ITC Bangladesh
Wave 2 Technical Report

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# Table of Contents

Preface to Wave 2 ITC Bangladesh Technical Report .................................................. 5

1. Introduction .............................................................................................................. 6
   1.1 Background ........................................................................................................ 6
   1.2 Main Objectives ................................................................................................ 6
   1.3 Survey Design ................................................................................................... 7
   1.4 The Research Team ........................................................................................... 8

2. Sampling Design ..................................................................................................... 9
   2.1 Recontact .......................................................................................................... 9
   2.2 Replenishment Sampling ................................................................................. 9
   2.3 Floating Population Sample ............................................................................ 10

3. Survey Protocols ................................................................................................... 11
   3.1 Recontact Participant Selection and Consent ................................................. 11
   3.2 Replenishment Participant Selection and Consent ........................................ 11
   3.3 Main Questionnaire ......................................................................................... 11
   3.4 Exit and Compensation .................................................................................. 13
   3.5 Progress Report ............................................................................................... 13
   3.6 Contingencies in Fieldwork .......................................................................... 14

4. Monitoring and Quality Control ...................................................................... 15
   4.1 Management of Fieldwork Teams ................................................................. 15
   4.2 Training Manuals ............................................................................................ 16
   4.3 Interviewing Aids (see Appendix A) .............................................................. 16
   4.4 Monitoring & Quality Assurance .................................................................. 16
   4.5 Data Quality Control ....................................................................................... 17
   4.6 Handling Special Situations .......................................................................... 17

5. Disposition Codes and Retention Rates ....................................................... 19

6. Weights Construction .......................................................................................... 23
   Wave 1 sampling design ...................................................................................... 23
      Definitions of categories .................................................................................... 24
      Summary of Wave 1 weights computation ...................................................... 24
      Computation of enumerated household weights EHWT ............................... 24
      Computation of interview household weights IHWT .................................. 26
      Computation of individual level weights to state or province/district level 26
      Calibration of individual weights at the national level ................................ 27
      Rescaling ............................................................................................................ 28
   Wave 2 sampling design ...................................................................................... 28
      Summary of Wave 2 weights computation ...................................................... 29
      Longitudinal Wave 1 – Wave 2 weights ........................................................... 29
      Wave 2 cross-sectional weights ..................................................................... 30
      Calibration of individual weights at the national level ................................ 32
      Rescaling ............................................................................................................ 32
Appendix A: Field Materials ........................................................................................................................................34
Appendix B: Survey Information Letter and Consent Form ..........................................................................................35
Appendix C: Screener ....................................................................................................................................................38
Appendix D: Pictures of Survey Fieldwork .........................................................................................................................41
Appendix F: Project Schedules (Year 1, First Term: August 01, 2008-January 31, 2009) ............................................43
Appendix G: Areas Selected (National Sample) .................................................................................................................48
Appendix H: Areas Selected (Floating Sample) ................................................................................................................50
References ...........................................................................................................................................................................56
Preface to Wave 2 ITC Bangladesh Technical Report

This report documents the second wave of the International Tobacco Control Policy Evaluation Survey carried out in Bangladesh approximately 10 to 13 months after the first wave was conducted (March to June 2010).

For the most part, the format of this report is similar to the Wave 1 technical report. However, there are a number of changes in certain contents and methods in the second wave:

a) Respondents from the first wave were recontacted to participate in the Wave 2 survey. New respondents were recruited to replace dropouts, using an extension of the Wave 1 sampling design.

b) The process of selection of replenishment respondents was slightly different from selection of respondents in Wave 1.

c) Addition of recontact protocols.

d) Addition of new screeners and questionnaires.

e) This report also presents the weight calculations for Wave 2 respondents.
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 prohibited 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. The ITC Bangladesh Wave 2 Survey was carried out from March to June 2010. The ITC Bangladesh Wave 3 Survey is scheduled to begin in September 2011.

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, smokeless tobacco) 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 participate in follow-up surveys. The plan for future survey waves in Bangladesh is to re-contact the respondents from Wave 2 for a follow-up survey in 2011 (Wave 3). 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. Sampling Design

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). For the details of the Wave 1 sampling design see Chapter 6 of this report [citation for Wave 1 technical report].

In Wave 1, 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).

The probability sampling part of the national sample, which was designed to represent the broad national population of Bangladesh, was selected as part of the Wave 1 Survey in 2009. 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. A maximum of 450 households could be enumerated in each village.

2.1 Recontact

The Wave 2 sampling plan was to try to recontact as many respondents as possible from Wave 1 for participation in Wave 2, even if they were smokers at Wave 1 who have quit smoking. There was a separate quitter survey for those respondents from Wave 1 who quit smoking since that time. New respondents were interviewed to replace Wave 1 respondents who were lost at Wave 2, according to the scheme outlined in Section 2.2.

2.2 Replenishment Sampling

From each village/ward surveyed in the national sample (see Section 2.3), we selected 5 households from the Wave 1 enumerated sample that were not used for interviews in Wave 1--3 households with at least one smoker and 2 households with all non-smokers. Then from each household, one randomly selected non-smoker and all smokers were included on the replenishment sample list. The stratification by socio-economic status could not be maintained because it was not always feasible to find smoker respondents from each tertile. The interviewers were asked to replenish from a new household following the smoking status in Wave 1. In case they could not find any respondent from the replenishment sample list or the list ran out due to refusal, they asked for a new sample and the survey coordinator randomly picked a new sample (only as many were needed in the field). Thus in some areas, more than 5
households could be selected. In one area (Garo-tribal sample), enumerated households for replenishment sample were exhausted, so 4 new households (id 40501-40504) were enumerated and then used for the survey.

Figure 2   ITC Bangladesh Wave 2 Sampling Areas

2.3 Floating Population Sample

Part of the floating sample, surveyed in Geneva Camp, was found in the second wave and was therefore interviewed with recontact surveys. This part of the floating sample thus turned into a cohort sample from the slum areas. One slum area (Adabor) was dropped due to the eviction of the entire slum (see Appendix G for the updated list of slum areas). In order to make up for the households and respondents missed from the Adabor area, 50 additional households were surveyed from the Kamalapur area.

For the floating sample replenishment, as in Wave 1, 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.
3. Survey Protocols

3.1 Recontact Participant Selection and Consent
Respondents who were interviewed in Wave 1 were recontacted in Wave 2. No one who was not interviewed in Wave 1 could be interviewed in Wave 2, under this category. Interviewers were asked to reintroduce themselves to respondents using a pre-determined script.

Information and Consent
Once contact with a respondent from Wave 1 was re-established, the information letter was provided and the consent form was administered (See Appendix B).

3.2 Replenishment 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 Main Questionnaire

3.3.1 Screener and Survey Types
There are one household survey, one individual screener, and nine types of individual surveys.

