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A Journal for Social Development



Editor in Chief
Md. Arifur Rahman

Vol. 5, No.1, 2015
(Smoke Free & Tobacco Control Issue)



YPSA

YOUNG POWER IN SOCIAL ACTION

An Organisation of Social Development

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YPSA - YOUNG POWER IN SOCIAL ACTION

[Organization in Special Consultative Status with the United Nations Economic and Social Council (UN ECOSOC)]

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SOCIAL CHANGE

A Journal for Social Development

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Editorial Policy

Social Change is a journal for social development published two times a year- January to June and July to December. The Journal welcomes original contributions from all viewpoints on various aspects of social development. It is designed to promote understanding of the society at its depth touching upon both theoretical and empirical dimensions of research. This journal is a major forum for those wishing to deal directly with the methodology and practice of social and environmental perspectives and future. Social Change is a podium for the exchange of ideas among scholars, policy makers and development practitioners, their intellectual and constructive ideas would smooth the way to social transformation in a de-sired manner. Appreciating their consecrated commitment to people and society we earnestly believe that they will make vital contribution through projection of ideas and views embellished with their sagacious policy recommendations. Readability and good writing style are important criteria for publication.

Social Change is a peer reviewed Journal devoted to the advancement of the research and social studies. The Journal entertains articles from the grassroots activists and researchers and appreciates learning from the field situation. The content and quality of papers should be in accordance with scope and nature of the Journal. All research articles are to reviewed by at least one expert. Also they are subject to an in-house examination in editorial / Advisory board. This is in the pursuit of excellence and strict adherence to professional standards. We look forward to getting feedback from our valued readers and contributors on how this publication can be further improved and expanded to better serve the cause of social reform in the country. Given the importance of the journal, we would also like to invite analysis/study on further add to the dimension of the journal and this will be possible only with the thoughtful support of our valuable readers and contributors

From the Editor

Social Change is a podium for the exchange of ideas among scholars, policy makers and development practitioners, their intellectual and constructive ideas would smooth the way to social transformation in a desired manner. The advisory board of Social Change decided to publish upcoming issues of the journal on different social development subjects. This will give the readers concentrated information on a specific issue. This will also be helpful for the academics, researchers and practitioners to get information on the areas of their interest for their further knowledge.

However, this time the board decided to publish this current issue on the tobacco control issue as it became a very much talked subject in the development field. The government has passed the amendment tobacco control law in 2013 and the rules in 2015. The law became much precise and stricter than before regarding definition of public places, pictorial warnings, advertisement of tobacco products and many more. The government also seems bit positive to control the increasing trend of tobacco use in the country. The successes have made after the long time campaigning program on tobacco control issue in all over the country. As one of the leading organization, in the tobacco control campaign, YPSA is very much active on the issue and running tobacco control activities from the very early stage of the movement in the country. YPSA is expressing its hearty gratitude to Campaign for Tobacco Free Kids (CTFK) for its continuous support and cooperation for the implementation of the Smoke Free project from 2009.

On behalf of the Advisory board of Social Change, I would like to take the opportunity to thank again CTFK for the support to publish this special issue on tobacco control. I also would like to thank all the writers who contributed to publish this issue by submitting their highly informative reports based on their research and practical experiences which will definitely enrich the archive of intellectual write-ups on tobacco control issue for all the interested researchers, activists, students and also the GO-NGO practitioners on tobacco control.

Finally, I express my kind gratitude to all the board members for their valuable consent and comments, specially our dearest Sir Dr. Md. Shairul Mashreqe for his continuous cooperation and encouragement for the timely publication of the issues of Social Change so far.

Md. Arifur Rahman

Editor-in-Chief

Social Change

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Social Movement As a Catalyst for Social Change: The Case of Tobacco

Md. Shairul Mashreque

Introduction

Social movement is a synonym for organized social action for a change in a desired direction.. The participants of this movement are the actors conscious about human rights. They protest any sort of violence that militate against human rights. "Social movements can be viewed as collective enterprises to establish a new order of life. They have their inception in the condition of unrest, and derive their motive power on one hand from dissatisfaction with the current form of life, and on the other hand, from wishes and hopes for a new scheme or system of living."(Blumer:1969)

The study of dynamics of movement has led us to identify five key factors which are operationally significant and which we believe must be present and interacting before a collectivity of whatever size becomes a true movement. These five key factors are (Luther P. Gerlach and Virginia H. Hine, 1970, pp. xvi-xvii.) :

1. A segmented, usually polycephalous, cellular organization composed of units reticulated by various personal, structural, and ideological ties.
2. Face-to-face recruitment by committed individuals using their own pre-existing, significant social relationships.
3. Personal commitment generated by an actor or an experience which separates a convert in some significant way from the established order (or his previous place in it), identifies him with a new set of values, and commits him to changed patterns of behavior.
4. An ideology which codifies values and goals, provides a conceptual framework by which all experiences or events relative to these goals may be interpreted, motivates and provides rationale for envisioned changes, defines

the opposition, and forms the basis for conceptual unification of a segmented network of groups.

5. Real or perceived opposition from a society at large or from that segment of the established order within which the movement has arisen.

Mass movements mobilize people who are alienated from the going system, who do not believe in the legitimacy of the established order, and who therefore are ready to engage in efforts to destroy it. The greatest number of people available to mass movement will be found in those sections of society that have the fewest ties to the social order(William Kornhauser.1959, p. 212

As a Concept

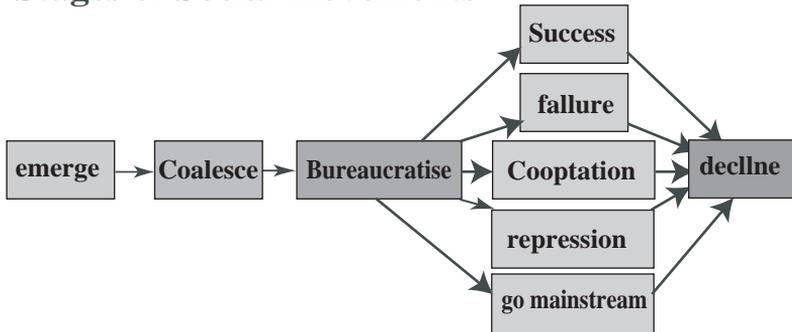
Social movement is multidimensional. Some are organized with the presence of pressure group and civil societies. Some are not. Recently women movement has cropped up to voice against gender. "One reason for the diversity of feminism is the fact that the women's movement is a potentially transformational social movement and thus draws supporters with a range of different agendas. The movement is transformational in the sense that it engages both a broad range of issues and a set of issues that can deeply affect the daily experiences of an individual's lifeWhat this "agenda" entails is nothing less than the reformulation of public life, the educational sphere, the workplace, and the home--that is, a total transformation of society. discrimination" (Fainsod Katzenstein and Carol McClurg Muelle 1992, p. 5.)

Social movement organization (SMO): "An organization (with boundaries, members, a structure) explicitly oriented toward movement goals. American Indian Movement. NAACP. EChA. Other organizations (sometimes called "preexisting" organizations) may be part of movements, but their "purpose" is not the movement. I.e. churches, unions, fraternal organizations, government agencies. All the organizations in a social movement taken together may be called a social movement sector (but the term is NOT popular)"

"The menifestational organizational content to movement includes: Coherent decision-making groups set goals, plan strategies, accumulate resources, Often seek directly to influence those who have power Often plan events designed to draw in other people OR to influence other people's opinions.

May take many forms: moderate law-abiding, small informal or small clandestine, large bureaucratic, radical or disruptive, religious or secular."

Stages of Social movements



Adapted from Bumer (1969), Mauss (1975), and Taly (1978)

- 1 Demonstrations, mass protests. Typically planned by an organization or coalition of organizations, but may draw in many other people. May also occur more spontaneously after a major precipitating event, or at a gathering formed for another purpose.
- 1 Riots, short-term insurrections. Typically not planned (although some may be incited). Generally build upon prior sentiments, organized on the spot.

--Consciousness. Collective shifts in how people talk about issues, what kinds of actions they reward/punish in others. Ideology, awareness, "standing up."

--Lawsuits, lobbying, etc.

Conceptualizing Human Rights Movement

An intriguing social action gaining the status of conceptualization is human rights movement. Some argued that ' the use of human rights rhetoric to justify public health intervention is susceptible to being co-opted by industry opponents of public health initiatives. A focus on human rights rhetoric as a primary strategy will not resonate with politicians, will be confusing to many tobacco control advocates, and will result in endless definitional and practical difficulties. At the same time, the language of human rights can be an effective complement to the social movement approach suggested above."

"In the USA, framing policy choices with a moral dimension makes a difference. For example, one can argue that welfare reform occurred when

proponents of change effectively argued that welfare was a moral failure because it encourages dependency. Before that, the disdain for "welfare queens" may have been politically effective, but was ineffective in changing social policy. In the end, the combined pragmatic and moral arguments overwhelmed welfare's defenders." There are similar otherwise more powerful examples. "Women's suffrage was born in human rights rhetoric, but did not become a reality until combined with politically pragmatic considerations. For women's suffrage, the first such dictum occurred in 1791 with Olympe de Gouge's *The Rights of Women*, where she declares "...[a] woman is born free and lives equal to man in her rights". In the USA, raising social consciousness occurred through suffragist meetings, treatises, and primarily through political and judicial avenues. The movement occurred in spurts and certainly faced many setbacks"

Recently environment movement is gaining ground. The 'environmental movement relied on the same combination of rights rhetoric (the right to a clean environment and preserving the environment for future generations) and shrewd political organizing as with the women's movement. Yet when advocates attempted to recast the movement as environmental justice (arguing that polluting firms or industries should not be permitted to locate in poor neighbourhoods because it amounts to environmental racism), the movement stalled. The environmental justice movement has had few successes. In fact, industries have co-opted the human rights rhetoric by arguing that local communities have the right to the jobs that come with industry location decisions."

Human rights language can be an invaluable adjunct to a wide range of tobacco control activities. 'Using human rights rhetoric can help frame the movement in ways that have traditionally appealed to the American public. Perhaps more importantly, doing so can help infuse the tobacco control movement with a broader sense of purpose and mission. But there are too many problems for it to be the central organising principle of the tobacco control movement." Reports about such movement in USA describe the example of public health: 'Regardless of the goals that tobacco control advocates determine should be pursued (that is, legislation or voluntary activity), we urge greater attention to developing a strong public health voice. By public health voice, we mean the presence of a defined public health message that can effectively articulate a rationale behind proposed public health initiatives. Research has demonstrated that when the public health voice is strong, tobacco control initiatives have been successfully enacted. In California several local municipalities were successful in passing

legislation in the face of opposition from smokers' rights groups and business and restaurant lobbies that opposed the measures. This can be contrasted with Florida where funding for a successful youth programme was reduced in large part because of the absence of public health advocates emphasising its importance. The media programme was eroded while the local public health advocates and health organisations offered no protests'.

Anti-tobacco Movement:

We agree with the views of the anti- tobacco activists that tobacco companies and shop keepers should not be allowed to do any advertisement making sign and symbols for tobacco and promotion of tobacco products. We know using tobacco in film, TV and drama are banned, but in this case rules and regulations are grossly violated that 'tobacco companies are violating tobacco control law illegally doing advertisement promoting addiction and smoking.' They think that punishment should be given to those tobacco companies who encourage smoking and tobacco consumption through sponsorship of tobacco. One in every 10 cigarettes, and many other tobacco products, consumed worldwide are illegal, making the illicit trade of tobacco products a major global concern from many perspectives, including health, legal, economic, governance and corruption. The tobacco industry and criminal groups are among those who profit from the illegal tobacco trade, leaving the public to pay the health and security costs. Ratification by governments of the Protocol to Eliminate Illicit Trade in Tobacco Products is necessary to respond to the financial, legal and health impacts of the illicit trade of tobacco products.

The public, academia and other sectors can take action by urging their lawmakers to make their countries Parties to the Protocol. Eliminating the illicit trade in tobacco would generate an annual tax windfall of US\$ 31 billion for governments, improve public health, help cut crime and curb an important revenue source for the tobacco industry. On the World No Tobacco Day on May 31, WHO calls Member States to ratify the 'Protocol to Eliminate the Illicit Trade in Tobacco Products' (WHO, 2015). In many of its WNTD themes and related publicity-materials, the WHO emphasizes the idea of 'truth.' Theme titles such as 'Tobacco kills, don't be duped' (2000) and 'Tobacco: deadly in any form or disguise' (2006) indicate a WHO belief that individuals may be misled or confused about the true nature of tobacco; the rationale for the 2000 and 2008 WNTD themes identify the marketing strategies and 'illusions' created by the tobacco industry as a primary source

of this confusion. The WHO's WNTD materials present an alternate understanding of the 'facts' as seen from a global public health perspective. WNTD publicity materials provide an 'official' interpretation of the most up-to-date tobacco-related research and statistics and provide a common ground from which to formulate anti-tobacco arguments around the world. Groups around the world - from local clubs to city councils to national governments - are encouraged by the WHO to organise events each year to help communities celebrate World No Tobacco Day in their own way at the local level.

More or less every smoker smokes a lot without trying to foresee its damaging consequences. Among them the chain smokers care little about health problems. Previously advertisements of smoking appearing on TV and in newspapers encouraged people in smoking. Now any advertisement in connection with tobacco is illegal in Bangladesh. There are allegations that tobacco companies are violating tobacco control law and illegally doing advertisements, which are promoting addiction and smoking. They think that punishment should be given to those tobacco companies who encourage smoking and tobacco consumption through sponsorship of tobacco.

In Bangladesh, some professionals, medical practitioners and health officers carry forward anti-tobacco campaigns. They are trying to make it clear that how smoking ruins a person and leads him to death. Cigarette smokes harm even non-smokers when s/he comes in touch with any smoker. Some national NGOs are trying to give anti-tobacco advocacy through project interventions. The change catalysts work with a missionary zeal to purge society from the evils of intoxication and addiction. They approach the project beneficiaries with motivation techniques. Sometimes they organise movements with mass signature collection. Effective mass media campaigns are a key part of any tobacco control intervention. Mass media campaigns are critical as they can create population-wide changes in knowledge about tobacco and attitudes toward tobacco use.

We cannot feel the suffering of the oral patients better than sufferers themselves. After realising severity of the ill effects of tobacco, some of these patients have turned into anti-tobacco crusaders pleading for giving up addiction. They may happen to prevent others, especially the younger generation, from taking to tobacco use. 'Besides these addicts turned crusaders, there are those running anti-tobacco campaign because they are either closely related to cancer victims or who have suffered cancer despite never having consumed tobacco.' World No Tobacco day is observed around

the world every year on May 31.

It is intended to encourage a 24-hour period of abstinence from all forms of tobacco consumption around the globe. The day is further intended to draw attention to the widespread prevalence of tobacco use and to negative health effects which currently lead to nearly 6 million deaths each year worldwide, including 600,000 of which are the result of non-smokers being exposed to second-hand smoke. The member states of the World Health Organisation (WHO) created World No Tobacco Day in 1987. In the past 20 years, the day has been met with both enthusiasm and resistance around the globe from governments, public health organisations, smokers, growers, and the tobacco industry.

More or less every smoker smokes a lot without trying to foresee its damaging consequences. Among them the chain smokers care little about health problems. Previously advertisements of smoking appearing on TV and in newspapers encouraged people in smoking. Now any advertisement in connection with tobacco is illegal in Bangladesh.

Now, what we need is the proper use of all anti-tobacco campaigning techniques along with media participations. But such advocacy projects with all modern trajectories must appeal society at its depth. Mind that social cost of smoking is heavier than economic ones.

Ant- tobacco activists observed 'no tobacco day holding various programmes expressing grave concerns over the tobacco companies promoting tobacco use. They pointed at the need for awareness building on the dangers of smoking and the use of tobacco products. The Bangladesh Anti-tobacco Alliance (BATA) alleged that 'tobacco companies are violating tobacco control law illegally doing advertisement promoting addiction and smoking.' They think that punishment should be given to those tobacco companies who encourage smoking and tobacco consumption through sponsorship of tobacco.

We agree with the views of the anti- tobacco activists that tobacco companies and shop keepers should not be allowed to do any advertisement making sign and symbols for tobacco and promotion of tobacco products. We know using tobacco in film, TV and drama are banned, but in this case rules and regulations are grossly violated.

Only legislative intervention for controlling smoking is not enough . The government ought to ensure strict implementation of smoking and tobacco product control act. Implementation measures may well be undertaken for creating smoking-free public places, transports, meetings and gatherings. All advertisements for tobacco products should be stopped. Any act of violation must be liable to prosecution. Previously advertises about smoking appearing on TV and news papers encouraged smoking. Now any advertisement in connection with tobacco and cigarettes/biri illegal. Cigarettes are available as there is no ban on their marketing and selling. They are available in pan-biri shops and in any groceries. There is a statutory warning on the on every cigarette packet like' smoking is injurious to health-- a sort of anti-smoking campaigning. Despite this warning there is no reduction on the use of cigarettes and tobacco. We see cigarette advertisement on billboard with the statutory warning.

An expert commented that 'campaign commercials might be effectively adapted at different levels depending on the tobacco control environment in the region that they would be aired in. Adaptations of the television commercial of the campaign range from high-level adaptation such as using the campaign concept and reproducing the commercial to better represent the population it is targeting, to low-level adaptations where only the end-frame of the commercial is changed to represent local sponsors.'

We do not think that Biri stimulates working class doing jobs in factories or pulling rickshaws. This class must be persuaded to give up smokes to prevent TB.

Recently a seminar on implementation for controlling smoking and tobacco products wa held in Rangpur. . One speaker 'narrated different aspects and violation of amended TCA and health hazards in public places. he reported that 'Bangladesh is one of the biggest tobacco product consuming countries and 46 million people including males ,females and adolescents have been consuming tobacco products in the country posing a severe threat to public health. Besides, 1.2 million people are being affected annually by tobacco related diseases like brain hemorrhage, lung cancer, cerebra-vascular, coronary artery and chronic obstructive pulmonary and other tobacco-attributable diseases in the country.' Other participant stressed on awareness building among the tobacco product sellers,(retailers and small scale sellers), suppliers, marketers and dealers about the threat of increasing use of tobacco products to improve the situation.

An expert added that campaign television commercials can be adapted at a low-level by:

- 1 changing the voiceover to suit local accents
- 1 translating the script into the local language
- 1 changing/ adding to the script to suit local tobacco cessation issues and smoking rates
- 1 Amending the end frame

A television commercial can be adapted at a moderate-level by:

- 1 reducing the television commercial length to suit media strategies
- 1 adding/ deleting or replacing visual elements of the campaign to address local issues, saving costs on talent

Here a Summary of recent report on the project Promoting Smoke Free Local Government and Public Spaces in Chittagong Division stated thus(Sabnam Diba, 2010) :

It is great terrible information for human being that tobacco is recently the second major cause of death in the world. Tobacco use is unlike other threats to global health. Infectious diseases do not employ multinational public relations firms. There are no front groups to promote the spread of cholera. Mosquitoes have no lobbyists (Thomas Zeltner, MD, David A. Kessler, MD, Anke Martiny, PhD, Fazel Randerla, MD).

Currently there are 1.3 billion smokers in the world, which excludes millions of users of other form of tobacco. Tobacco kills one in ten persons globally, accounting for approximately 5 million deaths per year, out of which 1.2 million deaths occur in the South-East Asia Region (SEAR). This figure is expected to rise to 10 million annual deaths by 2030, with 70% of the deaths occurring in low income countries.

The tobacco consumption scenario in the SEAR is different from other regions in its complexity. There is great variation in the pattern and mode tobacco use, both in smoking and smokeless forms, such as cheroots, kreteks, panmasala, betel quid with tobacco, gutka, etc. Tobacco consumption in the Region is increasing rapidly, especially among the youth and the poor. The

current tobacco consumption rates in men ranges from 26% to 60% although the same in women is considered to be low (2% to 7%) except for Nepal (29%), Bangladesh (21%), Myanmar (21%) and Maldives (15%). Recent prevalence reports from countries like India and Bangladesh show an increasing prevalence among females.

Bangladesh has a huge population of 138.6 million (2005 estimate). According to 2004 prevalence data (a study conducted by WHO), 37% people aged 15 years and above (i.e., 30.9 million) use tobacco in some form or other. Use of smokeless tobacco is a huge problem in women. In 2004, 57000 people died and 3,82,000 became disabled due to eight tobacco related illnesses. Bangladesh was the world's 18th leading tobacco producer in 1994 and continues to be the 4th largest producer of cigarettes in the Region.

Tobacco-related illnesses such as cancer, cardiovascular and respiratory diseases are already major problems in Bangladesh as in most countries of this Region. Tobacco related cancers account for about half of all cancers among men and one-fourth among women. Due to a very high prevalence of chewing tobacco use in various forms, Bangladesh has significant incidences of oral cancers in the world. Heart attacks in Bangladesh, as compared to western countries, occur at younger ages. Most of the victims of heart attacks below the age of 40 are smokers. Smoking largely attributes to chronic obstructive pulmonary diseases. Tobacco is the second leading cause of all non-communicable diseases. Tobacco poses a major challenge not only to health, but also to economic development. A recent study conducted by WHO Bangladesh indicates that tobacco control is economically beneficial for Bangladesh especially for the poor. Tobacco use is a major drain on the national financial resources, and further impoverishes the poor.

Recognizing the enormous premature mortality caused by tobacco use and adverse effects of tobacco on social, economic and environmental aspects, the Member States of the World Health Assembly in May 1996 decided to initiate an international instrument on tobacco control (WHO, 49.17). In May 1999, the World Health Assembly adopted by the 56th World Health Assembly in 12 May 2003 under the president -ship of the honourable Health and Family Welfare Minister of Bangladesh. Bangladesh was the first country to sign the Convention. The FCTC enters into force and become part of international law on 27 February 2005 after ratification by 40 countries. Member countries of the South-East Region have shown their strong

commitment towards tobacco control. Ten out of eleven countries in the Region have signed the FCTC and nine countries have ratified it.

Although Bangladesh has enacted a tobacco control law in 2005 in accordance with some of the provisions of WHO FCTC, its regulations also came into force in September 2006. However, these guiding documents are not sufficient for implementing the tobacco control programmes. The provisions of the FCTC/Law should be appropriately reflected in the strategic plan of actions in order to reduce tobacco consumption, to promote cessation of tobacco use, to protect nonsmokers from environmental tobacco smoke and to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and tobacco consumption and exposure to tobacco smoke. This strategic plan of action provides a framework for comprehensive tobacco control in Bangladesh for four years, 2007-2010.

This evaluation report presented some observation results (Sabnam Diba (2010) analysed data in the form of following tables and figures.)

