GLOBAL ADULT TOBACCO SURVEY
BANGLADESH REPORT 2009

Summary
Tobacco use is a major preventable cause of premature death and disease worldwide. Currently, more than 5 million people die globally each year due to tobacco-related illnesses. In Bangladesh tobacco is consumed both in smoking form such as cigarette, bidi, hukkah and smokeless form such as zarda, sada pata, gul etc. Bangladesh is one of those countries where both production and consumption of tobacco are high, and it is overburdened with tobacco-related illnesses. A 2004 World Health Organization (WHO) study observed that 57,000 deaths and 382,000 disabilities were attributable to tobacco use in Bangladesh. Therefore, monitoring of tobacco use and control policies is essential.

The Global Adult Tobacco Survey (GATS) is a multicountry survey using a consistent and standard protocol across countries with high tobacco burdens, including Bangladesh, for systematically monitoring tobacco use in adults and tracking key tobacco control indicators. The data will assist countries to track implementation of the WHO Framework Convention on Tobacco Control and WHO MPOWER package for tobacco control.

GATS uses a global standardized methodology. It includes information on respondents’ background characteristics, use of tobacco (smoking and smokeless), cessation, second-hand smoke, economics, media exposure, and knowledge, attitudes and perceptions of tobacco use. In Bangladesh, GATS was conducted in 2009 as a household survey of persons 15 years of age or above by the National Institute of Preventive and Social Medicine in collaboration with the Bangladesh Bureau of Statistics and National Institute of Population Research and Training. WHO provided technical support as well as regional and in-country coordination. The Centers for Disease Control and Prevention, USA provided technical assistance for the implementation of the survey. Financial assistance was provided by Bloomberg Philanthropies.

GATS was the first survey ever conducted in Bangladesh in the public sector using electronic means of data collection. Data were collected from 200 urban and 200 rural primary sampling units (mauza in rural and mohalla in urban areas) drawn by a multi-stage, clustered sample design to produce nationally representative data. One individual was randomly chosen from each selected household to participate in the survey. Among the 11,200 selected households, a total of 10,751 households were screened and 9,629 individuals were successfully interviewed for an overall response rate of 93.6%.

a. Tobacco use:

The survey found that 23.0% of adult men and women (aged 15 years or above) in Bangladesh currently smoke tobacco. The estimated number of current adult tobacco smokers is 21.9 million (21.2 million males and 0.7 million females). The smoking rate in rural areas is slightly higher (23.6%) than in urban areas (21.3%). However, 16.6 million smokers live in rural areas compared to 5.3 million in urban areas. About half of the smokers use bidis, and the prevalence of bidi smoking in rural areas (13.5%) is much higher than in urban areas (4.7%).

In Bangladesh, 27.2% (25.9 million) of the adult population currently use smokeless tobacco. Prevalence is similar in males (26.4%) and females (27.9%). Current smokeless tobacco use is more prevalent in rural areas (28.8%) compared to urban areas (22.5%).

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2 The population estimates are based on the provisional population totals of Bangladesh obtained through the Sample Vital Registration System of Bangladesh Bureau of Statistics (SVRS, 2008).
3 Calculated as household response rate × individual response rate/100.
Overall, current tobacco use (smoking or smokeless) among all adults is 43.3% (41.3 million). Consumption is higher in males (58.0%) than females (28.7%). This is mainly because of differences in smoking habits. Tobacco use is more prevalent in rural areas (45.1%) than urban areas (38.1%), and among persons with no formal education (62.9%) and in the lowest quintiles of socioeconomic status (SES) (55.6%).

Among male current tobacco users, 54.6% smoked tobacco only, 23.0% mainly used smokeless tobacco and 22.4% used both smokeless and smoking tobacco. Among female current tobacco users, 2.7% smoked tobacco only, 94.7% used smokeless tobacco products only and 2.6% used both.

The average number of cigarettes and bidi smoked per day were five sticks and seven sticks, respectively. The average number of times smokeless tobacco was used per day was eight. The average age at initiation of daily smoking was 19 years (for males 18 years, for females 27 years).

Indicators for monitoring of tobacco use and prevention policies derived from GATS Bangladesh are shown in the table below.

