GATS Objectives

The Global Adult Tobacco Survey (GATS) is a global standard for systematically monitoring adult tobacco use (smoking and smokeless) and tracking key tobacco control indicators.

GATS is a nationally representative survey, using a consistent and standard protocol across countries, including Bangladesh. 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 (WHO) Framework Convention on Tobacco Control (FCTC) to generate comparable data within and across countries. WHO developed MPOWER, a technical package of selected 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

GATS Methodology

GATS uses a global standardized methodology. It includes information on respondents’ background characteristics, tobacco use (smoking and smokeless), cessation, secondhand smoke, economics, media, and knowledge, attitudes and perceptions towards tobacco use. In Bangladesh, GATS was conducted in 2017 as a household survey of persons 15 years of age and older implemented by the Bangladesh Bureau of Statistics under the coordination of the National Tobacco Control Cell of the Health Services Division, Ministry of Health and Family Welfare. A multi-stage, geographically clustered sample design was used to produce nationally representative data. A total of 14,880 households were sampled. One individual was randomly chosen from each selected household to participate in the survey. Survey information was collected using handheld devices. The household response rate was 96.8%, the person-level response rate was 93.8%, and overall response rate was 90.8%. There were a total of 12,783 completed individual interviews.

GATS Highlights

### TOBACCO USE

- 35.3% overall (37.8 million adults), 46.0% of men and 25.2% of women currently used tobacco.
  - 18.0% overall (19.2 million adults), 36.2% of men and 0.8% of women currently smoked tobacco.
  - 14.0% overall (15.0 million adults), 28.7% of men and 0.2% of women currently smoked cigarettes.
  - 5.0% overall (5.3 million adults), 9.7% of men and 0.6% of women currently smoked bidis.
  - 20.6% overall (22.0 million adults), 16.2% of men, and 24.8% of women currently used smokeless tobacco.
  - 18.7% overall (20.0 million adults), 14.3% men and 23.0% of women currently used betel quid with tobacco.
  - 3.6% overall (3.9 million adults), 3.1% men and 4.1% women currently used guth.

### CESSATION

- 66.2% of current smokers and 51.3% of current smokeless tobacco users planned to or were thinking about quitting.
- 65.8% of smokers and 57.2% of smokeless tobacco users who visited a healthcare provider in the past 12 months were advised to quit smoking.

### SECONDHAND SMOKE

- 39.0% of adults (40.8 million) were exposed to tobacco smoke at home.
- 42.7% of adults (8.1 million) who worked indoors were exposed to tobacco smoke in enclosed areas at their workplace.
- 44.0% of adults (25.0 million) were exposed to tobacco smoke when using public transportation.

### ECONOMICS

- 48.3% of current manufactured cigarettes smokers and 63.6% of current smokeless tobacco users last purchased tobacco in stores.
- The average monthly expenditure for cigarettes was BDT 1077.7, and for bidis was BDT 341.9.
- Cost of 100 packs of manufactured cigarettes as a percentage of per capita Gross Domestic Product (GDP) was 6.7%.

### MEDIA

- Pro-tobacco: 53.4% of adults noticed smoking tobacco advertisements in any media; and 20.3% of adults noticed smokeless tobacco advertisements in any media.
- Anti-tobacco: 46.2% of adults noticed anti-smoking information on the television or radio; and 23.9% of adults noticed anti-smokeless tobacco information on the television or radio.

### KNOWLEDGE, ATTITUDES & PERCEPTIONS

- 88.9%, 89.5%, and 94.8% of adults believed smoking tobacco causes stroke, heart attack, and lung cancer, respectively.
- 82.0%, 82.5%, and 91.0% of adults believed using smokeless tobacco causes stroke, heart attack, and oral/mouth cancer, respectively.
TOBACCO USE

Current smokers

- Overall: 18.0%
- Men: 36.2%
- Women: 0.8%

Daily cigarette smokers

- Overall: 16.4%
- Men: 33.1%
- Women: 0.7%

Current cigarette smokers

- Overall: 14.0%
- Men: 28.7%
- Women: 0.2%

Current manufactured cigarette smokers

- Overall: 14.0%
- Men: 28.7%
- Women: 0.2%

Current bidi smokers

- Overall: 5.0%
- Men: 9.7%
- Women: 0.6%

SMOKELESS TOBACCO USERS

Current smokeless tobacco users

- Overall: 20.6%
- Men: 16.2%
- Women: 24.8%

Current betel quid with tobacco user

- Overall: 18.7%
- Men: 14.3%
- Women: 23.0%

Current gul user

- Overall: 3.6%
- Men: 3.1%
- Women: 4.1%

TOBACCO USERS (smoked and/or smokeless)

Current tobacco users

- Overall: 35.3%
- Men: 46.0%
- Women: 25.2%

MEDIA

Tobacco industry advertising

- Adults who noticed any sponsorship or promotion:
  - Overall: 10.8
  - Men: 17.3
  - Women: 9.2
- Adults who noticed any advertisements or signs promoting specific tobacco product in stores:
  - Overall: 18.3
  - Men: 27.4
  - Women: 9.2
- Adults who noticed any cigarette promotions on clothing or other items with cigarette brand name or logo:
  - Overall: 2.4
  - Men: 3.7
  - Women: N/A
- Adults who noticed any smokeless tobacco advertisements/promotions (other than in stores), or sponsorship:
  - Overall: N/A
  - Men: N/A
  - Women: 11.5

Counter advertising

- Current smokers/smokeless tobacco users who thought about quitting because of a warning label on cigarette/smokeless tobacco packages:
  - Overall: 7.5
  - Men: 6.4
  - Women: 8.6

Knowledge, attitudes & perceptions

- Adults who believed...: Smoking tobacco causes:
  - Overall: N/A
  - Men: N/A
  - Women: N/A
- Smoking tobacco causes:
  - Oral cancer: N/A
  - Lung cancer: 94.8
  - Heart attack: 89.5
  - Stroke: 88.9
- Adults believed breathing other people's smoke causes serious illness in nonsmokers:
  - Overall: 93.1
  - Men: 95.7
  - Women: 90.7

Economics

Average monthly expenditure on:

- Manufactured cigarettes: 1077.7
- Bids: 341.9
- Average amount spent on 20 manufactured cigarettes: 85.3
- Average amount spent on 20 manufactured bides: 16.5
- Last purchased manufactured cigarettes in stores: 48.3
- Last purchased smokeless tobacco in stores: 63.6
- Cost of 100 packs of manufactured cigarettes as a percentage of per capita Gross Domestic Product (GDP) (2017): 6.7

1 Includes manufacture cigarettes and hand-rolled cigarettes.
2 Current non-smoker.
3 Includes current smokers and those who quit in the past 12 months.
4 Among those who work outside of the home who usually work indoors or both indoors and outdoors.
5 Includes those who noticed cigarettes at sale prices; free gifts or discount offers on other products when buying cigarettes; or any advertisements or signs promoting cigarettes in stores/shops/super shops where cigarettes are sold.
6 Includes those who noticed cigarettes at sale prices; free gifts or discount offers on other products when buying cigarettes; or any advertisements or signs promoting cigarettes in stores/shops/super shops where cigarettes are sold.
7 During the past 10 days. – Estimates suppressed due to unweighted sample size less than 25.
8 Wealth index, a proxy measure for respondent socioeconomic status, was constructed using the information on ownership of household assets. If the administration of Bangladesh is divided into eight major regions called divisions.

Note: Current use refers to daily and less than daily use. Adults refer to persons aged 15 years and older. Data have been weight 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.

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The findings and conclusion in the 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.