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1. Introduction

1.1 Background

The International Tobacco Control (ITC) Project is a multi-country prospective cohort study designed to measure the psychosocial and behavioural impact of key policies of the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC).

Bangladesh was the first country to sign the FCTC on 16 June 2003 and ratified it on 10 May 2004. The ratification was made concrete with the passage of the Tobacco Control Act (TCA) on 15 March 2005. Under this Act, the following regulations are enforced as per a supplementary Gazette notification of the Government of Bangladesh dated 30 May 2006:

(i) It is not allowed to smoke in public places and transports, except at designated smoking areas.
(ii) The advertising of tobacco products on print and electronic media, email, internet, or any other written or printed or spoken form, is banned.
(iii) Consumption of tobacco products cannot be encouraged through charity, prizes, scholarships or sponsorships of sport activities.
(iv) Automatic vending machines for selling tobacco products are not allowed.
(v) Effective since 01 September 2006, a warning label has to be printed on a minimum of 30% area of the packets of tobacco products, clearly stating that smoking causes death, stroke, heart disease, lung cancer, breathing or other health problems. It should warn against any of these ailments caused by smoking.

To evaluate the effect of the FCTC, the ITC Project is conducting parallel prospective cohort surveys with adult smokers in 20 countries—Canada, United States, Australia, United Kingdom, Ireland, Thailand, Malaysia, South Korea, China, New Zealand, Mexico, Uruguay, Germany, France, the Netherlands, Bangladesh, Brazil, Mauritius, Bhutan, and India. Half of the ITC countries represent high income countries and the other half low- and middle-income countries.

The ITC Bangladesh Wave 1 Survey was carried out from February to May 2009.

1.2 Main Objectives

The objectives of the ITC Bangladesh Survey are:

a. To examine the prevalence and patterns of tobacco use in Bangladesh.

The ITC Bangladesh Survey provides multidimensional estimates of prevalence and patterns of tobacco use among the Bangladeshi population. It describes the population’s consumption patterns, quitting behaviour, as well as its knowledge, beliefs, and attitudes about tobacco use. Specifically, the survey investigates the population’s shift from traditional tobacco products (in the form of bidis, kreteks, smokeless) to cigarettes.

b. To examine the impact of specific tobacco control policies implemented in Bangladesh for the next 5 years.

The ITC Bangladesh Survey evaluates the impact of tobacco control policies in the following areas of the FCTC:

- Health warning labels and package descriptors
- Smoke-free legislation
- Pricing and taxation of tobacco products, as well as the prevalence of compensatory behaviours that may offset the impact of taxation (e.g., cheaper purchasing options, smuggling)
- Education and support for cessation
- Tobacco advertising and promotion

In 2005, the Bangladesh Government passed the Tobacco Control Act, which was designed to implement FCTC policies in three areas: a ban on smoking in public places, a ban on advertising of tobacco products, and the implementation of text warning labels on packages. The TCA came into force in 2006.

This report provides a detailed picture of the current tobacco control policy landscape in Bangladesh, including cigarette and bidi smokers, and non-smokers’ beliefs, attitudes, and behaviours, following the passage of the Tobacco Control Act of 2005. Of particular importance in Bangladesh is the linkage between tobacco control and the poverty of tobacco users.

c. To compare smoking behaviour and the impact of policies between Bangladesh and other ITC countries.

The ITC Project aims to provide an evidence base to guide policies enacted under the FCTC, and to systematically evaluate the effectiveness of these legislative efforts. All ITC Surveys are developed using the same conceptual framework and methods, and the survey questions are designed to be identical or functionally equivalent in order to allow strong comparisons across countries. The evaluation studies conducted from the ITC Surveys take advantage of natural environments created when an ITC country implements a policy: changes in policy-relevant variables in that country from pre- to post-policy survey waves are compared to other ITC countries where that policy has not changed. This research design provides high levels of internal validity, allowing more confident judgments regarding the possible causal impact of the policy.

d. To suggest changes to current government tobacco policies

Recommendations to strengthen the current tobacco policies are made based on existing and derived survey information. The aim is to optimise the effects of tobacco control policies with regard to situational and individual difference moderators: (a) demographic variables; (b) personality variables (e.g. time perspective); (c) environmental context (e.g. number of peers/family members who smoke); and (d) the individual’s smoking history (e.g. past quit attempts, smoking intensity and quitting smoking).

1.3 Survey Design

The ITC Bangladesh Survey is a longitudinal cohort study. In other words, the respondents who participate in this survey will be re-contacted in the future to answer follow-up surveys. The plan for future survey waves in Bangladesh is to re-contact the respondents for follow-up surveys in 2010 and 2011. Figure 1 shows the timeline of the ITC Bangladesh project.
1.4 The Research Team

The ITC Bangladesh Survey is conducted by researchers at the Bureau of Economic Research (BER) and the Department of Economics at the University of Dhaka, with assistance from one consultant at the Boston University School of Public Health, and an international team of ITC Project researchers, and project staff at the University of Waterloo in Canada.
2. Household Enumeration

Prior to the survey fieldwork for the ITC Bangladesh Survey, a large scale household enumeration data collection (as far as possible, a census) was carried out in villages selected for the sample to determine:

- The smoking status of household members — cigarette/bidi/dual (cigarette and bidi)/hookah/smokeless tobacco user/non-smoker.
- The socio-economic status of households for stratified sampling.
- Gender, age, and ethnicity of household members.

This information was collected for every adult member in the household. A maximum of 4 attempts were made to enumerate each household. The time required to complete the Household Enumeration Form was 10-15 minutes.

2.1 Definition of a Household

A household is any person or group of persons living in a dwelling. It may consist of:
1. One person living alone
2. A family sharing the same dwelling
3. A group of people who are not related but share the same dwelling

To be included on the Household Enumeration Form for a particular dwelling, a respondent must have regarded the dwelling as his/her usual place of residence.

Eligible Types of Dwellings

Private Home: A private home is any dwelling that is considered to be the usual place of residence for at least one of the persons living there. The person may be:
- a family member
- a roomer / boarder
- an employee

The following are types of private homes:

Independent Home: An independent home does not share wall, roof, floor or entrance with another dwelling.

Duplex Home: A duplex home has separate facilities with another dwelling but shares a wall, roof, floor or entrance.

Apartment in a Building: An apartment is a set of dwellings within the same building.

Room in a Building: A room in a neighbourhood shares with another dwelling a wall and/or roof and/or floor. The residents may also share water and/or washroom facilities with other dwellings in the same building.

Private Home AND Business: A private home and business is any dwelling that serves both as a business and the usual place of residence, such as in the case of a business operating from home.
Room Built for Other Reason (not for dwelling): Places built not intended as a dwelling, but were inhabited at the time of visit. In these cases, it was asked whether there was at least one person living in that place at that time, so that the place could be considered a dwelling.

Ineligible Dwellings

The survey was not conducted in dwellings with individuals living in institutions, such as schools, hospitals, nursing homes, jails, NGOs, or religious institutions.

