



सत्यमेव जयते

**Ministry of Health and Family Welfare
Government of India**

**GLOBAL ADULT TOBACCO SURVEY
GATS INDIA 2009-2010**

EXECUTIVE SUMMARY



IIPS

(Established in 1956)

Capacity Building for a Better Future

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EXECUTIVE SUMMARY

The Global Adult Tobacco Survey India (GATS India) is the global standard for systematically monitoring adult tobacco use (smoking and smokeless) and tracking key tobacco control indicators. Global Adult Tobacco Survey India was carried out in all 29 states of the country and 2 Union Territories of Chandigarh and Puducherry, covering about 99.9 percent of the total population of India. The major objectives of the survey were to obtain estimates of prevalence of tobacco use (smoking and smokeless tobacco); exposure to second-hand smoke; cessation; the economics of tobacco; exposure to media messages on tobacco use; and knowledge, attitudes and perceptions towards tobacco use.

The Ministry of Health & Family Welfare (MoHFW), Government of India, designated the International Institute for Population Sciences (IIPS), Mumbai, as the nodal agency for conducting GATS in India. Technical assistance was provided by the Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO), the Johns Hopkins Bloomberg School of Public Health, and Research Triangle Institute International (RTI International).

GATS India was conducted in 2009–2010 as a household survey of persons age 15 and above. A nationally representative probability sample was used to provide national and regional (North, West, East, South, Central and North-East) estimates by residence (urban and rural) and gender and state estimates by gender. The survey was designed to produce internationally comparable data on tobacco use and other tobacco control indicators using a standardized questionnaire, sample design, data collection and management procedures. GATS India was the first nationwide survey in which electronic handheld devices were used for data collection and management. A total of 69,296 interviews were completed among which 33,767 and 35,529 were of males and females respectively. Out of all completed interviews, 41,825 interviews were conducted in rural areas and 27,471 interviews in urban areas. The overall response rate was 91.8 percent which ranged from the highest of 99.2 percent in Tamil Nadu to the lowest of 80.1 in Arunachal Pradesh.

Tobacco use

GATS India revealed that more than one-third (35%) of adults in India use tobacco in some form or the other. Among them 21 percent adults use only smokeless tobacco, 9 percent only smoke and 5 percent smoke as well as use smokeless tobacco. Based on these, the estimated number of tobacco users in India is 274.9 million, with 163.7 million users of only smokeless tobacco, 68.9 million only smokers, and 42.3 million users of both smoking and smokeless tobacco. The prevalence of overall tobacco use among males is 48 percent and that among females is 20 percent. Nearly two in five (38%) adults in rural areas and one in four (25%) adults in urban areas use tobacco in some form. Prevalence of smoking among males is 24 percent whereas the prevalence among females is 3 percent. The extent of use of smokeless tobacco products among males (33%) is higher than among females (18%).

The prevalence of tobacco use among all the states and Union Territories ranges from the highest of 67 percent in Mizoram to the lowest of 9 percent in Goa. Prevalence of tobacco use in Arunachal Pradesh, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, Odisha,

Sikkim, Tripura, Assam and West Bengal is higher than the national average. In most of the states/UTs, the prevalence of both smoking and smokeless tobacco use among males is higher than among females with exceptions in Puducherry, Tamil Nadu, Meghalaya, Tripura and Mizoram, where prevalence of smokeless tobacco is higher among females than males. More than 75 percent of tobacco users, both smokers as well as users of smokeless tobacco are daily users of tobacco. In India, *khaini* or tobacco-lime mixture (12%) is the most commonly used smokeless tobacco product, followed by gutkha, a mixture of tobacco, lime and areca nut mixture (8%), betel quid with tobacco (6%) and applying tobacco as dentifrice (5%). The prevalence of each of the smokeless tobacco products, except dentifrice, is higher among males than females. Among smoking tobacco products, bidi (9%) is used most commonly followed by the cigarette (6%) and the hookah (1%).