1. Found No smoking signages

Districts	Yes	No
Chittagong	100%	0%
Cox's Bazar	100%	0%
Feni	100%	0%
Comilla	100%	0%

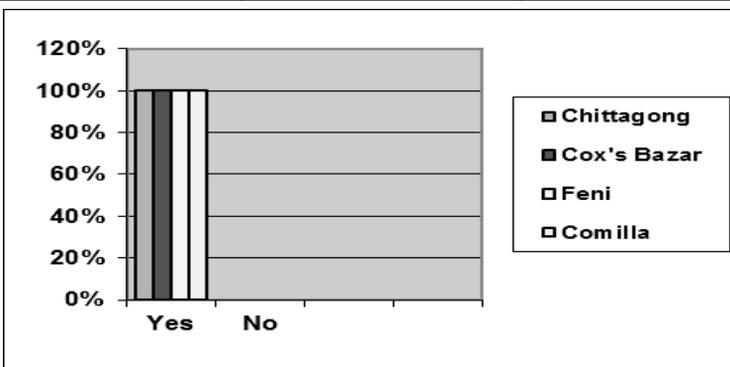


Figure 1: Found No Smoking Signages

2. Found people smoking indoor/outdoor

Districts	Yes	No
Chittagong	0%	100%
Cox's Bazar	20%	80%
Feni	0%	100%
Comilla	0%	100%

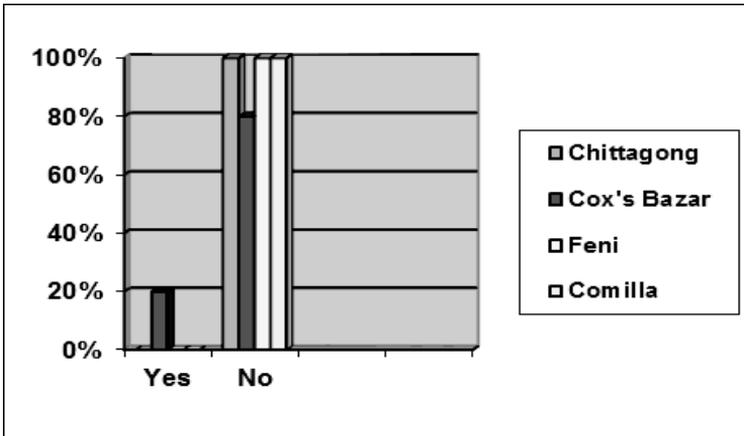


Figure 2: Found people smoking indoor/outdoor

3. Found cigarette/bidi butts:

Districts	Yes	No
Chittagong	15.38%	86.62%
Cox's Bazar	40%	60%
Feni	0%	100%
Comilla	0%	100%

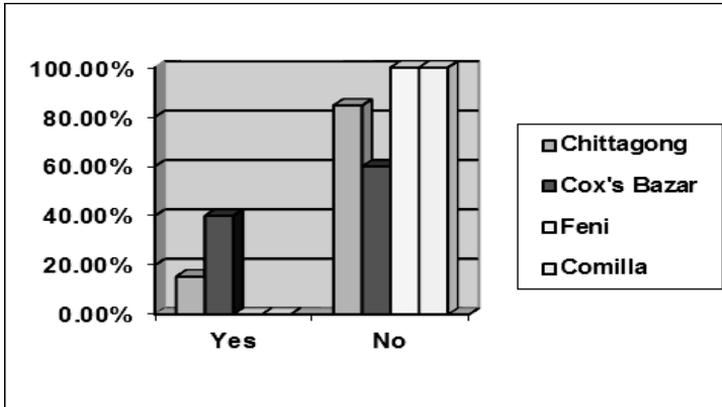


Figure 3: Found cigarette/bidi butts

4. Smelled cigarette smoke

Districts	Yes	No
Chittagong	13.38%	84.62%
Cox's Bazar	40%	60%
Feni	0%	100%
Comilla	0%	100%

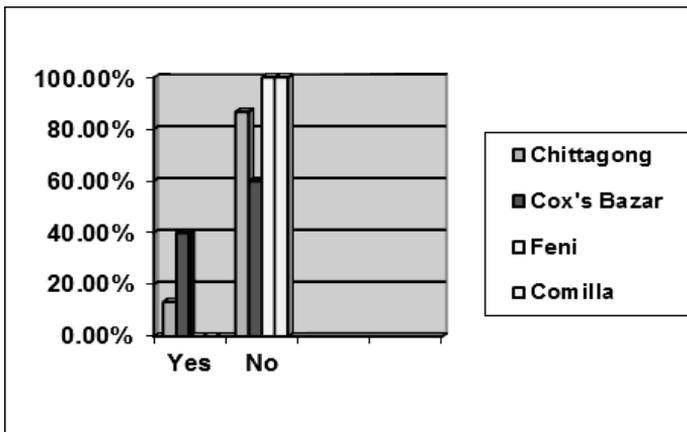


Figure 4: Smelled cigarette smoke

5. Selling of cigarette/bidi

Districts	Yes	No
Chittagong	0%	100%
Cox's Bazar	16.67%	83.33%
Feni	0%	100%
Comilla	0%	100%

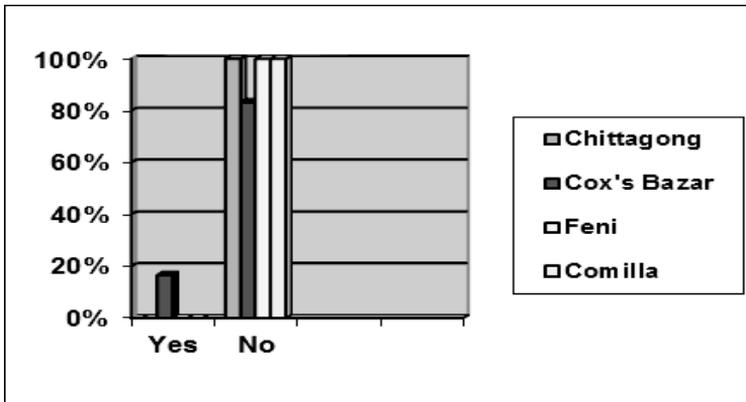


Figure 5: Selling of cigarette/bidi

6. Awareness on Tobacco Control Law.

Districts	Yes	No
Chittagong	92.30%	7.7%
Cox's Bazar	50%	50%
Feni	100%	0%
Comilla	100%	0%

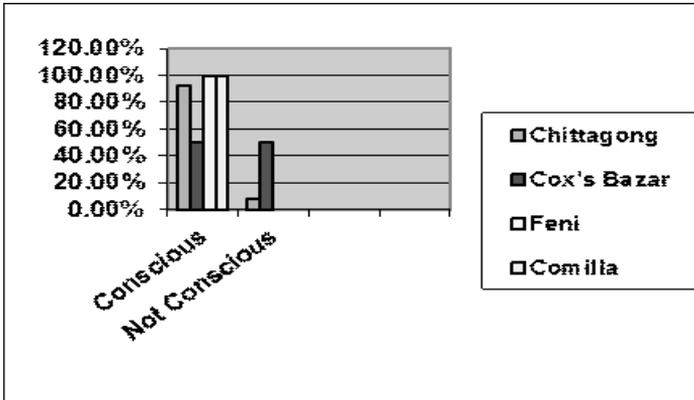


Figure 6: Consciousness on Tobacco Control Law.

Presentation of Matrix Table of Indicators for developing Report Card

A matrix table has been constructed from indicators and data sources as per guideline for conducting the report card survey on the progress of implementation of institutional policies and Tobacco Control Law. The indicators have been selected by the availability of data, methodological perspectives and the overall framework of the report card. Whereas the indicators have been grouped into two categories, the matrix tables can be showed such follows (Sabnam Diba 2010) :

Smoke free Environment Monitoring Indicators								
	Chittagong		Cox's Bazar		Feni		Comilla	
	Yes	No	Yes	No	Yes	No	Yes	No
1. % of Found No smoking signage indoor/outdoor	Yes (100%)	No (0%)	Yes (100%)	No (0%)	Yes (100%)	No (0%)	Yes (100%)	No (0%)
2. % of Found people smoking indoor/outdoor	Yes (0%)	No (100%)	Yes (20%)	No (80%)	Yes (0%)	No (100%)	Yes (0%)	No (100%)
3. % of Found cigarette/bidi butts	Yes (15.38 %)	No (86.62 %)	Yes (40%)	No (60%)	Yes (0%)	No (100%)	Yes (0%)	No (100%)

4. % of Smelled cigarette smoke	Yes (13.38 %)	No (84.62 %)	Yes (40%)	No (60%)	Yes (0%)	No (100%)	Yes (0%)	No (100%)
5. % of Selling of cigarette/bidi or Display of Advertisements of Tobacco Products	Yes (0%)	No (100%)	Yes (16.67 %)	No (83.33 %)	Yes (0%)	No (100%)	Yes (0%)	No (100%)

Tobacco Control Law and Policy progress indicators								
	Chittagong		Cox's Bazar		Feni		Comilla	
1 Smoke free declaration in 1 City Corporation and 3 Municipalities.	3 (tick/cross assessment)		3 (tick/cross assessment)		3 (tick/cross assessment)		3 (tick/cross assessment)	
2. % of Awareness among mass people on Tobacco Control Law	Cons cious: 92.30 %,	Uncon scious: 7.7%	Cons cious: 50%,	Uncon scious: 50%	Cons cious: 100%,	Uncon scious: 0%	Cons cious: 100%,	Uncon scious: 0%
3. Mobile court operations launched by law implementation forces	3 (tick/cross assessment)		3 (tick/cross assessment)		3 (tick/cross assessment)		3 (tick/cross assessment)	
4. Regular Task Force Meeting	5 (tick/cross assessment)		5 (tick/cross assessment)		5 (tick/cross assessment)		5 (tick/cross assessment)	
5. Smoke free Guideline approval.	3 (tick/cross assessment)		3 (tick/cross assessment)		3 (tick/cross assessment)		3 (tick/cross assessment)	

Conclusion

Inevitably, the anti-tobacco movement will face 'unpredictable challenges and move in unanticipated ways'. As new crusades , such as the 'appropriateness of harm reduction strategies, replace the past emphasis on enacting clean indoor air and youth tobacco laws, core values and goals need to guide the movement to avoid costly fragmentation. Strengthening the social movement that lies at the heart of the tobacco control movement is essential'. Using human rights rhetoric is one strategy that can provide momentum and a 'sense of purpose to the movement'. A strong social movement is imperative to resist or prevent erosion in the salience of tobacco control (that is, to prevent relapse) and to provide the political and economic support to achieve future goals.

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Project Document of YPSA

Tobacco- A Threat To Environment

M. Al-Amin*, Fazley Arafat* and M. Iqbal Kabir**

Introduction

Tobacco cultivation is a threat to environment. People knew more or less about the adverse effect of cigarette on human health but not so aware about the environmental threat of tobacco cultivation. Tobacco is cultivated for its leaves and tobacco leaves are mainly used in production of cigarette. The presence of nicotine in tobacco plant inspires people to consume it as cigarette to stimulate their nerve. Large scale tobacco cultivation is going on in our country, which causes serious environmental degradation along with deforestation and nutrient loss of soil. Tobacco cultivation is increasing at a constant basis in Chittagong Hill Tracts areas Bangladesh. According to Department of Agriculture Extension (DAE), tobacco cultivated area increased from 1941 hectares to 4085 hectares in last four years in Bandarban district.

Forest resources of Bangladesh are in vulnerable condition and two major problem faced by the forest are deforestation and encroachment. In most cases this two problems are occurred due to increasing need of fuel and agriculture land to meet basic demand of food for our huge population. At present, tobacco cultivation became a problem for both forest and agriculture. Tobacco involve in deforestation in many ways; e.g. forest area cleared for cultivation of tobacco; huge amount of fuel woods are collect from forests for curing tobacco leaves and forest resources used for packaging of tobacco, tobacco leaves, cigarettes, etc. Deforestation eventually leads some other environmental problem also. Tobacco cultivation possesses threat to agriculture by converting a large tract of agriculture land to tobacco producing land.

Tobacco is known as a "forest killer" (Suvarna and Thomas, 2003). It is found that tobacco growing accounts for over 30% of annual deforestation in Bangladesh.

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Bangladesh placed third in order as tobacco-driven deforestation in the world (Geist, 1998; Deb and Sujon, 2003).

Tobacco cultivation replaced agriculture fertile land as it provides short term monetary profit. Roots of Tobacco plants penetrate nine inches to the soil whereas normal agricultural crops penetrate six inches. As a result tobacco takes away a huge quantity of nutrients from top soil. Since, tobacco depletes nutrients at a heavy rate, requires regular inputs of chemical fertilizers. Tobacco depletes the nitrogen, phosphorus and potassium in soil at higher rates than any other regular food crop and, in most cases, higher than cash crops such as coffee, tea and cotton. It is particularly potassium-hungry, absorbing up to six times as much as other crops. One of the reasons for tobacco's high uptake of soil nutrients is the practice of topping the plants to stimulate leaf growth for ensuring higher nicotine content (Goodland et al, 1984).

While the whole world is aware of the harmful impact of tobacco and tobacco related products, here in our country cultivation of tobacco are increasing day by day. Initially, cultivation of tobacco was confined to greater Rangpur. But, now it has spread in most areas of our country, especially in Chittagong Hill Tracts areas, which is very detrimental for our food security, health, environment and socio-economic stability.

Objectives of the study

The general objective of the study was to get a scenario of tobacco cultivation in Bandarban district and its impact on forest. However, to fulfill the general objectives the specific objectives of this study are as follows.

- I To study the morphology of tobacco plant and cultivators status at Bandarban;
- I To measure and compare the organic carbon stock of forest floors, deforested areas presently occupied by tobacco and adjacent agriculture fields;
- I To measure and compare NPK contents of forest land, tobacco field and adjacent agriculture fields.

Materials and Methods

Location of the Study Area

Bandarban is situated in Chittagong division and its coordinates is 22.20°N 92.35°E. Lama upazila with an area of 671.84 sq km, is bounded by Bandarban Shadar and Lohagara (chittagong) upazilas on the north, Naihkhongchhari and Alikodom upazila on the south, Ramu, Thanchi and Alikadam upazilas on the east, Chakaria upazila on the west.(Banglapedia, 2006)

Demography

It has population of 64717; male 53.94%, female 46.06%.Muslim 70.30%, Buddhist 22.81%, Hindu 3.43%, Christian 2.78%, others 0.68%. Marmas constitute the largest tribal group of people in the upazila and next Murong, Tripura, Chakma and Tanchangya are important. The density of population is 324 per sq km. Literacy rate among town people is 21.2%; male 28.2% and female 12.7%. (Banglapedia, 2006)

Climate

Annual average temperature maximum 34.6°C and minimum 13°C. Annual rainfall of this region is 3031mm. (Banglapedia, 2006)

Administration

Lama Thana was established in 1923 and was turned into an upazila in 1985. It consists of 5 union parishads, 18 mouzas and 247 villages. (Banglapedia, 2006)

Geology

Lama mostly consists of forest and hill. Main river is Matamuhuri. Plain and valleys are used for cultivation and hilly areas are generally containing forest. (Banglapedia, 2006)

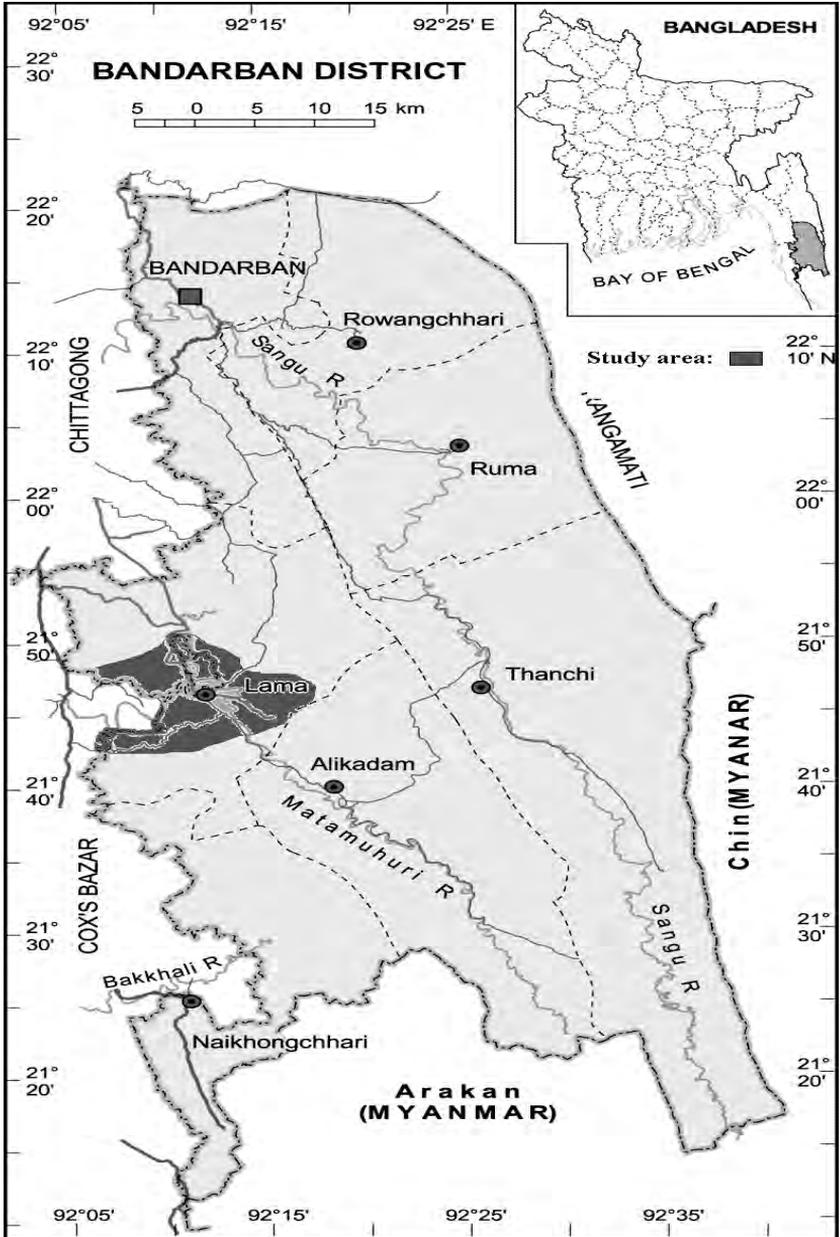


Figure 2.1: Map of the study area (coloured marks).
Source: Banglapedia (2006)

Selection of the study site

The study was conducted in the tobacco cultivated area of Bandarban district. Three different site; forest area, deforestation area presently occupied by tobacco cultivation and adjacent agriculture land were selected from Lama Upazila under Bandarban district.

Establishment of sample plots and collection of samples

Sample plot was selected purposively. At first an area of one acre was selected from forest land, deforested area presently occupied by tobacco and adjacent agriculture land as a block and then from each block three sample plot was selected. Soil sample then collected from these plots.

Analysis of tobacco plant

Tobacco plant is collected from study area and the whole plant is study deeply. Leaf length and width is measured along with height of plant. Number of leaf, root length, flower and seed are also studied.

Preparation of soil samples

Soil samples were taken in the Petridish and weighted in an electric balance. Then the soil samples were taken in the oven for more than 24 hours at 105° C. After removing the moisture from the soil completely again weight is taken, that is termed as dry weight.

Analysis for soil organic carbon measurement

Organic carbon stock of soil for forest was estimated in five centimeter depth in various layers. The soil depth and the various layers are presented in the following figure (Al-Amin, 2002). Organic carbon is measured in five centimeter depths for forest soil, deforested area presently occupied by tobacco and adjacent agriculture field and total NPK is measured up to 3 cm depth (Diagram 2.1).

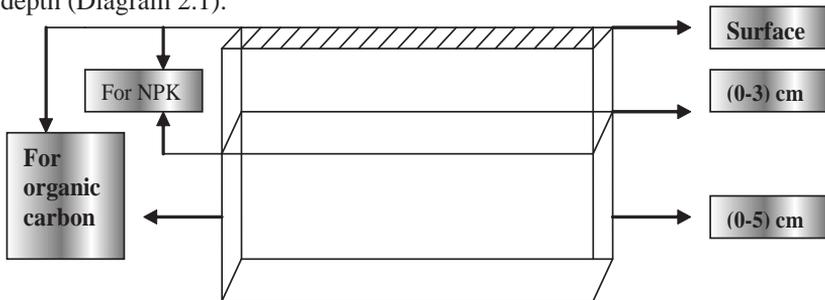


Diagram 2.1: Soil layer for sample collection.

Determination of Bulk density

Bulk density of the soil samples was determined from the dry weight of the samples. The weight of the Petridish was subtracted from the oven dry weight of the samples. Bulk density of the samples of different depth was then calculated using the following formulae.

$$\text{Bulk density} = W/V$$

Where, W= Oven dry weight of the soil

V= Volume of the soil

Determination of soil organic carbon

Washed silica crucibles were dried in a muffle furnace at 105°C for 30 minutes and cooled. Weight of the crucible was taken in an electric balance and then exactly 5gm of oven dry soil was taken in each crucible. The crucibles with soil then put into a muffle furnace and keep it at 850°C for one and half hour. The crucibles were then cooled. After cooling the crucibles with ash were reweighed to determine the Loss of Ignition percent (LOI %). The formula for calculating LOI is given below:

$$\% \text{ LOI} = W1/W \times 100$$

Where, W1= Loss in weight

W = weight of oven dry soil.

Percentage carbon were calculated from the following equation (Ball.1964)

$$\% C = 0.476 \times (\% \text{ LOI} - 1.47)$$

Calculation procedure for organic carbon

The calculation procedure for organic carbon for each horizon is the following:

$$\text{Organic carbon presence} = C1 \%$$

$$\text{Depth of horizon} = (\text{Final depth} - \text{initial depth}) \text{ cm} = D1 \text{ cm}$$

$$\text{Bulk density} = B1 \text{ gm/cm}^3$$

$$\text{OC1 (Organic carbon gm/cm}^3) = (C1/100) \times B1$$

$$\text{OC2 (Organic carbon gm/m}^2/\text{horizon)} = \text{OC1} \times D1 \times 10000$$

$$\text{OC3 (Organic carbon tone/ha/horizon)} = (\text{OC2} \times 10000) / 1000000$$

Therefore, total organic carbon stock up to 1 meter depth of soil for any soil type = Addition of carbon stocks of all horizons of that soil type.

An example of organizing and calculating the carbon stock for the soil of the study area is presented in following table 2.1.

Table 2.1 Organic carbon analysis sample table (Al-Amin, 2002)

Initial depth (cm)	Final depth (cm)	Organic Carbon (%)	Organic Carbon (gm/gm)	Bulk density (gm/cm ³)	Organic Carbon (gm/cm ³)	Organic Carbon (gm/m ² /layer)	Organic Carbon (tone/ha/layer)
a	b	c	$d=c/100$	e	$f = e \times d$	$g = f \times (b-a) \times 10000$	$h = (g \times 10000) / 1000000$
0	5						

The study of NPK of soil is done in Soil Research and Development Institute, Chittagong University.

Results and Discussions

In this part a morphological study of tobacco plant, an assessment of number of tobacco farmer and areas use to cultivate tobacco is described. This part also describes organic carbon stock and macro nutrient (NPK) status of three different land uses: forest floors, deforested areas presently occupied by tobacco and adjacent agriculture fields.

Morphological study of tobacco plant

Literature on morphology of tobacco plant for Bangladesh is yet to publish. This may be due to its non important cash crop or may be it has a negative impact on society. Therefore, this piece of research started with the study of its morphological state, particularly phenology. The study result is illustrated in the following ways:

Scientific name: *Nicotiana tabacum*

Synonyms: *Nicotiana virginica*, *Nicotiana mexicana*, *Nicotiana pilosa*.

Family: Solanaceae

English name: Tobacco.

Local name: Tamak, Sada pata, Gold leaf pata.

Classification:

Kingdom : Plantae

Subkingdom : Tracheobionta

Superdivision : Spermatophyta
Division : Magnoliophyta
Subclass : Asteridae
Order : Solanales
Family : Solanaceae
Genus : Nicotiana
Species : Nicotiana tabacum

Description of plant:

Stem: An erect, annual herb, 1 to 1.5m tall, with thick unbranched, viscidly pubescent stem. The whole plant (Figure 3.1) is fuzzy and somewhat clammy when handled. Root zone is around 20 cm in length.



Figure 3.1: Tobacco plant

Leaves: Mature leaves 30-36 x 7-10 cm, oblong or elliptic, entire, acute, base cuneate, membranous, covered with multicellular hairs, same glandular and sticky, spirally arranged, sessile, decurrent (Figure 3.2).



Figure 3.2: Leaf of tobacco plant

Flower: Flowers borne in a terminal thyrsoid panicle, upto 150 per inflorescence, pedicles 1-2 cm long, each subtended by a bract. Calyx tube 1cm long, cylindric-campanulate, with 5 unequal, acute teeth. Corolla narrowly funnel-shaped, tube 3.5-5.5 cm long with throat inflated, dilated upwards to a limb 2.5 cm across, hairy, rosy-white (Figure 3.3).



Figure 3.3: Flower of tobacco plant

Stamens 5, inserted on the corolla tube, filaments of unequal length, anthers small, oblong, basifixed, hairy below, dehiscent longitudinally. Ovary superior, 2-locular, glabrous, styles 3-4 cm long, linear, slender with capitate, 2-lobed stigmas. Fruit a 2-valved, conical capsule, 1.5-2.0 cm long, the greater part enclosed by the calyx.

Seed: Seeds numerous, 2000- 5000 per fruit, ovoid to globose, very small, 0.4-0.6 mm long, surface finely reticulate, light to dark brown. 11500 - 11800 seed in 1gm (Figure 3.5).



Figure 3.4: Tobacco field



Figure 3.5: Seeds of tobacco

Habitat: Dry plain lands, foot of hill, river banks.

Phenology of tobacco plant:

Flowering: January - February

Fruiting: February - March

Seed collection: February - March

Distribution: Probably originated in North West Argentina and was domesticated in Central and South America more than 2000 years ago, and does not appear to exist anymore in a truly wild state. Now it is widely cultivated in countries with warm climate, including Bangladesh.

Uses: Cured tobacco leaves are smoked, chewed or sniffed for their taste and flavor, but particularly for the stimulating and mildly narcotic effects of the alkaloid nicotine.

Nursery techniques: Farmers do not maintain any fixed size for nursery bed rather than they prepare it according to their suitability on their yard. Usually they use 4' x 40' size nursery bed. Three or more nursery bed is prepared horizontally and provides drainage facilities in between them. The nursery bed is slightly raised then ground level. Nursery bed is prepared by propagation from seeds. Tobacco seeds remain viable for more than 10 years when stored dry and cool. Shed is provided at the early stage of germination of tobacco plant in nursery bed. Watering is done at daily basis but soil must be kept free from dump. As insecticides they usually used Cormail and Trico-darma.



Figure 3.6: Propagation from seed



Figure 3.7: Nursery bed

Transplant: Seedlings of tobacco are transplant to field at the age of one month for commercial cultivation. Seedlings are shown systematically in rows. Spacing is usually maintaining 0.3m x 0.6m. Soils are slightly raised and seedlings are shown on raised soil row. DAF, SOP and Eurea fertilizer is usually used in field. Coramail and trico-derma are used as insecticides in tobacco field (Figure 3.4, 3.6, 3.7, 3.8)



Figure 3.8: Transplant of tobacco plant in field

Tobacco cultivated area: Tobacco cultivated area of Bandarban district in last four years are compared and shown in figure 3.9. The study revealed that a large tract of agriculture field and deforested area presently converted to tobacco field in Bandarban district.

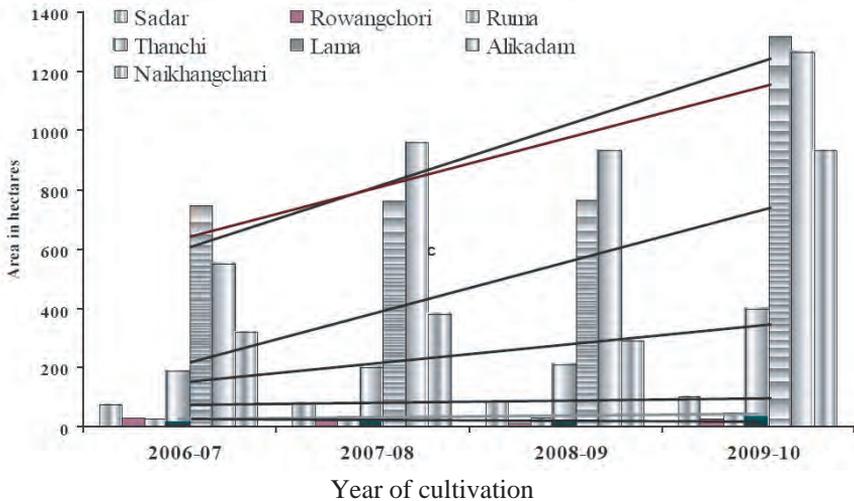


Figure 3.9: Annual increase of tobacco cultivated area

Figure 3.9 shows that in Lama, Alikadam and Naikhangchari the tobacco cultivated area is increasing sharply with time. Thanci Upazila shows a slight increase of tobacco cultivated land area. However, Bandarban sadar, Ruma and Rowangchari upazila shows more or less consistent amount of land used for tobacco cultivation with time.

