1. Human Rights Situation of Women Tobacco Growers in the State of Rio Grande do Sul

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Introduction

In Brazil, tobacco production is centred on family farming and the consequences of a family’s submission to the tobacco industry affect men and women in various ways. Everyone is affected and all suffer from inequality, but in addition to being subjected to servile work under contractual relations with the tobacco industry, women are doubly affected: they are also subject to the macho and patriarchal structure of Brazilian society, particularly in rural areas, which is strengthened by servitude and submission to the dictates of the tobacco industry.

This economic activity is mainly characterized by an integrated production system, which is concentrated geographically and through which agricultural harvests are easily sent to cigarette manufacturing centres. In this case, the tobacco industry controls the productive process through contracts with growers; by these contracts, the growers are forced to sell their harvests to industry at prices and conditions dictated by the industry. In return, the tobacco industry is responsible for giving growers technical assistance during the entire growing process – from the sowing to the harvesting and drying of the tobacco leaves.

This study aimed to give a voice to women growers and those working in tobacco fields in the State of Rio Grande do Sul. Constantly involved in their day-to-day activities, caring for the home, children, garden, and tobacco, these women have seldom been asked what they think about their lives, the environment in which they live, the tasks they perform, or the importance of their role within the family structure. As such, the research began by listening to these women talk about what they thought and how they saw their relationship with the cigarette industry, their dreams, their ideas about human rights, and if they thought their human rights were being violated.

Methodology

To carry out this work, the research team conducted a bibliographical survey on agriculture and the tobacco industry in Brazil, particularly in the Southern Region comprising the States Paraná, Santa Catarina and Rio Grande do Sul. In addition to the initial survey, the team consulted articles and books addressing the survey topic objectives, such as family farms, agriculture and gender, the environment, health, and human rights. The research team also drew up a profile of municipalities visited while conducting qualitative interviews; in addition it collected data available through the IBGE (Brazilian Geography and Statistics Institute) and the UNDP (United Nations Development Programme).

The evidence from farm workers was collected in two phases. The first phase was carried out between 19 and 23 October 2009, during which the research team visited five municipalities in the Central Region of Rio Grande do Sul around the city of Santa Maria, namely, Mata, Agudo, Paraisó do Sul, Quevedos and Nova Palma. The second phase, which lasted from 9 to 12 November 2009, was carried out in the municipalities of Pelotas, Arroio do Padre, Canguçu and São Lourenço do Sul\(^1\). All the municipalities except Pelotas have human development indexes lower than the state average.

During the field visits, the research team chose to conduct qualitative interviews that were not based on previously prepared questionnaires; this decision was taken due to the need to talk to the growers in a very informal manner to ensure them greater freedom in giving their opinions about the life of tobacco growers. In total, the research team conducted 33 interviews. Of the 33 women interviewed, only two were temporary workers, one was a pensioner, and the other 30 growers worked on family-owned land.

From the evidence gathered, the research team sought to understand how the life of these women was affected by the integrated tobacco production system and what their rights were. The team used three international human rights protective support tools for the analysis, namely, the Framework Convention for Tobacco Control, the Additional Protocol to the American Convention on Human Rights in the area of Economic, Social, and Cultural Rights (the Protocol of San Salvador), and the American Convention for

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\(^1\) Data gathering was supported by CEREST/Centre (Occupation Health Reference Centre) and CAPA (Small-scale Farmers Support Centre).
Prevention, Punishment and Eradication of Violence against Women (the Belém do Pará Convention).

Results

Barn-cured tobacco was produced by 12 women, while greenhouse tobacco, which demands longer working hours, was produced by 21 women. In both cases, the field work is similar and only differs in the manner of gathering and drying the leaves. For cured tobacco, farmers cut down the whole plant, leave it on the ground overnight, and collect it the following day to dry naturally in open barns. For greenhouse tobacco, farmers collect the leaves from the stalk starting from the bottom and working up to the top. This work requires intensive use of firewood and sewing the leaves to enable them to dry on wooden poles.

The number of children in tobacco farming families varied as follows: two farmers had six and five children (both sexes) respectively, five of the women had four children, eight had three children, another eight had two children, nine had only one child each. Only one had no children.

With regard to age, two of the interviewed women were between 18 and 25 years of age; four were between 26 and 35 years, 13 were between 36 and 45, 10 were between 46 and 55, and four were between 56 and 65 years. Regarding level of schooling, two had never attended school, 28 had completed primary education, and only three had completed medium level.

In terms of time spent in tobacco growing, ten women said that their parents had been growers; nine declared their husband’s family had already been growing tobacco, and two declared their grandparents had been growers. Only five growers stated that they had been planting for only six years or less; each of these were from the Pelotas region in the extreme south of the State.

The women’s declarations indicated that apart from the general situation of gender inequality that characterised the rural reality in which they lived – with the sexual division of labour and vulnerability through domestic violence – women tobacco farm workers were further faced with a lack of information about pesticides used in the fields and the diseases likely to result from their exposure or about green tobacco disease. Furthermore, they were not even informed about the health risks of their unprotected exposure to the sun.

At the same time, however, it is important to stress that these women were not subjected to such conditions through their own free and personal choice or that of their family, or even by the exclusive decision of their spouses. The situation of human rights violations found in the homes and fields visited by the researchers is part of an absolutely unequal and unjust social relationship disguised by an air of legality through contracts signed between the tobacco companies and the growers. These contracts bind families into debt and add to an already unbalanced sexual division of labour, violate workers’ rights, pollute the environment, cause irreversible damage to farm workers’ mental and physical health (most companies are actually still being investigated in this regard), and increase the exposure of women to domestic and family violence.

The final research report was structured to address the rights enshrined in the aforementioned instruments and the evidence provided by discussions with the women farmers. It became evident that violation of one human right ultimately entailed violations of other rights. One cannot speak of a “right” to a healthy environment without also addressing the right to education, to employment, and to information. As is characteristic of human rights, interdependence is fundamental for understanding the reality of the lives of tobacco growers. However, it should be made clear that despite violations and all the difficulties faced, many of the interviewed farmers did not portray themselves as victims. Rather, the majority expressed anxiety and a desire to plant another field, to have an alternative source of income that was not as exhausting (this was noted particularly by those working in the tobacco greenhouse). At the same time, though, many were resigned to their situation, feeling that growing tobacco was the only source of profitable income for smallholders. Many said that the work was tiring, but had to be done. Others said that thanks to tobacco they were able to build a house, send children to school, and have access to material goods, hence they were not complaining. There were also a few who said they liked growing tobacco and that using pesticides was really inevitable, adding that these products were used not just in tobacco farming but in all agricultural fields. None of the interviewed women said that they had correct information on the real harms caused by intensive use of pesticides, while few said they knew of the harmful effects but did not know how to define their effects.
Conclusion

Tobacco farmers’ low literacy rates, combined with working conditions that violate human rights enshrined in the Inter-American Human Rights Protection System - such as those related to rights to food, environment, health, and the right to a violence-free life – highlight the urgency of formulating multi-sectoral public policies that target and reach tobacco growers. In general, the low level of social participation by women tobacco growers in social movements, unions, and agricultural cooperatives contributes further to their situation of vulnerability.

