

**BACKGROUND**

The Global Adult Tobacco Survey (GATS) is a global standard protocol for systematically monitoring adult tobacco use (smoking and smokeless) and tracking key tobacco control indicators. GATS is a nationally representative household survey of persons 15 years of age and older, and designed to produce estimates overall and by gender and residence. It was implemented by the Bangladesh Bureau of Statistics under the coordination of the National Tobacco Control Cell of the Ministry of Health and Family Welfare. In Bangladesh, GATS was first conducted in 2009 and repeated in 2017. Both surveys used similar multistage stratified cluster sample designs to produce nationally representative data. There were 9,629 interviews conducted in the 2009 survey with an overall response rate of 93.6%. There were overall 12,783 interviews conducted in the 2017 survey with an overall response rate of 90.8%. For more information, refer to the GATS 2009 and 2017 Country Factsheets.

GATS enhances countries' capacity to design, implement and evaluate tobacco control programs. It will also assist countries to fulfill their obligations under the World Health Organization's (WHO) Framework Convention on Tobacco Control (FCTC) to generate comparable data within and across countries. WHO has developed MPOWER, a package of six evidence-based demand reduction measures contained in the WHO FCTC that include:



- Monitor tobacco use & prevention policies
- Protect people from tobacco smoke
- Offer help to quit tobacco use
- Warn about the dangers of tobacco
- Enforce bans on tobacco advertising, promotion, & sponsorship
- Raise taxes on tobacco

**POLICY CHANGES**

Bangladesh enacted its first tobacco control act-- "Smoking and Usage of Tobacco Products (Control) Act"--in 2005, and has implemented many policy and programmatic initiatives since 2009, when the first GATS was done, including:

- Amendment of the "Smoking and Usage of Tobacco Products (Control) Act" in 2013 and framing of the new rules in 2015 to supersede the 2006 rules bring the country closer to compliance with the WHO FCTC. Effective from 2 May 2013, the law:
  - Prohibits all forms of tobacco advertising, sponsorship, and promotion in most media (except the Internet).
  - Prohibits tobacco smoking in all public transportation and public places including restaurants and cafes, health care facilities, and all educational institutions. However, smoking in designated areas of workplaces is still allowed, which do not protect people in these areas from the exposure to secondhand smoke, a known health risk.
  - Prohibits the sale of all tobacco products (smoking and smokeless) to or by people younger than 18 years of age.
- In March 2016, introduced pictorial health warning on all tobacco packages (covering cigarettes, bidis, smokeless tobacco products and other tobacco products) covering at least 50% of the package surface area.
- The tobacco ad valorem tax is increased annually. In 2017, taxes as a share of cigarette prices averaged 76%.
- Implementation of anti-tobacco campaigns in various types of media (television, radio, and print media).
- Improving cessation services through awareness building and various training programs.

**KEY FINDINGS**

**T** Tobacco use prevalence significantly decreased among adults from 43.3% in 2009 to 35.3% in 2017 (from 58.0% to 46.0% among males; from 28.7% to 25.2% among females). This represents a 18.5% relative decline of tobacco use prevalence (20.8% decline for males; 12.2% decline for females).

**P** Exposure to secondhand smoke in homes and public places significantly declined. In homes, the exposure declined from 54.9% in 2009 to 39.0% in 2017. Among adults who visited various public places in the past 30 days, the exposure declined, from 79.7% to 49.7% in restaurants; from 62.2% to 42.7% in indoor areas of the work place; from 53.6% to 44.0% in public transportation, and from 23.8% to 12.7% in health care facilities.

**Q** The proportion of current smokers who were advised to quit by health care providers increased significantly from 52.9% in 2009 to 65.8% in 2017. There was no significant change in the percentage of smokers who made quit attempts in the last 12 months.

