

# **Facilitating Gender-Sensitive Research for Tobacco Control Policy Development in Brazil**

## Final Technical Report

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Prepared and Submitted by HealthBridge Foundation of Canada and ACT

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**Full Name of Research Institution:** *HealthBridge Foundation of Canada*

**Address of Research Institution:** *1004-1 Nicholas Street, Ottawa ON Canada K1N 7B7*

**Name(s) of Researcher/Members of Research Team:** *From HealthBridge: Sian FitzGerald, Francis Thompson, and Lori Jones. From ACT: Paula Johns, Monica Andreis, and Marina Kassab.*

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**Abstract:** *This project built upon RITC’s and WHO’s previous work in elucidating evidence-based options for strengthening comprehensive and effective tobacco control programs, policies, and interventions that address the gender-specific needs of tobacco control. Combining the previous work undertaken internationally on gender and tobacco with the Brazilian need to address gender issues in tobacco control, this project has been extremely important in facilitating the development and implementation of a Portuguese-language small research grants mechanism that enabled and facilitated the participation of relevant Brazilian women’s organizations in tobacco control research. It helped to provide researchers with a foundation in gender-sensitive approaches, methodologies, and protocols, and also provided a forum within which these researchers could become engaged in tobacco control and could undertake research that not only reflected mandates of women’s organizations but which also filled key gaps in Brazilian tobacco control. Concrete recommendations have been made about how to approach tobacco issues with women’s organizations and about integrating tobacco control into the feminist agenda. Recognizing that the implementation of the FCTC in Brazil could be enhanced by applying a gender perspective, this project will provide the Brazilian government with gender-related information to help it to develop truly gender-sensitive tobacco control policies and programmes.*

**Keywords:** gender, women’s organizations, tobacco control, Brazil, small research grants, capacity building

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## Introduction

HealthBridge's recently completed project, *Facilitating Gender-Sensitive Research for Tobacco Control Policy Development in Brazil*, referred to throughout this report as the Project, was designed to improve the gender-sensitivity of existing tobacco control policies and programmes and inform the development of new tobacco control policies and programmes in Brazil. This final report provides details on the activities and achievements of the Project. The Project was funded by, and acknowledges the support of, Research for International Tobacco Control/International Development Research Centre.

## Background

According to the Household Survey on Risk Behaviours and Morbidity Linked to Non-Communicable Diseases and Conditions (IDCRMRDAT), conducted in 2002 and 2003 amongst Brazilians aged 15 or more living in 15 state capitals and the Federal District, smoking prevalence ranged from 12.9% in Aracaju in the Northeast to 25.2% in Porto Alegre, in Rio Grande do Sul. In terms of gender-specific statistics, the average male smoking rate was 23% (lowest at 17% in Aracaju and highest at 28% in Porto Alegre) and the average female smoking rate was 15% (lowest at 10% in Aracaju and highest at 23% in Porto Alegre). A Ministry of Health school-based survey of students aged 13-15 measured tobacco use experimentation; in some southern cities (notably Curitiba and Porto Alegre), girls were experimenting with tobacco more than boys (51% to 39% and 55% to 41%, respectively). In most other state capitals, the experimentation rates were almost equal.

Although the average smoking prevalence for Brazil was about 19% in the IDCRMRDAT survey, and thus considerably lower than in neighbouring countries at the same time period, it still amounted to some 35 million people. Moreover, a 2004 survey by Souza Cruz put smoking prevalence in Brazil at 25% of the population aged 18 and above. More troubling, it noted that the experimental use of tobacco by young people was very high – at or near 50% for both boys and girls in most state capitals.

Whatever the differences in methodology, the cost of the epidemic in human lives was very high, at 200,000 deaths per year, and was continuing to grow. As in other countries, tobacco use in Brazil is reportedly higher among lower-income and lower-educated segments of the population, thereby increasing health inequalities. Given that more than 50% of Brazilian women live in rural areas in precarious economic circumstances, they are at much higher risk, over the longer term, of becoming tobacco users. Smoking rates are high in the urban slums of the Southeast, but to date have remained relatively low amongst the rural poor of the Northeast. In this sense, the industrialized areas of Brazil closely match the pattern of tobacco use in other middle-income countries, whereas patterns in the Northeast are in some ways similar to those found in Sub-Saharan Africa (where prevalence has recently begun rising rapidly in many countries). Unfortunately, this also suggests that there is a large, untapped reservoir of potential smokers who to date have simply been too poor to buy enough cigarettes to become addicted. In the absence of countervailing measures, prevalence will likely rise as incomes increase.

Brazil has a comparatively large tobacco-farming sector, concentrated in the South but with an increasing presence in the Northeast. Brazil is, in fact, the world's largest exporter of tobacco leaf. The sector has been expanding quite rapidly in recent years, in particular because of leaf companies' financing practices of providing extensive loans to farmers for inputs, but demanding repayment in leaf, thus forcing growers to stay in the sector even if the crop turns out to be less profitable than expected. Tobacco provides relatively high yields per hectare, thus making it an initially attractive crop for small landholders. Unfortunately, it is also a very labour-intensive crop, hence strongly correlated with child labour in Brazil. Women are very involved in tobacco growing – the cultivation and production often take place in a network of farming families integrated within the tobacco production chain.

The Brazilian cigarette market is dominated by British American Tobacco (BAT), through its subsidiary

Souza Cruz. Given BAT's poor long-term prospects in the North, and the likelihood of rapid demographic and economic growth in Brazil, it is likely that BAT sees Brazil as one of its most important markets for the future. This may well explain the industry's particularly vigorous efforts to roll back existing tobacco control policies in Brazil.

Against this background, Brazil is unique amongst major democracies in having relatively extensive tobacco control policies that were developed and implemented almost entirely by government initiative. In most countries where tobacco control advances have been made, they were the product of the co-operative work of individuals and organizations both inside and outside government. This is not the case in Brazil, where initiatives have come almost entirely from health-focused government agencies, notably the National Cancer Institute (INCA) and the national regulatory agency for food, drugs and tobacco (ANVISA). Nevertheless, Brazilian legislation and regulations on tobacco advertising, labelling and package warnings have been lauded as being among the best in the world, roughly equivalent to regulations under the Canadian Tobacco Act. Unfortunately, in a political system as vast and fragmented as Brazil's, policy coherence across government is sometimes hard to achieve. Tobacco prices in Brazil are extremely low, reflecting low absolute tax levels and difficulties controlling smuggling, notably from Paraguay. Federal law 9.294 has prohibited smoking in public places since 1996, but is still not respected in many places, and there is a lack of clarity and knowledge about enforcement and penalties. The lack of policy coherence can be explained in large part by the long-time absence of NGOs from the tobacco issue. Brazil's tobacco-control legislation was not accompanied by any broad social mobilization or by research that would provide a scientific basis to any decisions taken. Although public opinion is in fact very favourable to tobacco-control measures, the national agenda for tobacco-control measures has not been set by issues and research emerging from civil society, as did occur in other areas of public health, such as the Integrated Maternal Health Programme (PAISM: Programa de Atenção a Saúde Integral da Mulher) and the Brazilian HIV/AIDS prevention and treatment programme.