- Household (H) survey: Only for the head of each household. There are three sections in H survey that are asked to the household heads only: Tobacco Cultivation, Income and Expenditures and Wealth Index.
- Screener: The purpose of the screener is to establish the tobacco use status of a respondent in Wave 2. There are two sections to the screener: recontact screener and replenishment screener. (See Appendix D)

Replenishment Surveys
For new respondents at Wave 2 and for non-smoker respondents from Wave 1 who started smoking at Wave 2. Each survey is described briefly below:

- Survey 1: Replenishment Cigarette Smoker: for respondents who ONLY smoke cigarettes and could also be smoking hookah and/or using smokeless tobacco.
- Survey 2: Replenishment Bidi Smoker: for respondents who ONLY smoke bidis but could also be smoking hookah and/or using smokeless tobacco.
• **Survey 3**: Replenishment Dual User: for respondents who smoke BOTH cigarettes and bidis and could also be smoking hookah and/or using smokeless tobacco.

• **Survey 4**: Replenishment Non-Smoker: for respondents who DO NOT smoke either cigarettes or bidis or hookah but could be using smokeless tobacco.

**Recontact Surveys**

For respondents from Wave 1 who continue to smoke or quit. Each survey is described briefly below:

• **Survey 5**: Recontact Cigarette Smoker: Respondents who were cigarette smokers in Wave 1 and continue to smoke at Wave 2, respondents who were bidi smokers in Wave 1 but switched to cigarette smoking at Wave 2 and respondents who were smoking both cigarettes and bidis in Wave 1 but stopped smoking bidis at Wave 2.

• **Survey 6**: Recontact Bidi Smoker: Respondents who were bidi smokers in Wave 1 and continue to smoke at Wave 2, respondents who were cigarette smokers in Wave 1 but switched to bidi smoking at Wave 2 and respondents who were smoking both bidis and cigarettes in Wave 1 but stopped smoking cigarettes at Wave 2.

• **Survey 7**: Recontact Dual User: Respondents who were cigarette and bidi smokers at Wave 1 and continue to smoke both, and respondents who were single tobacco product smokers (either cigarette or bidi) in Wave 1 but have added another smoking tobacco product (either bidi or cigarette) at Wave 2.

• **Survey 8**: Recontact Non-Smoker: Respondents who NEVER smoked at Wave 1 and continue not to smoke at Wave 2 but could still be using or have quit using smokeless tobacco.

• **Survey 9**: Quitter: Respondents who were smoking at Wave 1 (cigarettes, bidis and hookah) but have quit smoking altogether at Wave 2 but could still be using smokeless tobacco.

### 3.3.2 Content of Survey

The kinds of questions that were asked are described later in this report. 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.

At Wave 2, a new set of questions designed to assess children’s exposure to tobacco smoke in the home was added to the survey.
3.3.3 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.

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

3.3.5 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.

3.4 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.

3.5 Progress Report

3.5.1 Survey Translation
All the surveys for W2 fieldwork were finalized by the end of February 2010. Translation of the survey documents into Bengali, Chakma, and Garo started in the middle of February and was completed by the first week of March 2010. The printed copies of the questionnaires were ready for the survey teams by the second week of March 2010.

3.5.2 Field Work Preparation
The Dhaka team prepared all the supporting survey materials (such as bags, T-shirts, pen, paper, official letters) for the survey teams by the second week of March 2010.

3.5.3 Interviewer Training Workshop
The Interviewer Training Workshop took place during the second week of March 2010. A three-day long training workshop was conducted by the Dhaka team at the Bureau of Economic research, Dhaka University. A total of 28 interviewers and 4 supervisors attended the workshop.

3.5.4 Survey Fieldwork
On March 17, 2010, four teams consisting of four enumerators and one supervisor left Dhaka city to travel to four different regions of Bangladesh, namely Chittagong, Barishal, Rajshahi and Dhaka. The four teams started the fieldwork in their respective areas on March 18, 2010. Interviewing began within Dhaka city during the second week of May 2010. In addition to using some of the regional enumerators, the Dhaka team recruited ten additional enumerators to conduct the fieldwork in Dhaka city (after training the new enumerators). The Wave 2 fieldwork
was completed in the second week of June, 2010. A total of 5,680 respondents were surveyed in W2.

3.5.5 Questionnaire Checking
The Dhaka team started to receive completed questionnaires from the field in the first week of April, 2010. Questionnaire checking started immediately after that. Fieldwork and questionnaire checking continued simultaneously and questionnaire checking was completed in the second week of July, 2010.

3.5.6 Data Entry
The Dhaka team received epidata templates for the W2 surveys and household forms between July and August 2010. A number of changes had to be made to the epidata template of each survey and form. The corrections slowed down the subsequent data entry process. Furthermore, the Dhaka team could only hire two reliable personnel to enter the data. Altogether it took close to five months for the programming of epidata templates and data entry to be completed. The data entry was completed at the end of October, 2010 and checking was the entries were checked immediately.

3.5.7 Data Checking and Cleaning
The data from the survey was checked for out-of-range values, outliers for open-ended responses, and mismatches of individual identifiers and smoking status between Wave 1 and Wave 2. The mismatches between household level forms and individual level surveys were also identified and corrected. The variables in W2 data were checked for consistency and errors. Corrections of data entry and cases with out-of-range values were also carried out using appropriate rules.

3.5.8 Linking of W2 Data to W1 Data
The checked and processed W2 data is linkable to W1 data. The ID mismatches have been resolved and the coding is completed for revisions in W1 and W2 ID variables. The screener data from Wave 2 is now being checked for changes in smoking status of individual respondents between the two waves. This data would be used in the dynamic longitudinal analysis of smoking behavior.

3.5.9 Data Delivery
W2 data were delivered to the Data Management Centre (DMC) at the University of Waterloo in Jan 2011. ADMC data analyst has processed the W2 data which was released on April 5, 2011. The data is now available for further analysis.

3.6 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:

On the day immediately before the scheduled date for sending the interviewers to the field, all the interviewers and field supervisors assembled in the project office and demanded higher pay. The project management team had no other choice but to submit to their demand given the urgency to launch the survey on time. The demand for raise in remuneration was valid in view of the rise in the national pay scale for public sector employees that generally results in inflationary pressure on the general population including those who work in the private sector. This obviously raised the field cost that asked for adjustment in the budget to some extent.
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.

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

- **28 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 3  Hierarchical Order of the ITC Bangladesh Field Staff.**
4.2 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 filters for 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, bidi, and dual user 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 that 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. Each interviewer reviewed the entire completed 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 provide updates on fieldwork progress on a daily basis. The Field Supervisors were instructed to use the hotline mobile phone to report any difficulties to their Field Coordinator, so that the Field Coordinator could address it immediately.

• **Progress Reports:** The Project Manager 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 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 survey 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 smoker and a non-smoker in the same household, the Non-Smoker survey was conducted after the smoker survey. If only the non-smoker respondent was present, the Non-Smoker survey was postponed until after the smoker survey.
5. Disposition Codes and Retention Rates

Sample Size and Representation
The total sample consisted of 5,680 respondents. Tables 1 to 3 are the breakdown of the sample.