At the year 2006-07 in Lama 750 hectares of land used for tobacco cultivation and that became 1316 hectares by the year 2009-10. At the same time, land area involve in tobacco cultivation at Alikadam reached 1265 hectares from 550 hectares .

The result shows that tobacco cultivated area is increasing in Bandarban district. The reason of this increasing trends are farmers get available loan from tobacco companies; marketing system of tobacco companies; a good sum of money involve in tobacco cultivation although farmers don't get much benefit. Farmers get seed, fertilizer and insecticides and training for tobacco cultivation from tobacco companies.

Tobacco cultivation has a negative impact on forest, as tobacco leaves required huge amount of fuel for curing leaves. Most of this fuel is coming illegally from forest. Moreover, forest land is cleared for cultivation of tobacco. Tobacco field requires higher quantity of fertilizer and insecticides which increase the potentiality of water pollution through leaching and also reduces the fertility of tobacco field. The increasing trend of tobacco cultivated area threats not only forest resources but also the food security of the area as agricultural land is converted to tobacco field.

Analysis of variance at 5% significant level for tobacco cultivated area is given below-

Table 3.1: Two way ANOVA analysis; cultivated area versus year and Upazila.

Source	DF	F	P	Remark
Year	3	5.66	0.007	Highly significant
Upazila	6	27.19	0.000	Highly significant

Number of tobacco farmer: In this study the number of tobacco farmer is analyzed from the year 2006-07 to 2009-10 in Bandarban district. The study shows that in almost all upazila number of tobacco farmer is increasing

considerably. It is clear from the figure 10 that number of tobacco farmer is increasing with time. The following figure shows upward trend line for Lama, Alikodom and Naikhangchori; and for Thanchi, Bandarban sadar, Rowangchari the graph shows slightly upward trend line. However, Ruma upazila shows a trend line that remains constant with time. Among all Lama, Alikodom and Naikhangchori upazila shows a dramatically increase in number of tobacco farmer.

In Lama there were 1420 farmers involve in tobacco cultivation at the year 2006-07 but by the year 2009-10 the number of farmer reached 2074. At this time, in Alikadam farmer number increase from 725 to 1522; that is more than double.

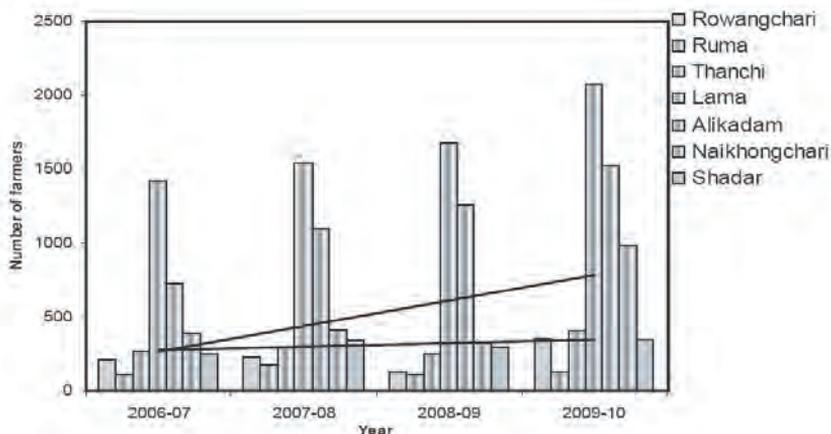


Figure 3.10: Annual increase in number of tobacco farmer

The main reason behind the increase of tobacco farmer is that farmer considers tobacco as a cash crop and they think they will get more profit from tobacco cultivation. Moreover tobacco companies give available loan to the farmers to cultivate tobacco. Number of tobacco farmer is increasing at an alarming rate. That means tobacco become an alternate of agriculture crop. If proper steps are not taken in time, not only the food security will be in threat but also cultivated land will lose fertility considerably. Analysis of variance at 5% significant level for tobacco farmer is given below-

Table 3.2: Two way ANOVA analysis; tobacco farmer versus year and Upazila.

Source	DF	F	P	Remark
Year	3	6.33	0.004	Highly significant
Upazila	6	53.96	0.000	Highly significant

Organic carbon stock: The result (Figure 3.11) shows the organic carbon content (tonne/ha/layer) up to 5 cm in forest floors, deforested areas presently occupied by tobacco and adjacent agriculture fields. The result shows that organic carbon sequestration in soil is highest in forest land and then in agriculture land which is followed by tobacco cultivated area.

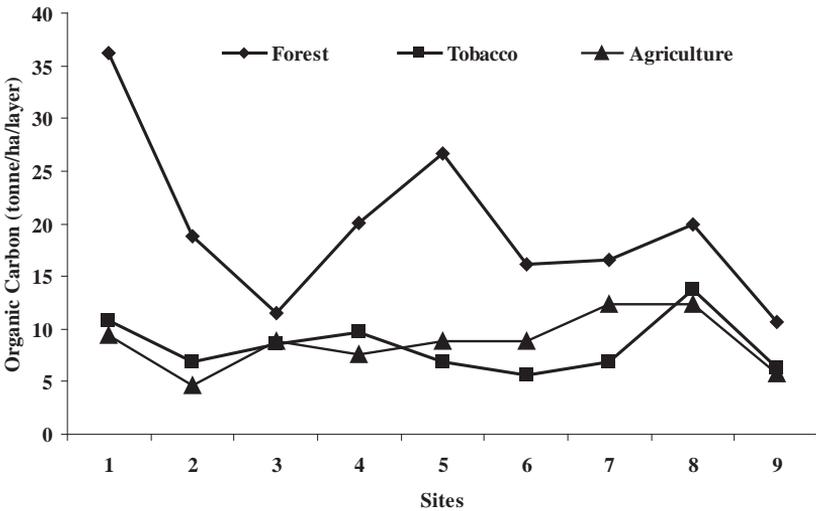


Figure 3.11: Soil Organic Carbon comparison among forest, tobacco and agriculture land

Average organic carbon sequestration found in forest land is 19.61 tonne/ha/layer followed by agriculture 8.73 tonne/ha/layer and tobacco 8.35 tonne/ha/layer. In this study, it is found that forest soil contains much organic carbon then cultivation land. It is may be because of forest contains large trees with long root system and large foliage and ultimately forest tree consumes large amount of carbon dioxide from the atmosphere which is stored on the soil. Moreover in a forest area forest floor is covered with litter and after decompose they also enrich the organic carbon stock in soil. Forest

trees stand for a long time on soil and can contribute to carbon sequestration continuously. On the other hand, tobacco remains in field for a short time and its leaves and other parts are harvested for their use. Nothing remains of tobacco plant on the field for contribution in carbon sequestration. Moreover, frequent ploughing is done on tobacco field for field preparation and thus some amount of soil carbon released to the atmosphere. Same thing is happen for agriculture field. As a result forest areas contain more organic carbon than tobacco and agriculture field.

Carbon sequestration is getting importance day by day and it's very important to increase the amount of carbon conservation in soil as organic carbon to reduce the flow the of climate change. As we found that carbon sequestration is highest under forest land, so that more forest cover will ensure more carbon sequestration.

Analysis of variance at 5% significant level for organic carbon is given below-

Table 3.3: Two way ANOVA analysis; organic carbon versus plots and sites.

Source	DF	F	P	Remark
Plots	8	1.74	0.164	Not significant
Sites	2	18.27	0.000	Highly significant

Working example :

Table 3.4: Working example of organic carbon for three different sites.

Sites	Depth of soil (cm)	Organic carbon %	Bulk density (gm/cm ³)	Organic carbon (gm/cm ³)	Organic carbon (gm/m ³ /layer)	Organic carbon (tone/ha /layer)	Organic carbon stock in 5 ha. area (tonne/layer)
Forest land	5	2.881	1.31	0.0377	1887.05	18.8705	94.35
Tobacco field	5	1.095	1.25	0.0136	681.25	6.8125	34.05
Agriculture field	5	1.4711	1.28	0.0188	941.50	9.4150	47.05

Nitrogen analysis: Figure 3.12 showed the comparison of nitrogen among forest floors, deforested areas presently occupied by tobacco and adjacent agriculture fields. Nitrogen content analyzed from four plots of forest, agriculture and tobacco land use soils and found there are differences in nitrogen content.

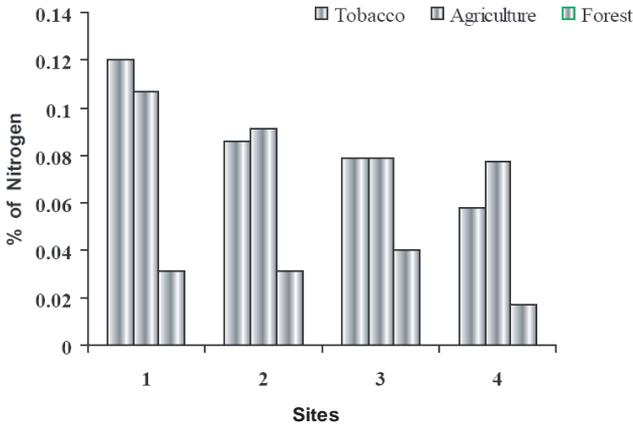


Figure 3.12: Nitrogen comparison among forest, tobacco and agriculture land use

It is found that forest soil contains less amount of nitrogen then tobacco and agriculture land use system. Agriculture and tobacco land contain almost same level of nitrogen in soil but forest area contain far less amount of nitrogen.

Average nitrogen content in tobacco cultivated soil is 0.088% followed by agriculture 0.085% and forest 0.029%. That means cultivated area contain more nitrogen then forest land. Nitrogen content is greater in cultivated area then forest, may be because of the application of nitrogen containing fertilizer in tobacco and agriculture land. However, in forest areas nitrogen recycled in soil naturally. This may be the cause of showing higher nitrogen concentration of cultivated areas than forest areas.

Brady, (1996) stated that in the top soil among the three main nutrient elements the total nitrogen content is higher than potassium and phosphorus. Nitrogen has a greater effect on tobacco yield and quality than any other nutrient. Lack of nitrogen reduces yield and results in pale, slick cured leaf. Too much nitrogen may increase yield slightly but may also make mechanical harvesting and curing more difficult, delay maturity, extend curing time, and result in more unripe cured leaf. High account of nitrogen in

soil will cause damage to the nutrient balance. Long term additional application of nitrogen in soil will reduce the fertility of the soil and eventually will not produce good yield. Moreover it will cause water pollution when leach out to water. Nitrogen is very prone to leach and over application of nitrogen containing fertilizer may contribute to groundwater contamination. Analysis of variance at 5% significant level for nitrogen is given below-

Table 3.5: Two way ANOVA analysis; nitrogen versus plots and landuse.

Source	DF	F	P	Remark
Plots	3	4.02	0.069	Not significant
Landuse	2	28.07	0.001	Highly significant

Phosphorus analysis: Figure 13 showed the comparison of phosphorus of soil in forest, deforested areas presently occupied by tobacco cultivation and adjacent agriculture fields. Phosphorus content of soil analyzed from four plots of forest, agriculture and tobacco land use and found differences in phosphorus content among the three different land use. The study revealed that forest soil contains negligible amount of phosphorus then tobacco and agriculture land use system. From these four plots average contains of phosphorus in tobacco cultivated soil is found 36.57 ppm which is followed by agriculture 4.25 ppm and forest 0.97 ppm.

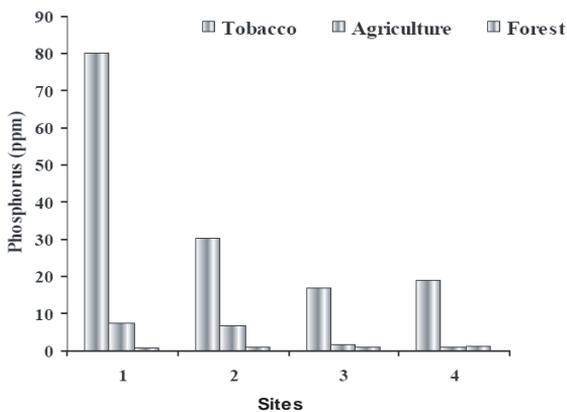


Figure 3.13: Phosphorus comparison among forest, tobacco and agriculture land use

This analysis showed high difference in presence of phosphorus in the three different land uses. A high amount of phosphorus is additionally added to tobacco field. On the other hand forest area contains a remarkable less amount of phosphorus which is cycled naturally. Fertilizer applied both on tobacco and agriculture field but tobacco field contents more phosphorus related fertilizer. Excessive phosphorus fertilizer applied to the tobacco field may be because of increasing growth of plant and to get broad leaves. Phosphorus is not very prone to leach but over application of phosphorus increases the potential of water pollution and also reduces the fertility of the soil in long run utilization. Analysis of variance at 5% significant level for phosphorus is given below-

Table 3.6: Two way ANOVA analysis; phosphorus versus plots and landuse.

Source	DF	F	P	Remark
Plots	3	0.85	0.517	Not significant
Landuse	2	4.97	0.053	Significant

Potassium analysis: Figure 3.14 showed the comparison of potassium content of soil in forest, tobacco and agriculture land use. Potassium content analyzed from four plots of forest, deforested areas presently occupied by tobacco and adjacent agriculture fields and found there are differences in potassium content.

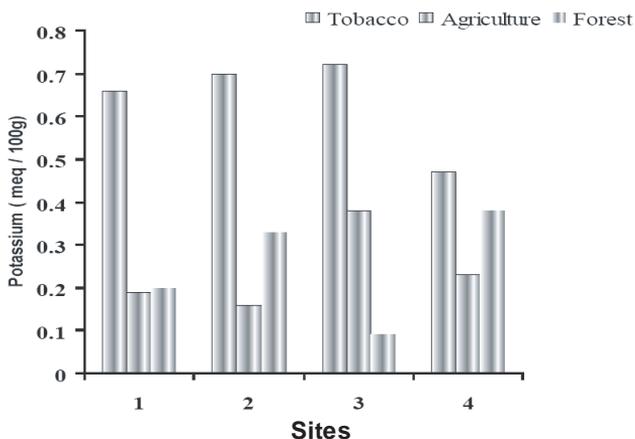


Figure 3.14: Potassium comparison among forest, tobacco and agriculture land use

This study revealed that tobacco field contains a higher amount of potassium than forest and agriculture land. Forest and agriculture land do not show much variation in potassium content. From these four plots it is found that average contents of potassium in soil of tobacco is 0.63 meq/100gm followed by forest 0.25 meq/100gm and agriculture 0.24 meq/100gm. That means normal agricultural crops do not require high amount of potassium as much as tobacco needed. Tobacco plant is particularly potassium-hungry, absorbing up to six times as much as other crops. One of the reasons for tobacco's high uptake of soil nutrients is the practice of topping the plants to stimulate leaf growth for ensuring higher nicotine content (Goodland et al, 1984). Potassium is leachable, so over application of potassium increase the potentiality of water pollution.

Analysis of variance at 5% significant level for potassium is given below-

Table 3.7: Two way ANOVA analysis; potassium versus plots and landuse.

Source	DF	F	P	Remark
Plots	3	0.09	0.961	Not significant
Landuse	2	10.82	0.010	Highly significant

Conclusion

The study concluded that tobacco cultivation is increasing with time in Bandarban district and more farmers are involving in tobacco cultivation. This may change the socio-economic and cultivation pattern of the area. The study was carried out in deforestation and encroachment of forest land prone area and results showed that organic carbon stock is higher in forest floor than the deforested area now converted as tobacco field. The amount of nitrogen, phosphorus and potassium are found higher in tobacco cultivated land than other agricultural crop cultivated area and forest land.

This is because in tobacco field large amount of chemical fertilizers are added for luxurious growth of tobacco leaves. Long term over application of chemical fertilizer in tobacco field may cause effect on soil. Nitrogen, phosphorus and potassium containing inorganic and organic fertilizers can cause soil acidification when added at a large scale. This may lead to decreases in nutrient availability of soil.

Recommendations

1. Tobacco is a chemical fertilizer oriented cultivation practice. Urea fertilizer is one of the most usable fertilizers in tobacco field which is available with the subsidized (Government) rate. However, Bangladesh government provides this subsidy on fertilizer for agricultural crop production. If government withdraw the subsidy from fertilizer for tobacco cultivation, will be reduce ultimately. Because then it will not be cost effective for the tobacco producers.
2. Farmers consider tobacco as a cash crop, moreover, tobacco companies ensures safe marketing of tobacco. While other agriculture crops does not have such certain market system. It may be possible to reduce the number of tobacco farmer by providing safe market for other alternate agriculture crop.
3. Tobacco cultivation may be possible to reduce by making people aware about the effect of tobacco cultivation.

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Tobacco Cessation: How to move forward

Dr. Jakir Hossain Bhuiyan Masud

Introduction:

Smoking is the number one cause of lung cancer. Lung cancer may also be the most tragic cancer because in most cases, it might have been prevented 87% of lung cancer cases are caused by smoking. Cigarette smoke contains more than 7,000 different chemicals, many of which are proven cancer-causing substances. Both smoking and smokeless tobacco increases the risk of different diseases like lung disease, oral cancer, and heart disease. Be a healthy person we need to be tobacco free.

Tobacco kills nearly six million people each year. More than five million of those deaths are the result of direct tobacco use while more than 600 000 are the result of non-smokers being exposed to second-hand smoke.

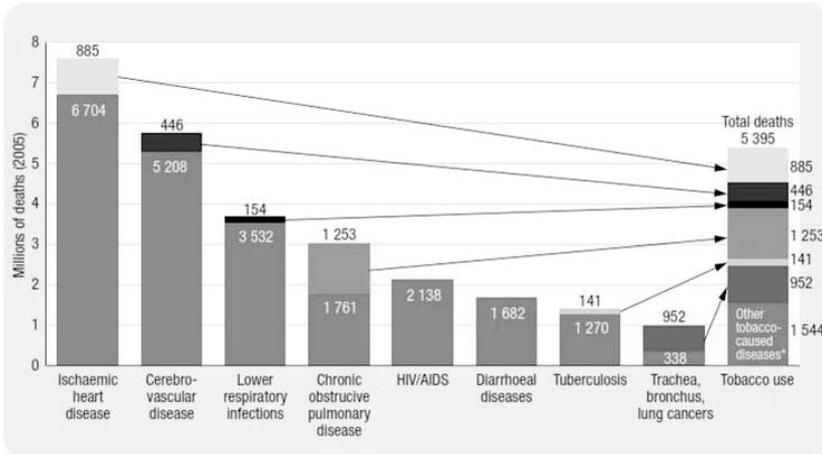


Fig 1: Tobacco is a risk factor for six of the leading causes of death in the world

Approximately one person dies every six seconds due to tobacco, accounting for one in 10 adult deaths. Unless urgent action is taken, the annual death toll could rise to more than eight million by 2030. According to Global Adult Tobacco Survey Bangladesh 2009, current tobacco use among all adults aged 15 years and above is 43.3% both smoking and smokeless tobacco. Among them 97.4% of adults believe that smoking causes serious illnesses. 70% of people want to quit tobacco.

In order to reverse the tobacco epidemic, concerted efforts will be needed from a wide range of sectors with national health systems well-placed to take the leading role for implementing measures to prevent and treat tobacco dependence. Health professionals have several roles to play in comprehensive tobacco control efforts, including role model, clinician, educator, scientist, leader, opinion-builder, and alliance builder. All health professionals should at least:

- Serves as tobacco-free role models for the general public;
- Address tobacco dependence as part of your standard of care practice;
- Assess exposure to secondhand smoke and provide information about avoiding all exposure.

The WHO Framework Convention on Tobacco Control (FCTC):

- | The FCTC is the first international treaty negotiated under the auspices of the WHO, aimed at curbing tobacco related deaths and disease.
- | In a historic leap towards promoting public health, the Govt. of Bangladesh ratified the FCTC on June 14, 2004. Bangladesh was the 1st country to ratify the convention.
- | This exhibits a strong commitment to tobacco control, in light of the fact that Bangladesh is a major tobacco consuming and producing nation
- | There is totally 38 articles.

Fctc - Article 14:

Demand reduction measures concerning tobacco dependence and cessation:

1. Each Party shall develop and disseminate appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices, taking into account national circumstances and priorities, and shall take effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence.

2. Towards this end, each Party shall endeavour to:

- (a) Design and implement effective programmes aimed at promoting the cessation of tobacco use, in such locations as educational institutions, health care facilities, workplaces and sporting environments;
- b) Include diagnosis and treatment of tobacco dependence and counselling services on cessation of tobacco use in national health and education programmes, plans and strategies, with the participation of health workers, community workers and social workers as appropriate
- (c) Establish in health care facilities and rehabilitation centres programmes for diagnosing, counselling, preventing and treating tobacco dependence
- (d) Collaborate with other Parties to facilitate accessibility and affordability for treatment of tobacco dependence including pharmaceutical products pursuant to Article 22.

MPOWER:

A policy package developed by WHO for tobacco control.

- u Monitoring tobacco use and prevention policies
- u Protecting people from tobacco smoke
- u Offering help to quit
- u Warning about the dangers of tobacco use
- u Enforcing bans on tobacco advertising, promotion and sponsorship
- u Raising taxes on tobacco products

The impact of tobacco use on tobacco users and others:

Health impact:

This includes health risks to tobacco users and their family. Tobacco products are made of extremely toxic materials. Tobacco smoke contains more than 7000 chemicals, of which at least 250 are known to be harmful and at least 69 are known to cause cancer. All tobacco products are harmful. Tobacco smoking can damage every part of the body, causing many actual medical conditions such as shortness of breath, exacerbation of asthma and respiratory infections as well as many chronic diseases including heart disease, strokes, cancer and chronic respiratory diseases.

Smoking causes a wide spectrum of diseases, such as:

- u Shortness of breath
- u Exacerbated asthma
- u Respiratory infections
- u Cancer (larynx, oropharynx, esophagus, trachea, bronchus, lung, acute myeloid leukemia, stomach, pancreas, kidney, ureter, colon, cervix, and bladder)
- u Coronary heart disease
- u Heart attacks
- u Stroke
- u Chronic obstructive pulmonary disease
- u Osteoporosis
- u Blindness
- u Cataracts
- u Periodontitis
- u Aortic aneurysm
- u Atherosclerotic peripheral vascular disease
- u Hip fractures
- u Infertility
- u Impotence

Smoking puts the smoker's family at risk. Secondhand smoke exposure increases the risks of having the following diseases:

Diseases in children:

- u Sudden infant death syndrome;
- u Acute respiratory illnesses;
- u Middle ear disease;
- u Chronic respiratory symptoms.

Diseases in adults:

- u Coronary heart disease;
- u Nasal irritation;
- u Lung cancer;
- u Reproductive effects in women (low birth weight).

Economic impact of tobacco use:

Tobacco smoking takes away not just the smoker's health but wealth. It is estimated that 5-15% of a smoker's disposable income is spent on tobacco, which could be an enormous economic burden on them and their family. A WHO study conducted in 2004 estimated that 57,000 lives are lost annually due to tobacco-attributable diseases and 382,000 people become disable.

Social consequences of tobacco use:

Smoking affects social interaction and relationships negatively. In most cultures, people see smokers negatively. There is a stigma attached to smoking (for example, people may think the smoker is smelly, disgusting/dirty, unhealthy). As a smoker, their personal relationships may be affected because many people don't consider being in a relationship with a smoker. As a smoker, their children are more likely to smoke and to be heavier smokers at young ages.

Benefits of tobacco quit:

Health benefits:

Helping your patients quit is the best thing that you can do to improve their health. There are immediate and long term health benefits of quitting for all smokers. You can extend the patient's life up to 10 years by quitting. It is important to help your patients quit smoking as soon as possible so they can achieve these beneficial health changes and can live a longer and healthier life.

- u Within 20 Minutes Blood pressure drops, pulse rates drops to normal, body temperature of hands and feet return to normal
- u Within 8 Hours: Carbon Monoxide levels in the blood return to normal
- u Within 24 Hours: Risk of heart attack decreases
- u Within 48 Hours Ability to smell and taste improves
- u Within 72 Hours: Breathing gets easier as bronchial tubes relax. lung capacity increases
- u Within 3 Weeks: Mucus in the lungs loosens, lung function and circulation improves
- u Within 2 Months: Blood flows more easily to arms and legs, lung function increases up to 30%
- u After 3 Months Lungs become more healthy, you breathe more easily, you get fewer colds

- u After 1 Year: Risk of sudden death from heart attack is almost cut in half
- u After 5 Years: Lung cancer death rate for the average smoker decreases nearly 50%
- u Within 10 Years: Risk of sudden heart attack and strokes becomes almost the same as a nonsmoker, risk of cancer drop significantly

Economic benefits:

Quitting also has very clear and tangible financial benefits to smokers. You can use the quit & save exercise to help patients understand how much money they can save if they quit.

Social benefits:

After quitting, patients will feel less isolated-quitting means they can go anywhere, not just where they can smoke. They will improve their relationships with their family, friends and employers. They will be more productive, they don't have to keep stopping what they are doing to have a smoke. They will be able to expand their social interactions. When patients quit smoking, their children become less likely to start smoking and more likely to quit if they already smoke.

