Introduction

The Global Tobacco Survey (GATS) is a nationally representative source of information on tobacco use and policies. It is conducted in member states of the World Health Organization (WHO) to help inform the formulation, tracking and evaluation of effective national tobacco control interventions, and to compute the number of tobacco users by age and sex for each country. The survey was conducted using a standardized household survey approach in all countries. The GATS uses household surveys to obtain responses from a representative sample of adults aged 15–69 years in the general population. The GATS provides estimates of regional prevalence in percentage.

Regional aggregate estimates are computed based on the aggregated population of the Region, resulting in the overall numbers. These numbers from all countries of the South-East Asia Region were summed up to come up with the regional aggregate. These were then divided by the aggregated population of the Region, resulting in the overall regional prevalence in percentage.

The GATS also enables countries to monitor the effect of tobacco control interventions, conduct evaluations and compare results with other countries in the Region. GATS data are collected and disseminated through the regional public health laboratory network established under the IHR (International Health Regulations) framework.

The GATS is conducted in the Region to monitor and evaluate tobacco control interventions, and to compute the number of tobacco users by age and sex for each country. The survey was conducted using a standardized household survey approach in all countries. The GATS uses household surveys to obtain responses from a representative sample of adults aged 15–69 years in the general population. The GATS provides estimates of regional prevalence in percentage.

Percentage of current tobacco users

Table 1: Percentage of current tobacco users

<table>
<thead>
<tr>
<th>Country</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
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Monitoring tobacco control among adults in selected Member States of South-East Asia Region – at a glance

The GATS is conducted in the Region to monitor and evaluate tobacco control interventions, and to compute the number of tobacco users by age and sex for each country. The survey was conducted using a standardized household survey approach in all countries. The GATS uses household surveys to obtain responses from a representative sample of adults aged 15–69 years in the general population. The GATS provides estimates of regional prevalence in percentage.

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Monitoring tobacco control among adults in selected Member States of South-East Asia Region – at a glance

Introduction

The Global Adult Tobacco Survey (GATS) is a nationally representative survey tool that monitors tobacco use among adults in national populations. The survey is designed to collect data on adult tobacco use and to facilitate comparison across countries in terms of tobacco control policies and progress on tobacco control. The survey is conducted in the format that meets the World Health Organization’s (WHO) set of core indicators derived from STEPs for monitoring non-communicable disease risk factors, which has been used in many countries. WHO has a global strategy for tobacco control interventions, and comparison with results from other surveys is important for countries to assess the effectiveness of their policies and take the necessary steps to improve them. The findings from the Global Adult Tobacco Survey (GATS) and STEPwise approach to noncommunicable diseases risk factor surveillance (STEPS) enable Member States to assess the regional prevalence in percentage of the number of tobacco users by age and sex for each country.

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The findings of the Global Adult Tobacco Survey (GATS) and STEPwise approach to noncommunicable disease risk factor surveillance (STEPS) for 2009–2011 have been presented in graphic form and are used as an important indicator of tobacco control in selected Member States of the Region. The data presented in graphic form will be particularly useful for programme managers, tobacco control advocates and any other relevant stakeholders for generating credible evidence to further promote tobacco control.

Tobacco use – Smoked and/or Smokeless

The results of the Global Adult Tobacco Survey (GATS) and STEPwise approach to noncommunicable diseases risk factor surveillance (STEPS) for 2009–2011 have been presented in graphic form and are used as an important indicator of tobacco control in selected Member States of the Region. The data presented in graphic form will be particularly useful for programme managers, tobacco control advocates and any other relevant stakeholders for generating credible evidence to further promote tobacco control.

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Tobacco use – Smoked and/or Smokeless

Tobacco use – Smoked

Introduction

The Global Adult Tobacco Survey (GATS) is a nationally representative household survey of 15–64 years old non-institutionalized adults in 41 countries to collect reliable data on adult tobacco use and to help countries develop, monitor, evaluate and communicate tobacco control policies and programs. The survey was conducted using a standard protocol as per the findings from the Global Adult Tobacco Survey (GATS) and STEPwise approach to noncommunicable disease risk factor surveillance (STEPS). The GATS data were collected in 18 countries across six regions of the world, member states that ban tobacco promotion, enhancing graphic health warnings on all tobacco products, implementing taxes and prices in second hand smoke, and most importantly, initiating tobacco cessation interventions contained in WHO FCTC.