HealthBridge and ACT have recently completed a CIDA-funded project entitled "Strengthening the Role of Organized Civil Society in the Struggle to Control the Tobacco Epidemic." Begun in 2006, the purpose of this four year project was to "increase the participation, credibility, and role of civil society in tobacco control." The project had three primary components: (i) strengthen civil society capacity to participate in public debate and influence public policies; (ii) improve Brazilian capacity to undertake gender-sensitive research for advocacy and policy analysis on tobacco control; and (iii) strengthen government support for the development and implementation of gender-sensitive tobacco control measures. The second component of the project focused explicitly on building research capacity by identifying key areas requiring research, developing academic/NGO/government partnerships for research, and highlighting the importance of creating an evidence-base for appropriate policy development. It did not, however, support the undertaking of research itself, as CIDA funds could not be used for this purpose. Rather, the CIDA funds were meant to create the foundation upon which Brazilian tobacco control research capacity could be fostered, supported, and enabled. As a result, there was a great need to identify a mechanism through which research projects could be developed and supported. At the same time, ACT was also implementing three projects funded through the Bloomberg Initiative. Each of these projects was developed to provide synergy with the CIDA-funded project, by expanding upon and broadening specific activities undertaken with CIDA funding (for example, by taking targeted public education and media campaigns to the national level). However, similar to the CIDA-funded project, while the BI-funded projects touched on specific areas requiring research (such as tax/pricing policies, point of sale advertising, and the economic impact of smoke-free laws), they could not fund research themselves.

### ***The Research Problem***

The Brazilian government has attempted to take a gender perspective in developing policies and

programs. For example, in 2000, new restrictions on tobacco promotion forced the removal of sophisticated tobacco advertisements — many of them targeting women — from TV, magazines, and other mass media. In 2002, a federal law made obligatory the insertion of pictorial health warnings, some of which addressed gender issues, on tobacco product packaging. Further pushed by FCTC negotiation, the government of Brazil sought to enhance its approach to tobacco control by creating an inter-ministerial national commission to plan the implementation of FCTC provisions and to build a tobacco control plan that addresses gender aspects of tobacco use. This commission, however, has been sidelined in recent years: while gender is a stated government priority on paper, it is not necessarily so in practice, which has made progress on this front difficult to achieve.

At the same time, there has been a lack of locally-relevant and applicable gender-sensitive research that could guide the appropriate development and implementation of tobacco control policies. Although much research currently exists globally on the effectiveness of, or need for, particular tobacco control policies, little of that research had been undertaken in Brazil; what research had been undertaken was done on an ad hoc basis rather than as part of an overall coherent strategy to influence policy. Brazilian research has also not taken a gender perspective (or really addressed gender issues in the context of tobacco control). Up-to-date scientific information is not easily accessible to Brazilian researchers, as much of the literature is available only in English. There is currently no domestic research mechanism for tobacco control in place in the country, and the media and leaders of public debates are forced to use information from research undertaken outside the country. Given that one of the most effective means of convincing the general public, opinion leaders, and legislators about the appropriateness of a particular policy is to carry out research in-country that demonstrates the policy's effectiveness and relevance, and that there are a number of Brazilian academics and civil society organizations involved in various disciplines with detailed knowledge of tobacco control issues, there was clearly a need to design a Brazilian grants mechanism for targeted, policy-relevant, gender-sensitive tobacco control research projects that would lead to Portuguese-language publications.

The research team believed that setting up an effective, well-structured small research grants mechanism at the national level would provide more rapid and relevant answers to the specific challenges that Brazil faced in dealing with tobacco use. At the same time, ensuring that the research undertaken through a small research grants mechanism was gender-focused would build upon the foundation already established by the FCTC (which highlights the need for gender-specific tobacco control strategies) and by RITC and the WHO, which initiated the development of policy recommendations for gender-responsive tobacco control. In November 2005, IDRC and WHO co-hosted an International Seminar on Women and Tobacco that brought together 25 participants, including the Executive Director of ACT, to develop the policy recommendations. In February 2006, RITC and WHO hosted a special session at the First Conference of the Parties to the FCTC entitled "Gender Matters: Strategies to Make Tobacco Control More Gender Responsive" at which the key recommendations from the November 2005 seminar were presented. In late 2007, the WHO/IDRC Policy Brief on Gender and Tobacco Control was published to provide national governments with a menu of evidence-based options for building or strengthening comprehensive and effective tobacco control programs, policies and interventions that address the gender-specific needs.

Combining the previous work undertaken internationally on gender and tobacco with the Brazilian need to address gender issues in tobacco control through the establishment of a small research grants mechanism that specifically targeted Brazilian, Portuguese-language researchers would help to provide these researchers with a foundation in gender-sensitive approaches, methodologies, and protocols that would greatly enhance the longer-term appropriateness and policy-relevance of any tobacco control research undertaken. Recognizing that the implementation of the FCTC could be enhanced by applying a

gender perspective to each of its provisions, this approach would further ensure that the Brazilian government is provided with the gender-relevant information that it requires to develop truly gender-sensitive tobacco control policies.

### *Objectives*

The overall goal of this project was to improve the gender-sensitivity of existing tobacco control policies and programmes and inform the development of new tobacco control policies and programmes in Brazil. The specific objectives of this project were to:

1. Increase Brazilian research skills in gender methodologies, approaches, and protocols, particularly related to tobacco control.
2. Foster collaboration among academia and other civil society organizations to design and implement policy-relevant research studies on tobacco control from a gender perspective.
3. Increase the body of gender-sensitive, policy-relevant tobacco control research results in Brazil.

Each of these objectives was met as planned. The details are provided in the sections below.

### *Methodology*

The methodologies used to implement this project were based on three specific sets of activities (described in more detail in the Activities section below):

- The design and hosting of a Portuguese-language **gender training/policy dialogue workshop** that brought together Brazilian academic and civil society researchers and representatives of both the FCTC inter-ministerial commission for tobacco control and the special ministry for women's issues to impart knowledge and skills related to gender and tobacco research.
- The development and coordination of a **small grants funding and coordination mechanism** to enable the design and conduct policy-relevant research studies on tobacco control from a gender perspective.
- Publication of findings from the various research studies. This was done in two ways: the findings were collated into a single **summary publication**, translated, and posted on HealthBridge's and ACT's websites, and a full publication of all research reports was produced in Portuguese and will be distributed in hardcopy (entitled *Women and tobacco use: a new issue on the feminist agenda*) during World No Tobacco Day events in Brazil on May 31<sup>st</sup>.

The Appendices include both the summary publication and the templates used during for the small grants mechanism.

The project team made no significant changes in orientation during the implementation of the project.

