This “Brief Profile on Gender and Tobacco in South-East Asia Region” emphasizes the need for a gender-specific approach to tobacco control. It urges Member States to take measures to address gender-specific issues when developing tobacco control strategies. It also describes the situation, challenges and opportunities related to gender and tobacco use in the Region.
Brief Profile on
GENDER AND
TOBACCO
IN SOUTH-EAST ASIA REGION
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I am pleased to note that a Brief Profile on Gender and Tobacco in the South-East Asia Region has been developed to commemorate the World No Tobacco Day (WNTD), 2010 on 31 May 2010, of which the theme is “Gender and tobacco with an emphasis on marketing to women”, in order to highlight the importance of this issue for comprehensive tobacco control. This profile provides a brief overview of the situation with regard to gender and tobacco in the Region.

In order to counter tobacco industry’s aggressive marketing tactics and strategies aimed at women and girls to initiate tobacco use and to curb the rising tobacco epidemic in the Region, the Member States have initiated various tobacco control measures. However, in order to bring about comprehensive tobacco control in the society in general and among women and girls in particular, the governments need to formulate policies to enforce actions for a complete ban on tobacco advertising, promotion and sponsorship, 100% smoke-free policies, gender-specific graphic health warnings on all tobacco products, increased taxation on tobacco products and other gender-specific approaches in education and advocacy campaigns.

I note with satisfaction that the Member States are committed to tobacco control. This commitment should be translated into concrete action. One such action that might be considered would be to address issues concerning gender and tobacco, with an emphasis on control of tobacco use among women. It is imperative to integrate gender-specific tobacco control approaches as part of a comprehensive tobacco control strategy in the Region.

The WHO Regional Office for South-East Asia remains committed to continue providing technical support to its Member States to implement gender-sensitive policies and programmes which will address different provisions of the WHO Framework Convention on Tobacco Control (FCTC). I hope the governments would soon take necessary steps to implement the measures advocated by the theme of this year’s World No Tobacco Day.
Executive Summary

“Gender and tobacco with an emphasis on marketing to women” is the theme for World No Tobacco Day, 2010.

Tobacco use is one of the top six leading attributable risk factors for chronic diseases leading to death in women aged 20 years and above. Sadly, despite the known dangers of tobacco, tobacco companies have targeted women and girls by using gender-specific alluring marketing tactics by associating tobacco use with independence, glamour, sophistication, modernization and body image. The tobacco industry has also been misleading tobacco users by using terms like “light”, “mild”, “low-tar”, etc., on the tobacco packages.

The adverse health effects of tobacco on men and women exhibit sex-specific differences and women have specific health issues due to its use and exposure to second-hand smoke (SHS). The adverse effects on reproductive health and on the foetus and the newborn are issues of special concern for women. In addition, the industry also engages a large number of women in tobacco farming and manufacturing and thus exposes them to a multitude of adverse health effects.

In the South-East Asia Region, nearly half of the adult males and one in ten adult females use tobacco in one form or the other. The findings of the Global Adult Tobacco Surveys (GATS) and the Global Youth Tobacco Survey (GYTS) point toward an increasing prevalence of tobacco use among women and girls in the Region. Exposure of women to second-hand smoke in the home is also high. In addition, a large proportion of females are exposed to second-hand smoke in public places and indoor workplaces.

Most of the Member States in the Region have enacted legislation to ban tobacco advertising, promotion and sponsorship. However, loopholes in policy and lack of proper monitoring and implementation provide opportunities for the tobacco industry to lure youth and women to tobacco use. The findings of the GYTS reveal that over 60% of boys and girls are exposed to cigarette advertising on outdoor hoardings and in print media in most of the Member States. One in ten boys and girls have been offered free samples of cigarettes and possess an object with a cigarette brand logo on it.

The misconception that smokeless tobacco is less harmful than smoking is widespread both among men and women. Many tobacco companies take advantage of this misconception by packaging and positioning some of their products as dental care products.

It is, therefore, imperative to initiate and integrate gender-specific tobacco control approaches as part of a comprehensive tobacco control strategy. Gender-sensitive policies which will effectively address different provisions of the WHO Framework Convention on Tobacco Control (FCTC) should be formulated and implemented by all Member States.

WHO will continue to support Member countries in their efforts to design and implement programmes to address gender and tobacco to protect women and girls from the tactics of the tobacco industry and ultimately from the adverse effects of tobacco use.
“Gender and tobacco with an emphasis on marketing to women” is the theme for this year’s World No Tobacco Day, which takes place every year on 31 May.

Smoking causes a large and growing number of premature deaths in the countries of the South-East Asia Region. A study has estimated that, in 2010, smoking will cause about 930 000 adult deaths in India; of the dead, about 70% (90 000 women and 580 000 men) will be between the ages of 30 and 69 years. Because of the population growth, the absolute number of deaths in this age group is rising by about 3% every year. A high prevalence of smokeless tobacco use among men and women is an additional risk for premature death, especially among women.

Tobacco use is also one of the top six leading attributable risk factors for chronic diseases leading to death in women aged 20 years and above. Without continued and renewed control measures to reduce smoking, deaths among women will rise from 1.5 million in 2004 to 2.5 million by 2030, and almost 75% of these deaths will occur in low- and middle-income countries.

The tobacco industry is making increased and aggressive efforts to market tobacco products to women in South-East Asia. It has employed gender-specific strategies to develop and market tobacco products. The industry’s gender-specific marketing strategy is resulting in increased smoking and smokeless tobacco use among young boys and girls. The marketing strategies employed include display of body image, fashion, independence, sophistication and modernization, placement in popular culture such as fashion shows, concerts, films, television, women’s magazines, Internet, etc.. The industry has also been misleading the consumers by using terms like “light”, “mild”, “low-tar”, etc., on different tobacco packages which result in adverse health consequences, more particularly in women and girls.

The tobacco industry often engages women in the farming, growing and processing of tobacco, which also adversely affects their health. Women usually are underpaid and they often end up becoming dependent on the industry. Female bidi rollers in India have reported, verbal and physical abuse based on gender and caste. The girl child is often engaged in bidi/cheroot rolling and is, therefore, less likely to be sent to school, depriving her of one of her basic rights.