Table 1 Smoking Status, Gender in Areas of the Sample

<table>
<thead>
<tr>
<th>Sample</th>
<th>Cigarette Smokers</th>
<th>Bidi Smokers</th>
<th>Dual Users</th>
<th>Quitters</th>
<th>Non-smokers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>National sample</td>
<td>1,645</td>
<td>28</td>
<td>240</td>
<td>44</td>
<td>229</td>
</tr>
<tr>
<td>Dhaka slums</td>
<td>576</td>
<td>16</td>
<td>30</td>
<td>9</td>
<td>17</td>
</tr>
<tr>
<td>Border area</td>
<td>13</td>
<td>0</td>
<td>13</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Tribal areas</td>
<td>51</td>
<td>8</td>
<td>17</td>
<td>15</td>
<td>14</td>
</tr>
<tr>
<td><strong>Subtotal by Sex</strong></td>
<td>2,285</td>
<td>52</td>
<td>300</td>
<td>68</td>
<td>266</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subtotal by Smoking Status</th>
<th>Uses Smokeless</th>
<th>Does not use Smokeless</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Subtotal by Smoker/Non-smoker</strong></td>
<td>2,337</td>
<td>368</td>
</tr>
<tr>
<td><strong>3,201</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2,594</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Grand Total | 5,795 |

Table 2 Smokeless Tobacco Users and Non-Users of Smokeless Tobacco in Areas of The Sample

<table>
<thead>
<tr>
<th>Sample</th>
<th>Uses Smokeless</th>
<th>Does not use Smokeless</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>National sample</td>
<td>507</td>
<td>357</td>
</tr>
<tr>
<td>Dhaka slums</td>
<td>118</td>
<td>139</td>
</tr>
<tr>
<td>Border area</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Tribal areas</td>
<td>37</td>
<td>19</td>
</tr>
<tr>
<td><strong>Subtotal by Sex</strong></td>
<td>669</td>
<td>521</td>
</tr>
<tr>
<td><strong>Subtotal by Smokeless Use</strong></td>
<td>1,190</td>
<td>4,589</td>
</tr>
</tbody>
</table>

| Grand Total† | 5,779 |

† Note: Grand total here does not sum to grand total in Table 1 due to missing data for smokeless status for 16 people who did not answer the question.
Table 3 Types of Tobacco Users in Areas of the Sample

<table>
<thead>
<tr>
<th>Sample</th>
<th>Smokers Uses Smokeless Male</th>
<th>Smokers Uses Smokeless Female</th>
<th>Non-smokers† Uses Smokeless Male</th>
<th>Non-smokers† Uses Smokeless Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>National sample</td>
<td>400</td>
<td>29</td>
<td>1,713</td>
<td>52</td>
</tr>
<tr>
<td>Dhaka slums</td>
<td>105</td>
<td>14</td>
<td>518</td>
<td>12</td>
</tr>
<tr>
<td>Border area</td>
<td>6</td>
<td>0</td>
<td>26</td>
<td>0</td>
</tr>
<tr>
<td>Tribal areas</td>
<td>26</td>
<td>5</td>
<td>56</td>
<td>19</td>
</tr>
<tr>
<td>Subtotal by Sex</td>
<td>537</td>
<td>48</td>
<td>2,313</td>
<td>83</td>
</tr>
<tr>
<td>Subtotal by Smokeless Use</td>
<td>585</td>
<td>2,396</td>
<td>605</td>
<td>2,193</td>
</tr>
<tr>
<td>Subtotal by Smoking Status</td>
<td>2,981</td>
<td></td>
<td>2,798</td>
<td></td>
</tr>
<tr>
<td>Grand Total‡</td>
<td></td>
<td></td>
<td>5,779</td>
<td></td>
</tr>
</tbody>
</table>

† Non-smokers include all non-smokers as well as former smokers at wave 2.

· Note: Grand total here does not sum to grand total in Table 1 due to missing data for smokeless status for 16 people who did not answer the question.

Figure 4 Flow chart of Retention Rates between Wave 1 and Wave 2

*Note: 47 non-smokers from the national sample and 5 from the slum sample who were recruited in Wave 1 had started smoking by Wave 2. They thus included as “new recruits” in the Wave 2 sample.
### Table 4 Retention Rates between Wave 1 and Wave 2

<table>
<thead>
<tr>
<th>Sample</th>
<th>Smoking Status</th>
<th>Wave 1 Lost</th>
<th>Wave 1 Retained</th>
<th>Wave 2 Recruited</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N (%)</td>
<td>n (%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>National</td>
<td>Smokers</td>
<td>137 5.8</td>
<td>2231 94.2</td>
<td>122 2353</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non-smokers</td>
<td>125 6.2</td>
<td>1885 93.8</td>
<td>121 2006</td>
<td></td>
</tr>
<tr>
<td>Dhaka slums</td>
<td>Smokers</td>
<td>439 73.5</td>
<td>158 26.5</td>
<td>490 648</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non-smokers</td>
<td>424 78.5</td>
<td>116 21.5</td>
<td>426 542</td>
<td></td>
</tr>
<tr>
<td>Tribal</td>
<td>Smokers</td>
<td>1 2.7</td>
<td>36 97.3</td>
<td>1 37</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non-smokers</td>
<td>0 0.0</td>
<td>24 100.0</td>
<td>0 24</td>
<td></td>
</tr>
<tr>
<td>Border</td>
<td>Smokers</td>
<td>13 11.9</td>
<td>96 88.1</td>
<td>8 104</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non-smokers</td>
<td>11 12.8</td>
<td>75 87.2</td>
<td>6 81</td>
<td></td>
</tr>
</tbody>
</table>

### Table 5 Retention Rates by Sampling Area

<table>
<thead>
<tr>
<th>Sample</th>
<th>Smoker Lost to follow-up</th>
<th>Retained</th>
<th>Non-smoker Lost to follow-up</th>
<th>Retained</th>
<th>Overall Lost to follow-up</th>
<th>Retained</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Freq.</td>
<td>%</td>
<td>Freq.</td>
<td>%</td>
<td>Freq.</td>
<td>%</td>
</tr>
<tr>
<td>National</td>
<td>137</td>
<td>5.8</td>
<td>2231</td>
<td>94.2</td>
<td>125</td>
<td>6.2</td>
</tr>
<tr>
<td>Dhaka slums</td>
<td>439</td>
<td>73.5</td>
<td>158</td>
<td>26.5</td>
<td>424</td>
<td>78.5</td>
</tr>
<tr>
<td>Border area</td>
<td>1</td>
<td>2.7</td>
<td>36</td>
<td>97.3</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Tribal areas</td>
<td>13</td>
<td>11.9</td>
<td>96</td>
<td>88.1</td>
<td>11</td>
<td>12.8</td>
</tr>
<tr>
<td><strong>Overall</strong></td>
<td>590</td>
<td>19.0</td>
<td>2521</td>
<td>81.0</td>
<td>560</td>
<td>21.1</td>
</tr>
</tbody>
</table>

