Report on Global Youth Tobacco Survey (GYTS) and Global School Personnel Survey (GSPS) 2007 in Bangladesh

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I. Introduction

Background

Tobacco use is one of the leading preventable causes of premature death, disease, and disability in the world [1, 2]. Nearly 5 million people die annually from tobacco-related illnesses, and this number is expected to more than double by the year 2020 [3-5]. Twenty million people in Bangladesh use tobacco in one form or the other including five million women. Fifty seven thousands people die every year due to tobacco-related diseases. Nearly half of the school students and nearly $4/5^{th}$ of the health professional students are exposed to secondhand smoke in Bangladesh. Smoking prevalence among male men is 48.3% and among women is 20.9% [6].

Tobacco chewing is common, especially among women (50%). Approximately, 70% of tobacco produced is used for cigarettes and *bidis*, 20% for chewed tobacco and the remainder is used in cigars and pipe tobacco [7].

Bangladesh is a party to the WHO Framework Convention on Tobacco Control. The country has also developed national tobacco control legislation, national strategy and plan of action for tobacco control. A National Tobacco Control Cell (NTCC) has been established under the Bloomberg initiative to steer all national activities for tobacco control. Advertising tobacco products are banned in national TV and Radio and in the newspapers. Government of Bangladesh has also banned smoking is some public places. However, the level of enforcement is weak. There is still a need for increased awareness about tobacco control and social mobilization against widespread use of tobacco.

Global Tobacco Surveillance

In 1988, the World Health Organization (WHO), the U.S. Centers for Disease Control and Prevention, and the Canadian Public Health Association developed the Global Tobacco Surveillance System (GTSS) to assist all 192 WHO Member States in establishing continuous tobacco control surveillance and monitoring. The GTSS provides a flexible system that includes common data item but also allows countries to include important unique information at their discretion. For each WHO Member State, the GTSS uses a common survey methodology, similar field procedures for data collection, and similar data management and processing techniques. The GTSS collects data through the use of three surveys: the Global Youth Tobacco Survey (GYTS) for youth; and the Global School Personnel Survey (GSPS) and the Global Health Professional Students Survey (GHPSS) for adults.

The GYTS provides systematic global surveillance of youth tobacco use. The GSPS provides data on teachers and administrators from schools that participate in the GYTS. Countries can use GYTS and GSPS data to enhance their capacity to monitor tobacco use among youth; guide development, implementation, and evaluation of their national tobacco prevention and control program; and allow comparison of tobacco-related data at the national, regional, and global levels.

Given the above background, the current report presents a summary of important findings obtained from the national GYTS and GSPS implemented in Bangladesh in 2007. It presents data on the prevalence of different indicators of smoking, including ever smoking, age of initiation, current smoking, and tobacco dependency. Data are also presented on important components of a comprehensive tobacco control program (e.g., exposure to second-hand smoke, exposure to pro-tobacco media and advertising, and the desire to quit among smokers).

II. Methods

The Procedures

The 2007 National GYTS is a school-based survey. The sampling of schools used a two-stage cluster sample design that produced representative samples of students in secondary grades 7–10, which are associated with ages 13–15. The sampling frame included all secondary level schools in Bangladesh containing all the identified grades. At the first stage, the probability of schools being selected was proportional to the number of students enrolled in the specified grades. At the second sampling stage, classes within the selected schools were randomly selected. All students in selected classes attending school on the day the survey was administered were eligible to participate. Student participation was voluntary and anonymous using self-administered data-collection procedures. The GYTS sample design produced representative, independent, cross-sectional estimates for the country.

The following data are presented in this report: ever smoking; initiation of smoking before age 10; current cigarette smoking; dependency on cigarettes among current smokers; use of other tobacco products; exposure to secondhand smoke (SHS) at home; exposure to SHS in public places; desire for a ban on smoking in public places; students who saw advertisements for cigarettes on billboards or newspapers or magazines; students who have an object with a cigarette brand logo on it; and smokers who want to stop, have tried to stop, and have ever received help to stop smoking.

The GSPS is a survey of all administrators and teachers in the schools participating in the GYTS. The GSPS produces representative data which can be used for cross-sectional estimates for teachers and administrators in Bangladesh.