2.2 Sampling Design

The total sample of the ITC Bangladesh Survey comprised two samples: a national sample (representing the broad national population of Bangladesh) and a floating population sample (representing the floating and urban poor population).

Figure 2    ITC Bangladesh Wave 1 Sampling Areas
**National Sample**

The national sample was designed to represent the broad national population of Bangladesh. For this national sample, 23 districts out of the 64 districts covering Bangladesh were selected, 20 of them were selected randomly, with probability proportional to population size.

The remaining three districts in the national sample were selected purposively. Two districts were purposively selected to include the tribal populations (Garo and Chakma); a third district was purposively selected to cover one land port in which cross-border trades take place frequently, making it potentially a significant outlet of illegal trade of tobacco products between Bangladesh and India.

A total of 40 upazilas from the 23 districts, and (usually) 2 villages (or wards) from each upazila (or thana) were selected, again with probability proportional to size (see Appendix G). Thus, a total of 80 villages/wards were selected for the main survey. One village included roughly 300-600 households and a maximum of 450 households could be enumerated in each village.

During the fieldwork for Wave 1, some changes were made to the original sampling plan. The survey area in Chittagong—Khagrachari—was selected to be surveyed, but due to political unrest there, the area of Rangamati was chosen to replace it. In addition, there was a setback with the Jessore district enumeration—the enumerators had difficulty finding two of the selected villages (Gauripur and Monirampur). Therefore, two new villages (Dighirpar and Mashisha) were selected to replace them. Surveying in Dhaka City was also challenging, as army officers in the Lalbagh area were killed in the Headquarters of the Bangladesh Rifles, delaying the coverage of that area.

**Floating Population Sample**

In addition, six urban slums within the city of Dhaka and its surrounding areas (see Appendix H) were selected to represent the floating and urban poor population. Initial plans stated that 500 households from two slum areas (250 households each) would be selected. However, there were not enough households in the two areas for representative enumeration. Therefore, four additional areas were selected, resulting in a total sample of 552 floating households. This includes the new slum area in the Geneva camp, populated by 30,000 refugees from Pakistan, where 200 households were interviewed.

The current spatial distribution of the six sample areas represents the socio-demographic characteristics and origin of migration from different parts of the country. It is unlikely we will be able to follow these households in the follow-up surveys because of their floating living arrangements. Therefore, this part of the survey is expected to be cross-sectional.

**2.3 Development of Enumeration Form**

A pre-test of the enumeration form (census form; see Appendix C) was carried out in one of the selected sample areas during November 14–21, 2008. Based on the feedback from the interviewers, the form was revised and finalized. This final enumeration form was then translated into the three languages—Bengali, Garo and Chakma.

The enumeration form was developed to fulfill two major objectives. First, the smoking status—whether smoker, and if smoker whether cigarette smoker, or bidi smoker, or both cigarette and bidi smoker, or hookah smoker—and the smokeless tobacco use status of each individual
above age 15 had to be determined. One section of the enumeration form was thus devoted to the questions probing the smoking status of individuals in the household. The census data allows us to estimate the tobacco use prevalence by region, ethnicity, gender, and age. Second, the socio-economic status of households had to be determined for stratified sampling with each village. For this part, the enumeration form includes a set of questions on the condition of housing (structural condition of the house, area of the house, number of rooms, main materials of roof, floor and wall, source of drinking water, toilet facilities, fuel used for cooking, and possession and use of television and radio). Using these pieces of information, we computed for each dwelling the value of the CASHPOR Housing Index (CHI), which serves as the basis for stratification of population in each survey area into three tertiles.

A total of 32 enumerators, who were recruited through advertisements, were trained on December 18, 2008. Enumeration started in Dhaka City on December 21, 2008. A total of 4,500 households were completed in five days. The enumerators were divided into six groups, one for each region (Dhaka, Chittagong, Rajshahi, Barisal, Sylhet and Khulna). Enumeration of 28,000 households in these regions was carried out.

### 2.4 Enumeration Sample

A total of 94,485 adults from 31,689 households were enumerated, consisting of 92,853 adults from 31,137 households for the main sample and 1632 adults from 552 households for the floating sample. Table 1 shows the distribution of enumerated households and individuals.

<table>
<thead>
<tr>
<th>Type of Sample</th>
<th>Households</th>
<th>Individuals/Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>National</td>
<td>31,137</td>
<td>92,853</td>
</tr>
<tr>
<td>Floating</td>
<td>552</td>
<td>1,632</td>
</tr>
<tr>
<td>Total</td>
<td>31,689</td>
<td>94,485</td>
</tr>
</tbody>
</table>

### 2.5 Contingencies in Fieldwork

Certain difficulties arose during the enumeration process. The following points summarize these problems and their respective solutions:

- Enumerators were denied access in the apartment buildings in a couple of Dhaka city areas.
- There were some problems with the performance of the enumerators. Enumerators who were too slow to meet the timeline were replaced.
- The data on housing conditions collected by one enumerator were found to be inconsistent with the type of housing in that area, so the forms from that enumerator had to be corrected.
- One field supervisor was discontinued at the time of the survey for being negligent in checking the enumeration forms.
3. Survey

Data was collected through household surveys during Feb-May, 2009. Adult smokers and non-smokers aged 15 and above responded to a face-to-face survey (see Appendix F).

Following the enumeration described above and a pilot survey, the ITC Survey protocol consisted of two main steps: household selection, and participant selection and survey.

3.1 Pilot Survey

A pilot survey was conducted in the vicinity of Dhaka City to pre-test the survey questionnaires during November 14–21, 2008. 56 respondents, including cigarette smokers, bidi smokers and non-smokers were interviewed. After discussions between the interviewers and the international research team on the pilot survey feedback, the survey was then revised and finalized.

3.2 Household Selection

National Sample

The ITC Bangladesh Survey is a nationally representative probability sample of tobacco users and non-users of tobacco selected through a multi-stage clustered sampling design (sampling with probability proportional to population size at the levels of district, upazila/thana, village/ward; see Appendix G).

Based on the enumeration data, a CASHPOR Housing Index (CHI) was constructed to stratify the households in each village into tertiles according to their socio-economic status (SES). Due to insufficient variation in housing condition, which was used as the indicator of socio-economic status, three SES strata were created instead of the initially planned five SES strata.

From each SES tertile, ten households with at least one smoker and three households with all non-smokers were selected. Households with smokers were composed of four with single smokers and six with multiple smokers. In cases where this combination could not be maintained due to an insufficient number of enumerated households, more weight was given to the type available. For example, when six households with multiple smokers could not be found, those households were replaced with single smoker households.

The idea of sampling more multiple-smoker households than single-smoker households was to increase the number of smoker respondents. The details of the number of households selected from each of the villages are presented in Figure 3.
From SES tertiles 1, 2, and 3, we kept the first 7, 7, and 6 households with smokers respectively in order of the household number to make the first approach for interview. In cases of non-response or unavailability of the household, the first selection was replaced using the additional selection of 3, 3, and 4 households respectively from SES tertiles 1, 2, and 3. Thus from a total of 30 sample households with smokers, 20 were planned to be interviewed.

