



Nationwide Survey on **Compliance with Bangladesh Tobacco Control Law in Restaurants**



Addiction Management & Integrated Care (AMIC)
An Institution of Dhaka Ahsania Mission



A Publication of the Health Sector,
Dhaka Ahsania Mission

Research Coordinator
Iqbal Masud

Technical Team
Md. Mukhlesur Rahman
Ataur Rahman Masud
Md Amir Hossain
Dr Tasnuva Humaira

Contributors
Audut Rahman Imon
Shuvonkorey
Md Nasimul Alam
Md Jahangir Hossain
Mahmudul Hasan Chakder (Kabir)
Syed Mijanur Islam
Mst Akhi Khatun
Ashraful Bari
Obaidur Rahman
Omar Faruk Akanda
Umme Jannat
Sharmeen Rahman
Dipan Mitra

ISBN No
978-984-34-6565-8

Graphic Design
Najnin Jahan Khan

Printing
Ahsania Press and Publication

Date of Publication
May 2019



Nationwide Survey on
**Compliance with Bangladesh
Tobacco Control Law in
Restaurants**



Dhaka Ahsania Mission

Dhaka Ahsania Mission (DAM) has been a leading humanitarian organization functioning for social and spiritual well-being of the community since 1958. It was established by the eminent educationist, social reformer and spiritual leader, Hazrat Khan Bahadur Ahsanullah (Rm). DAM follows the motto of “Divine and Humanitarian Service”.

DAM, now works in a wide field of activities including non-formal education, continuing education, technical and vocational education, skill training, human resource development, women empowerment, poverty alleviation, environment protection, health promotion, tobacco and drug use control, HIV/AIDS prevention, ensuring child rights, children & women trafficking prevention and research consultancy. DAM has been establishing specialized organization such as Ahsania Mission Cancer & General Hospital; Drug Treatment & Rehabilitation Centers in Gazipur, Jashore and Dhaka; and Ahsanullah University of Science and Technology.

DAM pursues a mission to create conditions for increased access of the target groups to public and private services. It enhances the capacity of a community for maximum utilization of the resources in the areas of their living needs. DAM operations have been contributing to national development and well-being through its three core sectors – Education, Health and Economic Development; through three complementary sectors – Technical & Vocational Education and Training (TVET), Water & Sanitary Hygiene (WASH) and Agriculture; and through two cross-cutting sectors – Rights & Governance and Climate Change & Disaster Risk Reduction. For its humanitarian contributions, DAM has achieved several national and international awards, one of which is the most honorable national award “Shadhinota Podok” that DAM won in 2002.



Health Sector

Health Sector is one of the core sectors of Dhaka Ahsania Mission. Its commitment is to bring a change and to ensure the support & care required for harmonious life. With the cooperation from different government offices, national & international NGO's, donors, voluntary organizations and kind-hearted individuals; the Health Sector strive to affirm well-being.

DAM Health Sector was established in 1990; which has been changed to “Addiction Management and Integrated Care” (AMIC) in 2004. It was founded to create awareness in preventing drug and tobacco use and to prevent HIV/AIDS. But it has been expanding its humanitarian activities in health related issues in the recent years.

DAM Health Sector has been contributing to the health context in Bangladesh, in the perspective of Millennium and Sustainable Development Goals; especially to achieve the *SDG Goal 3 – Good Health and Well-being for people of every societal level*. Health Sector has been delivering primary healthcare services; offering services to prevent and manage communicable & non-communicable diseases; implementing tobacco control and TB-control activities; establishing treatment and rehabilitation centers for drug addiction; organizing awareness programs against HIV/AIDS; and providing mental health support. It also manages the Hena Ahmed Hospital, situated at Alampur village of the Hasara Union in Sreenagar Upazilla of Munshiganj. However, Drug Treatment and Rehabilitation of drug users in Bangladesh carries the flagship of DAM Health sector. Its unique and pioneer activities in three drug treatment centers –Gazipur, Jashore and Dhaka; have become an ideal example to excel in the field. For its contributions in tobacco control, and prevention and treatment of drug addiction, DAM Health Sector has won several prestigious national and international awards.

Contents

Message	6 - 7
Preface	8
Dhaka Ahsania Mission Tobacco Control Initiative	9
Executive Summary	10
Introduction	11 - 12
Methodology	13
Result	14 - 19
Conclusion	19
Reference	20
Appendix	20
Recommendations	21





National Tobacco Control Cell

Message from the Coordinator, NTCC



Government of Bangladesh focuses on the comprehensive development of the country and aiming to achieve United Nations Sustainable Development Goals 2030. Without the improvement of the public health, it will be difficult to achieve desired goals. Preventing tobacco use has become one of our primary concerns to achieve sustainable public health.

Bangladesh, being among the top 15 countries with very high tobacco-related health hazards, has been facing difficulties in prohibiting the tobacco use in its every societal level. Government and Non-Government organizations alike have now been contributing in our endeavor to reduce tobacco usage.

It is a very good news that Dhaka Ahsania Mission conducted “Nationwide Survey on Compliance with the Tobacco Control Law in Restaurants”. I think it is a very timely document which may provide us guidance to ensure enforcement of tobacco control law in restaurants. It is noted that restaurant is one of the most common public places in Bangladesh.

I sincerely appreciate such initiative from Dhaka Ahsania Mission, and I thank them all, who were involved to conduct this survey. I hope that we will continue to see their strong presence at the journey for Tobacco-Free Bangladesh by 2040.