Analyses for this report were performed using SUDAAN, a software package for statistical analysis of correlated data, in order to compute standard errors of the estimates and 95% confidence intervals [8]. A weighting factor was applied to each student record to adjust for non-response (by school, class, and student) and variation in the probability of selection at the school, class, and student levels. A final adjustment summing up the weights by grade and gender to the population of school children in the selected grades in each sample site was also taken into account. Differences were considered statistically significant at the $p < 0.05$ level and were two-sided for all tests.

Participants

In the 2007 national sample of GYTS, altogether 52 schools were selected, with a total of 3,113 students participated in the survey. The school response rate was 100%, while the student response rate was 88.9%, and the overall response rate (i.e., the school rate multiplied by the student rate) was 88.9%. The grades represented in the survey were 7, 8, 9 and 10, which are representatives of students aged 13-15 years.

In the GSPS, the same 52 schools were selected and all the schools participated in the GSPS as well. Participants for the GSPS included teachers, and administrative and other staff currently working in the selected schools.

Questionnaire

The GYTS questionnaires were self-administered in classrooms. School, class, and student anonymity was maintained throughout the GYTS process. In addition to the core GYTS questions, Bangladesh country-specific questions were also included

in the questionnaire which included data on prevalence of *bidi* smoking, and use of other tobacco products (e.g., chewing tobacco, cigars, pipes, etc.). The questionnaire was translated into Bengali for administration into the selected schools.

Like the GYTS, the GSPS questionnaire was also self-administered in the schools. School and personnel anonymity was maintained throughout the GSPS process. There were few country-specific questions in the GSPS questionnaire in addition to the core questionnaires. The GSPS questionnaire was also translated into Bengali for administration.

III. Results from the GYTS 2007

Prevalence

About 9% of the students reported that they had ever smoked cigarettes (Table 1). Boys (15.8%) were significantly more likely than girls (4.8%) to ever smoke cigarettes. Almost 4 in 10 students (38.6%) smoked their first cigarette before age 10. Also, more than 1 in 10 students (13.2%) who never smoked cigarettes are interested to initiate smoking within a year (Table 1). Among the students, 2% currently smoke cigarettes (Table 2) and there is no significant difference between boys (2.9%) and girls (1.1%) in current cigarette smoking. In addition to current cigarette smoking, another 6% also use other tobacco products currently, which together shows that 8% of the students currently use tobacco. Like cigarette smoking, there is no significant difference between boys (8%) and girls (4.2) in using other tobacco products currently (Table 2). Among students who currently smoked cigarettes, 1% reported that they felt like having a cigarette first thing in the morning (i.e., cigarette dependency).

Exposure to Secondhand Smoke (SHS)

More than 3 in 10 students (34.7%) reported that they were exposed to smoke from other people in their home during the week before the survey (Table 3). And, more than 4 in 10 students (42.2%) were exposed to smoke from other people in public places. Almost 8 in 10 students (74.9%) thought smoking should be banned in public places.

School Curriculum

Fifty percent of the students (54.2%) reported that they were taught dangers of tobacco use in school (Table 4). And, about one-third of the students (36.9%) reported that they discussed reasons why people their age use tobacco.

Media and Advertising

More than 7 in 10 students (73.5%) had seen a lot of advertisements for cigarettes on billboards within the past month and more than 6 in 10 (64.0%) had seen a lot of advertisements for cigarettes in newspapers or in magazines (Table 5). More than one in 10 (12.8%) students reported having an object (e.g., t-shirt, cap, etc.) with a cigarette or tobacco company logo on it, with no significant difference between boys (15.3%) and girls (10.9%).

Cessation

More than 7 in 10 current smokers (70.7%) reported that they desired to stop smoking now, and more than 8 in 10 (85.0%) tried to stop smoking during the past year but failed (Table 6). Nine in 10 current smokers (90.1%) reported that they had ever received help to stop smoking.

Access and Availability

About 4 in 10 students (38.3%) reported that they usually buy tobacco in a store and of which 97.8% reported that they were not refused cigarette purchase because of their age (Table 7). Also about 1 in 10 students reported that they have been offered free cigarettes by a tobacco company representative with no significant difference between boys (8.6%0 and girls (4.6%).