From SES tertiles 1, 2, and 3, we kept 2, 2, and 1 household without any smoker, again in order of the household number to make the first approach for interview. The remaining 1, 1, and 2 households from SES tertiles 1, 2, and 3 respectively were used as replacement in case of non-response or unavailability. Thus from a total of 9 sample households without smokers, 5 were planned to be interviewed.

The households selected on the basis of socio-economic status and smoking status of household members constitute the total sample of 25 households from each village. Thus at the end of the census, 2000 households had been selected from 80 villages. These 2000 households were those selected to be administered the main survey.
From households with smokers, we selected all the available smokers and randomly selected one non-smoker for an interview. From households without smokers, we randomly selected one non-smoker. Thus the total number of non-smoker respondents was fixed at 25, one from each sample household. The total number of smoker respondents varied from village to village depending on the smoking prevalence of that area and availability of respondents for an interview. The respondents were selected from those aged 15 and above within each household.

**Floating Sample**

For the floating sample, stratification of households based on housing condition was not followed. The interviewers started randomly at one end of each slum area and continued interviewing each household in a row until they met the target of the designated number of households from that area. The households were enumerated and surveyed at the same visit. The interviewers selected one non-smoker randomly and all smokers from each household. There will be a one-time household enumeration of each floating household in every wave, except when the same household is found in the same sample area in subsequent waves.

### 3.3 Participant Selection and Survey

#### 3.3.1 Participant Selection and Consent

**Identifying Eligible Members**

There were two different categories of eligible respondents in a household:
- Adult Smokers
- Adult Non-Smokers

**Selection of Household Members**

Household members aged 15 years and older were sampled.
- From households without smokers, one non-smoker was randomly selected.
- From households with smokers, all available smokers were selected, and one non-smoker was randomly selected for interviewing.

**Information and Consent**

Once a respondent was selected, the information letter was provided and the consent form was administered (See Appendix B).

#### 3.3.2 Main Questionnaire

**Survey Types**

There were three types of surveys based on the type of tobacco user. Below is the description of each of the survey types:

- **Cigarette/dual user survey**: This survey is for respondents who smoke cigarettes. It also includes special questions for smokers who are currently smoking both cigarettes and bidis (dual users). There are also questions on smokeless tobacco and hookah use.
- **Bidi smoker survey:** This survey is for bidi smokers. It also includes some questions on cigarettes, smokeless tobacco and hookah use.

- **Non-smoker survey:** This survey is for non-smokers. It is also important we that find out their opinions on smoking. The survey includes some questions on hookah use.

**Content of Survey**

The kinds of questions that were asked are described in the text of the application. The following is a summary of those questions:

- Demographic questions (e.g., age, gender, religion, education, income, socio-economic status);
- Questions relevant to the policies of interest. These include measures of awareness (e.g., of warning labels, cessation assistance, advertising and promotion, prices) and, where relevant, of more extensive cognitive processing (e.g., thinking about health warnings);
- Moderator variables (e.g., time perspective, stress);
- Well-established questions assessing smoking behaviour;
- Other important psychosocial predictors of smoking behaviour (psychosocial mediating variables, e.g., normative beliefs, self-efficacy, intentions to quit); and
- Questions enquiring about household income, expenditures, wealth, and tobacco cultivation.

**Language of Survey**

All three surveys were translated into three different languages – Bengali, Garo, and Chakma. Bengali is the national language in Bangladesh, whereas Garo and Chakma are tribal languages. The locations of the survey determined the language version. The Bengali questionnaire was used everywhere except the tribal areas, where respondents used the Garo and Chakma versions.

**Length of the Interview**

The survey was conducted by a face-to-face interview with the respondent. It took about an hour and half to complete the cigarette and dual smoker survey, about 45 minutes to complete the bidi smoker survey and about 30 minutes for the non-smoker survey.

**Collecting Empty Tobacco Packs**

During the main survey, empty tobacco packs were collected from respondents who smoke cigarettes or bidis and subsequently handed to the Field Supervisor. Interviewers were provided with clear plastic bags and stickers for collecting empty cigarette and bidi packs from respondents.

**3.3.3 Exit and Compensation**

At the end of the interview, the respondents were debriefed, remunerated and thanked for their time. For each household of respondents, the head of the household was presented with a token of appreciation of 200 Taka (approximately 3.00 USD) as remuneration for their time.
3.4 Sample Size and Representation
The total sample consisted of 5,763 respondents. Tables 2 to 4 are the breakdown of the sample.

Table 2 Smoking Status, Gender in Areas of the Sample

<table>
<thead>
<tr>
<th>Sample Area</th>
<th>Cigarette/predominantly cigarette</th>
<th>Bidi/predominantly bidi</th>
<th>Dual User</th>
<th>Non-Smoker</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>National sample</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>1754</td>
<td>35</td>
<td>292</td>
<td>55</td>
</tr>
<tr>
<td>Tribal areas</td>
<td>42</td>
<td>9</td>
<td>18</td>
<td>9</td>
</tr>
<tr>
<td>Dhaka slum</td>
<td>519</td>
<td>10</td>
<td>27</td>
<td>3</td>
</tr>
<tr>
<td>Border area</td>
<td>21</td>
<td>0</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td>Subtotal A</td>
<td>2336</td>
<td>54</td>
<td>348</td>
<td>67</td>
</tr>
<tr>
<td>Subtotal B</td>
<td>2390</td>
<td>415</td>
<td>302</td>
<td></td>
</tr>
<tr>
<td>Subtotal C</td>
<td>3107</td>
<td>302</td>
<td>2656</td>
<td></td>
</tr>
<tr>
<td>Grand Total</td>
<td>5763</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 3 Smokeless Tobacco Users and Non-Users Of Smokeless Tobacco in Areas Of The Sample

<table>
<thead>
<tr>
<th>Sample Area</th>
<th>Does not use smokeless tobacco</th>
<th>Uses smokeless tobacco</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>National sample</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>2179</td>
<td>1237</td>
</tr>
<tr>
<td>Tribal areas</td>
<td>97</td>
<td>68</td>
</tr>
<tr>
<td>Dhaka slum</td>
<td>487</td>
<td>359</td>
</tr>
<tr>
<td>Border area</td>
<td>36</td>
<td>16</td>
</tr>
<tr>
<td>Subtotal A</td>
<td>2799</td>
<td>1680</td>
</tr>
<tr>
<td>Subtotal B</td>
<td>4479</td>
<td>1284</td>
</tr>
<tr>
<td>Grand Total</td>
<td>5763</td>
<td></td>
</tr>
</tbody>
</table>
Table 4  Types of Tobacco Users in Areas Of The Sample

<table>
<thead>
<tr>
<th>Sample Area</th>
<th>Smoker</th>
<th>Non-Smoker</th>
<th>Non-Smoker</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Does not use smokeless tobacco</td>
<td>Uses smokeless tobacco</td>
<td>Does not use smokeless tobacco</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>National sample</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>1772</td>
<td>61</td>
<td>497</td>
</tr>
<tr>
<td>Tribal areas</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>72</td>
<td>23</td>
<td>10</td>
</tr>
<tr>
<td>Dhaka slum</td>
<td>449</td>
<td>11</td>
<td>134</td>
</tr>
<tr>
<td>Border area</td>
<td>31</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Subtotal A</td>
<td>2324</td>
<td>95</td>
<td>647</td>
</tr>
<tr>
<td>Subtotal B</td>
<td>2419</td>
<td></td>
<td>688</td>
</tr>
<tr>
<td>Subtotal C</td>
<td>3107</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grand Total</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes: Some respondents appeared to smoke both cigarettes and bidis but did not provide enough information to determine the amount of each product smoked. These people were included in under their predominant use category.

