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POLICY BRIEF
VOLUME 01 | May 2019

TOBACCO USE AND ITS CONSEQUENCES IN BANGLADESH

Content

INTRODUCTION

Bangladesh is one of the largest tobacco consuming countries in the world. Tobacco is consumed in both smoking and smokeless forms in Bangladesh. Cigarettes and biris account for most of smoked tobacco consumption while betel quid with tobacco and gul are the popular forms of smokeless tobacco. Smoking prevalence in Bangladesh has declined since 2009, however, it remains high relative to other South East Asian countries, particularly among men. A considerable number of youths also consume tobacco products. This Policy Brief is based on a research paper examining tobacco use and its consequences in Bangladesh.

METHODS

This study is based on two rounds of the Global Adult Tobacco Survey (2009 and 2017) and the findings from the Tobacco Tax Research and Dissemination (TTRD) study.

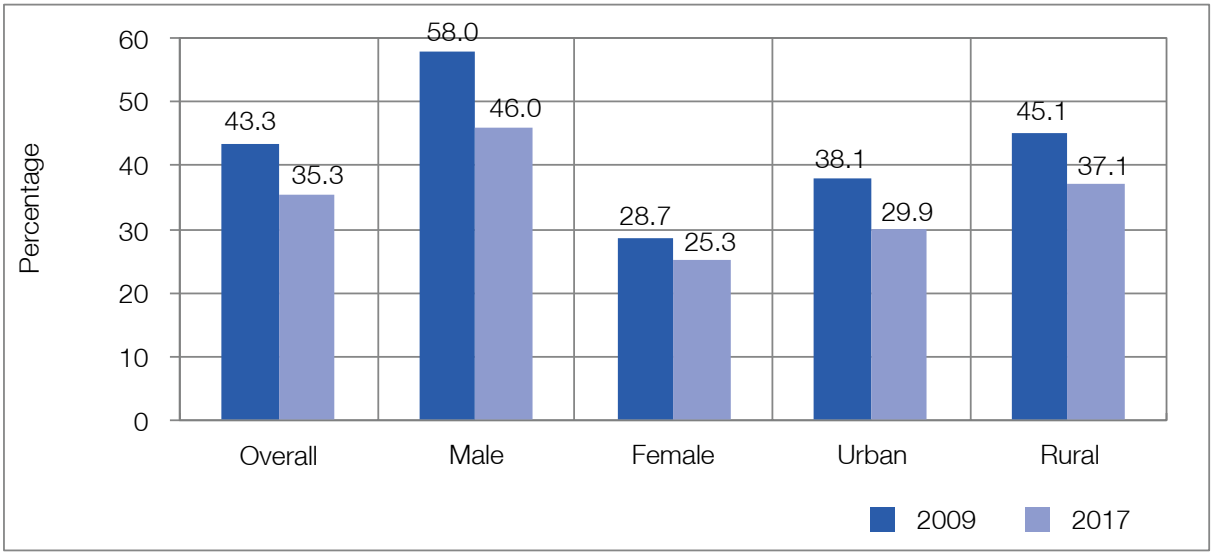
ADULT TOBACCO USE

According to the most recent data from the Global Adult Tobacco Survey (GATS) conducted in 2017, 35.3% of those aged 15 years and older consume some type of tobacco product. The majority of tobacco users in Bangladesh are smokeless tobacco (SLT) consumers, with 20.6% of adults reporting the use of any form of SLT, of which 18.7% use betel quid with tobacco, and 3.6% use gul (GATS, 2017). Women are more likely than men to use SLT products.

GATS (2017) reports that 18% of all tobacco users in Bangladesh smoke. A majority of them smoke cigarettes (14%) followed by biris (5%). The prevalence of smoking for men is higher than for women. These prevalence rates suggest that around 37.8 million adults use tobacco in Bangladesh, including over 19 million smokers (GATS, 2017).