IV. Results from the GSPS 2007

Prevalence

GSPS results show that prevalence of tobacco use is very high among the school personnel in Bangladesh. More than half of the school personnel (52%) reported that they currently use tobacco (of which 23.4% smoke cigarettes, 9.2% smoke *bidis* and 19.4% use other forms of tobacco, especially chewing tobacco) (Table 8). As expected, male smoking rate is more than 10 times higher than that of the female (39.5% against 3.5%). However, in respect of using chewing tobacco, the difference is not large (21.1% for male against 10.7% for female).

School Policies

Most of the school personnel (97.0%) think that the school should have a policy banning smoking in the school premises. However, when asked whether the school has policies prohibiting tobacco use among the students and the school personnel in the school premises and in the school sponsored events, only two-third of the school personnel reported that their school has policy for the students, and only half of the school personnel reported that their school has policies for the school

personnel. Furthermore, in the schools that have policies, only half of them enforced those policies as reported by the school personnel.

Tobacco Related Curricula

Regarding school curricula related to tobacco use prevention, about two-third of the school personnel reported that tobacco use prevention is included somewhere in the school curricula and about the same proportion of school personnel also reported that they do teach about the harmful effects of tobacco use to the students. About four in ten school personnel also reported that they also use non-classroom method to teach tobacco use prevention to the students in the schools. However, less than 5% of the school personnel reported that they didn't receive any training to prevent tobacco use among the students.

V. Discussions for GYTS

The main goal of a comprehensive tobacco control program is to improve the health of the population by encouraging smokers to quit, eliminating exposure to secondhand smoke, and encouraging people not to initiate tobacco use. Previous studies have shown that demand reduction measures, primarily those that increase the price of tobacco, are effective in significantly reducing initiation of tobacco use and consumption among young people [9]. In addition, comprehensive tobacco control programs often include non-price interventions such as: restrictions on smoking in public places and work places; a complete ban on advertising and promotion by tobacco companies; promotion of quitting among adults and youths; mobilizing community efforts to restrict minor's access to tobacco products; development and implementation of school-based educational programs in combination with

community-based activities; dissemination of information on the health consequences of smoking, such as having prominent warning labels on cigarette packets [9].

The WHO FCTC includes specific articles related to each of these interventions [10]. This section presents the review of tobacco control program efforts in Bangladesh relative to the findings to the GYTS.

Prevalence

In Bangladesh, tobacco use behavior for the adults is consistent with that of the WHO SEAR region where men's use of tobacco is significantly higher than that of women. Among adults in the WHO SEAR region, male smoking rates among the highest in the world and female smoking rates are among the lowest [11-14]. Bangladesh GYTS 2007 also shows significant difference between ever smoker boys and girls. However, for the current users of tobacco products (for both smoking and smokeless products), no significant difference was observed between boys and girls. Also, the rates of current cigarette smokers for girls are close to that of the women, which indicates that the smoking prevalence is increasing at a faster rate among girls than that of the boys.

Another important point to note here is that while the current smoking prevalence is 2%, about 13.2% never smokers expressed their willingness to initiate smoking within the next one year. Tobacco control programs in Bangladesh should therefore concentrate more on these two factors: preventing girls to smoke and encouraging never smokers not to initiate smoking.

Secondhand Smoke (SHS)

Article 8 of FCTC addresses the issue of "Protection from exposure to tobacco smoke" [10]. Bangladesh has laws in place restricting smoking in public places; however, the scope and enforcement of these laws are not satisfactory. The 2008 *WHO Report on the Global Tobacco Epidemic* summarizes this coverage regarding eight specific public places (i.e., health care facilities, education facilities, university facilities, government facilities, indoor offices, restaurants, pubs and bars, and other indoor workplaces) [15]. Bangladesh has laws banning smoking in only two of the eight places. Also, the level of enforcement in Bangladesh is very poor (zero).

The relationship between GYTS data on exposure to SHS in public places (42.2%) and the number of smoke-free laws (2 out of 8) and enforcement (zero) in the country indicates that Bangladesh has a good potential of reducing the exposure to SHS significantly through enacting laws banning smoking in other public places and enforcing them completely.

