TOBACCO CONTROL MEASURES IN BANGLADESH: KAP SURVEY ON INFORMAL TOBACCO ECONOMY

Hazera Akter1
Suborna Barua2

Abstract
This research aims to explore the ‘Knowledge, Attitude and Practices (KAP)’ of government’s current tobacco control measures among informal tobacco sellers in Bangladesh. The KAP survey method was applied for collecting information from 400 sellers over seven regional divisions in Bangladesh. The subsequent data analysis was performed using SPSS software to derive the findings from the survey. The study explores that more than half of tobacco sellers are tobacco consumers themselves, of which more than four-fifth consumed tobacco at their Point of Sale (POS). Majority of informal tobacco shops were found in the public places although these sellers reported their acquaintance with the government’s tobacco control Act prohibiting the tobacco usage in such locations. Indirect advertisement was prevalent in about half of those shops. Majority of the sellers used to sell tobacco to minors. About one-fifth of sellers received some form of incentive from tobacco companies while two-third of them received gift items. Since informal tobacco sellers, mostly mobile, reach out the largest pool of consumers making tobacco available near-at-hand, government’s current tobacco control regulations should encompass the informal economy of tobacco sales to prevent massive violation of tobacco control Act by these sellers.

Keywords: tobacco, informal economy, tobacco sellers, informal tobacco economy, tobacco control regulations, KAP Study.

Introduction
Globally, governments are undertaking different laws and policies for controlling tobacco consumption due to higher health risk prevalence in the society. In international jurisdictions, there are efforts underway to regulate tobacco

---

1 Hazera Akter is Assistant Professor, Department of International Business, University of Dhaka. E-mail: hazera@du.ac.bd
2 Suborna Barua, PhD is Associate Professor, Department of International Business, University of Dhaka. E-mail: sbarua@du.ac.bd

Social Science Review [The Dhaka University Studies, Part-D], Vol. 37, No. 2, December 2020
products through World Health Organization’s (WHO) Framework Convention on Tobacco Control (FCTC) (WHO, 2003). Till now, 181 countries have become the parties to the FCTC while Bangladesh ratified the convention on 14 June 2004 (WHO, 2020). Since the ratification of the FCTC, Bangladesh is still one of the top ten countries with largest percentage of world smokers and ranks the third among the Southeast Asian countries (Méndez, Alshanqeety, & Warner, 2013). There are available studies on Bangladesh analysing the tobacco economics from different perspectives (Barkat, Chowdhury, Nargis, Rahman, Khan, & Kumar, 2012; Efroymson, Ahmed, Townsend, Alam, Dey, Saha, & Rahman, 2013; Yang, Li, Yong, Borland, Wu, Li, Changbao, & Foong, 2010; WHO, 2007). However, both the formal and informal economy may require separate tobacco control measures to control the ultimate tobacco consumption as they have varying nature. In Bangladesh, the enforcement of tobacco control Act mandates controlling both at the industrial level (that constitutes the formal economy) mostly through taxation, and at the informal level through discouragement of tobacco sales and consumption. This study follows the operational definition of informal tobacco economy as “a countless number of tobacco sellers or vendors who sell tobacco products here and there in the street, having a temporary and tiny stall placed at footpath or walking through the street with a cart/box/polybag carried by hand or on shoulder” (Akter, Barua, & Ahmed, 2018). The current study investigates the status of ‘Knowledge, Attitude and Practices (KAP)’ of the informal economy regarding existing tobacco control measures in Bangladesh. Such KAP study particularly explores the state of effectiveness of the current tobacco regulations on informal tobacco sales. The main contribution of this paper in academic literature and policy implication can be attributed to providing significant insights from the comprehensive KAP survey and subsequent recommendations for undertaking more effective tobacco control policies incorporating informal economy.