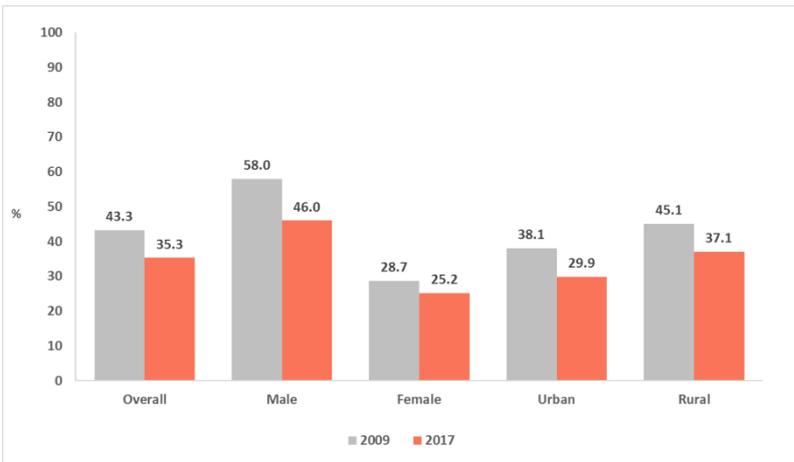
**W** The percentage of current smokers /smokeless users who thought of quitting smoking/smokeless tobacco use because of health warnings on cigarette/bidi/smokeless tobacco packages increased significantly in 2017. The percentage of adults who noticed anti-cigarette smoking information during the last 30 days in any media/location increased significantly from 49.8% in 2009 to 55.9% in 2017.

**E** While the exposure to any cigarette advertisement, promotion, or sponsorship in the past 30 days decreased significantly from 48.7% in 2009 to 39.6% in 2017, it increased significantly for bidis (29.8% to 36.5%) and for smokeless tobacco (16.5% to 24.4%).

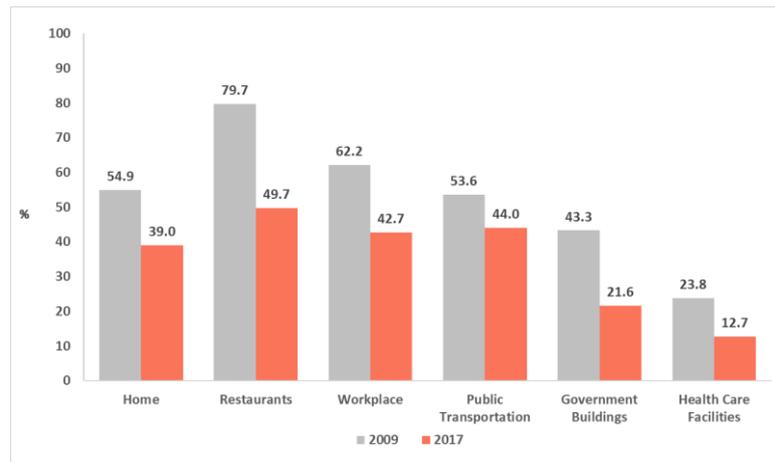
**R** Among current manufactured cigarette smokers, the average cigarette expenditure per month increased significantly from 662.6 Bangladeshi Taka (BDT) in 2009 (inflation adjusted) to 1077.8 BDT in 2017. Likewise, the average cost of a pack of 20 manufactured cigarettes increased during the same period (from 56.3 BDT (inflation adjusted) to 85.3 BDT).



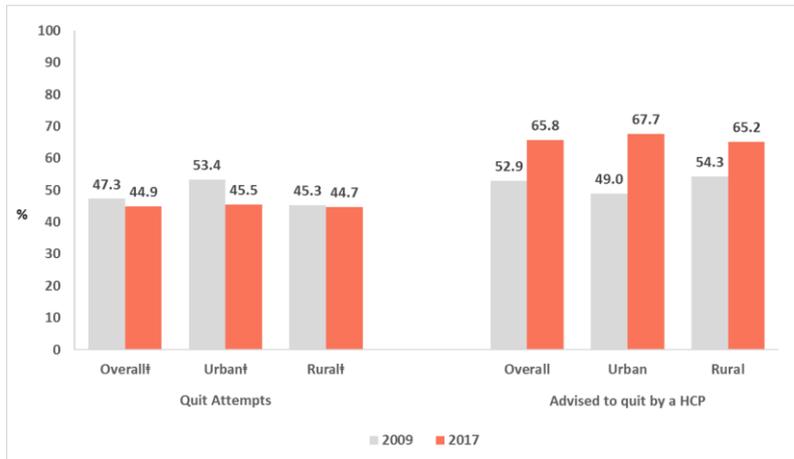
**m** Prevalence of current tobacco use by gender and residence