Tobacco kills both men and women but sex-specific differences exist. Women get lung cancers at lower exposure than men. Second-hand smoke (SHS) also adversely affects the health of women. In most countries in the Region, the prevalence of smoking is low among women; however, their exposure to SHS is a major health issue. Women and girls are more vulnerable to SHS exposure in domestic settings with single-room dwellings in most poor communities. SHS exposure leads to added morbidity in pregnant women and their newborns; studies have also shown association of SHS with low birth weight and genetic mutations in the newborn.
In order to reduce the impact of tobacco use among women, it is imperative to mainstream gender perspectives in all policy and programme efforts for tobacco control. The WHO Framework Convention on Tobacco Control also calls for this approach. In its preamble, the Framework Convention emphasizes the need for full participation of women at all levels of policy-making and implementation and “the need for gender-specific tobacco control strategies”. Article 4 of the Convention stresses “the need to take measures to address gender-specific risks when developing tobacco control strategies”. The Framework Convention further recognizes the importance of the Convention on the Elimination of All Forms of Discrimination Against Women, the International Covenant on Economic, Social and Cultural Rights, and the Convention on the Rights of the Child. There is also a need for gender-specific and gender-sensitive research in the area of tobacco control.

Information, education and communication (IEC) on tobacco control should use gender-based approaches such as sex-specific effects of tobacco use and SHS, gender-sensitive information about the tobacco industry's marketing tactics and social denormalization of tobacco use. Gender-sensitive educational approach and mass media campaigns will prompt and encourage women to claim and negotiate for a smoke-free environment, both at home and at the workplace. Education about the dangers of tobacco use must be delivered in settings such as maternal and child health care centre, primary health care centre and reproductive health care units, in order to enhance women's access to IEC materials. Gender-specific messages should also be a part of health warnings on tobacco use as pictorial images will be better understood by women and girls because of illiteracy.

In the area of tobacco cessation, there should also be a gender-sensitive approach taking into account the pattern and reasons of tobacco use in women and the specific nicotine and cessation-related issues. Biological and psychosocial factors such as fear of weight gain, pregnancy, hormonal cycle, psychosocial and emotional needs, etc., are linked with specific tobacco usage and cessation patterns in women. Health professionals treating tobacco dependence must be trained to take into account sex and gender specificities.

As advocated in the Framework Convention, Member countries are encouraged to develop gender-specific tobacco control strategies and implement them, while ensuring full participation of women at all stages. It is also important for men in particular and the society in general to appreciate the need for a gender-specific approach to tobacco control as part of a comprehensive tobacco control strategy.
The South-East Asia Region has gender-specific differences in terms of sociocultural dimensions of tobacco use, tobacco product preferences, patterns of tobacco use, and misconceptions regarding different types of tobacco products. In addition, the tobacco industry’s aggressive marketing and promotion tactics targeting women and young girls and involvement of a large number of women are matters of great concern.

Gender-specific tobacco control strategies are needed in order to implement relevant articles of the Framework Convention and the MPOWER Policy Package. The different components of the Global Tobacco Surveillance System (GTSS) provide key indicators for gender-specific monitoring of the different articles of the FCTC and MPOWER package.

1. Tobacco Use Among Adults

The prevalence of tobacco use among adults in seven countries in the Region is presented in Table 1.

Smoking among males varies from 29.8% (Sri Lanka) to 62.5% (Indonesia). Smoking is not an acceptable social norm among women and girls in most of the communities in the Region. Hence, smoking prevalence among women is reported to be less than 5% in most of the Member countries, with the exception of Myanmar and Nepal, where 15% of adult females smoke some form of tobacco. The use of smokeless tobacco is quite popular both among men and women. The prevalence of smokeless tobacco use among men varies from 1.3% (Thailand) to 31.8% (Myanmar). The prevalence of smokeless tobacco use among women varies from 4.6% (Nepal) to 27.9% (Bangladesh). In addition, tobacco use is also prevalent among pregnant females and breastfeeding mothers. According to the National Family Health Survey (NFHS) 2005-2006, 8.5% of antenatal mothers and 10.8% of breastfeeding women in India use some form of tobacco.

<table>
<thead>
<tr>
<th>Country</th>
<th>Population</th>
<th>Year</th>
<th>Survey</th>
<th>Smoking (%)</th>
<th>Smokeless (%)</th>
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<td>National Family Health Survey</td>
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<td>1.6</td>
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<td>Indonesia</td>
<td>15-64</td>
<td>2006</td>
<td>National Socioeconomic Survey</td>
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<td>Sentinel Tobacco Survey</td>
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<td>31.8</td>
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<tr>
<td>Nepal</td>
<td>15-64</td>
<td>2007</td>
<td>WHO STEPwise approach to communicable disease risk factor surveillance (STEPS)</td>
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<td>4.6</td>
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<td>Thailand</td>
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<td>2009</td>
<td>Global Adult Tobacco Survey</td>
<td>45.6</td>
<td>1.3</td>
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</table>

Table 1. Prevalence of tobacco use, by sex, in selected Member States of WHO South-East Asia Region
Tobacco use among males is high as compared to their female counterparts in all Member States of the Region. It was estimated in 2000 that one in ten women used tobacco. However, recent surveys have revealed that the prevalence of tobacco use among women is on the rise.

2. Variation In Tobacco Use Prevalence Within Country

Figure 1 shows the regional variation of smoking, by sex, in Thailand. There is a great variation in tobacco use among men and women in different parts of the country. The prevalence of smoking in Thailand varies from 38% (Bangkok) to 57.5% (south) among males; and from 1% ((north-east) to 5.8% (north) among females.

![Figure 1. Current smoking among adults by Region and sex, Thailand, 2009](source: Global Adult Tobacco Survey (GATS): Thailand country report. Thailand 2009)

Figure 2 shows tobacco use among adults aged 15-54 years in India by states and sex. The prevalence of tobacco use among men varies from 27.8% (Goa) to 83.4% (Mizoram). The tobacco use prevalence among women varies from 4.4% (Goa) to 60.8% (Mizoram).

![Figure 2. Tobacco use among adults aged 15-54 years by states and sex, India 2005-2006](source: National Family Health Survey (NFHS) 2005-2006, India)
The Global Adult Tobacco Surveys conducted in Bangladesh and Thailand provide national as well as regional estimates on tobacco use prevalence by gender, residence, education, socioeconomic status, etc. The prevalence of current smokeless tobacco use in Bangladesh is 26.4% among males and 27.9% among females. The prevalence of current smokeless tobacco use in Thailand is 1.3% among males and 6.3% among females.

3. Tobacco Use Among Students Aged 13-15 Years

The current use of any form of tobacco ranges from 8.5% (Maldives) to 54.5% (Timor-Leste) among boys and from 3.4% (Maldives) to 29.8% (Timor-Leste) among girls (Fig. 3).

4. Exposure To Second-Hand Smoke

Given the fact that half of all male adults smoke, exposure to second-hand smoke among women in homes is naturally very high. In addition, large proportions of females are exposed to second-hand smoke in public places and indoor workplaces. The Global Adult Tobacco Survey in Bangladesh reveals that 67.8% males (10 million) and 30.4% females (0.7 million) are exposed to second-hand smoke in indoor workplaces. The Global Adult Tobacco Survey in Thailand reveals that nearly 34.9% (2.2 million) males and 18.9% (1.1 million) females are exposed to second-hand smoke in indoor workplaces (Fig. 4).
The Global Youth Tobacco Survey findings reveal that nearly 4 in 10 boys (39% in India to 81.6% in Indonesia) and girls (33.1% in India to 87.9% in Indonesia) are exposed to second-hand smoke in public places (Fig. 5).