Among both males and females, the prevalence of cigarette smoking is higher in urban areas but the prevalence of all other smoking products is higher in rural areas. The prevalence of each of the smokeless tobacco product is higher in rural than urban areas, however, gutkha is almost equally prevalent in both urban and rural areas.

On an average a daily cigarette smoker in India smokes 6.2 cigarette sticks per day, and a daily bidi smoker smokes 11.6 bidi sticks per day. One-fourth of daily cigarette smokers smoke more than 10 cigarettes per day, and more than half of the daily bidi smokers smoke more than 10 bidis per day.

The mean age at initiation of daily tobacco use for tobacco users age 20–34 years is 17.8 years. The mean age at initiation of smoking as well as use of smokeless tobacco among users of respective products age 20–34 years is 17.9 years. Two in every five daily tobacco users age 20–34 had started using tobacco daily before attaining the age of 18. The quit ratio for smoking (defined as former smokers among ever daily smokers) is 13 percent, while the quit ratio for use of smokeless tobacco use (defined as former users of smokeless tobacco among ever daily users of smokeless tobacco) is 5 percent. Three in five (60%) daily tobacco users use tobacco within 30 minutes of waking up in the morning.

Tobacco Cessation

Nearly two in five smokers (38%) and users of smokeless tobacco (35%) made an attempt to quit respective tobacco use in the past 12 month period prior to the survey. Among smokers, males and females equally reported (38% of males and 39% of females) that they made a quit attempt. Among smokeless tobacco users fewer females (29%) made a quit attempt compared to males (39%). There is considerable variation in quit attempts across states/UTs. For smoking it ranges from 12 percent in Delhi to 55 percent in Andhra Pradesh. For users of smokeless tobacco it ranges from 8 percent in Delhi to 54 percent in Madhya Pradesh.

Among those smokers who made a quit attempt, 9 percent used counselling and 4 percent used pharmacotherapy for cessation. However, 26 percent used other methods of cessation such as traditional medicines and other products. Among users of smokeless tobacco 8 percent used counselling to quit smokeless tobacco and 22 percent used other methods. Among 47 percent of smokers who had visited a health care provider in the past 12 months, a little more than half (53%) were asked by the health care provider if they smoked and 46 percent were advised to stop smoking. Among 47 percent of users of

smokeless tobacco who visited a health care provider in the last 12 months prior to the survey, little more than one-third (34%) were asked by the health care provider whether they used smokeless tobacco and only 27 percent were advised to stop such use.

Second-hand smoke

GATS India shows that 52 percent of adults were exposed to second-hand smoke (SHS) at home. In rural areas 58 percent and in urban areas 39 percent were exposed to SHS at home. The SHS exposure at home ranged from the highest of 97 percent in Mizoram to the lowest of 10 percent in Tamil Nadu. Exposure to SHS in indoor workplaces who usually work indoors or both indoors and outdoors was 30 percent. The exposure to SHS was highest (68%) in Jammu & Kashmir and lowest in Chandigarh (15%). Among those who visited different public places within 30 days prior to the survey, 29 percent were exposed to SHS in any of the public places; 18 percent on public transport, 11 percent in restaurants, 7 percent in Government buildings and 5 percent at the health care facility. Exposure to SHS at any public place ranged from the highest of 54 percent in Meghalaya to the lowest of 11 percent in Chandigarh. Half of the adults (51%) who had visited restaurants during the 30 days prior to the survey had seen a designated non-smoking area in the restaurant, and 16 percent observed smoking in such an area. There was a large variation across the states/UTs in the proportion of adults who saw a designated non-smoking area in the restaurant. It varied from 17 percent in Mizoram to 89 percent in Delhi. Similar variation in observing smoking in non-smoking area was also noted. It varied from 3 percent in Chandigarh to 41 percent in Sikkim.