### Table 6 Retention Rates by Division

<table>
<thead>
<tr>
<th>Retention by Division</th>
<th>Smoker Lost to follow-up</th>
<th>Retained</th>
<th>Non-smoker Lost to follow-up</th>
<th>Retained</th>
<th>Overall Lost to follow-up</th>
<th>Retained</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Freq.</td>
<td>%</td>
<td>Freq.</td>
<td>%</td>
<td>Freq.</td>
<td>%</td>
</tr>
<tr>
<td>Barisal</td>
<td>5</td>
<td>1.8</td>
<td>275</td>
<td>98.2</td>
<td>3</td>
<td>1.4</td>
</tr>
<tr>
<td>Chittagong</td>
<td>23</td>
<td>4.9</td>
<td>451</td>
<td>95.1</td>
<td>27</td>
<td>6.1</td>
</tr>
<tr>
<td>Dhaka</td>
<td>521</td>
<td>37.2</td>
<td>879</td>
<td>62.8</td>
<td>496</td>
<td>39.4</td>
</tr>
<tr>
<td>Khulna</td>
<td>15</td>
<td>4.6</td>
<td>314</td>
<td>95.4</td>
<td>12</td>
<td>4.9</td>
</tr>
<tr>
<td>Rajshahi</td>
<td>17</td>
<td>3.5</td>
<td>473</td>
<td>96.5</td>
<td>15</td>
<td>3.7</td>
</tr>
<tr>
<td>Sylhet</td>
<td>9</td>
<td>6.5</td>
<td>129</td>
<td>93.5</td>
<td>7</td>
<td>6.5</td>
</tr>
<tr>
<td><strong>Overall</strong></td>
<td>590</td>
<td>19.0</td>
<td>2521</td>
<td>81.0</td>
<td>560</td>
<td>21.1</td>
</tr>
</tbody>
</table>
Table 7 Retention Rates by Division Excluding Dhaka Slums

<table>
<thead>
<tr>
<th>Retention by Division excluding Dhaka slums</th>
<th>Smoker</th>
<th></th>
<th>Non-smoker</th>
<th></th>
<th>Overall</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lost to follow-up</td>
<td>Retained</td>
<td>Lost to follow-up</td>
<td>Retained</td>
<td>Lost to follow-up</td>
<td>Retained</td>
</tr>
<tr>
<td>Freq.</td>
<td>%</td>
<td>Freq.</td>
<td>%</td>
<td>Freq.</td>
<td>%</td>
<td>Freq.</td>
</tr>
<tr>
<td>Barisal</td>
<td>5</td>
<td>1.8</td>
<td>275</td>
<td>98.2</td>
<td>3</td>
<td>1.4</td>
</tr>
<tr>
<td>Chittagong</td>
<td>23</td>
<td>4.9</td>
<td>451</td>
<td>95.1</td>
<td>27</td>
<td>6.1</td>
</tr>
<tr>
<td>Dhaka</td>
<td>82</td>
<td>10.2</td>
<td>721</td>
<td>89.8</td>
<td>72</td>
<td>10.1</td>
</tr>
<tr>
<td>Khulna</td>
<td>15</td>
<td>4.6</td>
<td>314</td>
<td>95.4</td>
<td>12</td>
<td>4.7</td>
</tr>
<tr>
<td>Rajshahi</td>
<td>17</td>
<td>3.5</td>
<td>473</td>
<td>96.5</td>
<td>15</td>
<td>3.7</td>
</tr>
<tr>
<td>Sylhet</td>
<td>9</td>
<td>6.5</td>
<td>129</td>
<td>93.5</td>
<td>7</td>
<td>6.5</td>
</tr>
<tr>
<td>Overall</td>
<td>151</td>
<td>6.0</td>
<td>2363</td>
<td>94.0</td>
<td>136</td>
<td>6.4</td>
</tr>
</tbody>
</table>

Table 8 Retention Rates by Division

<table>
<thead>
<tr>
<th>Retention by Residence</th>
<th>Smoker</th>
<th></th>
<th>Non-smoker</th>
<th></th>
<th>Overall</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lost to follow-up</td>
<td>Retained</td>
<td>Lost to follow-up</td>
<td>Retained</td>
<td>Lost to follow-up</td>
<td>Retained</td>
</tr>
<tr>
<td>Freq.</td>
<td>%</td>
<td>Freq.</td>
<td>%</td>
<td>Freq.</td>
<td>%</td>
<td>Freq.</td>
</tr>
<tr>
<td>Urban</td>
<td>512</td>
<td>35.6</td>
<td>926</td>
<td>64.4</td>
<td>486</td>
<td>39.2</td>
</tr>
<tr>
<td>Rural</td>
<td>78</td>
<td>4.7</td>
<td>1595</td>
<td>95.3</td>
<td>74</td>
<td>5.2</td>
</tr>
<tr>
<td>Overall</td>
<td>590</td>
<td>19.0</td>
<td>2521</td>
<td>81.0</td>
<td>560</td>
<td>21.1</td>
</tr>
</tbody>
</table>

Table 9 Retention Rates by Division Excluding Dhaka Slums

<table>
<thead>
<tr>
<th>Retention by Residence excluding Dhaka slums</th>
<th>Smoker</th>
<th></th>
<th>Non-smoker</th>
<th></th>
<th>Overall</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lost to follow-up</td>
<td>Retained</td>
<td>Lost to follow-up</td>
<td>Retained</td>
<td>Lost to follow-up</td>
<td>Retained</td>
</tr>
<tr>
<td>Freq.</td>
<td>%</td>
<td>Freq.</td>
<td>%</td>
<td>Freq.</td>
<td>%</td>
<td>Freq.</td>
</tr>
<tr>
<td>Urban</td>
<td>73</td>
<td>8.7</td>
<td>768</td>
<td>91.3</td>
<td>62</td>
<td>8.8</td>
</tr>
<tr>
<td>Rural</td>
<td>78</td>
<td>4.7</td>
<td>1595</td>
<td>95.3</td>
<td>74</td>
<td>5.2</td>
</tr>
<tr>
<td>Overall</td>
<td>151</td>
<td>6.0</td>
<td>2363</td>
<td>94.0</td>
<td>136</td>
<td>6.4</td>
</tr>
</tbody>
</table>
6 Weights Construction

Wave 1 sampling design

The sample areas were selected through a multi-stage sampling design. For the cohort sample, 23 districts\(^1\) out of the 64 districts covering Bangladesh were selected, 20 of them using probability proportional to population size. Two districts were selected purposively to include tribal populations (Garo and Chakma) and one district was selected to cover one land port that is used for cross-border trade of tobacco products. A total of 40 upazilas from the 23 districts, and (usually) 2 villages from each upazila were selected, again with probability proportional to size. In addition, six urban slum areas from the Dhaka city area were selected to conduct the survey on the floating and urban poor population.

The interviewers collected data on housing condition of all the households (to a maximum of 450 households from each village) in 80 sample villages. Based on this census data, a CASHPOR Housing Index (CHI) was constructed to stratify the households in each village into tertiles according to their socio-economic status.

From each tertile, we attempted to select 10 households with smokers and 3 households with all non-smokers. Among the households with smokers, ideally 4 were with single smokers and 6 with multiple smokers. In cases where this combination could not be maintained due to lack of sufficient number of enumerated households, we gave more weight to the type available. For example, when we could not find at least 6 households with multiple smokers, we replaced with households with single smokers. The idea of sampling more multiple smoker households than single smoker households is to increase the number of smoker respondents selected from households.

From 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 case of nonresponse or unavailability of the household, the first selection was replaced using the additional selection of 3, 3, and 4 households respectively from tertiles 1, 2 and 3. Thus from a total of 30 sample households with smokers, 20 were planned to be interviewed.