Md. Khairul Alam Shiekh

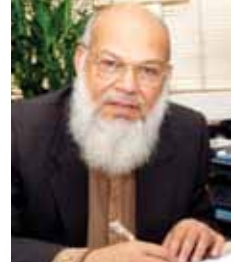
Coordinator

National Tobacco Control Cell



Message from the President, DAM

Smoking cigarettes has been identified as a global peril impairing health, life and well-being. Its alarming consequences are also very visible in our beloved Bangladesh. In current time, both the smokers and nonsmokers are being affected due to the harmful properties of smoking. Dhaka Ahsania Mission has been working to contain tobacco use, and thus contributing to reduce the social and national burdens related to it since its establishment. The “Nationwide Survey on Compliance with the Tobacco Control Law in Restaurants” is one such initiative that can be used to understand and help in preventing smoking behavior among the general population, thus enabling us to be stronger and more prepared in the battle to fight it.



AMIC, as an entity of DAM, envisions achieving social harmony. The commitment, loyalty and dedication of the staff were noteworthy in conducting the survey and in presenting the Report. We, at Dhaka Ahsania Mission, have a dream to salvage humanity from all kinds of ills, shackles and sufferings. Pursuant to that mission, AMIC has taken a bold step in accomplishing the task and I am presenting the Report with the hope that its findings will help us to put our best efforts to materialize the dream of a smoke-free prosperous society.

Kazi Rafiqul Alam

President

Dhaka Ahsania Mission



Dhaka Ahsania Mission

Preface

Tobacco use causes many health harms. Compulsive, uncontrollable nicotine craving, seeking, and use; even after realizing the most negative consequences destroy lives of so many. A decade ago, smoked form of tobacco use had been confined within the adults in our country, but the scenario has changed now. Today's youths and old alike face many risk of tobacco use related illness. The habit has been affecting our home, educational institutions, community and our beloved country. Dhaka Ahsania Mission has been fighting against tobacco use ever since 1990.

Prevention of tobacco use has made great progress in recent years. Bangladesh Tobacco Control Law has been one such initiative to prevent tobacco use related health hazards. Smoking cigarettes not only harms the smoker, but the effects of secondhand smoke deteriorates the health status of other people, especially women and children. This effect is much more amplified when the smokers smoke inside an enclosed space.

According to the tobacco control law, all the restaurants should be considered as public places. And smoking is prohibited at the facilities. However, the harmful practice of smoking and business profit scheme make the owners to allow smoking in some places. This practice harms the smokers, and with secondhand smoke, it reduces the health status of other patrons who are present at the facilities.

The nationwide survey report is based on the information gathered from in-depth interviews of 372 respondents who are either restaurant owners or managers. Their response was recorded as per the presence or absence of the smoking facilities at the restaurants in the 16 districts all over Bangladesh.

We conducted the survey with a view to understanding the proportion of restaurants who allow smoking in their facilities. We also looked into the recommendations that can be conceived to prevent this harmful practice. Our aim was to let the restaurant owners know about the Tobacco Control Law of Bangladesh who were ignore about the issues.

I, on behalf of the Health Sector of Dhaka Ahsania Mission, humbly present our report on "Nationwide Survey on Compliance with Bangladesh Tobacco Control Law in Restaurants" in the hope that we will be able to get one step closer to our goal of having a tobacco-free and morally developed society.

Iqbal Masud
Director, Health Sector
Dhaka Ahsania Mission



Dhaka Ahsania Mission Tobacco Control Initiative

The eminent educator, founder of Dhaka Ahsania Mission, Hazrat Khan Bahadur Ahsanullah (R) mentioned in 1935 that "Teachers will give two lessons on injurious effects of smoking in every class". DAM launched its anti-tobacco program in the 1990s believing in that philosophy. DAM funded the activities at first; however, Framework Convention Alliance (FCA), World Health Organization (WHO), Bloomberg Initiatives and Campaign for Tobacco Free Kids (CTFK) have become our allies now.

DAM has become a member of the Framework Convention Alliance, National Taskforce Committee for Tobacco Control under Ministry of Health and Family Welfare, and National Anti-Tobacco Platform (NATP). The remarkable tobacco control initiatives undertaken by DAM are –

- **Networking:** DAM formed 402 network committees comprising the youth, clubs and NGOs in 1990 for highlighting the dangers of tobacco use. DAM formed 08 smoke free peoples forums for generating mass awareness within 2012-13.
- **Advocacy:** Commemorative stamp was released on World No Tobacco Day (2001) by Department of Posts and Telegraphs of Bangladesh Government, due to DAM's advocacy.
- **Enactment and Amendment of the Law:** DAM played significant role in advocacy with policy makers as member of law drafting committee in 2005 and 2013. The law was passed in 2005, amended in 2013 and rules were formulated in 2015. DAM & BROA have sensitized policy makers for including restaurants as public place in the law.
- **Capacity Building:** DAM organized several capacity building activities – it conducted two tobacco cessation trainings, supported by WHO; developed two training manuals on tobacco cessation; conducted NGO watchdog training to prevent violation of the law; provided support to NTCC for developing enforcement guideline for tobacco control law.
- **Mainstreaming the Tobacco Control Issues:** DSCC and DNCC developed smoke-free guidelines and incorporated TC issues in health programs with the support from DAM. In collaboration with WHO, DAM initiated "Smoke Free Public Transports" campaign with BIWTA and transport owners in 2007. BROA and MoCAT have been working with the support of DAM for tobacco-free hospitality sector. MoCAT adopted a Tobacco Free Hospitality Sector Strategy and BROA developed Smoke Free Guideline for Restaurants. As result, secondhand smoking has reduced from 79.7% to 49.7% (GATS 2009 & 2017).
- **Law Enforcement:** With DAM's support, DC Office, DSCC and DNCC conducted several mobile courts to see the compliance with the Tobacco Control Law. DAM influenced NGO Affairs Bureau, Ministry of Education, Department of Secondary and higher Education to keep the offices and institutions smoke free. Ministry of Home Affairs circulated notice to incorporate Tobacco Control Law in their existing work and training curriculum.
- **Media Campaign:** DAM has published various reports, articles, newspaper articles, solidarity events, and organized protests and other eventson tobacco issues.
- **Tobacco Free Savar and Satkhira Cities:** DAM has been implementing various activities to make Tobacco Free Model City - Satkhira&Savar, as DAM's own initiative.
- **Research:** DAM conducted many surveys regarding tobacco control issues in Bangladesh. "Big Tobacco Tiny Target in Bangladesh", "Compliance Survey at Restaurants" and "Compliance Survey at Hospitals" are few among them.
- **Developing IEC/BCC Materials:** To popularize TC law and to build up awareness, many IEC/BCC materials were developed and distributed by DAM.