Review of Current Tobacco Control Measures Related to Informal Economy

In Bangladesh, tobacco control measures initiated in 1890 when the Railways Act restricted smoking in train compartments without taking permission from other passengers making it a punishable offence. In 1919, the Juvenile Smoking Act banned selling of any tobacco product to minors (below age 16 years). Several other metropolitan police ordinances of 1980s and 1990s imposed fines for smoking in public buildings or ignoring the posted ‘No Smoking’ signs.
Bangladesh’s participation in the FCTC has resulted in some significant advancement in tobacco control measures including enactment of the Smoking and Tobacco Products Usage (Control) Act, 2005 on 15 March 2005. The regulation of the act came into force on 30 May 2006 when government established the Rules regarding tobacco products called ‘The Smoking and Using of Tobacco Products (Control) Rules, 2006’. On 26 September 2005, the Ministry of Health and Family Welfare established mobile court and initiated its working areas. On 30 May 2007, a national task force was formulated by the Ministry of Health and Family Welfare to implement the Act of 2005 nation-wide. During November 2007, “National Strategic Plan of Action for Tobacco Control, 2007-2010” was launched (NTCC, 2007). To foster tobacco control further, National Tobacco Control Cell (NTCC) was established in 2007 as a functional arm of the Ministry of Health and Family Welfare, Bangladesh. Since then, it has become the hub of national coordination, referral, and support centre for all tobacco control stakeholders in Bangladesh (NTCC, 2008). Moreover, the WHO supports Bangladesh under the guidance of a broad framework known as the WHO Country Cooperation Strategy (CCS) for six years (2008-2013). WHO has also been collaborating with National Board of Revenue (NBR) to improve the tobacco tax system and administration since 2009 (WHO, 2014). The WHO FCTC articles which are relevant to the informal economy of tobacco includes: (i) article 8 - providing protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and other public places; (ii) article 11 - tobacco product packaging and labelling with no promotion indicators including terms such as low tar, light, ultra-light or mild but carrying health warnings messages; (ii) article 12 - strengthening public awareness of tobacco control issues; (iv) article 13 - a comprehensive ban on advertising, promotion and sponsorship by tobacco producers or sellers; (v) article 14 - restricting all direct and indirect incentives encouraging the purchase of tobacco products by the public; and (vi) article 16 - prohibiting tobacco sales to persons under the age set by national law or eighteen (WHO, 2003).

After amendment of the 2005 Act and 2006 Rule, “The Smoking and Tobacco Products Usage (Control) (Amendment) Act, 2013” and “Smoking and Tobacco Products Usage (Control) Rule, 2015” are currently into force in Bangladesh. The 2013 Act widened the definitions of authorized officer, tobacco, tobacco product, public place, and person in Bangladesh. At present, smoking in public places and
public transports is prohibited and subject to a fine up to BDT 300 (this fine was only BDT 50 in the Act of 2005). The prohibition of advertisement, promotion, and discount on tobacco products has become more comprehensive especially at the point-of-sale (POS). The amended Act prohibits selling tobacco to minors – ‘persons of less than 18 years old’ – and doing which is subject to a fine of BDT 5000. The Act also mandates health-warning labels on tobacco product packaging with 3-month rotation period. Such packaging must display one of seven authorized text warnings: ‘Smoking causes death/lung cancer/stroke/heart-disease/respiratory problems’ (both for smoking and smokeless products) covering 50 percent front and 50 percent back of the package. In addition, the use of misleading brand elements such as light/mild/low tar/extra/ultra’ has also been prohibited in the amended Act. Moreover, to control the illegal trade and smuggling of tobacco the 2015 Rule introduced the mandatory label “Approved for sale in Bangladesh only”. Therefore, the amended Act and Rules evidence the government’s continued effort to discourage production and consumption of tobacco products as well as establishing new tobacco industries. In this regard, this study focuses on the knowledge, attitude, and practice of the informal tobacco sellers with respect to the existing regulations.

