

# Gender inequities in prevalence of smoking in Serbia

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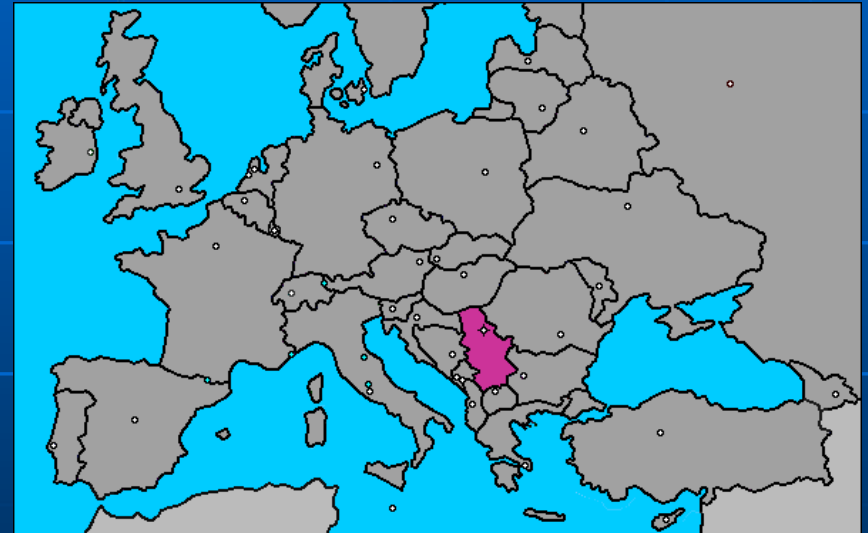
## Example of best practice...

- Finding that integrating gender into environment and health is an important issue, in this presentation we tried to show one example of best practice in Serbia. Evidence on showing gender inequities in exposure to EH risk is focused in the area of smoking among adult population.
- Taking into account the social and policy context in the country , discussing the enabling factors and barriers and recognizing the policies in taking action for minimizing gender inequities, this study describes further interventions and driving forces that could integrate gender issues into health policies.

## *Background information:*

- Smoking is the major single cause of most diseases (the heart and blood vessels, respiratory diseases, cancer and many other problems), that may be prevented among the Serbian population. People who quit smoking significantly reduce their risk of coronary diseases and lung cancer.