Three (3) challenges to quitting:

In order for you to assist smokers in planning and making a quit attempt, it is important that you familiarize yourself with the common challenges and barriers to quitting and effective coping strategies and skills. Different people have different reasons why they smoke and why they don't quit. Their reasons are typically classified into three categories: physical addiction, behavioral and social connections, and psychological or emotional connections.

1. Physical addiction:

Nicotine, an addictive chemical in tobacco products, affects the dopamine systems in the smoker's brain and increases the number of nicotinic receptors in the brain. As a smoker, their brain and body become used to functioning on certain level of nicotine. If they stop smoking, their nicotine level will drop dramatically one or two hours after the last cigarette, which will cause them to crave nicotine (cigarettes) and have withdrawal symptoms.

Nicotine withdrawal symptoms that may occur from suddenly stopping the use of tobacco:

- u Headaches
- u Coughing

- u Cravings
- u Increased appetite or weight gain
- u Mood changes (sadness/irritability/frustration/anger)
- u Restless
- u Decreased heart rate
- u Difficulty concentrating
- u Influenza-like symptoms
- u Insomnia etc

These symptoms can be a major barrier against attempting to quit or staying quit. The good news is that these symptoms are normally temporary 2-4 weeks and not all people will experience withdrawal symptoms.

There are also effective methods available to help patients overcome them. There are two ways to deal with nicotine withdrawal symptoms: cognitive-behavioral therapies and pharmacological/medical therapies.

2. Psychological connections:

Smokers link cigarettes and smoking with certain emotions, thoughts, and beliefs via the process of withdrawal. Part of quitting involves breaking those subconscious connections. It is important to work with your patients to find out the links between smoking and their feelings and beliefs that smokers form and to help them debunk negative beliefs of smoking and quitting (for example, "Smoking helps me relax", "Smoking isn't really harmful"). You can remind smokers about the risks of smoking and the benefits quitting. You can also suggest patients create positive self-talks to help them form positive thoughts.

3. Behavioral and social connections:

Smoking is a habit - an addictive habit. It is so intimately tied to the smoker's everyday activities. To quit smoking, the smoker needs to break these connections that have formed the habit. You should work with your patients to find out what behavior or action has been associated with smoking and identifies effective strategies or activities to break the connections.

It is important to remember that these three types of challenges are not necessarily separate obstacles. Success in dealing with challenges of one category can help patients deal with challenges from the other categories as well.

5 A Model for quit tobacco:

- u ASK about smoking - understand your patient
- u ASSESS - what is the next step?
- u ADVISE - why cessation is important
- u ASSIST - offer to help
- u ARRANGE - follow-up process

5 R Model for quit tobacco:

1. Relevance
2. Risks
 - a. acute risk
 - b. long-term risk
 - c. environmental risk
3. Rewards
4. Roadblock
5. Repetition

How to improve confidence in Quitting:

Many smokers are afraid to quit because they have tried to quit in the past and were unsuccessful. They think it will be too hard because they don't believe they can overcome withdrawal symptoms, they feel like they have no support, or just don't think they are capable of success. Here are a few suggestions to help improve your confidence:

1. Try to quit smoking and being smoke free for 1 day, then 2, and so on.
2. Follow role models. Observe those around you that have recently quit and practice their behaviors. What actions and reactions of theirs can you adopt? In the United States alone, almost 50 million smokers have quit smoking successfully on their own.
3. Look at each quit attempt as a learning process. Each time, you learn what doesn't work for you and how you can be more successful next time. You should know that it's common for smokers trying to quit to make multiple attempts before they are successful. But they do achieve success!
4. Improve your negative mood towards quitting. Many smokers associate fear, stress, and anxiety with trying to quit. However, if you surround yourself with the proper support, such as friends and family and maintain a healthy lifestyle by eating well, exercising, and getting enough sleep you will find that any stress, fear, or anxiety that you are anticipating can be properly managed. If you do begin to feel any of these things, yoga,

meditation, and other relaxation methods, are great coping mechanisms.

Lifestyle changes can help to quit:

1. Exercise
2. Get plenty of fresh fruit and vegetable juices
3. Managing cravings Plan
4. Avoid junk food
5. Lobelia Tea
6. Drink water
7. Deep Breathing
8. Support Person
9. Affirmations
10. Setting Boundaries
11. Curbing the Oral Fixation

Tips for Detoxing:

1. Eating a diet that focuses on fresh vegetables and fruits.
2. Eat whole grains, legumes, nuts and seeds.
3. Adopt a healthy lifestyle including regular exercise.
4. Avoiding drugs and excessive alcohol.
5. Taking a high potency multiple vitamin and mineral supplement.
6. Take nutritional supplements to protect and enhance organ functions.
7. Fasting
8. Go on a three day fast, four times per year.
9. Take care of your skin and know your skin type.
10. Consider a self empowering affirmation to clear your mind.

Strategies for Quitting:

- u Counseling
- u Pharmacotherapy
- u Telephone/ Web/mobile apps

We may think about:

- u Funding for Quit line, mobile application
- u Tips from Former Smokers Campaign
- u Promote success stories
- u Module development
- u Establish more tobacco cessation clinic
- u Arrange training for healthcare provider on cessation

Finally, healthcare provider must say the tobacco user: You have to believe that you can!

Making Local Government Institution Smoke Free: A Practical Experience

Nasim Banu

1. Introduction

Tobacco is the single largest preventable cause of death and it is the only legally available consumer product that kills people when it is used entirely as intended. Tobacco use is a risk factor for six of the eight leading causes of death in the world. Smoking tobacco causes cancer of the lung, larynx, kidney, bladder, stomach, colon, oral cavity and esophagus as well as leukemia, chronic bronchitis, chronic obstructive pulmonary disease, ischemic heart disease, stroke, miscarriage and premature birth, birth defects and infertility, among other diseases. This results in preventable human suffering and the loss of many years of productive life. Tobacco use also causes economic harm to families and countries due to lost wages, reduced productivity and increased health-care costs.

This tobacco consumption creates many consequences in each of the tobacco consumption countries in the world. Currently tobacco kills more than 6 million people each year in the world. By 2030, the number of deaths will increase to 8 million each year. Secondhand smoke kills more than 600,000 people worldwide each year, including 165,000 children. Tobacco-related illnesses account for 1 in 10 adult deaths worldwide. By 2030, 80% of those deaths will be in low- and middle-income countries. Tobacco use kills up to half of all lifetime users. On average, smokers lose 15 years of life, and up to half of all smokers will die of tobacco-related causes. Tobacco use costs the world an estimated \$500 billion each year in health care expenditures, productivity losses, fire damage and other costs. Health care costs associated with tobacco related illnesses are extremely high. Tobacco-related illnesses and premature mortality impose high productivity costs to the economy because of sick workers and those who die prematurely during their working years. Lost economic opportunities in highly-populated low- and middle-income countries will be particularly severe as tobacco use is high and growing in those areas.

Countries that are net importers of tobacco leaf and tobacco products lose millions of dollars a year in foreign exchanges. Tobacco production and use damage the environment and divert agricultural land that could be used to grow food.

Bangladesh is one of the largest tobacco consuming countries in the world. Among the population 63% are aged 15 - 64 years. Bangladesh has one of the highest tobacco use prevalence in the world. 43.3% of adult in Bangladesh currently use tobacco (Smoking and smokeless). The most common and traditionally, Bangladeshi men smoke cigarettes, biri and hukka, and smoke less form such as zarda, sadapata (chew tobacco leaf) with betel quid (pan), gul etc. The GATS report' 2009 of WHO says that current tobacco user (smoking and smoke less) among all adults is 43.3% (41.3 million). Among them 58% are males and female is 28.7%. 23% of adult aged 15 years or above currently smoke tobacco in Bangladesh, (for males 44.7% and for female 1.5%). The estimated number of current adult tobacco smokers is 21.9 million (21.2 million males and 0.7 million females). Among male current tobacco user, 54.6% smoked tobacco only, 23% used smokeless tobacco and 22.4% used both. Among female current users, 2.7% smoked tobacco, 94.7% used smokeless tobacco products and 2.6% used both. Among youth (age 13-15), 2 % smoke cigarettes and 6% use tobacco products other than cigarettes.

Scientific research is unequivocal about the serious health effects of exposure to Second Hand Smoke. Among adults 63 percent (68 percent men and 30 percent women) are exposed to secondhand smoke at the workplace and 45% were exposed to SHS in public places. Males were more exposed (69.4%) than female (20.8%). People are also exposed to SHS at restaurant, public transport, and indoor areas of workplace. The second hand smoking is associated with lung cancer and various pulmonary disorders, heart diseases, asthma, pneumonia, illness of children. Additionally, smoking affects multiple other organ systems, and is associated with stroke, myocardial infarction, hypertension, peripheral vascular disease, cataracts, renal cell carcinoma, peptic ulcer, and other maladies.

Bangladesh is one of the countries where both production and consumption of tobacco use is high. As a result of huge uses of tobacco Bangladesh is an overburdened with tobacco related serious illness such as heart diseases, stroke, cancer, respiratory diseases etc since tobacco contains 7000 chemical which are very harmful for health. The U.S. Surgeon General and other public health authorities around the world have found that smoking damages

nearly every organ in the human body and harms health at every stage of life. Yet we are continually learning new ways in which smoking harms health.

A study of WHO shows that 57000 - 150000 people die yearly (150-400 deaths per day) and 382000 people become disable due to illness caused by tobacco related diseases. Tobacco is not only harmful to health, but also to the economy, the environment, nutrition, poverty, women, children, adolescents and overall human rights. It is well established that the net loss to the economy due to tobacco in Bangladesh is much higher than revenues earned from tobacco. The cost of tobacco-related illnesses in Bangladesh attributable to tobacco usage was estimated at 50.9 billion taka, including 5.8 billion taka for illnesses resulting from secondhand smoke exposure in 2004. On the other hand, the total annual product of the tobacco sector was estimated at 24.8 billion taka from tax revenue and wages. So the net losses from tobacco usage to the country is 26.1 billion taka in 2004 (equivalent to US\$ 442 million). It is estimated that on average a tobacco user spends about 4.5% of the monthly expenditure for tobacco consumption. Treatment of 1.2 million people every year costing billions of taka and health costs more than double of the revenue collected from tobacco companies. For burning the tobacco leaves and tobacco cultivation Bangladesh lost 30% of forest which harm the environment and soil fertility also reducing due to tobacco cultivation. Due to increasing diversion of crop land to tobacco cultivation the possible threat to food security is come up as a major issue.

Why Are Smoke-Free Environments Important?

Smoke-free environments prevent death and disease

- Direct health benefit are to protect nonsmokers from the health consequences of involuntary exposure to tobacco smoke and less people exposed to tobacco smoke which resulting less disease
- Indirect health benefit are to motivate smokers to quit and reduce tobacco consumption and reduce the number of people initiating smoking. If less people smoke it resulting less disease

So to protect people from the hazards of tobacco use it should have a comprehensive law, strong enforcement of law and a collective & integrate workforce comprise the people from all walks needed which lead to control tobacco use and combat tobacco consumption gradually.

2. Tobacco Control Law and Rules in Bangladesh

The fight against tobacco has been taken for many years for addressing these issues. Bangladesh has ratified the WHO Framework Convention on Tobacco Control (FCTC) in 2004 emphasizing the need to regulate and control tobacco products globally however she still has one of the highest tobacco use prevalence. In 2005 Bangladesh Government passed the Smoking and Tobacco usage (Control) Law and in 2006 passed Rules to facilitate the enforcement of law. The Ministry of Health is the lead agency to enforce the Smoking and Tobacco Control Legislation. Due to having some limitation to comply the FCTC principle in the law of 2005, a strong lobbying and advocacy occurred and finally Bangladesh Government have made strides in the fight against tobacco. The long awaited bill - Smoking and Tobacco Product Usage (Control) (Amendment) Bill 2013 has passed in April 2013 which is a historical feat. And after 2 years hard efforts, the Rules of amendment law has also passed in March 2015. The previous law did not include smokeless tobacco like jarda, gul, khoinee and sadapata in the definition of 'tobacco products' although the prevalence of use of these products is higher than smoking prevalence in Bangladesh. The amended law defines all types of smokeless tobacco as 'tobacco products'.

Key provisions of Smoking and Tobacco Usage (Control) Law 2013 and new Rules are: Ban tobacco smoke in public places and public transports; ban on direct and indirect advertisements, designated smoking areas; vigilance notice, ban to sales of tobacco product to or by minors; Pack warnings; disclosure of ingredients in imported tobacco products etc.

Smoke-free area: The amended law has expanded the list of smoke-free public places and transports and included non-government offices, indoor workplaces and restaurants in the definition of 'public place'. As per Tobacco control law and Rules of Bangladesh, smoking is completely banned in health-care facilities, educational facilities, library, inside of cinema hall, inside of display centre, inside of theatre hall, closed restaurant with one room, children park, sports space, and one room transport. Smoking is also banned in other indoor workplaces and public places. Through this provision, the law secured safe environment for non-smoker and save them second hand smoking in public places and transports. But the law allows for designated smoking areas. Though public health expert and tobacco control activist criticized this; but it is still present in amended tobacco control law. However, the tobacco control Rules require 10 categories of public places to be 100% smoke-free and specify how smoking zone would be allowed in

public places and public transports with very rigid conditions. The Rules described that smoking zone should be separated from no smoking zones and the authority should ensure fresh air for non-smoker areas. The Rule also specified the message, design; size and how the vigilance notice display in the smoke free all public places and public transports and also the responsibility of the authority of public place and public transport. Penalties on the violations for smoking in public places/transports is taka 300 for smokers, penalty taka 500 for authority of public place and public transport for failing to perform responsibilities assigned by Rules and penalty doubled for repeated violations. Besides that penalty for authority of public place and public transport for failing to display vigilance notice as per Rules is taka 1000.

Advertising, promotion and sponsorship: Although advertisement of tobacco products was banned in the previous law, limited scope was allowed for promotion of tobacco products at point-of-sale and there was no restriction on the promotion of activities of tobacco companies. The amended law completely bans all types of direct advertisement including point-of-sale advertising and promotion, and restricts advertising and promotion of activities labeled as corporate social responsibilities (CSR) done by tobacco companies. As a result, even if the tobacco companies do CSR activities, they can no longer use their name, sign, symbol or trademark in the promotion of those activities. Moreover, the amended law restricts display of scenes of tobacco use in the mass media like cinema, TV, radio, Internet, theatre etc. The message, procedure and time which will display during the scene of smoking in these media are defined by the Rules. Tobacco advertisement and promotions is also treated as punishable (3 months jail or 100,000/- punishment for first time and penalty doubled for repeated violations) offence.

Pack warning: It is mandatory to print pictorial health warnings about harms of tobacco on the upper half (50%) of the main display area(s) of the packets of all tobacco products. The law states the six rotating text messages for smoking product and 2 messages for smokeless products. The amended law bans use of any brand element such as 'light', 'low-tar', 'mild', 'extra' and 'ultra' on the packets of tobacco products to mislead the tobacco users about the effects of tobacco on health. The Rules describes the front, size and colour of warning.

Sale of tobacco products to and by minors: The amended law completely bans sale of tobacco products to and by persons aged below 18 years.

Authorized Officer: However, the most important of this tobacco control law implementation is authorized officers. The Rules has included new government and local government officials as authorized officer. But they can not fine or punish for any violation.

For implementing the Law and Rules the National Tobacco Control Cell has formed by the ministry of health and family welfare and also tobacco control Taskforce has formed at national, district and sub district level.

3. Implementation of Tobacco Control Law: A challenge

Bangladesh government has passed the amendment law and new Rules but challenges are still there. Governmental commitment to enforce the law and rules was lacking. There is a lack of political will and no parties address this issue in their any manifesto. Effective enforcement of tobacco control laws and policies is also compromised by significant influence of tobacco companies through corruption. The level of enforcement of the Law and Rules by the local administration is still very weak. The tobacco control taskforce which has the key role in enforcing the law are not active. Very few meeting organized by the taskforces. So very few decisions for enforcing the law come out and there is no follow up if decisions taken by any Taskforce. Mobile courts are not regularly arranged. As a result of it people could not enjoy the impact of the law. The authority of public place and public transport, smokers and tobacco companies are reluctant to abide by the Law and Rules.

There has no monitoring and reporting mechanism for enforcement of the TC Law by the administration and other government departments. So it is difficult to assess the action and progress of TC Law and ensure the accountability among the law enforcing bodies and administration as well. So it is needed to establish effective monitoring and reporting mechanism which will also contribute to strengthen coordination among all key actor including local administration, 'National Tobacco Control Cell', authorized officers, local government and other government departments. The knowledge and capacity of law enforcing authority and authorized officers to enforce the tobacco control law need to enhance. Without having appropriate knowledge on the law and rules there may have a chance to misinterpret the provisions of the TC Law during conducting any mobile courts or enforcing the Law. Besides that in the new Rules some new officials are incorporated as authorized officer who did not involve any tobacco control initiatives before. In that case it is needed to enhance their knowledge and capacity on

TC Law and Rules for doing their responsibilities properly and enthusiastically. In the law there is shortcoming like keeping provision of smoking zone in public places which is a contrary to the WHO Framework Convention on Tobacco Control (FCTC) that Bangladesh ratified. Keeping this zone in public places will pollute the entire environment that expose people at risk of passive smoking hazards.

Even with the flawless law in place, implementation of law is the biggest challenge. Most of the people are not aware about the law, about fatal consequences and the suitable ways to quit smoking or using smoke free tobacco like betel leaves. They do not have enough information about the harms of smoking and Law. So there is a need of strong campaign on dangers of tobacco use and Laws. Smoking and second hand smoke issue is not in the priority list of any government, local government and non government agenda.

A compliance survey has conducted by Campaign for Tobacco Free Kids (CTFK) at the end of 2014 in 11 districts of Chittagong division. A total of 427 public places visited in 11 districts including health facilities, educational institutions, restaurant, indoor workplace and public transport building. The survey found that the public places and public transport do not comply with the TC Law perfectly. So people can not enjoy the smoke free environment which is the right of all humans.

4. New thought for ensuring smoke free environment: Local Government is a vehicle

The prevalence is relatively higher and seemingly unregulated especially in local towns. This is particularly due to weak enforcement of the law by the local government and law enforcement agencies and low awareness about harmful effects of tobacco smoke and second hand smoke among the citizens.

Local government which has a huge presence in local towns also seems not involved actively in strengthening enforcement. Local elected leaders also display low awareness of the details of the law. The need for local smoke free legislation to prohibit smoking in workplaces and public places is intended to protect adults and children from the health-damaging effects of environmental tobacco smoke and has the potential to reduce socio-economic inequalities in smoking prevalence.

Realizing the health risks, decreasing exposure to second hand tobacco smoke, to protect non smokers from harms of tobacco smoke and creating

healthy public spaces, YPSA involves with the Tobacco Control movement in 1999 when voice of discovery arrived in Chittagong for arranging a concert. YPSA is the founder and executive member of Bangladesh Anti-Tobacco Alliance-BATA formed in 1999. The first BI funded Smoke free program in Bangladesh started through YPSA in 2009, emerging as a good practice with a process of coalition building, work with local government and Smoke free policy for local government by which YPSA is addressing FCTC Article 8 : Protection from exposure to tobacco smoke and article 4 of national Tobacco control law : Prohibit smoking at public place and public transport.

Through the initiatives YPSA intends to involve the local government institutions with the smoke free initiatives as a vehicle for protecting people from harmful effects of tobacco smoke.

4.1.What and Why Local Government Institutions

Strengthening local government body is the cherished goal of the people. The representatives of a local body based on democratic ideas can promote the interest of the people. It is essential to establish local government bodies at each level of administration with elected representative. Since inception of the local government institutions were given the responsibilities for maintenance of law and order, infrastructures development and their maintenance, health, education etc. within their area. Though they had sources of own, revenue income foremost of their activities they mainly relied on various grants from the government. The government is committed to establish strong local government institutions at various levels through active participation of the elected representatives in the administration as well as development activities. Local Government Division is implementing various development and service-oriented activities for poverty alleviation and to make the rural people's life more comfortable, sound and meaningful. The activities of the Local government Institutions is extended up to the grass- root level of the country. The Union Parishad, Upazila Parishad, Zila Parishad, Municipalities and City Corporations are the Local Government Institutions. In Bangladesh there are ten city corporations, 311 municipalities are providing civic facilities to the city/municipal areas.

Local Government institution has a huge presence, influence and plays a big role at the local level. Local governments are autonomous institutions and nearer to the community so they have good connection with people. Local government can take decisions independently at their own level through using their strengths, resource and opportunities so they can play a vital role

in ensuring smoke free environment for protecting people from second hand smoking. Local government is a strong service provider institution at local level and they have an opportunity to go beyond the national smoke-free law as per their local government's legal framework. That's why they can play very significant role in ensuring smoke free environment for protecting people from second hand smoking.

4.2. Constitutional and Legal Basis of Local Government

In any democratic polity, local government is given legal recognition either by an act of Parliament or by incorporation of relevant provisions in the Constitution. Bangladesh's Constitution of 1972 clearly spelt out the legal basis and responsibilities of local government. Paragraph 59 & 60 the Bangladesh constitution has an outline of a local government system with elected representatives facilitating effective participation of the people for each unit of administration. Article 59, Chapter III of the Constitution states that, 'Local government in every administrative unit of the Republic shall be entrusted to bodies composed of persons elected in accordance with law'. Article 60 of the Constitution states 'for the purpose of giving full effect to the provision of article fifty nine, Parliament shall, by law, confer powers on the local government bodies referred to in that article including power to impose taxes for local purposes, to prepare their budgets and to maintain funds (Constitution of People's Republic of Bangladesh, as modified up to 30th of November, 1998). It is evident that the legal basis of the local government is clearly spelt out in the Constitution and the Constitution through Article 59, Chap III has ensured the devolution of power to local government bodies.

Legal obligation for implementing smoke free initiatives

- u According to the article 41 and 3rd schedule of the local government (City Corporation) Act 2009, the main responsibility of City Corporation is to ensure safety and health of citizens.
- u In the article 50 and 2nd schedule of the local government (Pourosova) Act 2009, mention the responsibility of pourosova (Municipality) to look after the health and safety of others.
- u According to Smoking and Tobacco product usage (Control) Act 2005, local government can declare any place as public place (Article 2, Definition of Public places)
- u According to Smoking and Tobacco product usage (Control) Rules 2015, Sanitary Inspectors are empowered as an authorized officer to implement the Tobacco control Law.
- u Medical Officers/representatives of City Corporation/Pourosova are the

member of district Tobacco control Taskforce and representative of Chairmen of Upazilla parisad and Chairman of Union Parisad (all) is member of Upazilla taskforce.

4.3. Involvement of Local Government through YPSA

Local government can play a leadership role in promoting optimal health in their community. This can be accomplished by setting a community standard and adopting a smoke free guideline in the local government's jurisdiction.

It's fact that all the local government has no legal body and limited magistracy power for enforcing the Tobacco control law. They have limited resources for enforcing Tobacco control law and limited area specific data on smoking and tobacco use. Smoking is not the prior issue of any stakeholders including local government and the administration. The local government institutions lack 'formal' institutional or organizational level smoke free policies or 'guidelines' and enforcement plans. Some of Elected representatives having low interest to work on smoke free place since they do not want to lose their vote of smokers. Local Government Institution believes that it should not be sole responsibility of the local government but shared responsibility by everybody. Local elected leaders perceived financial and technical resources as a main challenge to enforcement of the law at the local level. And Local Government Institution and mass people are not adequately informed about the effects of exposure to secondhand smoke and the application of Tobacco control Law. In spite of having all those challenges, 11 local governments (2 City Corporation and 9 Municipalities) in 11 districts of Chittagong Division are involving and taking initiatives to ensure smoke free environment at their own jurisdictions with the facilitation of YPSA since April 2009. With the assistance of Campaign for Tobacco free Kids (CTFK) YPSA has been implementing a project on "Promoting Smoke Free local Government and Public Spaces in Bangladesh" since April 2009.

Chittagong Division is the second largest of the seven administrative divisions of Bangladesh. It covers the most south- eastern part of Bangladesh consisting 11 districts. The total population is 29,145,000 which is 17.76% of the total population of Bangladesh. As Chittagong is hub of business and tourist zone so there are more people working and living here. This division is consists of 2 city corporation and 61 municipalities. The tobacco situations in Chittagong Division are same as all over the country. Besides the fact that tobacco is significantly cultivated in Chittagong division- especially in Chittagong Hill Tracts and Cox's Bazar areas. YPSA is implementing the

smoke free initiatives in with 11 local governments of 11 districts under Chittagong Division.

- u Chittagong district: Chittagong City Corporation
- u Comilla districts: Comilla City Corporation
- u Cox's Bazar district: Cox's Bazar Municipality
- u Feni district: Feni Municipality
- u Noakhali district: Noakhali Municipality
- u Laksmipur district: Laksmipur Municipality
- u Brahman Baria district: Brahman Baria Municipality
- u Chandpur district: Chandpur Municipality
- u Bandarban district: Bandarban Municipality
- u Khagrachari district: Khagrachari Municipality and
- u Rangamati district: Rangamati Municipality

The aim of this initiative is to promote smoke free local government and public spaces, by advocating for smoke free guideline and effective tobacco control practices at City Corporation and Municipal level. The intervention of YPSA ensures the local government to endorse Smoke Free guidelines that defines specific objectives on how the local government will address smoke free issues at public spaces which is first ever initiative like this. It is helping to equip the local governments, work together to control the tobacco epidemic, particularly through the formulation and implementation of smoke free guideline at the local government and public spaces under their jurisdiction. The intervention employs broad strategies of advocacy for institutional policies that will strengthen the enforcement of Smoking and Tobacco Usage (Control) Law 2005 within Local Government institutions and public areas.