The small grants mechanism was based in large part upon similar mechanisms that had already been designed, implemented, and evaluated by a member of the HealthBridge team. In this way, the mechanism was based on best practices and adapted to the Brazilian context. This proved to be beneficial to the project team, as it made the process move more smoothly and avoided duplication of work that had already been successfully undertaken.

### **Results Achieved**

The sections that follow provide details on the activities undertaken and the results achieved.

#### *Project Activities*

1. Gender training/policy dialogue workshop: On 26-28 March 2009, ACT (Alliance for Tobacco

Control) organized and hosted a 3 day Tobacco and Gender Seminar in Rio de Janeiro.<sup>1</sup> ACT had previously mapped individuals and institutions involved in, or interested in being involved in, tobacco control research; these individuals and institutions were invited to participate. The twenty-five participants represented a range of government, non-government, and academic institutions working in health and women's rights, as well as doctors, researchers, and activists; in addition several ACT staff attended the workshop and made presentations. The seminar sought to address a range of gender issues that arise from tobacco production and consumption and the economic impact of these activities on the population. The seminar participant list and agenda is attached in the Appendices. A variety of presentations were made which provided the participants with a significant overview of the health, economic, social, and environmental impact of tobacco production, marketing, and consumption - all from a gender perspective. Copies of the presentations will be made available through ACT's website on May 31, 2010.

The seminar provided opportunities for policy dialogue among the participants around key themes and issues. It did not take a classroom/lecture style with a pre-defined lesson to be taught, but rather was delivered in an interactive, participatory manner, addressing such issues as (i) gender sensitization (why is it important that tobacco research take a gender focus and what is meant by a gender focus in tobacco research); (ii) using gender-sensitive research to influence tobacco control programming and policy development; and (iii) gender-based policy analysis (how to analyze tobacco control policies from a gender perspective).

Following the presentation of the lectures, participants worked together to prepare draft small grants proposals, to discuss priority themes, and to examine proposal possibilities.

The initial plans for the seminar included presentations and discussion on gender research methodologies, approaches, and protocols. However, when the final participant list was compiled, the research team at ACTbr realized that many of the persons who would be attending the seminar already had significant experience and capacity in designing and implementing gender research studies. On the other hand, they had much less exposure to or experience related to the role of gender in the various facets of tobacco control. As such, the decision was taken to put less emphasis on designing and conducting gender research per se, and more emphasis on the various gender aspects of tobacco. In this way, the seminar was more focused on generating an understanding of the need to conduct tobacco and gender research.

2. Small grants funding and coordination mechanism: A mechanism was developed for coordinating and funding small-scale advocacy research studies likely to contribute to the development and/or implementation of tobacco control measures that would incorporate a gender perspective. The project team established a Research Grants Steering Committee, consisting of representatives from ACT (Anna Monteiro, Guilherme Eidt), Ambulatória de Tabagismo Instituto do Coração (Jacqueline Issa), Universidade do Vale do Itajaí (Sergio Boeira), University of São Paulo (Stella Martins), and TFI-WHO (Vera Luiza da Costa e Silva). The Steering Committee provided overall guidance to the small research grants mechanism, including contributing to the establishment of guidelines and protocols for the call for proposals and review criteria, as well as to finalization of the key research themes that were to be funded (The results of the earlier survey had informed the identification of

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<sup>1</sup> The seminar was originally planned for December 2008. However, the timing of the seminar conflicted with another large national Brazilian seminar on illicit trade (notification of which came after the project team's plans were set in motion) that would have involved many of the same participants. Unfortunately, that seminar was cancelled at the last minute. Given the Christmas holidays, summer vacation schedules, and Carnival, all taking place between late December and late February, the seminar was rescheduled for late March.

priority research issues that were highlighted during the seminar: tobacco growing; tobacco-free environments; tobacco advertising bans; bans on tobacco industry promotion and sponsorship; tobacco pricing policy and taxation; and tobacco and poverty.) The Steering Committee also helped to review grant applications and make funding recommendations. Members of the Steering Committee were not eligible to apply for, or be associated with, any of the small research grants.

A formal call for proposals was developed and issued in March 2009 during the seminar noted above. The call detailed the application requirements, timelines, budgetary restrictions, and thematic areas of interest. Collaboration among two or more individuals/institutions was encouraged to support multi-disciplinary research. See the Appendices for a copy of the call for proposals.

Once the grant applications were submitted, the Steering Committee reviewed the applications against the review criteria and made funding recommendations to ACT and HealthBridge. See the Appendices and the outputs below for a list of the grant recipients and the title of each small project. Contracts were completed between ACT and each recipient organization, outlining the expectations around the implementation of the small grants.

ACT provided ongoing technical and administrative support to the small research grants recipients. This included communicating with the grantees on a regular basis to see whether they needed any assistance (such as helping reviewing questionnaires, providing background or other research materials, having discussions about methodology, and helping with the production of final technical and financial reports). ACT also developed a short document about how to do a small research study and disseminated it to the grant recipients (a copy is included in the Appendices).

3. **Publication:** Abstracts of each of the six small grants final reports were prepared by ACT and translated into English (see the Appendices). This abstract document provides an overview of the background, rationale, methodology, and results of each of the small grants. This document has been posted on the ACT and HealthBridge websites and will be used to prepare policy briefs as appropriate. In addition, one of the full reports was translated into English; unfortunately, the translation was not of a high quality and editing of the translated document is taking some time. It will be provided to RITC as soon as possible. There was not enough funding in the budget to allow for the translation into English of all of the full final reports.

In addition, ACT has produced a publication that includes the summaries and full reports of the four best research grants.<sup>2</sup> This publication will be launched on May 31st, World No Tobacco Day, since this year's theme is Tobacco and Gender. The full research report from the Plural Women's Collective has been made into a folder that will also be distributed on May 31st. The research results will further be made available on a hotsite that the Plural Women's Collective has created for this end. The full version of GEMDAC's research will be made into to a guide through a joint venture with the Federal University from Piauí. GEMDAC will present the research results during a seminar about tobacco control policies in Piauí.

The following highlights some of the key **lessons learned** during the implementation and management of the project's activities:

- A positive lesson learned was the importance of holding the Gender and Tobacco seminar prior to launching the call for proposals. Doing this not only provided an opportunity to discuss several issues about tobacco control with women in various professional areas from different regions of Brazil, but also helped to ensure the project's overall success by providing a forum in

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<sup>2</sup> ACT will not be distributing the reports from all six research projects as the steering committee found that the reports from two small grants did not meet publication criteria. See below: lessons learned.

which proposal ideas could be discussed, debated, and drafted in a group setting prior to their official submission.

- Building the small grants mechanism on best practices already developed in Canada helped to ensure that the entire process proceeded relatively smoothly.