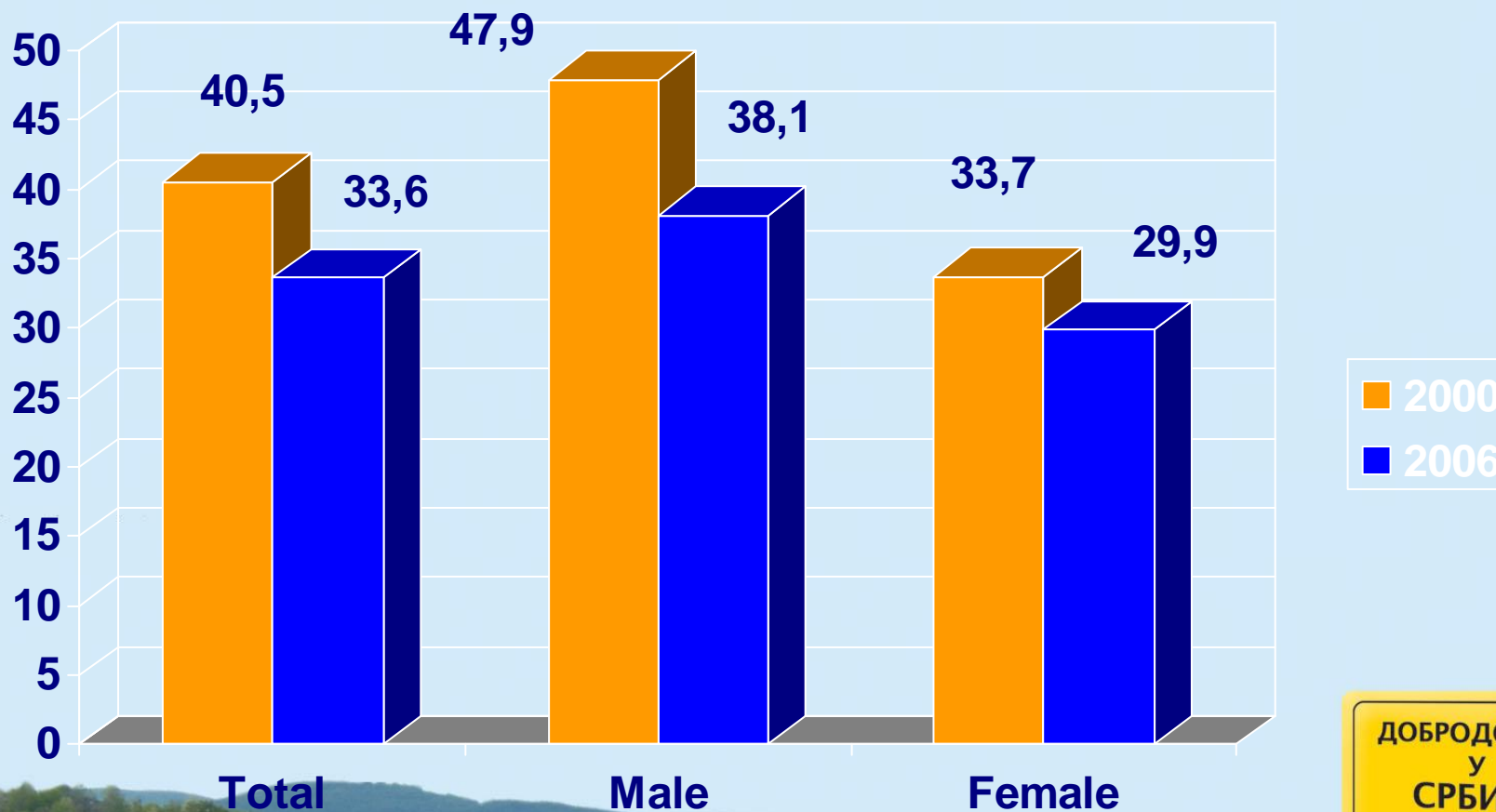
- Serbia is one of the countries with the highest smoking prevalence among adults in the European Region, particularly among women



# Gender inequities in smoking prevalence in Serbia

- National Survey health Status, health Needs and health Care Use in Serbia, conducted in 2000 in the Institute of Public Health of Serbia, showed that the prevalence of adult smokers in general population was 40.5% and that every second man and every third woman in Serbia were smokers.
- After years of implementation of comprehensive tobacco control measures imposed by the Ministry of Health for the Republic of Serbia, repeated National Health Survey Serbia in 2006 noted significant decrease in adults smoking rate by 6.9% in comparison to 2000. Reduction in smokers was higher among male (for 9.8%), than among female (for 3.8%)

# Smoking prevalence among adults in Serbia in 2000 and 2006\*



\* National Health Survey in Serbia, 2000 and 2006

ДОБРОДОШЛИ  
У  
СРБИЈУ  
И овде је дувански дим  
НЕПОЖЕЉАН

# SECOND HAND SMOKE EXPOSURE

- Exposure to second hand smoke (SHS) at home was higher for woman (62.1%), while men were more exposed at work (49%). The greatest percentage of exposure to tobacco smoke at home (64.6%) and at work (50.5%) was noted in people classified as well off and those with secondary school education (66.8% and 51.8%, respectively). Age-wise, exposure to tobacco smoke at home was highest among the 20-30 and 35-44 years age groups.



# Exposure to second hand smoke

	2000.g.	2006.g.
Adults at home <sup>1</sup>	65.7%	61.7%
Adults at work (> 1 hour/daily)	55.5%	44.9%
	2003.g.	2008.g.
Youth at home <sup>2</sup>	97.4%	76.9%

<sup>1</sup>National Health Survey in Serbia, 2000 and 2006

<sup>2</sup>Global Youth Tobacco Survey (GYTS) 2003 and 2008





# *Global Youth Tobacco Survey*

- ***Global Youth Tobacco Survey*** in Serbia has been conducted in 2003 and 2008, among school children age 13-15. The latter, 2008 survey, showed reduced number of students (age 13-15) who currently use any form of tobacco (from 16.9% to 10.4%) and daily cigarette smokers (from 7% to 2.1%). In 2003, percentage of girls who were current cigarette smokers (16.8%) was higher than percentage of boys (15.5%), while in 2008 boys counted for 2.3% and girls only for 1.9%. Still, percentage of girls who had ever smoked cigarettes or recently used any form of tobacco other than cigarettes is continuously a bit higher among girls.