Economics

About half of all cigarette (51%) and bidi (49%) smokers and users of smokeless tobacco products (55%) purchased tobacco products from stores¹. Kiosks² were next common points of purchase. Thirty-one percent cigarette smokers, 39 percent bidi smokers and 32 percent smokeless tobacco users purchased tobacco products from kiosks, which included roadside paan shops. More than half (59%) of cigarette smokers purchased just two brands of cigarettes and over three-fourth (76%) of cigarette smokers purchased one of five most preferred brands. However, only about one-fifth of bidi smokers purchased bidis of one of the five most preferred brands. On an average, a daily cigarette smoker incurred an expenditure of ₹ 399.20 per month on cigarettes and a daily bidi smoker ₹ 93.40 per month on bidis. Monthly expenditure on cigarettes in urban areas (₹ 469.00) is higher than in rural areas (₹ 347.50), but monthly expenditure on bidis in urban areas (₹ 92.50) is slightly lower than rural areas (₹ 98.00). Monthly expenditure on cigarettes ranged from the lowest of ₹ 181.70 in Jharkhand to the highest of ₹ 1264.90 in Arunachal Pradesh. Monthly expenditure on bidis was lowest in Bihar (₹ 42.70) and highest in Rajasthan (₹ 147.80).

¹ A place where products and supplies, such as food, clothing, daily use commodities are offered for sale, a shop.

² A small booth, bookstall or a cubicle from which cigarettes, newspapers, and sweets are sold. In India these are generally found at the airports, railway platforms or cinema halls to sell products.

Media

A little more than half (52%) of adults in India noticed anti-cigarette information on any media/location during the last 30 days prior to the survey. A relatively higher proportion of adults noticed anti-bidi information (61%) and anti-smokeless tobacco information (66%). The anti-tobacco information noticed by adults varied widely across states for different products. The proportion of adults who noticed anti-cigarette information ranged from 91 percent in Chandigarh to 36 percent in Bihar. The proportion of adults who noticed anti-bidi information ranged from 92 percent in Chandigarh to 31 percent in Assam. Similarly, a proportion of adults who noticed anti-smokeless tobacco information was highest in Chandigarh (93%) and lowest in West Bengal (39%). Majority of cigarette smokers (71%), bidi smokers (62%) and users of smokeless tobacco (63%) noticed health warnings on packages of the respective products. Among those who noticed health warnings on packages, 38 percent of cigarette smokers, 29 percent of bidi smokers and 34 percent of smokeless tobacco users thought of quitting such products because of warning labels on the respective packages of tobacco products. Among all adults, 28 percent noticed some form of advertisement or promotion of cigarettes, 47 percent noticed some advertisement or promotions of bidis and 55 percent noticed some advertisement or promotion of smokeless tobacco products.

Knowledge, attitudes and perceptions

Half (49%) of adults in India are aware that smoking causes stroke and less than two-thirds (64%) believe that smoking causes heart attack whereas, a large proportion (85%) believes that smoking causes lung cancer. Across all states/UTs, highest proportion of adults in Mizoram reported that smoking causes stroke (79%), heart attack (92%) and lung cancer (98%) whereas the lowest proportion of adults in Arunachal Pradesh reported it (34%, 37% and 78% respectively).

Recommendations

In view of the high prevalence of tobacco use in the country, there should be a national effort to prevent any further increase in the prevalence of tobacco use, especially among the vulnerable groups such as females, youth and children. There should also be targeted programmes addressing different types of tobacco use and different user groups with special focus on cessation. There is a need to further strengthen the implementation of Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003, at national, state and sub-state levels. Establishment of a comprehensive implementation and regulatory structure at the national and state level is required. Tobacco control strategies need to be mainstreamed with other national health programmes, within the overall framework of the National Rural Health Mission (NRHM). The multifaceted nature of tobacco problem in India calls for greater involvement and investment of various stakeholder ministries/departments, e.g. Human Resource Development (Education), Finance, Agriculture, Labour, Commerce, Rural Development, Information & Broadcasting, Women & Child, etc., in addition to the Ministry of Health & Family Welfare, as also the Panchayati Raj Institutions, academic/public health institutions, civil society groups, media, etc.

The progress under the National Tobacco Control Programme (NTCP) launched in 2007-08 needs to be carefully evaluated at the end of the 11th Five Year Plan (2007-12) and a comprehensive NTCP should be expanded on a nationwide basis in the 12th Five Year Plan.