2. Survey on Socio-Economic, Cultural and General Environmental Conditions of Women-Smokers in Situations of Social Vulnerability in the Municipality of Teresina-PI.

Implementing Institution: Gênero, Mulher, Desenvolvimento e Ação (Gender, Women, Development, and Action) – GEMDAC

Introduction

The change in role played by women in contemporary society has for some time been the object of study by researchers dedicating themselves to gender issues in Brazil and throughout the world. Women have launched themselves into daily spaces previously and exclusively occupied by men, including in the employment market, in a variety of social organizations, and even in the leading family role. This new behaviour has brought about changes in habits, adding practices and responsibilities that were once exclusively assigned to men.

Quite notable is the important addition that women have made to global statistics on the use of tobacco. In parallel with their exit from the domestic space, women have exposed themselves to tobacco and alcohol use, and current statistical data shows that despite the higher prevalence of use amongst men, many girls are beginning to smoke in their early adolescent years.

Data provided by the Portuguese League against Cancer, coordinated by the Association of European Cancer Leagues, shows that smoking: “(...) is a more dangerous habit for the health of the European woman”. The same source predicts that smoking, which currently kills more than half a million women each year, will have doubled the number of deaths by the year 2020. In the Brazilian context, WHO statistics reveal that “prevalence of adult women-smokers has reached 17.5% of the female population over the age of 15”.

Concern over increased smoking amongst women, particularly those found in high risk situations and facing social vulnerability led the non-governmental organization “Gender, Women, Development and Action for Civizenry” (GEMDAC) to conduct the present study to help visualize the profile of the low income woman-smoker in the Teresina-PI municipality. The main objective of this study was to contribute to a better understanding of the relationships between smoking and poverty and gender, particularly in the main urban zones of an important capital city in the Northeast of the Country; further, the study sought to provide statistical data that would be useful for the definition of a national pricing and tax policy.

Methodology

The study consisted of the application of 400 questionnaires to self-declared women-smokers, the results of which formed the basis of quantitative and qualitative data collection that enabled a portrayal of the women’s socio-economic, cultural and general environmental situation. Subsequent to the data collection process, four rounds of discussions were held in each region covered by the survey, providing the opportunity to give feedback to the women who had participated in the survey.

The areas selected for the study covered the four primary main geographic zones of the Teresin municipality, namely: Zona Norte – the oldest and first point of occupation; Zona Sul, with a high population growth and in which Vila Irmã Dulce – the biggest shanty (favela) of Teresina – is situated; Zona Leste – which, despite having the highest purchasing power contains significant pockets of poverty surrounding it; and the Zona Sudeste – a region that represents the largest portion of the local low-income population.
The answers obtained through the survey and subsequent data collected for sample characterisation were tabulated and analysed using the Epi Info statistical programme – an instrument frequently used in health surveys.

**Results**

Most of the respondents participating in the survey were women in the 21-30 years age group (31.8%), followed by lesser numbers of women between the ages of 31-40 (21.5%) and 41-50 years (21.0%). It is important to note that approximately 53% of respondents were in the 21 to 40 years age group, hence in the prime reproductive period.

The varied professions reported by the women were categorized into six major groups (to facilitate understanding of the type of activity in which they engaged and their level of integration into the labour market): retired/pensioner, self-employed, unemployed, stay-at-home, student, and civil servant/private sector. Approximately 76% of the respondents’ family income was at or below the minimum salary index. This indicates that even though approximately 60% of the women surveyed were income earners, they had very low family income.

Related to level of education, a low number of women had completed higher education (3.3%) or had begun but not completed higher education (2.3%). This can be related back to the low overall incomes of the women in the labour market: without higher education, they were able to gain only menial and other low paying employment.

An association of smoking with alcohol use was verified in 71.8% of the questionnaires. Although the majority of women (64.3%) consumed alcoholic beverages only on weekends or rarely, almost 10% of the women interviewed reported daily use of alcohol. Smoking and alcoholic beverages, mainly the distilled type, are the main causes of oral, laryngeal and pharyngeal cancer and, according to statistics (BRAZIL, 2002), 5 to 10% of Brazilian cancer cases are found in the head and neck areas. “The alcohol consumption and smoking combination is a greater factor than the products used separately. It is estimated that of those patients suffering from oral cancer, 95% are smokers and 76% smoke and consume alcohol regularly” (INCA, Brazil, 2002).

On the question of their current health situation, 41.5% of the respondents declared that they had no health problems that they were aware of at the time of the survey; amongst those who gave affirmative answers, hypertension and respiratory problems had a high frequency – 14.5% and 11%, respectively. According to Artur Beltrame Ribeiro, President of the Brazilian Society of Hypertension (2008)... “Smokers are more likely to develop hypertension and heart disease. The risk of having a heart attack increases with the number of cigarettes smoked and length of addiction. The risks for those who smoke a packet a day is double that of non-smokers. And with women who take contraceptive pills, this factor increases further the possibility of having a heart attack, a stroke and vascular disease.”

Three percent of the respondents had been diagnosed – or had a family member diagnosed with – cancer, including 24 cases of cervical cancer, 17 cases of breast cancer, and 16 cases of throat cancer. Another 18 cases were recorded without the respondents being sure of the type of cancer found in their families.

Half of the women surveyed were currently using some form of medication, the most prevalent being contraceptives, at 16.8%, and anti-hypertension medication, at 12.3%. In addition, while 14.5% of the respondents suffered from hypertension, only 12.3% were under medication.

A mere 31.8% of respondents stated that they practised some form of physical activity and of these, only 71 women practised sports at a regular frequency (three or four times per week).

The questionnaire also contained subjective questions aimed at defining the level of respondents’ knowledge and understanding about the harmful effects of tobacco use and their impressions about these harms. The majority – 303 (75.8%) of the 400 interviewed - said that they believed that smoking was harmful to their health; however, seven said they did not believe that smoking was harmful to their health. When asked “how cigarettes harmed them in their daily lives”, 31.5% said cigarettes spoiled their looks. This was deemed more important than the actual physical harms caused by tobacco use.

In terms of the age at which tobacco consumption started, 14% of respondents said that they had started smoking before the age of 11, and a further 58.5% had started between the ages of 12 and 17. Of the
reasons given for smoking initiation, the most frequently cited were: peer influence (36.5%), curiosity (20.5%), and family influence (17.3%). The forms of use were not new, pointing to cigarettes with national filters as the preference by 79.3% of the total surveyed. The majority of women (55.8%) said that they smoked between 1 and 10 cigarettes per day. This corresponds with international evidence: the Director of UFRJ Smoking Studies and Treatment Nucleus, Alberto Araújo, has stated that: “The WHO recognized smoking as a paediatric disease because it starts even in the early years of puberty, extending to the adolescent period in 90% of cases”. He added that “in a short time, the youth become sporadic consumers, which leads adolescents to jump from six cigarettes to a pack a day when they start adult life”.