### *Project Outputs*

The primary outputs of this project were as follows:

- i. A gender-focused tobacco research training curriculum that is adaptable to other countries/regions;
- ii. 25 persons (representing government, non-government, and academic institutions working in the health and women's rights, as well as doctors, researchers, and activists) with increased knowledge of the gendered health, economic, social, and environmental impacts of tobacco production, marketing, and consumption, and with increased capacity to address these issues through research;
- iii. A process for coordinating and managing a small research grants fund that may be replicated with funds from other donors, including protocols & guidelines, a call for proposals, and research funding criteria (See the Appendices);
- iv. Press release announcing results of small grants competition (see the Appendices)
- v. Six completed research projects and research reports:
  - a. Female human rights in the culture of tobacco cultivation in the state of Rio Grande do Sul (Fernanda Fernandes)
  - b. The cigarette pack and its implications on female smoking rates (Coletivo Feminista)
  - c. Girls involved in criminal acts: risk behaviors and tobacco use (ITTC – Instituto Terra Trabalho e Cidadania)
  - d. Social, economic, cultural, and environmental female smokers' conditions in areas of social vulnerability in Teresina, Piauí (GEMDAC)
  - e. Women and tobacco use: a new issue on the feminist agenda (Rede Feminista de Saúde)
  - f. Dissipating the smoke curtain (Observatório da Mulher)

Two of the projects were not completed satisfactorily, but the remaining four will be used to highlight gender issues in tobacco control in the coming months, particularly on World No Tobacco Day.

- vi. A body of gender-sensitive, policy-relevant research results collated into both a single publication (in Portuguese, with an English summary – see the Appendices) and a series of policy briefs that will be used to inform Brazilian legislators in the development of appropriate tobacco control policies.

Several of the outputs – namely the policy briefs and Portuguese-language publications, will be released on May 31<sup>st</sup>.

The following highlights some of the key **lessons learned** related to the project's outputs:

- In terms of managing the grants, ACT learned that grant funding decisions should not be based entirely on the recommendations of the Steering Committee; rather a second level of due diligence is necessary. This lesson was learned through the problems encountered with one grant in particular; the grant proposal was scored very highly by the Steering Committee, although ACT staff felt that the proposal had serious methodological flaws; these flaws were later reflected in the final research report, which is not publishable.
- ACT also learned about the importance of linking final grant payments not only to the delivery of reports but to the quality of their contents. This was particularly important as the final reports of two of grants were of poor quality and, after receiving their final payments, the grantees proved

to be unable to improve the reports sufficiently to allow them to be published.

- In terms of engaging women's organizations in tobacco control, ACT learned the importance of first engaging a spokesperson, or leading institution, that can frame the issues in a way to make them relevant to women's organizations. Prior to implementing this project, ACT had designed and implemented a **survey** among Brazilian women's organizations to assess how these organizations perceived that the tobacco control agenda correlated, or could correlate, with the gender agenda in Brazil. This survey had been inspired by a similar questionnaire applied in Chile; however, the response rate in Brazil was very low, indicating a lack of interest in tobacco control issues among feminist organizations. This low response rate triggered the project team to specifically invite women's organizations to discuss the issue of tobacco control and gender, and to re-implement the survey through a feminist network, to give it more legitimacy among the women's organizations. One of the small grants studies implemented (see below) undertook to do this survey, and many very interesting results were realized that otherwise would not have been achieved had the survey not been done through the feminist network.

In terms of the sustainability of increased institutional capacities, at least four of the six organizations that implemented small grants now have improved capacity to undertake research and policy advocacy related to gender and tobacco. New issues of interest to the implementing organizations have been identified, next steps identified, and it is hoped that new research proposals will be developed to continue the work that has been begun. At the very least, policy briefs will be developed based on the research results realized, and advocacy work will be undertaken collaboratively by ACT and these organizations to continue to move the gender and tobacco agenda forward in Brazil.

### *Project Outcomes*

Prior to implementing the small grants projects, the research teams **gained knowledge about a number of gender issues in tobacco control**; the training seminar was designed to enhance the longer-term appropriateness and policy-relevance of tobacco control research to ensure that it would be able to take a gender perspective.

Recognizing that the implementation of the FCTC could be enhanced through the application of a gender perspective to each of its provisions, this approach further ensures that the **Brazilian government will be provided with gender-related information**.

**Concrete recommendations** have been made about how to **approach tobacco issues with women's organizations** and about integrating tobacco control into the feminist agenda. Tobacco control has now been included in the agendas of some women's organizations; the longer term outcomes – such as concrete public policies targeting women – are yet to come but the groundwork has been laid. As these women's organizations are highly politicized and have strong links with the Special Secretary for Women's Policies, it is likely that having them address tobacco control will lead to policy changes.

The expected longer-term impact of the research results is a **greater awareness of, and support for, gender-sensitive tobacco control policies**. The research results will be used to **highlight gender issues in tobacco control** in the coming months. The conduct of this research has also **increased the number and focus of organizations engaged in gender and tobacco control** (particularly noteworthy is the engagement of the feminist movement in tobacco control).

The following highlights the key **lesson learned** related to the project's outcomes:

- Discussing the project ideas in a participatory manner through thematic groups during the gender seminar, and always keeping in mind the political context of the women's movement, were key to both engaging organizations in the women's movement and producing policy-

relevant research results that brought together women's issues and tobacco control.

### ***Overall Assessment and Recommendations***

This Project has been extremely important in facilitating the development and implementation of a Portuguese-language small research grants mechanism that enabled and facilitated the participation of relevant Brazilian women's organizations in tobacco control research. It provided a forum within which these organizations could become engaged in tobacco control and could undertake research that not only reflected their own mandates but which also filled key gaps in Brazilian tobacco control. The Project's research priorities were sufficiently broad to reach various Brazilian regions and to attract groups with very different backgrounds; this in turn resulted in research projects that addressed a broad range of challenges, from women in prison to growers.

Just as importantly, being in Portuguese meant that the small grants mechanism was accessible to a much broader range of organizations than would normally have been the case (most such research funds are limited to organizations capable of working in English (and sometimes French and/or Spanish)). The research results generated through this Project will be particularly useful for policy advocacy and for supporting the Brazilian government to develop and implement more gender-sensitive tobacco control policies.

The technical assistance provided to ACT by HealthBridge ensured both that the small grants mechanism was developed using best practices and that expert technical support was provided to the research grantees.

A significant amount of parallel funding was provided by several other projects, without which the successful implementation of this Project would not have been possible. In particular, projects funded by the Canadian International Development Agency, the International Union Against Tuberculosis and Lung Disease, and Tobacco-Free Kids – each of which involved activities which were synergistic with this Project and which benefited from the research results – covered a significant level of expenses related to salaries, international travel, and training.

A longer timeframe would likely have facilitated the achievement of further results in the policy arena, particularly related to tracking the uptake of the research results into new tobacco control initiatives and policies. Unfortunately, the salary funding for the project was tied to the deadlines of the parallel funding project, all of which were slated to end by the end of the first quarter of 2010. At the same time, there were some minor delays experienced in seeing this Project through the proposal and contracting stages, and then further delays were experienced in conducting the gender seminar because of conflicting schedules. A key recommendation arising from this experience is that the RITC project, to ensure maximum possible results, should include salary funding where needed to avoid timeline restrictions with parallel funds.