4.4 Checklist: how to develop a smoke-free guideline for local government

With a little planning a smoke-free guideline is easy to implement especially if the local government, other stakeholders including both smokers and non-smokers, are involved in its development. There are several steps involved in establishing a smoke free guideline which determined by many factors e.g. the decision making process, level of the guideline focus etc. As a model the following are points to consider:

a) Before Starting: Before starting the steps we need to be clear about some important questions

1. Are we ready?

- u Before embarking on a guideline, a City Corporation or Municipality

should consider carefully whether it is prepared for the effort.

- u This readiness is partly a matter of assessing the general political environment for enacting and implementing the guideline,
- u and partly a matter of gauging the specific strength of support within the government and the legislative body

2. What Do We Want? (Desired state of things-Long Term Goal)

- l Chittagong in which no one is forced to breathe tobacco smoke anywhere they have the right to be, including everyplace the public is welcome - all health-care facilities, all workplaces, all schools, all transportation facilities, all restaurants and Hotels, all theatres, all sports facilities, all markets and all other public places

3. What do we need to do realize what we want?

- l Enactment of Strong, comprehensive Smoke-Free guideline and Regulations
- l Public Awareness and Knowledge of the Smoke-Free guideline
- l Broad Public Support for Strong Smoke-Free Rules
- l Effective Enforcement Mechanisms and Strategies
- l Creativity and Ingenuity in Enforcement Strategies

4. Who has the authority and the power to Compel Compliance and respect for Smoke-Free guideline?

- l Local Government Authorities
- l Authorities, Owners, Operators, and Managers of all public place and public transport
- l Nonsmokers and Smokers

b) Assess and Review existing gaps, resources, strategies and current practices within the targeted stakeholders or workplace

Aiming to reduce harms of tobacco smoke and make the local government smoke free, YPSA has been following a specific and comprehensive process and strategies. At the beginning of the initiative YPSA has conducted a capacity need assessment with the aim to gain insight into Local government authorities thinking on the issue of smoke-free policies and capacity gaps in order to help the project introduce and get smoke-free policies developed, adopted and enforced by the selected local government institutions. The assessment has conducted in 2009 in Chittagong, Comilla, Feni and Cox's Bazar district. Through the assessment the following information has found

- "The National Tobacco Smoking and Tobacco Control Law" restrict smoking in most public workplaces and are considered to be smoke free

e.g. government buildings, hospitals, schools etc however there is sufficient evidence this is frequently violated.

- The local institutions lack institutional or organizational level smoke free policies or guidelines and enforcement plans on how to implement and enforce the national law
- Respondents perceived that clear distinctions need to be made between places where smoking should be tolerated and those where it should be banned.
- Majority of the respondents showed some level of awareness about dangers of smoking and exposure to smoke however some are not very informed of details of the effects
- Majority of the respondents talked of having heard of the National Smoking and Tobacco Control Law however they do not know much about its application
- A large majority (82%) of respondents however supported the view that further action needs to be taken to reduce people's exposure to second hand smoke.
- There were varied levels of support for smoke free policies to make all public places smoke-free.
- Some respondents were clearly in favour of a 100% smoke free environment, primarily because of a concern for personal health. They also perceived there to be a number of positive consequences resulting from the introduction of a ban and these include:
 - 4 Improved health for everybody including both smokers and non-smokers
 - 4 Help smokers smoke less or give up
 - 4 Protect innocent children
- A range of alternatives or compromise suggestions were made such as the introduction of designated or segregated areas, smoking at certain times only, restrictions in specific places only, ventilation, and the use of incentives or penalties to encourage action. Nevertheless, there were also concerns about the effectiveness of such measures.
- The majority of respondents recognized the importance of protecting children from smoky environments.
- A small proportion of respondents commented that 100% smoke free enforcement could have a negative impact on certain types of business, especially the hospitality industry.
- Some respondents expressed concerns about the practicalities of introducing 100% smoke free policy and enforcing it effectively.
- Some respondents however were positive and noted the problem has been enforcement. There is need to build enforcement capacity and designate

the role of monitoring and managing enforcement claims to a single competent entity

Some recommendations have come out on ways to improve the role of local government in smoke free environment policy enforcement.

- | Education campaigns and support: Ongoing public awareness campaigns are needed to remind people of the risks of smoking and exposure to second hand smoke, to provide information about new legislation on smoking in public places and to publicize stop smoking services. A potential approach for the latter would be to use positive testimonials of real life quitters.
- | There is a need for better co-ordination, publicity and distribution of existing health promotion materials, particularly those targeted at key groups (e.g. adults and youths).
- | Media campaigns and health promotion materials must be backed up by adequate professional support.
- | Respondents also felt that there needs to be increased smoking cessation support.
- | The assessment finds religious influence as protective against smoking for both genders, therefore this and other studies suggest that adding Islamic messages denouncing smoking may benefit the smoke free campaign.
- | There is a need for a layer of smoke free policy or guideline at the local level that defines specific objectives on how the local government will address smoke free at work places and public spaces. This policy will define how particular LG units, departments, and teams will operate to ensure smoke free environments.
- | Obligations of the LG will be laid out, providing the guidelines on how to balance the interests of partners, businesses, employees and the communities in which it operates in.
- | Work will be needed to prepare people for the introduction of smoke free legislation on smoking in public places. This should include national awareness raising information and ground-level support from organizations working with the communities.
- | Capacity building of the local government-NGOs to monitor and enforce the smoke free policies at workplaces and public spaces.
- | Providing tailored trainings to local government officers and policy enforcers based on functional needs.
- | Strengthening Co-operation among central government, local government, NGOs and the media; strengthening collaboration is crucial to monitoring and enforcement. No single agency can realize the desired goals alone in

Bangladesh.

- 1 Involving the community and including the youth. Most respondents support the need to actively involve the community in planning, monitoring and enforcing the policies. For instance youth expressed the need to involve them in smoking preventing efforts. Over 90% of the key informants expressed they would support this process.

c) Establishing civil society coalition as a pressure group

Based on the findings YPSA decided the next steps to go forward. YPSA formed civil society coalitions. Successful smoke free advocacy requires a platform that facilitates sharing information and knowledge, communication and joint advocacy actions targeted at common goals and it could not be successful without any collaboration with different sectors and organizations. Civil society coalition is a collective of groups working together for a common goal. The Coalition intends to build power and broaden support for the campaign of 100% smoke free environments in Chittagong. To accomplish this, the coalition brings a variety of groups together that share this goal. Representatives from supportive members of local government, media, NGOs, local civil society organizations, market association, transport association, government officials, religious leader, youth group are considered as members. Coalition builds key relationships with local government authorities, administration and various stakeholders. They motivate local government and owners of public places and public transport for ensuring the compliance of tobacco control law.

d) Consult - Listen to the concerns of the local government and public

Before drafting the smoke free guideline or introduction of a smoke free guideline, as best practice YPSA consulted with Local Government, civil society and other major stakeholders. YPSA also provided information on tobacco control law, harms of tobacco use and the important of the smoke free guideline. It should be focused on the smoke not the smoker and on health and safety not on individual rights. Emphasising benefits of a clean air guideline for both smokers and non-smokers is less confrontational and more acceptable than emphasising individual rights of non-smokers. YPSA arranged orientation, workshop, press briefing and meeting with different stakeholders.

e) Establish a working committee

A small working committee formed including the members from coalition and representatives from local government. The committee work on the guideline and develop draft smoke free guideline.

f) Formulate a written guideline

The objectives of the guideline and how these will be achieved need to be clear. It's a good idea to integrate the guideline with other programs and procedures related to health and safety in the local government. The information collected from assessment and consultation with the local government provided a baseline from which the formulation of the guideline began. While developing the guideline some key elements considered. Areas that a guideline covered:

- | Aim
- | The relation of the guideline to existing smoke free framework
- | A link between the smoke-free guideline and organisational values
- | Operating principles that guide the smoke free guideline- such as the rights of non-smokers and compliance with legislation that relates to smoking in the work place
- | Workplaces and Public areas under restrictions: A clear statement of where smoking is not permitted
- | Contractual obligations or conditions - such other smoking provisions etc.
- | Consequences of failure to comply with the guideline: Fixed Penalties
- | Complaints procedure; Complains investigation, Appeals complains
- | Details of support available for smokers such as quit smoking courses
- | Core strategies for enforcement
- | Time-frame for implementation
- | Contact persons who can answer questions related to the guideline
- | Inspection
- | Authorization and reviews
- | Monitoring the guideline

The Principles of guideline formulation

- | Clearly defines outcomes and takes a long term view, taking into account the likely effect and impact of the guideline in the future five to ten years and beyond
- | Take a holistic view looking beyond institutional boundaries to the local government's strategic objectives
- | Flexible and innovative, questioning established ways, encouraging new and creative ideas
- | Uses the best available evidence from a variety of sources
- | Constantly reviews existing guideline to ensure it is really dealing with problems it was designed to solve without having unintended detrimental effects elsewhere
- | Is fair to all people affected directly/indirectly, and more broadly

- | Involves all key stakeholders at an early stage and throughout its development
- | Learns from experience what works and what does not, through systematic evaluation

Fundamentals of Smoke Free guideline-Points to note in drafting effective guideline

- | Begin at the local level
- | Plan before act
- | Agree on "dealbreakers"
- | Be realistic about resources
- | Take it to the Roots: Start with a strong grassroots base
- | Move in step with the community
- | Start with model guideline language
- | Include expert advisors
- | Avoid ballot measures

g) Review - invite comment, make amendments

The working committee shared the draft guideline for comments. The draft guideline gradually shared with all other coalition members, all BI grantees and partners in Bangladesh, BATA, local government actors, local administration, government officials, other stakeholders, journalists, expert in YPSA, and smoke free law expert and collected feedback from them. The views are important in reviewing the guideline to be responsive to what the public views but again focusing on the ultimate objectives.

h) Approval by the Local Government

Based on all feedbacks, the guideline finalized. Once the guideline document is finalized, then the guideline introduced to the Local government for discussion and approval and further action. YPSA along with the coalition members also arranged sensitization, advocacy and campaign for motivate the local government for adopting the guideline and popularize the guideline as well. As a result of continuous linkage and advocacy, guideline approved and signed by the Mayor. Mayor gave responsibility to Chief medical officer/medical officer/secretary to implement the smoke free guideline.

i) Orient the responsible persons of local government on Smoke Free Guideline

YPSA provided capacity support to Local government officials, councilors and coalition and also conducted huge meeting with local government and different stakeholders on the smoke free guideline and its implementation process.

j) Evaluate and monitor implementation

After Approval the guideline Local Governments are enforcing and implementing the guideline. The responsible person developed enforcement /implementation plan and look after it.

In the 1st phase (1st April 2009 to 31st March 2011) YPSA introduced a model smoke free guideline for local government in 4 districts in Chittagong division like Chittagong City Corporation, Comilla municipality (in 2011 Comilla municipality turned into comilla city corporation), Feni municipality and Cox's Bazar Municipality.

In the 2nd phase (1st April 2011 to 31st March 2013) YPSA replicated the model smoke free guideline with other local governments of other 7 districts in Chittagong division.

In the 3rd phase (15 April 2013 to 14th April 2015) YPSA has taken initiative to institutionalize the effectiveness of smoke free guideline by the local governments through mainstreaming the tobacco and smoking issue as a major issue within local government agenda through involving the Ministry of Local Government, Rural Development and Cooperative (MOLGRD&C) and involving the national association of local government like: Municipal association of Bangladesh (MAB-Mayor of all municipalities are the member of MAB). YPSA also worked to uphold the principles of FCTC in the policy process.

5. Smoke free guideline of local government what and why

This guideline has been developed to protect all citizens, employees and visitors from exposure to second-hand smoke and to assist compliance with the Smoking and Tobacco Usage (Control) Law 2005. The guideline seeks to: Guarantee a healthy working environment and protect the current and future health of the people, Guarantee the right of everyone to breathe in air free from tobacco smoke, Comply with Smoking and Tobacco Usage (Control) Law 2005, Raise awareness of the dangers associated with exposure to tobacco smoke.

Smoke-Free guideline is easy to implement. Smoke-free guideline has proven to be popular with the public and easy to implement and enforce. Different studies show these guidelines/policies quickly improve health and do not harm business. A smoke free guideline bans smoking in a certain establishment, venue or defined area. It is most effective when mandated by legislation, with penalties for non-compliance. A comprehensive smoke free

guideline prohibits smoking in indoor workplaces, public places and public transport. A comprehensive guideline does not permit any smoking area, even if separately ventilated. The guideline also has developed to comply with the tobacco control law and Rules and also address the principles of FCTC.

Aims of the Smoke Free guideline

- 1 To ensure the implementation of Tobacco control Law with the aim to make 100% smoke free local government
- 1 To protect the non smokers (specially women and children) from the harms of second hand smoking in all public places and public transport in local government area.
- 1 To encourage people to quit smoking and decrease the rate of smoking through increasing the smoke free places.
- 1 To continue the anti smoking and anti tobacco activity and campaign by local governments
- 1 To provide guideline to the local governments about their roles and responsibilities for ensuring the smoke free environment at their own area.
- 1 Promote the culture of a smoke free organisation

6. Local Government Institutions are in action

In the meantime, the initiatives of YPSA has achieved significant progresses

- 1 11 local governments (Chittagong City Corporation, Comilla City Corporation, Cox's Bazar Municipality, Feni Municipality, Noakhali Municipality, Laksmipur Municipality, Brahman Baria Municipality, Chandpur Municipality, Bandarban Municipality, Khagrachari Municipality and Rangamati Municipality) have adopted 11 Smoke free guidelines for their own jurisdiction and each of the local government has given the responsibility to specific department and persons for taking necessary steps to implement their guideline.
- 1 Local governments Institutions are gradually implementing the guideline
- 1 Local governments has incorporated the smoke free issue in monthly meeting agenda
- 1 No of Public places and public transports declared smoke free by local government
- 1 Local Governments printed Vigilance notice with their own budget
- 1 Tobacco advertisement (Billboard, wall painting, signboard) is banned by Chittagong City Corporation
- 1 Cox's Bazar Municipality placed no smoking messages in rickshaw and

tom tom license plat and Chittagong City Corporation also printed messages in rickshaw license plat

- | Bramman Baria, Khagrachari and Chandpur municipality are keeping smoke free message in their holding tax bills and water supply bills
- | Brahman Baria municipality changed their attitude and practice who were giving Cigarettes in the monthly meetings
- | Comilla City Corporation consider non smoker as special quality in their recruitment process.
- | Ward based volunteers groups are formed with the help of 3 councillors of Chittagong City Corporation
- | Local Governments are disseminating Smoke Free messages by different circulations, notice, wall writings, taxi (CNG) campaign etc.
- | 10 local governments allocated a total of 31 lacs 20 thousand taka in their annual budget for the fiscal year 2014-2015 for implementation of Smoke free Guideline and Tobacco Control program.
- | The Smoke Free guideline initiatives of Local Government is replicating by other local governments across the country. And as a result of it a total of 52 local governments adopted smoke free guideline in Bangladesh and 19 local government allocated about 35 lac taka for implementation of guidelines
- | Awareness among the target populations and local government institutions on the harms of smoking and Smoke Free guideline is increasing.
- | To sustain and institutionalize the effectiveness of smoke free guideline by the local governments YPSA also did advocacy with MOLGRD&C. And they motivated to circulate a notice to all local governments by Ministry of Local Government Rural Development and Cooperatives (MOLGRD&C) for adoption of smoke-free guideline as a policy for local governments to all the local government of Bangladesh.

7. Lessons Learned: How to improve the tobacco control intervention

- n Smoke free issue is not the prior issue of any stakeholders including local government and the administration. But once the issue is brought to the authority with all the information like-its harmfulness, tobacco company's conspiracies, adverse effect on the second hand smokers etc can influence the authorities to take immediate measurement.
- n Though the local government has no legal body and no magistracy power for the enforcement of Tobacco control law so it need to empower them for enforcing the TC law. Besides that the local administration could respond positively on the smoke free issue if any Local Government seeks their support for operating mobile court.

- n Regular compliance monitoring is needed to ensure the enforcement of tobacco control law and Smoke Free guideline.
- n The combined body like -Municipality association of Bangladesh can be a effective part to enforce the smoke free bindings to improve the smoke free environment and replicate the best practices in other areas of our country.
- n Long term effort is needed to ensure a sustainable initiative on the smoke free issue.
- n Limited or lack of Resources (Human and financial) within local governments for enforcing Tobacco Control law or guideline is hindering the process of the implementation of SF guideline so it needs to have resource allocation by the local government for smoke free intervention. Efforts should be provided to local government to allocate and to utilize the allocated budget for smoke free issue through facilitating to prepare the action plan and increase the budget in future.
- n Skill and knowledge encourage the activists to work closely on the smoke free issue. So more and effective capacity support is needed for the civil society to carry on the smoke free initiatives for enforcement of the tobacco control law.
- n Recent and Specific area wise research based data on smoking and tobacco use is needed for addressing and conducting advocacy with policy level and local governments
- n Smoking is a kind of social trend in Chittagong Hill Tracts (CHT) areas so it requires intensive and comprehensive tobacco control intervention in CHT
- n Through periodic compliance survey and report the scenario of the enforcement of TC Law can be identified and it can be used to inform the local government about the need for strengthening enforcement. Compliance monitoring findings can be used to educate the general public and civil society about the existence of TC Law and the status of compliance through media.
- n To sustain the effectiveness of smoke free guideline by the local governments it needs to institutionalize the model through mainstreaming the tobacco and smoking issue as a major issue within local government agenda and broaden the scope of local government to implement the Smoke Free guideline and TC law. The local governments also can integrate the smoke free issue with their all programs.
- n Introducing of award for the best practices to encourage the local government to provide their best efforts towards tobacco control initiatives.
- n Authorized officers are the very important part of the implementation of

TC Law and Rules so it needs to mobilize the support from Authorized Officers like Sanitary Inspector.

- n Capacity of law enforcement authorities, authorized officers for enforcing TC Law is needed
- n The enforcement of comprehensive TC Law should be addressed to bring the wide effect of law
- n Direct enforcement of TC Law, operating mobile courts and effective functions of taskforce should be strengthened by the motivation and supporting the local administration and local government.
- n Reporting and monitoring mechanism of local government from local level to national level can ensure the success enforcement of TC Law.
- n For integrating the Tobacco control issue with different government bodies for institutionalizes the issue it needs to produce different circulars from related government department and ministry for tobacco control initiatives. Lobbying should be maintained with Ministry of Local Government, Rural development and Cooperative (MOLGRD&C) to produce a circular for ensuring smoke free environment / produce SF guideline for other LG across the country and integrating the TC issue in their monthly reporting format.
- n Produce sustainable education and communication materials on hazards of tobacco use, TC Law
- n Political commitment is needed to adopt comprehensive tobacco and smoking control measures.

8. Institutionalization for sustainability: Towards Future planning

These above progresses are is not enough considering the harms of tobacco uses. However, there is a long way to go. Despite the above progress a huge number of people remain without meaningful protection from secondhand smoke that will bear the burnt of tobacco epidemic. So it demands the institutionalization of the effectiveness of smoke free guideline by the local governments, effective enforcement of the comprehensive law, awareness and having a strong civil society workforce to work beside the local government. So that the harms from Tobacco use and Second hand smoking will be significantly reduced.

So now YPSA thinks that it needs to have initiatives to strengthen the comprehensive enforcement of the all aspects of Tobacco control Law and Rules by the local administration and law enforcing bodies and also institutionalize the local government initiatives. Local administration, law enforcing agencies, authorized officers are the key players to enforce the law.

For strengthening the direct enforcement of TC law operation of mobile courts, effective functioning of taskforce, enhancement of the capacity and action of local administration and law enforcing bodies should be the main focus areas along with the local government initiatives. For enhancing the enforcement process, assessing the progress and ensuring the accountability a monitoring and reporting mechanism from local to national level are needed. Besides that the integration of TC across various government departments such as health, education, local government, communication and information and also influence the national level concerned bodies to take specific measure on certain tobacco control issues also need to be addressed. The best practices of smoke-free implementation by local government bodies will be sustained through institutionalize their initiatives.

The intervention was designed with the understanding that enactment of legislation alone by the government is not an effective tool in Bangladesh. It needs to involve local government and promising practices for smoke free environment could be replicate in other local government in Chittagong Division and the country. By this initiative the smoke free guideline and tobacco control initiatives will be sustained and bring a good impact in future.

9. Conclusion: Moving towards smoke free Bangladesh

For enforcing the Tobacco control law the government machineries are playing the key responsibility. Local government institutions are also one of the important institutions which also can play significant role in enforcing and implementing the smoke free environment. Other stakeholders like civil society, NGOs, media, professionals groups, activists etc. are other key actors who can assist for taking the tobacco control measures. When all the key players and stakeholders will work together perfectly, then Tobacco control law and Rules will be enforced and implemented effectively, mass awareness will be created and behavior will be changed positively and finally we could move towards smoke free Bangladesh which is the dream of us.

Bangladesh is the 8th country among 10 countries of the highest tobacco users. Considering the socio economical condition, the uses of tobacco is very alarming. But the government and local government are taking this issue very seriously and working to control the tobacco uses all over the country. When the tobacco control issue will integrate with local government agenda as major issue and the best practices of the initiatives of local government which has facilitated by YPSA will replicate across the country

then Bangladesh will gain a huge success in tobacco control in future which ensures rights of human to breathe in a clean air.

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Tobacco and Health: A Youth Perspective

Md. Arifur Rahman* and Md. Abdus Sabur**

Introduction

Smoking cigarettes has many health risks for everyone. Currently, there are an estimated 1.3 billion smokers in the world. The death toll from tobacco consumption is now 4.9 million people a year; if present consumption patterns continue, the number of deaths will increase to 10 million by the year 2020, 70% of which will occur in developing countries. In Bangladesh, approximately 43 percent of adults (age 15+) in use tobacco. Among youth (age 13-15), 42 percent are exposed to secondhand smoke in public places and 35 percent are exposed to secondhand smoke at home (GYTS, 2008). Each year, about 1.2 million cases of illnesses are attributed to tobacco in Bangladesh. Young people are a prime market for tobacco products. With smoking among adults declining, tobacco makers need to replace long-term users who have quit or died. So the tobacco industry recruits replacement smokers from youth and young adults the age groups in which 99% of tobacco use begin.

Tobacco consumption continues to be the leading preventable cause of death in the world. As research and findings continue to show the negative effects of tobacco consumption on health and the number of affected people increases, the list of conditions caused by tobacco consumption has grown. Now it also includes cataracts, pneumonia, acute myeloid leukaemia, abdominal aortic aneurysm, stomach cancer, pancreatic cancer, cervical cancer, kidney cancer, periodontitis and other diseases. These diseases join the familiar list of tobacco-related diseases such as vesicle, lung, oesophagus, larynx, mouth and throat cancer; chronic pulmonary and cardiovascular diseases, and damage to the reproductive system. However, those who consume tobacco are not the only ones exposed to its negative effects. Millions of people, including one half of the world's children, are exposed to second-hand tobacco smoke, known also as passive smoking. There is conclusive evidence linking passive smoking to an increased risk of cardiovascular diseases, lung cancer and other respiratory diseases in adults

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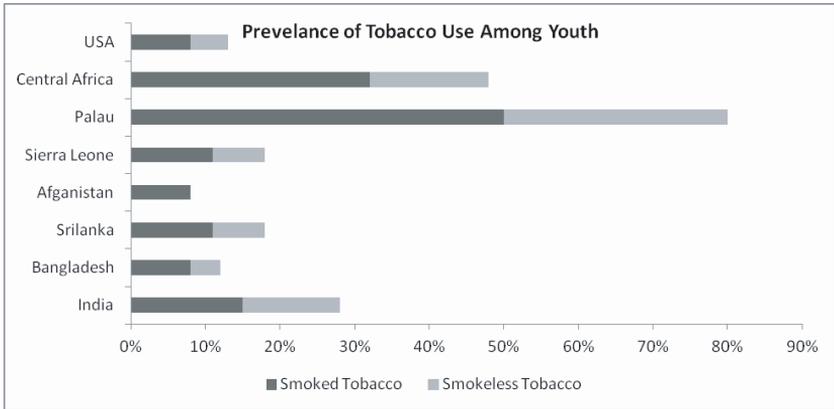
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and respiratory diseases, ear infection and sudden infant death syndrome in children, to name a few of passive smoking's harmful effects. Passive smoking is a health problem that requires society's active effort.

Tobacco use by teens and young adults remains shockingly high. Nearly 90% of these replacement smokers try their first cigarette by age 18. Young adults are a prime target for tobacco advertising and marketing. And messages aimed at this age group also attract the attention of younger consumers a plus for the tobacco industry. Action must be taken now to prevent this from happening. Governments and legislators have a role to play but they are not the only ones. Society at large needs to be involved in the struggle against tobacco.

Types of Tobacco Consumed by Youth

Youth uses in tobacco in many forms which is unsafe. Although cigarette smoking (store bought and hand rolled) is the most common use of tobacco among adolescents worldwide, there are many other tobacco products used by adolescents, including cigars, hookahs, snus, smokeless tobacco, pipes, bidis, keteks, dissolvable tobacco and electronic cigarettes (e-cigarettes) . For some years, a decline in the prevalence of cigarette smoking among adolescents has been observed in developed countries, whereas a reversal has occurred in several low- and middle-income countries. Among other things, this is due to the widespread availability of smuggled cigarettes, which make international brands more affordable to the low-income consumers and the youth, thus stimulating consumption. Cigarette volume sales have still increased at higher rates in the Asia-Pacific region, the Middle East and Africa than in the rest of the world. The use of smokeless tobacco products has remained unchanged in several developed and developing regions of the world, but the types of smokeless tobacco products vary widely. Over the past 5 years, more and more young people tended to smoke some kind of waterpipe. Its popularity is due to its easy availability, attractive designs and flavored aromatic tobacco. Young people enjoy the socializing, mingling with friends and the relaxing moments associated with this type of tobacco consumption, but they are not aware of the harmful effects of nicotine, chemicals and charcoal carcinogens. They assume waterpipe smoking is healthier and has less addictive effects than cigarette smoking, and they do not realize the added risk of transmissible and communicable diseases associated with this type of tobacco usage.