Asked when they smoked their first cigarette of the day, 79% of the women surveyed said that they smoked early in the morning and lit their first cigarette within thirty minutes of waking up. For 262 women, the first cigarette of the day gave them the most satisfaction, and for 233 women, the morning shift was the best time to smoke, perhaps because it was the working shift of the majority, or the coolest time of day. 70.8% respondents associated the smoking habit with the waking-up hours, bedtime, and meal times.

These women pointed out various reasons that triggered their urge to smoke, such as: the pleasure created by the habit (13.8%), anxiety (10.8%), and stress (6.3%). Significantly, the most common actual association, such as the concurrent use of alcohol and coffee, was not widely reported (3.5% and 3.8%, respectively). For 43.5% of women, it was very difficult to avoid smoking in public places.

Another important and challenging issue raised through the survey was that 64.5% of respondents had tried to stop smoking, unsuccessfully. This high percentage justifies the need to invest in anti-smoking techniques and treatment that are more effective and accessible to the population.

The survey indicated that the warnings on cigarette packets have had some effect; almost three-quarters of the surveyed women (295 or 73.8%) stated that such warnings had made them think of quitting. Further on this topic, the most remembered themes or the messages were those that referred to cancer, “death,” and abortion, with 23%, 13% and 12.5%, respectively. 67.5% of respondents said that if the warnings were marked on both sides of the packet, the images would have a greater impact.

Related to the costs of tobacco use, 232 (58%) respondents said it was expensive to maintain their addiction. When asked if they would continue to buy cigarettes if prices increased to 10 Reais, 169 (42.3%) said they would stop; this showed the importance of comprehensive tobacco control programmes aimed at reducing consumption through the use of various instruments, including higher prices and taxes.

Of the 400 respondents, however, 211 had never questioned the cost; 60 (15%) spent up to R$25.00 per month; 68 (17%) spent between R$25.00 and R$50.00 per month; and 52 (13%) spent between R$50.00 and R$100.00 per month.

When asked about the number of smokers per household, 60.8% cited that there was more than one smoker in their household, while 39.2% reported that they were the only smoker. It was therefore reportedly very difficult for the majority of smokers, 60.8%, to stop smoking because of their daily interaction with smokers living under the same roof.

With regard to a question about what they would do with the money saved if they stopped smoking, 32.3% said they would spend it on themselves; 26.5% would buy something for their children, and 22.0% of the women said that they would spend the money saved on something else, showing that women are often “throwing away” money on cigarettes. There did not appear to be a significant awareness of the money that could be shifted to better meeting household needs (shelter, food, healthcare, etc).

Regarding health professionals’ attitudes towards the sample survey, 57.5% of the respondents indicated that subject of tobacco use was never or seldom broached by their health professionals. This was disturbing, given that tobacco control and prevention is part of the 2006 Health Fact National Policy for the Promotion of Health. As such, it should also be addressed by all professionals in Primary Health Care (BRAZIL, 2006).

Finally, 91.5% of women replied that they believed that smoking was a public health problem. This observation showed that the women were aware of the role of government in formulating and
implementing health policies aimed at training independent and conscious persons to promote health and prevent tobacco consumption, a condition favourable to the possibility of participating in programme proposals on health education and promotion of individual and collective quality of life in their own communities.

**Conclusion**

This study showed clearly that smoking impacts negatively on women’s health, quality of life, social relations, and results in emotional, productive and economic damages. Such a situation requires continuous and expanded effort for the (re)formulation and implementation of smoke-free public policies and interventions in education and prevention; such measures must be included in the public agenda as a State commitment and priority.
3. Young Offenders: Risk Behaviour and Smoking

Implementing institution: Instituto Terra, Trabalho e Cidadania, ITTC (Land, Work and Citizenship Institute)

Introduction

Through this study, the research team sought to understand tobacco use by young girls in situations of vulnerability and social risk and to determine if there was a relationship between young offenders and tobacco in São Paulo. The response or approach underlying this question is the fact that individuals are a social and historical construction, indeed, nothing occurs in the mind that had not happened in reality. This challenge led the research team to seek to understand how socially vulnerable youth can be subjected to social processes that contribute towards consumptive behaviour and modus vivendi. Thus, they sought to uncover tobacco use beyond the individual, but as behaviour produced on behalf of certain interests, despite dissemination of information on the harm caused.

Methodology

During the course of this study, the research team sought to construct theoretical and methodological paths that would encompass an all-inclusive perspective in which individuals are in a continuous transformation process and are subjects of their historical time. The documentary survey led the team’s analysis to the production of conceptual texts and specific literature through which it expanded its knowledge about youth at risk and social vulnerability.

The research team prepared a round of interviews with closed-ended questions that enabled it to draw up a profile, and a further thirteen open questions that focused specifically on: youth, vulnerability and social class, consumption/tobacco and gender. The project coordination team and trainees conducted the interviews, which were then followed by focus group discussions that again addressed issues related to youth, vulnerability and social class, consumption and gender. The number of participants in the focus groups varied between five and ten girls, over a period not exceeding two hours. Six meetings were planned, one per week, but two of these could not be held as the required number of participants was insufficient to form the group.

The research team attempted to find out from the participants how they understood the relation between consumption and established behaviour patterns, what influenced their purchase and use of cigarettes, their status as youth in certain social classes, their social vulnerability, if relevant, their compliance with socio-educational measures, and as young mothers on the periphery.

Based on this topical organization, the study was structured along the following lines:

- On us and the periphery
- Being young, being “myself…. My best”.
- Being a woman “being a mother … to value myself”, being poor, “having to work a lot!”

Results

The study revealed, through verbal interviews, the importance of peer influence on these youth in their decision to smoke. Despite their awareness of the negative aspects of smoking, the decision to become a smoker was based in large part on an image of “independence” and of belonging to an adult, modern, evasive and pleasurable world.

That’s the truth, we have to be honest. At school, everybody started smoking because it was smart, so I also started to smoke. I thought it was cool, everyone smoking, and I started too.

I don’t know.. Well, I personally saw my friends smoking, all of them, but I didn’t pay too much attention to it. Of my own free will, I felt like buying some cigarettes and went over to the bakery to buy. I bought two packets, one for her and one for me – that’s when I learned; on that day I smoked a

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2 The line titles are part of the interview content with the youth.
whole packet, I thought it was cool, that's how I started smoking ... then I went some two, three months without smoking and started feeling agitated and cooled my nerves through the cigarette.

It’s not the influence. You see someone smoking, you want to experiment, you want to because the whole world is saying: smoke because it’s cool. Then you take the first pull, then another, that’s it, courage! That’s how it was with me, I was the only one in my class who didn’t smoke but no one fussed bout the fact that I didn’t smoke.

