

# 3.3

## Prevalence of Tobacco Use Among Women

### Why focus on women? A global perspective

Tobacco use plays a pivotal role in perpetuating health inequalities among different socio-economic groups and between genders. Women tobacco users not only share the same health risks as men, but are also faced with health consequences that are unique to women, including those connected to pregnancy and cervical cancer.

Smoking among women in most high-income countries has increased over the past 20 years, though there has been a fall in smoking among men over the same period.<sup>58</sup> The number of women smokers worldwide is projected to almost triple over the next generation, from the current 200 million to more than 500 million.<sup>59</sup> The biggest rise in female smoking is projected to be in the less developed countries.

Gender-based psychosocial aspirations are blatantly exploited to promote tobacco. Almost all cigarette and chewing tobacco advertising imagery in India includes women, taking advantage of the changing position of women in society, and their increasing socioeconomic independence. As a result, many educated young women perceive smoking as a symbol of liberation and freedom from traditional gender roles. Peer and advertising pressure encourages even knowledgeable women to smoke.

### Prevalence and trends of tobacco use among women in India

Tobacco use among women is prevalent in all regions of India and among all sections of society—overall, 2.4% of women smoke and 12% chew tobacco.<sup>49</sup> The prevalence of smoking among women is low in most areas due to social unacceptability, but is somewhat common in parts of the north, east, northeast and Andhra Pradesh (Fig. 3.2).

A few available studies on pregnant women suggest that tobacco use prevalence among them is not different from that of women in the general population.<sup>60–62</sup> This is a cause for concern, as it indicates no specific tobacco use prevention efforts during antenatal care. In a report from a large teaching maternity hospital in Mumbai, 33.4% of women in the reproductive age group were smokeless tobacco users.<sup>62</sup> Women in many rural areas believe that tobacco has many magical and medicinal properties; keeping the mouth clean, getting rid of a foul smell, curing toothache, controlling morning sickness, during labour pains, etc.<sup>63</sup>

Anecdotal evidence points to an increase in smoking among Indian women<sup>64</sup> although the national surveys do not show a definite trend in women's smoking prevalence. (The proportion of women smokers of all women tobacco users was about 20% in 1987–1988 and 1993–1994,<sup>48</sup> about 25% in 1995–1996 and 17% in 1998–1999.<sup>49</sup>) Though the prevalence of smoking among Indian women is low at this point of time, it needs to be tracked carefully due to the increased marketing efforts and impact of globalization. There is already an indication that *beedi* and cigarette smoking is high (at least 30%) among women in Bihar and the northeastern states.<sup>37,38</sup>