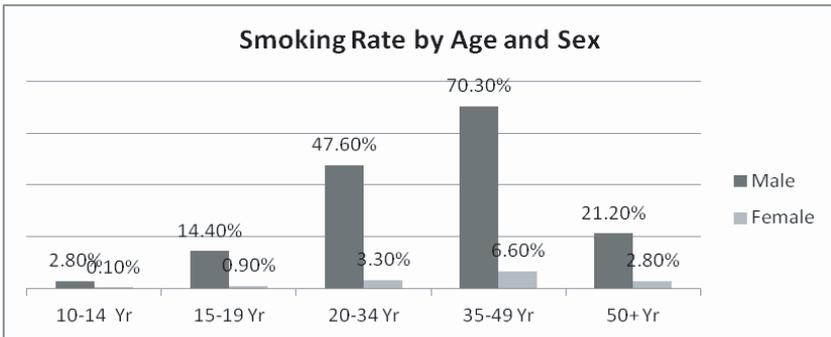
Source: Loddenkemper R, Kreuter M (eds): *The Tobacco Epidemic*, ed 2, rev. and ext. ProgRespir Res. Basel, Karger, 2015, vol 42, pp 158-170

It appears that the usage of e-cigarettes is increasing rapidly among young people over the last years. Between 2011 and 2013, in the USA, the number of never-smoking young people who used e-cigarettes increased from 79,000 to over 263,000, and the intention to smoke conventional cigarettes was 43.9% among ever e-cigarette users and 21.5% among never e-cigarette users (Kreuter. M, 2015). This finding suggests that e-cigarette use is aggravating rather than ameliorating the tobacco epidemic among youths. E-cigarettes used by adolescents are a unique concern, as the extents of the adverse health effects are unknown and the reasons for their use are still under further investigation. Whereas the use of e-cigarettes among adults is often associated with the attempt to stop smoking, different reasons apply to adolescents. The increasing desire to experiment with e-cigarettes is more a consequence of seeking new and different sensations and experiences, combined with the willingness to accept the added risks to achieve them. Adolescents trying out cigarettes are also more inclined to try out e-cigarettes and vice versa. This is especially troubling, as the majority of young adults do consider e-cigarettes to be safer than cigarettes, and, therefore, it is unclear if the use of e-cigarettes may reduce inhibition thresholds towards tobacco and other harmful substances. It is conceivable that e-cigarettes may help to make cigarettes more acceptable again and act as a potential gateway for increased tobacco usage.

Tobacco and Gender

The tobacco epidemic has recently expanded among women worldwide. Recent data from the Global Youth Tobacco Survey show that tobacco consumption among girls is increasing drastically around the globe, and that prevalence is, in many cases, comparable to or even greater than boys.

Bangladesh Bureau of Statistics conducts surveys on smoking rates. As figure shows, smoking rates are higher among men than women. In 2001 the highest reported rate (70.3 percent) was for men age 35-49, while the lowest (0.1 percent) was for girls age 10-14. A significant flaw in the prevalence measures is that they cover only smoking, not tobacco consumption as a whole. Tobacco chewing is common in Bangladesh, particularly among women. A study by Naripokho, a nongovernmental organization (NGO) working on women's issues, indicates that the rate for use of all forms of tobacco, smokeless and smoked by women is around 50 percent, but no nationwide or large-scale surveys exist to verify this finding.



Source: BBS, 2001

Developing countries, which are making an enormous effort to improve health conditions at childbirth and decrease maternal and infant mortality, are now facing an added burden in achieving this goal, as the number of mothers who smoke increases. Babies born to these women are on average 200 grams (8 ozs) lighter than babies born to comparable mothers who do not smoke. Furthermore, research has shown that cigarette smoking may contribute to inadequate breast milk production, as well as to other increased health risks to the newborn child. Studies show that women who smoke have up to four times higher risk of developing cervical cancer compared to those who are

non-smokers, and the risk increases with duration of smoking. The latest United States Surgeon General report on tobacco and health concluded that smoking causes cervical cancer. Cervical cancer is the leading killer cancer in women worldwide, with more than half a million new cases diagnosed annually. Tobacco control measures and smoke cessation could contribute to the reduction of this burden in woman's health and the improvement of maternal-child health in developed and developing countries.

Tobacco Harms Economy and Sustainable Development

The association between tobacco and poverty is now well established and this issue has been more seriously addressed as a result of last years' World No Tobacco Day theme: Tobacco and poverty: A vicious circle. Not only are the poorer populations those who consume tobacco the most but tobacco in turn increases poverty.

The tobacco epidemic is moving towards the poorer and least educated

TOBACCO ECONOMICS: BANGLADESH CONTEXT

- About 10% people age 30+ suffer from 8 tobacco related diseases
- These diseases cause 16% of all deaths; 9% of all deaths are directly attributable to tobacco
- Each year, over 57,000 deaths are attributed to tobacco use (one in six deaths among 30 years and older)
- Tobacco cultivation causes 30% of annual deforestation. In terms of severity of tobacco-mediated deforestation, Bangladesh is placed the third globally.
- Bangladesh - one of the largest tobacco consuming countries in the world
- Consumed in many forms: smoking of cigarettes, bidis, water pipe (hookah), and chewing (with betel leaves and nuts, as jarda, sadapata, gul, khoinee)
- 2011 estimates 46.3 million adults ages 15 years and above (out of 107 million) use tobacco product (smoke and smokeless)
- 43% ages 15+ consume some type of tobacco product (men 58%, women 28.7%)
- 23% adults are smokers (21% daily smokers); men are much more likely to smoke than women (44.7% and 1.5%)
- Youth tobacco use, 2007) 6.9% in-school youth ages 13-15 use tobacco product (2% cigarette smoker).

Source: Barkat. A, 2013

worldwide. The tobacco industry is targeting developing countries where

they find less resistance to introduce their products and have an enormous potential new market, especially among women and youth. These countries, which have scarce resources for health and still suffer from the burden of communicable diseases, will not be able to afford to treat a population suffering from the consequences of tobacco consumption. The impact of tobacco consumption and production goes beyond the areas of health and poverty in the strict sense. Tobacco also has a negative impact on diverse areas that can reflect poverty such as maternal health, child mortality and morbidity and environmental sustainability. A recent World Health Organization (WHO) publication *The Millennium Development Goals and Tobacco Control: An Opportunity for Global Partnership* also addresses the negative impact of tobacco in development issues. The paper documents the negative effect that tobacco cultivation and tobacco use have on poverty and development and demonstrates the relevance of tobacco control in achieving each of the eight United Nations Millennium Development Goals.

Smoking and Health

In Bangladesh, more than 95,000 people die each year from tobacco-related diseases. It's well known that smoking is bad for your health and causes many serious diseases later in life. In fact, one out of three adolescents who continue to smoke regularly will die prematurely from cigarette smoking. But did you know that smoking can also harm young smokers' health right away?

Early Smoking Can Cause Early Heart Disease

Research shows that smoking during adolescence and young adulthood causes early damage to the abdominal aorta, the large artery that carries oxygen-rich blood from the heart through the abdomen to major organs. Even young adults who have only been smoking for a few years can show signs of narrowing of this large artery. When a person breathes tobacco smoke, it causes immediate damage to blood vessels throughout the body. Repeatedly breathing tobacco smoke can cause a mixture of scar tissue and fats to build up inside blood vessels. This plaque makes blood vessels narrow and limits blood flow.

Early Smoking Can Harm Lungs Now

Young people are still growing. Their lungs don't reach full size until late

teens for girls and after age 20 for boys. Adults who smoked during adolescence can have lungs that never grow to their potential size and never perform at full capacity. The lungs of young smokers don't perform as well as those of nonsmokers. Because their lungs don't work as well, they are short of breath and may have more trouble participating in sports and other physical activities. Even though people who stop smoking will improve their health dramatically, early lung damage doesn't go away completely in most cases

Smoking Can Lead to Cancer

Tobacco smoke contains about 70 chemicals that can cause cancer. It's no surprise, then, that smoking causes about one in three of all cancer deaths in the United States. And it can cause cancer almost anywhere in the body by damaging DNA.

Smoking Can Lead to Infectious Diseases

There is a growing body of evidence linking smoking and an increased risk of tuberculosis infection, disease and mortality. Studies carried out in India, for instance, show that half the male tuberculosis deaths in that country are caused by smoking, and three quarters of the smokers who were infected with tuberculosis (TB) would not have been infected if they had not smoked. The exact physiological mechanism for this association has yet to be completely elucidated but damage to pulmonary mucosa by tobacco smoke, which makes it more susceptible to infection, as well as weight loss and malnutrition in smokers, could be possible mechanisms. The latter would be of special importance among the poorest sector of the population and especially among women. The incidence of tuberculosis in some developing countries is high and has been aggravated lately by the HIV-AIDS epidemic (WHO, 2005).

Why Young People Use Tobacco

There are many reasons young people begin using tobacco. Teenagers, and even preteens, are developing behaviors, social connections, and attitudes. They often experiment with different behaviors because they see these behaviors in peers they admire, in adults they hope to be like someday, or in media or entertainment idols.

Social Influence

Adolescents and young adults are very susceptible to social influences. If they see tobacco use as a normal behavior because their friends or family members use tobacco, young people are more likely to try tobacco themselves. Teens and young adults highly value their friendships and want to fit in with their group. What their peers do and especially what the leaders of their social groups do can have a strong influence on what they do. Young people whose friends smoke are much more likely to smoke as well.

Physical Influence

Nicotine is just as addictive as heroin and cocaine. Because they are sensitive to nicotine, teens can feel dependent on tobacco sooner than adults. There is also evidence that genetics might make it more difficult for some young people to quit smoking once they have started.

Environmental Influences

Teens and young adults are sensitive to what they see and hear in the world around them. If they are exposed to images that portray smokers as cool, attractive, rebellious, fun-loving, risk-taking, or other characteristics they admire, young people may want to smoke, too. Such images are often found in advertising displays at convenience stores and other outlets that sell tobacco. Communities that allow the sale of cigarettes and other tobacco products near schools/colleges have higher rates of youth tobacco use than do communities that have tobacco free zones around schools. If teens and young adults see tobacco use in their homes or in public places within their communities, these images encourage them to see smoking as a normal part of adult behavior.

Movies

For many years, tobacco companies paid studios to have their products appear in movies. Even though this practice is no longer allowed, movies for youth, and even some movies for children, may include images of characters using tobacco. These images are powerful because they can make smoking seem like a normal, acceptable, or even attractive activity. Young people may also look up to movie stars, both on and off screen, and may want to imitate behaviors they see.

Over time, the number of images of tobacco use in movies has gone down. But movies still contain thousands of images of tobacco use that are proven to encourage young people to start smoking.

Business Policy

Tobacco companies use multiple methods and spend lots of money to convince young people that using tobacco is OK even attractive. Their business depends on getting these young consumers to try-and to keep using their products. Tobacco companies lower prices through coupons and other promotions so that consumers can afford to buy their products. Teens are especially sensitive to pricing. It's a good practice of Bangladesh Government to increase the prices of cigarettes at market.

Making product Easy to Buy

A number of laws limit face to face and vending machine sales of tobacco products to young people. But there is less oversight online. While most websites say buyers must be at least 18 years old, research found that 15 and 16 year olds were able to place orders successfully. Nearly 8 out of 10 of those young people received their orders, and only 1 out of 10 shipments required proof of age at the time of delivery of the tobacco product.

Designing Product That Appeal to Youth

Cigarettes that appeal to new smokers are often smoother and milder to improve taste and reduce the body's physical reaction to the smoke. While flavored cigarettes are now prohibited, the industry still puts fruit flavoring and other kid-friendly flavors in many of their cigars. This is especially true for cigarette sized cigars, which are now available in many flavor varieties such as grape and strawberry that youth find appealing in other products. Many of these little cigars look exactly like cigarettes with a darker wrapper. Many smokeless products are also flavored. These include chew and snuff-which come in a variety of forms and new smokeless products, such as dissolvable tobacco. All of these products can cause serious health problems and lead to nicotine addiction and future smoking. And tobacco companies are still using different techniques to make many cigarette brands taste less harsh especially brands that young people often use when they start smoking. Young people sometimes use smokeless tobacco products in places where cigarettes are banned, such as schools. Snus (dry snuff in a pouch), anddissolvable smokeless products in particular, provide a discreet way for

young people to maintain their addiction to nicotine even when they can't smoke. In fact, most youth users of these smokeless products also smoke cigarettes. The biggest danger of these products is that they may introduce kids to nicotine, putting them at risk for nicotine addiction.

Myth: Smoking helps you lose weight

Many young people, especially girls and young women, believe that smoking can help them lose weight. But studies show that's not true young people who smoke are not thinner than those who don't.

Cigarette marketing encourages the myth that smoking causes weight loss. And it targets women with brand names that suggest thinness, as well as with long, thin cigarettes.

Creating A Packages That Appeal to Youth

Packaging has a powerful visual impact. Users come to associate certain brands with certain qualities. Words on packages, such as "slims" and "thins," push the myth of weight loss. Before they were banned, some words ("low tar," "light," "mild") falsely suggested safety. Studies show that color makes a difference too. Smokers tend to think that cigarettes in lighter-colored packs are "lighter" and safer than cigarettes in darker-colored packs—even when both packs contain the exact same cigarettes.

Retail Marketing

Tobacco companies use many marketing and advertising tools at stores that sell tobacco products. Even the locations where tobacco products are sold can have an impact on tobacco use by young people. For example, more cigarettes are sold in convenience stores than in any other type of store, and 70% of adolescents shop in convenience stores at least once a week—where they are more likely to be exposed to prosmoking messages.

For many years, the tobacco industry has offered sellers financial rewards and discounts when they sell large volumes of their products. Some stores and gas stations place tobacco products on or near checkout counters a visible spot that may trigger impulse buying. They also run sales on tobacco products and place vivid, eye-catching ads in windows and outside their buildings. Ads inside the store are sometimes at eye level for preteen

children, which research shows might influence them to try tobacco products later.

Using Media to Promote Product;

Digital Media

Many cigarette companies use websites to promote their products. Some of these websites feature videos, games, coupons, and contests that may appeal to youth. Meanwhile, some young people are using social networking channels (Facebook, Twitter, discussion forums, message boards, and YouTube videos) to sing the praises of tobacco, especially to their peers.

Magazines

Tobacco ads are not allowed on TV or on billboards. But they may still be found in mainstream magazines targeted to adults, and many young people read these. These ads often suggest that using tobacco can make you sexy, popular, thin, and cool.

Reducing Youth Tobacco Use

Prevention is critical. If young people don't start using tobacco by age 26, they almost certainly will never start (CDCP, 2012). If we choose to, we can end the tobacco epidemic in the country. But it's going to take all of us parents, teachers, health care providers, communities, states, schools, colleges and policymakers supporting policies, programs, and media campaigns that prevent tobacco use by youth and young adults. The good news is that there are many things we can do to help keep teens and young adults tobacco-free. We can;

- Create a world where seeing people smoke or use other tobacco products is the exception, not the norm.
- Take steps that make it harder for youth to use tobacco, such as raising cigarette prices and enforcing laws that prohibit the sale of tobacco to children.
- Further limit tobacco marketing that is likely to be seen by young people.
- Limit youth exposure to smoking in movies and other media.
- Educate young people and help them make healthy choices.
- Set an example-encourage young people to avoid tobacco use by quitting ourselves.

- To make policies and programs that contain several parts working together to make tobacco use more difficult and less accepted are the ones that work best.
- Here are some policies proven to work best;
- Make tobacco products less affordable.
- Restrict tobacco marketing.
- Ban smoking in public places-such as workplaces, schools, day care centers, hospitals, restaurants, hotels, and parks.
- Require tobacco companies to label tobacco packages with large, graphic health warnings.
- Mass media campaigns against tobacco use-most often TV ads-have proven very effective at helping prevent tobacco use by young people.
- Parents can help his/her children make healthy choices about tobacco use.
- Community programs and school and college policies and interventions that encourage tobacco-free environments and lifestyles
- Community programs that reduce tobacco advertising, promotions, and availability of tobacco products.

Conclusion

Tobacco has generally seemed too remote and insignificant an issue in the country's agenda of concerns as Bangladesh. According to the World Health Organisation (WHO) report on the Global Tobacco Epidemic 2008, nearly two thirds of the world's smokers live in 10 countries including Bangladesh. The number of young tobacco users in this country is high and it's progressing. The young people who smoke their first cigarette today are at great risk for developing a serious chronic disease from smoking. And in long-term smokers die prematurely from a tobacco-related disease. Addressing these issues, the fight against tobacco has been taken for many years. Finally, we have made strides in the fight against tobacco. The long awaited bill Smoking and Tobacco Product Usage (Control) Bill 2013 has already been placed in the parliament, reviewed and waiting for final signature. Bangladesh ratified the WHO Framework Convention on Tobacco Control (FCTC) on June 14, 2004. Even with the flawless law in place, implementation of law is the biggest challenge of Bangladesh. Most of the people are not aware about the law. There is a need of strong nationwide campaign, advocacy and social movement to addressing the effect of tobacco uses through community awareness and sensitization, drama, folk song, concert, vehicle branding with smoke free message, human chain, day observation, national and international level advocacy and press conference.

These initiatives have made significant success.

As a society, we can no longer allow our young people's health to go up in smoke. We must work together to prevent teens and young adults from using tobacco, and we must continue to help those who start using tobacco to quit. In doing so, we will help young people live longer and healthier lives than the generation who came before them. And we will end the tobacco epidemic in this country. Let's finish what we started help make the next generation tobacco-free!

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Useful Web links;

http://global.tobaccofreekids.org/en/global_epidemic/bangladesh/

<http://archive.thedailystar.net/beta2/news/tobaccocontrolinbangladeshandchallengesahead>

http://www.amic.org.bd/index.php?option=com_content&view=article&id=75&Itemid=55

http://www.searo.who.int/entity/diseases/ban_gyts_report_2007.pdf

Tobacco and Public Health Hazards

Md. Shairul Mashreque

Introduction

Public health is concerned with the 'total system and not only the eradication of a particular disease'. The three main public health functions are:

- 1. The assessment and monitoring of the health of communities and populations at risk to identify health problems and priorities.
- 1. The formulation of public policies designed to solve identified local and national health problems and priorities.
- 1. To assure that all populations have access to appropriate and cost-effective care, including health promotion and disease prevention services.

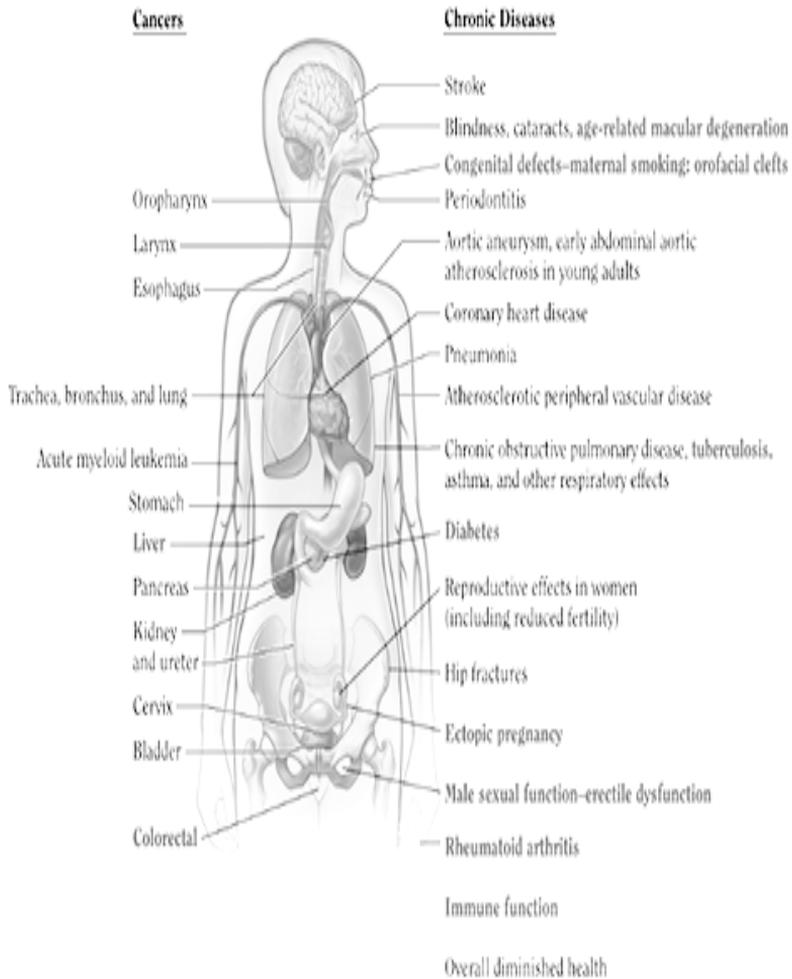
State always concern about health of the population. "Public health is an organized efforts and informed choices of society, organizations, communities and individuals." (1920, C.E.A. Winslow cited in Wikipedia) It is concerned with threats to the health overall of a community based on population health analysis.:

1. It deals with preventive rather than curative It deals with population-level, rather than individual-level
2. The focus of intervention is to prevent rather than treat a disease through surveillance of cases and the promotion of healthy behaviors. In addition to these activities, in many cases treating a disease may be vital to preventing it in others, such as during an outbreak of an infectious disease Hand washing vaccination programs and distribution of condoms are examples of such measures.

The goal is to improve lives through the 'prevention and treatment of disease'. Health has been defined by WHO as as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Numerous studies have appeared on health hazards out of tobacco uses(see references)

Smoking and Health problems

Needless to say smoking is injurious to health. There is a statutory warning like this on cigarette packet. Centers for Disease Control and Prevention reports 'Smoking Harms nearly every organ of the body causing auses many diseases and reduces the health of smokers in general. Quitting smoking lowers your risk for smoking-related diseases and can add years to your life'



(Adopted from a Health Journal)

Smoking is the 'leading preventable cause of death in the United States'.

- | Cigarette smoking causes more than 480,000 deaths each year in the United States. This is about one in five deaths
- | Smoking causes more deaths each year than all of these combined:
 - m Human immunodeficiency virus (HIV)
 - m Illegal drug use
 - m Alcohol use
 - m Motor vehicle injuries
 - m Firearm-related incidents
- | More than 10 times as many U.S. citizens have died prematurely from cigarette smoking than have died in all the wars fought by the United States during its history.
- | Smoking causes about 90% (or 9 out of 10) of all lung cancer deaths in men and women. More women die from lung cancer each year than from breast cancer.
- | About 80% (or 8 out of 10) of all deaths from chronic obstructive pulmonary disease (COPD) are caused by smoking.
- | Cigarette smoking increases risk for death from all causes in men and women
- | Smokers are more likely than nonsmokers
- | Smoking tends to develop heart disease, stroke, and lung cancer.

Smoking is estimated to increase the risk-

- m For coronary heart disease by 2 to 4 times
- m For stroke by 2 to 4 times
- m Of men developing lung cancer by 25 times
- m Of women developing lung cancer by 25.7 times¹
- | Smoking causes diminished overall health, such as self-reported poor health, increased absenteeism from work, and increased health care utilization and cost.¹

Smokers are at greater risk for diseases that affect 'the heart and blood vessels (cardiovascular disease).'

- | Smoking causes stroke and coronary heart disease-the leading causes of death in the United States.
- | Even people who smoke fewer than five cigarettes a day can have early signs of cardiovascular disease.
- | Smoking damages blood vessels and can make them thicken and grow narrower. This makes your heart beat faster and your blood

- pressure go up. Clots can also form.^{1,2}
- | A heart attack occurs when a clot blocks the blood flow to your heart. When this happens, your heart cannot get enough oxygen. This damages the heart muscle, and part of the heart muscle can die.
- | A stroke occurs when a clot blocks the blood flow to part of your brain or when a blood vessel in or around your brain bursts.
- | Blockages caused by smoking can also reduce blood flow to your legs and skin.^{1,2}

Smoking can cause lung disease by 'damaging your airways and the small air sacs (alveoli) found in your lungs'.

- | Lung diseases caused by smoking include COPD, which includes emphysema and chronic bronchitis.
- | Cigarette smoking causes most cases of lung cancer.
- | If you have asthma, tobacco smoke can trigger an attack or make an attack worse.
- | Smokers are 12 to 13 times more likely to die from COPD than nonsmokers.

Smoking can cause cancer almost anywhere in your body: (See figure above)

- | Bladder
- | Blood (acute myeloid leukemia)
- | Cervix
- | Colon and rectum (colorectal)
- | Esophagus
- | Kidney and ureter
- | Larynx
- | Liver
- | Oropharynx (includes parts of the throat, tongue, soft palate, and the tonsils)
- | Pancreas
- | Stomach
- | Trachea, bronchus, and lung

If nobody smoked, 'one of every three cancer deaths in the United States would not happen.^{1,2} Smoking increases the risk of dying from cancer and other diseases in cancer patients and survivors'

Smoking harms nearly every organ of the body and affects a person's overall health.