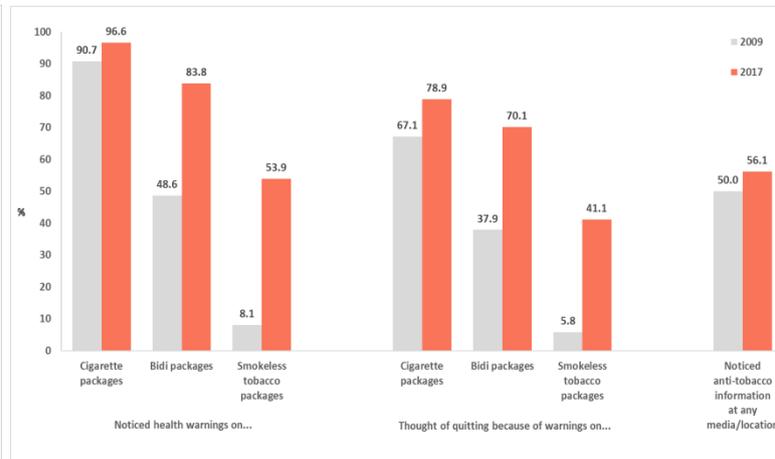
**p** Exposure to secondhand smoke in homes, workplaces, and in various public places that were visited in the past 30 days



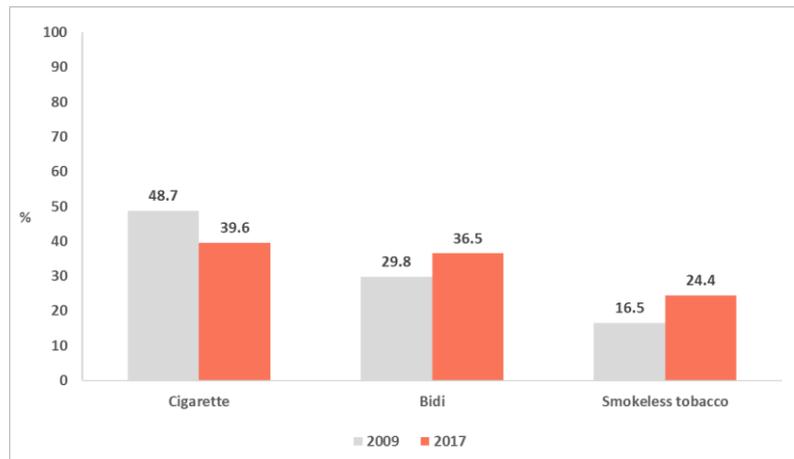
**o** Quit attempts and advised to quit by a health care provider among current tobacco smokers who visited in the past 12 months by residence



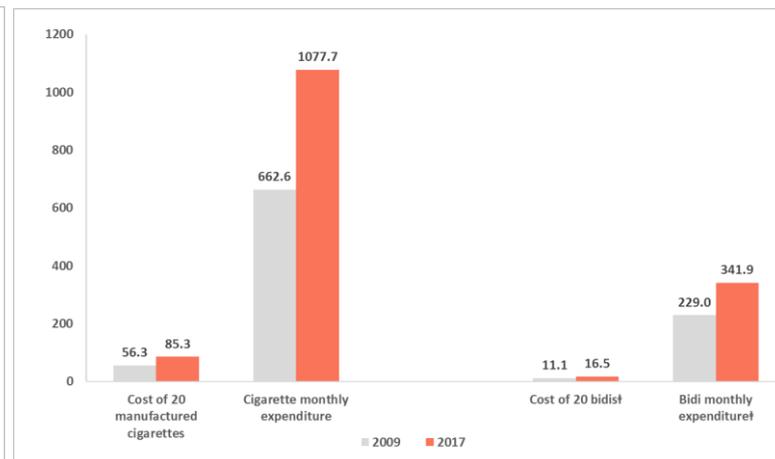
**w** Noticed and thought of quitting because of health warning labels and noticing anti-tobacco information at any media/location among current tobacco users



**e** Noticed any pro-tobacco advertisements, sponsorships, or promotions in any media/location in the past 30 days



**r** Average cost of 20 manufactured cigarettes, bidis, and monthly expenditure in Bangladeshi Taka (BDT)



NOTE: GATS Bangladesh 2009 cost data were adjusted for inflation for direct comparison to 2017 using the Inflation Rate for Average Consumer Prices from the International Monetary Fund's World Economic Outlook

NOTE: Current use refers to daily and less than daily use. Adults refer to persons aged 15 years and older. Data have been weighted to be nationally representative of all non-institutionalized men and women aged 15 years and older. Percentages reflect the prevalence of each indicator in each group, not the distribution across groups. All comparisons presented in this factsheet are significant at p<0.05, unless otherwise indicated (#) as unchanged.

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The findings and conclusion in this factsheet are those of the author(s) and do not necessarily represent the official position of the U.S. Centers for Disease Control and Prevention or of World Health Organization.