Data and Methods

Owing to the absence of official statistics regarding tobacco sellers, a statistically demonstrative sample of 400 sellers was calculated attributing 95% level of confidence. This sample was spread over seven divisions in Bangladesh including Dhaka, Chittagong, Khulna, Barishal, Rajshahi, Rangpur and Sylhet following ‘Population Proportion to Size (PPS)’ utilizing the census data from Bangladesh Bureau of Statistics (BBS). All sellers were individually surveyed following their consent for participation. Since such sellers sell tobacco mostly in the public places or streets, they were selected for the survey randomly. For avoiding peer influence, every third seller was selected as a respondent in case of numerous sellers selling in a similar place. A semi-structured questionnaire was prepared after reviewing several related surveys such as Global Adult Tobacco Survey (GATS) for Bangladesh 2009, Informal Sector Survey (ISS) 2010 etc. After pretesting in Dhaka city first, the questionnaire was revised and updated before conducting final survey in all the divisions. Ten graduate students were appointed as the numerator and trained for conducting data collection efficiently.
After data collection, the frequency and consistency of all the variables were checked to avoid missing or inconsistent data. To figure out the informal economy comprehensively, the descriptive statistics were presented with univariate and bivariate analysis using SPSS software. In calculating prevalence estimates, all of 400 samples was utilized. Multiple Response Answer (MRA) is involved in reporting the results under dichotomous group of variables. In some cases, frequencies are reported out of total responses and for those cases total number of responses (N) has been mentioned in parenthesis for clarification.

**Analysis and Findings**

*Demography of Informal Tobacco Sellers*

The minimum age of tobacco sellers was found to be ‘12’ in survey and about 7% of the sellers interviewed were of less than 18 years age. The average age of the respondents was 35.6 years (with Standard Deviation ±12.3 years). About 32% sellers were uneducated while some 29% had very lower level (up to Grade-V) of education. The sellers’ average monthly income was BDT 11,056.8 (SD ±6,692). About 58% sellers themselves were smokers while about 84% of them used to consume tobacco at their point of sales (POS). On the other hand, the rest 16% were found cautious about smoking in front of customers. Almost all tobacco users (98%) knew that tobacco is harmful to health. However, about 76% of non-consuming tobacco sellers (N=168) are selling tobacco as they treat it just like every other usual business.

*Placement of Tobacco Shop*

During the survey, location of tobacco shops or sellers (N=400) was found in or around large public gathering including educational institutions (18.8%), railway, bus or launch terminals (16.0%), shopping malls (15.8%), governmental or semi-government or private offices, court yards & restaurant parks (13.1%) and along busy streets & local markets (12.2%). The least common places were hospitals (6.0%), passengers’ queue waiting for public transport (5.3%) and exhibition or fair and cinema hall or theatre (3.5%) other places (9.5%) including community centre, park, mosque etc. The tobacco usage in or nearby the major public places (defined by law) has been disaggregated into user and nonuser tobacco sellers in table 1.
Table 1: Association of placement of tobacco shop and tobacco usage by sellers

| Place of Shop                                                                 | Tobacco usage (in %) |
|-------------------------------------------------------------------------------|----------------------|
| Around or in Educational Institution                                         | 14.2 | 25.0 |
| Governmental/ Semi-Governmental/ Private offices/Judge Court/ Restaurant     | 12.9 | 13.1 |
| In or around Railway Station/ Bus terminal/ Launch terminal                   | 15.5 | 16.1 |
| Around or in Shopping Mall                                                   | 15.5 | 16.1 |
| Along street & local market                                                   | 12.1 | 12.5 |

N=232  N=168

Source: Author’s analysis on survey findings

Customers of Tobacco Products

The customers catered by the informal tobacco sellers were diverse by their age. Grouped under the dichotomy of such variable, the MRA data on customer category was reported based on age. About 96% sellers reported sales to young-aged (19-30 years) and 98.2% reported sales to middle-aged (31-50 years). Alarmingly, about 58% of the sellers revealed that they sell tobacco to minors (less than 18 years), while another 49% sells to customers of more than 60 years age. In survey, 12% of the sellers had female customers.