In the NFHS 1998–1999, the proportion of

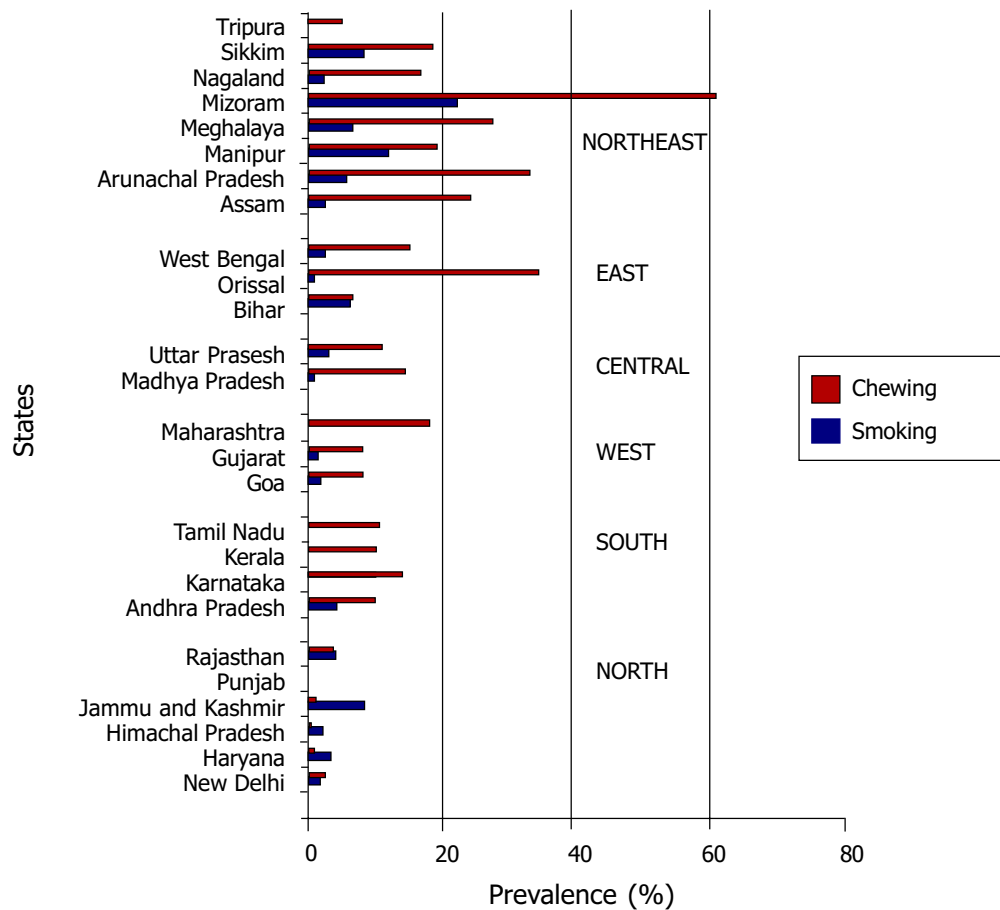


Fig. 3.2 The prevalence of tobacco use among women<sup>49</sup>

regular smokers and chewers among females increased up to the last age group, 60+, while that for males increased up to the age of 45–59 years and then tended to flatten out (Fig. 3.3).<sup>49</sup> A similar finding has been consistently observed in the other national surveys and the Sentinel Survey, as well as in several smaller-scale studies. Among women in Delhi, the prevalence of smoking increased with age up to the last age group, but among men, smoking prevalence was highest in those aged 35–44 years.<sup>16</sup> Thus, initiation of tobacco use in females may not be limited to childhood and the teenage years.<sup>19</sup>

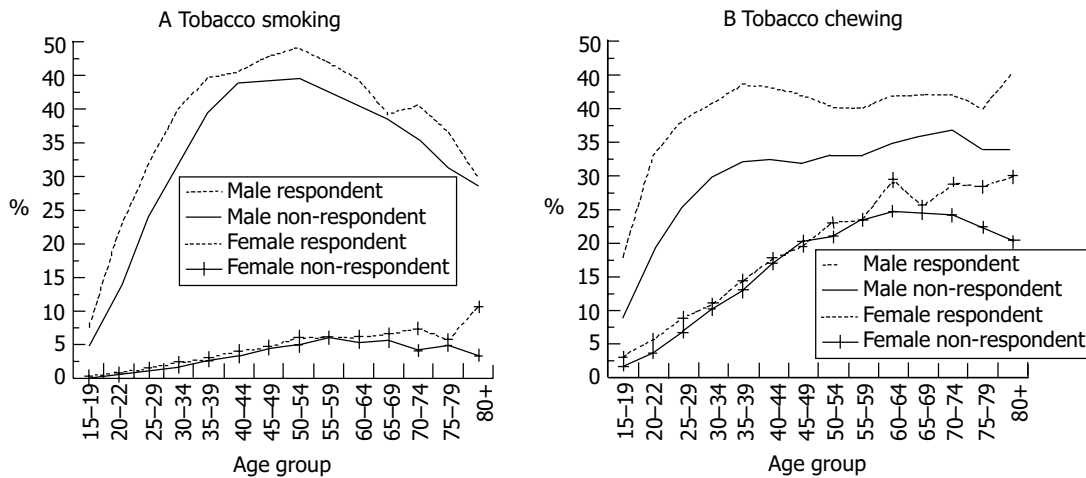
### Box 3.2 Women and smoking

It has been suggested that with young women increasingly taking up newer forms of smokeless tobacco use and smoking, it is likely that there will be a new peak at 15–24 years of age.<sup>45</sup>

### Regional differences

Region-specific differences in tobacco use practices are shown in several large population-based studies. In seven rural surveys conducted during 1966–1969 (Andhra Pradesh, Bihar [two areas], Gujarat and Kerala), in Pune district, Maharashtra and in Goa in 1974, tobacco use prevalence among women aged 15 years and above varied from 15% (Gujarat) to 67% (Andhra Pradesh).<sup>2,4,8,27</sup>