The young people were practically unanimous in stressing that they actually saw the cigarette as an opening into their social groups. Subsequently, they convinced themselves that tobacco use was no longer an “option”, they had become addicted. The majority of respondents said that trying to stop smoking just on their own initiative was very difficult, as the cigarette had a calming, relaxing, and satisfying effect. It also met some form of mediation criteria in areas of youth socialization, and strengthened patterns of “independence and authority” in their own lives, to the extent this was mainly a “forbidden” choice.

Another important revelation was the ineffectiveness of legislation (in this case, the prohibition of tobacco sales to those under 18 years) which strengthened the culture of individualism and placed economic advantages over the responsibility of social education. With the emergence of the post-industrial societies, models of being and living are built around daily lives that value competitiveness, individualism, the consumption of “eternal youth”; that’s why the youth in the survey revealed the importance of image and status in our society and how smoking could be a vital “connection” in the building of this image.

The questionnaire asked respondents what being a woman meant to them, to which the majority replied that they associated it with maternity, as this was the biggest responsibility in their lives and the moment in which choices must be directed at improving the lives of children, often putting aside dreams and expectations. For some of the respondents, to be a woman is to “deal with all the difficult things in life” ... when you “have to become a real woman but still want to be a child”. The respondent in that particular case was a young mother who stressed the responsibility still ahead of her: “now I’m no longer a child, now I have to be responsible. Thus I now feel like a woman - I have a child - that’s now an extra responsibility because it’s more difficult to become a woman, to work, bring up a child”. Another respondent cited further difficulties found in being a woman, being black and poor, because she faced “many prejudices... I was made to feel the colour of my skin. Everyone used to call me names. But today, everybody talks to me...” To her, the difficulty lied not only in her black origins but also in her social class and gender status: “I work as a mechanic – there are men who say: you are not capable of doing this job, only men can, don’t you understand? But today, women can”. She further stated that the major responsibility of the woman is maternity, reinforcing socially attributed roles, such as that of being solely responsible for the conception and nurturing of children – a responsibility that many young girls, as in this particularly case, were not prepared to assume alone. This evidence confirmed the research team’s analysis of concepts rooted and widely propagated by the more conservative segments of society, whose projection of the woman are values that we think will one day be outdated, such as the one that considers maternity to be the great experience and opportunity to feel like a women. The research team indicated that the condition here presented was expressed by the fact that these young people have not yet encountered all the conditions for the realization of their dreams, their abilities, and citizenship in face of reduced life choices, due to their status in the social class. Thus, maternity is seen as a possible function, that is, it granted them certain recognition and social ranking.

With regard to youth categories, the research team found that the girls’ profiles presented in the survey, namely that of little education and few opportunities for integration into critical spaces that are creative, stimulating and fit for reflection, contributed to a vision of youth that could go beyond the immediate gratification and certainties of life.

For my future, I want to buy a house for my mother, for myself and for my son. To be able to have a good job and battle to have some possession, but what I want most, in future, is to finish my studies.

I want to go for continuing education and do a Computer Course... I spoke to Rentato (educator) but since I am a minor and cannot work as an adult... I want to work ... I want to be a lawyer, I will be a lawyer.

For one of the focal group respondents, a dream come true would be the possibility of giving her child an
education. The research team was surprised to learn that a fundamental right of all the country’s children was still perceived as a question of “luck” or “sole and exclusive responsibility” of the families of these children; this highlighted the fact that these youth had no idea that education was one of the State’s responsibilities. It further stresses that, to make this possible, there is need “to chase the dream and finish schooling, graduate from university, and seek the best we can”. The youth in this focal group worked on the meaning of dreams and opportunities, using stimulus from magazine cuttings and cardboard presentations. They presented a very relevant collage that portrayed a rubbish dump with several vultures circling over and some people foraging in it together with photos of middle class residential areas and persons.

Here is the opportunity for justice …. These days there aren’t many opportunities - that’s why they are fighting for a better opportunity for the youth. And here, without opportunities, human rights end here. In this case, they are at the rubbish dump, there they have to forage for something to eat, here they are scratching out something to wear, in the midst of vultures, and all. Yes, but it’s the truth. He had no opportunity in life. He has nowhere to turn to, and so it’s here that he gets his daily food, do you understand? Because he had no opportunity, he graduated here. So, when we have an opportunity....

Conclusion

The research team believes that the data presented and analysed here is not unique, less so conclusive, but it tries to reinforce the need for the development of strategies that can fight the tobacco industries, as well provide clarification about the impacts of smoking on smokers’ health. But in the case in question, on young offenders (here reiterating the status of social vulnerability) or juvenile mothers, the team believes that promoting and propagating spaces for dialogue and reflection on a modus vivendi in society can truly enable people to exchange opinions and somehow manage to think about the impositions placed upon them by the media, by institutions, politicians, peers, and hence develop a more critical awareness of themselves.

4. Women and Smoking – A New Issue on the Feminist Agenda

Implementing institution: Rede Feminista de Saúde (Feminist Health Network) in collaboration with in partnership with Coletivo Feminino Plural (Plural Feminine Association)

Introduction

There have been social, national, and international movements engaged in activities related to tobacco control for several decades, which has given rise to condemnation of the tobacco industry, the harmful effects of smoking, and the issuance of warnings by the World Health Organization. Global authorities’ initiatives have not yet had significant impact on reducing smoking habits in many places, particularly in less developed regions of the planet. Similarly, there have been a number of important women’s movement initiatives which, despite efforts made, have achieved few concrete results. Unfortunately, tobacco control messages have had little effect amongst women, particularly among female youth who have been the tobacco industry’s marketing target.

The Feminist Health Network (Rede Feminista de Saúde) acknowledges the work carried out by ACT and the South American and Caribbean Women’s Health Network - RSMLAC\(^3\), which have long been proposing the integration of tobacco control into the women’s movement. At the same time, though, there has been little reference in Brazil to the “Smoking and Gender” and “Gender and Tobacco” topics. Work that has been done related to women and smoking has been strictly medical and disease-focused.

The main objective of this study was to engage Feminist Health Network affiliates and the Brazilian Women’s Movement in tobacco control, and to put tobacco control on their agendas, by focussing on the effects on women’s health, using a participatory approach.

The specific objectives of the project were to examine tobacco use in the daily lives of affiliates, to disseminate information about the effects of smoking on female health, and to formulate and develop

\(^3\) Integrated policy articulation by women and feminist movements of the region, of which the founding partner Rede Feminista de Saúde is part of its Governing Board? < www.reddesalud.org >.
national policies and public action to implement tobacco control according to the provisions of the Framework Convention for Tobacco Control. The FCTC was the first global public health treaty developed under the auspices of the World Health Organization; it was created between 1999 and 2003, following public hearings and consultation meetings involving WHO Member States. Brazil was a leader during the negotiation process, the treaty entered into force globally in February 2005 and Brazil became a Party in January 2006.