Knowledge on Tobacco Control Measures

About 64% informal tobacco sellers had idea about the Tobacco Control Act to far or less extent. Television or Radio (29%) was reported to be the top media through which the sellers could learn about the Act, while other sources included peer sellers (18.8%), customers (16.9%), newspapers (12.5%), supplier companies (8.6%), police, local authority, family etc. However, a significant number of sellers reported that they had never heard about the Act from anybody (41.4%) and had never seen anything publicizing about it anywhere (15.2%). Of course, 12.4% claimed that they were illiterate to read and some others also had no chance to watch TV or listen to radio that barred them from the knowledge on regulations. However, about 26% sellers still feel knowing tobacco control Act as unnecessary and ineffective on their business activities. Such a knowledge gap evidences the lack of effective regulatory enforcement of tobacco control Act at the field level, comprising of informal tobacco sellers.
Information, Advertisement and Promotion of Tobacco Products

About 76% sellers reported that they learnt detail about tobacco products from the agents of tobacco producers. Thus, tobacco companies promote their own product to the informal sellers directly. Some 34% sellers gathered information about tobacco products from the packaging of the products and some of them learn from customers as well (6.6%). It is observed that tobacco companies delivered product information through distributing leaflet or handbill and providing discounted product or sample to sellers (8.8%). Moreover, indirect advertisement including display of tobacco products at shop is seen in 48% tobacco POS (N=400), directed to encourage customers in buying more tobacco products. The purposes of such indirect advertisements have been further investigated (in table 2) in correlation with their prevalent ways of displaying at shop.

Table 2: Association of indirect advertisement at POS and causes behind the advertisement

| Ways of indirect advertisement of tobacco | Exhibition through transparent glass | Flyers displayed to be seen from far place | Poster/ Picture of tobacco | Handbill/Leaflet | Total % of cases |
|------------------------------------------|-------------------------------------|------------------------------------------|---------------------------|-----------------|-----------------|
| Suggested by company agents              | 23.56                               | 10.47                                    | 12.57                     | 3.66            | 50.26           |
| To attract the customers                 | 15.71                               | 16.75                                    | 3.14                      | 1.57            | 37.17           |
| For no reason                            | 10.47                               | 13.61                                    | 8.38                      | 2.09            | 34.55           |
| Most sold items                          | 3.14                                | 4.19                                     | 1.05                      | 0.00            | 8.38            |
| Total % of cases                         | 52.88                               | 45.03                                    | 25.13                     | 7.33            | N=191           |

Source: Author’s analysis on survey findings

However, none of the informal tobacco sellers was found promoting their tobacco products to customers at their own cost. In addition, they were found receiving incentives for selling tobacco products from different tobacco manufacturing companies. These sellers were unwilling to provide detail on incentives, they receive from tobacco companies since availing such incentives is strictly against the law. Only 18 percent sellers (N = 400) acknowledged about their receipt of some form of incentives for selling tobacco products of those companies. About 76% of those sellers (N = 72) reported that they regularly received gift from the tobacco companies while other forms of incentives found were commission sales (17%), direct cash incentive (17%), providing shop decorating materials (11%), discount on tobacco products (6%) and cash payment for displaying tobacco products at the front side of the shop. Among the sellers interviewed, about 75%
sellers received BDT 200 to 300 as monthly incentive from tobacco companies while another 13% sellers received less than BDT 200 and 12% sellers received BDT 300 or more. A half of the sellers shared about their receipt of different incentives from British American Tobacco Bangladesh (BATB) compared with Philip Morris International (PMI), Dhaka Tobacco Industries (DTI) etc.

**Regulatory Enforcement**

The tobacco sellers were asked about ‘whether they faced any specialized government official monitoring or visiting their shops’. About 98% informal tobacco sellers never faced such enforcement measures for controlling violation of Acts in case of sales to minors, smoking at public places, and advertising at the POS etc. Only 2% cases reported the visits of government officials, however, they were never reprimanded for any violation. With respect to compliance, all the surveyed sellers reported that they usually did not sell tobacco in public vehicles.

**Warning on Tobacco Consumption**

Almost every tobacco companies printed health consequences on their packages. In almost all products sold by the intervened sellers, ‘Smoking Causes Stroke’ was found written on the packages. While the existing law mandates to re-write warnings in rotated form for every 3 months on the package; it has never maintained properly in observed cases. Warnings about heart diseases (14.3%) and death (11.5%) were also seen alongside the text warning of stroke (Table 3).