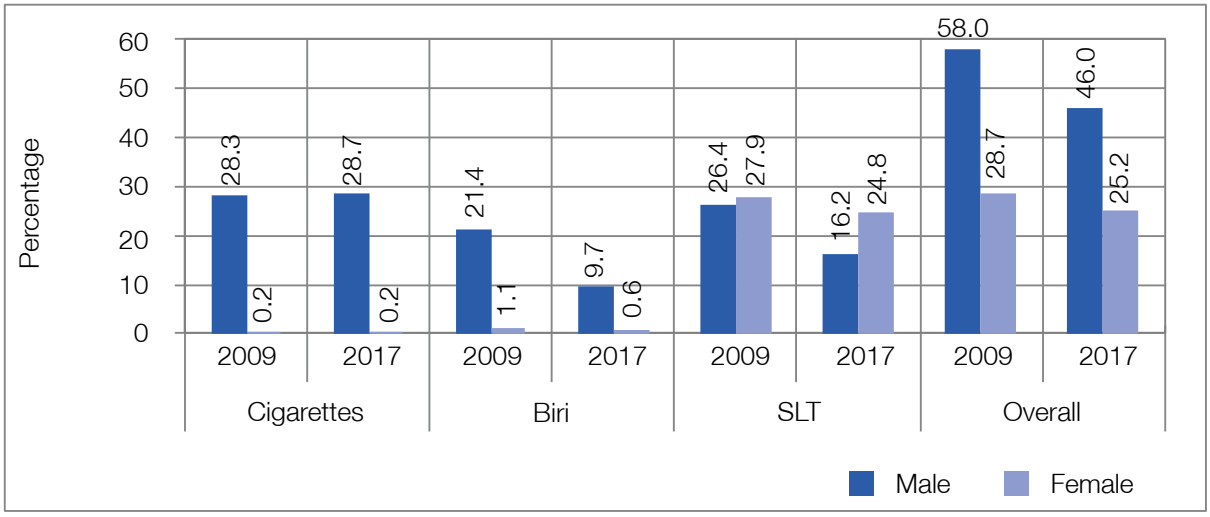
The two rounds of GATS suggest a considerable decline in tobacco use prevalence among adults (15 years and older) from 43.3% in 2009 to 35.3% in 2017, reflecting an 18.5% relative decline of tobacco use prevalence (Figure 1). Although the consumption of biris declined substantially from 11.2% of adults in 2009 to 5.0% in 2017, the consumption of cigarettes remained almost static over the years (from 14.2% of adults in 2009 to 14.0% in 2017). SLT consumption rates among women still remain high (Figure 2).

Figure 1. Tobacco consumption in Bangladesh (2009 and 2017)



Source: GATS, 2009 and 2017

Figure 2. Tobacco consumption in Bangladesh by type of products (2009 and 2017)



Source: GATS, 2009 and 2017

YOUTH TOBACCO USE

Youth tobacco use is a growing public health concern in Bangladesh. As in many countries, most tobacco use in Bangladesh starts during adolescence. GATS 2009 reports that 25% of daily smokers began smoking between the ages of 15 and 16, and 18.5% began smoking between the ages of 17-19 which includes people below 15 years of age, while the average age at initiation of daily smoking for males is 18 years (GATS, 2009).

SOCIOECONOMIC DIMENSIONS OF TOBACCO USE

There are differences in the tobacco use rates based on various socioeconomic and demographic factors. Tobacco use is more concentrated in rural areas and among persons with no formal education (62.9%) (GATS, 2009). The comparison of two rounds of GATS suggest a considerable decline in the prevalence of tobacco use in both rural and urban areas between 2009 and 2017 (Fig 2). Despite the downward trend, tobacco consumption is still higher in rural areas as compared to urban areas.

There also appears to be a strong socioeconomic gradient in smoking in Bangladesh, with more financially secure persons less likely to use tobacco. The smoking prevalence has declined in all wealth quintiles over the last eight years (see Figure 3).

HEALTH AND ECONOMIC CONSEQUENCES OF TOBACCO USE

In 2016, tobacco use killed more than 160,000 people, accounting for 26% of deaths among men and 10% among women in Bangladesh (Global Burden of Disease Study, 2018). In 2018, the total annual costs incurred in Bangladesh due to tobacco related illnesses amounted to BDT 305.70 billion (USD 3.6 billion), including both direct and indirect costs (Faruque *et al*. 2019). Indirect costs, which include lost productivity due to mortality and morbidity, are estimated to exceed the health care costs. In 2018, lost productivity from tobacco-attributable diseases and premature deaths caused by eight major diseases due to tobacco use was estimated to be BDT 182.40 billion. Overall, the economic costs of tobacco use in Bangladesh was estimated at about 1.4% of GDP in 2018 (Faruque *et al.* 2019).

REASONS FOR INITIATION OF TOBACCO CONSUMPTION

The TTRD study suggests that the major factors of SLT initiation included tradition, curiosity and health conditions, while reasons for initiating smoking were curiosity and peer pressure.