From tertiles 1, 2, and 3, we kept 2, 2, and 1 households without any smoker, again in order of the household number to make the first approach for interview. The remaining 1, 1, and 2

\(^{1}\) Initially 22 districts were selected. But when we sent out enumerators to the field, they could not locate one area in Jessore district (District code 14 in the code list). So we replaced the initial selection of one area from Jessore with one adjacent area in Satkhira district. That added one district (coded 23 in the code list). This area has the advantage that it covers one of the possible land ports used for smuggling between India and Bangladesh. We expect to capture the illegal cross-border trade of tobacco products from this area in particular. So we can call this a purposive selection as well. The number of upazilas and villages was, however, not altered.
households from tertiles 1, 2, and 3 respectively were used as replacement in case of nonresponse 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 for the cohort survey. An additional 500 floating households were selected from the five slum areas in Dhaka city and enumerated.

From households with smokers, we selected all the available smokers and randomly selected one nonsmoker for interview. From households without smokers, we randomly selected one nonsmoker. Thus the total number of nonsmoker 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 interview. The respondents were selected from those aged 15 and above within each household.

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 member is taken to represent. In the Bangladesh W1 survey these are formed by crossing sampling categories with gender. An example of a refined category is female non-smokers.

Summary of Wave 1 weights computation
For each household enumerated in the census, we constructed a village-level household weight. We used this to construct a national level household weight. Then for each household with interviews, we constructed a national level household weight, consistent with the weights for enumerated households. For each individual, we constructed an individual weight within his/her household. The product of interview household weight and individual within-household weight was then calibrated to sum to assumed population numbers in groups defined by a combination of geography and demographics. Finally, the weights were 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 $HW_1$ was computed:

$$HW_1 = H_{VI} / h_{VI}$$
where $H_{VI}$ is $n_{VI}$, 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, $HW_{1}$ was 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 $EHWT$ was computed. This is the approximate number of households represented by the enumerated household.

The formula outside the purposive sampling areas is

$$EHWT = \frac{S_{Nonp}}{20S_{DI}} \frac{S_{DI}}{n_{UP}S_{UP}} \frac{S_{UP}}{n_{VI}S_{VI}}HW_{1} \frac{S_{Nonp}}{20n_{VI}n_{UP}S_{VI}}HW_{1}$$

where $S_{VI}$ 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; $S_{DI}$ 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 $n_{VI}$ 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 $n_{VI}$ is 1.

The formula in a tribal or other purposive district is

$$EHWT = \frac{S_{DI}}{2n_{UP}S_{VI}}HW_{1}$$

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,

$$IHWT = \frac{n[S_{hVT}]}{n[s_{hVT}]}$$

where $n[S_{hVT}]$ 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 $n[s_{hVT}]$ 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 was replaced by area crossed with smoking/non-smoking household.

**Computation of individual level weights to state or province/district level**

**Step I1:** Each interviewed individual has been 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 $W_{1a}$. 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 $AMS_{hVI}$, $AFS_{hVI}$, $AMNS_{hVI}$, $AFNS_{hVI}$ 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 $W_{1AMS_{hVI}}$, $W_{1AFS_{hVI}}$, $W_{1AMNS_{hVI}}$, $W_{1AFNS_{hVI}}$ be respectively the sums of $W_{1}$ 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, $W_{1a}$ will be given by

$$W_{1a} = (AMS_{hVI} W_{1}/W_{1AMS_{hVI}})(EHWT / IHWT)$$

- similarly for the other refined categories

In case there is representation of only one gender of smokers or of 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 $W_{4}$.

For an individual in a non-floating population in a non-tribal area, $W_{4}$ 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, $W_{4}$ 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, $W_{4}$ 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 $W_{4}$ is given by

$$W_{4} = IHWT W_{1a}.$$ 

Calibration of individual weights at the national level

Step C1: Each interviewed individual has been given a calibrated national level weight
where \( N_{\text{area, dem}} \) is the known number of people in the same area with same gender (but regardless of tobacco use status) as the individual, and \( W_4_{\text{area, dem}} \) is the sum of the W4 weights for interviewed individuals in the same area, with same gender (regardless of tobacco use status).

The choices for area were the non-tribal districts outside Dhaka (including the border area, which was non-tribal); the tribal districts; Dhaka floating population; Dhaka non-floating population.

The weights \( W_6 \) 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 and border, where the first stage sample was purposive; non-tribal and non-border outside Dhaka; Dhaka floating; Dhaka non-floating).

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

\[
\text{Rescaled weight} \quad RWT \quad n_C \quad W_6 / \left( \sum_C W_6 \right),
\]

where \( n_C \) is the actual (i.e. unweighted) size of the country subsample for the sampling category, and \( W_6 \) denotes a sum over that subsample of the original weights.

(The variable name for the rescaled weight is aDE62919v.)

**Wave 2 sampling design**

Strong efforts were made to recontact all Wave 1 interview households and respondents. In the fixed population sample, where possible, Wave 1 respondents who dropped out were replaced from households in the same village which had been enumerated at Wave 1, but were not interview households at Wave 1. New respondents were not to be taken from Wave 1 interview households.

Specifically, from each area, 5 households were selected from the enumerated sample that was not drawn in Wave1: 3 with at least one smoker and 2 with all nonsmokers. Then from each household, one randomly selected nonsmoker and all smokers were on the replenishment sample list. It was not possible to maintain the stratification by socio-economic status because it is not always feasible to find smoker respondents from each tertile. The interviewers were asked to replenish from a new household following the (individual dropout's) smoking status in Wave 1. In case they could not find any respondent from the replenishment sample list or the
list ran out due to refusal, they asked for new sample and the survey coordinator randomly picked up new sample, selecting only as many (enumerated) households as were needed in the field. Thus in some areas, more than 5 households could be selected.

In one area (the Garo-tribal sample), the interviewers ran out of enumerated households for the replenishment sample. Thus 4 households (id 40501-40504) were enumerated and then used for the survey.

In the fixed population sample, altogether 2017 Wave 1 households and 4230 Wave 1 respondents were re-contacted; and 253 respondents from 155 new households were added at Wave 2.

In the floating population sample, respondents from Wave 1 who could not be found were replaced by respondents from households newly sampled from the same areas.

In the floating population sample, altogether 145 Wave 1 households and 270 Wave 1 respondents were recontacted; and 927 respondents from 453 new households were added at Wave 2.

Note: A review of the Wave 2 data disclosed that some of the Wave 1 id codes had been incorrect. It was possible to make corrections to 219 id codes, and for these only the household member number had been incorrect. It was then necessary to correct age and gender for these cases. Because gender was used in the construction of the Wave 1 weights, the Wave 1 weights were recomputed. One continuing respondent whose data had not been entered at Wave 1 was added at this time.

Note: A number of recontacted non-smokers had become smokers by the time of Wave 2. For longitudinal purposes such respondents are considered baseline non-smokers. For cross-sectional purposes at Wave 2 they are considered to be smokers. (Wave 1 smokers who quit are considered to be quitters at Wave 2.)

Summary of Wave 2 weights computation
For households and respondents present at Waves 1 and 2 we constructed longitudinal Wave 1 – Wave 2 household and individual weights. For all Wave 2 respondents we constructed cross-sectional Wave 2 interview household and individual weights.