School Curriculum

Article 12 of the WHO FCTC addresses the issue of "Education, communication, training and public awareness" [10]. Results from GYTS show that 54.2% of the students reported that they had been taught in classes the past school year about the dangers of tobacco.

WHO recognizes school and community tobacco control program efforts are important but they are most likely to be successful after a favorable policy environment has been created, including tax and price policies, 100% smoke-free public places and indoor workplaces, and a comprehensive ban on all tobacco advertising, promotion, and sponsorship.

Media and Advertising

Advertising: Article 13 of the WHO FCTC address the issue of "Tobacco advertising, promotion and sponsorship" [10]. The 2008 *WHO Report on the Global Tobacco Epidemic* summarizes the advertising bans in the ASEAN countries [15]. The report includes whether the countries have national and international bans on TV, radio, newspaper, billboard, and point of sale advertising. Bangladesh has laws banning advertising on national TV and Radio; local magazines and newspapers; and billboard and outdoor advertising with moderate level (five) of enforcement. However, the expected inverse relationship between having laws banning advertising and students in the GYTS reporting having seen pro-tobacco advertising was not found in Bangladesh. Data from the GYTS showed exposure to pro-tobacco advertising on billboards and in magazines was fairly high in the country; regardless of the extent of laws banning the advertising. Students reported seeing pro-tobacco advertising on billboards is 73.5%; and in the magazines is 64.0%. One reason for this may be that the students reported seeing advertising regardless of time reference (i.e., not only during the past month, but sometime past). Also, point of sale advertising is not banned in Bangladesh and students may have seen large posters advertising tobacco at the point of sale tobacco. However, it is important to note here that Bangladesh needs to ban advertising at all possible medias and places and strengthen the effort to enforce them completely.

Promotion: The 2008 *WHO Report on the Global Tobacco Epidemic* includes information on whether the countries have laws banning promotion of free distribution of tobacco products and promotion of non-tobacco products [15]. The GYTS includes two indicators regarding promotion: whether the students have an item with a tobacco company logo on it (e.g., a shirt, cap, back-pack, etc.); and,

whether the students have been offered free cigarettes by any tobacco company representatives. No consistent relationships were found between having a ban on promotional item and the students having an item; and having a ban on offering free cigarettes by cigarette company representatives and students reportedly been offered free cigarettes. While Bangladesh has laws banning free distribution of tobacco products; non-tobacco products identified with tobacco brand names; and events sponsored by tobacco companies with a moderate level (five) of overall enforcement, over 1 in 10 students (12.8%) have reported that they have an object with a cigarette or tobacco logo on it, and 6.4% reported that they have been offered free cigarettes by a cigarette company representative. The lack of relationship is most likely due to the lack of proper enforcement of the laws.

Cessation

Article 14 of the WHO FCTC addresses the issue of "Demand reduction measures concerning tobacco dependence and cessation" [10]. The 2008 *WHO Report on the Global Tobacco Epidemic* states "countries must establish programs providing low-cost, effective treatment for tobacco users who want to escape their addiction" [15]. The report shows that all of the ASEAN countries have some form of cessation program in place; however, the extent of the program varies greatly across the countries. In Bangladesh, some nicotine replacement therapy is available in pharmacies and some smoking cessation support is available in the communities.

Results from the GYTS show the percent desiring to stop smoking is 70.7%. The problem facing Bangladesh, as with other ASEAN countries, is summarized in the report, *Youth Tobacco Cessation: A Guide for Making Informed Decision*, "…. A literature review of 66 published studies on youth tobacco-use cessation and reduction

….concluded that most of the studies lacked and the quality and consistency of finding to allow conclusive recommendations about effective practices….” [16]. More research is needed to evaluate and identify effective youth tobacco cessation programs.