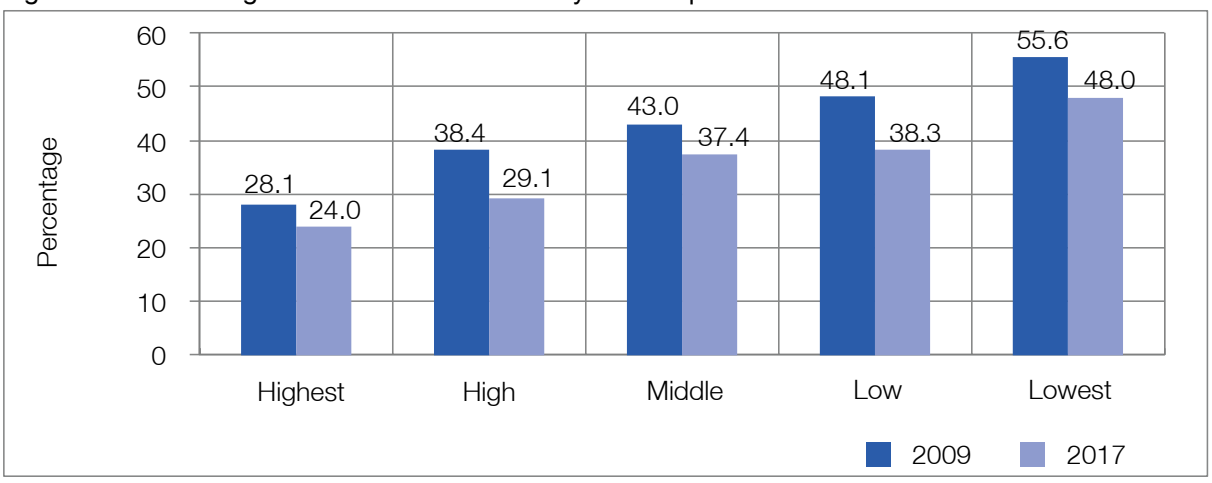
One female respondent said,

> *"My mother-in-law has taught me to chew betel nut. She told me, 'if you don't offer betel nut to the guests, it is not good. First, you have to learn (chewing) it and then you will be able to offer to the guests'." (FGD participant, female SLT user, Dhaka)*

People also start using SLT while preparing betel quid (betel leaf, areca nut and zarda) for their family members, such as, husband, grandfather, grandmother, parents, and mother-in-law.

> *"In our village, we saw that our mother, aunt, grandparents took it (indicating SLT). Sometimes*

Figure 3. Percentage of current tobacco use by wealth quintile



Sources: GATS, 2009 and 2017

they offered us a little bit, we took it; or we just secretly took some paan from their collection and ate it, and thereby became used to it." (FGD participant, female SLT user, Dhaka)

They also start consuming SLT to get relief of poor health conditions, mainly toothache.

"When I was 8/9 years old, I had cavity in my teeth. I went under medical treatment but nothing worked. One day my father applied gul in my teeth. Then the pain began to reduce. When I use gul I feel relieved. Since then it has become a habit." (FGD participant, female SLT user, Lalbagh, Dhaka)"

Curiosity also remains a major reason of initiating SLT use.

"Nobody had given it to us, we have started it (indicating consumption of SLT) of our own. One of my aunts used to consume zarda. I told her, 'please prepare me a paan'. She gave it to me. It tasted good" (FGD Participant, female SLT user, Dhaka)

Parents often encourage their daughters to consume SLT to look beautiful. It is perceived that a woman looks beautiful with the reddish face after consumption of SLT.

"My parents have told me that 'you will look beautiful when you chew betel nut'." (FGD Participant, female SLT user, Barishal Sadar)

Evidence suggests that many myths and misconceptions are attached to SLT use, such as: SLT helps to aid digestion if taken after meals; relieve pain; cure toothaches, headaches and stomach aches; cope with boredom, frustration and for mental relaxation purposes; relieve tension; aid concentration; combat bad breath; protect from snake and scorpion venom; and its use is less harmful than smoking (Summers *et al.* 1994; Anwar *et al.* 2005; Daniel *et al.* 2008; Kulkarni *et al.* 2012).

CONCLUSION

Tobacco consumption imposes a large and growing public health burden in Bangladesh. Low price and affordability, increasing population, and misconceptions regarding its useful health effects contribute to the high tobacco consumption in Bangladesh. This implies that tobacco control policies need to be strengthened, specifically, considerable increases in tax and price of all types of tobacco products are needed to ensure that the affordability of tobacco products continues to decline. Tax increases should be comparable across all tobacco products in order to reduce opportunities for substitution in response to changes in relative prices. In addition, bans on tobacco advertising, promotion and sponsorship need to be enforced at all levels. Cessation services should be available for tobacco users in Bangladesh.

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