3.5 Contingencies in Fieldwork

There were deviations from the original sampling plan due to unforeseen circumstances that should be taken into account. The following are the issues and their respective adjustments:

- Fieldwork was expected to begin at the beginning of January, 2009. However, due to the nationwide Upazila (municipal) election in Bangladesh, fieldwork was delayed for a couple of weeks.

- The survey fieldwork also overlapped with the final half of the census being conducted for the ITC Bangladesh Project. This overlapping served two purposes:
  - It economized the time needed for completing the census and the survey, and helped to meet the deadline for preparing the Wave 1 data by July 2009 despite the delay in starting fieldwork.
  - The lessons learned from the enumeration in Dhaka city areas could be applied to the enumeration in the rest of the country.

- The surveying of Dhaka city deviated slightly from the original design, as a result of difficulty in obtaining participants during the survey week. Participants were often unavailable for interviewing during weekdays, and therefore it was decided that Dhaka city would be surveyed on weekends only. As a result, the surveying of Dhaka city started prior to the start of fieldwork in other areas (the week of January 3rd).

Bangladesh presented an interesting challenge for conducting enumeration and sampling. Very remote and tribal areas were selected. Consequently, the following difficulties arose:
- The households in these areas are not typically easy to locate, as they do not have holding numbers on them. As a result, interviewers were required to use landmarks as a guide and often had to ask several members of the community if they knew where to find a specific household. After encountering this problem repeatedly, interviewers were later asked to make a map of the survey village and put landmarks on it.

- Interviewers had a very short time period each day to cover the households – they could only visit houses after lunch and had to leave the village well before sunset, because it was not safe to travel in the night. Overall, these issues increased the time needed to complete the survey in those areas.

- Changes in respondents’ reported smoking status from the time of enumeration to the time of survey required interviewers to use different forms than those that were originally assigned.

- Some individuals who had been selected for the survey could not be surveyed because they were working abroad. In that case, they were replaced.

- It was also difficult to find most of the male respondents during the daytime, because the survey was conducted during a period of high employment in Bangladesh.

- When asked about their mothers’ smoking status, many male respondents were offended and declined to answer as it is considered inappropriate to report on your mother’s smoking habits.

- Obtaining female respondents for the ITC Bangladesh Survey was also difficult for interviewers. Many women refused to participate if their head of household was not present. To further complicate this issue, there is a largely negative perception of female smoking in Bangladesh. When a female respondent did agree to participate, the head of household was often present, leading many respondents to be shy about their answers. This was an issue for younger respondents as well, who were hesitant to report their smoking behaviour in the presence of adult members of the household.

- Rural participants were often highly suspicious of the interviewers, especially around the border areas of Bangladesh, where a high volume of drug trafficking occurs. Potential respondents were worried that interviewers were undercover police, and many refused to respond because of this. In the Belpukur of Rajshahi districts, local people doubted interviewers and often believed them to be a member of some terrorist group. However, over time the trust of locals was obtained which made it easier for interviewers to survey these areas.

- All of the surveys used for the ITC Bangladesh project were translated into Bengali. However, the local dialects in some districts were quite different and the locals there found it very difficult to understand the survey questions. When this occurred during fieldwork, interviewers were instructed to hire a local interpreter where possible. In addition, the interviewers were recruited based on their origins from all over the country and the survey teams were formed so that they can work in the areas close to their district of origin. This placement strategy allowed them to communicate with the respondents in local dialects.
4. Monitoring and Quality Control

4.1 Management of Fieldwork Teams

The project fieldwork team consisted of five levels of management, including:

- **Project Manager**: responsible for overseeing all aspects of the survey fieldwork, as well as administrative duties and communicating with the ITC Bangladesh team in Waterloo and the Project Consultants.

- **Data Manager**: responsible for collecting and checking all completed forms and overseeing the data entry process. In addition, four data entry operators and two data analysts were engaged to conduct the data entry, checking, cleaning, and compilation.

- **Field Coordinator**: duties included training the Field Supervisors and interviewers and assigning them to survey areas, obtaining supplies, managing all forms, and reporting fieldwork progress.

- **8 Field Supervisors**: responsible for contacting local authorities, making appointments for interviews, gathering packages of tobacco products, and monitoring the interviews.

- **32 Interviewers**, working in teams of two (interviewers were instructed to work in pairs at all times, for reasons of safety and efficiency): responsible for obtaining consent, interviewing respondents, and reporting to the field supervisor with any problems.

Each district was covered by one pair of interviewers, and the number of districts assigned to each Field Supervisor and pair of interviewers varied according to the size of the stratum.

Figure 4 Hierarchical Order of the ITC Bangladesh Field Staff.

![Hierarchical Order of the ITC Bangladesh Field Staff](image)

- **Project Manager**
- **Data Manager**
- **Field Coordinator**
- **8 Field Supervisors**: 1, 2, 3, 4, 5, 6, 7, 8
- **16 pairs of Interviewers**: 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14, 15, 16
4.2 Interviewer Training

32 Interviewers and 8 Field Supervisors were trained by the Project Manager and the Field Coordinator in a 4-day training session in the presence of the investigators. A training manual was prepared to explain the job responsibilities of the field staff. During the training, the enumerators and Field Supervisors engaged in mock interviews with each other and practised filling out enumeration forms. They were given feedback to improve their interviewing skills.

Interviewers were trained in two groups:

- The first group was trained and sent out to the Dhaka city areas immediately after the enumeration data was available.
- The second group was trained and sent out to the rest of the country after the completion of the enumeration.

Training Manuals

An English manual on how to enumerate a household and conduct a survey interview was written to train survey interviewers before the survey fieldwork began. The English language enumeration manual and the training manual were translated into Bengali.

4.3 Interviewing Aids (see Appendix A)

- **Manikin Flashcards**: There were two questions in each of the three surveys that required the aid of a flashcard when the response options were read out, to save time and to facilitate interviewing. The flashcards included pictures of little man-like figures (manikins) with bipolar degrees of emotion (from negative to positive emotions). Researchers studying emotional responses have found the use of these manikins to be helpful to respondents in rating their own emotional responses.