5. Tobacco Cessation

Tobacco cessation support is improving in most countries in the Region. A regional cessation training workshop was organized by WHO to train trainers from Member countries. Member States are organizing national training workshops on tobacco cessation. The number of tobacco cessation facilities is also on the increase in the Region. The governments are in the process of finalizing national cessation guidelines. The Global Adult Tobacco Survey findings in Bangladesh and Thailand indicate that nearly half of the males and females had been advised to quit when they visited physicians in the past 12 months preceding the survey.
6. Health Warnings

Many countries in the Region have implemented specific health warning labels and others are in the process of implementing the same.

Bangladesh has implemented six textual-specific health warnings. The Bangladesh GATS revealed that 75.3% of males and 28.8% of females noticed the health warnings on cigarette packets. Smokeless tobacco use is high among females in Bangladesh and the country needs to have specific health warnings on smokeless tobacco products.

Thailand has implemented rotatory graphic warnings covering 55% of the front and back of cigarette packets. The Thailand GATS revealed that 94.2% males and 75.5% females noticed health warnings on manufactured cigarette packages, while only 25.8% males and 8.5% females noticed health warnings on tobacco packing used for hand-rolled cigarettes. An equal proportion of the population use manufactured cigarettes and hand-rolled cigarettes in Thailand. India has recently implemented graphic health warnings on all kinds of manufactured tobacco products. Indonesia has implemented textual health warnings.

7. Exposure To Tobacco Advertisement, Promotion And Sponsorship

Most of the Member States in the Region have some kind of a ban on tobacco advertising, promotion, and sponsorship. However, loopholes in policy and lack of proper monitoring and enforcement provide opportunities to the tobacco industry to lure the youth and women to use tobacco through their smart marketing tactics and strategies. The findings of the Global Youth Tobacco Survey reveal that over 60% of boys and girls are exposed to cigarette advertising in the outdoor and print media in most countries in the Region (Fig. 6 and Fig. 7).

![Fig. 6. Exposure to cigarette advertisement on billboards among students aged 13-15 years in selected Member States of the Region, by sex, 2006-2009.](source)

![Fig. 7. Exposure to cigarette advertisements in newspapers and magazines among students aged 13-15 years in selected Member States of the Region, by sex, 2007-2009.](source)
Repeat GYTS in many Member States have revealed that the level of exposure to tobacco advertisements among girls in outdoor media as well as in print media has not changed significantly over the years (Fig. 8).

Fig. 8. Exposure to cigarette advertisement among school girls aged 13-15 years, by media type and year in selected Member States of the Region, 2003-2009.

According to the latest GYTS in different countries, one in ten boys and girls have been offered free samples of cigarettes and have an object (T-shirts or bags, etc.) with a cigarette brand logo on it (Fig. 9 and Fig. 10).

Fig. 9. Percentage of students who have been offered free samples of cigarettes in selected Member States of the Region, by sex, 2006-2009.
8. Misconceptions About Tobacco Use

There is a widespread misconception that smokeless tobacco is less harmful than smoking. There are also misconceptions that manufactured cigarettes are more harmful than hand-made cigarettes. There are also misbeliefs that tobacco is good for the teeth and gums. A study from Ernakulam district in Kerala State, India, reports that 92% (3013 out of 3261) female tobacco users specified tooth-related problems as the reason for starting to use tobacco. Many tobacco companies take advantage of such a misconception by packaging and positioning their products as dental care products.

9. Involvement Of Women And Girls In Tobacco Growing And Manufacturing

The tobacco industry has engaged a large number of women in tobacco farming and manufacturing in the Region. A review of the literature from different sources reveals that women constitute up to 80 to 90 per cent of the workforce engaged in work related to the tobacco industry.

10. Regional Efforts

Bangladesh, India, Myanmar, Sri Lanka and Thailand have a national tobacco control legislation and other Member States are in the process of developing one. Many countries have developed a national strategy and a plan of action on tobacco control. In view of the increasing prevalence of tobacco use among women, it is important to have a comprehensive national tobacco control policy and a clear-cut gender-based approach to curb the tobacco epidemic in the Region.

In the South-East Asia Region
- Nearly one in ten women use tobacco.
- Tobacco use among women and girls is on the rise.
- Nearly one in five boys and one in ten girls aged 13-15 years use tobacco.
- Nearly four in ten boys and girls aged 13-15 years are exposed to second-hand smoke in public places.
- Over six in ten boys and girls aged 13-15 years are exposed to cigarette advertisements in outdoor and print media.
- A majority (80%-90%) of tobacco industry workforce are women.
Bangladesh

In Bangladesh, nearly six in ten (58.0%) males and three in ten (28.7%) females use some form of tobacco. The prevalence of smoking among males is 44.7% as opposed to 1.5% among females. On the other hand, smokeless tobacco use is 26.4% and 27.9% among males and females respectively. Among male tobacco users, smoking is predominant (54.6%) and among female tobacco users, smokeless forms are popular (94.7%) (Fig. 11 and Fig. 12).

**Fig. 11.** Percentage distribution of tobacco use patterns among male current tobacco users ≥ 15 years old, Bangladesh, 2009

**Fig. 12.** Percentage distribution of tobacco use patterns among female current tobacco users ≥ 15 years old, Bangladesh, 2009

As per Bangladesh GATS 2009, tobacco use is being influenced by social determinants. The use of smokeless tobacco products has been declining with an increase in education and socioeconomic levels in both males and females in the country. However, the rate of decrease is sharper among females as compared to males (Fig. 13 and Fig. 14).

**Fig. 13.** Percentage of adults ≥ 15 years old, who are current users of any smokeless tobacco product by educational level and sex, Bangladesh, 2009

![Graph showing percentage of adults ≥ 15 years old, who are current users of any smokeless tobacco product by educational level and sex, Bangladesh, 2009](source)

**Fig. 14.** Percentage of adults ≥ 15 years old, who are current users of any smokeless tobacco product by wealth index and sex, Bangladesh, 2009

![Graph showing percentage of adults ≥ 15 years old, who are current users of any smokeless tobacco product by wealth index and sex, Bangladesh, 2009](source)

Smoking in public places is prohibited by law in Bangladesh. However, the GATS 2009 findings reveal that nearly seven in ten (69.4%) males and one in five (20.8%) females are exposed to second-hand smoke in public places. Males are exposed to SHS mainly in restaurants (53.4%) while females are exposed to SHS mainly in public transportation (16.9%) (Fig. 15). Nearly seven in ten (67.8%) males and nearly three in ten (30.4%) females are exposed to SHS at work.