- | Smoking can make it harder for a woman to become pregnant and can

- affect her baby's health before and after birth. Smoking increases risks for:
 - m Preterm (early) delivery
 - m Stillbirth (death of the baby before birth)
 - m Low birth weight
 - m Sudden infant death syndrome (known as SIDS or crib death)
 - m Ectopic pregnancy
 - m Orofacial clefts in infants
- | Smoking can also affect men's sperm, which can reduce fertility and also increase risks for birth defects and miscarriage (loss of the pregnancy).
- | Smoking can affect bone health.
 - m Women past childbearing years who smoke have lower bone density (weaker bones) than women who never smoked and are at greater risk for broken bones.
- | Smoking affects the health of your teeth and gums and can cause tooth loss
- | Smoking can increase your risk for cataracts (clouding of the eye's lens that makes it hard for you to see) and age-related macular degeneration (damage to a small spot near the center of the retina, the part of the eye needed for central vision).
- | Smoking is a cause of type 2 diabetes mellitus and can make it harder to control. The risk of developing diabetes is 30-40% higher for active smokers than nonsmokers.
- | Smoking causes general adverse effects on the body. It can cause inflammation and adverse effects on immune function.
- | Smoking is a cause of rheumatoid arthritis.
- | Quitting smoking cuts cardiovascular risks. Just 1 year after quitting smoking, your risk for a heart attack drops sharply.
- | Within 2 to 5 years after quitting smoking, your risk for stroke could fall to about the same as a nonsmoker's.
- | If you quit smoking, your risks for cancers of the mouth, throat, esophagus, and bladder drop by half within 5 years.
- | Ten years after you quit smoking, your risk for lung cancer drops by half.

According to the report of Sabnam Deeba, (2010) about tobacco induced health hazards :

- | Currently there are 1.3 billion smokers in the world, which excludes millions of users of other form of tobacco. Tobacco kills one in ten persons globally, accounting for approximately 5 million deaths per

year, out of which 1.2 million deaths occur in the South-East Asia Region (SEAR). This figure is expected to rise to 10 million annual deaths by 2030, with 70% of the deaths occurring in low income countries.

- 1 The tobacco consumption scenario in the SEAR is different from other regions in its complexity. There is great variation in the pattern and mode tobacco use, both in smoking and smokeless forms, such as cheroots, kreteks, panmasala, betel quid with tobacco, gutka, etc. Tobacco consumption in the Region is increasing rapidly, especially among the youth and the poor. The current tobacco consumption rates in men ranges from 26% to 60% although the same in women is considered to be low (2% to 7%) except for Nepal (29%), Bangladesh (21%), Myanmar (21%) and Maldives (15%). Recent prevalence reports from countries like India and Bangladesh show an increasing prevalence among females.
- 1 Bangladesh has a huge population of 138.6 million (2005 estimate). According to 2004 prevalence data (a study conducted by WHO), 37% people aged 15 years and above (i.e., 30.9 million) use tobacco in some form or other. Use of smokeless tobacco is a huge problem in women. In 2004, 57,000 people died and 3,82,000 became disabled due to eight tobacco related illnesses. Bangladesh was the world's 18th leading tobacco producer in 1994 and continues to be the 4th largest producer of cigarettes in the Region.
- 1 Tobacco-related illnesses such as cancer, cardiovascular and respiratory diseases are already major problems in Bangladesh as in most countries of this Region. Tobacco related cancers account for about half of all cancers among men and one-fourth among women. Due to a very high prevalence of chewing tobacco use in various forms, Bangladesh has significant incidences of oral cancers in the world. Heart attacks in Bangladesh, as compared to western countries, occur at younger ages. Most of the victims of heart attacks below the age of 40 are smokers. Smoking largely attributes to chronic obstructive pulmonary diseases. Tobacco is the second leading cause of all non-communicable diseases. Tobacco poses a major challenge not only to health, but also to economic development. A recent study conducted by WHO Bangladesh indicates that tobacco control is economically beneficial for Bangladesh especially for the poor. Tobacco use is a major drain on the national financial resources, and further impoverishes the poor.

- | Recognizing the enormous premature mortality caused by tobacco use and adverse effects of tobacco on social, economic and environmental aspects, the Member States of the World Health Assembly in May 1996 decided to initiate an international instrument on tobacco control (WHO, 49.17). In May 1999, the World Health Assembly adopted by the 56th World Health Assembly in May 2003 under the president - ship of the honourable Health and Family Welfare Minister of Bangladesh. Bangladesh was the first country to sign the Convention. The FCTC enters into force and become part of international law on 27 February after ratification by 40 countries. Member countries of the South-East Region have shown their strong commitment towards tobacco control. Ten out of eleven countries in the Region have signed the FCTC and nine countries have ratified it.

- | Although Bangladesh has enacted a tobacco control law in 2005 in accordance with some of the provisions of WHO FCTC, its regulations also came into force in September 2006. However, these guiding documents are not sufficient for implementing the tobacco control programmes. The provisions of the FCTC/Law should be appropriately reflected in the strategic plan of actions in order to reduce tobacco consumption, to promote cessation of tobacco use, to protect nonsmokers from environmental tobacco smoke and to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and tobacco consumption and exposure to tobacco smoke. This strategic plan of action provides a framework for comprehensive tobacco control in Bangladesh for four years, 2007-2010.

- | A knowledge-based society deserves positive developmental attitude from its organizations in order to i mass people. Obviously, the organizations aim to progress their own society. Young Power in Social Action (YPSA) is such a social development organization that envisions a society without poverty where everyone's basic needs and rights are ensured. For about 15 years now, YPSA has been involved in providing health services, education and promoting general public health in Greater Chittagong Division.

- | High prevalence of smoking and tobacco use, low awareness about harmful effects of smoking and tobacco use and weak regulatory measures prompted YPSA's action and involvement in anti tobacco

movement from its inception. YPSA is a founder member of Bangladesh Anti Tobacco Alliance (BATA) and since inception YPSA has been observing World No Tobacco Day each year in all of its working areas including the 4 local government units where its current smoke free project is being implemented.

Early involvement also included extensive advocacy experience in championing for the development of National Smoking and Tobacco Legislation enacted and adopted in 2005 jointly with other agencies under Bangladesh Anti-Tobacco Alliance (BATA). Other involvement included awareness campaigns and developing of information, education and communication material on harmful effects of smoking and tobacco use and dissemination in all 8 Districts in Chittagong Division.

Whereas the Government of the republic of Bangladesh ratified WHO FCTC, later developed national smoking and tobacco control law in 2005 and action plans, there persist high prevalence of smoking and exposure to secondhand smoke especially in regional cities like Chittagong, local towns and districts. This may be attributed to the general low awareness about harmful effects of exposure to secondhand smoke among the public and local leaders, low awareness about national smoking and tobacco control law and its application at the local level, weak local smoking regulation among other issues.

According to WHO Framework Convention on Tobacco Control, guidelines for Implementation, monitoring implementation of Article 5.3 of the Convention and of these guidelines are essential for ensuring the introduction and implementation of efficient tobacco control policies. This should also involve monitoring the tobacco industry, for which existing models and resources should be used, such as the database on tobacco industry monitoring of the WHO Tobacco Free Initiative. Nongovernmental organizations and other members of civil society not affiliated with the tobacco industry could play an essential role in monitoring the activities of the tobacco industry.

Realizing the need to reduce health risks by strengthening smoking regulation at workplaces and public places, as a nongovernmental organization, YPSA expanded its efforts to promote smoke free environments. Since April 2009 YPSA has been implementing smoke free project dubbed '**Promoting smoke free local government and public spaces in Chittagong Division**' with financial assistance from Campaign for

Tobacco Free Kids (CFTFK) and Bloomberg Global Initiative To Reduce Tobacco Use.

The project aims to promote smoke free local government and public spaces within Chittagong Division, by advocating for smoke free policies and practices at City Corporation and Municipal level as a preventive and regulatory mechanism in compliance with National Smoking and Tobacco Control Act 2005 (Project Documents of YPSA).

The project is being implemented in 4 Districts such as Chittagong City Corporation, Cox's Bazaar, Comilla and Feni targeting an estimate mechanism in compliance with National Smoking and Tobacco Control Act 2005. (Ibid)

The project is being implemented in partnership with local governments and it seeks to help mobilizing the local agencies and other partners to work together to control the tobacco epidemic, particularly through the formulation and implementation of smoke free policies at the local government institutions and public spaces under their jurisdiction. (Ibid)

Meanwhile, YPSA conducted qualitative assessment to gain understand Local government authorities perceptions on smoke free policies, perceived and actual capacity gaps while identifying opportunities to inform and enable YPSA's smoke free project introduce, get smoke free policies developed and enforced by the selected local government units. (Ibid)

There is an intrinsic connection between smoking tobacco and TB. Cigarette smoking can affect how someone becomes infected with the TB bacteria and how the infection progresses to active TB disease in three main ways (Public health agency, Canada 2010)

- 1 smoking damages the lungs and can make smokers more susceptible to TB infection;
- 1 smoking harms the body's immune system, meaning smokers are less able to combat TB infection; and
- 1 smoking reduces the effectiveness of TB treatment which can lead to longer periods of infection and/or more severe forms of the disease.

Yes. If cigarette smokers breathe in TB bacteria, they may be up to three times more likely to develop latent TB infection than non-smokers. The risk of infection also increases the more you smoke and the longer you have been

smoking.

For a person with latent TB infection, cigarette smoking increases their risk of developing active TB disease by two to three times, compared to non-smokers. Smoking also increases the risk of death among TB patients up to six times.

Even if you have been cured in the past, the risk of developing active TB disease again is three times higher in cigarette smokers compared to non-smokers.

Quitting smoking is one of the best ways you can protect yourself from developing active TB disease. Quitting smoking will not only decrease your risk of developing TB disease, but it will also help your treatment for latent TB infection.

If you are looking for counselling to help you stop smoking, your physician is the best professional to seek advice from. He or she can help you find a program or treatment that can help you quit.

Smoking is associated with more severe disease and an increased death rate so quitting is the best action you can take when you are diagnosed with TB. In fact, up to one in every five deaths from TB could be avoided if the individuals did not smoke.

After you quit, most immune system problems caused by smoking can be reversed.

Speak to your physician about cessation counselling and how you can quit.

Exposure to second-hand smoke increases the risks of both TB infection and development of active TB disease among children and adults. For children and young adults, the more second-hand smoke they are exposed to, the higher the risk of developing TB.

In addition to endangering their own health, TB patients who smoke in the home are also placing their families at a greater risk of TB infection. It is very important to keep your home smoke-free.

In rural Bangladesh and also among working forces in urban areas skoking BIRI is rampant. So TB patients are plenty in number. This problem needs to be addressed. Bangladesh has hospital for TB patients with proper treatment facilities. Many once admitted have become rid of TB after a long treatment.

Conclusion

So public health narratives in tandem with tobacco use reveal the amount of concern shown by the national and international agencies. Tobacco generates numerous diseases, some being killers. Campaign against tobacco use in cigarette and betel leaf chewing ought to be reinforced. Public health professionals monitor and diagnose the health concerns of entire communities and promote healthy practices and behaviours to ensure that populations stay healthy. One way to illustrate the breadth of public health is to look at some notable public health campaigns:

- | Vaccination and control of infectious diseases
- | Motor-vehicle safety
- | Safer workplaces
- | Safer and healthier foods
- | Safe drinking water
- | Healthier mothers and babies and access to family planning
- | Decline in deaths from coronary heart disease and stroke
- | Recognition of tobacco use as a health hazard.

The term global public health recognizes that, as a result of globalization, forces that affect public health can and do come from outside state boundaries and that responding to public health issues now requires attention to cross-border health risks, including access to dangerous products and environmental change (WHO).

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Smoking and Cancer in Bangladesh

Dr. Shalina Akther

Cancer is an unfavorable outcome of the interaction between genes and the environment. Genetic faults and some environmental factors cause mutations in the cells. Food habit, lifestyle and tobacco smoking influence the mutation.

Risk of cancer is concerned mostly with tobacco smoking and dietary factors. Scientific investigation shows that lower intake of beta carotene enhances the risks of lung, breast, cervical and oral cancer. Fruits and vegetables rich in beta carotene reported as lower intake are primary concerned to the risks of cancer.

Public health still in Bangladesh demands a huge improvement. Unsafe food intake is one major factor to deteriorating public health conditions in Bangladesh. Using formalin in foods is having a much attention by the administrator, health practitioners in Bangladesh. Using formalin in fresh fruits, vegetables and fishes in Bangladesh has been emerged as an outbreak. Scientists find that direct consumption of formalin through foods can be a cause of different types of cancer, especially lung cancer. Tobacco smoking is also a largest cause of many type of cancer. It is well established that 90% of lung cancers are caused by smoking and that lung cancer is the leading cause of cancer related death in the world.

The International Agency for Research on Cancer (IARC) reports that tobacco smoking increased risks of cancers of the lung, oral cavity (mouth), pharynx, larynx, esophagus, pancreas, bladder and kidney. Tobacco causes 18 types of cancer, heart disease, strokes and in addition to many other diseases. World-wide, tobacco use is responsible for:

- | 90% of all lung cancers deaths
- | 20% of all other cancer deaths like Bladder, Cervix, Kidney, Larynx, Mouth, Pancreas, Throat
- | 25% of cardiovascular disease.

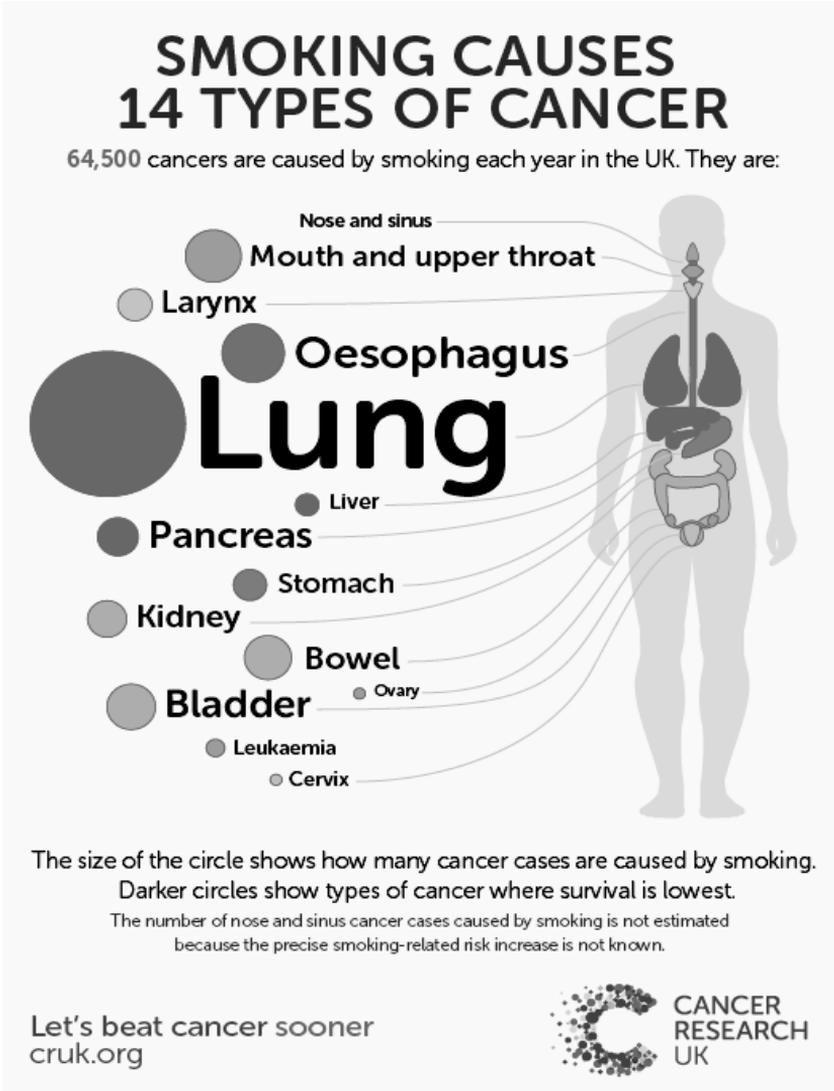
Why tobacco is the most common cause for cancer? Cigarettes, cigars, and pipe tobacco are made from dried tobacco leaves, and ingredients are added for flavor and to make smoking more pleasant. The smoke from these products is a complex mixture of chemicals produced by the burning of tobacco and its additives. Tobacco smoke is made up of more than 7,000 chemicals, including over 70 known to cause cancer (carcinogens). Some of these substances cause heart and lung diseases, too, and all of them can be deadly. These chemicals are cyanide, benzene, formaldehyde, methanol (wood alcohol), acetylene (the fuel used in welding torches), and ammonia etc. These chemicals has been worked by three ways, firstly, those chemicals directly cause mutations in DNA, secondly prevent the damaged cells from dying and finally, create addiction, causing the user to perpetuate the damage to the body. If these events happen repeatedly, year after year, then the risks that a cancer will form are very high.

The classical British Physicians prospective study reveals that, the lung cancer risk raises in proportion of the number of cigarettes smoked per day and of the duration of smoking. International Journal of Cancer studies also suggest a comparable effect of amount and duration of smoking. Tobacco smoking increased risks of cancer of the lung, oral cavity (mouth), pharynx (throat), larynx (voice box), esophagus, pancreas, bladder and renal pelvis. It also has been linked to the development of cancers of the pancreas, stomach, and some types of leukemia.

Smoking accounts for at least 30% of all cancer deaths in the United States. It causes 87% of lung cancer deaths in men and 70% in women. In Canada, lung cancer is the highest position for cancer related death which estimated that smoking is highly associated with this type of cancer death. They also find that smokers are 20 times more to develop lung cancer than non-smokers. WHO states that 20 million people in Bangladesh use tobacco where fifty-seven thousand people die every year due to tobacco related diseases.

Tobacco use is more prevalent in the rural areas than urban areas. Illiteracy rates and socioeconomic factors are linked with this deadly bad habits. Illiterate persons those are living in the remote areas are not more aware about the smoking harms. Global adult tobacco survey in Bangladesh found that 21.9 million adult aged 15 years or above tobacco use in Bangladesh where 21.2 million are males and 0.7 million are females. Generally, men smoke cigarettes and bidi, and chew tobacco leaf such as zarda, sadapata, gul etc whereas women usually do not smoke but chew

tobacco leaf. All tobacco products highly linked to so many cancers (Figure 1). Lung cancer increases in proportion to the duration of smoking and the number of cigarettes, similarly responsible to larynx, esophagus, pancreatic and bladder cancer. Smokers inhaled carcinogens such as poly aromatic hydrocarbon may well be absorbed into the blood stream and reach at different organs via blood.



WHO states that Bangladesh is facing a severe health problems related to tobacco. Among tobacco related ill-people, 57000 people died in 2008. They also recorded 49000 people with diagnosed oral cavity cancer, 71000 were pharynx and 196000 were lung cancer at the same time. It also measures that on an average a tobacco user spend about 4.5% of the monthly expenditure for tobacco consumption. The National institute of Cancer Research Hospital (NICRH) and Bnagabandhu Sheikh Mujib Medical university (BSMMU) cancer registry data revealed that 60% of the cancer in the male and 5% of the cancer female are tobacco related. These hospital also find that majority of the cases are diagnosed advanced or metastasis level. Shortage of oncologists and trained technical staff are also a great barrier to provide treatment in Bangladesh.

Tobacco smoking plays a significant role to promote cancer especially lung, larynx and oral cavity cancers. It also shows that 15 years above aged people use some form of tobacco in Bangladesh. The percentage of smokers has declined in many developed countries but still increasing in developing countries including Bangladesh. Generally it shows that among the population, most of the smokers are men where women are in lower percentage.. It may prevail for lung cancer in non-smoker spouse or others women at the household and workplace. Some international study found passive maternal smoking also leads to a lower birth weight of new born baby's which may also increased the risk of lung cancer in adulthood. Parental tobacco smoking has also been associated with the risk of childhood leukemia.

Although Bangladesh has developed a National Cancer Control Strategy and Action plan with the aim of cancer prevention through tobacco control and health promotion activities and others. But implementing of tobacco legislation as well as a robust government policy on the production and promotion are very essential tools to prevent the tobacco use. The pricing and taxation structure must be developed where smoking is unacceptable and punishable. It is also a crucial time to introduce of lesson on the harmful effects of tobacco in the secondary school curriculum. For tobacco cessation, it needed awareness program with the participation of community people which may campaign for tobacco free environment. In these perspectives, government, non-government and media support also a great role to implement tobacco free environment at everywhere especially remote areas.

A cancer patient thinks all is lost from his life. But all not is lost, because smokers can benefit from quitting during their undergoing treatment and

they can do prevent another cancer. Quitting smoking is one of the best things to improve their health, body ability to tolerate the recommended treatment and also they will improve their chance of survival. It has been estimated that if tobacco were banned, one-third of all cancers would be eliminated in the world. So, finally I want to say, it requires public awareness regarding tobacco's harms and exposure which would be a pathway to prevent cancer related death in Bangladesh.

Environmental Impacts of Tobacco Cultivation in Bangladesh: A Review of the Literature.

Bebek Kanti Das* , Nusrat Jahan Koley and Sardar Arif Uddin*****

Abstract

Evidence of tobacco production has been found in near 6,000 B.C. in America. American Indians began using tobacco of daily life in different ways such as religious and medicinal practices as part of health care. In Bangladesh the appearance of tobacco cultivation was since mid sixties of the last century and it expanded more widely after liberation in 1971 by the British American Tobacco Company. The plant, tobacco, prefers well aerated, well-drained soils and cooler climate. Hence it is grown in the winter season. Tobacco cultivation starts from seedbed works in August-September continues till transplanting, and ultimately harvesting and curing in January-February. Poverty eradication, instant cash money, insufficient support for food crops production by the government, unstable market price for main crops etc. are root causes of getting encourage to tobacco cultivation for farmers. The adverse environmental impacts of tobacco cultivation have commonly been seen on soil, water, air and forest. Thousands of mounds of woods are being used each year to bake tobacco leaves in tobacco furnaces in Chittagong Hill Tracts (CHT). It is estimated that tobacco will contribute to 1 billion deaths worldwide during the 21st century.

1. Background

1.1. Global Context

The plant tobacco grows natively in North and South America. The scientific name of tobacco plant is *Nicotiana tabacum* or less widely used *Nicotiana rustica* (Boston University Medical Center, 1999).

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Tobacco is in the same family as the potato, pepper and the poisonous nightshade. Nightshade is any member of the genus *Solanum*. Here 'Shade' descends from the German word 'Schade' that refers destruction or damage (attributed to toxic or fatal effects characteristics of many *Solanacea* species). Cigarette, cigar, cheroot, biri, hookah, chewing and snuff tobacco are made from the varieties of *Nicotiana tabacum* and on the other side hookah, chewing and snuff are produced from the varieties of *Nicotiana glauca* (Akhter, 2011).

The first introduction of tobacco production has been found near 6,000 B.C. in America. On October 15, 1492, the American Indians offered dried tobacco leaves as a gift to Christopher Columbus. After then the plant was being grown all over Europe. The major reason for the popularity behind tobacco growing in Europe was its supposed healing properties. Most of Europeans believed that tobacco could cure almost everything, from bad breath to cancer (Boston University Medical Center, 1999).

Nicolas Monardes, a Spanish doctor, wrote a book about the history of medicinal plants of the new world. In his book he mentioned and claimed that tobacco could cure 36 health problems (Boston University Medical Center, 1999). Popularity of tobacco had been increased day by day and encouraged to promote the usages of tobacco of the Europe during 1600's. It was literally perceived 'as good as gold'. But during 1600's and the later of 1600's some individual realized the dangerous effects of smoking. In 1760, Pierre Lorillard establishes a company in New York City to process tobacco, cigars, and snuff which is the oldest company in the United State. Later on number of tobacco companies had been established to process tobacco goods. In 1826, the pure form of nicotine is discovered and soon after, scientists conclude that nicotine is a dangerous poison for human being (*ibid*).

Between 1836 to 1979 several remarkable events around modified uses of tobacco were held such as a) cigarettes became more popular across the world; b) demand for cigarettes increased; c) the British Phillip Morris sets up a New York headquarters in 1902 for marketing cigarettes with a new famous brand called 'Marlboro'; d) arised anti-tobacco campaign with a small scale; e) use of cigarette exploded during World War I (1914-1918), where cigarettes were called the "soldier's smoke"; f) during the 1950's, evidence of lung cancer discovered and tobacco company argued against the health hazard & promoted new products which were 'safer' g) in 1968, Bravo, a non-tobacco cigarette brand was marketed. Made primarily of lettuce, it

failed miserably; h) in 1977, the first national Great American Smoke out takes place.

There were many lawsuits filed against the tobacco industry because of the harmful effects of its products during the time of 1980. Smoking is finally banned on all domestic flights except to Alaska and Hawaii in 1990.

1.2. Bangladesh context

During the 80's and 90's, the tobacco industry starts marketing heavily in out of USA particularly at developing countries of Asia. Since mid sixties of the last century, tobacco has been introduced into the fields where food crops were grown, and it expanded more widely after liberation in 1971 by the British American Tobacco Company in Teesta silt in Rangpur area (Sarkar and Haque, 2001). During this time Bangladesh Agricultural Research Institute (BARI) has conducted research and development activities of tobacco and abandoned in 1995, tobacco production has mainly been pushed by big multinational companies such as British American Tobacco Company (*ibid*).

There are three varieties of tobacco e.g. Jati, Motihari and Virginia grown in different districts of Bangladesh (Yearbook of Agricultural Statistics of Bangladesh 2009, 2010). Among three varieties, Virginia is most popular variety for the companies and almost all production of the variety is exported. Jati and Motihari variety are mainly use to make biri (the local and low cost version of cigarette). Rangpur and Bandarban are the place for growing Jati and Motihari varieties, but Kushtia, Rangpur, Jessore and Dhaka are the place for growing Virginia variety mostly. In terms of land area covered by all three kinds of tobacco, Rangpur still remains highest with 40,345 acres, followed by Kushtia 22,241 and Bandarban 4,678 acres of land during 2008-09.