- **Reference Sheets**: Interviewers were also provided with a reference sheet that included all the filter or original questions. The purpose of the reference sheet was to assist the interviewer when asking the respondent relevant subsequent questions based on the filter questions. The reference sheet makes it easier for the interviewer to look at a filter question without having to flip over the pages in the survey to search for it. The reference sheets were applicable only to cigarette-dual user and bidi surveys.

4.4 Monitoring & Quality Assurance

To ensure the accuracy and quality of the ITC Bangladesh Survey, the survey fieldwork was monitored in several ways.

- **Field Supervision**: The Field Supervisor travelled with each interview team and provided regular feedback to the interviewers. The Field Supervisor ensured that the survey protocol and data collection standards were being closely followed. Field Supervisors could monitor interviews and were available to address any questions or concerns from the interviewers.

- **Identification Numbers**: Field Supervisors were instructed to ensure household and respondent identification numbers were being properly filled out.

- **Checking for Completeness**: At the end of each day, interviewers were required to perform a self check on the survey questionnaires they completed that day. The interviewer
reviewed the whole survey to determine whether any questions were missed or skipped. The Field Supervisor then collected all completed questionnaires from the interview teams under his/her supervision. Upon the completion of each survey in each village/ward, the Field Supervisors gave the completed and checked questionnaires to the Field Coordinator. The Field Coordinator conducted some quality checks on data collection and then gave the questionnaires to the data manager for data entry.

- **Weekly Meetings:** During the survey fieldwork period, the Field Coordinator held weekly meetings with all interviewers, the Data Manager and quality control staff members. Items on the agenda of these meetings included: i) summary of work for the past week; ii) identifying problems and finding solutions; iii) arranging tasks for the coming week, etc. The Data Manager was responsible for taking minutes and keeping them on file.

- **Telephone Hotline:** A hotline on a mobile phone was used to communicate continuously with the field staff and to update fieldwork progress on a daily basis. The Field Supervisors were instructed to use the hotline mobile phone to report to their Field Coordinator about any difficulties, so that the Field Coordinator could address it on the spot.

- **Progress Reports:** The Project Manager also provided regular progress reports on quotas and any problems or issues to the investigator teams.

### 4.5 Data Quality Control

Data entry proceeded in parallel with the field work. In order to ensure the quality of the data collection process, we used a multistage monitoring system:

- There were random visits by the Project Manager and the Field Coordinators to monitor the interviewers in the field.

- Enumerated households were randomly called to verify the information that enumerators filled in on the forms.

- Field Supervisors cross-checked all completed enumeration forms daily to ensure that they had been properly completed.

- After data entry, two data analysts continuously ran routine checks on the data sets, informing the Field Coordinator and Project Manager about any potential problems. When such problems arose, the Project Manager consulted the investigators for input into making decisions about the best method(s) to correct errors. These methods could be communicated to all field staff using the hotline service. All the Field Supervisors possessed mobile phones and were instructed to report to the Field Coordinator and the data entry staff about any detected problems. As the census proceeded, the feedback gathered from the data sets helped the enumerators in the field to learn from past omissions and to improve on the data collection process.

### 4.6 Handling Special Situations

**Private interviews**

Adult participants were interviewed alone whenever possible. If another person insisted on being present, the respondent needed to agree for the interview to proceed.
Proxy Interviews

A proxy interview is an interview conducted with another knowledgeable member of the household on behalf of the selected respondent. Proxy interviews were not allowed in the ITC Bangladesh Survey.

Respondent Not Available

If a respondent was unavailable, an appointment time (hard appointment) was rescheduled to interview that respondent.

Substitution

Only if a selected household was recorded to have the disposition “No one at home” or “Cannot answer” for all four visits over four different times, (weekday day-time, weekday night-time, weekend day-time and weekend night-time) could the household be replaced by a substitute, selected by the Field Supervisor.

Handling Multiple Respondents

An interviewer could not interview two adults at the same time. If there was a cigarette-dual user and a non-smoker in the same household, the Non-Smoker survey was conducted after the Cigarette-Dual User survey. If only the non-smoker respondent was present, the Non-Smoker survey was postponed until after the Cigarette-Dual user survey.
5. Weight Construction

Definitions of categories

The term “sampling category” refers to a category for which a quota is defined, and from which an eligible person is selected at random, e.g. non-smokers.

The term “refined category” refers to a category which a sample member is taken to represent. In the Bangladesh W1 survey these are formed by cross sampling categories with gender. An example of a refined category is female non-smokers.

Summary of weights computation

For each household enumerated in the census, we have constructed a village-level household weight. We have used this to construct a national level household weight. Then for each household with interviews, we have constructed a national level household weight, consistent with the weights for enumerated households. For each individual, we have constructed an individual weight within his/her household. The product of interview household weight and individual within-household weight has then been calibrated to sum to assumed population numbers in groups defined by a combination of geography and demographics. Finally, the weights have been rescaled to national sample sizes for pooled analyses.

Computation of enumerated household weights EHWT

Step H1: For each household enumerated in the ITC census, a village level weight $HW_1$ has been computed:

$$HW_1 = \frac{H_{VI}}{h_{VI}}$$

where $H_{VI}$ is the number of households in the village according to the official 2001 census, and $h_{VI}$ is the number of households enumerated in that same village. When all households in the village were attempted to be enumerated, $HW_1$ is generally close to 1.

In cases where the number of households enumerated was greater than the number of households in the village according to the 2001 census $HW_1$ was set equal to 1.

In the case of households in the floating population, we set $HW_1=1$.

Step H2: For each household enumerated in the census, a national level weight $EHWT$ has been computed. This is the approximate number of households represented by the enumerated household.

The formula outside the purposive sampling areas is

$$EHWT = \frac{S_{Nonp}}{20S_{DI}} \times \frac{S_{DI}}{n_{UP}s_{UP}} \times \frac{S_{UP}}{n_{VI}s_{VI}} HW_1 = \frac{S_{Nonp}}{20n_{VI}n_{UP}s_{VI}} HW_1$$
where $S_V$ is the measure of size of the village (of our household) used in village selection; $S_{UP}$ is the sum of the village sizes over all villages in the upazila, and is thus a measure of the size of the upazila; $S_D$ is the sum of the upazila sizes over all upazilas in the district, and is thus a measure of the size of the district; and $S_{Nonp}$ is the sum of the district sizes over all non-tribal districts. The number $n_{UP}$ is the number of upazilas selected in the district in which the household is found, and would usually be 2 (range is 1 to 5). The number $n_V$ is the number of villages selected in the upazila in which the household is found, and is nearly always 2, with a few exceptions, where it is 1. In particular, there is an exception in the case of Chaubaria, the second village in Satkhira Sadar, for which $n_V$ is 1.

The formula in a tribal or other purposive district is

$$EHWT = \frac{S_D}{2n_{UP}S_V} HW 1.$$  

For households in the floating population, we let

$$EHWT = \frac{H_{FL}}{h_{FL}} HW 1$$

where $H_{FL}$ is an estimate of the number of floating population households in Dhaka and $h_{FL}$ is the number of floating population households actually enumerated.

