WOMEN HAVE A RIGHT TO A TOBACCO-FREE WORLD

FACTSHEET

BACKGROUND

Tobacco production and tobacco use are linked to numerous human rights violations and impede achieving the sustainable development goals (SDGs). Tobacco cultivation is associated with exploitation, lacking occupational safety and poverty whereas tobacco marketing and sale violate the human rights to health and life. Thus, the implementation of the WHO Framework Convention on Tobacco Control (FCTC) was included in the sustainable development goals (SDG 3.a) with good reason.

Women and girls are affected in a special way and differently from men and boys when it comes to the consequences of tobacco production and tobacco use. Especially in the reproductive phase of life, the right to health and preventive care plays a particular role in order to give (unborn) children a healthy basis for live as well. It is the state's responsibility to enforce and protect women's rights as they are recognized in the UN Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW). Women have a right to a tobacco-free world, where tobacco use has been reduced to an insignificant level and the tobacco industry is highly regulated. Women and girls have a right to be protected from the tobacco industry. They should not be exploited in tobacco cultivation. They should live in a smoke-free environment that protects them from secondhand smoke as well as from picking up smoking themselves. They should have access to suitable smoking cessation support in case of a tobacco addiction.

These SDGs, women's rights and FCTC articles are important for tobacco control to be appropriate for women:

WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL (FCTC)

Art. 4.2d	Gender-specific tobacco control
Art. 5.3	Protection of public health policies from vested interests of the tobacco industry
Art. 6	Increase of prices and taxes
Art. 8	Protection from exposure to tobacco smoke
Art. 11	Regulation of packaging and labelling
Art. 12	Education on the dangers of tobacco
Art. 13	Ban of tobacco advertisement, promotion and sponsoring
Art. 14	Cessation support
Art. 16	Prohibition of sale of tobacco to and by minors
Art. 17	Alternative livelihoods for tobacco farmers
Art. 18	Protection of the environment and occupational safety in tobacco cultivation

UN CONVENTION ON THE ELIMINATION OF ALL FORMS OF DISCRIMINATION AGAINST WOMEN (CEDAW)

Art. 2	Equality
Art. 10	Education and information
Art. 11	Safe employment
Art. 12	Health and preventive care
Art. 14	Support for rural women

SUSTAINABLE DEVELOPMENT GOALS (SDGs)

SDG 1	No Poverty
SDG 2	Zero Hunger
SDG 3	Good Health and Well-Being
SDG 3.a	WHO FCTC
SDG 4	Quality Education
SDG 5	Gender Equality
SDG 8	Decent Work
SDG 10	Reduced Inequalities
SDG 12	Responsible Consumption and Production
SDG 16	Peace, Justice, Strong Institutions
SDG 17	Partnerships for the Goals

WOMEN'S RIGHTS AND TOBACCO USE

Cigarettes are the only over-the-counter product that kills about half of its consumers when used as intended. About one billion people worldwide consume tobacco and eight million people a year die of the consequences, including almost 1.2 million of those die of secondhand smoke.[1] The nicotine contained in tobacco causes physical and mental addiction. This also applies to products such as e-cigarettes and tobacco heaters which have an addiction potential similar to cigarettes.[2] Tobacco is the largest preventable cause for death from non-communicable diseases (irreconcilable with SDG 3.4). Therefore, the human right to health cannot be achieved without tobacco control.

The female body reacts more sensitively to the potentially harmful effects of tobacco use compared to the male body. While the risk of developing lung cancer from smoking is similar for women and men, female smokers have a higher risk of stroke, cardiovascular disease and earlier death at the same dose.[3] An additional risk for female smokers may be taking hormonal contraceptives, as the combination leads to an increased risk of thromboembolism, among other things.[4] Tobacco use also promotes the development of breast and cervical cancer, reduced fertility, and complications during pregnancy. In addition, secondhand smoke exposure during pregnancy harms the unborn child.[5] These aspects have so far been widely disregarded in prevention programmes (irreconcilable with SDG 3.5, 5.6).[6] As a result, women's rights to information (CEDAW Art. 10) and health (CEDAW Art. 12) are violated.