Executive Summary

Bangladesh is one of the top 15 countries with very high rate of tobacco-related health hazards. Both smoked and smokeless forms of tobacco use have been leading to deadly consequences in our society. Smoked form of tobacco is much more dangerous because it not only hampers the well-being of the smokers, but also effects the people around them through secondhand smoking. Restaurants in Bangladesh, considered as public places by law, often keep a smoking facility at their places as a business strategy. These harmful practices are injurious to the smokers, workers, staff and other patrons, especially women and children. Bangladesh Tobacco Control Law was formulated in 2005 and it was amended in 2013. The rules under the Law were articulated in 2015. The Law has several key clauses stating that smoking should be prohibited inside enclosed places and there should be a signage encouraging to remain abstained from smoking which is a punishable offence.

As a research initiative to see if the restaurants in Bangladesh are complying with the law, DAM Addiction Management and Integrated Care (AMIC) has conducted the “Nationwide Survey on Compliance with the Tobacco Control Law in Restaurants”.

We have conducted in-depth interview on a set questionnaire to collect the data from 372 respondents from 16 districts of the eight divisions of Bangladesh. Both three-walled and four-walled restaurants were included.

Findings of the survey:

- The survey showed that, among the restaurants having trade license, only 61% had the knowledge about the TC Law.
- 73.7% members of the Bangladesh Restaurant Owners Association (BROA) responded at the survey, however, only 29.2% are aware of the BROA Smoke-free Guideline.
- Among those who knew about what the TC Law entitles, 93.7% run their facilities as smoke-free.

- 82.9% respondents admitted that they knew the TC Law declares the restaurants to be considered as public places, and 37% of them received the information from BROA, which turned out to be a significant source of information.
- Local government offices such as DC office, Civil Surgeon’s office, and City Corporations also played important role in disseminating the knowledge.
- Among the respondents who knew that TC Law prohibits smoking inside restaurants (public place), 92.5% kept the facilities smoke-free, and 7.5% still kept smoking facilities.
- Only 63% restaurants under the survey had “No Smoking” signage and only 43% had the signage according to the instructions of the TC Law.
- Although the nationwide scenario was not very favorable in terms of compliance with the law, however, we remain hopeful that 99.7% respondents reported that they were interested for stronger implementation of it due to accepting the fact that smoking is injurious to public health.
- 29.2% respondents did not know about the BROA smoke-free guideline and according to our survey, we can hope that BROA activities will be much more effective in increasing the compliance with the TC Law.

Recommendations:

According to the information that we collected from the survey activities, we recommend wider and stronger involvement of local government and BROA for disseminating knowledge on the TC Law and how to comply with it. We also feel that encouraging the restaurant owners to get membership of BROA will also help to increase the compliance. Reorganizing the monitoring system, and effective and immediate action in response to violation of the law will also help in reducing the hazards from primary and secondhand smoking at public facilities.



Introduction

The road to achieve a comprehensive tobacco control law which bans every form of promotion, obligates public places being smoke free, and places pictorial warning signs on tobacco packages is one very important step for protecting public health and the environment. However, the proper implementation is required to accomplish the benefits of the law, the efforts and resources will be wasted without which. Experience suggests that less compliance with tobacco control law fails to reach anticipated reduction in tobacco use, both for smokeless and smoked forms, thus increasing mortality, morbidity and other harms from the use of it.

It is not new to know that tobacco causes deadly harms, both through smoked and smokeless use. Secondhand smoking (SHS) is not free from danger as well. It has been a comparatively newer concept to effectively work against it as a nation. WHO Framework Convention on Tobacco Control (FCTC) established a guideline for the minimum actions that governments must take to reduce tobacco use in each country. Bangladesh signed Framework Convention on Tobacco Control (FCTC) in 2003, ratified it in 10 May 2004; accordingly enacted Smoking & Tobacco Products Usage (Control) Act in 2005 and rules were formulated in 2015. These tobacco control measures are expected to reduce smoking, or at the very least, to arrest the potential rise in smoking prevalence that has been observed in certain population groups.

Bangladesh is among the top 15 countries in the world with high rate of tobacco related hazards. The prevalence of exclusive cigarette smoking increased from 7.2% to 10.6% within 2009 to 2012¹. Smoking and secondhand smoking collectively constitute for the biggest preventable cause of death in Bangladesh².

It has been clear through several research studies that smoking tobacco causes many health harms. SHS is also responsible for similar health complications. Smokers and non-smokers alike inhale side stream smoke from the burning tip of the cigarette and the exhaled smoke from the smokers. This smoke have more than 4000 chemicals and almost 70 carcinogen or cancer causing particles³. Exposure to



SHS has multiple health effects. Immediate health effects include impaired lung function, worsening of respiratory distress, initiating acute asthma attack, decreasing blood circulation in heart, watering of the eyes, causing headache, sore throat and nausea³. 25% of all the deaths among 25-69 years old men in our country are caused by smoking related hazards and there is the average loss of 7 years of life among each smoker⁴. All data show that tobacco use related health and economic burden are taking their toll on the health status of the people of Bangladesh¹. Every year, more than 161,200 people die from tobacco use related disease, and still more than 172,000 children within 10-14 years of age and 24,880,000 adults continue to use tobacco products⁷. The Global Adult Tobacco Survey (GATS) report showed that 46% male and 25.2% female currently use tobacco and among them, 19.2 million adults smoked tobacco and 20.6% used smoke-less tobacco⁸. It also showed that 42.7% of adults face the harms of secondhand smoke while being in enclosed spaces.