Overall, this project has proven to be very valuable for the Brazilian tobacco control and women's movement research platforms. It has helped to lay the groundwork for bringing the two movements together, and for moving forward towards more gender-sensitive tobacco control policies and initiatives in Brazil.

## Appendix 1: Final Seminar Report on Tobacco and Gender

### Workshop Participants:

- 1) Marina Novaes – *Serviço à Mulher Marginalizada* (Services for Marginalized Women), São Paulo
- 2) Isabel Cristina de Paula – *Gênero, Mulher, Desenvolvimento e Ação para a Cidadania* (Gender, Women, Development and Action for Citizenship) (GEMDAC), Piauí
- 3) Heidi Cerneka - *Instituto terra, Trabalho e Cidadania* (Earth Institute, Work and Citizenship - (ITTC), São Paulo
- 4) Rosa de Lourdes – *Rede Feminista de Saude* (Women’s Health Network), São Paulo
- 5) Ana Fátima M. Galati – *Coletivo Feminista Sexualidade e Saúde* (Feminist Sexuality and Health Association), São Paulo
- 6) Maria Noelci Teixeira Homero- *Maria Mulher*, Porto Alegre
- 7) Isabella S. A. Góis – *Coturno de Vénus, Distrito Federal* (Buskin of Venice, Federal District)
- 8) Rachel Moreno – *Observatório da Mulher* (Women’s Human Rights Watch), São Paulo
- 9) Priscila Gomes – *Instituto Ipanema* (Feminist Research Centre) , Rio de Janeiro
- 10) Edina Araújo –Hospital Albert Einstein, São Paulo
- 11) Maria da Conceição Baía - *Instituto para o Consumo Educativo Sustentável* (ICONES) (Educational Institute for Sustainable Consumption), Pará
- 12) Liz A. L. Mirim – *Coletivo Feminista Sexualidade e Saúde* (Feminist Sexuality and Health Association), São Paulo
- 13) Fernanda Fernandes – *Grupo de Estudos e Trabalho Mulheres Encarceradas* (Women Prisoners Study and Working Group), São Paulo
- 14) Rosa Maria do Espírito Santo Tavares dos Santos – *Rede Feminista de Saúde*, (Feminist Health Network) Rio de Janeiro
- 15) Fátima Marcial Castro Ortolan – *Universidade Federal do Rio de Janeiro* (UFRJ) / *Núcleo de Estudo Tratamento de Tabagismo* (Nucleus for Study and Treatment of Smoking)
- 16) Marcia Trotta – *Universidade Federal do Rio de Janeiro* (UFRJ) / *Núcleo de Estudo Tratamento de Tabagismo* (Nucleus for Study and Treatment of Smoking)
- 17) Rosa Maria S. Wolff – *Centro de Referência em Saúde do Trabalhador* (Occupational Health Reference Centre) (CEREST), Porto Alegre
- 18) Alexandre Otávio R. Carvalho – *Instituto Nacional do Câncer* (National Cancer Institute) (INCA), Rio de Janeiro
- 19) Erica Cavalcanti – *Instituto Nacional do Câncer* (National Cancer Institute) (INCA), Rio de Janeiro
- 20) Neusa Heinzelmann - *Coletivo Feminino Plural* (Plural Women’s Association), Porto Alegre
- 21) Janaina Oliveira - Rede Feminista de saúde - *Centro de Documentação e Informação Coisa de Mulher* (Women’s Health Network –Documentation and Information Centre for Women’s Issues) (CEDOICOM), Rio de Janeiro
- 22) Valéria Cunha – *Instituto Nacional do Câncer* (National Cancer Institute) (INCA), Rio de Janeiro
- 23) Tania Cavalcante – *Instituto Nacional do Câncer* (National Cancer Institute) (INCA), Rio de Janeiro
- 24) Eliane Barbosa e Silva –*Federação dos trabalhadores na agricultura*, (Federation of Agricultural Workers), Rio de Janeiro
- 25) Rosa Christina Rulff Vargas – *Instituto Nacional do Câncer* (National Cancer Institute) (INCA), Rio de Janeiro
- 26) the ACTbr Team

## **Agenda**

### **26 March 2009**

09:00 – Institutional Presentation ACT (Alliance for Tobacco Control)

Presentation of participants & Presentation of Objectives of Tobacco and Gender Seminar  
Paula Johns, ACT

10:00 – Global data on smoking and the FCTC – Tania Cavalcante, INCA

10:40 – Debate:

- Why take a Gender Perspective? – Amália Fischer
- Gender in Tobacco Control – Daniela Guedes, ACT
- Inserting Tobacco Control theme into the agenda of gender organizations: Analysis of a Survey conducted in 2008 - Liz Mirim
- Discussion with participants

13:30 – Advertising, Promotion and Sponsorship of Tobacco Products for Women and Youth

- Marketing of Cigarettes for Women and Youth – Valéria Cunha
- Legislation on Tobacco Products Advertising in Brazil – Clarissa Homs, ACT
- ACT Study on Youth and Cigarette Advertising – Mônica Andreis, ACT
- Discussion with participants

14:50 – Tobacco Industry Communication Strategy – series of dialogue - Anna Monteiro, ACT

15:50 – Smoke-free Environments

- Cigarette Environmental Pollution and Implications - Marina Seelig
- Successes and Challenges - what has been done in this area? – Adriana Carvalho
- Discussion with participants

### **27 March 2009**

9:00 – Women and Tobacco

- Impact of Smoking on Women's Health – Dra Edina de Araújo Veiga
- Gender Particularities in Tobacco Consumption– Marcia Trotta
- Women as Social Control Agents – Role of Women's Organization in the Implementation of Public Policies– Maria Noeli Teixeira Homero
- Discussion with participants

10:40 – Socio-Economic Impact of Tobacco Production and Consumption

- Tobacco Products Pricing Policy and Taxation in Brazil - Roberto Iglesias
- Gender Issues in Tobacco Production - Guilherme Eidt, ACT
- Impact of Smoke Production on the Health of Farmers or Rural Workers - Dra. Rosa Wolff
- Discussion with participants

14:00 – Debate:

- Study for Advocacy - Marina Janzen Kassab
- Discussion on Advocacy Cases for Smoking Control – ACT Team

15:50 – Training of Multipliers in Tobacco Control

- Mass Communication and Expansion of Networking – Daniela Guedes

- Media Use - Anna Monteiro
- Discussion with participants

**28 March 2009**

09:00 – Announcement of Study

- Thematic Lines and Possibilities to be Developed – Paula Johns
- Workshop for Preparation of Study Proposals –ACT Team

## Appendix 2: Call for Proposals

### EDITAL ACT 01/2009 TABACO E GÊNERO

Com o propósito de ampliar a participação, credibilidade e papel da sociedade civil organizada no controle do tabagismo no Brasil e, alerta aos impactos sanitários, econômicos, sociais e ambientais da produção, comercialização e consumo de tabaco, em sua interface com as relações de gênero no Brasil, a ACT – Aliança de Controle do Tabagismo, em parceria com as organizações canadenses RITC – *Research for International Tobacco Control* e *HealthBridge*, convida interessados em obter apoio financeiro do Programa Tabaco e Gênero a apresentar propostas de projetos de pesquisas, nos termos aqui estabelecidos.