# Smoking prevalence among youth in Serbia

Prevalence	Total (%)	Males (%)	Females (%)
<b>Youth 15 – 19</b> 2000 2006	<b>22.9</b> <b>15.5</b>	<b>24.4</b> <b>18.0</b>	<b>21.4</b> <b>13.0</b>
<b>Youth 13 i 15 <sup>2</sup></b> 2003 2008	<b>6.3</b> <b>8.5</b>	<b>15.5</b> <b>8.8</b>	<b>16.8</b> <b>8.2</b>

1National Health Survey in Serbia, 2000 and 2006

2Global Youth Tobacco Survey (GYTS) 2003 and 2008



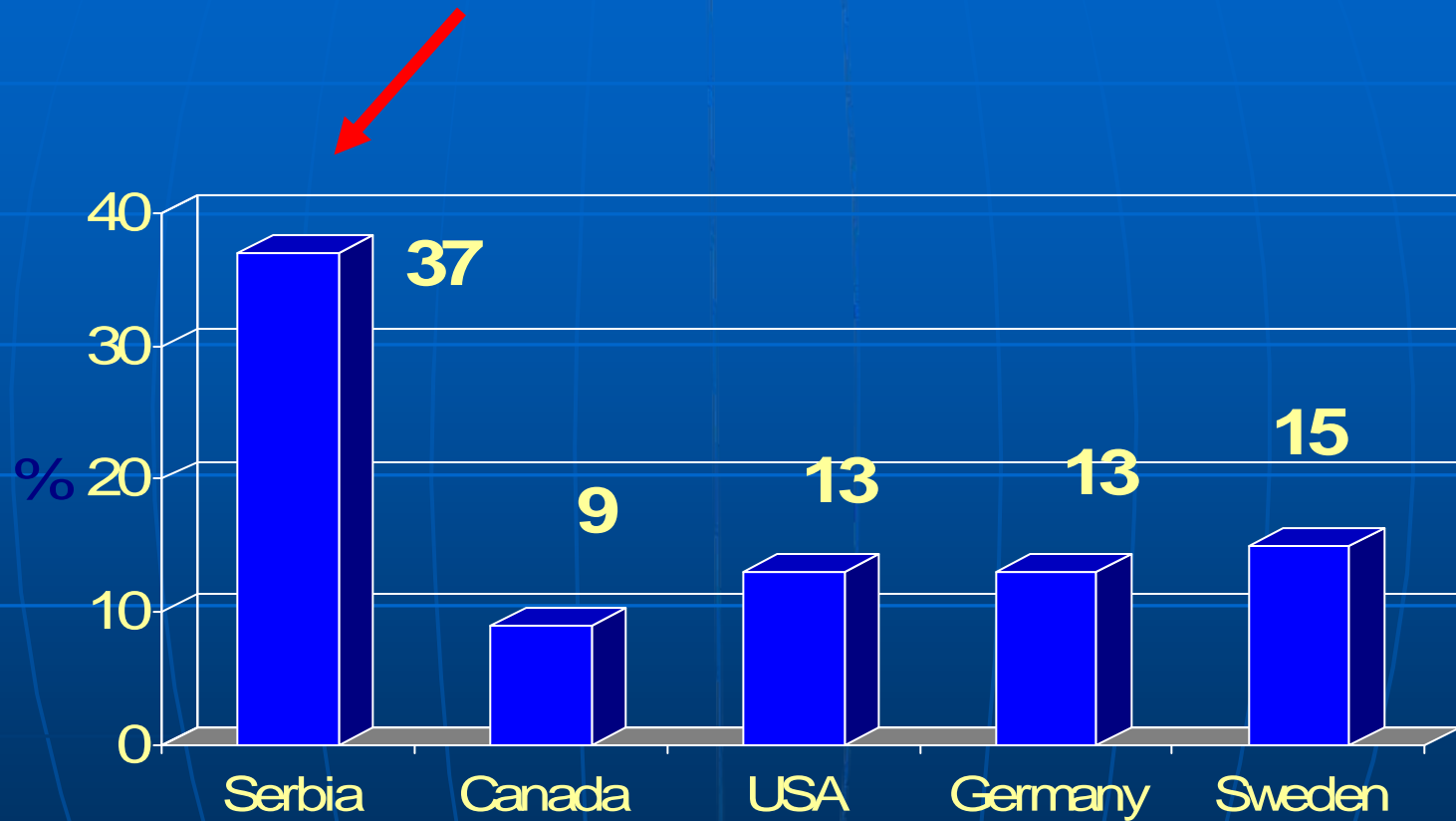
# Gender inequities in smoking

- Similar situation has been found among health profession students