**Fig. 15.** Percentage of adults ≥ 15 years old, exposed to tobacco smoke in public places in the 30 days preceding the survey, by sex, Bangladesh, 2009

![Graph showing percentage of adults ≥ 15 years old, exposed to tobacco smoke in public places in the 30 days preceding the survey, by sex, Bangladesh, 2009](source)

The Tobacco Control Act of Bangladesh has banned all forms of advertisement of smoking tobacco products. However, advertisement at the point of sale is allowed in a restricted form; the tobacco industry continues to place colourful posters and small flags containing advertisements at the selling points and has placed billboards in remote areas. The GATS 2009 findings reveal that nearly half (48.6%) of male population and nearly one fifth (17.9%) of female population have noticed cigarette advertisements, and nearly one third (27.4%) of male population and nearly one fifth (17.4%) of female population has noticed bidi advertisements at the point of sale. Nearly one tenth (12.9%) of male population and nearly one tenth (13.3%) of female population have noticed advertisements of smokeless tobacco products at the point of sale (Fig. 16).

![Awareness campaign against tobacco, among women and children, Bangladesh.](source)
The tobacco industry supplies free cigarettes, especially to female students of universities. In addition, the industry organizes quiz competitions and mails cigarette packs as prizes to the winner's address. Tobacco advertising occurs in public places and media, such as in stores where cigarettes are sold, on television, radio, billboards, posters, newspapers and magazines, public transportation, public walls, Internet and cinemas. Cigarette promotion is done by methods such as giving free samples, sale price coupons and free gifts. The industry is also making efforts to create a good image for itself in the society through corporate social responsibility (CSR) activities such as tree plantation, making arrangements for safe drinking water, etc. The real challenge is to enforce a total ban on advertising, promotion and sponsorship and free sampling, which requires a concerted and collaborative effort by all anti-tobacco stakeholders.

As revealed by GATS 2009, women in Bangladesh commonly use the smokeless forms of tobacco products. In view of the high burden of smokeless tobacco product usage in the country, the Government plans to use 18 000 community clinic facilities to combat the habit, especially among rural women. The government is also making efforts to rigorously enforce laws and regulations to eliminate tobacco advertising and free sampling and to increase the capacity of the task force to enforce the Tobacco Control Act. In order to enforce a comprehensive ban on tobacco advertising, promotion and sponsorship, the Act needs to incorporate provisions on the smokeless forms of tobacco as well, which are currently missing.

A nongovernmental organization working in one of the remote districts of Bangladesh since 2004 has been conducting anti-tobacco activities and community-based tobacco-cessation service. Trained workers perform counselling sessions in the open space in different localities of the village through flip charts at half-yearly interval. Follow-up on tobacco usage status is done and, as and when required, further counselling is also provided. The follow-ups have shown a declining trend in tobacco use after three years of cost-effective and regular intervention.
Bhutan is unique in its tobacco control efforts. The manufacture, supply, distribution and sale of tobacco products are banned in the country. There is no data on the prevalence of adult tobacco use but the findings from the GYTS and the Global School Personnel Survey (GSPS) indicate that tobacco use is high.

The GYTS 2006 and 2009 conducted among school students aged 13-15 years reveal that nearly one in three boys and one in ten girls in Bhutan have ever smoked cigarettes. The GYTS 2009 indicates that among ever smokers nearly two in ten boys (18.8%) and two in ten girls (21.6%) had their first puff of cigarette before the age of ten years. Current cigarette smoking and use of other tobacco products was significantly higher among boys as compared to girls in both surveys and did not differ significantly in 2006 and 2009 for both boys and girls (Fig.17).

In GYTS 2009, 17% of the girls reported that one or more of their parents smoked. About 6% of the girls reported that all or most of their best friends smoked.

Bhutan has declared several places as smoke-free with effect from March 1, 2005, and these areas have been monitored to protect the health of non-smokers. The Royal Bhutan Police has been empowered to enforce and monitor the smoke-free areas. The GYTS 2009 reveals that almost 6 out of 10 girls (59.7%) and boys (58.6%) were exposed to tobacco smoke in public places.

Bhutan has a policy that stakeholders should consider regulating or censoring the exposure to tobacco use through national media. In addition, no one is allowed to promote, sponsor or render service to promote the consumption of tobacco products. Cross-border advertising via the Internet, magazines, television or any other medium is difficult to prevent but Bhutan's tobacco control draft legislation...
DPR Korea

The Democratic People's Republic of Korea (DPR Korea) ratified the WHO Framework Convention on Tobacco Control on 27 April 2005.

The prevalence of smoking among adult males was 54.8% in 2006, according to the DPR Korea Fact Sheet, 2007.

World No Tobacco Day is celebrated in DPR Korea every year with the active involvement of the Ministry of Public Health.
India

In India, 57% of males and 10.8% of females aged between 15-49 years use tobacco in some form. The major forms of tobacco use are *bidis* (hand-rolled), various types of chewing products and cigarettes. Traditionally, betal quid (*paan*) with tobacco is chewed in India. However, several other forms of chewing tobacco like tobacco and lime mixture (*khaini, surti, etc.*), tobacco areca nut and lime mixture, etc., are also used in different parts of the country. In recent years, manufactured tobacco mixture, known as *gutkha*, has been widely used. Tobacco is also used as dentifrice (*gul, bajjar, gudhaku, mishri, dantramman*), etc.

According to the National Family Health Survey 2005-2006, tobacco use is more prevalent in rural areas than in urban areas both among men and women. Among women, 0.5% in urban areas and 2% in rural areas use the smoking form of tobacco products and about 6% of urban women and about 12% of rural women use smokeless tobacco. Among men, nearly three in ten (29.1%) in urban areas and nearly four in ten (35.8%) in rural areas smoke some form of tobacco. Nearly three in ten (31.7%) urban men and nearly four in ten (41.8%) rural men use smokeless tobacco (Fig. 18).

As per the GYTS 2006, the prevalence of tobacco use among 13-15-year-old schoolchildren is 13.7%. A much lower percentage of girls (9.4%) consume tobacco in some form as compared to boys (16.8%) (Fig. 19).
The prevalence of tobacco use in India seems to be declining with increase in educational and economic status both among men and women. Most of the women use smokeless tobacco. Tobacco use among women, as for men, shows a great deal of variation across different states of the country. The prevalence of smokeless (chewing) tobacco use in women varies from a low of 0.2% in Punjab to a high of 61% in Mizoram (Fig. 20). The prevalence of smoking in women varies from a low of 0.3% in Punjab to a high of 22% in Mizoram (Fig. 20). One of the reasons for such high levels of tobacco use in states like Mizoram may be due to the old social custom of serving "tobacco water", known locally as *tuibur*, especially by women, to guests and visitors. Women are expected to smoke frequently and produce sufficient quantities of the tobacco water in order to serve the guests.