#### INFORMAÇÕES GERAIS

##### *Introdução*

O presente Edital, além de abrir oportunidade para a consolidação de redes sociais de pesquisadores, universidades, fundações, institutos e centros de pesquisa, organizações da sociedade civil, associações e movimentos sociais, visa promover estudos científicos, que contemplem a perspectiva de gênero, e tenham bom potencial para auxiliar o trabalho de advocacy<sup>3</sup>, na formulação de políticas públicas dirigidas ao controle do tabaco no Brasil.

Estatísticas demonstram que quatro vezes mais homens fumam do que mulheres. No entanto, enquanto as taxas mundiais de tabagismo entre homens têm se estabilizado ou, até mesmo, reduzido, o uso de tabaco entre as mulheres segue aumentando, principalmente, nos países em desenvolvimento. O crescimento da participação da mulher no mercado de trabalho e na sociedade, tornou-a um dos alvos da indústria do tabaco. Grandes investimentos em propaganda para mulheres através de publicidade agressiva vendem ideais de independência, emancipação, sensualidade e beleza.

A participação de mulheres no número total de fumantes aumentou, sobretudo, nas faixas etárias mais jovens, em consequência também do fácil acesso aos produtos tabaco derivados. Decorrente da política de preços e impostos do país, que os mantém dentre os mais baratos do mundo, e da fragilidade das políticas públicas de ambientes livres de fumo, que precisa avançar e restringi-lo em espaços fechados de uso coletivo e ambientes de trabalho, o consumo de tabaco acarreta graves prejuízos à saúde da mulher.

No Brasil, o AVC (Acidente Vascular Circulatório) ou “derrame” é a primeira causa de morte em mulheres jovens (entre 15 e 49 anos). O câncer de pulmão, hoje, é a segunda causa de morte em mulheres; na década de 90, era a quarta. Ambos são reconhecidas doenças tabaco-relacionadas, a exemplo de outras que as mulheres fumantes têm mais chances de desenvolver, como câncer cervical e osteoporose e um risco maior de infertilidade, câncer de colo de útero, menopausa precoce (em média dois anos antes) e dismenorréia (sangramento irregular). Em relação à gravidez, está comprovado que o fumo pode elevar o risco de aborto espontâneo, provocar partos prematuros, baixo peso ao nascimento e a morte súbita do bebê.

No âmbito de uma atividade econômica que envolve regime de trabalho familiar, a ativa participação nos trabalhos da lavoura de fumo sujeita mulheres e crianças aos riscos socioambientais dele decorrentes.

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<sup>3</sup> “As pesquisas para advocacy tem um objetivo mais direcionado: fornecer uma evidência específica sobre a necessidade de uma certa política ou programa, ou para demonstrar que uma determinada ação governamental se provará popular. (...) O que distingue a pesquisa para advocacy de outros tipos de pesquisa é seu foco na mudança de leis e políticas. Ela é conduzida com objetivos específicos em mente, como parte de uma estratégia geral para obter a aprovação das mudanças” (Fazendo pesquisa para Advocacy: A arte de converter o impossível no inevitável – e com baixo custo, p.14/15).

Estudos epidemiológicos de fumicultores ainda enfrentam a sub-notificação de casos de intoxicação e o pouco preparo dos profissionais da área de saúde para correlacionar sintomas e exposição a agrotóxicos. Evidências científicas apontam o efeito teratogênico da substância Flumetralin, base do antibrotante Primeplus, difuso no desbrote das folhas e flores da planta, vinculado à prevalência de casos de má-formação fetal e doenças congênitas. A “doença da folha do tabaco” ou “green tobacco sickness”, uma sintomatologia associada à absorção transdérmica da nicotina com o manejo da planta, é fator de risco laboral identificado na bibliografia médica.

É corrente, por sua vez, o reconhecimento da fragilidade socioeconômica dos fumicultores frente as industriais do setor fumageiro. O elevado nível de endividamento das famílias é obstáculo ao desenvolvimento de alternativas produtivas economicamente sustentáveis, enquanto estratégia de diversificação dos meios de vida e substituição ou redução do plantio de fumo. O trabalho infantil que emerge nesse cenário, fruto da pauperização das famílias, é contemporizado face aos programas sociais como o Bolsa Família, que atendem cada vez maior número de pessoas ligadas a fumiicultura. O flagelo dessa situação, crianças e adolescentes com baixa escolaridade e rendimento escolar reduzido, culmina em dificuldades para alçar formação técnica ou superior. Esse círculo vicioso entre tabaco e pobreza não se restringe à produção, reflete-se também na esfera do consumo, onde a eleição de itens que compõem a cesta básica das famílias carentes, por vezes, privilegia a compra de produtos tabaco derivados em detrimento de alimento para a família e crianças.

### *Objetivo*

O presente Edital tem por objetivo apoiar o desenvolvimento de pesquisas para advocacy que contribuam para o desenvolvimento de políticas públicas comprovadamente eficazes de controle do tabaco no Brasil. As pesquisas devem levar em consideração as relações de gênero em suas propostas, seja no objetivo geral da proposta ou num de seus objetivos específicos.

### *Temas*

- Ambientes Livres de Tabaco
- Proibição de Publicidade, Promoção e Patrocínio
- Política de Preços e Impostos
- Fumiicultura
- Tabaco e Pobreza

Durante o seminário discutiremos sugestões e exemplos de pesquisas para cada tema.

### *Cronograma de Execução*

ATIVIDADES	DATA
Lançamento do Edital	28/03/2009
Submissão de propostas	30/03/2009 a 15/04/2009
Julgamento dos projetos	15/04/2009 a 30/04/2009
Divulgação dos resultados	04/05/2009
Início das pesquisas	11/05/2009
Entrega dos resultados da pesquisa	11/11/2009

***Público – Alvo***

Universidades, fundações, institutos e centros de pesquisa, organizações da sociedade civil, associações e movimentos sociais, que estejam ligadas ao estudo e desenvolvimento de ações nas áreas temáticas estabelecidas neste edital.

***Recursos Financeiros***

As propostas aprovadas serão financiadas com recursos oriundos do *International Development Research Centre – Canadá* (Centro Internacional de Desenvolvimento de Pesquisa) e do *Research for International Tobacco Control* no valor total de \$60 mil dólares canadenses.

Estima-se apoiar 06 (seis) projetos de \$10 mil dólares canadenses cada.

***Prazos de Execução das Pesquisas***

As pesquisas a serem apoiadas pelo presente Edital terão seu prazo de execução estabelecido em até 06 meses, contados a partir da data de início das pesquisas.

**CARACTERÍSTICAS OBRIGATÓRIAS**

O atendimento aos requisitos a seguir é considerado imprescindível para o exame da proposta. A ausência de informações sobre quaisquer delas resultará em não enquadramento da proposta.