**Table 3: Association of text warnings on tobacco products and brands providing those warnings**

| Text Warning about (%) | Benson & Hedges | Star | Navy | Gold leaf | Sheikh | Capstan | Hollywood | Marlboro | Others | Total cases (%) |
|------------------------|----------------|------|------|----------|--------|---------|-----------|----------|--------|----------------|
| Stroke                 | 96.0           | 77.5 | 64.3 | 85.0     | 45.5   | 9.0     | 16.3      | 16.8     | 66.0   | 99.5          |
| Heart problems         | 14.0           | 12.3 | 9.5  | 12.3     | 5.0    | 2.0     | 5.8       | 2.8      | 10.0   | 14.3          |
| Cancer                 | 2.5            | 1.0  | 2.0  | 2.5      | 1.50   | 0.8     | 0.5       | 0.5      | 1.8    | 2.5           |
| Death                  | 11.3           | 9.5  | 6.3  | 10.3     | 4.3    | 1.3     | 3.3       | 2.8      | 9.0    | 11.5          |
| Health hazards         | 8.8            | 7.8  | 5.3  | 7.8      | 5.3    | 1.8     | 2.8       | 1.3      | 7.3    | 8.8           |
| Total cases (%)        | 96.5           | 78.0 | 64.3 | 85.3     | 45.5   | 9.0     | 16.3      | 16.8     | 66.3   | N=400          |

Percentages and totals are based on respondents (cases).

a. Dichotomous group tabulated at value 1.

Source: Author’s analysis on survey findings

Very few brands stated that smoking causes Cancer. The brands containing some form of text warnings (Table 4) were Benson & Hedges (96.5% cases), Gold Leaf
Tobacco Control Measures in Bangladesh

(85%), Star (78%), Navy (64%), Sheikh (45.5%) and Marlboro (16.8% cases). Some other less known brands, like, Pilot, Bristol, Scissors, K-2, Five Star, Caste, Derby etc. were containing text warnings of health hazards of smoking in their products.

Use of Brand Elements

The misleading use of brand elements on packages of tobacco products was prohibited by the 2013 Act. However, such elements were still seen on the packages of tobacco products and it indicates a gross violation of the Act (Table 4). In almost all cases, the brand element ‘Light’ is written on the tobacco products with higher market demand. BATB’s brands were identified in most of the cases (87% for Benson & Hedges and 59% for Star) with such labelling. Other brands which have such labelling are Marlboro, Pilot, Pine, Pall Mall, Navy etc.

Table 4: Association of brand elements on tobacco products and brands providing those elements

| Element (%) | Benson & Hedges | Star | Marlboro | Others | Total cases (%) |
|-------------|-----------------|------|----------|--------|-----------------|
| Light       | 87.3            | 58.4 | 5.1      | 21.6   | 99.7            |
| White       | 16.2            | 11.4 | 1.1      | 16.2   | 18.4            |
| Menthol     | 10.0            | 7.0  | 2.7      | 2.7    | 10.0            |
| Others      | 0.8             | 0.8  | 0.5      | 0.8    | 0.8             |
| Total cases (%) | 87.3   | 58.7 | 5.1      | 21.6   | N=370            |

Percentages and totals are based on respondents (cases).

a. Dichotomous group tabulated at value 1.

Source: Author’s analysis on survey findings

Perception on Tax Increase

Since tax on tobacco products is regularly increased during national revenue budget each year, it is important to understand how the informal sellers view such tax. About 69% tobacco sellers stated that they did not bother about tax increase because they experienced no changes in sales volume for such increase. On the other hand, some 21% sellers faced reduction in sales for increasing taxes on tobacco products while another 8% observed customers’ shift of brands to mitigate the price change. Further, the survey identified that about 57% tobacco sellers did not like the government’s further increment of tax on tobacco products while 26% sellers liked the imposition of more tax on tobacco, because tobacco is harmful for human health.
Discussion on Findings