If we sum the $EHWT$ weights over all enumerated households, we should get an estimate of the number of non-floating households in all non-purposive areas, plus the number of floating population households in Dhaka, plus the number of households in the Garo and Chakma districts and the selected area Bhomra in Satkhira.

**Computation of interview household weights IHWT**

For each household with interviews, a weight $IHWT$ has been computed, which is the number of households represented nationally by that household. That is,

$$IHWT = EHWT \times \frac{n[S_{hIJ}]}{n[s_{hIJ}]}$$

where $n[S_{hIJ}]$ denotes the number of enumerated houses in the village in the same economic tertile $h$ and with the same household smoking status (smoker or non-smoker) as the household in question; and $n[s_{hIJ}]$ denotes the number of interviewed households in the village in the same economic tertile and the same household smoking status. (Note that the stratification of smoker households into single and multiple smoker households was ignored.)

For a household in the floating population, village crossed with stratum would be replaced by area crossed with smoking/non-smoking household, presumably.

**Computation of individual level weights to the state or the district level**

**Step I1**: Each respondent was given a household level weight $W1$. This is interpreted as the number of people in the same household with the same refined category:
- for an adult male smoker, W1 is the number of adult male smokers in the same household, divided by the number of adult male smokers interviewed in that household
- for an adult female smoker, W1 is the number of adult female smokers in the same household, divided by the number of adult female smokers interviewed in that household
- for an adult male non-smoker, W1 is the number of adult male non-smokers in the same household, divided by the number of adult male non-smokers interviewed in that household
- for an adult female non-smoker, W1 is the number of adult female non-smokers in the same household, divided by the number of adult female non-smokers interviewed in that household

Note: W1 as defined above does not necessarily sum within the household to the number of people aged 15 and over in the household, since there will typically be one refined category from which no one was interviewed (non-smoker, unrepresented sex).

In fact, we have capped the value of W1 at 3 to reduce the potential variability of the weights. Step I1a below ensures that each individual still represents a correct number at the village level.

**Step I1a:** Each interviewed individual has been given an adjusted household level weight W1a. This adjustment guarantees that the prevalence estimates based on the EHWTs, the IHWTs, and the final individual weights will be the same.

Consider a village stratum to be defined by crossing economic tertile by smoker/non-smoker household within the village.

Let AMS_hV, AFS_hV, AMNS_hV, AFNS_hV be respectively the numbers enumerated in the village stratum h of adult male smokers, adult female smoker, adult male non-smokers, adult female non-smokers.

Let W1AMS_hV, W1AMS_hV, W1AMNS_hV, W1AFNS_hV be respectively the sums of W1 in all interviewed households for adult male smokers, adult female smokers, adult male non-smokers, adult female non-smokers, in the village stratum h.

- for an adult male smoker, W1a will be given by

\[ W1a = \left( \frac{AMS_hV}{W1/AMS_hV} \right) (EHWT/IHWT) \]

- similarly for the other refined categories

In case there is representation of only one gender of smokers or non-smokers in the village stratum, the relevant categories can be collapsed by gender for that village stratum.

For the floating population, village crossed with stratum might be replaced by area crossed with smoking/non-smoking household.

**Step I2:** Each interviewed individual has been given a preliminary national level weight W4.

For an individual in a non-floating population in a non-tribal area, W4 will be thought of as the number of people in the country and same refined category represented by that individual. Similarly, for an interviewed individual in a tribal or purposive district, W4 will be thought of as the number of people in the same district and the same refined category represented by that
individual. Finally, for an interviewed individual in the floating population in Dhaka, W4 will be thought of as the number of people in the floating population and the same refined sampling category represented by that individual.

The weight W4 is given by

\[ W4 = IHWT \times W1a. \]

**Calibration of individual weights at the national level**

**Step C1:** Each interviewed individual has been given a calibrated national level weight

\[ W6 = W4 \times \frac{N_{area,dem}}{W4_{area,dem}} \]

where \( N_{area,dem} \) is the known number of people in the same area with same gender (but regardless of tobacco use status) as the individual, and \( W4_{area,dem} \) is the sum of the W4 weights for interviewed individuals in the same area, with same gender (regardless of tobacco use status).

The possibilities for area might be the non-tribal districts outside Dhaka; the tribal districts; Dhaka floating population; Dhaka non-floating population.

The weights \( W6 \) are what would be used for descriptive inference about the country’s population. (The variable name for W6 is aDE62915v).

**Rescaling**

Finally, the weights have been rescaled within each sampling category (smoker and non-smoker) and area to sum to national sample sizes, for analytical use or in pooled analyses. Area (tribal, non-tribal outside Dhaka, Dhaka floating, Dhaka non-floating).

The formula used for the final rescaled weights is as follows:

Rescaled weight \( RWT = n_c \times W6 / (\sum_c W6) \),

where \( n_c \) is the actual (i.e. unweighted) size of the country subsample for the sampling category, and \( \sum_c W6 \) denotes a sum over that subsample of the original weights.

(The variable name for rescaled weight is aDE62919v).
Appendix A: Field Materials

MANIKIN FLASHCARD 1

AROUSAL SCALE

1. Very Alarmed
2. Somewhat Alarmed
3. Neither Alarmed nor Calm
4. Somewhat Calm
5. Very Calm

MANIKIN FLASHCARD 2

VALENCE SCALE

1. Very Unpleasant
2. Somewhat Unpleasant
3. Neither unpleasant nor pleasant
4. Somewhat pleasant
5. Very Pleasant
Appendix B: Survey Information Letter and Consent Form

MEMBER OF THE HOUSEHOLD INFORMATION LETTER
Research Project: Tobacco Control Policy Evaluation in Bangladesh
Human Research Ethics Committee, University of Waterloo Clearance Number: CRE 15019
University of Dhaka, Ethics Clearance Number: BIRDC/ERC/2007-2010/1372

What is this research about?
The aims of this research are: 1) to examine smoking and smokeless tobacco usage and related behavior among tobacco users, 2) to determine the views of tobacco users on their tobacco use patterns, and 3) to determine awareness by both users and non-users of tobacco of a range of things that happen in their community. We will also examine how religion, culture, and ethnicity may affect smoking and smokeless tobacco consumption by comparing the views of Bangladeshi tobacco users to those of tobacco users from India, Southeast Asia, China, South Korea, and from western countries such as USA, Canada, UK and Australia.

