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# Welcome To the Presentation on



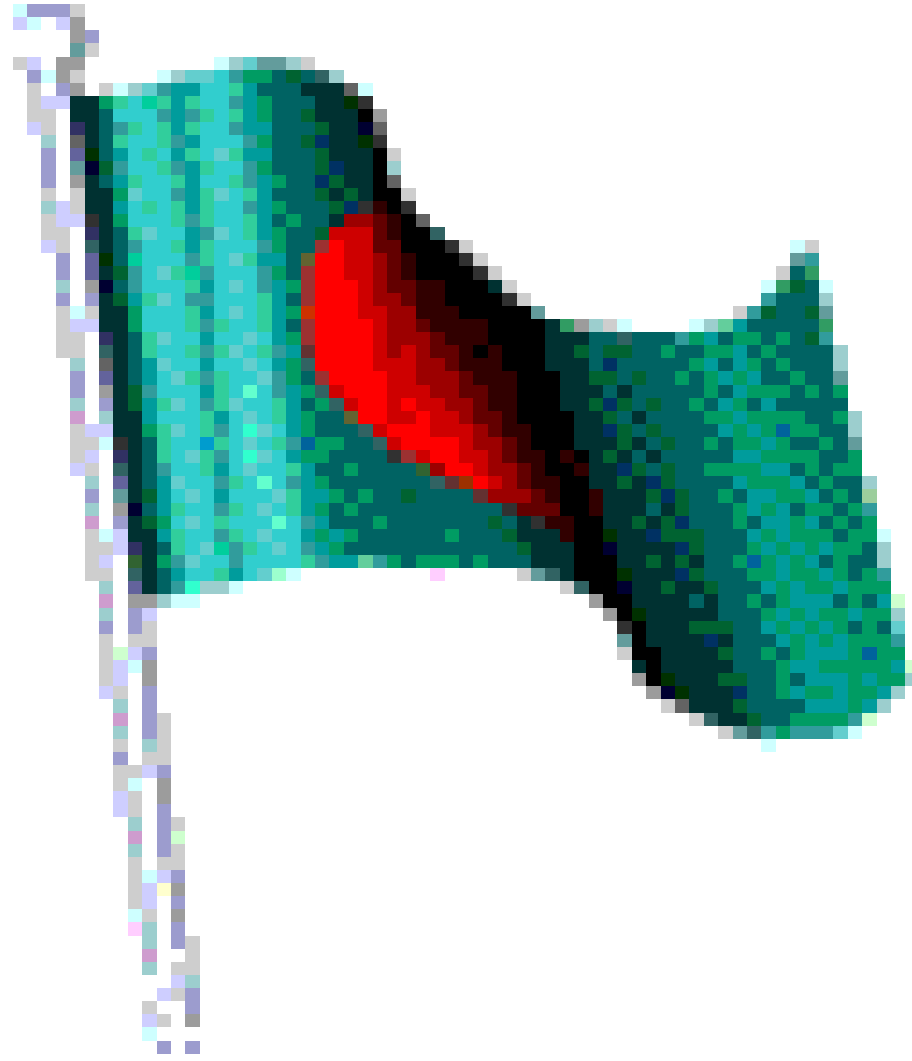
Bangladesh Experience in Conducting Global  
Adult Tobacco Survey(GATS)-2009

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# Outline

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# National Flag of Bangladesh







**National mausoleum of Bangladesh in memory of Martyrs of Independence**



# Office building of BBS in Dhaka



# Key Indicators of Bangladesh

Population (million) (July, 2011, SVRS)	: 150.6
Area (sq.km)	: 147750
Population Growth Rate (percent)	: 1.37
Infant Mortality Rate (per thousand)	: 35.0