The findings from the Global Adult Tobacco Survey (GATS, 2008–2011) and STEPS approach to noncommunicable disease risk factor surveillance (STEPS) have been in graphic form and are an important tool for tobacco control advocates and policymakers. The tobacco use data presented in graphic form are particularly useful for programme managers, tobacco control advocates, and any other relevant stakeholders for generating credible evidence to further promote tobacco control.

The findings of the Global Adult Tobacco Survey (GATS) and STEPwise approach to noncommunicable diseases such as chronic lung disease, heart ailments and cancer.

The World Health Organization (WHO) launched a population based survey to collect information on the major modifiable risk factors for noncommunicable diseases. The findings from the Global Adult Tobacco Survey (GATS) and STEPwise approach to noncommunicable disease risk factor surveillance (STEPS) will be particularly useful for programme managers, tobacco control advocates and any other relevant stakeholders for generating credible evidence to further promote tobacco control.

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The data presented in graphic form will be particularly useful for programme managers, tobacco control advocates, and any other relevant stakeholders for generating credible evidence to further promote tobacco control.

**Figure 2:** Percentage of current tobacco users

- **Male:** 44%
- **Female:** 27%
- **Total:** 35%

**Figure 3:** Percentage of current smokers

- **Male:** 49%
- **Female:** 28%
- **Total:** 36%

**Figure 4:** Percentage of current tobacco use

- **Male:** 67%
- **Female:** 50%
- **Total:** 55%

**Figure 5:** Percentage of current smokeless use

- **Total:** 20%

**Figure 6:** Percentage of daily use

- **Total:** 41%

**Figure 7:** Percentage of smokeless use

- **Total:** 18%

**Figure 8:** Percentage of smokeless use

- **Total:** 19%

**Figure 9:** Percentage of daily use

- **Total:** 34%

**Figure 10:** Percentage of daily use

- **Total:** 30%

**Figure 11:** Percentage of daily use

- **Total:** 28%

**Figure 12:** Percentage of daily use

- **Total:** 26%

**Figure 13:** Percentage of daily use

- **Total:** 24%

**Figure 14:** Percentage of daily use

- **Total:** 22%

**Figure 15:** Percentage of daily use

- **Total:** 20%

**Figure 16:** Percentage of daily use

- **Total:** 18%

**Figure 17:** Percentage of daily use

- **Total:** 16%

**Figure 18:** Percentage of daily use

- **Total:** 14%

**Figure 19:** Percentage of daily use

- **Total:** 12%

**Figure 20:** Percentage of daily use

- **Total:** 10%

**Figure 21:** Percentage of daily use

- **Total:** 8%

**Figure 22:** Percentage of daily use

- **Total:** 6%

**Figure 23:** Percentage of daily use

- **Total:** 4%

**Figure 24:** Percentage of daily use

- **Total:** 2%

**Figure 25:** Percentage of daily use

- **Total:** 0%

**Figure 26:** Percentage of daily use

- **Total:** 0%

**Figure 27:** Percentage of daily use

- **Total:** 0%

**Figure 28:** Percentage of daily use

- **Total:** 0%

**Figure 29:** Percentage of daily use

- **Total:** 0%

**Figure 30:** Percentage of daily use

- **Total:** 0%

**Figure 31:** Percentage of daily use

- **Total:** 0%

**Figure 32:** Percentage of daily use

- **Total:** 0%

**Figure 33:** Percentage of daily use

- **Total:** 0%

**Figure 34:** Percentage of daily use

- **Total:** 0%

**Figure 35:** Percentage of daily use

- **Total:** 0%

**Figure 36:** Percentage of daily use

- **Total:** 0%

**Figure 37:** Percentage of daily use

- **Total:** 0%

**Figure 38:** Percentage of daily use

- **Total:** 0%

**Figure 39:** Percentage of daily use

- **Total:** 0%

**Figure 40:** Percentage of daily use

- **Total:** 0%

**Figure 41:** Percentage of daily use

- **Total:** 0%

**Figure 42:** Percentage of daily use

- **Total:** 0%

**Figure 43:** Percentage of daily use

- **Total:** 0%

**Figure 44:** Percentage of daily use

- **Total:** 0%

**Figure 45:** Percentage of daily use

- **Total:** 0%

**Figure 46:** Percentage of daily use

- **Total:** 0%

**Figure 47:** Percentage of daily use

- **Total:** 0%

**Figure 48:** Percentage of daily use

- **Total:** 0%

**Figure 49:** Percentage of daily use

- **Total:** 0%

**Figure 50:** Percentage of daily use

- **Total:** 0%
Tobacco use – Smoked

Introduction