The prevalence of tobacco use in India seems to be declining with increase in educational and economic status both among men and women. Most of the women use smokeless tobacco. Tobacco use among women, as for men, shows a great deal of variation across different states of the country. The prevalence of smokeless (chewing) tobacco use in women varies from a low of 0.2% in Punjab to a high of 61% in Mizoram (Fig. 20). The prevalence of smoking in women varies from a low of 0.3% in Punjab to a high of 22% in Mizoram (Fig. 20). One of the reasons for such high levels of tobacco use in states like Mizoram may be due to the old social custom of serving "tobacco water", known locally as *tuibur*, especially by women, to guests and visitors. Women are expected to smoke frequently and produce sufficient quantities of the tobacco water in order to serve the guests.
According to the National Family Health Survey 2005-2006, 8.5% of antenatal mothers and 10.8% of breastfeeding women use tobacco in some form. It is obvious that they are unaware of the negative reproductive consequences of tobacco use like low birth weight babies and still births.

Women in India have always been an important target group for the tobacco industry as women smokers number so less in India. Therefore, the industry has targeted women and girls by associating smoking behaviour with increased social liberty and emancipation. Women and men, especially young girls and boys, have been targeted through sponsorships of sports and cultural events, surrogate advertisement along with brand identification, contests, launch of attractive schemes, distribution of free samples, launch of mini cigarettes, brand stretching and several corporate social responsibility (CSR) initiatives. The tobacco industry has also used promotional activities targeted at the rural population to encourage tobacco users to shift from bidis and smokeless tobacco to cigarettes. Studies in India have shown a significant correlation between cigarette advertising and smoking behaviour.

India has in place comprehensive tobacco control laws which prohibit smoking in public and workplaces and direct and indirect advertising of all tobacco products. However, the GYTS results of 2006 show that almost 7 out of 10 girls and boys have seen cigarettes being advertised on billboards.

The tobacco industry has engaged a large number of women in bidi-rolling. It has been estimated that women constitute 76% of the total employees in bidi manufacture. The All India Bidi, Cigar and Tobacco Workers Federation puts the figure at 90% to 95%. The bidi industry is male-dominated, where the manufacturer, the contractor and the consumer are all males and females are only involved in bidi-rolling. This often leads to economic exploitation of women. In addition, a large number of women who are engaged in bidi-rolling can themselves become addicted to tobacco.

It is heartening to note that the Ministry of Labour undertook a pilot project to provide alternative vocations to bidi rollers in the regions where bidi is produced, viz. Karnataka, Madhya Pradesh, Maharashtra, West Bengal and Rajasthan.

The Ministry of Health and Family Welfare and WHO, in collaboration with the All India Women’s Conference (AIWC), undertook a grassroots-level intervention for sensitizing women and minors engaged in bidi-making and training them for possible alternate vocations. This intervention was conducted in seven states, viz. Maharashtra, Orissa, West Bengal, Bihar, and Jharkhand, Tamil Nadu and Gujarat. The findings revealed that in most of the states, the women bidi workers were suffering from respiratory problems, tuberculosis (TB) and problems related to the skin and eyes. It was also found that children of these bidi workers did not go to school and worked along with their mothers. The awareness programmes organized by AIWC revealed that a majority of the women were keen to shift to alternate vocations.
A few other interventions have also been carried out by the Banaras Hindu University, Varanasi, and the S.N. Medical College, Jodhpur, to study the impact of tobacco cessation strategies among women in Varanasi (Uttar Pradesh) and Jodhpur (Rajasthan). Various strategies like group/individual counselling and intensive behavioural counselling improved the quit rate among women groups.

The Ministry of Health and Family Welfare and WHO has launched anti-tobacco IEC campaigns for creating mass awareness among women about the adverse consequences of smoking among women of reproductive age. Smoking reduces a woman's fertility. Women smokers tend to take longer to conceive than women non-smokers, and women smokers are at a higher risk of not being able to get pregnant at all. Anti-tobacco posters have also been developed and disseminated.

The establishment of Tobacco Control Cells in States has been a good initiative of the Government of India and tobacco control is planned to be integrated into the District Cancer Control Programme and other health programmes in the country.
Traditionally, Indonesian women do not smoke cigarettes. However, there is an increasing trend of smoking among women and girls who live in cities. Urban women are increasingly attracted by tobacco advertising, promotion and sponsorship and are influenced by their peers to smoke, thinking that it makes them look trendy and modern. In general, due to low levels of education and a lack of proper information and knowledge, many women are not really aware of the health hazards of tobacco use. This has led to traditional women becoming victims of passive smoking. On the other hand, GYTS 2009 has revealed that 72.6% of boys and 65.3% of girls were exposed to second-hand smoke at home and 83.7% of boys and 73.1% of girls were exposed to second-hand smoke in public places.

The National Socioeconomic Survey, 2004, shows that 63.1% of adult males and 4.5% of adult females smoke in Indonesia. Cloved cigarettes known as *kretek* are popular in Indonesia.

On comparing the data for the Global Youth Tobacco Surveys 2006 and 2009 conducted among school students aged 13-15 years, it is evident that the prevalence of cigarette smoking and other tobacco products use had almost doubled in 2009 among boys and is also showing an increasing trend among girls in Java and Sumatra (Fig. 21).

![Graph](image.png)

**Fig. 21.** Prevalence of tobacco use by tobacco products and sex, Indonesia, 2006 and 2009

Source: Global Youth Tobacco Survey (GYTS) 2006 and 2009
The tobacco industry in Indonesia has been targeting both women and men aggressively. As a typical ploy, the industry has been contracting famous national singers and celebrities to perform at sponsored musical concerts and other events and advertising tobacco products with female models. Tobacco companies have also produced “slim cigarettes”, a brand designed with a feminine logo that clearly aims to target females. Most tobacco companies sponsor cultural, musical and even sports events and have always involved male and female entertainers.

Almost 9 out of 10 boys and girls are exposed to tobacco advertisement on billboards and almost 8 out of 10 boys and girls are exposed to tobacco advertisement in newspapers and magazines.

There is a high level of commitment by the Ministry of Health for tobacco control in Indonesia. Policy formulation on banning tobacco advertising is under process. Several NGOs with financial support from Bloomberg Philanthropies and technical support from WHO are making efforts for smoke-free initiatives in different cities.