Access and Availability

Article 16 of the WHO FCTC addresses the issue of “Sales to and by minors” [10]. Five of the nine ASEAN countries have laws in place restricting the sale of tobacco products to minors. Bangladesh doesn’t have any such law. The GYTS includes two questions relevant to access and availability of adolescents to purchase cigarettes in stores: “How do you usually obtain your cigarettes?” and “Have you ever been refused purchase due to your age?” Results from GYTS in Bangladesh in 2007 show that 38.3% of smokers reported that they usually obtain their cigarettes by purchasing them in a store. And, 97.8% of the smokers who buy their tobacco in a store reported that they were not refused cigarette purchase because of their age. The access law must therefore be enacted and enforced completely in order to implement the Article 16 of the WHO FCTC.

VI. Discussions for GSPS

Prevalence

GSPS provides useful information about tobacco use behavior among the school personnel. Teachers are the role models for the students and teachers can play a significant role in preventing students to smoke. But for that matter, teachers should prepare themselves to teach and advise students not to smoke. Teachers should first

prevent themselves to smoke before advising the students, otherwise, it is unlikely to bring any positive change for the students.

GSPS results demonstrate a very high prevalence of smoking as well as use of other tobacco products among the school personnel and this need to be brought under the focus of national tobacco control programs.

School Policies

GSPS results also provides useful information regarding school policies that majority of the schools do not have any policy regarding prohibiting tobacco use in the school premises and school sponsored events let alone the enforcement. It is therefore very important to encourage the schools to have policies about tobacco use prevention and proper (complete) enforcement of those policies. It will not be difficult to implement this in the schools as almost 100% of the school personnel think that the school should have policies about tobacco use prevention.

Tobacco Related Curricula

Over two-third of the school personnel reported that tobacco use prevention is included somewhere in the school curricula and they also teach the students about the harmful effects of tobacco use. But, the real situation is somewhat different. Teachers might have considered occasional discussion about tobacco as teaching about tobacco use prevention. What is required here is to have proper curricula in the textbook about tobacco use prevention and training for the teachers about it. For the training of the teachers, among others, the Teachers Training Colleges should include tobacco use prevention in their curricula.

VII. Conclusion

Bangladesh has made tobacco use prevention a primary health issue and in support of this effort, the country has ratified the WHO FCTC. However, the findings in this study suggest that the tobacco control program efforts need to focus largely on implementation and enforcement of policies already in place as well as expansion into additional program efforts. Tobacco use prevalence is still high among the students as well as the teachers. In particular, smoking prevalence is high among the girls compared to that that of the adult female. And, the rate of susceptibility is also very high among the boys and the girls. Both GYTS and GSPS results also show that although Bangladesh has laws banning smoking in some public places and banning advertising in some important medias, the level of enforcement is weak and, therefore, the effect of those laws is still far from bringing the desired outcome.

The tobacco control effort, therefore, need to be comprehensive, broad-based, and focused on boys and girls. If the country does not address these issues soon, future morbidity and mortality attributed to tobacco will continue to rise. The WHO FCTC and WHO SEAR tobacco control action plan provide useful frameworks for implementing such a comprehensive approach. GYTS and GSPS offer the country a unique opportunity to develop, implement and evaluate comprehensive tobacco control policies which can be most helpful for the country.

VIII. Recommendations: Linking Data to Action

This section summarizes some the actions that need to be taken into consideration for the national tobacco control policies based on the GYTS and GSPS findings:

1. Tobacco control policies should have special focus on “girl smokers” and “future smokers”.
2. Enforcement of laws already taken for tobacco use prevention need to be strengthened.
3. Need to ban smoking in some other places including universities, government facilities, indoor offices, restaurants, and indoor workplaces.
4. Need to enforce smoke-free policy in all schools; and tobacco use prevention should also be included in the school curricula.
5. Need to ban tobacco advertising at the point of sale; appearance of tobacco products in TVs/Films; sale of tobacco products to the adolescents; and sale of tobacco products in and around the educational institutions.
6. Need to develop the smoking cessation support at both the health facility and the community levels.

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Tables

Table 1: Percent of students who had ever smoked cigarettes, percent of students who ever smoked that first tried a cigarette before age 10, and percent of students who had never smoked that were susceptible to start smoking in the next year, BANGLADESH GYTS, 2007.

