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marie claire special report

# UP IN SMOKE

Despite the moral policing, health hazards and increasingly stringent laws against smoking, more women in India have taken to the habit this past year than ever before. What draws them to this fiery fixation? A report on the highs and lows of lighting up. **By Tanvi Saraf**

**T**he rugged Marlboro Man of the 1950s was synonymous with machismo, bravado and of course, the cigarette dangling from his lips. Fifty years hence, tobacco manufacturers are puffing to a different tune. Markets are flooded with stiletto-inspired, pink and Barbie cigarettes – light, luscious and catering to the new consumer: Women! The gender gap, where smoking is concerned, is being narrowed down faster than most would like.

India alone accounts for 10 per cent of the world's smoking population, producing and selling 100 billion cigarettes a year. And with India's new gender dynamics, the demographic of the smoking population has changed vastly too. We have witnessed an 18 per cent rise in urban women smokers over the past one year (as compared with 4 to 5 per cent growth in male smokers). One out of four women smokers lights up over 10 cigarettes a day. While these figures seem staggering, female smokers in such high numbers becomes downright perplexing in a country where the social fabric is still conservative, and women are constant victims of moral policing. "We can't smoke at home as parents wouldn't approve, we can't smoke on the street as passers-by would stare, we can't smoke in office as the law doesn't permit it, and we can't smoke in front of our partners for fear of being judged," mourns Diya Malhar\*, 26, a New Delhi-based advertising professional. Shouldn't that have been reason enough to stub out? ▶



**Numbers speak louder than words**

**25%** INDIAN WOMEN SMOKERS LIGHT UP OVER 10 CIGARETTES A DAY *WHO GLOBAL TOBACCO SURVEY 2008*

**62%** WOMEN SMOKERS DIE BETWEEN AGE 39-60 COMPARED TO 38% NON-SMOKERS *STUDY BY NEW ENGLAND JOURNAL OF MEDICINE, 2008*

**20%** OF GIRLS IN DELHI AND CHENNAI STUDYING IN CLASS SIX SMOKE *RECENT AIIMS SURVEY*

**18%** IS THE RISE IN URBAN WOMEN SMOKERS IN THE PAST ONE YEAR *WHO GLOBAL TOBACCO SURVEY 2008*

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LEAD PHOTOGRAPH: JODI COBBE, NATIONAL GEOGRAPHIC  
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MANASA MADISHETTY

**5%** OF ALL FEMALE  
DISEASE-RELATED  
DEATHS IN INDIA WILL  
BE CAUSED BY  
SMOKING IN 2010 *HEALIS*  
INSTITUTE OF PUBLIC HEALTH

**1 IN 20**  
WOMEN ARE ESTIMATED  
TO DIE OF SMOKING-  
RELATED DEATHS IN  
2010 *STUDY BY NEW ENGLAND*  
JOURNAL OF MEDICINE, 2008

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### REBEL WITHOUT A PAUSE

Ironically, believes sociologist Dr Sudha Sitaraman, it's not despite moral policing but *because* of it that urban Indian women take up this fatal addiction. "More often than not, smoking is an act of rebellion. With education and independence come freedom and a need to question and defy the set norms," she says. The urge to light up the first few cigarettes often arises because of the power to be able to do it. Dr Jitendra Nagpal, senior psychologist, Moolchand Medcity, explains it as the 'I-can-and-so-I-will' syndrome. For urban women, smoking is often symbolic of controlling an environment that has, for generations, controlled them. When women smoke – and there is an innate 'maleness' to smoking – it's akin to challenging the existing gender power structure.

But factors differ for the younger age group, one that forms a significant chunk of Indian smokers. "About 9 to 12 per cent of adolescent girls in urban India smoke – this is more than the corresponding number for adult women smokers," says Dr Sandeep Budhiraja, head of the Max Healthcare smoking cessation clinic. For them, it is often a combination of peer pressure and the projection of an 'ultra-cool' image. Other factors that lead women to smoke range from depression, to stress, to even a desire to lose weight. "What starts with experimentation becomes an addiction because of the habit-forming properties of nicotine," explains Dr Ekta Soni, psychologist, Apollo Hospital, New Delhi.

### LIGHT UP AND BURN OUT

Irrespective of the triggers, the rising number of women smokers poses a huge threat to the future health of our population. One cigarette contains over 3,000 chemicals that can do potential harm, 30–40 of which are cancer-causing agents. Other chemicals that one ends up inhaling with each cigarette include cyanide, arsenic and carbon monoxide. And nicotine, a known poison for all, is particularly harmful for women:



## HOW ADDICTED ARE YOU?

Take the Fagerstrom Test to find out:

#### HOW MANY CIGARETTES DO YOU SMOKE PER DAY?

10 or less 0

11-20 1

21-30 2

30 or more 3

#### HOW SOON AFTER YOU WAKE UP DO YOU SMOKE YOUR FIRST CIGARETTE?

Within 5 mins 3

5-30 mins 2

31-60 mins 1

after 60 mins 0

#### DO YOU FIND IT DIFFICULT TO REFRAIN FROM SMOKING IN FORBIDDEN PLACES

LIKE PLACES OF WORSHIP, LIBRARY, ETC?

No 0 Yes 1

#### WHICH CIGARETTE WOULD YOU MOST HATE TO GIVE UP?

First one in the morning 1

Other 0

#### DO YOU SMOKE MORE FREQUENTLY IN THE FIRST HOURS AFTER WAKING UP THAN THE REST OF THE DAY?

No 0 Yes 1

#### DO YOU SMOKE IF YOU ARE SO ILL THAT YOU ARE IN BED ALL DAY?

No 0 Yes 1

#### TOTAL SCORE

0 Low Dependence

10 High dependence

(Depending on your score, you vary between these two extremes)

According to recent studies, tobacco is the single leading cause of preventable deaths in India. The death toll for women alone is slated to touch two lacs by 2010. Women smokers are twice as likely to get TB and respiratory diseases than those who don't smoke. They are also a lot more susceptible to suffering from strokes and cancer. And not only are the risks for them higher than non-smoking women, but they also suffer a lot more

than male smokers.