The findings on level of knowledge, attitude, and practice of tobacco control measures in the informal tobacco market are discussed here. It is generally assumed that informal tobacco sellers have no knowledge about the prevailing Tobacco Control Act. But survey reveals that majority of tobacco sellers knew about the Act to a far or lesser extent. For such awareness, television or radio seems to be the best medium, as most of the sellers knew about the Act through television or radio according to the survey. This finding is also supported by the findings of the WHO (2009b) study. Nearly half of the adult population (49.8%) in Bangladesh noticed anti-smoking information out of which about 41% knew through radio and television (WHO, 2009b). As found from the survey, violating the Act even after knowing it signifies that the regulatory authority and the regulation itself are ineffective highly due to the poor enforcement in the informal market. The poor level of effectiveness and weaker enforcement of the regulation is also confirmed as the survey found government officials monitoring for some provisions (like, sales to minor, smoking tobacco at public places, and advertising at the POS etc.) in very few cases, but with no event of charging fine.

The attitude of the informal tobacco sellers towards tobacco control measures (tax or regulations) is observed somewhat careless. In addition to field level enforcement, tax imposition has always been considered as an effective mechanism by developing economies to correct economic inefficiencies in tobacco product markets (Ross & Chaloupka, 2006). However, the survey results suggest that majority of tobacco sellers did not worry about tax increase because they did not experience changes in actual sales volume of their tobacco products. This very low demand elasticity of tobacco products is also evident from the case of China with an insignificant reduction of 4.88% in sales (Hu & Mao, 2002). Moreover, smokers were encouraged to switch to a cheaper brand, and it is because price increase rates caused by taxation were smaller for products in the low and medium tiers than those in the high and premium tiers (WHO, 2014). Of
course, four in five people (81%), including tobacco consumers, supported an increase in tobacco taxes (WHO, 2009). But the survey identified more than half of the informal tobacco sellers did not like the tax increase as usual research findings (Chaloupka, Yurekli, & Fong, 2012).

With regards to practice as per regulations, several violations were evident. The survey revealed the existence of minor (under the age of 18) tobacco sellers in some cases while a half of the sellers was selling tobacco to minors. This finding signifies that the minors also sell, which is strictly prohibited by the Act under any circumstances. Most of the informal tobacco shops were found near public places prohibited by the Act, which makes tobacco available and encourages people to smoke more. According to the legislation in Bangladesh, public places include health-care facilities, educational facilities except universities, government facilities, indoor offices, restaurants, and public transports (WHO, 2013). It is notable that Bangladesh’s score of compliance to public places is as poor as 3 on a 10-point scale (WHO, 2013).

A significant number of sellers consume tobacco at their POS, which further encourages smoking tobacco in public places. Indirect advertisement was observed in half of the cases while a complete ban on any form of advertisement including at the POS was mandated by the Act (NTCC, 2013; WHO, 2013). Violation of this clause is commonly found at the POS (NTCC, 2013). Nearly half of the respondents (48.7%) noticed cigarette advertising, sponsorship, or promotion in Bangladesh (WHO, 2009a). Thus, the present study finding is consistent with other studies. For example, in China, the exposure to outdoor cigarette advertising (on posters, billboards, or public transportation vehicles) is about half (52%) of the respondents (Zaloshnja, Ross, & Levy, 2010). Such promotional activities at the POS were also found by another study conducted in China where 29.2% in stores and 20.3% around street vendors were reported in Yang et al. (2010) study.

Tobacco companies usually decorate the sellers’ shops using colourful flyers, with advertisement of different brands of cigarettes, jumbo sized dummy packs and posters with their own money (NTCC, 2013). In the pre-assessment study under the Tobacco Advertisement, Promotion and Sponsorship (TAPS) ban initiative in Bangladesh, posters of tobacco products were found almost in half (48%) of the tobacco shops, coloured flyer hanging in 32% shops, tobacco packs at 35% shops (NTCC, 2013), which supports our findings. In fact, tobacco
companies usually convince the retailers to display their packs in such a way that it virtually becomes an instrument of advertisement (NTCC, 2013). However, it is notable that displaying tobacco products for sale at the POS is not prohibited by the existing tobacco control regulations of Bangladesh. While TAPS ban can be crucial for informal sellers, only 19 countries (representing 6% of the world’s population) are now under comprehensive TAPS ban while another 101 countries adopted it partially (Saffer & Chalupka, 2000). However, in Bangladesh, the percentage of current tobacco smokers who noticed some form of cigarette advertisement, sponsorship or promotion was about 67%; the most common site was in stores (49%) and other sites were posters (23%), public transportation (12%), billboards (9%), public walls (9%), television (6%), cinemas (4%), and newspapers (2%) (WHO, 2009b).