Bangladesh is a country with numerous restaurants throughout the whole country. Many restaurants, unfortunately, offer smoking zones inside the enclosed spaces of the restaurant area. This harmful practice is not limited within the Dhaka area. Restaurants all over the country often allocate specific smoking area for the customers. This practice effects the health of the smokers alongside causing serious harms to the non-smoker customers present at the facility. Although the Tobacco Control (TC) Law prohibits smoking in public places, many restaurant owners either are not aware of the law, or they chose to ignore it.

Bangladesh Restaurant Owners Association (BROA) has presented a guideline for making the restaurants smoke-free facilities, which is applicable for all the

restaurants in Bangladesh. A large number of people visit the restaurants at their respective areas each day. Smoking in such facilities not only effects the health of the smokers, but SHS also effects non-smokers present there. Restaurant staff and other personnel related with the business become effected. The guideline was presented with the objectives to reduce the health risks among the smokers, to reduce the health risk from SHS for the non-smokers and restaurant staff, to ensure healthy and clean environment in restaurant facilities, to motivate the smokers to quit the habit, to raise awareness of the general population about this harmful practice. The guideline was made following the instructions of the TC Law. However, there are still a large percentage of the restaurants all over the country who have kept smoking-facilities in their premises. It has become a new business strategy to allure the younger generation to the restaurants with smoking options. This practice not only hampers the health of general population, but it is violation of the Law which is a punishable offence. Compliance to the TC Law is a necessity now-a-days in the battle to fight off tobacco consumption resulting in severe health consequences.

Considering the harms of tobacco usage and as a continuation of the research activities that DAM has been undertaking to prevent tobacco-related non communicable diseases, a survey was done to see the "Nationwide Survey on Compliance with Bangladesh Tobacco Control Law in Restaurants".



Methodology

The survey was done through a structured questionnaire. It was a cross sectional study that was conducted through interviewing the restaurant owners from all the eight divisions of the country. Both the three-walled and four-walled restaurants were included in it. However, tea stalls and road side restaurants were excluded.

The data collectors were given the orientation to collect information from divisional and district headquarters. 25 samples were to be collected from each city/town, covering the whole area. One sample from one point was collected. Our estimation was to collect 400 data, however, insufficient and incomplete information were excluded from the dataset and 372 response were recorded, making the sample size of this survey 372.





Result

The survey was conducted in 16 districts of Bangladesh covering all the eight divisions. The respondents of the survey answered various questions that had the potential to effect the proper implementation of the tobacco control law.

Among the 400 respondents, 95.7% had trade license, where 4.3% conducted their business without the trade license. The concept is that if the restaurant owners have trade license, they are bound to know about the Tobacco Control Law by the Government authority.

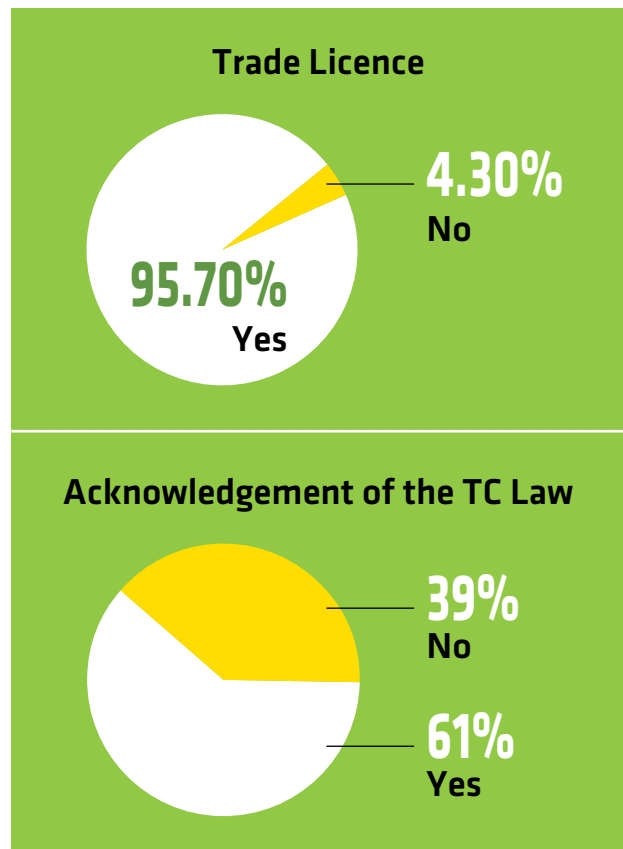


Figure 1: Presence of trade license among the respondents in comparison to the acknowledgement of the TC Law



However, the real scenario is different from the speculation. Only 61.3% of the restaurant owners knew about the Bangladesh Tobacco Control Law 2005. The other 38.7% did not have the acknowledgement of the Law.

Bangladesh Restaurant Owner Association (BROA) has been working for the welfare of the restaurant owners. They have developed a smoke-free policy for their members to save the staff and other patrons from the harmful effects of SHS. Figure 2 shows that 73.7% of the respondents were BORA members. According to the policy, they have to keep their restaurants smoke-free.