Prevalence of ever smoking	Ever smoked cigarettes, even one or two puffs	Ever smokers who initiated smoking before age 10	Percent never smokers likely to initiate smoking within a year
BANGLADESH	9.3 (6.2 - 13.6)	38.6 (25.4 - 53.6)	13.2 (10.7 - 16.2)
Boy	15.8 (10.6 - 23.0)	47.6 (34.6 - 60.9)	13.4 (9.8 - 17.9)
Girl	4.8 (2.4 - 9.3)	23.5 (5.0 - 64.0)	12.9 (9.3 - 17.7)

* < 35 cases in the denominator

Table 2: Percent of students who were current cigarette smokers, current users of tobacco products other than cigarettes, and percent of current smokers who were dependent on tobacco products, BANGLADESH GYTS, 2007.

Prevalence of current smoking	Current cigarette smoker	Currently use other tobacco products	Percent of current cigarette smokers who feel like having a cigarette/chew first thing in the morning
BANGLADESH	2.0 (1.1 - 3.6)	6.0 (4.0 - 8.9)	1.0 (0.3 - 3.9)
Boy	2.9 (1.7 - 5.0)	8.0 (5.9 - 10.8)	1.5 (0.3 - 7.8)*
Girl	1.1 (0.3 - 3.2)	4.2 (1.9 - 9.1)	0.8 (0.1 - 7.2)*

* < 35 cases in the denominator

Table 3: Percent of students exposed to smoke at home, exposed to smoke in public, and supported banning smoking in public places, BANGLADESH GYTS, 2007.

Exposure to secondhand smoking	Percent exposed to smoke from others at home	Percent exposed to smoke from others in public places	Percent who think smoking should be banned in public places
BANGLADESH	34.7 (27.3 - 42.8)	42.2 (34.0 - 50.8)	74.9 (63.6 - 83.7)
Boy	37.8 (29.6 - 46.8)	47.1 (39.7 - 54.6)	81.4 (70.1 - 89.1)
Girl	32.4 (23.8 - 42.5)	38.7 (28.7 - 49.7)	70.3 (58.2 - 80.2)

Table 4: Percent of students who were taught dangers of smoking, discussed reasons why people their age use tobacco, taught effects of using tobacco, GYTS India, 2007.

School curricula	Percent taught dangers of smoking/chewing tobacco	Percent discussed reasons why people their age smoke/chew tobacco	Percent taught about the effects of smoking/chewing tobacco
BANGLADESH	54.2 (45.8 - 62.5)	36.9 (29.4 - 45.0)	NA
Boy	56.8 (46.1 - 66.9)	40.0 (29.9 - 51.0)	NA
Girl	52.8 (40.9 - 64.3)	34.2 (25.6 - 44.0)	NA

Table 5: Percent of students who saw ads on billboards, saw ads in newspapers, and had an object with a tobacco company logo on it, BANGLADESH GYTS, 2007.

Advertisement	Percent who saw a lot of ads for cigarettes on billboards in the past month	Percent who saw a lot of ads for cigarettes in newspapers or magazines in the past month	Percent who have an object with a cigarette or tobacco logo on it
BANGLADESH	73.5 (66.7 - 79.3)	64.0 (55.3 - 71.9)	12.8 (10.0 - 16.4)
Boy	79.2 (72.6 - 84.5)	55.9 (47.8 - 63.7)	15.3 (10.2 - 22.2)
Girl	69.5 (60.8 - 76.9)	69.7 (57.9 - 79.4)	10.9 (7.4 - 15.7)

Table 6: Percent of current smokers who want to quit, current smokers who tried to quit, and current smokers who received help to quit, BANGLADESH GYTS, 2007.

Willingness to quit smoking	Percent of current cigarette smokers who desire to stop smoking	Percent of current cigarette smokers who tried to stop smoking during the past year	Percent of current smokers who received help to stop smoking
BANGLADESH	70.7 (45.4 - 87.5)	85.0 (57.2 - 96.0)	90.1 (71.6 - 97.0)
Boy	89.5 (63.3 - 97.7)	92.6 (73.4 - 98.2)	84.0 (58.7 - 95.1)
Girl	71.4 (25.4 - 94.8)*	66.6 (20.7 - 93.8)*	98.1 (91.0 - 99.6)*

* < 35 cases in the denominator

Table 7: Percent of current smokers who usually buy tobacco in a store, percent of current smokers who buy tobacco in a store and were not refused purchase because of their age, and percent of all students who have been offered free cigarettes by a tobacco company representative, BANGLADESH GYTS, 2007.