<table>
<thead>
<tr>
<th>Indicator (%)</th>
<th>Overall</th>
<th>Gender</th>
<th>Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Current tobacco (smoking or smokeless) use(1)</td>
<td>43.3</td>
<td>58.0</td>
<td>28.7</td>
</tr>
<tr>
<td>Current tobacco smokers(1)</td>
<td>23.0</td>
<td>44.7</td>
<td>1.5</td>
</tr>
<tr>
<td>Current cigarette smokers(1)(2)</td>
<td>14.1</td>
<td>28.3</td>
<td>0.2</td>
</tr>
<tr>
<td>Current bidi smokers(1)</td>
<td>11.2</td>
<td>21.4</td>
<td>1.1</td>
</tr>
<tr>
<td>Current smokeless tobacco use(1)(3)</td>
<td>27.2</td>
<td>26.4</td>
<td>27.9</td>
</tr>
<tr>
<td>Average number of cigarettes smoked per day</td>
<td>5.1</td>
<td>5.2</td>
<td>0.8</td>
</tr>
<tr>
<td>Average number of bidis smoked per day</td>
<td>6.9</td>
<td>7.0</td>
<td>4.3</td>
</tr>
<tr>
<td>Average number of smokeless tobacco uses per day</td>
<td>8.1</td>
<td>8.3</td>
<td>7.9</td>
</tr>
<tr>
<td>Average age at daily smoking initiation</td>
<td>18.8</td>
<td>18.4</td>
<td>26.5</td>
</tr>
</tbody>
</table>

(1) Current use includes both daily and occasional (less than daily) use.
(2) Cigarette use includes both manufactured and hand-rolled cigarettes.
(3) 24.3% betel quid with tobacco, 1.8% sada pata, 5.3% gul, 1.5% khoinee and 1.4% others.

b. Cessation:
Nearly 70% of current smokers plan or are thinking about quitting. Almost half of smokers (47.3%) made an attempt to quit in the last 12 months. Among those who visited a health-care facility, half (56%) were queried about their history of tobacco smoking and half (52.9%) were advised to quit smoking. Of those who attempted to quit during the past 12 months, 14.9% received counseling and 14.5% used other methods including traditional medicines.

c. Second-hand smoke (SHS):
Among all adults, 45% were exposed to second-hand smoke in public places. Males were more exposed (69.4%) than females (20.8%). Restaurants (27.6%) and public transportation (26.3%) were the most common places where people were exposed to SHS. Among all persons engaged in some occupation who work in indoor areas, 63% (11.5 million) were exposed to SHS in indoor areas of the workplace; among non-smokers, 75.7% (5.1 million) were exposed to SHS at these workplaces.
d. Economics:
Over nine in 10 smokers purchased cigarettes and bidis from stores/shops. Average cigarette expenditure per month among cigarette smokers was 378 taka/month and among bidi smokers it was 131 taka. An estimated 1% of national income in terms of gross domestic product (GDP) was spent to purchase cigarettes and 0.4% was spent to purchase bidis. The price of 100 packs of manufactured cigarettes as a percentage of per capita GDP is 5% and the price of 100 packs of bidis as a percentage of per capita GDP is 1%.

e. Media:
Half of the subjects (49.8%) noticed anti-smoking information, mostly on radio and television (40.5%). Two-thirds (68.4%) of people in the highest SES were exposed to anti-smoking information compared to one-third (30.8%) in the lowest SES. Cigarette advertising, sponsorship or promotion was noticed by nearly half of the population (48.7%). Males were exposed more than females (68.0% versus 29.3%). Among current smokers, half (51.6%) noticed health warnings on cigarette packages. Three-quarters of them (74.4%) thought about quitting smoking because of those warnings.

f. Knowledge, attitudes and perceptions:
Overall, 97.4% of the adults believe that smoking causes serious illnesses. However, their beliefs differ regarding the causation of various diseases. A vast majority (93.4%) believe that exposure to SHS causes serious illness in non-smokers. This is true for smokeless tobacco also (92.7%). Four in five people including tobacco consumers supported an increase in tobacco taxes.

GATS provides essential information on key indicators of tobacco control by socio-demographic characteristics and creates an opportunity for policy-makers and the tobacco control community to adopt or modify targeted interventions. Overall, findings from GATS indicate that there is a positive environment for tobacco control. Based on the findings, the specific recommendations are:

1. Public health policy and interventions including awareness programmes should cover smoking and smokeless tobacco products with equal emphasis.
2. There is a need to build capacity to implement programmes among health-care providers and to expand cessation facilities in health-care settings as well as in communities.
3. There is a need to formulate a 100% smoke-free policy for all public places and workplaces and to follow through with effective implementation.
4. Given the nearly equal prevalence of smoking of cigarettes and bidis and smokeless tobacco products, and the large difference in taxes on these types of products, there is a need to raise taxes on all types of tobacco products in a harmonized manner.
5. There is a need to amend the national tobacco control act to include smokeless tobacco products.
6. Anti-smoking media messages and pictorial health warnings on all tobacco products need to be set for better impact.
7. Given the fact that most smokers (>90%) purchased cigarettes and bidis from stores and nearly half of them noticed cigarette advertisements in stores, national Tobacco Control Act needs to be amended to prohibit tobacco advertisements at the point of sale.