The current study results suggest that the agents of tobacco companies usually promote their tobacco products through providing leaflet, handbill, discounted products, and sample to informal tobacco sellers. Alongside, all sellers receive various incentives from the tobacco companies where gift is most commonly received by about three-fourth of the sellers. In addition, many other forms of such indirect promotion include commission on sales, free shop materials, cash benefit etc. Exchange of such incentives creates indirect promotion, which is strictly prohibited according to the Act of 2013. This finding is consistent with that of TAPS ban pre-assessment study which reports that about 31% retailers received gifts from the companies usually in the form of free cigarette, lighter, watch, t-shirt, cap, utensils, umbrella, mobile phone etc. (NTCC, 2013). Another study on Bangladesh also confirms that the most common types of promotion are free gifts/discounts on other products (10%), free sample (7%), coupons (6%) and clothing items with a brand name or logo (5%) (WHO, 2009b). This practice is also evident globally, for example, in China, where free samples of cigarettes (14%), special price offers for cigarettes (13%), gifts/discounts on other products (23%), clothing with cigarette brands (11%), competitions linked to cigarettes (9%) and other forms of promotion (39%) were commonly observed (Yang et al., 2010).

Among current smokers, a half of them noticed health warnings on cigarette packages (WHO, 2013). However, in almost all the cases, ‘Smoking Causes Stroke’ is written on the packages. The second warning is not available in rotation form in most of the packages, which is a violation of the Act. This
finding is also consistent with an earlier study, which suggests that though there are 7 specific health warnings are approved by the law to be used in rotation on packages in Bangladesh, only few of them were found in all research (WHO, 2013). Another gross violation is noted as in almost all of cases, brand elements such as ‘Light’ is seen written on tobacco products’ packages although it is completely banned according to the Act.

**Conclusion**

The study draws some critical issues in focus. Since the informal sellers have the largest outreach of tobacco consumers at the field level, regulations should be amended and improvised with additional clauses to have greater control and enforcement on them to ensure significant reduction in tobacco consumption in the country. Overall findings ascertain the urgent need for emphasizing the continuous and strict enforcement of existing tobacco control measures in the field level on the informal market sellers of tobacco. Regulatory monitoring and enforcement (may be through mobile court) on informal tobacco sellers needs to be substantially increased for controlling sales of tobacco by minor and to minor, tobacco usage by informal tobacco sellers at public places in their shop, indirect advertisement in shop (through poster, flyer, gift etc.). The existing amount of fine is very low and needs to be increased materially to create a significant financial burden on the party fined. Moreover, the regulation must limit the type of location where physical shops or floating sellers can sell tobacco. Like smoking in public places, sales of tobacco at public places should be brought under control. Without these initiatives, the availability of tobacco in public places will keep encouraging tobacco consumption. Therefore, unless the informal tobacco sellers are brought under regulatory framework, it will be extremely difficult to reduce tobacco consumption in Bangladesh to a significant level.

**Acknowledgments**

This article is prepared from the research findings of a research project under ‘Tobacco Control Research Grant Program’ organized by Bangladesh Centre for Communication Programs (BCCP) and funded by Institute of Global Tobacco Control (IGTC) at the Johns Hopkins Bloomberg School of Public Health, Baltimore, USA.
References

Akter, H., Barua, S., & Ahmed, K. (2018). The Dynamics of Informal Tobacco Economy: Evidence from Bangladesh. Social Science Review, [The Dhaka University Studies, Part-D], 35(2), 157-171.