Who are conducting this research?
This research is led by a team of Dhaka University professors from the Department of Economics:
- Professor SM Ashiquzzaman, Project Leader and Principal Researcher
- Dr. Ummul Hasanath Ruthbah, Co-Principal Researcher
- Dr. Halal M. Uddin, Project Manager

The consultants for the project include:
- Dr. Nigar Nargis (Department of Economics, University of Dhaka, Bangladesh)
- Dr. Abu SM Abdullah (Department of International Health, Boston University School of Public Health, USA)
- Professor Geoffrey Feng (Department of Psychology, University of Waterloo, Canada)
- Professor Mary Thompson (Department of Statistical and Actuarial Science, University of Waterloo, Canada)

What are we asking of you?
This research involves completing the survey interview approximately 45 minutes for tobacco (cigarette and bid including smokeless tobacco and waterpipe) users and 25 minutes for non-smokers (including smokeless tobacco users) today and in the next 1-2 years there is a possibility that we will come back and do other follow-up surveys. We would like to track both tobacco users and non-users (aged 15 years and above) about their views on tobacco use, about things that happen in their community, and how these affect their tobacco usage pattern and in turn their health status. The aim of the subsequent interviews is to find out if any of your thinking on what you are doing has changed. We encourage you as the member of the household to remain in the research study and complete all three rounds of interviews.
Involvement in this research is voluntary and you are free to withdraw at any time or may decline to answer any of the questions.

**Confidentiality**

All the information you provide is treated as strictly confidential. It will be held in secure electronic data file at the University of Dhaka and the University of Waterloo and will only be accessed by this research team. It will be held in secure storage that has a security certificate and is password protected and can only be accessed by this research team at the University of Waterloo. Data from the study will not be destroyed, but any identifying information about you like name and address will be removed so that your answers cannot be linked back to you. Eventually, after two years, the survey data without names or personal information may be shared with health researchers in other countries.

**Concerns and Complaints**

If you wish to discuss any questions or concerns about this research project, please contact:

Professor SM Ashiquzzaman, Principal Researcher, Department of Economics, University of Dhaka, Dhaka-1000, Bangladesh, Phone: 9661900, ext. 5441. Email: smashq1@hotmail.com.

If you wish to lodge a complaint concerning the manner in which this research is being conducted, please contact: Professor Farid Uddin Ahmed, Chair, Department of Economics & Director, Bureau of Economic Research, University of Dhaka, Dhaka-1000, Bangladesh. Phone: 9661900, ext.5440. Email: chairman_economic_du@yahoo.com.

If you are concerned about ethics clearance, you may wish to contact the Human Research Ethics Committee in Waterloo that is overseeing the project:

Dr. Susan Sykes, Director, Research Ethics and Grants, University of Waterloo, 200 University Avenue West, Waterloo, Ontario, Canada, N2L 3G1 ph: +1 519 888-4567 extension 36005. E-mail: ssykes@uwaterloo.ca
PARTICIPANT CONSENT FORM
Research Project: Tobacco Control Policy Evaluation in Bangladesh
University of Dhaka. Ethics Clearance Number: BIHRC/IERC/2007-2010/1372
Human Research Ethics Committee, University of Waterloo. Clearance Number: ORE 15019

I agree to take part in the above international research project conducted in Bangladesh by a research team based at Bureau of Economic Research at the University of Dhaka. I have read the participant information sheet, which I will keep for my records. I understand that:

- This project is being conducted for research purposes.
- Participation in the research is voluntary and that I am free to withdraw from the research at any time or to withdraw any information previously supplied during the interview.
- Participation in this research involves completing a face-to-face interview lasting about 45 or more minutes today.
- I will be given a token of appreciation for my household participating in this study.
- Only those people involved with this research will have access to any information I supply.
- All the information I provide is treated as strictly confidential.

I, ___________________________ give my consent to take part in this research.

PRINT NAME

Signed: ___________________________ or Right thumb print: ___________________________

Date: ........../...../......

Witness Name: ___________________________

Witness Signature: ___________________________

Current address and contact details:

Village/Ward/Road/House: ___________________________

Thana: ___________________________ Post Office: ___________________________

District: ___________________________ Division: ___________________________


Note: Please notify the research team using the postcard provided if there is a change in contact details above before the end of the study.
### Appendix C: Enumeration Forms (Bengali)

<table>
<thead>
<tr>
<th>Enumeration Form</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SA1.</strong></td>
<td>সাক্ষাৎকার প্রক্রিয়ার আই.ডি.</td>
</tr>
<tr>
<td><strong>SA2.</strong></td>
<td>জাতি</td>
</tr>
<tr>
<td><strong>SA3.</strong></td>
<td>বিভাগ</td>
</tr>
<tr>
<td><strong>SA4.</strong></td>
<td>জিলা</td>
</tr>
<tr>
<td><strong>SA5.</strong></td>
<td>গ্রাম</td>
</tr>
<tr>
<td><strong>SA6.</strong></td>
<td>গ্রাম/ওয়ার্ড</td>
</tr>
<tr>
<td><strong>SA7.</strong></td>
<td>খাঁড়া</td>
</tr>
<tr>
<td><strong>SA8.</strong></td>
<td>কোথায়/কোন টাইপ</td>
</tr>
<tr>
<td><strong>SA9.</strong></td>
<td>পরিবার</td>
</tr>
<tr>
<td><strong>SA10.</strong></td>
<td>পরিবারের প্রধানের নাম এবং প্রস্তাবিত তালিকাভুক্ত ফর্ম</td>
</tr>
<tr>
<td><strong>SA11.</strong></td>
<td>ভিকালার প্রধানের নাম এবং প্রস্তাবিত তালিকাভুক্ত ফর্ম</td>
</tr>
<tr>
<td><strong>SA12.</strong></td>
<td>ভিকালার প্রধানের নাম এবং প্রস্তাবিত তালিকাভুক্ত ফর্ম</td>
</tr>
<tr>
<td><strong>SA13.</strong></td>
<td>তথ্য প্রদানকারীর নাম এবং প্রস্তাবিত তালিকাভুক্ত ফর্ম</td>
</tr>
<tr>
<td><strong>SA14.</strong></td>
<td>ফোন নম্বর</td>
</tr>
<tr>
<td><strong>SA15.</strong></td>
<td>মোবাইল নম্বর</td>
</tr>
</tbody>
</table>

তথ্য সংগ্রহকারীর নাম এবং প্রস্তাবিত তালিকাভুক্ত ফর্ম
<table>
<thead>
<tr>
<th>পরিবার পর্যায়ে পরিবর্ধনের রেকর্ড (সাক্ষাকার শেষে পূরন করন)</th>
</tr>
</thead>
<tbody>
<tr>
<td>পরিবর্ধন নম্বর</td>
</tr>
<tr>
<td>-----------------</td>
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<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

SA16. পরিবারের গুরুত্বপূর্ণ ব্যাখ্যা কোড (নিম্নলিখিত নামিক উল্লেখিত গোষ্ঠী বিভাগ)

1. দুর্গুলো গাওয়া যায়নি
2. বাঁকুটি পালিয়ে পূজা
3. বাঁকুটি বসবাসের জন্য নয় (কেন) বংশ প্রতিরক্ষায়
4. অর্ধবিধান বাসভবন
5. বৈবাহিক আবহাওয়ায় যোগাযোগ সম্পর্ক হয়নি
6. মানুষের গতিবিধি যোগাযোগ সম্পর্ক হয়নি
7. জীবনের সময় শেষ হওয়ার আগে যোগাযোগ সম্পর্ক হয়নি
8. পরিবারকে সাক্ষাৎকার শেষে অনুমোদন জানিয়েছে
9. সাক্ষাৎ বাসভবন বাসভবন
10. তালিকায় কথার অনুসারে সমস্যা হয়েছ (উদ্ধৃতি করন)
11. তালিকা ভুল করা হয়েছে।

SA17. পরিবারের ১৫ বা অধিক বয়সী সদস্যের সংখ্যা কত?