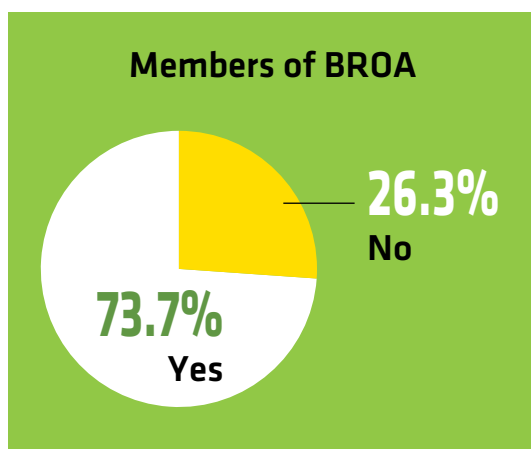


Figure 2: Respondents Who are Members of BROA

Figure 3 shows that among the 73.7% of the respondents who were member of BROA, 93.7% of them were smoke-free, where rest of the 6.4% member restaurants still runs smoking facilities. On the other hand, among the restaurants facilities who have not received BROA membership yet, 81.90% had smoke-free business. Rest of the 18.1% was not BROA members, and they had no knowledge about the guidelines of running smoke-free restaurants.

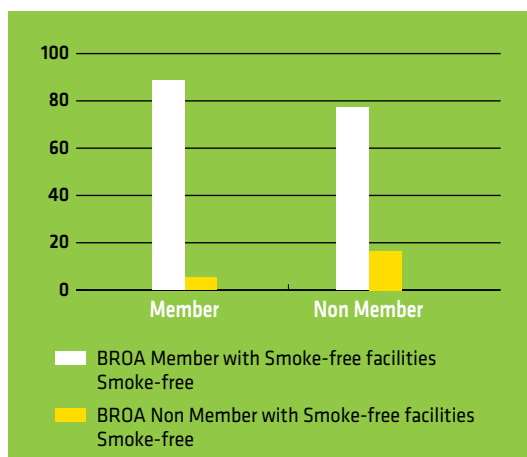


Figure 3: Proportion of the Smoking Facilities in BROA Member Restaurants

The results also showed that among the restaurant owner who acknowledged the TC law, 93.7% were running smoke-free restaurants. Rest of them (6.3%) were aware of the law; nonetheless, they were running their facilities with smoking area. On the other hand, among the restaurant owners who did not know about the TC Law, 85.8% were running smoke-free restaurant facilities.

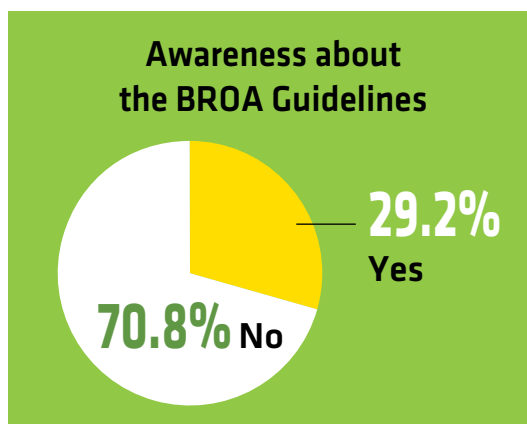


Figure 4: Awareness of the Restaurant Owners about the BROA Guideline

BROA has developed a guideline to aid the restaurants to be free from smoking. It has clear instructions and specifications on how to achieve the objective. However, when the restaurant owners/managers were asked if they knew about the guideline 70.8% said they were not aware of it (Figure 4). Only 29.2% knew about the guidelines and most of them were within the city headquarters.

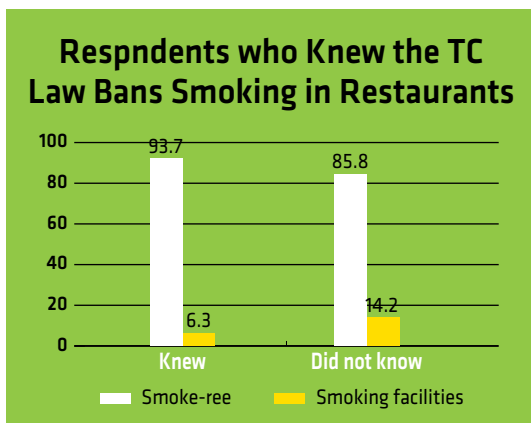


Figure 5: Respondents who Knew that the Restaurants as Public Places Prohibits Smoking in the Facility, in Comparison with the Facilities having Smoking Options

An important segment of the TC Law ensures that the restaurants are to be considered as public places and they should be smoke-free facility. 82.9% of the respondents answered that they abide by the TC Law including this segment. The other 17.1% did not know that the TC Law stated this clause. When the owners were asked about how they knew about the law and what it entitles, they mentioned multiple sources.

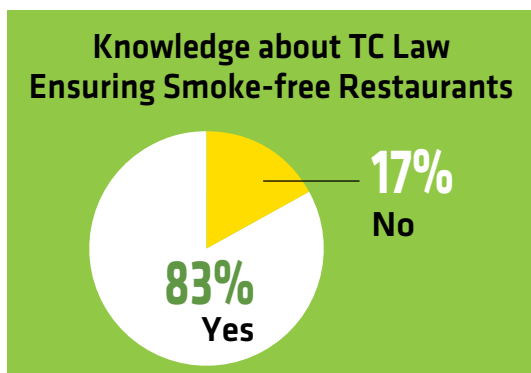


Figure 6: Participants who knew that restaurants are to be smoke-free according to the TC Law

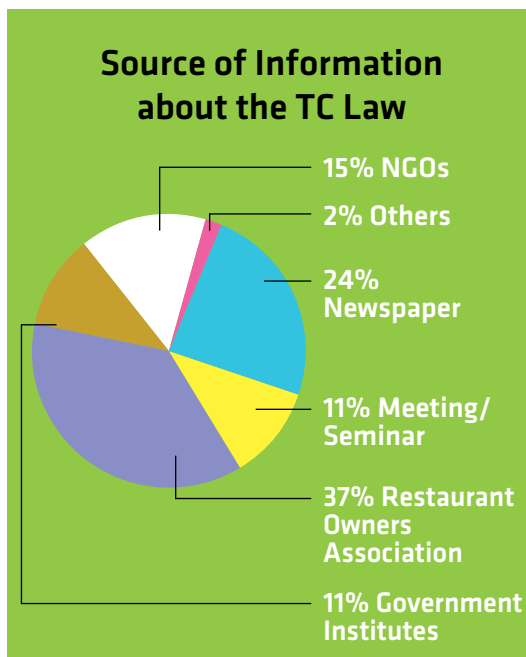


Figure 7: Source of the information about the TC Law

Figure 7 shows that 37% of the respondents knew about the TC Law from the Restaurant Owners Association. It is a very significant finding that the Restaurant Owners Association can act as a very important ally in the battle to prevent tobacco-related diseases and to increase the compliance to the TC Law. The other top two sources of information were newspapers and Non-Government Organizations (NGOs). These sources can be used to spread information about the TC Law and raise awareness against tobacco use in order to increase the compliance even more.