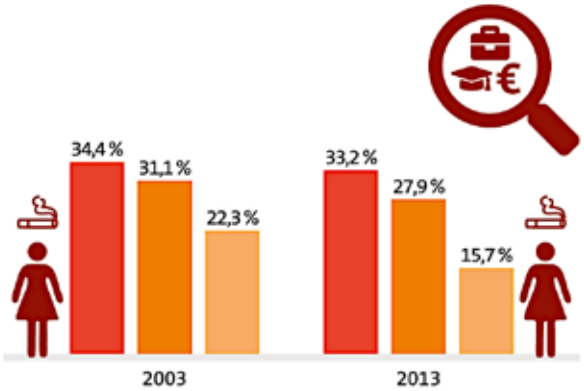
Women tend to make more use of professional help to quit tobacco, but they benefit less than men in terms of successful smoking cessation.[7] Women are significantly less likely than men to succeed in staying smoke-free in the long term. Gender-specific stressors, side effects of tobacco cessation, but also, for example, fear of weight gain are discussed as possible causes.[8] But gender-specific effects of pharmacological cessation support have been insufficiently taken into account so far.[9]

Secondhand smoke and its consequences also place a heavy burden on women (and children), since worldwide 40% of men smoke, but only about 12 % of women. This is reflected in deaths caused by secondhand smoke: 573,000 women worldwide died in 2016, compared to 311,000 men. In many countries, women and children are exposed to tobacco smoke primarily in the domestic setting.[10]

Tobacco use is significantly more prevalent in population groups with lower socio-economic status, than in those with high social status.[11] This aggravates the problem of health inequality, because smoking harms almost every organ and therefore plays a greater role in the development of diseases compared to other behavioural risk factors such as unhealthy diet.[12] Thus, women with a lower social status face a double discrimination (irreconcilable with SDG 10).

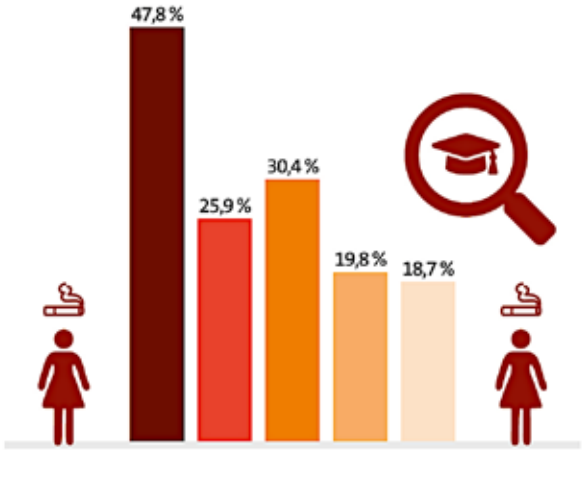
The tobacco industry targets women and girls particularly by using attributes such as beauty or youth. In this context, social media, streaming platforms and influencers become increasingly important since gender-specific online messages can reach their target groups directly and largely unregulated.[13]

Moreover, tobacco companies try to depict themselves as partners of women's groups and for instance finance education initiatives or organisations campaigning against domestic violence.[14]



Proportions of female smokers by occupational status compared over time

Low occupational status | Medium occupational status | High occupational status | Data: Mikrozensus 2003 and 2013



Proportions of female smokers by education level

No school certificate | Basic education | Secondary education | Technical college entrance qualification | High school diploma | Data: DEBRA 2019 (waves 16-21)

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TOBACCO CONTROL MEASURES

According to the UN Convention on the Elimination of all Forms of Discrimination Against Women, women have a right to health and preventive care (CEDAW Art. 12) as well as a right to specific health education (CEDAW Art. 10h). The legislator is obligated to protect and enforce these rights also against third parties.[15] This implies an obligation to regulate the tobacco industry to such an extent that it no longer endangers the right to health.

For the purpose of implementing these basic rights, women need a tobacco-free environment. The WHO Framework Convention on Tobacco Control, whose preamble refers to the CEDAW, has to be implemented in its entirety (SDG 3.a).

In general, it must be ensured that all tobacco control measures reach particularly affected and disadvantaged groups such as women with a lower socio-economic status.

THESE MEASURES HAVE A POSITIVE IMPACT ON WOMEN'S HEALTH:

- **Annual tobacco tax increases leading to reduced tobacco use (FCTC Art. 6)**
- **A comprehensive ban on tobacco advertising, promotion and sponsorship (FCTC Art. 13)**
- **An increase in age rating for films in which smoking is depicted, in line with recommendations of the WHO**
- **A ban on the sale of tobacco products to and by minors (FCTC Art. 16)**
- **The introduction of standardized packaging for tobacco products (FCTC Art. 11)**
- **Comprehensive protection from tobacco smoke and e-cigarette aerosol in public places, including a ban on indoor smoking in restaurants, bars and pubs (FCTC Art. 8) and a ban on smoking und use in vehicles carrying pregnant women or minors**
- **Programmes for protection from tobacco smoke and e-cigarette aerosol, e.g. public support of smoke-free housing or awareness campaigns (FCTC Art. 12)**
- **Prevention programmes tailored to specific target groups**
- **Free cessation services (FCTC Art. 14) for adolescents, pregnant women and parents-to-be as well as evidence-based cessation support for all smokers**
  Prevention programmes tailored to specific target groups
- **Strict regulation of novel tobacco and nicotine products through taxes, advertising bans, packaging regulations and a sales ban to minors**