The Global Adult Tobacco Survey (GATS) is a nationally representative, population-based survey to collect information on the major modifiable risk factors of noncommunicable diseases in adults of the 18–69 years age group. The aim is to assess the burden of tobacco use among adults, and to identify data gaps that need to be addressed by future surveys and for undertaking and evaluating effective tobacco control measures. GATS is one of the WHO’s three global systems assisting countries to implement the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC), to generate comparable data within and across countries. WHO has developed MPOWER, a package of selected demand reduction measures with the objective of generating credible evidence to further promote tobacco control.

The findings from the Global Adult Tobacco Survey (GATS, 2009–2011) and STEPwise approach to noncommunicable disease risk factor surveillance (STEPs, 2008–2015) have been presented in graphic form and by year on important indicators of tobacco control (FCTC) to generate comparable data within and across countries. Member States are committed to protecting their people from the ill effects of tobacco and WHO commends and encourages them to support those in their efforts to protect people from the effects of tobacco.

For further information, please contact:

Mr Naveen Agarwal
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Dr Dhirendra N Sinha
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The results from the Global Adult Tobacco Survey (GATS, 2009–2011) and STEPwise approach to noncommunicable disease risk factor surveillance (STEPs, 2008–2015) have been presented in graphic form and by year on important indicators of tobacco control. GATS enables countries to collect data on adult tobacco use and key tobacco control indicators, and comparison with results from other surveys in the formulation, tracking and implementation of effective national tobacco control interventions, and comparison with results from other surveys in the formulation, tracking and implementation of effective national tobacco control interventions.

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Message

Tobacco use—the major public health problem in the WHO South-East Asia Region—causing premature deaths and corresponding burden of disability due to chronic disease, heart ailments, and cancer.

The health of the people’s lungs and even the world’s environment has become a concern. There are 250 million tobacco users and 50 million tobaccoAttributed deaths in the Region. There are 300 million tobacco users and 50 million tobaccoAttributed deaths in the Region.

The Global Adult Tobacco Survey (GATS) and STEPs report on tobacco use and cessation interventions. These data together with information on tobacco control policies and are used in the formulation, tracking and implementation of effective national tobacco control interventions, and comparison with results from other regions.

Introduction

The Global Adult Tobacco Survey (GATS) is a nationally representative survey that was established in 2002 by the Framework Convention on Tobacco Control to collect data on adult tobacco use and tobacco control interventions. For the 2015 round of the survey, 17 countries were selected by the World Health Organization (WHO) to collect population-based data on the number of current tobacco users. The results provide a snapshot of tobacco use at a country level.

The GATS includes indicators that measure the prevalence of current tobacco use, household smoking prevalence, second-hand smoke exposure, and the percentage of current smokers who have thought of quitting. These data are used to assess the effectiveness of tobacco control policies and to identify areas for improvement.

In addition to the GATS, the WHO Framework Convention on Tobacco Control (FCTC) Protocol of the 9th Conference of the Parties (COP 9) to the FCTC, adopted in 2012, has provided a comprehensive set of indicators for assessing the implementation of the treaty. These indicators, known as the MPOWER indicators, cover a range of tobacco control measures, including tax policies, tobacco advertising, and packaging.

These indicators, along with data from the GATS, provide a comprehensive picture of tobacco use and tobacco control in the Region. This brochure is designed to help policymakers understand the current status of tobacco use and identify areas for improvement in tobacco control policies.

Tobacco use—Smoked and/or Smokeless

Nearly 35% adults in the Region use tobacco in one form or another, ranging from 20% in Maldives to 56% in Timor-Leste.

