had limited effect as they fail to adequately recognize and engage with gender and other key factors influencing tobacco use (e.g., poverty, racism, lack of access to education, high rates of unemployment). Develop strategies that move beyond an emphasis on individual behaviour change and work collaboratively across sectors outside of public health.

MPOWER

The World Health Organization Framework Convention on Tobacco Control includes:

- Monitor tobacco use and prevention policies
- Protect people from tobacco smoke
- Offer help to quit tobacco use
- Warn about the dangers of tobacco
- Enforce bans on tobacco advertising, promotion and sponsorship
- Raise taxes on tobacco

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For more information about the project and other gender transformative health promotion training materials, visit promotinghealthinwomen.ca.