Methodology

In addition to conducting a literature review, the research team used a quantitative, exploratory, and participatory diagnostic tool that targeted Feminist Health Network affiliates throughout Brazil. Three States and the Federal District responded to the call to participate, and regional Feminist Health Networks are now being established in the States of Rio Grande do Sul, Santa Catarina, Paraná, São Paulo, Rio de Janeiro, Minas Gerais, Bahia, Pará, Paraíba, and Distrito Federal. In addition to these, replies were received from four Brazilian states that are supported by the Network’s Focal Points: Mato Grosso, Mato Grosso do Sul, Maranhão and Tocantins.

The research team prepared a set of indicators to support the development of a questionnaire which, once tested and validated, was used by the affiliates’ regional leaders to collect information from the study participants. SPSS was used to analyze the collected data. The research team received included informed consent from all participants, and maintained confidentiality of participants’ identities and their responses, in accordance with health research bioethics criteria.

In order to motivate the target-group during the study, news, interviews, and reports about tobacco control were included in the Feminist Network’s Comunicarde bulletin and disseminated through the internet and an interactive advertising piece on 29 August 2009 (International Anti-smoking Day). The Feminist Network and other tobacco control policy-making bodies in Brazil also interacted through their participation in a range of national and international events.

The project team mailed 433 questionnaires to potential respondents. 246 activists connected with the Feminist Health Network answered the questionnaire; network leaders at each location acted as mediating interviewers. Those living in more distant locations self-completed the questionnaire and returned them by post. The following percentages represent the distribution of interviews among the country’s five geopolitical regions: North 7%; Northeast 11%; Centre-West 21%; South 32%, and Southeast 29%. The results reflect the composition of RFS affiliates across the country Brazilian region.

Results

Literature Review

The literature review was revealing. The research team found only two Brazilian studies on the gender and smoking theme. These were prepared by Borges and Barbosa (2008, 2009) analysed female smokers from a sociological perspective, using a gender perspective.4 In the article “Gender Brands in Female Smokers, a sociological approach to smoking in women”, Borges and Barbosa reported that smoking had increased globally as early as the age of 5 years and that there were important psychosocial influences. Besides youth underestimation of the dependency risk - which increases their vulnerability - their situation is aggravated by the fact that they are situated in social classes characterized as impoverished, making difficult their access to health care, amongst other resources. With regard to the “feminization” of smoking, the authors used Rondina, Gorayeb and Bothelho (2003) as their source to associate the reasons for female smoking to factors such as stress caused by the demands of the working day, inequality of employment opportunities and salary, domestic violence, apart from other aesthetic questions (slimming). The tobacco industry has captured these feminine weaknesses and directed them at cigarette propaganda, where the concepts of freedom, independence, self-esteem, and social-climbing are exploited together with models of the slim, delicate, and sensual woman. Searching for explanations for the “feminization” of smoking, the authors classified them amongst the pathologies of protest, and in their view “...a form of unconscious protest or without resort to speech or policy” peculiar to women, and developed over time.

4 The marks of gender in female smoking, a sociological approach to smoking in women (2009) and the cigarette “friend”: female smoking in a gender critical approach (2008), both by UFRJ.
These reflections also shed light on the qualitative study “The cigarette-friend: female smoking in a gender critical approach”, prepared previously by the authors when they interviewed fourteen women attending cessation services in Rio de Janeiro. Interviews revealed suffering, absences, personal tales of violence and irreplaceable losses, and the finding companionship and emotional support in the cigarette. Borges and Barbosa proposed a broader understanding of female smoking and comprehensive assistance and care for the wider life needs and health of women, such as provided for in the Ministry of Health Full Assistance to Women’s Health Programme since 1983, which articulates the gender vision with the social determinants of health.

A further study conducted in a São Paulo hospital under the auspices of the Botucatu Faculty of Medicine of the Universidade Estadual Paulista (UNESP) and working with social representatives sought to find out what led 27 pregnant women attending obstetrics services to smoke for the first time, how they thought cigarettes affected their bodies, now that they were pregnant, if during their ante-natal services someone provided them with guidance on the effects of cigarettes on pregnancy, and what they thought was required for a person to stop smoking. The subjective survey noted that there was a lack of effective cessation guidance and support during pregnancy. That study concluded that, as such, the smoker should be treated as a drug addict needing medical assistance and psychological support from friends and family over a long period.

From these findings, the research team concluded that not much tobacco control research has been conducted that considers women as individuals entitled to health and the possibility of an informed choice for a comprehensive treatment approach. Thus, the survey undertaken through this project was innovative and could contribute to the wider discussion of gender and tobacco.

Questionnaire Survey

Concerning the respondents’ profile, the research team examined the following aspects: respondents’ links with the network, their personal and institutional identity, their existing connections with tobacco control, their experience with smoking, and their willingness to participate in the formulation of tobacco control implementation strategies as outlined in the Framework Convention.

Regarding the respondents’ affiliate links to the Network, most of them (81.8%) were directly affiliated with the Network (i.e., were members of the Network). With regard to schooling, 36.9% were post-graduates, 43.6% had completed secondary schooling, 5% had received a technical education, and 2.1% had received only basic education. In terms of age, there was a concentration of women respondents aged 31 years of age and above, while only 22% were between 18 and 30 years of age. In terms of race/ethnic groups, women who self-defined themselves as white comprised 57% of the respondents, 32% declared themselves black, 16% said that they were “mulatto”, and 2% self-declared as indigenous and “yellow”, respectively. The profile further showed that 50% of the respondents were single, 16.6% married, and 15% in a steady relationship. Separated, divorced, or widowed women were in the minority. With regard to parental status, 52% stated they had children and of these, 44% had one child, 40% had two, and 12% had three. As for sexual orientation, almost all women declared their sexuality, with 75.6% being heterosexual, 19% lesbian, and 4.6% bisexual.

The Feminist Health Network is engaged in theoretical, political, advocacy, social control, training, and communications work. Social and political integration is assured by the presence of affiliates in localities where social movement agendas are constructed and where public policies are conceived and monitored. The majority (56%) of participating women and institutions are engaged specifically in the women’s movement, while others were engaged in the black movement, health movements, LGBT and HIV/AIDS movements, as sex workers, with political parties, or worked in universities. Approximately one-third of the affiliate organizations worked at the national level, another one-third at the government level, and 16.5% at the local level; about 12% of the affiliate bodies worked internationally. Several respondents noted that they were involved in more than one movement, which reflected their very important presence in social movements generally, through their presence in health councils, women’s rights councils, and in maternal mortality committees. Others belonged to children and adolescents’ rights councils or policy evaluation bodies for lesbian women and for the black population.

5 Representation of pregnant women who smoke, on cigarette use; a study conducted in a hospital of the interior of the State of São Paulo (7/2006) Marina Possato; Cristina Maria Garcia de Lima Parada; Vera Lúcia Pamplona Tonete.
Respondents were engaged in various professional areas and were trained mainly in human sciences and health; some were trained in the sciences. They were found in all areas of the labour market, with a slight concentration in public services.

