Sir,

Global female tobacco uptake is increasing in the form of various products. These rising trends are related to increased tobacco marketing, globalization and changes in women’s status. Nevertheless women living in high-income countries showing a decline in tobacco use as compared to women from low-income and middle-income countries. The complex patterns of tobacco use in many vulnerable countries required gender based approaches to control tobacco epidemic through specific interventions.

The National Health Survey conducted in 1994 reported that 12.5% of Pakistani women use tobacco and among them 10% are using tobacco in any chewable form. Gutka, Naswar and Pan are the common forms of chewable tobacco. This considerably increased trend of using smokeless tobacco among Pakistani women can be explained by cultural preferences and practices prevalent in the women of South-Asian region.

Several studies have identified the various socio demographic determinants of using smokeless tobacco among Pakistani and other South-Asian populations. The factors responsible for the use of smokeless tobacco include lack of education and awareness regarding hazards related to use of smokeless tobacco, easy accessibility to the smokeless tobacco products, addiction, easy accessibility, low cost and lack of prohibitive legislation. Besides related health hazards, the use of smokeless tobacco products has been reported to increase the chances of subsequent initiation of smoking, hence can result in much severe public health implications in a longer run. A study conducted among pregnant women of low socio-economic status presenting in a tertiary care hospital reported that 61% of participants were smoking tobacco while 51% of the smokers were using smokeless tobacco as well. Lack of information and awareness regarding health effects was prevalent among majority of women.

Currently in Pakistan, there is no evidence of mass level interventions focusing smokeless tobacco control, particularly focusing women. The access to information and awareness is the key to prevention. The national efforts regarding control of tobacco should particularly focus activities related to information and awareness regarding adverse health outcomes related to smoking as well as using smokeless tobacco. Moreover, government should implement policy bans and strict regulations on production and trade of tobacco products. Special efforts targeting women are required through interventions tailored to their particular socio-demographic context.

Women should be provided with enough information and counselling regarding the potential adverse health effects of tobacco on their children during their antenatal and postnatal period. Mass level awareness campaigns are required to be supported by religious leaders to increase the social acceptance of the massages. Moreover, research and surveillance regarding tobacco use and identification of risk factors is required to identify trends and to develop effective interventions.

**REFERENCES**