The following table shows that the District Commissioner's (DC) office plays a vital role from where restaurant owners/managers got the information on the TC law which ensures that restaurants should be smoke free. Significant number of participants received the information from Civil Surgeon's office and City Corporation which was 23% and 16% respectively. Other government institutions such as Social Welfare Office, youth development centers and other institutes could not contribute as much as it was expected.

Table 1: Source of Information about the TC Law, Government Institutes

Institutions	%
DC Office	30
City Corporation	16
Civil Surgeon's Office	23
Social Welfare	3
Youth Development Center	0
Others	3

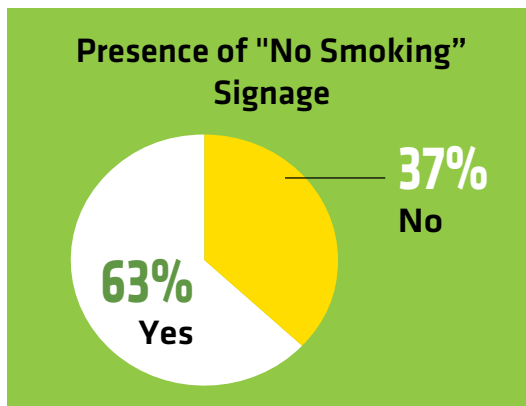


Figure 9: Restaurants Showing the "No Smoking" Signage

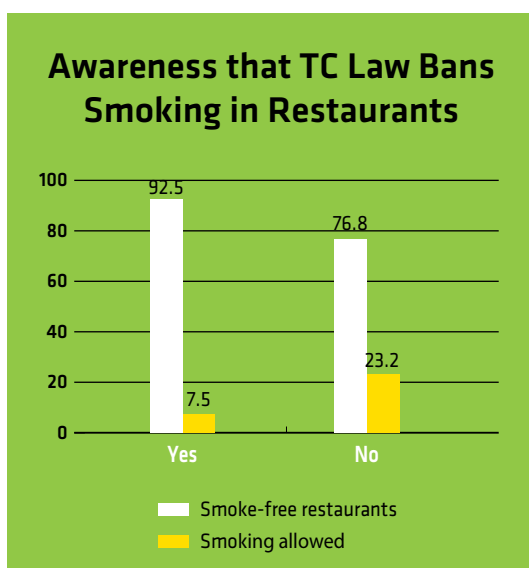


Figure 8: Awareness of the Restaurant Owners that the TC Law Bans Smoking in Restaurants in Comparison to Presence of Smoking Facilities in the Restaurants

The respondents who knew that the TC Law ensures smoke free restaurants answered the question if they banned smoking in their facilities. Figure 8 shows that 92.5% of those who knew about it made their restaurants smoke free, unfortunately 7.5% knew what the law entitles, but still they allowed smoking in the facilities. On the other hand, 76.8% who did not know about it, kept the facilities smoke-free. Nearly one fourth of the restaurant owners kept smoking facility in the respective area without knowing about the law.

The BROA made it clear in their smoke-free policy that the restaurants should show "No Smoking" signage at the restaurant facilities. Figure 9 shows that 63% of the restaurant owners/managers had the signage at their service points. The rest 37% did not have such sign in the restaurants.

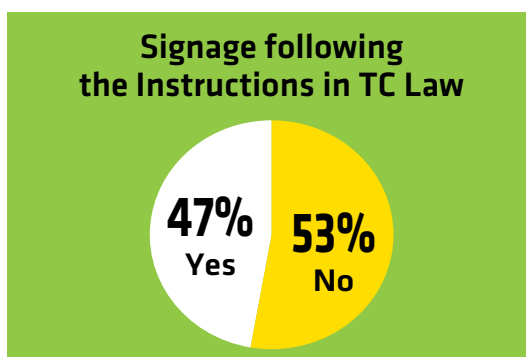


Figure 10: Respondents Having the Signage According to the TC Law



Figure 11: Sample of the Signage according to the Tobacco Control Law

The TC Law clearly mentions that the public places with smoking facility should bear a “Smoking Area” and a “Smoking causes death” sign. Also the public places should have “Abstain from smoking, it is a punishable offence” sign both in Bengali and in English. According to the TC Law, the signage must be of 40cmX20cm in dimension. It should be written in red background with white texts, or in white background with red texts. A sample of the signage according to the TC Law maintaining the ratio is given in Figure 11. The respondents were asked if they have such signage in the designated area and if they followed the TC Law. Figure 9 shows that only 47% restaurant owners displayed such signage in their facilities.