There are some cities with successful Smoke-Free Area (SFA) initiatives and tobacco advertisement, promotion and sponsorship (TAPS) are banned in the cities of Padang Panjang and Payakumbuh in West Sumatera Province. These achievements were carried out with the involvement of women. Similar efforts were made in smoke-free urban villages in Jakarta (Kebon Baru), Yogyakarta and Central Java.
Cigarettes are the most common form of tobacco product used in Maldives. Besides cigarettes, the use of bidis, cigars, pipes, hubble bubble (hookah), tobacco chewing with betel nuts, etc., are also common.

A survey carried out using the WHO STEPwise approach to noncommunicable disease risk factor surveillance (STEPS) in the capital city of Male in 2004 among the 25–64-year-old age group revealed that 24.1% of adults smoked while 5.9% used smokeless tobacco (Fig. 22). The prevalence of current daily smoking was 39.9% in males and 9.9% in females (Fig. 23).

The GYTS 2003 and 2007 revealed a significant reduction in cigarette smoking as well as in the use of other tobacco products in 2007 among both boys and girls (Fig. 24).
Maldives has banned smoking in public places through different executive orders issued since the mid-1990s. Since 2000, a total of 12 islands have been declared as No Smoking Women Islands and four islands have been declared as Tobacco-free Islands. Exposure to second-hand smoke among boys and girls was high in both 2003 and 2007. Nearly 7 out of 10 boys and girls in 2003 and 2007 were exposed to SHS in public places (2003 – boys 67.9% and girls 70.9%; 2007 – boys 70.6% and girls 65.4%).

The Government of Maldives, through a health policy regulation, has placed a ban on any form of tobacco advertising, promotion and sponsorship in the local media. As compared to 2003 (78.3%), a significantly lesser percentage of boys (48.4%) reported having seen any advertisement or promotion for cigarettes in newspapers or magazines during the month preceding the survey in 2007. Similarly, as compared to 2003 (68%), a significantly lesser percentage of girls (45.9%) reported having seen any advertisement or promotion for cigarettes in newspapers or magazines during the month preceding the survey in 2007 (Fig. 25).

Maldives ratified the WHO Framework Convention on Tobacco Control in 2004. The government has taken steps to control the tobacco use in the country, mainly through awareness creation and encouraging community participation. However, no ban has been levied on international media and the Internet to which today’s girls and boys have a wider and easier access.

Tobacco products in Maldives are solely imported. There is no production in the country and the influence of the industry is low. The draft national tobacco control legislation is under review of the parliament.
Tobacco products used in Myanmar are both of smoking and smokeless forms. The smoking forms include cheroots, cigarettes, cigars, pipes, bidis, hand-rolled cheroots and pyaung (water-pipe or watery tobacco). The smokeless forms include chewing of raw tobacco as well as chewing of betel quid with tobacco in various forms.

Sentinel prevalence studies on tobacco use among males and females more than 15 years of age carried out in Myanmar in 2001, 2004 and 2007 revealed that the prevalence of smoking had declined by 2007 in both men and women (2001-men 42.9%, women 21.9%; 2007 – men 33.3%, women 15%). However, the prevalence of smokeless tobacco use had increased in 2007 from 2001 (2001- men 23.8%, women 8%; 2007 – men 31.8%, women 12.1%) (Fig. 26).

The GYTS carried out in Myanmar in 2001 and 2007 showed a significant reduction in cigarette smoking among girls as well as boys. However, there has been a significant increase in the current use of other tobacco products among both girls and boys aged 13-15 years (Fig. 27).
The sentinel prevalence study revealed that the prevalence of smoking among women is related to the socioeconomic determinants such as residence, age group and educational status. According to the Sentinel Prevalence Study of 2004, the prevalence of smoking was 16.8% among rural women and 9.2% among urban women. The prevalence of any tobacco use was 20.5% among rural women and 12.5% among urban women. A higher prevalence of smoking was found among females with lower levels of education. The social and cultural acceptance of tobacco use as a social norm greatly challenges the tobacco control programme and necessitates intensive IEC campaigns.

The Control of Smoking and Consumption of Tobacco Products Law enacted on 4 May 2006 designated 100% smoke-free places and non-smoking areas with designated rooms. In GYTS 2007, nearly one third of girls (29.4%) and nearly two in five boys (38.8%) reported that they were exposed to SHS from others at home and two in five girls (42.1%) and nearly half of boys (51.2%) reported that they were exposed to SHS in public places.

Although the Control of Smoking and Consumption of Tobacco Products Law prohibits all forms of direct and indirect tobacco advertisement, the GYTS findings showed that exposure to pro-cigarette advertising was very high. In 2007, more than 7 in 10 boys and girls saw advertisements for cigarettes on billboards within the past month, and more than 6 in 10 boys and girls reported having seen a lot of advertisements for cigarettes in newspapers or in magazines.

Women comprise more than 90% of the workforce in the cottage industry of hand-rolled tobacco and cheroots. The working environment of these cottage industries is far from healthy; women have to sit for long hours inhaling tobacco dust and handling tobacco leaves. Their earnings from rolling cheroots is also very low and these women run the risk of being addicted to tobacco while working in the tobacco industry.

The Women and Child Welfare Association and the Myanmar Women's Federation had actively participated in community education on hazards of tobacco use among women, especially in rural areas. Women leaders have played an important role during the community-based tobacco cessation programme which was piloted in a few townships during 2005-2006. This programme had achieved significant quit rates of smoking among the community.

In collaboration with the National Tobacco Control Programme, non-governmental organizations such as Myanmar Women's Federation, Myanmar Maternal and Child Welfare Association and Myanmar Medical Association have also participated actively in tobacco control activities. The medical association is also implementing the Youth Development Programme in six townships and giving reproductive health and life-skill training to adolescents. Smoking cessation is one of the main objectives of the life-skill training and the trainers encourage and assist the trainees who smoke to quit smoking.

Myanmar ratified the WHO Framework Convention on Tobacco Control (FCTC) on 20 April 2004. The country is making efforts to strengthen law enforcement through advocacy, public education and vigilance in collaboration with the relevant sectors.
A survey carried out in Nepal using the WHO STEPwise approach to noncommunicable disease risk factor surveillance (STEPS), 2007, revealed that 35.5% of men and 15% of women smoked and 31.2% of men and 4.6% of women used smokeless tobacco (Fig. 28). The Global Youth Tobacco Survey (GYTS), 2007, revealed that 5.7% of boys and 1.9% of girls smoked cigarettes and 11.1% of boys and 4.4% of girls used other tobacco products (Fig. 29).

**Fig. 28.** Prevalence of tobacco use among men and women aged 15-64 years, Nepal, 2007

![Fig. 28](source: WHO STEPS Survey, 2007)

**Fig. 29.** Prevalence of current tobacco use by tobacco products and sex, Nepal, 2007

![Fig. 29](source: Global Youth Tobacco Survey (GYTS), 2007)
Tobacco products in the country include smoking forms such as cigarette, bidi, Hookah, sulfa and chillum or kankad. The smokeless tobacco products include surti leaves, khaini, gutkha and paan with tobacco ingredients. Among urban women, smoking is often seen as a symbol of modernity and emancipation. Among rural women, tobacco chewing has a higher level of social acceptance than smoking. In rural areas, bidi smoking among women is more popular than cigarette smoking. Paan with tobacco is the major chewing form of tobacco and is widely popular in the Terai region of Nepal. Dry tobacco-areca nut preparations such as paan masala and gutkha are also popular.