Access and accessibility	Percent current smokers who usually buy their tobacco in a store	Percent current smokers who buy their tobacco in a store and were not refused cigarette purchase because of their age	Percent who have been offered "free" cigarettes by a tobacco company representative
BANGLADESH	38.3 (17.2 - 64.9)	97.8 (84.8 - 99.7)*	6.4 (4.3 - 9.4)
Boy	49.1 (26.7 - 71.8)	96.5 (77.0 - 99.6)*	8.6 (5.9 - 12.3)
Girl	2.2 (0.6 - 7.7)*	100.0*	4.6 (2.8 - 7.5)

* < 35 cases in the denominator

Table 8: GSPS Prevalence – Bangladesh 2007

Prevalence	Total	Male	Female
Ever smoked cigarettes	60.0 (51.9 – 67.5)	71.2 (63.4 – 78.0)	12.5 (5.6 – 25.8)
Currently smoked cigarettes			
- Daily	11.4 (7.4 – 17.2)	13.8 (9.0 – 20.4)	1.6 (0.2 – 10.9)
- Occasionally	12.0 (9.3 – 15.3)	14.4 (11.1 – 18.6)	1.8 (0.2 – 12.2)
Ever smoked bidis	48.1 (39.1 – 57.2)	57.7 (47.9 – 67.0)	6.9 (3.0 – 15.1)
Currently smoke bidis			
- Daily	3.6 (1.8 – 7.2)	4.4 (2.2 – 8.8)	0.1 (0.0 – 0.07)
- Occasionally	5.6 (2.8 – 11.0)	6.9 (3.4 – 13.8)	0.0
Ever used chewing tobacco	28.9 (22.5 – 36.3)	32.1 (24.7 – 40.6)	14.3 (7.5 – 25.8)
Currently used chewing tobacco			
- Daily	9.3 (5.2 – 15.8)	9.4 (5.0 – 17.0)	7.0 (1.5 – 26.7)
- Occasionally	10.1 (7.3 – 13.8)	11.7 (8.5 – 15.9)	3.7 (0.7 – 17.4)

Table 9: GSPS School Policy – Bangladesh 2007

Policies	Response
Think schools should have a policy or rule specifically prohibiting tobacco use among students on school premises/property	97.9 (95.2 – 99.1)
Think schools should have a policy or rule specifically prohibiting tobacco use among school personnel on school premises/property	97.0 (94.2 – 98.4)
School has a policy or rule specifically prohibiting tobacco use among students inside school buildings	65.0 (58.2 – 71.2)
School has a policy or rule specifically prohibiting tobacco use among students outside school buildings, but on school premises/property	67.0 (59.6 – 73.6)
School has a policy or rule specifically prohibiting tobacco use among students at school sponsored activities wherever they occur	72.4 (60.2 – 82.0)
School has a policy or rule specifically prohibiting tobacco use among school personnel inside school buildings	49.7 (37.7 – 61.7)
School has a policy or rule specifically prohibiting tobacco use among school personnel outside school buildings, but on school premises/property	49.2 (36.8 – 61.6)
School has a policy or rule specifically prohibiting tobacco use among school personnel at school sponsored activities wherever they occur	52.0 (41.6 – 62.3)
Does your school completely enforce any of its policy (or rule) on tobacco use among students	60.0 (49.7 – 69.5)
Does your school completely enforce any of its policy (or rule) on tobacco use among school personnel	50.4 (39.4 – 61.4)

Table 10: GSPS School Curricula – Bangladesh 2007

School Curricula	Response
Tobacco use prevention included somewhere in the school curriculum	71.7 (63.0 – 79.0)
Taught about the harmful effects of tobacco use during last school year	72.7 (65.1 – 79.1)
Received training to prevent tobacco use among youth	4.5 (2.5 – 8.1)
Non-classroom programs or activities (such as an assembly) used to teach tobacco use prevention to students in your school	43.1 (33.0 – 53.7