Half of the women interviewed (52%) were current or former smokers; of these, half were current smokers and one-quarter were regular smokers. Self-declared black women were the majority of current smokers. By the age of 25 years almost all of the current smokers (96%) were smokers; more than one-fifth had begun by the age of 14. Less than 5% started smoking later than age 25. Of the smokers, more than half (53%) had been smoking for more than 16 years, and some had been smoking for more than 50 years. 90% smoked up to a packet of cigarettes each day.

When asked at what age they had last attempted to stop smoking, amongst those who had stopped smoking at some time, the research team noted that in all age groups, from childhood to adulthood and maturity, the women had tried to stop. Considering all the smokers who had started smoking by the age of 25 (96%), they found that about one third had stopped smoking and another third had never stopped. Of those who had tried to give up the habit, they found that those under the age of 18 and those over the age of 43 had least tried to quit. 64% of the respondents had tried to stop smoking at some point, however, and reported that they had made this effort at various moments of their lives. Half of the cases (49.4%) classified the decision as a personal one, followed by health reasons (12.5%), and breastfeeding (8%). This last reason was important in that 50% of respondents had experienced motherhood. However, national surveys show that only one in five females manage to stop smoking during pregnancy.

The decision to stop smoking was not an easy experience for the respondents, although many did not it as calm (meaning not overwhelming). It was marked by both psychological and physical suffering, as well as a feeling of relief. A quarter of the respondents had sought psychological or medical assistance and used medication.

Related to living with other smokers, 49% of all respondents reported that they lived with other others, or engaged with them at work. It is worth noting, however, that half indicated that they did not live with other smokers. As for the presence of smokers amongst the family and close friends of the respondents in both current and inter-generational relationships, the research team found no evidence of generational continuity when it came to the smoking habit, even though siblings, friends and family members showed high indices of smoking.

The survey highlighted respondents' perceptions about smoking. 60% of the respondents viewed smoking as a broad societal problem and not just one of women; some of these respondents felt that the best approach to tobacco control would be public policies with a greater focus on education (17.5%). Some respondents claimed that smoking was a problem of a personal and individual nature (8.5%) and a similar number (8%) proposed that women should better heed the negative impacts of tobacco use on their health. More than two thirds of respondents classified smoking as a public health issue.

Smoking rates among women – 15% according to the Ministry of Health/Inca – was considered alarming among 90% of the respondents. 68.6% of the respondents perceived that younger women, poorer women, and under-educated women were more likely to smoke.

With regard to the level of respondents' awareness about the effects of smoking on health in general, only 4% said that they were poorly informed. Most (88%) said they were fairly/ well informed about the effects of tobacco use on female health, and 78% about the effects on women's reproductive health, while 78% confessed that they had little or only fair knowledge about the impact of tobacco use on male reproductive health. They gave the following as reasons that Brazilians smoked: to alleviate anxiety, stress, depression and the attempt to alleviate work and home-related stress. Others noted subjective reasons related with identity, self-esteem, social acceptance, feelings of adulthood or maturity and sexy, and social inclusion.

In terms of the availability of information about tobacco control regulation, the research team found that while there is a high level of information available about local issues, there was fairly widespread ignorance (63%) about the Convention Framework for Tobacco Control. The level of available information increased with regard to Brazilian legislation on tobacco advertising, sale and consumption, which was noted by 52.4% of the respondents, legislation on smoke-free environments by 62%. More than
three-quarters of the respondents noted that they had been exposed to advertisements and warnings about the harmful effects of smoking, about advertising restrictions in schools and in the workplace, and about the existence of smoke-free locations. About 84% of the respondents felt that there was increasing pressure on and intolerance of smokers, with smoke-free locations becoming more frequent. The least impact was felt in the sale of cigarettes for minors; interestingly, 49% of the respondents thought that legislation did not inhibit cigarette sales to adolescents and youth who could easily acquire them.

There was high agreement among respondents (94%) that the media plays a significant role in inducing people to smoke. Regarding the type of message that convinced women to smoke, the project team noted that messages focusing on “pleasure and feminine independence” were noted by 58% of the respondents. Overall, 30% of the respondents noted that the media had affected them directly; among the youth, this reached 71%.

The Ministry of Health campaigns that warn about the harmful effects of smoking were considered to be adequate by 56% of the respondents and inadequate by 44%. Those who agreed with the messages considered them to be educational and informative about the harmful effects of cigarettes. Those who disagreed criticised the warnings accusatory attitude towards smokers, especially women. They identified stereotypes linked to motherhood and the failure to consider women as individuals.

The research team also sought to elicit the open opinions of respondents about the main health problems of Brazilian women and their association with the movements’ agenda, in an attempt to understand the possibility of including smoking in these discussions. Spontaneous answers enabled the team to establish a ranking: breast, colon, uterine, and lung cancers were first, with 40% of the answers; second came abortion and sexual and reproductive health, with 15% of answers; cardiac, cardiovascular and hypertension ranked third, with 12%, and the important topic of violence against women was noted by 8% of the respondents. As tobacco control was not mentioned, the project team sough to further explore the priorities of women movements to determine why the prevention and reduction of tobacco use was not on their agendas. The majority of answers (63.5%) cited the existence of other priorities, stated that tobacco was not part of the women’s movement policy, and noted the criticism that women were not asked to participate in a public policy discussion of this topic.

Conclusions

Contributions from political science and from the field of feminist theory identify the second half of the past century as one presenting the greatest historical, social, and cultural changes regarding women. Starting from the post-war period and through Simone de Beauvoir and Betty Friedan, they have identified new elements associated with the cultural education and feminine identity process in society, culminating in the 1960’s decade with the advent of contraceptive pills, which made separation of sex and reproduction possible. Increasing globalization of the economy and the massive integration of women in the labour market have created a scenario in which women are expressing for the first time in history and as a social group, a policy proposal and preparing a theory for the transformation of society and themselves - feminism.

In this scenario, smoking means adding to the repertoire of protests that include showing their bodies, cutting or leaving their hair to grow, studying, working outside the home, going to bars, going out at night, having the key to the house, having sex, having an abortion – all symbols of liberation. Though not all women have become feminists, the impact of their ideas and actions have affected and influenced generations who transformed themselves over the last 40 years – a period in which youth protests across Europe and the United States, the counter-culture as a response to wars, the advent of drugs as a mass phenomena, and fashion and new information and communication technologies challenged women to have their role and place in society.