based on the results of the ***Global Health Professional Pilot Survey*** in 2005. Among dental, pharmacy and students of nursing schools females were more prevalent smokers than males.
- ***National Survey on Pre- and Post-Natal Smoking in the Republic of Serbia*** carried out in 2008 revealed that one third of pregnant women smoked before conception; 37% smoked at some point in the pregnancy and 31% smoked 6 months after delivery.

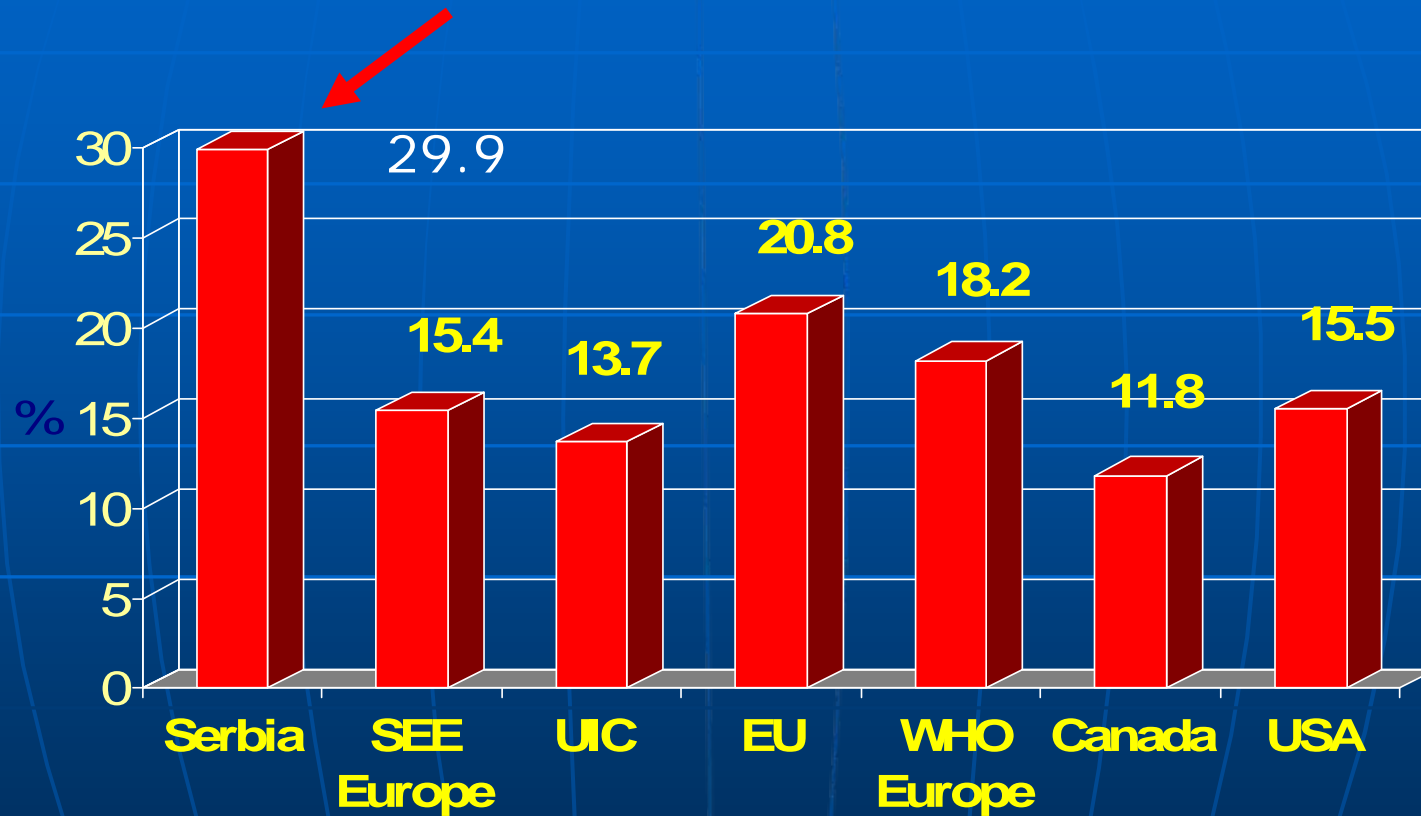
# Data showing percentage of women smoking during pregnancy