WOMEN AND SMOKING IN GERMANY

In Germany, 43,800 women die each year from tobacco-related causes,[16] and smoking is prevalent among women of childbearing age at 17-23 %.[17] Although the proportion of adolescent female smokers has declined considerably in recent years, this trend is hardly seen among adults.[18]

There are enormous socio-economic differences in smoking behaviour: The percentage of smokers among women with no formal school education is almost 48%. This is more than twice as high compared to women with high school diploma / technical college entrance qualification (approx. 19%).[19] Single mothers smoke almost twice as much as non-single mothers (49% and 28% respectively). There are cumulative effects: single mothers with low socio-economic status are most likely to smoke, at just about 60%.[20] When it comes to secondhand smoke exposure, the differences are even more serious: women with low social status are three times as likely to be regularly exposed to secondhand smoke as women from higher status groups.[21]

Girls and women with lower social status are more likely to pick up smoking, but are less successful in

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WOMEN'S RIGHTS AND TOBACCO CULTIVATION

More than 17 million people worldwide work in tobacco cultivation, mainly in low- and middle-income countries with low labour standards (concerns SDG 8.8).[24]

Smallholder farmers can hardly earn their livelihood with tobacco cultivation (irreconcilable with SDGs 1, 2). Farmers in Brazil, Kenya, Bangladesh, Vietnam and other countries complain that prices for their tobacco harvest are being suppressed by companies. In Malawi, Spain and Italy, the tobacco industry has been found to be colluding on prices. Many smallholder families are contractually bound and indebted to tobacco companies. Often their income is so low that they cannot afford to pay workers and improve their living conditions sustainably. Therefore, all family members, including women and children, have to contribute to the family's livelihood by working in the fields (irreconcilable with SDGs 5.2, 8.7).[25]

For women, this results in multiple burdens, adding the time-consuming tobacco cultivation to household management, food production and parenting (irreconcilable with SDG 5.4). Despite their strong involvement in tobacco production, women in countries such as Bangladesh or Tanzania often do not have control over finances and decision-making (irreconcilable with SDG 5.5).[26] This violates the right to equality (CEDAW Art. 2).

In tobacco cultivation, pesticides and other chemicals are used intensively. As a result, occupational accidents such as poisonings are widespread (irreconcilable with SDGs 3.9, 8.8). Smallholder farmers often lack adequate protective clothing und training in handling the chemicals. Poisoning with organophosphates and other agrochemicals causes headaches, nausea, depression and suicidal tendencies.[27]

In addition, the tobacco plant itself contains the water- and liposoluble neurotoxin nicotine, which is absorbed through the skin in humid conditions. This can cause acute nicotine poisoning, also known as Green Tobacco Sickness (irreconcilable with SDG 8.8). It causes, among others, dizziness, nausea, vomiting and severe dehydration.[28]

Despite these health hazards, women often have to continue working during pregnancy because their families are heavily economically dependent on tobacco revenues. Besides Green Tobacco Sickness and chemical poisonings, the heavy physical work compromises the health of mothers-to-be and their unborn children. This can even lead to miscarriages.[29] The working conditions prevalent in tobacco cultivation violate the women's right to safety at work (CEDAW Art. 11) and the right to health and preventive care (CEDAW Art.12).

Germany is a major player in the global tobacco and cigarette trade and profits directly from these working conditions. The four largest multinational tobacco companies – Philip Morris International (PMI), Japan Tobacco International (JTI), British American Tobacco (BAT), Imperial Brands – have subsidiaries in the country. In 2018, Germany exported almost 111 billion cigarettes and imported more than 160,000 tons of tobacco leaf, among others from Brazil, Malawi, the USA, Zimbabwe and Bangladesh.[30]

However, the supply chains and the inherent responsibilities are difficult to trace, since there are no publicly accessible import directories and company organisational charts. This allows companies to evade their human rights due diligence obligation enshrined in the UN Guiding Principles on Business and Human Rights. Consumers cannot see from where the tobacco in their cigarettes originates or under which conditions it was produced.

quitting. This is shown by population-based data of more than 2,000 women from Mecklenburg-Western Pomerania, the federal state with the second highest smoking prevalence among women (22.4%). A quarter of the women who had smoked before pregnancy still did so in month four of their pregnancy and a fifth still smoked four weeks before their due date. Quitting smoking before birth was achieved by 84% of women with a high school diploma, but only 30% of women with a lower secondary school diploma / no school diploma.[22]

To offer equal health opportunities, prevention must be effective regardless of social status. Currently, a quarter of women aged 18-29, i.e. those with a low social status, are not reached by tobacco prevention services. In addition to prevention measures aiming at behaviour change, those tobacco control measures for which there is evidence of high effectiveness among groups with lower social status, e.g., the significant increase of tobacco taxes, have so far been used insufficiently.[23] This is one of the reasons why Germany cannot achieve SDG 3 by continuing its current tobacco control policy.