In GYTS 2007, nearly 4 in 10 boys and nearly 3 in 10 girls reported that they had been exposed to smoke from others at home. Nearly half of the boys and nearly two out of five girls reported that they had been exposed to smoke from others in public places.

Nearly 9 in 10 boys had seen advertisements for cigarettes on billboards, newspapers and magazines in the month preceding the survey in 2007. Nearly 8 in 10 girls had seen advertisements for cigarettes on billboards and 9 in 10 girls had seen advertisements for cigarettes in newspapers and magazines in the month preceding the survey.

Nepal ratified the WHO Framework Convention on Tobacco Control (FCTC) on 7 November 2006.

A tobacco control draft bill 2010 is under the consideration of the parliament. Meanwhile, the Cabinet passed an executive order on tobacco-free initiatives such as prohibiting smoking in public places, promoting advocacy efforts for tobacco control, increasing awareness on the harmful effects of tobacco, collecting health tax from tobacco industries, and implementing effective health warnings on tobacco products. The Supreme Court has directed the Ministry of Health and Population to implement the executive order.

The Ministry of Health and Population and the National Health Education, Information and Communication Centre have been carrying out IEC activities, workshops, trainings and talk programmes, including celebration of World No Tobacco Day. Most of these activities have been carried out down to the community level. The excise duty on tobacco has been increased regularly. Relevant stakeholders including members of the legislative body under the Constituent Assembly of Nepal have been sensitized about the Framework Convention and the adoption of the tobacco control law. The country has also initiated advocacy of the Regional MPOWER policy with health personnel, relevant ministries, parliamentarians, institutions and relevant partners.
Sri Lanka

A survey carried out in Sri Lanka using the WHO STEPwise approach to noncommunicable diseases risk factor surveillance (STEPS), in the 15-64 years age group in 2008, reported that 29.8% of males and 0.4% of females were smokers. According to the Global Youth Tobacco Surveys 2003 and 2007, 9.2% of boys and 2.9% of girls ever smoked cigarettes (2003), while in 2007, 6.9% of boys and 3.4% of girls ever smoked cigarettes. The current cigarette smoking decreased among boys from 3% in 2003 to 1.6% in 2007 and among girls from 1.3% in 2003 to 0.9% in 2007. The current use of other tobacco products increased among boys from 7.9% in 2003 to 11.6% in 2007 and remained almost the same for girls: 2003 (5.8%); 2007 (5.6%).

As per the National Authority on Tobacco and Alcohol (NATA) Act No 27 of 2006, 100% smoke-free places are designated in health-care facilities, educational centres, universities, government facilities, indoor offices and other indoor workplaces. Non-smoking areas with designated smoking rooms are present in airports, restaurants, pubs and bars.

According to GYTS 1999, 2003 and 2007, more than 60% of boys and girls have been exposed to second-hand smoke in public places (Fig. 30).

The national legislation bans all forms of direct advertising on national TV and radio; in local magazines and newspapers, point of sale, billboards, outdoor advertising, and the Internet. Sale and promotion of tobacco products to minors (minor defined as below 21 years of age) and sale through vending machines are also prohibited. According to GYTS 1999, 2003 and 2007, the percentage of boys...
and girls who have been exposed to direct advertisement has decreased from about 80% in 1999 and 2003 to about 70% in 2007. Thus, the exposure to direct advertisement still remains high (Fig. 31). According to GYTS 2003, nearly 8 (81.4%) in 10 boys and nearly 4 (43.9%) in 10 girls have bought their cigarettes in a store and were not refused purchase because of their age.

The national law completely bans promotion of all tobacco products and brand names through free distribution in the mail or by other means, promotional discounts, non-tobacco goods identified with tobacco brand names, brand names of other products used for tobacco products, appearance of tobacco products on TV and/or films, and sponsored events. As compared to the GYTS findings of 1999 and 2003, exposure to indirect advertisement in the print media and outdoor media among both boys and girls had decreased in 2007 but it still remains high. About 11% of boys and 9% of girls in 1999 reported having an object with a cigarette brand logo on it as compared to 6% of boys and 5.5% of girls who reported having such an object in 2007. About 8% of boys and about 4% of girls in 1999 were offered a “free” cigarette by a tobacco company representative as compared to about 3% boys and girls who were offered the same in 2007.

Sri Lanka was the first country in the Region that ratified the WHO Framework Convention on Tobacco Control (FCTC) on 11 November 2003. NATA is working on framing rules for the implementation of the National Authority on Tobacco and Alcohol Act 2006. Under the Bloomberg Initiative to Reduce Tobacco Use, Tobacco Control Cells were established in the 26 health administrative districts of the country; 22 District Tobacco Control Cells have been established in all nine provinces of the country, and various provisions of NATA are being implemented.
The Global Adult Tobacco Survey (GATS) 2009 revealed that nearly half of all males (46.4%) and nearly one in ten of all females (9.1%) in the country use tobacco in some form. Among the male users, 97.1% smoke and among the female users, 66% use smokeless forms of tobacco (Fig. 32 and Fig. 33).

![Fig. 32. Percentage distribution of tobacco use patterns among male current tobacco users ≥15 years old, Thailand, 2009](image)

Source: Global Adult Tobacco Survey (GATS): Thailand country report. Thailand, 2009

![Fig. 33. Percentage distribution of tobacco use patterns among female current tobacco users ≥15 years old, Thailand, 2009](image)

Source: Global Adult Tobacco Survey (GATS): Thailand country report. Thailand, 2009

Among smokers, almost equal proportion of people smoke manufactured (15%) and hand-rolled (14.1%) cigarettes. Hand-rolled cigarettes are cheaper than manufactured cigarettes. Overall, nearly four in ten women (42.2%) and men (37.1%) believe that manufactured cigarettes are more harmful than hand-rolled cigarettes.
According to GATS 2009, a lesser percentage of people in the lower socioeconomic and education group believe that manufactured cigarettes are more harmful than hand-rolled cigarettes as compared to people in the higher socioeconomic and education group; nearly 50% of people with less than primary education as compared to nearly 30% of people with an university degree believe that manufactured cigarettes are more harmful than hand-rolled cigarettes. Almost 46% of people in the lowest socioeconomic group as compared to almost 30% in the highest socioeconomic group believe that manufactured cigarettes are more harmful than hand-rolled cigarettes. These findings suggest that more education intervention, public advocacy campaigns and increased taxation on hand-rolled cigarettes are needed in the country.