Besides, smoking is severely detrimental to the reproductive health of women – a reason, perhaps, why women are viewed with more disdain than men when lighting up. According to Dr P.C. Gupta, Healis Sekhsaria Institute of Public Health, Bengaluru, the use of tobacco amongst women can cause difficulty in conceiving, low birth weight and higher still-birth rates. It can also lead to foetal death, ►

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## Kick the butt

If you want to quit smoking, here are some aids you can choose from:

**Nicotine Gums:** Available off-the-counter, this is one of the most popular aids for smoking cessation. Each gum has nicotine equivalent to smoking 1-2 cigarettes and helps reduce cravings. These are considered harmless and can be consumed without a doctor's recommendation. However, one must never combine them with alcohol.

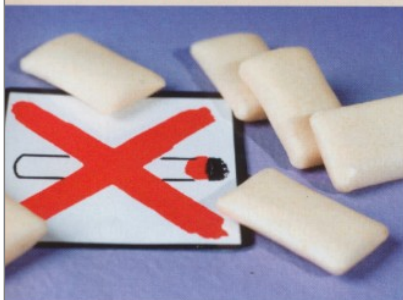
**Nicotine Patch:** Patches release monitored doses of nicotine through the skin to the body to reduce cravings. Available at pharmacies, nicotine patches can be used without a doctor's approval. However, they may lead to allergic reactions, in which case you must consult a physician.

**Inhalor:** It is a cigarette-type device made up of a cartridge containing nicotine with menthol. When air is inhaled through an inhalor, it provides saturated nicotine to the body. These can only be bought by a doctor's prescription.

**Buopin:** Originally an anti-depressant, it was found to have a positive effect on smoking cessation. While it is available in India, it's not very popular and if used without prior consultation can lead to seizures and severe allergic reactions.

**Varenicline:** This has the highest success rates as compared to any other aid. The medicine reduces the 'enjoyment' one gets out of smoking, and drastically lowers the chances of a relapse. However, it is not recommended for psychiatric patients as in rare circumstances it can lead to suicidal thoughts and erratic behaviour.

*Smoking cessation aids should never be combined with smoking*



▶ retardation and malformation of the baby. And because society views the primary role of women as a mother and nurturer, the choice to smoke is seen in violation of such expectations.

And it gets worse. In terms of appearance, a concern for most women, smoking spells disaster. Says Dr Chytra Anand, cosmetic dermatologist, Bengaluru, "Smoking is terrible for the skin. A female smoker's skin is at any point in time 10-15 years more aged than a non-smoker her age." Tobacco consumption releases free radicals that break down skin's collagen and elastin, making it papery and dull. The damage, even for those who quit smoking, is never completely reversible. In addition, as smoking makes wounds heal slower, even plastic surgery is not an option for chain smokers.

associated with its release that makes the body crave for more cigarettes. It is this chemical reaction, he adds, that makes quitting difficult.

### LEAVE AND LIVE

Difficult, however, does not mean impossible, for as Dr Buddhiraja himself claims, his smoking cessation clinic has a success rate of 70-75 per cent. All it takes is a commitment to the cause, and some professional help. As smoking engulfs an increasing number of victims, there is a simultaneous rise in medications and aids that help quit this habit (see box). Doctors rubbish claims that women, who often smoke without the consent of their families, find it harder to seek help. "Today, there is a level playing ground for men and women. If women are motivated

## “THE CHOICE TO SMOKE IS SEEN AS A VIOLATION OF THE WOMAN'S ROLE AS NURTURER

The health hazards of smoking have been reiterated *ad nauseam* by doctors and public health organisations. "I have met many doctors who prescribe a peg of alcohol to their patients, who might even recommend an aerated drink to a sick child, but I am yet to come across a single physician who, in any given circumstance, would recommend smoking," states Dr Nagpal. The point he makes is crystal clear. And yet, smokers refuse to kick the butt. "Ever since smoking was banned," says Diya, "I have to trudge down the stairs of my third-floor office, cross the busy main road to avoid the constant stares and muttered remarks, and find a silent, hidden corner, where I can light up in peace." Is this long trek, multiple times a day, even worth it?

"After the first few cigarettes, it's not about the worth. It's just biological," explains Dr Buddhiraja. Smoking activates nicotine receptors in our brain, which in turn releases a chemical called dopamine. There is a temporary satisfaction or short-term reward

to quit, there are plenty of options for them," says Dr Samir Parikh, psychologist, Max Healthcare.

But the desire to quit isn't as popular as it is to light up. Recent studies show only 0.05 per cent women smokers in New Delhi have tried to seek help to quit smoking. Most have learnt to justify it to themselves. If the figures look grim now, it will be a lot worse a decade later, when smokers start to face the consequences of the choices they are making today. A whiff of the disaster we chose for ourselves. ■

### CESSATION CLINICS

#### MAX HEALTHCARE, DELHI

Ph: 011-26515050

#### SIR GANGA RAM HOSPITAL, DELHI

Ph: 011-25735205, 011-25861463

#### TATA MEMORIAL HOSPITAL, MUMBAI

Ph: 022-24177000, 022-24146750

#### NIMHANS, BENGALURU

Ph: 080-26995001, 080-25995002

#### CANCER INSTITUTE, CHENNAI

Ph: 044-22352167

#### MNJ INSTITUTE, HYDERABAD

Ph: 040-23318422