Indicator: Percentage of current tobacco users

Denominator: Total number of respondents

Tobacco use—Smoked

Nearly 35% adults in the Region currently use tobacco

Percentage of current tobacco users

Denominator: Total number of respondents

Tobacco use—Smokeless

Nearly 35% people smoke. As many as 35% smokers have been unsuccessful in quitting tobacco due to absence of tobacco cessation support, while two in five smokers who quit have gone back to smoking within a year.

Table 1: Percentage of current tobacco users

<table>
<thead>
<tr>
<th>Country</th>
<th>Male (%)</th>
<th>Female (%)</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maldives (2011)</td>
<td>16</td>
<td>36</td>
<td>20</td>
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<tr>
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<td>Vietnam (2015)</td>
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<td>China (2015)</td>
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<td>16</td>
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<td>India (2015)</td>
<td>18</td>
<td>38</td>
<td>23</td>
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<tr>
<td>Bangladesh (2009)</td>
<td>13</td>
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<tr>
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<td>22</td>
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</table>

The findings from the Global Adult Tobacco Survey (GATS, 2009–2015) and STEPs report on tobacco use and cessation interventions. These data together with information on tobacco control policies are used in the formulation, tracking and implementation of effective national tobacco control interventions, and comparison with results from other regions.

The data presented in this brochure are particularly useful for programme managers, tobacco control advocates and any other stakeholders for generating credible evidence to further promote tobacco control.
Nearly two in five (38%) smokers thought of quitting in the last 30 days and thought of quitting in the past 30 days of quitting smoking because of health warnings on cigarette packages.

Nearly two in five (42%) adults have been advised by a health care provider to stop smoking in past 12 months and former tobacco smokers who have been abstinent for <12 months who visited a doctor or health-care provider within the past 30 days and were exposed to tobacco smoke at work in the past 12 months ranging from 2% in Indonesia to 30% in Myanmar.

Nearly two in five (56%) in Thailand.

Nearly two in five (22%) in Nepal to nearly two in five (84%) Bhutan.

Figure 7: Nearly two in five (42%) adults have been advised by a health care provider to stop smoking in past 12 months.

Figure 8: Percentage of current smokers who tried to stop smoking in past 12 months.

Figure 9: Percentage of current smokers who have been abstinent for <12 months who visited a doctor or health-care provider during the past 30 days and were exposed to tobacco smoke at work in the past 12 months.

Figure 5: Percentage of persons exposed to secondhand smoke at workplace.

Figure 6: Percentage of persons exposed to secondhand smoke at home.

Figure 4: Percentage of persons exposed to secondhand smoke at home during the past 30 days.

Figure 3: Percentage of persons exposed to secondhand smoke – at workplace.

Figure 2: Percentage of persons exposed to secondhand smoke – at home.

Tobacco use – Smokeless

Secondhand smoke – at home

Secondhand smoke – at workplace

Smokers tried to stop smoking

Advised to stop smoking

Thought of quit smoking
Nearly two in five (38%) smokers thought of quitting smoking because of health warnings on cigarette packages.

Figure 5: Percentage of current daily and less daily tobacco smokers who have been abstinent for <12 months.

Nearly two in five (42%) adults have been advised by healthcare providers to stop smoking, ranging from 22% in Bhutan to 69% in Thailand.

Figure 4: Percentage of persons exposed to secondhand smoke at home in the past 30 days.

Nearly one in five (22%) adults in the Region used smokeless tobacco, ranging from 4% in Maldives to 62% in Bangladesh.

Figure 3: Percentage of adults who currently use smokeless tobacco.

Nearly 35% smokers in the Region tried to stop smoking in past 12 months, ranging from 23% in Nepal to 69% in Bhutan.

Figure 6: Percentage of persons who were exposed to tobacco smoke at work in the past 30 days.

Nearly one in five (17%) adults in the Region used tobacco products at work outside of the home who usually work areas at work during the past 30 days.

Figure 7: Percentage of adults who currently smoke tobacco.

Nearly two in five (40%) adults have been advised by healthcare providers to stop smoking, ranging from 22% in Bhutan to 51% in Timor-Leste.

