

Abstracts submission

Epidemiology (e.g. youth and smoking, women and smoking)

WCTOH12-3002

PREVALENCE AND PREDICTORS OF SMOKELESS TOBACCO USE IN BANGLADESH: FINDINGS FROM THE INTERNATIONAL TOBACCO CONTROL (ITC) BANGLADESH WAVE 2 SURVEY

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Additional Topic/Keyword: smokeless tobacco, prevalence, Bangladesh

Please select preferred presentation format: Poster Only

Please indicate the country which your research / intervention / initiative was performed: Bangladesh

Background and/or Objectives: Several studies in the west had reported a high prevalence to SLT use among south Asians including Bangladeshis. However nationally representative prevalence data on SLT use and factors associated with SLT use are sparse in Bangladesh. Understanding the pattern of SLT use would support the development of interventions to combat the harms of SLT among the public. This study examined the patterns of and factors associated with SLT use among Bangladeshis aged 15 and above.

Methods/ Description: Data from Wave 2 (2010) of the International Tobacco Control (ITC) Survey in Bangladesh, a face to face survey of nationally representative population-based survey of households, were analysed. Households were sampled using a stratified multistage design and interviewed using a structured questionnaire.

Results/Outcomes: Of the respondents (N=5680), 62% were male, 34% were illiterate, 80% were married and 45% were non-smokers. 21% (1165/5680) of the respondents were smokeless tobacco (SLT) users. SLT users were significantly more likely to be those who were female (25%) than male (20%), aged 40 years or older (33%) than aged 15-24 years (8%), married (24%) than otherwise (12%), the illiterate (31%) than those who attained education of 9 years or more (9%), with low income (below Taka 5000) (25%) than a high income (Taka 10,000 or more) (18%), those who did not smoke cigarette exclusively (31%) than those who smoked exclusively cigarette (18%), those who agreed that smoking by women is acceptable (26%) than those who did not agree (20%), and those who thought that SLT is less harmful (33%) than more harmful (13%) compared with cigarettes, and less harmful (37%) than more harmful (13%) compared with bidi smoking. Those who thought SLT use was bad (20%) than otherwise (32%) were less likely to use SLT. Multivariate logistic regression analyses (including a sex X residence interaction term to account for potential differences in the tribal/border areas) identified five predictors of SLT use: being aged 25-39 (OR=2.14) or 40-54 (OR=3.71) or 55 and above (OR=5.89), being married (OR=1.38), attaining education to 8 years (OR=0.75) or 9 years or above (OR=0.33), and believing that SLT is more harmful than bidi (OR=0.24) or no difference between SLT and bidi (OR=0.18).

Conclusions /Lessons Learnt: The findings show that a significant proportion of Bangladeshi adults use SLT. Many of the factors that are associated with SLT use are similar to those with cigarette or bidi users. Therefore, evidence based approaches for cigarette use reduction could be used to promote SLT use reduction. Population based tobacco control programs should target SLT use within the intervention framework.

I would like to apply for scholarship: NO

Disclosure of Interest: None Declared

Keywords: None