According to the reflections of Virginia Vargas (1999) cited by Prá and Negrão (2005:274), “the ‘90s ushered in accelerated, unprecedented, planetary, ambivalent, contradictory changes”. In the case of women, such changes can be characterized by “generalization of human rights and focus on construction

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of citizenship in both civil societies and their movements, as well as in the states”. For Castells (1999)7, in “Power of Identity”, the last two decades of the past century have served the feminist movement by laying bare the still existing patriarchal character of contemporary society structures, with the support of the information era and the empire of network societies. The author attributes this context to the construction of new identities, among them those of women, and linking them to the transformation of the economy and market, to technological advances in areas such as biology, pharmacology, and medicine that have had an undeniable impact in the field of sexual and reproductive rights, to the ability of the feminist movement to affirm the concept that people are political and connect them to the notion of human rights, among others, and to the rapid diffusion of ideas through communication means, especially through the computerised support technological networks (Prá and Negrão:275, op. cit).

Ignoring this history to address the topic of tobacco control among women and hoping to obtain effective results seems, in our opinion, a challenge doomed to failure. If on the one hand, there is a condemnatory wave - based on health indicators to advocate for the need for women to stop smoking - there is on the other hand a fresh message founded on recent history and constructed by the women themselves and which says: smoking gives me freedom, independence and defiance. The complexity of this challenge can be compared to that found with the HIV/AIDS epidemic, which accounts for fewer victims than the cigarette worldwide. Everyone knows that the epidemic can only be prevented through use of the condom - however, despite constraint thereon the epidemic runs its course - targeted at adolescent girls and young gays for whom freedom, independence, and defiance are not associated with the use of barriers.

The questions become more important than the answers: from the feminist perspective, what should be communicated to a girl-smoker or one who wants to smoke? What messages can replace the connection between the cigarette and sexuality without taking away the desire to exercise her sensuality, or to build up a positive self-image? How can adolescents and youth be empowered to exercise their autonomy in face of the offering of the cigarette as the symbol of power and freedom?

The free exercise of ideas promoted here and relating to the ineffectiveness of tobacco control policies, the termination of dependency/physical, psychological and emotional addiction, or to the reduction of risk and damage that accompanies the reduction in the number of cigarettes smoked per day, expresses the anxieties of many women, particularly of feminists who smoke and cannot stop. Some do not want to, others try and do not persist, while others try and desist.

In terms of public policies, these should aim at collective action that recognize women as the subject of their decisions and should be supported by quality information based on the level of understanding of the women. Thus, in addition to being free of stereotypes and prejudices or coercion, such policies should be based on human rights for all, should take into account the contingencies and circumstances of each woman, cover all ages, and should equally promote damage reduction. These public policies must be guided by the principle of autonomy that involves the provision of means for decision-making – with support provided to treat drug addiction as well as to minimise the effects on physical and psychological health. Additionally, they must be capable of helping adolescents and youth to make informed choices regarding their lives. When intended for adult women, they should take into account the level of cigarette dependency, the cost of making the decision to stop the habit, and gains and losses – of freedom versus quality of life; of filling vacuums and solitude versus other forms of relations with life, the body, and nature; and the choice between giving up smoking and reducing the number cigarettes - with an attitude that is conscious of the reduced damage to themselves and other persons around them. One of the clearest evidence of this and other surveys is that women want to be subjected to health policies because they are persons and not because of their reproductive function.

A further important fact is that the black woman and mulatto (black) that make up the majority of smokers have a high educational level. This leads to the conclusion that we cannot simply infer that blackness = vulnerability = disease. We must take up the challenge of new research on this relationship.

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Recommendations

a) Develop inter-sectorial collective action to address smoking among women, free of stereotypes and prejudices towards smokers;

b) Prepare and develop comprehensive health policies, guided by the recognition of gender inequalities and diversity among women – generational, race/ethnicity, and sexual orientation, aimed at informing and supporting them in their decision to stop smoking;

c) Disseminate quality information directed at women as persons entitled to health, independently of their reproductive function, although this should also be addressed;

d) Disseminate information about the importance of society as a whole – and women in particular – in participating in the enforcement of national and international legislation on smoke-free environments;

e) Involve women in debates on and preparation of communications strategies to prevent and issue warnings about the tobacco epidemic and its harm to health, as well as the benefits of a smoke-free life;

f) Support the women’s movement to enable women develop their own intervention programmes, without the predominance of the medical or institutional vision, with content and language appropriate to the various public affected by their actions, including:
   a. Building capacity
   b. Providing appropriate information and communications materials
   c. Advocacy and social control strategies
   d. Scientific research with a participatory approach

5. Lifting the Smoke Screen

Implementing institution: Woman’s Observatory

Introduction

Faced with decreased sales resulting from the broad publication of the harmful effects of smoking, the tobacco industry reacted by focusing its “compensatory” action on youth, particularly those of developing countries - in the expectation of restoring the number of its consumers over a period of 25 years. This information, presented by ACT and based on extracts from tobacco industry documents, led the research team to consider an activity that would effectively sensitize youth and thus prepare them to better resist the appeal of formal and informal tobacco advertising to which they were and would be subjected.

The key objective of this project was to understand what motivated smokers and non-smokers and to select arguments that would most sensitize them to resist smoking; its specific objectives were to:

- Study the factors that most sensitize and lead youth to smoke and which help them to resist and strengthen the decision not to smoke;
- Expose youth to data and information on the smoking issue to enable selection of that which is the most striking and/or efficient;
- Engage youth in preparing a “marketing strategy” and ideas that sensitize them to resist smoking.

Methodology

The project team used several methods and instruments for the sensitization process, including research and the construction of sensitizing arguments related to tobacco-dependence among the youth, namely:

a) A qualitative study, combining group discussions with some dramatization techniques;

b) Post-discussion interviews, from which key conclusions could be drawn;

c) Selection and airing of quotes and statements that youth consider to have the most important and
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no lack of information. But almost all of them had experimented with smoking and many of them did.

Results
The findings of this research indicated that the group of youth and adolescents studied, including both smokers and non-smokers, were clearly aware of the problems and harmful effects caused by continued use of tobacco. They had heard and read about these effects and had, in many cases, seen the proof thereof through personal knowledge of a relative who had suffered from these effects, or even died; they were familiar with the packs and information contained on the back of the packages. Indeed, there was no lack of information. But almost all of them had experimented with smoking and many of them did so.

The project team realized through this survey that smoking represents a form of initiation to adult life – a position that denotes security and tranquillity, veiling the feeling of insecurity in face of life’s new situations, so common in this age group. A certain halo of charm and machismo (or femininity) surrounding smokers still persists, reminding them of the image built by advertising and in cinemas, and which still form part of the memory or knowledge of some of these young smokers.

While the youth were familiar with the health warnings on the back of the packages, and were aware of the warnings printed on their most and least favourite packs, they simply ignored them – they were already accustomed to these warnings and paid no attention to them.

According to the participating youth, however, whatever the truth of the information contained in warnings on cigarettes packs about problems arising from the smoking habit, these could only happen in a distant future – the young and adolescents live for the present. Cancer, impotence, and other problems do not seem to happen in the prime of life among the young who had just starting the smoking habit. Thus, the scenes reproduced on the back of the packs and publicizing of the problems did not seem to target the young.