Figure 8: Percentage of current daily and less daily tobacco smokers who tried to stop smoking during the past 12 months.

Nearly two in five (35%) adults are exposed to secondhand smoke at home, ranging from 22% in Nepal to 84% in Bhutan.

Figure 9: Percentage of adults who have been abstinent for <12 months.
Tobacco use – Smokeless

Secondhand smoke – at home

Secondhand smoke – at workplace

Smokers tried to stop smoking

Advised to stop smoking

Thought of quit smoking

Nearly two in five (39%) adults in the Region uses smokeless tobacco, ranging from 2% in Indonesia to 62% in Bangladesh.

Figure 3: Percentage of current smokeless tobacco users.

Figure 7: Nearly one in five (21%) adults in the Region uses smokeless tobacco, ranging from 2% in Thailand to 69% in Bhutan.

Figure 8: Percentage of currentSmokeless tobacco users.

Smokers tried to stop smoking

Nearly one in five (21%) adults are exposed to secondhand smoke at home in this Region, ranging from 22% in Thailand to 84% in Bhutan.

Figure 9: Percentage of persons exposed to secondhand smoke at home.

Nearly one in five (21%) adults are exposed to secondhand smoke at work in the Region, ranging 5% in Timor-Leste to 69% in Bhutan.

Figure 10: Percentage of persons exposed to secondhand smoke at workplace.

Nearly one in five (21%) adults have been advised by health-care providers to stop smoking during the past 12 months in Thailand.

Figure 11: Percentage of current smokers who have been advised by a health-care provider to stop smoking.

Nearly one in five (21%) adults have been advised by health-care providers to stop smoking during the past 12 months in Thailand.

Figure 12: Percentage of current smokers who have been advised by a health-care provider to stop smoking.

Nearly one in five (21%) adults have been advised by health-care providers to stop smoking during the past 12 months in Thailand.

Figure 13: Percentage of current smokers who have been advised by a health-care provider to stop smoking.

Nearly one in five (21%) adults have been advised by health-care providers to stop smoking during the past 12 months in Thailand.

Figure 14: Percentage of current smokers who have been advised by a health-care provider to stop smoking.

Nearly one in five (21%) adults have been advised by health-care providers to stop smoking during the past 12 months in Thailand.

Figure 15: Percentage of current smokers who have been advised by a health-care provider to stop smoking.

Nearly one in five (21%) adults have been advised by health-care providers to stop smoking during the past 12 months in Thailand.

Figure 16: Percentage of current smokers who have been advised by a health-care provider to stop smoking.

Nearly one in five (21%) adults have been advised by health-care providers to stop smoking during the past 12 months in Thailand.

Figure 17: Percentage of current smokers who have been advised by a health-care provider to stop smoking.

Nearly one in five (21%) adults have been advised by health-care providers to stop smoking during the past 12 months in Thailand.

Figure 18: Percentage of current smokers who have been advised by a health-care provider to stop smoking.

Nearly one in five (21%) adults have been advised by health-care providers to stop smoking during the past 12 months in Thailand.

Figure 19: Percentage of current smokers who have been advised by a health-care provider to stop smoking.

Nearly one in five (21%) adults have been advised by health-care providers to stop smoking during the past 12 months in Thailand.

Figure 20: Percentage of current smokers who have been advised by a health-care provider to stop smoking.
### Tobacco use - Smokeless

#### Advised to stop smoking

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<th>Female (%)</th>
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#### Thought of quit smoking

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<td>Thailand</td>
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### Secondhand smoke – at home

- Over 60% of adults are exposed to secondhand smoke at home across the Region, ranging from 22% in Bangladesh to 74% in Timor-Leste.

### Secondhand smoke – at workplace

- Nearly two in five (35%) adults have been exposed to tobacco smoke at work in the past 30 days.

### Smokers tried to stop smoking

- Nearly one in five (20%) adults in the Region tried to stop smoking during the past 30 days.

### Figure 7: Average percentage of current smokers who tried to stop smoking in the past 12 months

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<thead>
<tr>
<th>Region</th>
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<th>Female (%)</th>
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</table>

### Figure 8: Percentage of persons who were exposed to secondhand smoke at home

- Over 60% of adults are exposed to secondhand smoke at home. Time: 12 months.