TOBACCO FIELDS IN BANGLADESH

In Bangladesh, the world's eighth largest producer of tobacco leaf, tobacco cultivation has roughly doubled in the past decade.[34] Germany is the fifth largest importer of tobacco leaf from Bangladesh, with a volume of $7.21 million.[35] In the tobacco sector, contracts between smallholder farmers and tobacco companies such as British American Tobacco are common. International companies have incorporated voluntary commitments into their labour standards to prevent human rights violations in their supply chains. Yet the rights to health and preventive care as well as to occupational safety are frequently violated in tobacco farming.[36]

Women carry out many tasks in tobacco cultivation, including applying pesticides, harvesting and hanging the green tobacco leaves on sticks for the curing barn. Every tobacco farming family cures several barn loads of leaves each season. For each load, the women need to keep the fire continously burning for 72 to 96 hours, day and night without interruption. To fuel the curing barns, they usually burn fuel wood and rice straws. But in case of fuel shortage they use fabric scraps from garment factories, which are often chemically treated and emit hazardous fumes when burned. In interviews conducted by UBINIG, women reported symptoms similar to those associated with nicotine poisoning or pesticide contact, but also with inhalation of toxic fumes. Respiratory problems are common.[37]

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MEASURES FOR OCCUPATIONAL SAFETY IN TOBACCO CULTIVATION

The UN Convention on the Elimination of all Forms of Discrimination Against Women guarantees women the rights to adequate occupational safety (CEDAW Art. 11), to health and preventive care (CEDAW Art. 12) and to support in rural areas (CEDAW Art. 14). Therefore, states, the International Labour Organization (ILO) and companies have the obligation to consistently enforce occupational safety and health protection also in tobacco cultivation and to support rural women through specific programmes. This responsibility lies primarily with the authorities in tobacco growing countries.

Germany in turn has the responsibility to support tobacco growing countries in implementing the FCTC through research, scientific cooperation and finance (FCTC Art. 20, 22, 26.3; SDGs 10.b, 17). Particularly suitable for this purpose is a long-term strategy for phasing out tobacco cultivation.

Furthermore, the UN Guiding Principles on Business and Human Rights clarify that states have to ensure that business-related human rights violations are prevented by appropriate regulation.[32] Therefore, Germany has to legally oblige local subsidiaries of multinational companies to assume responsibility for the impact of their businesses in the tobacco value chain and to ensure compliance with binding social and environmental standards (SDG 17), e.g. by adopting a supply chain law.

THESE MEASURES HAVE A POSITIVE IMPACT ON THE LIVING CONDITIONS OF WOMEN IN TOBACCO GROWING REGIONS:

- **Training on the dangers of chemicals and nicotine for tobacco farmers and inspections of tobacco farms to ensure occupational health and safety as well as protection of the environment (FCTC Art. 18)**
- **Introduction of a state-controlled quality inspection of tobacco leaf, independent of the tobacco industry, as a measure against price manipulation**
- **Support for alternative livelihoods to tobacco cultivation for adults (FCTC Art. 17)[33]**
- **Access to free, high quality, flexible and relevant education for girls and young women**
- **Promotion of context-specific vocational training for young women**

Since a large proportion of smallholder farmers are contractually bound to tobacco (leaf) companies, the ILO must increase its efforts to ensure compliance with Convention 155 on occupational safety and health protection in tobacco growing countries such as Brazil, Malawi, Zambia or Zimbabwe, which have ratified this convention.[31]

The lack of protective clothing, but above all the poverty of tobacco farming families is a particular burden on pregnant women. While stringing green tobacco leaves, an 18-year-old woman described: „I understand that in pregnancy I must not work with tobacco. I get sick, I get fatigued, but I am forced to work. When I go to see the doctor, he also suggests not to work with tobacco leaves. Yet I have to work, because it's a family occupation." Exposure to nicotine and chemicals affects the health of unborn children, too.[38]

Women have also little influence over the decision to grow tobacco. In the interviews, women expressed a desire to prefer growing food and reported their powerlessness: „I told my husband to stop tobacco cultivation." and „My husband continues tobacco cultivation even though I do not want it."[39] Since 2017, the National Tobacco Control Cell has been trying to develop a policy to enforce legal regulations to reduce tobacco cultivation in Bangladesh, but tobacco is still officially considered a major agricultural crop like rice or jute.[40]

Sources available online: unfairtobacco.org/factsheet-womens-rights

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