- On average women smoked 10 cigarettes before conception and 9 cigarettes during the pregnancy.
- Significant factors associated with smoking in pregnancy are smoking of the family members at home, lower education level and lower socioeconomic status. High percentage of women allows smoking at home; nearly 7 out of 10 were exposed to SHS at home, in 2/3 of cases from husband. During their pregnancy 2/3 of women were asked about smoking and only 4.4% got advice on smoking cessation.

# Smoking during pregnancy



# Smoking prevalence among women\*



\*WHO Regional Office for Europe. The European Tobacco Control Report, 2007  
Denmark: WHO Regional Office for Europe, 2007

# Level of awareness...


- Before the year 2002 Serbia's approach to tobacco control, as recognized from the European Strategy for Tobacco Control 2002, had a weak impact on a reduction in tobacco use and exposure to environmental tobacco smoke.
- The level of awareness about health consequences of smoking was low, harmful effects of second-hand tobacco smoke were not an issue at all. No wonder the prevalence of smoking among pregnant women and exposure to second-hand tobacco smoke was high.



# Policy instruments and actions

- New regulations and activities and main policy instruments in this area do tackle to recognize the impact of gender inequities, but they still do not promote the differentiated actions for boys and girls and men and women. These policies still do not take action to reduce socioeconomic inequities, as well, but the main driving forces that could take this work forward would be the replacement of the imprecise and outdated Law on Smoking Ban Indoors. This new piece of legislations is planned for 2010 and it could include the gender inequities and health risks caused by smoke and second hand smoke.

# Policies

- ***Law on Smoking Ban in Enclosed Premises*** (1995; 2005)  not comprehensive ban of smoking, weak implementation
- ***Tobacco Law*** (2005):
  - Regulation of contents, and disclosures of the content; packaging and labeling; sale to minors and by minors; illicit trade and black-marketing);
- ***Law on advertising*** (2005):
  - Direct and indirect advertising
  - Sponsorships
- ***Excise Law*** (2001, ...2009)
- ***Custom Law*** (2005, 2009)

***DRAFT OF THE NEW LAW ON PROTECTION FROM SHS EXPOSURE has been prepared***

# Programs

- Strategy on tobacco control - adopted by the Government of Serbia on January 2007
- National No Smoking Day January 31, and World No Tobacco Day May 31
- National health surveys (smoking prevalence and attitude included)
- GYTS, GHPS, GSTS
- Smoking in pregnancy
- Cessation programs in some preventive centers of the PCH, hospitals, NGOs

## ***Lessons learnt:***

*(Community involvement, staff training and capacity building, monitoring and evaluation...)*

- Continuous national campaigns of the Ministry of Health in partnership with civil organizations include campaigns which target pregnant women, mothers/parents, young females.
- Educational programs in schools and pre-natal programs focusing on harmful effects of tobacco smoke tend to become national programs after piloting period.
- New smoke-free legislation, completely in accordance with the WHO FCTC Guidelines on Protection from Exposure to Tobacco Smoke, which will be proposed by the end of 2009 to the Government and Parliament, should also have significant impact on reduction of starting smoking among youngsters and general exposure to environmental tobacco smoke in following years.