Among the seven areas, the prevalence of smoking was 64% among women in Srikakulam district, Andhra Pradesh (64%), where reverse *chutta* smoking was common (59%). Forty-five per cent of women in Darbhanga district, Bihar smoked, where *beedi* (13%) and *hookah* smoking (28%) were the most common forms. In these two areas of high smoking prevalence among women, smokeless tobacco use was uncommon,



**Fig. 3.3** Age-specific prevalence of tobacco smoking and chewing by men and women in India, aged 15 years and above, during 1998–1999 (NFHS-2)<sup>49</sup>

but in all the other areas, smokeless use (mainly chewing) was the most prevalent. Women's smoking prevalence was 19% in Goa, where *beedi* (12%) and *dhumti* smoking (6%) were favoured. Women who smoked *dhumti* generally smoked one or two per day. *Beedi* smoking among women varied from 4% to 13% in the different districts, while cigarette smoking was negligible.<sup>2,4,8,27</sup>

Smokeless tobacco use was more common among women in all the other areas. The prevalence of chewing tobacco use, especially *paan* with tobacco, was as high as 27% in Goa and 35% in Kerala. In Bhavnagar, Gujarat, 14% of women applied *bajjar* to the gums, in Singhbhum (Bihar) 16% applied *gudhaku* to their gums and in Darbhanga 7% used tobacco with lime.<sup>2,26</sup> In Pune district, Maharashtra, almost no women smoked but 49% of women were smokeless tobacco users; altogether 39% used *mishri*.<sup>2,4,8,27</sup>

In an urban survey conducted during 1992–1994 in Mumbai, 57.5% of women in the age group of 35 years and above were current tobacco users, almost all of smokeless tobacco (only 0.4% smoked).<sup>35</sup> The most common form of smokeless tobacco use was *mishri*, sometimes combined with other smokeless tobacco. Over

90% of women who used *mishri* applied it less than 3 times a day. This low frequency is consistent with the practice of its use as a dentifrice. *Mishri* use tended to begin in childhood, while *paan* chewing tended to begin later.

According to NFHS 1998–1999 data, regions in order of increasing prevalence of tobacco use among women are the north, south, west, central, east, and the northeast (Fig. 3.3). Chewing in various states in 1998–1999 among women was as follows:

- Up to 61% in Mizoram
- Between 30% and 40% in Orissa and Arunachal Pradesh
- Between 20% and 30% in Meghalaya and Assam
- Between 15% and 20% in Manipur, Sikkim, Nagaland, Madhya Pradesh, Uttar Pradesh, West Bengal and Maharashtra
- Between 10% and 15% in Karnataka, Kerala and Tamil Nadu
- Between 5% and 10% in Andhra Pradesh, Goa, Gujarat, Tripura and Bihar
- Between 2% and 4% in Delhi and Rajasthan
- Less than 1% in Punjab, Himachal Pradesh, Haryana, and Jammu and Kashmir.

Smoking in various states among women in 1998–1999 was as follows:

- Between 10% and 25% of women currently smoked in Mizoram and Manipur.
- Between 5% and 10% of women currently smoked in Jammu and Kashmir, Bihar, Tripura, Sikkim, Meghalaya and Arunachal Pradesh.
- Less than 5% of women currently or ever smoked in the large majority of states.

### Socioeconomic and demographic trends

As covered in some detail in Chapter 2, women's tobacco use is higher in the less educated and poorer social strata. Yet, the socioeconomic gradients for tobacco use are steeper for women than for men.<sup>49</sup> In a large study in Delhi, being a housewife, a student, or being retired had a protective effect in comparison to being a professional.<sup>16</sup>

### 3.3 PREVALENCE OF TOBACCO USE AMONG WOMEN

#### KEY MESSAGES

- India has a huge problem of widespread smokeless tobacco use among women, particularly among disadvantaged women.
- The prevalence of smoking is higher among rural women, and women in the north and northeast.
- The prevalence of tobacco use in pregnant women is similar to that in non-pregnant women of the same age.
- The difference between male and female smoking rates is narrowing in some areas where smoking among women has been hitherto uncommon.
- Differentials in the prevalence of tobacco use among various socioeconomic groups are much more acute in women compared with men.