### Figure 9: Percentage of persons who were exposed to secondhand smoke at work

- Nearly two in five (42%) adults have been exposed to tobacco smoke at work in the past 30 days.

### Figure 10: Percentage of current smokers who tried to stop smoking

- Nearly 35% smokers in the Region tried to stop smoking during the past 12 months.

### Figure 11: Percentage of persons who were exposed to secondhand smoke at workplace

- Over 60% of adults are exposed to secondhand smoke at workplace. Time: 12 months.
Nearly one in five (22%) adults in the Region smoke cigarettes, ranging from 2% in Timor-Leste to 69% in Bhutan.

Nearly 41% in Thailand. Nearly 35% smokers in the Region tried to stop smoking in past 12 months, ranging from 17% in Maldives to 62% in Myanmar.

Nearly 30% adults use are exposed to secondhand smoke at home in the Region, ranging from 21% in Timor-Leste to 92% in Bhutan.

Nearly 30% adults are exposed to secondhand smoke at home in this Region, ranging from 21% in Thailand to 92% in Bhutan.

Nearly 95% of adults in the Region reported being exposed to smoke at home in the past 30 days.

Nearly 90% of adults in the Region were exposed to tobacco smoke at home during the past 30 days.

Nearly 56% in Thailand.

Nearly 37% in Thailand.

Nearly 81% in Thailand.

Nearly 56% in Thailand.

Nearly 84% in Thailand.

Nearly 78% in Thailand.

Nearly 75% in Thailand.

Nearly 73% in Thailand.

Nearly 72% in Thailand.

Nearly 70% in Thailand.

Nearly 69% in Thailand.

Nearly 68% in Thailand.

Nearly 67% in Thailand.

Nearly 66% in Thailand.

Nearly 65% in Thailand.

Nearly 64% in Thailand.

Nearly 63% in Thailand.

Nearly 62% in Thailand.

Nearly 61% in Thailand.

Nearly 60% in Thailand.

Nearly 59% in Thailand.

Nearly 58% in Thailand.

Nearly 57% in Thailand.

Nearly 56% in Thailand.

Nearly 55% in Thailand.

Nearly 54% in Thailand.

Nearly 53% in Thailand.

Nearly 52% in Thailand.

Nearly 51% in Thailand.

Nearly 50% in Thailand.

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Nearly 42% in Thailand.

Nearly 41% in Thailand.

Nearly 40% in Thailand.

Nearly 39% in Thailand.

Nearly 38% in Thailand.

Nearly 37% in Thailand.

Nearly 36% in Thailand.

Nearly 35% in Thailand.

Nearly 34% in Thailand.

Nearly 33% in Thailand.

Nearly 32% in Thailand.

Nearly 31% in Thailand.

Nearly 30% in Thailand.

Nearly 29% in Thailand.

Nearly 28% in Thailand.

Nearly 27% in Thailand.

Nearly 26% in Thailand.

Nearly 25% in Thailand.

Nearly 24% in Thailand.

Nearly 23% in Thailand.

Nearly 22% in Thailand.

Nearly 21% in Thailand.

Nearly 20% in Thailand.

Nearly 19% in Thailand.

Nearly 18% in Thailand.

Nearly 17% in Thailand.

Nearly 16% in Thailand.

Nearly 15% in Thailand.

Nearly 14% in Thailand.

Nearly 13% in Thailand.

Nearly 12% in Thailand.

Nearly 11% in Thailand.

Nearly 10% in Thailand.

Nearly 9% in Thailand.

Nearly 8% in Thailand.

Nearly 7% in Thailand.

Nearly 6% in Thailand.

Nearly 5% in Thailand.

Nearly 4% in Thailand.

Nearly 3% in Thailand.

Nearly 2% in Thailand.

Nearly 1% in Thailand.

Nearly 0% in Thailand.

Nearly 45% of adults are exposed to secondhand smoke at workplace in the Region, ranging from 20% in Timor-Leste to 59% in Bangladesh.

Nearly 40% of adults are exposed to secondhand smoke at workplace in the Region, ranging from 20% in Timor-Leste to 59% in Bangladesh.