The group of young people saw the warnings on the back of cigarette packets as being about a long ingrained habit and a fait accompli due to prolonged tobacco use. And, like all young people (or almost all), they intend to stop smoking “some time later”, or believe they can stop when they feel like; they seemed to believe that they would never reach the point when such health concerns become reality. In addition, the feeling of invulnerability is peculiar to youth, who consider themselves to be above any form of risk. That is, these problems may actually fact happen, “but not to me”.

This research increased awareness among the research team that purchasing cigarettes weighs heavily on youth savings, even if they have wealthy parents or already earn an income. Meanwhile, cigarettes offered, shared with friends, cheaper brands (in the latter case), or cigarettes sold singly represent low-

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<th>14 to 19 Years</th>
<th>Smokers</th>
<th>Non-Smokers</th>
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<td>Cl. CD</td>
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cost solutions for maintenance of the dependence.

In addition, youth have already begun to adopt alternatives – such as narghile smoking – which adds to the appeal of sociability, of a more exotic and charming ritual.

Through this study, however, the research team identified several positives. Non-smokers seem to be strengthened by externalizing their views of and reactions towards smokers. The remarks they made about the negative characteristics of smokers (smell, appearance of the skin and hair, etc) seem to have the potential to touch the self-image of smokers and may have a more significant effect on the question of their smoking habits than do health warnings. Thus, knowing that they are seen as smelly and even avoided because of this certainly causes an impact on their glamorous self-image. For smokers, just knowing that non-smokers compare their kisses – even theoretically disguised with ‘a bullet in the mouth’ – like licking a dirty ashtray, has such a great impact that they cringe, insulted, and then question what they call an exaggerated perception that does not correspond to them. But they fail to find an answer when they are reminded of their own loss of sensitivity.

In addition, among some youth smokers, some signs have already appeared that show not only the negative effects caused by smoking but also project greater credibility to larger and more distant threats. With diminished breathing capacity and difficulty in climbing stairs, running, playing football with the same breath as before and as accomplished by non-smoker friends, the danger has become real.

Conclusion

Briefly, an effective and efficient anti-smoking campaign for the youth should make the threats and effects of smoking more clearly visible in their daily lives. Bring the distant threat to the here-and-now; superimpose an overwhelmingly repellant and stinking halo over the image of security, charm, and seduction of the most desirable young girls and boys. Based on the survey data, this seems to be a path worth taking to better reach the youth between 15 and 19 years of age.

6. Packaging: Its Implications

Implementing institution: Coletivo Feminista

Introduction

Long before the ban on closed environments and the introduction of warnings about the serious health problems it caused, the cigarette was associated with glamour. Blowing cigarette smoke during a conversation was seen as sexy and mysterious, in addition to being fashionable among the young and old. In order to sell its product, the tobacco industry always used propaganda and marketing and linked its product to success, freedom, and modernity. By associating such values to the act of smoking, the industry has been harvesting the fruits it sowed decades ago in its marketing campaigns.

The objective of this project was to study packaging factors inherent to the choice of a certain cigarette brand. The project was based on the premise that the packaging – its colour, design, layout, paper or format – of any product largely influences choice.

Methodology

The research team conducted questionnaires among young university students and formed focal groups, to understand how these young boys and girls chose certain packaging, what they looked for at the moment of purchase, and what led to the choice of a second brand. The questionnaire also examined what consumer reaction might be to plain packaging.

Results

The quantitative survey results demonstrated that 47.7% of the respondents reported that friends influenced their decision to start smoking, followed by curiosity. Peer influence was also cited by focal group participants, but here it was the image they had of smokers – chic, modern, attractive – that triggered the smoking.
According to these young people, packaging of packets, when compared to the box, is less attractive, cheaper, and has less motivational appeal. The packet may crush the cigarette and some believe that this alters the flavour. To this effect, they compared the crushed cigarette with an unlit cigarette and then relit it (a relit cigarette is one that has been lit for a second time after having been put out). This discordance between the quantitative and qualitative study led the research team to the following assumption: to smoking a cigarette from a packet causes the smoker to lose face before colleagues, and therefore packaging is important.

An analysis of the quantitative data further showed gender differences. Women prefer the box-type packaging, 58.8% against 41.2% for the packet, with other forms of presentation (separately and packet) were rejected by all participants; the men thought this difference was less important: 50.3% preferred the box, and 44.4%, the packet.

When presented with the plain packaging, young people said this was unappealing (in the quantitative survey 44% said it was unappealing, arguing simplicity and lack of design).

The question of cigarette flavour was also raised in the focal groups. At the moment of purchase, the male/female smoker preference was the one with his/her favourite taste, followed by price, packaging, and advertising, in this order. Even if in third place at the moment of choosing the cigarette, focal group participants said that the wrapping should be modern, attractive and differentiated. They further stated that there was a cigarette for an event (prettier) and one for day-to-day life, which could be consumed without concern for the image of the wrapping/cigarette.

Flavour also seemed to be a key choice factor in the qualitative survey, followed by price and design. When analysed on the basis of gender differentiation, one sees that women prefer flavour, followed by promotions offered by the brands, such as gifts and special wrappings. Men chose their cigarette brand for flavour first, followed by price, and lastly for promotions offered by cigarette brands, such as gifts and special wrappings. This data shows that promotions influence both male and female at the moment of choosing a certain cigarette brand.

22.7% of men reported having changed cigarette brands according to the promotions offered by their market competitors while 74.2% did not change brands. Regarding the wrapping, this proved to be more important for the males than the females.

To stimulate debate, focal groups were presented with various cigarette brands. Participants identified certain brands as “for the poor”, others as “chic, cool, to be taken to an event”. 62.8% of the young people said that packaging design drew attention, but there was a gender difference. While 76.5% of females said the design appealed to them, only 55.5% of men said this factor was important. More than half of males and women indicated that design is an appealing factor in cigarette presentation. Aware of this difference, the tobacco industry has been launching different wrappings with special designs targeted females.

Another fact demonstrated by the quantitative survey was the lack of identity of the generic wrapping. “It’s very basic, does not appeal, does not attract consumers”, “cheap cigarette without a cool design” were the remarks found in the questionnaires and also in the focal groups, but more veiled in focal groups: “hum, I don’t know what’s inside”, “I prefer separate cigarettes”. When the project team analysed the answers from the participants’ impressions of generic wrapping, it found that the lack of design, simplicity, and lack of appeal were the most cited answers. However, when asked if they would buy a generic package, those that answered in the affirmative said curiosity was the primary reason. A similar response was found in the focal groups “if someone told me it was good I would try it”.

Finally, this survey also showed that young people see little effectiveness in the health warning images printed on the back of cigarette pack/boxes. 84% of the respondents said that warnings on cigarettes packets did not influence their purchase.

**Conclusion**

It is hoped that survey may assist with the development of a public policy for the adoption of plain packaging and, consequently, force industries to use the same packaging, thus ending the status associated with the various cigarette brands.