SA18. তাদের মধ্যে কতজন সদস্য নিয়মিত যুক্তি পৌছান কেন?
ফর্ম ২ঃ পরিবারের সদস্যদের তালিকাভুক্ত করার ফর্ম

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সম্পর্কের তালিকা

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4
Appendix D: Pictures of Survey Fieldwork in Bangladesh
Appendix E: Country Profile

As of 2006, the population of Bangladesh is approximately 138 million. According to a 2005 WHO study, "The Impact of Tobacco-related Illnesses in Bangladesh", almost 9% of adult deaths (aged 30 years and above) are attributable to tobacco-related illnesses; and 58% of all tobacco-related deaths were caused by lung cancer. Revised estimates (SEARO, 2007) show that 41% of men and 1.8% of women aged 15 years and over, 50.1% of men and 3.1% of women aged 30 years and over were smokers in 2004-2005. Smokeless tobacco (chewed tobacco) is more popular among women (24.4% for age 15 years and over, 39% for age 30 years and over) than among men (14.8% for age 15 years and over, 24.4% for age 30 years and over). Altogether, 48.6% of men and 25.4% of women aged 15 years and above, and 62.1% of men and 40.8% of women aged 30 years and above were tobacco users at the time of the survey.

According to Bangladesh’s profile in the World Health Report (2002), the annual cigarette consumption was 234 sticks per capita and 19,717 million sticks in total in 2000. This is an understatement as it did not include bidi smoking. The 2005 WHO study found an average per capita daily consumption of either cigarette or bidi to be 2.78 sticks, which would be 1,017 sticks per annum as of 2004.

Bangladesh’s 2002 WHO profile showed that total cigarette production was 19,732 million sticks in 2000. Since 1990, both cigarette consumption and production increased by approximately 7,500 million sticks. Tobacco leaf production, however, diminished from 37,800 metric tons in 1990 to 35,000 metric tons in 2000. The percentage of land devoted to tobacco leaf cultivation decreased from 0.45% to 0.34% over the same period. By 2002, 20,344 million cigarette sticks were annually manufactured and 24.8 per 100,000 workers were employed by cigarette manufacturers.¹ The tobacco industry in Bangladesh is dominated by British and American Tobacco companies, who control 60% of the market. These trends in tobacco consumption and in domestic production point to the greater interrelatedness of the global tobacco industry in Bangladesh today. This is emblematic of the widespread recognition that tobacco control initiatives must be developed and implemented in the broader global context.

Indeed, Bangladesh has taken a strong stance for tobacco control with its actions recognizing this broader global context. It was the first country to sign the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) on 16 June 2003 and it ratified it on 10 May 2004. The ratification was made concrete with the passage of the Tobacco Control Act (TCA) on 15 March 2005. Under this act, the following regulations have been enforced as per a supplementary gazette notification of the Government of Bangladesh dated 30 May 2006:

- It is not allowed to smoke in public places and transports, except at designated smoking areas.

- Advertising tobacco products on print, electronic media, email, internet, or any other written or printed or spoken form, are banned.
- Consumption of tobacco products cannot be encouraged through charity, prizes, scholarships or sponsorships of sport activities.
- Automatic vending machines are not allowed to sell tobacco products.
- Effective since September 1st, 2006, a warning label has to be printed on a minimum of 30% area of the tobacco product packages, clearly stating that smoking causes death, stroke, heart disease, lung cancer, breathing or other health problems.
Appendix F: Project Schedules

(Year 1, August 01, 2008 – Jan 31, 2009)

<table>
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<th>Year 1</th>
<th>Aug</th>
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**Development of survey, sampling and research protocol**

- Sample selection
  - (a) Census
  - (b) Wave 1 survey
- Translation to Bengali
- Programming
- Training manual
- Translation of training manual

**Pilot**

- Recruitment of interviewers
- Training of interviewers
- Pretest of census
- Pilot survey

**Workshop**

**Preparation for fieldwork**

- Handing in survey materials to Bangladesh team
- Recruitment of interviewers
- Training of interviewers

**Census**

- Enumeration
- National Election
- Entry and cleaning of enumeration data
- Sample selection
(Year 1, February 01 – July 31, 2009)

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**Census**

(a) Enumeration
(b) Data entry and cleaning
(c) Sample selection
(d) Data analysis
(e) Determination of sampling weights

**Sample survey: Wave I**

(a) Survey interviews
(b) Data entry
(c) Data cleaning

**Data transfer and analysis**

(a) Sending data to DMC, University of Waterloo
(b) Data cleaning

**Writing Technical Report 2 for IDRC**
(Year 2, August 01, 2009—January 31, 2010)

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## Appendix G: Areas Selected (National Sample)

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**Appendix H: Areas Selected (Floating Sample)**

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নতুন ধূমপার্শী বছরের আড়াই লাখ

ঢাকার বিশ্ববিদ্যালয়ের অধ্যুষিত বিভাগের বৃহদায়মান ইন্টারন্যাশনাল সিক্সিং ও কানাডার ওয়াটারলু বিশ্ববিদ্যালয়ের তৌষ্ঠীক গবেষণায় প্রথম প্রতিষ্ঠিত শুধুমাত্র প্রকাশ করা হয়।

ঢাকা বিশ্ববিদ্যালয়ের নবাব নওবার আলী রিপোর্ট, কর্মে আয়োজিত প্রতিষ্ঠানের প্রকাশ অনুষ্ঠানে উপস্থিত ছিলেন আধুনিক নার্সিন্গ সংস্থার নির্মাতা জাতীয় ও একাডেমিক ইনস্টিটিউট উনিশের উপদেষ্টা।

ডিলিম নয়ন মণিপুলিটিউশন, কর্নান উদাস ইলেমান, মামলা বিশ্ববিদ্যালয়ের সাহিত্য বিভাগের প্রথম প্রতিষ্ঠিত শুধুমাত্র প্রকাশ করা হয়।

ফা, নিমার নার্সিং এবং আরু এসএসএম কর্তৃপক্ষ গবেষণার তথ্য তুলে ধরেন।

অনুষ্ঠিত প্রতিষ্ঠানে মি, নিমার নার্সিং বলেন, বাংলাদেশ 50 বছরের বেশি বছরের মধ্যে প্রায় 50 ধূমপার্শী তুলে ধরেন।

ফা একদল টিম ধূমপার্শীর বিষয়ে নিয়ে কাজ করে যায়, যা তাদের সামগ্রী উল্লেখযোগ্য রূপ দিয়েছে। তিনি বলেন, বিভিন্ন কাদার বিষয়ে নিয়ে বিষয়বস্তুর একটি প্রাথমিক পত্র।

২২ জানুয়ারি ২০১০ তারিখে