Nearly 35% of adults are exposed to secondhand smoke at workplace in the Region, ranging from 20% in Timor-Leste to 59% in Bangladesh.

Nearly 25% of adults are exposed to secondhand smoke at workplace in the Region, ranging from 20% in Timor-Leste to 59% in Bangladesh.

Nearly 20% of adults are exposed to secondhand smoke at workplace in the Region, ranging from 20% in Timor-Leste to 59% in Bangladesh.

Nearly 15% of adults are exposed to secondhand smoke at workplace in the Region, ranging from 20% in Timor-Leste to 59% in Bangladesh.

Nearly 10% of adults are exposed to secondhand smoke at workplace in the Region, ranging from 20% in Timor-Leste to 59% in Bangladesh.

Nearly 5% of adults are exposed to secondhand smoke at workplace in the Region, ranging from 20% in Timor-Leste to 59% in Bangladesh.

Nearly 0% of adults are exposed to secondhand smoke at workplace in the Region, ranging from 20% in Timor-Leste to 59% in Bangladesh.

Nearly one in five (20%) adults in the Region smoke cigarettes, ranging from 2% in Timor-Leste to 63% in Myanmar.

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Nearly one in five (20%) adults in the Region smoke cigarettes, ranging from 2% in Timor-Leste to 63% in Myanmar.
### Tobacco use – Smokeless

**Figure 8**: Percentage of current smokers who tried to stop smoking

- Nearly one in five (21%) adults in the Region uses smokeless tobacco, ranging from 2% in Indonesia to 69% in Myanmar.
- Indicator: Percentage of adults who currently use smokeless tobacco
- Numerator: Number of current daily users or less daily users who attempted to stop smoking
- Demographic: Total number of respondents

**Figure 9**: Percentage of current smokers who have been advised by health-care providers to stop smoking in past 12 months

- Nearly two in five (41%) smokers thought of quitting smoking because of health concerns.
- Nearly 35% smokers in the Region tried to stop smoking during the past 12 months.

### Secondhand smoke – at home

**Figure 10**: Percentage of persons exposed to secondhand smoke at home

- Over 45% of adults are exposed to second-hand smoke at home in this Region, ranging from 21% in Timor-Leste to 92% in Thailand.
- Indicator: Percentage of persons who were exposed to tobacco smoke at home during the past 30 days
- Numerator: Number of respondents who reported being exposed to smoke at home during the past 30 days
- Demographic: Total number of respondents

### Secondhand smoke – at workplace

**Figure 11**: Percentage of indoor workers who were exposed to secondhand smoke at their workplaces during the past 30 days

- Nearly 30% of adults are exposed to secondhand smoke at work, ranging from 22% in Nepal to 69% in Bhutan.
- Indicator: Percentage of adults who were exposed to secondhand smoke at work during the past 30 days
- Numerator: Number of current daily and less daily smokeless tobacco users who have been advised by health-care providers to stop smoking in past 12 months
- Demographic: Total number of respondents

### Advised to stop smoking

**Figure 12**: Percentage of indoor workers who were exposed to secondhand smoke at workplace

- Nearly two in five (42%) adults have been advised by health-care providers to stop smoking in past 12 months.
- Indicator: Percentage of current smokers who have been advised to stop smoking by a health-care provider in the past 12 months
- Numerator: Number of current daily and less than daily tobacco smokers who have been advised to stop smoking in past 12 months
- Demographic: Total number of respondents

### Thought of quit smoking

**Figure 13**: Percentage of current smokers who have thought of quitting smoking in the last 30 days

- Nearly two in five (41%) smokers thought of quitting smoking because of health concerns.
- Indicator: Percentage of current daily and less than daily tobacco smokers
- Numerator: Number of current daily and less than daily tobacco smokers who have thought of quitting smoking in the last 30 days
- Demographic: Total number of respondents

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**Table 1**: Percentage of current smokers who tried to stop smoking

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**Table 2**: Percentage of indoor workers who were exposed to secondhand smoke at workplace

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**Table 3**: Percentage of indoor workers who were exposed to secondhand smoke at workplace

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**Table 4**: Percentage of indoor workers who were exposed to secondhand smoke at workplace