Longitudinal Wave 1 – Wave 2 weights
The longitudinal weights for the fixed population sample were based on the interviewed household weights \( IHWT \) from Wave 1. First, for those households which were still interview households in Wave 2, we rescaled \( IHWT \) to sum to the total of the \( IHWTs \) at Wave 1 within each upazila crossed with household smoking status. This produced for those households a Wave 1-Wave 2 weight \( IHWT12 \).

The longitudinal weights for the floating population sample households were calculated similarly.
For those households which were still interview households in Wave 2, we rescaled *IHWT* to sum to the total of the *IHWT* at Wave 1 within each area crossed with household smoking status. This produced for those households the Wave 1-Wave 2 weights *IHWT*12.

For each Wave 1 respondent still present in Wave 2 we multiplied *IHWT*12 by the

Adjusted within-household weight W1a from Wave 1, producing a preliminary longitudinal weight W12WTT. We then rescaled these W12WTT weights to sum to the Wave 1 cross sectional weight (aDE62915v) totals for age group (15-29, 30-44, 45+) and gender within district or Dhaka (non-floating) or floating population area. This produced the longitudinal weights W12WT for individuals.

W12WT is variable bDE92921v on the data set.

There is also a version of these rescaled to sum to sample size within area type. crossed with smoker/non-smoker status at recruitment. Area type means (tribal, non-tribal outside Dhaka, Dhaka floating, Dhaka non-floating). This is variable bDE62951v on the data set.

**Wave 2 cross-sectional weights**

We first constructed Wave 2 cross-sectional interview household weights *IHWT*2. In fixed population districts where no new households were enumerated, for each interview household in a village, whether a Wave 1 household or a household newly recruited at Wave 2, we let *IHWT*2 be the total value of *IHWT* from Wave 1 for households of the same village and household smoking status (stratum), divided by the number of interview households in that village-stratum in Wave 2.

In the tribal area where four new households were enumerated, the same procedure was followed.

In the floating population areas, the same procedure was followed, with village-stratum replaced by area; household smoking status was collapsed for this computation.

There were 4 women in households enumerated in Wave 1 but having interviews for the first time in Wave 2, who were interviewed as smokers even though the Wave 1 household smoking status was non-smoker. For constructing Wave 2 cross-sectional weights, the status of the household was changed to smoker; however, the Wave 1 weights were not changed.

**Step 21**: Each interviewed individual, in an old household or a new household, has been given a household level weight W1X2. This is interpreted as the number of people in the same household with the same refined category.

- for an adult male smoker or quitter, W1X2 is the number of adult male smokers or quitters in the same household, divided by the number of adult male smokers or quitters interviewed in that household
- for an adult female smoker or quitter, W1X2 is the number of adult female smokers or quitters in the same household, divided by the number of adult female smokers or quitters interviewed in that household
- for an adult male non-smoker, $W1X2$ 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, $W1X2$ 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.

For a majority of recontact respondents, $W1X2$ should be the same as $W1$ from Wave 2. Where a Wave 1 household has some Wave 2 interviews, but also at least one dropout, or at least one person who has changed from being a non-smoker to being a smoker, $W1X2$ will be different from $W1$ for some members of the household. Recontact respondents quitting smoking would not cause a change from $W1$ to $W1X2$.

Note: $W1X2$ 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).

We have capped the value of $W1X2$ at 3 to reduce the potential variability of the weights. Step 2I1a below ensures that each individual still represents an approximately correct number at the village level.

**Step 2I1a:** Each interviewed individual has been given an adjusted household level weight $W1aX2$. This adjustment is meant to ensure that the prevalence estimates based on the $EHWTs$ from Wave 1, and the final individual cross-sectional weights for Wave 2, will be approximately the same.

Consider a village stratum to be defined by smoker/non-smoker (when recruited) household within the village.

Let $CAMS_{hVI}$, $CAFS_{hVI}$, $CAMNS_{hVI}$, $CAFNS_{hVI}$ be respectively the contributions to total estimates at Wave 1 of adult male smokers, adult female smokers, adult male non-smokers, adult female non-smokers, from the enumeration in the village stratum. For example,

\[
CAMS_{hVI} = \frac{EHWT_{hVI} \cdot n_{male,sm}}{\text{IHWT}_2 - \text{other refined categories}}
\]

where the sum is taken over enumerated households in the village stratum.

Let $W1AMS_{hVI}$, $W1AMF_{hVI}$, $W1AMNS_{hVI}$, $W1AMFNS_{hVI}$ be respectively the sums of $W1X2$ in all interviewed households for adult male smokers/quitters, adult female smokers/quitters, adult male non-smokers, adult female non-smokers, in the village stratum $h$.

- for an adult male smoker/quitter, $W1aX2$ will be given by

\[
W1aX2 = \frac{CAMS_{hVI} \cdot W1X2}{W1AMS_{hVI}} / \text{IHWT}_2
\]

- similarly for the other refined categories.
In case there is representation of only one gender of smokers or of 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 were replaced by area crossed with smoking/non-smoking household.

**Step 2I2:** Each interviewed individual has been given a preliminary national level weight $W4X2$.

For an individual in a non-floating population in a non-tribal area, $W4X2$ 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, $W4X2$ 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, $W4X2$ 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 $W4X2$ is given by

$$W4X2 \cdot IHW\cdot T2 \cdot W1aX2.$$  

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

**Step 2C1:** Each interviewed individual has been given a calibrated national level weight

$$W6X2 \cdot W4X2 \cdot N_{area, dem}/W4X2_{area, dem}.$$  

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 $W4X2_{area, dem}$ is the sum of the $W4X2$ weights for interviewed individuals in the same area, with same gender (regardless of tobacco use status).

The choices for area were again the non-tribal districts outside Dhaka, including the border area; 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 $W6X2$ is bDE62915v).

**Rescaling**

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

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

Rescaled weight \( RWTX2 \cdot n_C \cdot W_{6X2} / (\sum_C W_{6X2}) \),

where \( n_C \) is the actual (i.e. unweighted) size of the country subsample for the sampling category, and \( \sum_C W_{6X2} \) denotes a sum over that subsample of the original weights.

(The variable name for rescaled weight is bDE62919v.)
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

For participant to keep

RESPONDENT INFORMATION LETTER
Research Project: Tobacco Control Policy Evaluation in Bangladesh
Human Research Ethics Committee, University of Waterloo Clearance Number: ORE 15019
University of Dhaka, Ethics Clearance Number: BMRC/ERC/2007-2010/1372

What is this research about?
The aims of this research are: 1) to find out how many people in Bangladesh use tobacco—how many smoke and how many use smokeless tobacco, 2) to find out how the beliefs and opinions of tobacco users might be related to tobacco use and whether governmental policies and programs affect tobacco use, and 3) to find out how other events in Bangladesh—nationally or in your community—affect tobacco use. We will also examine how religion, culture, and ethnicity may affect smoking and smokeless tobacco use 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 is 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
- Mr. Iftekharul Huq, 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 Fong (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 90 minutes for smokers and 45 minutes for non-smokers) today. We plan to return every year to do follow-up surveys because we are interested in how people’s opinions and behaviors might change over time. Tobacco use includes smoking cigarettes, smoking bidis, smoking hookah, and using smokeless tobacco (e.g. jorda, shadapata).
For participant to keep

We would also like to collect empty cigarette, bidi and smokeless packs from you and members of your household who are tobacco users for the purpose of comparing with the packs collected from other parts of the country.