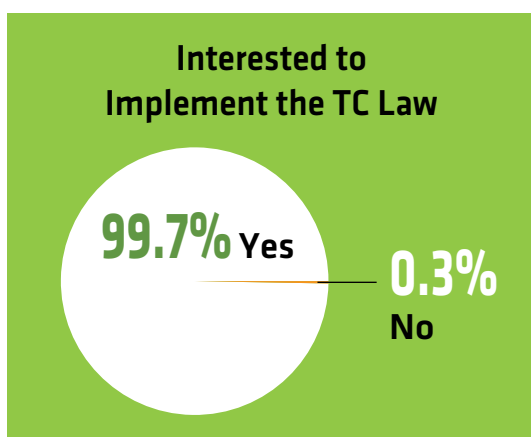


Figure 12: Restaurant Owners’ Interest for Proper Implementation of the TC Law

Although there remains a gap between knowing about the TC Law and its proper implementation, however, the respondents were eager to see strong application. 99.7% restaurant owners responded that they were highly motivated to implement the Law at their facilities.

While the restaurant owners/managers were asked about why they were interested for Law implementation, they answered multiple reasons

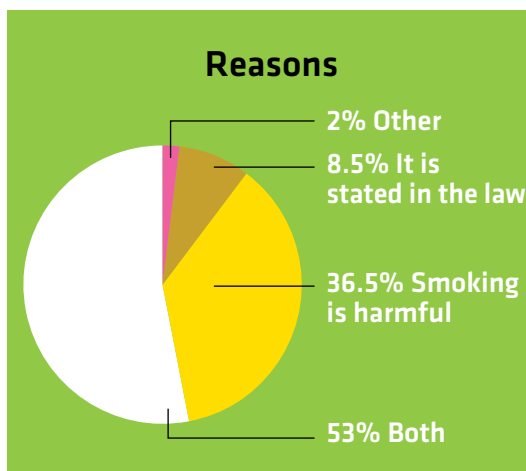


Figure 13: Reasons behind the Prohibition of Smoking at Restaurant Facilities

Figure 13 shows the reasons why they stated that they would want stronger application of the TC Law. 8.5% said it is because of the Law, 36.5% said that as smoking is harmful for the health and the environment, it should be banned. However, the good thing is that the majority answered that it should be banned for both the reasons. It shows that awareness about the TC Law and about the health effects of smoking can simultaneously reduce smoking burden in the restaurants. This can be proved to be a strong strategy to reduce smoking in public places.

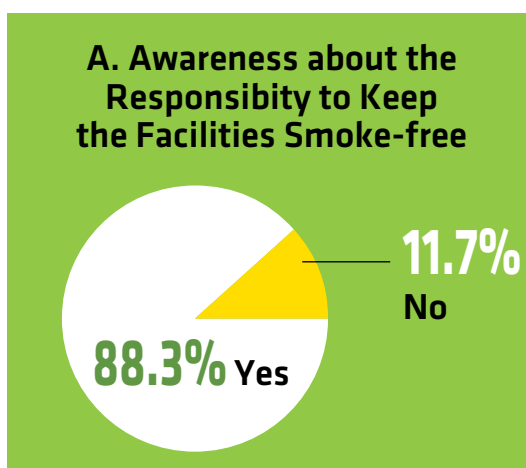


Figure 14: A - Restaurant Owners who were Aware about the Responsibility to Keep the Facilities Smoke-free;

B. Interest to Join the TC Law Implementation Process

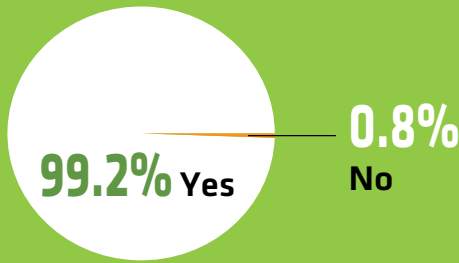


Figure 14: B - Participants who were Interested to Join in the Implementation Process of the TC Law

Figure 14A shows that only 88.3% restaurant owners were aware of the fact that it is their duty to keep the restaurants smoke-free, while the rest 11.7% did not know. Although majority knew about their role in prohibiting smoking in their facilities, it is still not sufficient as the BROA and Government offices disseminate this information to the vast majority of the population. More awareness should be achieved about the TC Law and the way it should be implemented in public places. Nonetheless, it shows in the figure 14B that almost all the respondents want to join in the implementation process of the TC Law in future.

Table 2: Distribution of Smoke-free and Smoking zone containing facilities in the survey area

Division	Presence and absence of smoking facilities		
	Smoke-free facilities	Smoking facilities	Total
Barisal	45	4	49
Chittagong	48	0	48
Dhaka	49	1	50
Khulna	43	7	50
Mymensingh	27	3	30
Rajshahi	46	4	50
Rangpur	35	7	42
Sylhet	40	9	49
Total	333	35	368

Table 2 shows the ratio of the smoke-free restaurants at the divisions where the survey had been conducted. However, one of the limitations of the survey was that data were collected by visiting the restaurants at the district headquarters only. There is a scope for future work that will involve including the restaurants situated at the remote areas far from the district headquarters, thus enabling us to get clearer picture of the current status of TC Law compliance.

Conclusion

Bangladesh faces the challenge of tobacco use related disease and death every day. The number of people die each year from tobacco use will double in the next few years unless urgent measures are taken immediately. As it is a man-made problem, it can be prevented if proper actions are taken by the Government and the civil society. Bangladesh faces challenges in implementation of the TC Law, including a shortage of resources for sustainable tobacco control program. The restaurants in here are contributing to the problem at a large scale. It is causing harm to both the smokers and non-smokers at the same time. It is important to take action against the facilities where the TC Law has not been being implemented. Awareness and actions can only be the allies in the battle to fight against the death toll and morbid diseases resulting from tobacco use. This survey was done with the view to observe

the compliance to the Tobacco Control Law in the restaurants which have been included as a public place. Its objective was to use this information in order to take necessary measures which can prevent tobacco smoking and thus preventing smoke-related health hazards. The implementation of a Law takes time, require multiple resources and adequate awareness among the related personnel. However, if we can free at least the public places off of smoking, the health status will start to show the impact. Urgent actions need to be taken to change the dire future and joined venture with the Government and Non-government organizations are needed to reduce smoke-related death toll. The “Nationwide Survey on Compliance with Bangladesh Tobacco Control Law in Restaurants” is one such initiative of DAM that can be proven to be a useful weapon in the fight against tobacco usage.