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**Table 5**: Percentage of indoor workers who were exposed to secondhand smoke at workplace

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**Table 6**: Percentage of indoor workers who were exposed to secondhand smoke at workplace

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**Table 7**: Percentage of indoor workers who were exposed to secondhand smoke at workplace

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**Table 8**: Percentage of indoor workers who were exposed to secondhand smoke at workplace

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**Table 9**: Percentage of indoor workers who were exposed to secondhand smoke at workplace

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Introduction

The Global Adult Tobacco Survey (GATS) is a nationally representative household survey that was conducted in 62 countries between 2009-2011, as part of the implementation of the Framework Convention on Tobacco Control (FCTC). The survey was conducted to obtain comparable information on the prevalence of current smoking among adults and non-current smoking among former smokers. It also aimed to collect information from children and adolescents about their use of tobacco products. The data is used to monitor trends in tobacco use and to evaluate the effectiveness of tobacco control policies.

Monitoring tobacco control among adults in selected Member States of South-East Asia Region – at a glance

Dr Dhirendra N Sinha
Data Analyst, (Tobacco Control)
E-mail: sinhad@who.int

For further information, please contact:
Mr Naveen Agarwal
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Tobacco use – Smoked

The findings of the Global Adult Tobacco Survey (GATS, 2009–2011) and STEPwise approach to noncommunicable disease risk factor surveillance (STEPs, 2008–2015) have been presented in graphic form and by year on important indicators of tobacco control. The findings from the Global Adult Tobacco Survey (GATS, 2009–2011) and STEPwise approach to noncommunicable disease risk factor surveillance (STEPs, 2008–2015) have been presented in graphic form and by year on important indicators of tobacco control.

Tobacco use – Smoked and/or Smokeless

The findings contain data from GATS for Bangladesh (2009), India (2009–2011), Indonesia (2011), Korea (2011), Malaysia (2009), Thailand (2009–2010), and Indonesia (2011) for the 15–64 years age group; and (3) Bhutan (2014) and Timor-Leste (2014) for the 15–69 years age group.

Tobacco use – Smokeless

The number of tobacco users has been computed by age and sex for each country. WHO has developed a set of core indicators derived from STEPs for monitoring NCD risk factors, which has been used in many countries. WHO has a population-based survey to collect information on the major modifiable risk factors for NCDs. The STEPwise approach to noncommunicable disease risk factor surveillance (STEPs) of the World Health Organization (WHO) comprises a pan-Asian household survey that was launched in February 2007 as a new component of the WHO Total Situation Assessment (TSA) to generate comparable data within and across countries. WHO has a population-based survey to collect information on the major modifiable risk factors for NCDs. The STEPwise approach to noncommunicable disease risk factor surveillance (STEPs) of the World Health Organization (WHO) comprises a pan-Asian household survey that was launched in February 2007 as a new component of the WHO Total Situation Assessment (TSA) to generate comparable data within and across countries.

Tobacco use among adults in the South-East Asia Region has increased from 7% in Maldives to 56% in Timor-Leste. Nearly one in five (18%) adults in the Region smokes, ranging from 7% in Maldives to 49% in Timor-Leste.

The findings contain data from GATS for Bangladesh (2009), India (2009–2011), Indonesia (2011), Korea (2011), Malaysia (2009), Thailand (2009–2010), and Indonesia (2011) for the 15–64 years age group; and (3) Bhutan (2014) and Timor-Leste (2014) for the 15–69 years age group.

Figure 1: Percentage of current tobacco users.

Figure 2: Percentage of current tobacco users.

Figure 3: Percentage of current tobacco users.

Figure 4: Percentage of current tobacco users.

Figure 5: Percentage of current tobacco users.

Figure 6: Percentage of current tobacco users.

Figure 7: Number of current daily smokers.

Figure 8: Number of current daily smokers.

Figure 9: Number of current daily smokers.

Figure 10: Number of current daily smokers.

Figure 11: Percentage of adults who currently use tobacco.

Figure 12: Percentage of adults who currently use tobacco.

Figure 13: Percentage of adults who currently use tobacco.

Figure 14: Percentage of adults who currently use tobacco.

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