



Faces of tobacco use among women

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It has been estimated that at present 12% of females smoke worldwide and it is predicted by World Health Organisation that the prevalence of smoking among women worldwide will be 20% by 2025 [1]. The tobacco use in females is both in the form of smoking as well as smokeless tobacco. As per Global Adult Tobacco survey India 2016 - 2017, 28.6% of adults have tobacco use in any form, out of which 14.2% are females. As per the same report, total tobacco smokers are 10.7% out of which 2% are females. Current use of smokeless tobacco was seen in 12.8% of females. Average age for the initiation of tobacco use was 17.8 years [2].

In India, with high levels of traditional tobacco use among women, such as chewing or smoking with the lit end of the chutta inside the mouth, tobacco use is associated with high levels of oral cancer. Indeed, it is estimated that tobacco use causes around one in five of all cancers in women in India. Apart from this the main hazards from tobacco use in both the genders are lung cancers, chronic bronchitis and cardiovascular diseases. Smoking also affects women in ways which are specific to them. Women with the tobacco use are more prone to cardiovascular diseases, stroke, cervical cancer, detrimental effects on their reproductive health. Those females who use tobacco during pregnancy are at an increased risk of miscarriage and infants death, to have premature labour and low birth weight baby [3]. In a country like India, where the maternal and child health is already jeopardised through poverty and malnutrition, the effect of tobacco use is likely to have an even greater impact on birth weight and perinatal mortality.

It is believed that the initiation of smoking in females, is influenced by social pressures and psychological needs which includes environmental influences, school and peer pressures, personal factors, and knowledge, attitudes and beliefs about smoking [4].

Social Influences: There are more chances for adolescent females to indulge in smoking if their parents smoke or have permissive attitude towards smoking which is more in case of developed countries. Female whose best friend is smoker has strong prediction to get indulged in smoking.

Environmental Influences: In a country like India, where cigarette smoking is a comparatively new among females, the habit is usually found in well off professional females. This may be because

they live in a liberated and urban environment, where they have exposure to smoking advertisements and accessibility to cigarettes. These advertisements promote smoking as being glamorous, sophisticated, romantic, healthy, sporty, fun, relaxing and liberated rebellious. Producing 'women only' brands, of cigarettes also appeal females. Tobacco industry reach females through women's magazines to cover large number of females where they do not reveal the adverse effects of smoking.

Personal Factors: Some females indulge in smoking because of their low confidence, and want to achieve the image of attractiveness, maturity and sophistication as they believe that smoking can calm nerves, control moods and help them to deal with stressful situations.

Knowledge and attitudes: Knowledge about the hazards of smoking is also an important factor to determine whether a female indulges in smoking or not and whether she outweighs the perceived benefits of smoking.

According to the National Family Health Survey 2005 - 2006, tobacco use is more prevalent in rural areas than in urban areas. Among women, 0.5% in urban areas and 2% in rural areas used smoking form of tobacco products and about 6% of urban women and about 12% of rural women used smokeless tobacco [5] A cross sectional study done during 1985 - 1986 surveyed 13,588 men and women aged 25 - 64 years in Delhi, India, reported that women with no education were 3.7 times more likely to be smokers [6].

Though there is some data on tobacco use among women, but we lack comprehensive and reliable data about women and smoking, such as patterns and trends of tobacco use, reasons for smoking and particularly, the factors which might encourage smoking, the role of tobacco use in women's daily life. Such data will help to develop, the comprehensive understanding of the relationship between women and tobacco which in turn will develop the best prevention and intervention plan. The tobacco use among females may differ in terms of race, socioeconomic status, disability status, domestic life and mental health and research should also examine whether outcomes differ by these subgroups.

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