## Life Expectancy at Birth (year)

Both sex	:69.0
Male	:67.9
Female	:70.3

## Adult Literacy Rate (percent)

Male	:62.5
Female	:55.1



# Key Indicators of Bangladesh (Contd.)

- ❖ **Per capita GDP(US\$) : 960 (FY12-13P)**
  - ❖ **Per capita National Income(US\$) : 1044 (FY12-13P)**
  - ❖ **Sectoral Share of GDP(%)**
    - Agriculture : 16.50 (FY12-13P)**
    - Industry : 29.40 (FY12-13P)**
    - Service : 54.10 (FY12-13P)**
    - GDP Growth Rate (constant price):6.18 (FY12-13P)**
- P= provisional**

# Key Indicators of Bangladesh (Contd.)

## Labour Force 15+ (Million)

❖ Total	:56.7 (LFS-2010)
❖ Male	:39.5 (LFS-2010)
❖ Female	:17.2 (LFS-2010)

## Labour Force Participation Rate

❖ Total	:59.3 (LFS-2010)
❖ Male	:82.5 (LFS-2010)
❖ Female	:36.0 (LFS-2010)

## Percentage of Labour Force

❖ Agriculture	: 47.5 (LFS-2010)
❖ Industry	: 17.1 (LFS-2010)
❖ Others	: 35.4 (LFS-2010)

# Global Adult Tobacco Survey, 2009: Bangladesh Experience

# Global adult Tobacco Survey (GATS)

- GATS was implemented initially in 14 countries where more than half of the world's smokers live and that bear the highest burden of tobacco use including Bangladesh.
- GATS is a nationally representative household survey of men & women aged 15 years and over designated to produce internationally comparable data on tobacco use and tobacco control measures using a standardized questionnaire, sample design, data collection and management procedures;
- The other countries in this initiative are:  
Brazil, China, Egypt, India, Mexico, Philippines, Poland, Russian Federation, Thailand, Turkey, Ukraine, Uruguay and Vietnam.



# Objectives of the Survey

The objectives of GATS are as follows:

- To systematically monitor adult tobacco use for both smoking and smokeless products and track key tobacco control indicators in Bangladesh.
- To track implementation of FCTC (Framework Convention on Tobacco Control)-recommended policies outlined in the MPOWER(WHO publication with six key strategies of tobacco control) package.
- To provide up-to-date information on adult tobacco use for both smoked and smokeless tobacco products.
- To provides an opportunity to compare population estimates at national level, as well as the urban, rural and gender proportions, across countries implementing GATS.

# Survey Methodology

- The GATS survey in Bangladesh used the Population Census populated Mouzas/Mahallas as the sampling frame;
- 400 Mouzas/Mahallas were selected for the GATS;
- From each Mouza/ Mahalla, 28 households were selected on systematic random sampling method;
- One adult member of the household aged 15 years and over was selected from the household using Kish table.

# Allocation of the sample

**Table 01: Number of Sampled Mouzas/Mohallas and Households by Division**

Division	Total		Urban		Rural	
	Mouzas/mahalls	Households	Mouzas/mahalls	Households	Mouzas/mahalls	Households
Barisal	20	560	5	140	15	420
Chittagong	74	2072	39	1092	35	980
Dhaka	152	4256	98	2744	54	1512
Khulna	47	1316	21	588	26	728
Rajshahi	89	2492	31	868	58	1624
Sylhet	18	504	6	168	12	336
Total	400	11,200	200	5600	200	5600

# Survey Questionnaires

- Household and individual questionnaire was used for data collection

## ❖ Household questionnaire

- ✓ The household questionnaire collected information on all usual residents in the sampled household to identify eligible persons from the household (either male or female based on sampling strategy).
- ✓ Collect basic information to select a random eligible respondent for the individual questionnaire.
- ✓ The questionnaire also collected information on current use of smoked and smokeless tobacco. The information on age was used to identify an eligible random respondent for the individual questionnaire.