Involvement in this research is voluntary. You and/or any of your household members are free to withdraw at any time or may decline to answer any of the questions. You or any member of your household may decline to participate or withdraw at any time without any impact on the token of appreciation that is provided. If you and/or any of your household members agree to participate in this research, we will provide your household with a token of appreciation for your time. Your household will be given a similar token of appreciation for each subsequent time that you agree to participate.

Confidentiality and Security of Data
All the information you provide is treated as strictly confidential. Data from this research will not be destroyed, but any identifying information about you such as name and address will be removed so that your answers cannot be linked back to you.

The data will be held in secure electronic files at the University of Dhaka and at the University of Waterloo on computers that have security certificates, are password protected, and can only be accessed by the research team. Eventually, after two years, the data without names or personal information may be shared with other health researchers.

Concerns and Complaints

If you wish to discuss any questions about this research project, please contact:
Professor SM Ashiquzzaman, Principal Researcher, Department of Economics, University of Dhaka, Dhaka-1000, Bangladesh, Phone: 9661900, ext. 6441.
Email: smashiq1@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, Dean, Faculty of Social Sciences, University of Dhaka, Dhaka-1000, Bangladesh. Phone: 9661900, ext. 4352.
Email: dean.fss.du@yahoo.com.

This study has been reviewed and received ethics clearance through the Office of Research Ethics at the University of Waterloo, Canada. In the event you have any questions or concerns about your participation, please contact:
Dr. Susan Sykes, Director, Office of Research Ethics, University of Waterloo, 200 University Avenue West, Waterloo, Ontario, Canada, N2L 3G1 ph: +1 519 888-4567 ext. 36005. Email: s_sykes@uwaterloo.ca
RESPONDENT CONSENT FORM
Research Project: Tobacco Control Policy Evaluation in Bangladesh
Human Research Ethics Committee, University of Waterloo Clearance Number: ORE 15019
University of Dhaka, Ethics Clearance Number: BMRE/ERC/2007-2010/1372

I agree to take part in the above international research project conducted in Bangladesh by a research team based at the 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 this 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 today lasting approximately 90 minutes for tobacco users and 45 minutes for non-tobacco users.
- I understand that I will be given a gift as a token of appreciation for my time.
- 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: .................................

Telephone:-Home: .................................  Work: .................................

Cell: .................................

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: Screener

আইটি বাংলাদেশ বিভাগ জবায়ত
ধরম পয়র্যান্তের উদ্দেশ্যের জরুরি নির্ধারণ

সাক্ষ্যকার গ্রহণকারীর আইডি:

[Blank]

বিভাগ জেলা খানা/উপজেলা গ্রাম/ওয়ার্ড খানা কোঁচর্ট/ফ্রাইট পর্যায়

উদ্দেশ্যকার আইডি:

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তথ্যের ব্যবহার নির্ধারণ প্রদান:

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<tr>
<td>1 হ্যা</td>
<td>2 না</td>
</tr>
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সাক্ষ্যকার গ্রহণকারীর নিদর্শনাপ:

1. নিচের টেবিলের উদ্দেশ্যের প্রথম পর্যায়ের বৃহদাপন্য/অবদম্পত্তি অবস্থান চিহ্নিত করুন।
2. উপরের তথ্যকার ব্যবহার নির্ধারণ প্রদূঃস্ত দুটি করন এবং উপ্রকৃষ্ট চিহ্নিত করুন।
3. এবার নিচের টেবিলে উক্ত উদ্দেশ্য দুটি চিহ্নিত করন।
4. একবার স্বন্তায়ার পর্যায়ে উদ্দেশ্যের বৃহদাপন্য/অবদম্পত্তি অবস্থান নির্ধারণ করুন।
5. অবশেষে ব্যবহার জরুরি নির্ধারন করন এবং তাওই উদ্দেশ্যকারের প্রশ্ন করার জন্য ব্যবহার করুন।
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আই টি সি বাংলাদেশ বিত্তীয় পর্বত
বিত্তীয় পর্বতের নতুন উন্নয়নের জরীপ নির্বাচন

সাক্ষাৎকার গ্রহণকারীর আইড়ি:

উন্নয়নকারী আইড়ি:

তথ্যের সময়াঙ্ক নির্বাচন এল্পন:

| আইড়ি | প্রশ্ন | প্রতিক্রিয়া
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Appendix D: Pictures of Survey Fieldwork
Appendix E: Country Profile

As of 2010, Bangladesh has an estimated population of 156 million, 25% of whom live in urban areas. In 2009, GDP per capita was US $1500. Tobacco use in Bangladesh has increased considerably compared to five years ago - 8.7 million more people are using tobacco, including 2.5 million more smokers. Currently, there are 41.1 million people in Bangladesh who use tobacco, including 20.9 million people who smoke either cigarettes or bidis, or both. In 2009, 42.0% of males and 1.3% of females smoked some form of tobacco.

The high level of tobacco consumption in Bangladesh is linked to a bottom heavy demographic structure (57.7% of the total population is aged below 25 years and one-third is below 15 years), widespread illiteracy (half of the adult population is illiterate), and poverty (about half of the total population lives below the poverty line). The increase in prevalence is also attributed to the rise in the ‘multi use’ smokers – those who smoke more than one form of tobacco. The growth in smokeless tobacco use between 2004 and 2009 is striking – from 19.7% to 29.8%. Smokeless tobacco use increased among males from 14.8% to 27.6% and among females from 24.4% to 32.0. According to a 2005 WHO study, "The Impact of Tobacco-related Illnesses in Bangladesh", the average per capita daily consumption of either cigarette or bidi was 2.78 sticks.

Tobacco use is the leading cause of death and disability in Bangladesh, leading to an estimated 57,000 deaths per year. Almost 9% of all adult deaths (aged 30 years and above) in Bangladesh are attributable to tobacco-related illnesses; and 58% of all tobacco-related deaths were caused by lung cancer.

Recent evidence from two nationally representative surveys conducted in 2009—the Global Adult Tobacco Survey (GATS) and the International Tobacco Control (ITC) Bangladesh Survey—have found that despite the enactment of the TCA, Bangladesh has experienced an alarming increase in tobacco consumption over the past five years. The low price of tobacco products, which has not kept up with the rapid increase in cost of living, is a major factor underlying the increase in tobacco use despite the Tobacco Control Act of 2005. The low impact of the TCA in failing to reduce tobacco consumption and prevalence in Bangladesh may also be due in part to low levels of enforcement of non-tax measures of the TCA, such as the advertising ban and smoke-free public places, and relatively low levels of implementation of warning labels.