About 6 in 10 men (64.3%) and 7 in 10 women (73.9%) think that SHS causes low birth weight babies. About 5 in 10 men (53.3%) and about 6 in 10 women (63.5%) think that SHS causes premature birth. These findings suggest that more extensive and far-reaching advocacy campaigns on the ill-effects of SHS, including its adverse reproductive consequences, are needed (Fig. 34).

![Fig. 34. Knowledge and awareness of adults regarding harmful effects of smoking and second-hand smoke (SHS), Thailand, 2009](image)

Source: Global Adult Tobacco Survey (GATS) Thailand country report. Thailand, 2009

The Non-Smokers’ Health Protection Act B.E. 2535 (1992) and its subsequent rules including the latest 18th Ministry of Public Health Notification, prohibits smoking in public places. However, nearly three in ten male (34.9%) and nearly two in ten female (18.9%) workers are exposed to SHS at indoor workplaces. Smoking in restaurants is legally banned but 1 in 10 people are exposed to SHS in restaurants.

The Tobacco Products Control Act B.E. 2535 (1992) and its subsequent rules bans all types of tobacco advertisements, direct and indirect, including the display of trademarks, prohibiting all forms of sales promotion as well as cigarette vending machines and also bans cigarette sales to persons under 18 years of age. However, results show that the tobacco industry continues to target both men and women. According to the Global Adult Tobacco Survey report of 2009, about 17% of men and 14% of women had noticed some advertisement, promotion and sponsorship of cigarettes in the last 30 days of the survey.

Thailand has a long history of tobacco control. Recent efforts of the Ministry of Public Health, with support from Bloomberg Philanthropies to make Thailand smoke-free, will certainly set an example in the Region. About 40% adults ≥15 years of age are exposed to SHS at home. The ongoing countrywide campaign aimed to raise awareness on the harmful effects of smoking and exposure to second-hand tobacco smoke is a good public health initiative to protect women and girls in the country.

Thailand has recently implemented ten rotating pictorial health warnings from the existing nine; however, none of these health warnings is gender-specific.
The Action on Smoking and Health Foundation (ASH, Thailand) has been implementing a campaign targeting women and girls, under the theme “new generation women against tobacco” since 2005. The National Tobacco Control Strategy and the Workplan Development Committee and Working Groups have made prevention of tobacco use among women a high priority issue. Several comprehensive measures to be implemented by multisectoral partners have been developed for this purpose under the National Tobacco Control Workplan, 2010-2014.

Young girls involved in anti-tobacco campaign in Thailand.

Recent highlights about tobacco control in Thailand

- Thailand has prohibited the sale of single sticks or small packs of cigarettes and cigarette sale close to religious institutions or in the vicinity of schools.
- National guidelines for smoking cessation have been developed.
- Use of misleading words such as “mild” or “light” cigarettes has been prohibited.
- A national quit helpline has been established.
- Printing of pictorial warnings covering 55% of back and front area of cigarette packets has been implemented.

Pictorial health warnings being used on cigarette packs in Thailand.
Timor-Leste

The most common form of tobacco use in Timor-Leste is smoking. Tobacco products meant for smoking are imported in the form of kretes, cigarettes, Roll Your Own cigarettes, etc. In rural areas, tobacco is rolled in corn leaf and smoked. Smokeless tobacco use is common among women. Tobacco is cultivated in Timor-Leste. Tobacco is offered to guests as part of the tradition in some communities to express thanks, especially among the lower socioeconomic groups. Chewing smokeless tobacco is a common practice in rural areas where tobacco is grown and is commonly available to rural masses at affordable prices. Among smokers, cheaper clove cigarettes (kretek) are mostly smoked.

Timor-Leste has conducted two rounds of Global Youth Tobacco Survey and Global School Personnel Survey in 2006 and 2009. These surveys revealed that the prevalence of ever cigarette smoking among boys and girls was high (2006 - boys 59.9%, girls 26%; 2009 – boys 62.8%, girls 34.2%). It has not changed over the years. The percentage of girls who initiated smoking before age 10 is higher than for boys in both 2006 and 2009 (2006 - boys 16.7%, girls 25.6%; 2009 – boys 17.5%, girls 26.1%). This calls for implementation of education and advocacy campaigns specifically targeted at young girls.

The GYTS 2009 revealed that cigarette smoking among boys (38.2%) and girls (14.6%) and use of other tobacco products among boys (18.8%) and girls (16.9%) was one of the highest in the Region. It also indicated that 64% of students were able to purchase cigarettes and were not refused because of their age. There is no restriction on the sale of tobacco products to minors in Timor-Leste.

The Global School Personnel Survey (GSPS) carried out in 2009 among teachers and administrators in schools revealed that less than half of the school personnel (47.2%) had access to teaching materials on tobacco use and only 19.6% had ever received training on youth tobacco use prevention.

According to GYTS 2009, exposure to second-hand smoke in public places was high among boys (66.7%) and girls (56%).

The tobacco companies continue to sponsor sports and entertainment events for the young. The cigarette manufacturers also give free merchandise such as t-shirts, hats and stickers as part of product promotion. GYTS 2006 and 2009 revealed that about 6 out of 10 girls were exposed to cigarette advertisement on billboards and in newspapers and magazines.
World No Tobacco Day has been observed in Timor-Leste with the active involvement of young girls and boys and this has helped to create a positive atmosphere for tobacco control in the country.

Timor-Leste ratified the WHO Framework Convention on Tobacco Control (FCTC) treaty on 22 December 2004 and is now in the process of drafting a national legislation on tobacco control. Recently, the tobacco industry’s request to establish a manufacturing unit in Timor-Leste has been refused by the government.
Given the high prevalence of smoking among men and smokeless tobacco use among women and girls in the Region, appropriate and effective strategies to address gender-specific problems should be developed and implemented to raise awareness among women, policy-makers and the general public about tobacco use.

Keeping in view the limited resources available for tobacco control, gender-specific marketing strategies of the tobacco industry should be thwarted through cost-effective gender-specific health policies such as gender-specific health warnings on all kinds of tobacco products, comprehensive ban on tobacco advertising, promotion and sponsorship, comprehensive smoke-free policies and their implementation, increasing taxation on all tobacco products, etc. All these approaches and strategies should be part of comprehensive national tobacco control efforts in line with the Framework Convention. WHO will continue to support Member countries in their efforts to develop and implement these activities.


This “Brief Profile on Gender and Tobacco in South-East Asia Region” emphasizes the need for a gender-specific approach to tobacco control. It urges Member States to take measures to address gender-specific issues when developing tobacco control strategies. It also describes the situation, challenges and opportunities related to gender and tobacco use in the Region.