# Individual questionnaire

- Individual questionnaire collected information from eligible selected male or female aged 15 years and older.
- The individual questionnaire consists of the eight sections-

# Individual questionnaire (Continued):

- a. Background Characteristics*
- b. Tobacco smoking*
- c. Smokeless tobacco*
- d. Cessation*
- e. Secondhand smoke*
- f. Economics*
- g. Media*
- h. Knowledge, attitudes and perceptions*

# Main contents of the different sections of the individual questionnaire

<b>Sections/Areas</b>	<b>Content</b>
a) Background characteristics	Age, sex, education, occupation, possession of household assets, household items and materials used.
b) Tobacco smoking	Patterns of tobacco use, age of initiation, consumption of different products etc.
c) Smokeless tobacco	Use of smokeless tobacco like zarda, sada pata , gul, nosshi (local names)etc.
d) Cessation	Methods used to try stop smoking
e) Secondhand smoke	Nonsmokers are affected by smokers in closed space

## Main contents of the different sections of the individual questionnaire (contd.)

<b>Sections/Areas</b>	<b>Content</b>
f) Economics	Type of tobacco product, quantity bought, cost of tobacco products etc.
g) Media	Promotional activities on tobacco products as well as health warnings in print and electronic media etc.
h) Knowledge, attitudes and practices	Knowledge about health effects of both smoking and smokeless tobacco.

## **Questionnaire**



# Key findings of the survey

Indicators	Percentage				
	overall	male	female	urban	rural
Current tobacco user	43.3	58.0	28.7	38.1	45.1
Current tobacco smokers	23.0	44.7	1.5	21.3	23.6
Current cigarette smokers	14.1	28.3	0.2	18.4	12.6
Current bidi smokers	11.2	21.4	1.1	4.7	13.5
Current smokeless tobacco use	27.2	26.4	27.9	22.5	28.8
Average number of cigarette smoked per day	5.1	5.2	0.8	8.5	4.0
Average number of bidis smoked per day	6.9	7.0	4.3	2.7	8.3
Average number of smokeless tobacco used per day	8.1	8.3	7.9	8.1	8.1
Average age at daily smoking initiation	18.8	18.4	26.5	18.5	18.8

# Impact of Tobacco Use

- *Economic impact*

- The cost of tobacco-related illnesses in Bangladesh attributable to tobacco usage was estimated at 50.9 billion taka.
- A tobacco user spends about 4.5% of the monthly expenditure for tobacco consumption.

# Impact of Tobacco Use

## • Health Impact

- Bangladesh is overburdened with tobacco-related illnesses; 57,000 people died in 2004 due to tobacco-related diseases.
- In one survey by WHO, 9% of the participants examined at households had at least one of eight selected tobacco-related diseases (ischemic heart disease, lung cancer, stroke, oral cancer, cancer of the larynx, chronic obstructive pulmonary disease, pulmonary tuberculosis or Buerger's disease).
- 41% of these disease were attributable to tobacco.
- Hospital data indicated that 29% of in patients aged 30 years or above were hospitalized due to these diseases.
- The above disease responsible for 16% of all deaths in the country and 9% of them were attributable to tobacco.

# Tobacco Control Policies of Bangladesh

- The Railway Act of 1890 identified smoking in any compartment of a train without permission of the other passengers is punishable.
- The Juvenile Smoking Act of 1919 banned selling of any tobacco product to minor (under the age of 16 years).
- Metropolitan Police Ordinance of the 1980s and 1990s imposed fines for smoking in public buildings or ignoring the no-smoking signs posted by the authority of the building.
- In 2005, government passed a comprehensive tobacco control law in line with FCTC for smoking in public places and in public vehicles. In 2006 government passed rules to facilitate the enforcement of law. The tobacco control law was amended by enhancing the penalty to TK 300 from TK 50 . If any person repeat similar contravention, the penalty shall be doubled for each subsequent violations.

# Conclusion

- As tobacco is a risk factor for non-communicable diseases it should be controlled for ensuring better health;
- The legal measures for using tobacco in public places should be strictly controlled and punitive measures should be taken;
- Higher tax should be imposed for production and import of tobacco and related products;
- Pictorial health warnings on all types of smoking and smokeless tobacco products need to be strengthened and public opinion against tobacco use should be created;
- The religious and community leaders should come forward to motivate people regarding harmfulness of tobacco use;
- Follow-up surveys can be taken to monitor the change in tobacco use over time.

Thank you