The Bangladesh Government has made considerable progress in enacting tobacco control regulations and is in the process of building capacities to support the entire drive. However, it is not yet clear how effective the already implemented tobacco control efforts have been or the planned efforts would be.
## Appendix F: Project Schedules (Year 1, First Term: August 01, 2008-January 31, 2009)

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**Survey development for Wave 3**

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**Paper writing using Wave 1 data on**

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**Capacity building**

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**Dissemination**

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(Years 3, First Term: August 01, 2010—January 31, 2011)
## Appendix G: Areas Selected (National Sample)

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

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<td>Dhaka</td>
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<td>Lalbagh Thana</td>
<td>Kamrangirchar</td>
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During Wave 1 of the ITC Bangladesh Survey, a household enumeration survey was conducted to estimate the prevalence of tobacco use in Bangladesh. This household enumeration survey was used as the sampling frame for the individual respondent surveys. In the enumeration survey, households were randomly sampled through a multi-stage sampling design. The head of the household or most knowledgeable informant was asked to identify tobacco use behaviours of all household members 15 years of age or older. For the individual level survey, respondents completed a screener survey to confirm tobacco use behaviour identified from the household enumeration survey. Individual respondents then received an appropriate survey based on whether they smoked cigarettes or bidis on at least a weekly basis. Respondents who used both cigarettes and bidis completed a longer version of the cigarette survey that included questions about bidi use. Non-smokers, who might use smokeless products, were directed to the non-smoker survey.

At Wave 2, re-contact respondents were again asked about their tobacco use behaviours using a screener survey, and then interviewed using the appropriate survey instrument. Quitters of all products were directed toward a quitter survey, while smokers were directed toward the appropriate survey (cigarette, bidi, or dual user). Non-smokers were directed toward the non-smoker survey, including respondents who did not smoke but used smokeless tobacco.

At Wave 2, new or replenishment respondents were recruited from households enumerated in Wave 1 that did not participate in Wave 1. These new respondents also completed a screener survey in order to determine their tobacco use behaviours and direct them toward the appropriate survey, either cigarette, bidi, dual, or non-smoker.

At Wave 3, smokeless user and mixed user (smokeless + smoked) surveys were added and the non-smoker survey was transformed into a non-tobacco user survey. Again, both re-contact and replenishment respondents first completed a screener survey to identify which type of product they used and to direct them toward the appropriate questionnaire. Therefore, at Waves 3 and 4, seven different survey instruments were used to collect data from the following user groups:

- cigarette smokers
- bidi smokers
- dual users who smoke both cigarettes and bidi
- smokeless tobacco users
- mixed users who smoke a combustible product and use smokeless tobacco
- quitters (former users of any product)
- non-users

The main criterion for inclusion as a tobacco user was at least weekly use of any product. Because respondents were initially identified using a household enumeration in Wave 1, there was some slippage between initial use as reported by the most knowledgeable informant and actual use as identified in the individual survey (i.e., some respondents were included who used a given tobacco product on a less than weekly basis. In general, there were not many of these respondents in any given wave). A detailed breakdown of the frequency of tobacco use in each wave is provided in Table 1.

**Smoking Status at Waves 1 and 2**

- **Exclusively cigarette:** Respondents who smoked cigarettes at least weekly and did not smoke bidi at all. As noted above, some less than weekly smokers were included.
- **Exclusively bidi:** Respondents who smoked bidi at least weekly and did not smoke cigarettes at all. As noted above, some less than weekly bidi smokers were included.
- **Dual user:** Respondents who smoked cigarettes and bidi at least weekly.
- **Predominantly bidi**: Respondents who smoked bidi at least weekly but also reporting smoking cigarettes, although it was not possible to determine their frequency of cigarette use. This smoking status category was only used in Wave 1.

- **Predominantly cigarette**: Respondents who smoked cigarettes at least weekly but also reporting smoking bidi, although it was not possible to determine frequency of bidi use. This smoking status category was only used in Wave 1.

- **Quitters**: This category was added at Wave 2. Respondents who smoked cigarettes and/or bidi at Wave 1 who reported quitting either product (or both, if a dual user at Wave 1) were classified as having quit.

- **Non-smoker**: Respondents who reported not using any smoked tobacco product at all. These respondents could have reported using smokeless products. There are questions in the non-smoker survey about smokeless use to identify which non-smokers reported using smokeless tobacco.

**Tobacco Use Status at Waves 3 and 4**

Beginning in Wave 3, additional smokeless and mixed user categories were added to identify tobacco use status. Cigarette, bidi, and dual use definitions are the same as those used at Waves 1 and 2. In addition, the following groups were added:

- **Smokeless**: Respondents who reported at least weekly smokeless use but no use of combustible products. Some less than weekly smokeless users were included.

- **Mixed user**: Respondents who reported at least weekly smokeless use and at least weekly use of one or more smoked products.

- **Quitter**: In order to be classified as a quitter, respondents had to report having quit using all products reported at the previous wave. If a respondent only used one product at the previous wave, that respondent had to report having quit using that product in the current wave.

- **Non-user**: To be classified as a non-user of tobacco, respondents could not report use of any tobacco product.

**Tobacco Use by Wave**

*Table 1. Distribution of broad tobacco use category by frequency of product use, by Survey Wave (ITC Bangladesh Waves 1–4).*

<table>
<thead>
<tr>
<th>Frequency of use</th>
<th>Daily n (%)</th>
<th>Weekly n (%)</th>
<th>&lt; Weekly n (%)</th>
<th>Does not use n (%)</th>
<th>Unknown n (%)</th>
<th>Total</th>
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<td>Wave 1</td>
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<tr>
<td>Exclusively cigarettes</td>
<td>2337 (98.3)</td>
<td>31 (1.3)</td>
<td>7 (0.3)</td>
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<td>3 (0.1)</td>
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<tr>
<td>Exclusively bidi</td>
<td>272 (94.1)</td>
<td>15 (5.2)</td>
<td>1 (0.3)</td>
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<td>1 (0.3)</td>
<td>289</td>
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<td>Dual user</td>
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<tr>
<td>Cigarettes</td>
<td>223 (73.6)</td>
<td>46 (15.2)</td>
<td>8 (2.6)</td>
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<td>26 (8.6)</td>
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<td>Bidi</td>
<td>277 (91.4)</td>
<td>22 (7.3)</td>
<td>3 (1.0)</td>
<td>–</td>
<td>1 (0.3)</td>
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<tr>
<td>Frequency of use</td>
<td>Daily</td>
<td>Weekly</td>
<td>&lt; Weekly</td>
<td>Does not use</td>
<td>Unknown</td>
<td>Total</td>
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<td></td>
<td>n (%)</td>
<td>n (%)</td>
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<td>n (%)</td>
<td>n (%)</td>
<td>N</td>
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<td>Predominantly cigarettes</td>
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<td>2 (13.3)</td>
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<td>–</td>
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<td>15 (100)</td>
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<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>126 (100)</td>
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<td>Cigarettes</td>
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<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>126 (100)</td>
</tr>
<tr>
<td>Bidi</td>
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<tr>
<td></td>
<td>Daily</td>
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<td>&lt; Weekly</td>
<td>Does not use</td>
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<td>Total</td>
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<td>5 (0.3)</td>
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References


Bangladesh Population Census, 2001, Bangladesh Bureau of Statistics
(http://www.bbs.gov.bd/dataindex/census/ce_uzila.pdf)