***Quanto à proposta***

As propostas devem conter as seguintes informações:

- Título do projeto;
- Dados da instituição;
- Dados do coordenador – endereço, endereço eletrônico e telefone de contato;
- Especificação das instituições e dos coordenadores;
- Resumo do projeto e palavras-chave;
- Justificativa (s) para a realização do projeto e a sua aplicabilidade para o desenvolvimento de políticas de controle do tabagismo no Brasil.
- Objetivo geral e específicos;
- Metodologia e cronograma de execução das atividades previstas para o desenvolvimento da pesquisa (a metodologia deve contemplar os objetivos do projeto de forma clara);
- Resultados esperados;
- Forma de divulgação dos resultados obtidos na pesquisa;

***Quanto aos documentos a serem entregues:***

No caso de instituições: entregar cópia do CNPJ; cópia do estatuto e um termo de compromisso, no qual declara não ter vínculos com a indústria do tabaco.

No caso de pessoa física: entregar o currículo vitae; cópia da identidade e do CPF e um termo de compromisso, no qual declara não ter vínculos com a indústria do tabaco.

OBS: No caso de pessoa física que faça parte de uma instituição mas que não seja representante legal da mesma, entregar uma carta de apoio da instituição a qual pertence.

**Quanto ao orçamento:**

Detalhamento e justificativa dos recursos solicitados em cronograma encadeado por fases que retratem o projeto como um todo;

**APRESENTAÇÃO E ENVIO DAS PROPOSTAS**

- As propostas devem ser apresentadas sob a forma de projeto de pesquisa e encaminhadas exclusivamente via email e em arquivo com formato PDF para o endereço até a data limite de submissão das propostas indicada no item 1.3 deste Edital, dia 15 de Abril de 2009.
- Não serão aceitas propostas submetidas por qualquer outro meio. Após o prazo final para o recebimento das propostas, nenhuma nova proposta será recebida. Recomenda-se o envio das propostas com antecedência, uma vez que a ACT não se responsabilizará por propostas não recebidas em decorrência de eventuais problemas técnicos.

**ANÁLISE E JULGAMENTO**

A seleção das propostas submetidas a este Edital será realizada por um Comitê de Seleção composto por especialistas em controle do tabagismo. O Comitê fará uma análise preliminar das propostas apresentadas com o objetivo de verificar a adequação do projeto às exigências deste Edital. Serão avaliados:

- Coerência entre objetivos e metodologia;
- Inovação e originalidade na área de estudo;
- Compatibilidade entre metodologia, atividade e prazo de execução;
- Coerência da previsão orçamentária com os objetivos, atividades e resultados esperados;
- Adequação temática e validade para advocacy.

**Critérios de Julgamento**

Para a classificação da proposta serão analisados os seguintes critérios para a classificação das propostas:

Critérios de Análise e Julgamento		Nota Máxima
A	Consistência da proposta em relação às temáticas e ao objetivo do presente Edital.	25
B	Inovação/criatividade da proposta.	15
C	Adequação da metodologia proposta.	15
D	Adequação do orçamento aos objetivos, atividades e metas propostas.	15
E	Contribuição dos resultados esperados para a promoção de políticas públicas de controle do tabaco no Brasil.	30

**RESULTADO DA SELEÇÃO**

O resultado dos projetos selecionados estará disponível pela internet no site <http://actbr.org.br> a partir do dia 04 de maio de 2009.

**DAS PUBLICAÇÕES**

As publicações científicas e qualquer outro meio de divulgação de trabalhos científicos apoiados pelo presente Edital deverão citar, obrigatoriamente, o apoio da Aliança de Controle do Tabagismo e do IDRC (International Development Research Centre) e do RITC Research for International Tobacco Control.

**DO ACOMPANHAMENTO DOS PROJETOS**

A ACT será responsável pelo acompanhamento dos projetos de pesquisa. O acompanhamento será realizado a partir de relatórios bimestrais de execução e prestação de contas que devem ser entregues pelo coordenador de cada projeto. Deverá ser comunicada à ACT qualquer alteração relativa à execução do projeto.

**DAS INFORMAÇÕES ADICIONAIS**

Esclarecimentos acerca do conteúdo deste Edital poderão ser obtidos pelo endereço eletrônico: [marina.kassab@actbr.org.br](mailto:marina.kassab@actbr.org.br).

## Appendix 3: Guidelines for Preparing and Conducting a Research Study

### A Construção do Projeto de Pesquisa

Um projeto de pesquisa deve responder as seguintes perguntas:

- O que pesquisar? (definição do problema, base teórica e conceitual);
- Por que pesquisar? (justificativa da escolha do problema);
- Para que pesquisar? (propósitos do estudo, seus objetivos)
- Como pesquisar? (metodologia)
- Quando pesquisar? (cronograma de execução)
- Com que recursos? (orçamento)
- Pesquisado por quem? (equipe de trabalho, pesquisadores, coordenadores, orientadores).

#### PRIMEIRO PASSO: Definição do Tema e Escolha do Problema ou Definição do Objeto.

O *tema* de uma pesquisa indica uma área de interesse a ser investigada. Trata-se de uma delimitação ainda bastante ampla.

Contudo, é necessário para a realização de uma pesquisa um recorte mais “concreto”, mais preciso desse assunto. Um *problema* decorre de um aprofundamento do *tema*. Ele é sempre mais individualizado e específico.

Exemplo:

Tema: Violência conjugal (amplo)

Problema ou objeto da pesquisa: A representação sobre espancamentos elaborada a partir de mulheres maltratadas por seus esposos e companheiros.

#### SEGUNDO PASSO: Definição da base Teórica e Conceitual

A definição teórica e conceitual é um momento crucial da investigação científica: é a sua base de sustentação. É imprescindível a definição clara dos pressupostos teóricos, das categorias e conceitos a serem utilizados. Devemos tomar cuidado para não reescrevermos a obra dos autores que embasam a teoria escolhida. Devemos ser sintéticos e objetivos, estabelecendo um diálogo entre a teoria e o problema a ser investigado.

#### TERCEIRO PASSO: Justificativa

Trata-se da relevância, do por que tal pesquisa deve ser realizada. Quais motivos a justificam? Que contribuições para a compreensão, intervenção ou solução para o problema trará a realização de tal pesquisa?

#### QUARTO PASSO: Objetivos

Buscamos aqui responder ao que é pretendido com a pesquisa, que meta almejamos alcançar ao término da investigação. Geralmente se formula um objetivo geral, de dimensões mais amplas articulando-o a outros objetivos mais específicos.

#### QUINTO PASSO: Metodologia

Principais elementos da metodologia:

- a) Definição da amostragem: a amostragem boa é aquela que possibilita abranger a totalidade do problema investigado em suas múltiplas dimensões.
- b) Coleta de dados: devemos definir as técnicas a serem utilizadas tanto para a pesquisa de campo (entrevistas, observações, formulários, história de vida) como a pesquisa suplementar de dados, caso seja utilizada pesquisa documental, consulta a anuários, censos.
- c) Organização e análise de dados: devemos descrever com clareza como os dados serão organizados e analisados.