Barkat, A., Chowdhury, A. U., Nargis, N., Rahman, M., Khan, M. S., & Kumar, A. (2012). The economics of tobacco and tobacco taxation in Bangladesh. Paris: International Union against Tuberculosis and Lung Disease.

Chaloupka, F. J., Yurekli, A., & Fong, G. T. (2012). Tobacco taxes as a tobacco control strategy. Tobacco Control, 21(2), 172-180.

Efroymson, D., Ahmed, S., Townsend, J., Alam, S. M., Dey, A. R., Saha, R., & Rahman, O. (2001). Hungry for tobacco: an analysis of the economic impact of tobacco consumption on the poor in Bangladesh. Tobacco Control, 10(3), 212-217.

Hu, T. W., & Mao, Z. (2002). Economic analysis of tobacco and options for tobacco control: China case study. HNP Discussion Paper. Economics of Tobacco Control Paper No. 3. Washington DC: The International Bank for Reconstruction and Development / World Bank.

Méndez, D., Alshanqeety, O., & Warner, K. E. (2013). The potential impact of smoking control policies on future global smoking trends. Tobacco Control, 22(1), 46-51.

National Tobacco Control Cell (NTCC). (2007). National Strategic Plan of Action for Tobacco Control 2007-2010. Government of Bangladesh: Ministry of Health and Family Welfare.

National Tobacco Control Cell (NTCC). (2008). Tobacco Control Law and Rules and Related Government Orders. Government of Bangladesh: Ministry of Health and Family Welfare.

National Tobacco Control Cell (NTCC). (2009). Information of Mobile court collected from Newspaper (2005-2009). Government of Bangladesh: Ministry of Health and Family Welfare.

National Tobacco Control Cell (NTCC). (2013). A Model District on Tobacco Advertisement, Promotion and Sponsorship (TAPS) Ban, Government of Bangladesh: Ministry of Health and Family Welfare.

Ross, H., & Chaloupka, F. J. (2006). Economic policies for tobacco control in developing countries. salud pública de méxico, 48(S1), 113-120.

Saffer, H., & Chaloupka, F. (2000). The effect of tobacco advertising bans on tobacco consumption. Journal of Health Economics, 19(6), 1117-1137.

The Smoking and Tobacco Products Usage (Control) Act 2005 (BD).

The Smoking and Using of Tobacco Products (Control) Rules 2006 (BD).

The Smoking and Tobacco Products Usage (Control) Act 2013 (Amended). (BD).

The Smoking and Using of Tobacco Products (Control) Rules 2015 (BD).

World Health Organization (WHO). (2003). World Health Organization Framework Convention on Tobacco Control (WHO FCCTC). Geneva: World Health Organization.

World Health Organization (WHO). (2007). Impact of tobacco-related illnesses in Bangladesh, Regional Office for South-East Asia, India: World Health Organization.

World Health Organization (WHO). (2009a). Report on the Scientific Basis of Tobacco Product Regulation: Third Report of a WHO Study Group. WHO Technical Report Series. Geneva: World Health Organization.

World Health Organization (WHO). (2009b). Global adult tobacco survey (GATS): Bangladesh. Regional Office for South-East Asia, India: World Health Organization.
World Health Organization (WHO). (2013). *Report on the Global Tobacco Epidemic*. WHO Technical Report Series. Geneva: World Health Organization.

World Health Organization (WHO). (2014). *Taxation of tobacco products in the South-East Asia Region*. Regional Office for South-East Asia, India: World Health Organization.

World Health Organization (WHO). (2020). *Parties to the WHO Framework Convention on Tobacco Control*. Geneva: World Health Organization.

Yang, Y., Li, L., Yong, H. H., Borland, R., Wu, X., Li, Q., Changbao, W., & Foong, K. (2010). Regional differences in awareness of tobacco advertising and promotion in China: findings from the ITC China Survey. *Tobacco Control, 19*(2), 117-124.

Zaloshnja, E., Ross, H., & Levy, D. T. (2010). The impact of tobacco control policies in Albania. *Tobacco Control, 19*(6), 463-468.