Reference

1. Nargis N, Thompson ME, Fong GT, Driezen P, Hussain AKMG, et al. (2015), Evidence from International Tobacco Control (ITC) Study. Prevalence and Patterns of Tobacco Use in Bangladesh from 2009 to 2012: Evidence from International Tobacco Control (ITC) Study. PLOS ONE 10(11): e0141135. <https://doi.org/10.1371/journal.pone.0141135>
2. WHO. Impact of Tobacco-related Illnesses in Bangladesh. New Delhi: World Health Organization Regional Office for South-East Asia 2007
3. Martin Dockrell. (2009) Eye and heart at mortal war: coronaries and controversy in a smoke-free Scotland. Expert Review of Pharmacoeconomics & Outcomes Research 9:1, pages 23-27.
4. Alam DS, Jha P, Ramasundarahettige C, Streatfield PK, Niessen W, Chowdhury MAH, et al (2013). Smoking-attributable mortality in Bangladesh: proportional mortality study. Bull World Health Organ. 91:757-764. pmid:24115799
5. WHO. Global adult tobacco survey (GATS): Bangladesh. World Health Organization 2009. Available: http://www.searo.who.int/LinkFiles/Regional_Tobacco_Surveillance_System_GATSBAN_FullReport20
6. Esson KM, Leeder SR. The Millennium Development Goals and Tobacco Control: An Opportunity for Global Partnership. World Health Organization 2004.
7. <https://tobaccoatlas.org/country/bangladesh/>
8. Global Adult Tobacco Survey, Bangladesh Fact Sheet, 2017

Appendix

Locations from where data were collected

Division Code	Division Name	District Code	District Name	Total Sample
1	Barishal	1	Barishal	25
		2	Patuakhali	25
2	Chattogram	3	Chattogram	25
		4	Feni	25
3	Dhaka	5	Dhaka	25
		6	Narayanganj	25
4	Khulna	7	Khulna	25
		8	Satkhira	25
5	Mymensingh	9	Mymensingh	15
		10	Jamalpur	15
6	Rajshahi	11	Rajshahi	25
		12	Naogaon	25
7	Rangpur	13	Rangpur	25
		14	Dinajpur	18
8	Sylhet	15	Sylhet	25
		16	Moulvibazar	24
Total Sample Size				372



Recommendations

1. The survey showed that 95.7% respondents had trade license. One way to increase the compliance with the tobacco control law in the restaurants is to add the “NO SMOKING” clause in the requirement to have the trade license. Local government of Bangladesh can contribute in the strong implementation of the law in this way. The violation of the law should also be made punishable to get the desired benefit from it. The knowledge on the TC Law should also be shared with the authority as extensively as possible.
2. Bangladesh Restaurant Owners Association, BROA has been very vocal about the Tobacco Control Law implementation. With the joined venture of DAM, it has developed a tobacco-free guideline to keep the member restaurants completely smoke-free. The association is also contributing to disseminate the knowledge about the tobacco control law with a view to reducing the smoking facilities. It can also disseminate the knowledge about the proper measurement for the “NO SMOKING” signage according to the law. Often the restaurants facilitate enclosed smoking places inside the facility, which is also causing harm to the smokers and non-smokers alike. Restaurant staff and workers get affected by this practice to the full extent. This should also be controlled in order to see the desired benefit from the TC Law.
3. The 4.30% restaurants who have not received the membership of BROA should also be encouraged to get it. This step could make them to be aware of the TC Law and how their facilities have been violating it. They will also receive the tobacco-free initiative guideline from BROA.
4. The GATS fact sheet of tobacco use in Bangladesh has expressed a great concern about the health hazards that might be causing from the smoked and smokeless form of tobacco use. To address these issues and to improve the public health concern, the whole monitoring system should be reorganized for stronger and proper implementation of the TC Law. The violation of the law should be made punishable and the punishment should be applied to the offender as soon as possible.

Awards



DAM Executive Director is receiving the 'Tobacco Control Award 2018' from National Anti-Tobacco Platform lead by PKSF

Dhaka Ahsania Mission received “**Tobacco Control Award 2018**” in institutional category for outstanding contribution in tobacco control. National Anti-Tobacco Platform lead by Polly Korma Shahayak Foundation (PKSF) handed over this award in a ceremony organized by PKSF at its Auditorium. Honorable State Minister Mr. Zahid Malik, Ministry of Health and Family Welfare, other Government Officials, representatives from various Anti-tobacco activist organizations and many more were present at the occasion.

Dhaka Ahsania Mission received ‘**World No Tobacco Day Award-2015**’ from the Ministry of Health & Family Welfare on 31 May 2015-World No Tobacco Day. MoHFW started announcing the award in 2014 for outstanding contributions in tobacco control in Bangladesh. Dhaka Ahsania Mission, as a non-government organization, had been nominated for the ‘World No Tobacco Day Award-2015’ for the excellent contributions in Tobacco Control in Bangladesh since 1990. On behalf of Dhaka Ahsania Mission, Executive Director Dr. M EhsanurRahman received the award from the Chief Guest of the program - Mr. Mohammad Nasim, MP, Honorable Minister, Ministry of Health & Family Welfare.



DAM Executive Director is receiving the 'World No Tobacco Day Award-2015' on behalf of the organization



Nationwide Survey on **Compliance with Bangladesh Tobacco Control Law in Restaurants**

View website



Health Sector

Dhaka Ahsania Mission

House - 152/Ka, Block - Ka, Road - 6, Pisciculture Housing Society, Shyamoli, Dhaka 1207, Bangladesh

Phone: 01748 475523, 01777 753143; Email: amic.dam@gmail.com

Website: www.amic.org.bd