#### **SEXTO PASSO: Custos ou Orçamento**

Geralmente os gastos são agrupados em duas categorias: gasto com pessoal e gastos com material permanente.

#### **SÉTIMO PASSO: Cronograma**

O projeto deve traçar o tempo necessário para a realização de cada uma das etapas propostas. Muitas tarefas podem, inclusive, ser realizadas simultaneamente.

A forma mais usual é a do gráfico, onde são cruzados o tempo (mês 1, mês 2, etc) e as tarefas da pesquisa (revisão bibliográfica, montagem de instrumentos de coleta, aplicação dos instrumentos e fase de análise).

#### **OITAVO PASSO: Referências Bibliográficas**

Geralmente num projeto muitos autores e dados são citados. No corpo do projeto deve ser feita citação breve que possibilite agilização da leitura. Em seguida, ao final do projeto todas as citações feitas serão listadas de forma integral num item à parte.

Bibliografia:

MINAYO, M.C. de S (Org) (1994). *Pesquisa Social: Teoria, Método e Criatividade*.

## Appendix 4: Press Release about Small Grants

### ACT SUPPORTS SMOKING CONTROL AND GENDER PROJECTS

ACT (*Alliance for Tobacco Control*), in partnership with the Canadian organizations RITC – *Research for International Tobacco Control* and HealthBridge, are supporting six research projects on tobacco control from a gender perspective. This is the result of a Seminar on Tobacco and Gender held in March in Rio de Janeiro. The meeting gathered about 30 representatives of government and non-governmental organizations in Rio de Janeiro and sought to increase the participation, credibility, and role of organized civil society in tobacco control as it interfaces with gender relations in the country.

This occasion saw the launching of a research announcement aimed at promoting scientific studies that include a gender perspective and which would contribute towards advocacy for the formulation of public policies directed at tobacco control in Brazil. The study proposals must take into consideration gender relations, either in the general objectives of their proposal or in one of their specific objectives.

The Selection Committee, composed of specialists in tobacco control, analysed proposals that met criteria such as: coherence between objectives and methodology; innovation and originality of the study area; compatibility between methodology, activity and execution period; coherence of budgetary forecasts with objectives, activities and expected outcome; thematic appropriateness and relevance to advocacy.

The selected entities were:

- **Instituto Terra, Trabalho e Cidadania (Earth Institute, Work and Citizenship) – ITTC:** *“Jovens infratoras: comportamentos de risco e tabagismo”*. (Adolescent Offenders: risk behaviour and smoking).
- **Coletivo Feminino Plural: (Plural Women’s Collective)** *“As mulheres e o tabagismo. Uma nova questão na agenda feminista”*. (Women and smoking. A new issue on the feminist agenda)
- **Fernanda Fernandes:** *“A situação dos direitos humanos das mulheres na região de fumicultura no Rio Grande do Sul”*. (Women’s Human Rights Situation in the Tobacco Growing Region of Southern Rio Grande).
- **Gênero, Mulher, Desenvolvimento e Ação para a Cidadania – GEMDAC: (Gender, Women, Development and Action for Citizenship)** *“Levantamento das condições socioeconômico, cultural e ambiental geral de mulheres fumantes em situação de vulnerabilidade social do município de Teresina-PI”*. (Survey on socio-economic, cultural and general environmental conditions of women smokers in socially vulnerable situations of the Teresin-PI Municipality”).
- **Coletivo Feminista Sexualidade e Saúde: (Feminist Sexuality and Health Association)** *“A Embalagem: suas implicações”*. (Packaging: its influence”).
- **Observatório da Mulher:** *“Desfazendo a cortina de fumaça”*. (Women’s Human Rights Watch: “Unveiling the Smoke Screen”).

The selected groups now have until November to present their concluded projects.

## Appendix 5: Summaries: Gender and Tobacco Research Projects in Brazil

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

Researcher/Author: Fernanda Castro Fernandes

#### *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, Paraíso 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<sup>4</sup>. All the municipalities except Pelotas have human development indexes lower than the state

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<sup>4</sup> Data gathering was supported by CEREST/Centre (Occupation Health Reference Centre) and CAPA (Small-scale

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 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.

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Farmers Support Centre).

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 Citizenry” (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 Teresina 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 Pact 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<sup>5</sup>:

- 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 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 about the fact that I didn't smoke.*

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<sup>5</sup> The line titles are part of the interview content with the youth.

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<sup>6</sup>, 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 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 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 *Comunicarede* 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

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<sup>6</sup> Integrated policy articulation by women and feminist movements of the region, of which the founding partner *Rede Feminista de Saude* is part of its Governing Board? < [www.reddesalud.org](http://www.reddesalud.org) >.

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.<sup>7</sup> 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.

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)<sup>8</sup> 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

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<sup>7</sup> 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.

<sup>8</sup> 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.

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.

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 see 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 smokers, 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 sex, 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 sought 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)<sup>9</sup>, “the ‘90’s 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 of citizenship in both civil societies and their movements, as well as in the states”. For Castells (1999)<sup>10</sup>, 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

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9 PRÁ, Jussara Reis ; NEGRÃO, Télia . Internet, um novo ambiente comunicativo e de empoderamento para as mulheres (*Internet: a new communciative environment and for empowerment of women*). In: Susana Bornéo Funck; Nara Widholzer. (Org.). Gênero em discursos da mídia (*Gender in Media Debates*). Florianópolis: Editora Mulheres, 2005, v. , p. 273-302.

10 CASTELLS, Manuel. A sociedade em rede (*The Networking Society*). São Paulo: Paz e Terra, 1999. (*Peace and Land*)

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 mulattos (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.

### Recommendations

- a) Develop inter-sectorial collective action to address smoking among woman, 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 to prepare a "marketing strategy" and that sensitizes 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 powerful impact;
- d) Provision of arguments, explanations, context and data/information on the effects of smoking, used for the purpose of combining group components, provoking thought, and stimulating the imagination;
- e) Presentation of new sensitization images on the harmful effects of smoking;
- f) Youth selection of information and images considered to be most influential and powerful;
- g) Exhibition of a film entitled "Thank You for Smoking" followed by a debate. Selection of the aspects that most touched the youth;
- h) Final selection – arguments to be used in a campaign to clarify and stimulate resistance to smoking, using all aspects considered.

The sample survey consisted of 3 mixed groups (both sexes), initially distributed as follows:

14 to 19 Years	Smokers	Non-Smokers	Total
Cl. CD	1	1	2
Cl. AB	½	½	1
<b>Total</b>	1,5	1,5	3

Groups were composed of 7 to 9 participants each, to enable the discussion to use small group technical dynamics.

### 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-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 repellent 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 marketing fruits it sowed decades ago.

The objective of this project was to study packaging factors inherent to the choice of a certain cigarette brand. The project was based 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 cigarettes.