Tobacco cultivation is increasing day by day at more disgricts across the country e.g. Jessore, Jhenaidah, Nilphamari, Lalmonirhat and even in Manikganj and Tangail. British American Tobacco (BAT) Company has introduced the flue cured Virginia in 1967 on an experimental basis and in the same year it started production commercially. Until 1971 Bangladesh had to import 95% of the total Flue Cured Virginia (FCV) consumed here. Currently it is claimed that Bangladesh produces international standard Flue Cured Virginia (FCV) and the demand for Bangladesh tobacco is growing in the global market. During 2008-09 fiscal years, the production of Virginia

variety of tobacco was 22,277 metric tons, while the other varieties, such as Jati were 8,437 metric tons and Motihari was 9,270 metric tons (Akhter, 2011).

The plant, tobacco, prefers well aerated, well-drained soils and cooler climate. Hence it is grown in the winter season. Tobacco cultivation starts from seedbed works in August-September continues till transplanting, and ultimately harvesting and curing in January-February (HDRC, 2008). Tobacco is not indigenous to Bangladesh its introduction in the biodiversity agrarian systems. Non-indigenous species, or non-native that adversely affects the habitats and bioregions they invade economically, environmentally, and/or ecologically. They disrupt an agro-ecological system by dominating over other cultivated and uncultivated crops essential for life and livelihood of a community (Akhter, 2011). In recent, years, there is growing evidence that the tobacco industry has known to all that cigarettes are harmful, but continued to market and sell them (Boston University Medical Center, 1999).

Tobacco cultivation and its usages have a long-term effect on both environment and health hazard. Degradation of natural resources, particularly land, water and forest, has become a great concern in developing countries where rural people seriously depend on these resources for sustenance (FAO, 1999). The Chittagong Hill Tracts (CHT) of Bangladesh faces serious problems of agricultural land degradation (Shoaib et al., 1998; Gafur, 2001; Rasul, 2006). Continuous hill cutting, soil erosion and water pollution are occurring in the hilly and plain land areas due to tobacco farming and cultivation.

2. Objectives of the research work

Tobacco cultivation in Bangladesh is not new concern in development discourse. It is growing up day after day on the one hand and is increasing environmental problems on the other hand. The research conducted aiming to analyze the impact on environment with the following two specific objectives that have been finalized to fulfill the research work.

- a. To locate the root causes to interest of tobacco cultivation that accelerate to environmental degradation; and
- b. To analyze the adverse impact to environment due to huge amount of tobacco cultivation in Bangladesh.

3. Methods and techniques

The present research conducted based on the review of the secondary literature and statistical data in relevant to entire tobacco chain system (i.e. tobacco cultivation, production, processing, consumption, manufacturing, exporting) , threat on environment and biodiversity (e.g. impact on soil, water, forest), social impact and determinants (i.e. food production versus tobacco, tobacco cultivation vs. native crops, root causes of growing interest to product tobacco, anti-tobacco advocacy and campaign) policy implication (i.e. tobacco control Act 2005)

A standard literature search was performed using multiple electronic databases e.g. academic search complete, CAB abstracts, GEOBASE, Google scholar for identification of peer-reviewed articles using the search words 'tobacco cultivation', 'tobacco cultivation and environment', 'tobacco cultivation and land erosion', 'tobacco cultivation and water pollution', 'tobacco cultivation and forest'.

With the help of the internet, some important organizational websites and databases were searched. The organizations include

- a) Ministry of Water Resources of Bangladesh
- b) Ministry of Land of Bangladesh
- c) Department of Environment
- d) Bangladesh Agriculture Research Council (BARC)
- e) Soil Resources Development Institute (SRDC)
- f) World Health Organization (WHO),
- g) Food and Agriculture Organization (FAO)
- h) International Development Research Centre
- I) Southeast Asia Tobacco Control Alliance and
- j) UBINIG (Policy Research for Development Alternative).

All these organizational websites and database were reviewed and used to identify books, booklets, reports, article/journal, newsletter, act and other documents relevant to tobacco farming and environmental impact. The selection of literature was based on a clear reference to the environmental and other negative impacts of tobacco farming.

3.1. Research Area

Two objectives mentioned above for conducting the present research, there

has been considered whole of the country primarily as research area. But focused on the areas which are known for tobacco production areas. At present some of districts are very much popular for growing different varieties of tobacco. Among them Rangpur, Kushtia, Bandarban and Cox's Bazar district are at high in tobacco production and focus on the three districts.

4. Discussion

4.1. Principal causes of tobacco cultivation

Bangladesh has a long-term tradition of tobacco cultivation which is non-indigenous and non-native plant. Poverty in the country is a vast problem and is the key point to generate tobacco farming by tobacco companies. British American Tobacco (BAT) Company, Akij Tobacco, Abul Khair, Dhaka Tobacco and Nasir Tobacco companies are the major companies involved in tobacco leaf production as well as cigarette and biri production in the country. Kushtia region has a great concentration of tobacco cultivation and processing tobacco goods.

Table 01: Farm holdings status in the three major tobacco producing district

Area	Total farm holdings	Small	Medium	Large	Tenant Holdings
Kushtia	236798	215768 (91%)	19601 (8%)	1429 (0.60%)	15264 (6%)
Bandarban	46055	29486 (64%)	13687 (29%)	2883 (6%)	4835 (10%)
Cox's Bazar	159391	146877 (92%)	11797 (7%)	717 (0.44%)	3951 (2%)

Source: Akhter, 2011

The tobacco cultivators are calculating the benefits of tobacco cultivation in three ways i) facility to work in own field, ii) getting fertilizer for the field, and iii) having guaranty to sell dried tobacco leaf without any hazard of storage and damage (HDRC, 2008). The most common factors in involving with tobacco cultivation are accumulated with the following reasons.

4.1.1. Poverty as a factor

Bangladesh is a least development country and poverty is a common issue in development sector. Most of tobacco companies take an advantage to use 'poverty' issue to maximize the profit using tobacco. The scenario is quite terrific in Chittagong hill tracts and Kushtia regions. There are two lac, thirty six thousand, seven hundred and ninety eight documented tobacco growers who are associated with tobacco companies as contract basis. Most of the contract growers are poor which is 91% of total contract growers and insignificant number of contract growers are rich. They are often called as Card dhari (Card Holder) or Chukti boddho (Contract Growers) by the companies (table 01). So poor farmer or extreme farmers are getting involved with tobacco farming and its processing with credit advancement form the companies. As the companies provide credit opportunities and ensure to buy their tobacco products, they involve easily with this farming instead of other crop cultivation. Tobacco companies also provide all types facilities such as easy access to fertilizer, pesticides, land leasing from land owners and other technical support. They (tobacco companies) are committed to procure tobacco leaves from the farmers directly on cash payment. So from this site the growers are free from tension to sell their product. For this reason most of poor people got encouraged to cultivate tobacco and have been incurring loss in terms of soil fertility, plant genetic resources, livestock and poultry and human health (Akhter, 2011). It seems to be high when the tobacco growers got cash money. But if it is analyzed considering cost-benefit equation for a particular land for a year between cash crops (tobacco) and other seasonal food crops such as rice, wheat, maize, potato, pulses, vegetable, oil seeds, spices & condiments and winter vegetables, the total income from seasonal food crops will remain high.

4.1.2. Insufficient supply of inputs for food crops production

According to UBINIG research, several reasons such as cash earning, perceived high profit, guarantee of inputs and market are the main factor to increases the involvement of farmers. Basically the tobacco Company plays Card a coercive role for continuing tobacco cultivation (Akhter, 2011). At the same time insufficient supply and lack of support by the department of agriculture for food crops production discourages farmers to remain in food production. Loan for farmers by Bangladesh Krishi Bank (the Bank was established to provide capital support to the farmers) is also insufficient compare to demand. Tobacco companies are taking advantage of the

situation and support gap between farmers and government service provider institutions. The main attractions that draw farmers to tobacco production are lump sum cash income at a time and ensured market through procurement of tobacco leaves by the companies. Another important effort of the company is motivate the farmers through the Company Card system which persuades the farmer for short or long term with tobacco production. Farmers use the card for tobacco cultivation and it is very difficult to back from tobacco cultivation. Consequently the rates of tobacco cultivation are being increased day by day. On the other hand food crops production is being decreased day by day due to insufficient supply and support by the government. So ultimately all these can easily accelerate to environmental degradation.

4.1.3. Unstable price and market of all other crops

It is very easy to understand that farmer do not get remunerative price of their agricultural goods including rice when there is a good harvest and production. Most of the time agricultural products from field are being sold at low rate. There are few middlemen who lead the market illegally and they buy agricultural goods from the farmers at very low rate. As there is insufficient of transportation and communication system, farmers cannot pass their goods to the city. The government has also minor headache to invest for the improvement of agricultural system and cannot provide sufficient facilities for the farmers. The middlemen take the chance and buy at the very low rate. After processing the agricultural goods they (the middlemen) export it to the abroad at very high rate as well as buy the products at very high rate inside the country. Farmers do not always benefit from good harvest and production of tomato and potato, because of lack of marketing policy. All above issues are responsible to encourage tobacco cultivation.

4.2. Environmental impact of tobacco cultivation

Tobacco is cultivated over approximately 9.4 million acres of land in at least 124 countries. Although there may have significant economic benefit of tobacco production for the communities (Miller, undated) and on the other hand tobacco companies pay remarkable tax to the government of Bangladesh and provide significant number of wage of the employees and laborers (HDRC, 2008) in which it occurs, but a remarkable number of negative consequences affect the environment and sustainability (Miller, undated). The adverse environmental impacts of tobacco cultivation have

commonly been seen on soil, water, air and forest.

It is estimated that tobacco will contribute to 1 billion deaths worldwide during the 21st century. It is a huge number of lives impacted directly by tobacco use. There has evidence that shows the growing, manufacturing, packaging, use and disposal of tobacco products contribute significantly to the degradation of the environment (Multnomah County, 2013).

According to the World Health Organization, "The global cost of tobacco is undeniable: tobacco cultivation, production and consumption deplete the planet of natural, human and economic resources. Worldwide tobacco production and consumption represents a net economic loss." In this discussion there has been focused the negative consequence of tobacco cultivation that analyzed hereditarily in the below.

4.2.1. Impact of tobacco cultivation on soil

Tobacco grows normally in well aerated and fertile land. The lose sediment where fertility is high is suitable for tobacco cultivation and is the more vulnerable to soil erosion. The loss of vegetation cover increases the incidence of soil erosion because the soil is more frequently affected by precipitation. Besides tobacco depletes soil nutrients at a heavy rate, as it requires regular inputs of chemical fertilizers (HDRC, 2008). Although tobacco farms attempt to counteract this with the use of fertilizing agents, soil degradation from tobacco farming can decrease the fertility of soil in the long term (Miller, undated). Tobacco is rotated each year to different fields, but the soil left behind is often unsuitable for growing other plants, including food crops. According to Action on Smoking and Health, if food crops were grown in place of tobacco, the resulting crops could feed approximately 10 to 20 million people (ibid).

While tobacco production decreases soil fertility and it requires more fertile land to grow tobacco plant, farmers are needed to move tobacco bed and cultivation to one location to another for decades. This is not happened due to the increased interest of farmers but rather due to the loss of soil fertility and destruction of sources of fuel wood in areas under production (Akhter, 2011). The government is hardly updated the information in the national statistics of moving of tobacco companies one place to another. Firstly the tobacco companies began tobacco cultivation in Rangpur, the Teesta silt. After Rangpur, tobacco production started at Kushtia in the fertile land of

Gangetic flood plain (ibid). And it is now cultivated in Chittagong Hill Tracts mostly for the fertile land of the Matamuhuri river. By 2005-2006, Kushtia experienced again declining soil fertility and thereby low productivity and low quality of tobacco.

According to UBINIG research on tobacco, tobacco cultivation has been started in Chittagong Hill Tracts (CHT), more specifically to Bandarban district since 1984 based on the availability of fuel wood tobacco. Initially 740 acres of land were under tobacco cultivation but during 2005 and 2006 the amount of tobacco cultivation were tremendously increased that was 4,750 acres which increase rate was 540%.

The soils of hilly area are the most susceptible to water erosion in which sheet, rill and gully erosion occurs (Shoaib et al., 1998; Sfeir-Younis and Dragun, 1993). About 75% of the hilly areas have very high susceptibility to erosion, 20% have high susceptibility and 5% have moderate susceptibility to erosion (BARC, 1999). Tobacco cultivation contributes more to erode soil in the hilly areas as well as river side. Due to use of huge amount fertilizers, pesticides and other toxic elements, land is being polluted and getting lost the fertility. Aftermath food crops and other seasonal crops cannot be cultivated for a longtime as the soil fertility is decreased. Consequently food insecurity is seen in the regions.

4.2.2. Impact of tobacco cultivation on water body

Tobacco production is closely related with availability of water. The water used for irrigation of tobacco can effectively be used for fish production. On the other hand tobacco is a delicate plant to grow, and it requires a great deal of pesticides and fertilizers to successfully produce large yields. Some of these chemical additives, such as the pesticides aldicarb (is extremely toxic), imidacloprid and chlorpyrifos, are potentially lethal to many species of animals and can leach into groundwater and waterways surrounding tobacco fields. In addition to the environmental pollution and destruction of biodiversity, these pesticides can also cause health problems among the farmers themselves (Miller, undated). The scenario is tremendous in Bangladesh. Environmental law is available but implementation is rare. In many developing countries where tobacco is grown, environmental regulations are lax or even nonexistent, so chemical pesticide use is not always closely monitored (Miller, undated).

The poisonous residues of these chemicals come down with the rain water and pollute the water of Matamuhuri (UBINIG, 2011). The aquatic resources including fish are badly affected by the poisons. It is not only one river polluted but also many rivers which are based on tobacco cultivation are seriously affect by this toxic elements.

If tobacco production could be stopped, it would solve both food securities, ensure availability of pure drinking water and supply water for other productive purposes (UBINIG, 2011).

4.2.3. Impact of tobacco cultivation on forest and vegetation

Trees are cleared both to provide land to grow tobacco, and to provide fuel to cure tobacco leaves. According to the World Health Organization, nearly half a million acres of woodlands are destroyed annually for tobacco production. The problem of deforestation in tobacco production is twofold. Not only do farmers need to clear land to grow tobacco, but wood plays an important role in curing the plant. Wood must be used to cure the tobacco leaves and is often used in the construction of the curing barns themselves (Miller, undated).

Deforestation leads as much as 30 percent of the greenhouse gases into the atmosphere each year (Hilderman, 2010). It not only affects the climate by increasing the atmospheric level of carbon dioxide but also affects the environment by inhibiting water recycling, triggering severe flooding, aquifer depletion, soil degradation and the extinction of plant and animal species (Matthews, 2006). Tobacco is grown in more than 100 countries, including 80 developing countries, on a total of 5.3 million hectares of arable land (CTFK, (2001). Each year, 20,000 hectares of forests are cleared to cure tobacco (with approximately 1000-2500 trees per hectare) (World Lung Foundation, American Cancer Society, 2011). This accounts for 5% of deforestation in developing countries, especially among major tobacco producers such as China, Malawi and Zimbabwe (ibid). A researcher named Geist concluded that tobacco's impact on forest resources had reached 'high' or 'serious' levels (in Australia, above the national mean average of 4.6%) in almost one third of the 66 developing countries in which tobacco is grown, including South Korea, Uruguay, Bangladesh, Malawi, Jordan, Pakistan, Syria, China, Zimbabwe, Argentina, Tunisia and Burundi. It has been reported that tobacco is responsible for 30 percent of annual deforestation of Bangladesh (HDRC, 2008). Thousands of mounds of woods are being used

each year to bake tobacco leaves in tobacco furnaces (PROGGA, 2014).

With shortened fallow periods, there is not enough time for forest regeneration and young, secondary forest gradually replaces old forest. Field clearance by slash-and burn cultivation prevents the regeneration of evergreen forest, leading serious soil erosion and declining in productivity

5. Concluding remark

Tobacco farming in Bangladesh is increasing where land is found fertile. It is hampered not only environment but also health as well as food security. The production of tobacco creates enormous amounts of waste products. According to the World Health Organization, in 1995 alone more than 5 billion pounds of manufacturing waste and an additional 460 million pounds of chemical wastes were created by tobacco farming. These numbers only reflect the wastes directly caused by farming and not the wastes that result from cigarette butts (Miller, undated). Most of time environmental laws are often non-existent in many of the developing countries worldwide where the majority tobacco is produced, and farmers lack protective equipment or training in the handling of hazardous pesticides (Multnomah County, 2013). So considering all these negative points on cultivation of tobacco and manufacturing of tobacco goods, especially health effect on the farmers and laborers, food security of the country, low payment to the laborers and concentration of benefit in the hand of a very few, tobacco cultivation can no more be encouraged and should be replaced by cultivation of suitable food crops (HDRC, 2008).

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Weaknesses and Recommendations on smoke free: Case studies from 4 rail stations of Dhaka

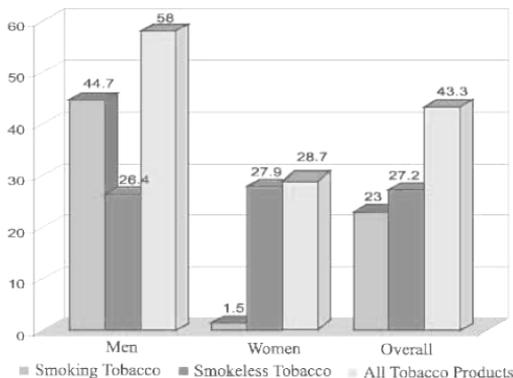
Aminul Islam Sujon

Introduction

WHO Framework Convention on Tobacco Control (FCTC), developed in responses to the global tobacco epidemic, is the first treaty negotiated by the Member States of the World Health Organization using their powers under the organization's Constitution. It is pre-eminent global tobacco control instrument which contains legally binding it's Parties, sets the baseline for reducing both demand for supply of tobacco, and provides a comprehensive direction for tobacco control policy at all levels¹.

Bangladesh was first signatory (16 June 2003) at the WHO FCTC and ratified in 14 June 2004. The Government of Bangladesh (GoB) pass it's national law titled "Smoking and Tobacco Products Using (Control) Law

Prevalance of Tobacco Use in Bangladesh (%):
GATS 2009



2005" on 13 March 2005 and it is implemented from 25 March 2005. Rule under this law is passed in June 2006. GoB further amended this law in 29 April 2013 and Rule under the law is on process to pass.

According to Global Adult Tobacco Survey (GATS); 43.3% Bangladeshi adults (58% male and 29%

female) consume tobacco. The number of tobacco users is more than 40 million. About 23% adults currently smoke (male 44.7% and female 1.5%), number of smokers about 21.9 million.

Anti-tobacco Activist, Work for Better Bangladesh, (WBB Trust), Dhaka Bangladesh.

¹WHO report on the Global Epidemic 2009; World Health Organization (WHO), Geneva

Smoking rate in rural areas is slightly higher (23.6%) than urban areas (21.3%). Half of the smoker use bidis and the prevalence of bidi smoking in rural areas (13.5%) are higher than urban areas (4.7%). The average number of bidies and cigarettes smoked per day were seven and five sticks respectively.

Overall, 27.2% adults use various kind of smokeless (chew) tobacco. The number of smokeless tobacco users about 25.9 million and among them; 28% are female and 26.4% are male. Smokeless tobacco prevalence in rural areas (28.8%) is higher than urban areas (22.5%)².

Still 30% working women are exposed to second-hand smoke at workplaces and 21% women are exposed in other public places. This means around 10 million women become victims of second-hand smoke without having a single puff on cigarette/bidi.

According to Institute for Health Metrics and Evaluation (IHME) report titled 'Global Burden of Diseases' in 2013 stated; over 95,000 people died in Bangladesh due to tobacco use.

As according to WHO Global Tobacco Epidemic 2011; half of long term tobacco users or smokers have died due to tobacco related disease and died before couple of years of their life.

"Smoking and Tobacco Products Using (Control) Law 2005 (Amended in 29 April 2013)" implementation is a big challenge in Bangladesh.

Definition of Tobacco and smoking: "**Tobacco**" means Nicotima Tobaccum or any plants of Nicotima Bustica or any other plants thereof or it's leaf, roots, branches or any other parts of the plant or produce;³

"**Tobacco**" is a green, leafy plant that is grown in warm climates. After it is picked, it is dried, ground up, and used in different ways. It can be smoked in a cigarette, pipe, or cigar. It can be chewed (called smokeless tobacco or chewing tobacco) or sniffed through the nose (called snuff).⁴

Smoking⁵ is the inhalation of the smoke of burning tobacco encased in cigarettes, pipes, and cigars.

² The Global Adult Tobacco Survey (GATS) Bangladesh Report 2009, Joint national study by 1. Ministry of Health and Family Welfare of the Government of Bangladesh, 2. NIPSOM, 3. World Health Organization (WHO) and 4. CDC; USA

³ Smoking and Using of Tobacco Products (Control) Act 2005

⁴ http://healthliteracy.worlded.org/docs/tobacco/Unit1/1what_is.html

⁵ <http://medical-dictionary.thefreedictionary.com/Smoking>

Casual smoking is the act of smoking only occasionally, usually in a social situation or to relieve stress. A smoking habit is a physical addiction to tobacco products. Many health experts now regard habitual smoking as a psychological addiction, too, and one with serious health consequences.

Tobacco Products in Bangladesh: "Tobacco Products" means anything made from tobacco, tobacco leaf or part of tobacco plants, which is used through chewing or smoking like Bidi, Cigarette, Cheroot, Cigar, Gul, Jorda, Khoinee, White leaf (Sada Pata), Hukka or mixture used in pipe.⁶

Smoking Products:

- a. **Bidi/Beedi/Biri:** It is hand-rolled and non filtered cigarettes are commonly used low-income and poor people. It is cheapest tobacco products in world. By 5 to 6 taka, consumer can get a packets in which 25 sticks is bundled.
- b. **Cigarette:** Usually machine rolled filtered and price is varied on brands. There are prices from 10 to 120 taka made in Bangladesh. However, some of imported (legally and illegally) cigarettes are little expensive founded in urban areas of Bangladesh.
- c. **Other smoked tobacco products:**
 - i. **Hukka:** Nowadays, hukka is not common in Bangladesh. But still in rural areas, it is found that few are still used.
 - ii. **Cigar and Cheroot:** Both of these products imported and used financially solvent families.

Health Risks: According to World Health Organization (WHO) study in 1999, tobacco smoke contains over 4,000 different compounds. A significant number of them are toxic (poisonous) including Nicotine, DDT, carbon monoxide, tar, methanol, naphthalene, benajopairin, hydrogen cyanide, ammonia, oxidants, nitric oxide, ammonia (hydrogen and nitrogen gases generated gas), marakari (mercury), toxic tress (nickel, lead, kyadiyama, chromium, arsenic and selenium) and can damage our cells and about 43 of them are carcinogenic⁷ (cause cancer). According to US Surgeon General Report 2010, about 7,000 hazardous chemicals are exist in tobacco smoke, in which about 70 are cancer causing.

Smoking is responsible for several diseases, such as cancer, long-term (chronic) respiratory diseases, and heart disease, as well as premature death.⁸

⁶ As above reference 1

⁷ World Health Organization (WHO), 1999

⁸ <http://www.medicalnewstoday.com/articles/10566.php>

"Tobacco use, in any form, is DEADLY. Smoking kills half of all life time tobacco users and smokers DIE an average of 15 years earlier than non-smokers. TOBACCO is the only consumer product proven to kill more than half of its regular users-is responsible for about 6 million deaths every year."⁹ By the year 2030, 8 million people will die annually from tobacco use.¹⁰

Tobacco use is a major risk factor for death from heart attacks and strokes. Deaths from smoking are directly related to smoking prevalence and exposure to secondhand smoke. Worldwide, approximately 600,000 nonsmokers died in 2011 from involuntary exposure to secondhand smoke¹¹. Exposure to secondhand smoke most commonly occurs at home, work place, and public areas and is especially risky for infants, children, pregnant women, and fetuses.

Smoke free environment by Tobacco Control Law and Rules: The Bangladesh National Parliament has passed tobacco control law titled "Smoking and Tobacco Products Using (Control) Law 2005" in 13th March 2005 and it implemented from 26th March 2005 following some of provisions of the FCTC. Rule under tobacco control law is gazette notified in 30 May 2006. This law further amended in 29th April 2013. By this law, smoking in public places and public transports are banned and it is one of major provision of law. Through this; law secured safe environment for non-smoker and save them passive smoking in public places and transports.

"Public places" means educational institutions, Government, Semi-Government and autonomous and Non-government office, libraries, elevators, indoor workplaces, hospitals and clinics, court buildings, airport buildings, sea-port buildings, river-port buildings, railway station buildings, bus terminal buildings, ferry, cinema hall, exhibition center, covered showing place, theatre hall, shopping buildings, restaurants (covered and closed), public toilet, children park, fair/festivals or queue to get up in public transports, any other public places used by public OR any or all places by the general or special orders on time to time by the government and local government;

⁹ The Tobacco Atlas; Third Edition, American Cancer Society (ACS) and World Lung Foundation (WLF), 2009, USA

¹⁰ The Tobacco Atlas; Fourth Edition, American Cancer Society (ACS) and World Lung Foundation (WLF), 2012, Singapore

¹¹ WHO report on the Global Epidemic 2011; World Health Organization (WHO), Geneva

"public vehicles" means motor car, bus, railways, ship, launch, all kinds of mechanical public transport, aero places and such other vehicles as may be determined or declared by the Government, by notification in the Official Gazette;

The penalty is up-to 300 taka. Some of public places and transports are 100% smoke free as mentioned in Rule 2006:

No zone for smoking shall be marked or specified in the following public places or public vehicles, such as:- (a) children's pre-school or care centre, primary school, high school or hostel for high school students; (b) any room or place for giving education or training; (c) all mother care centres, clinics or hospital buildings; (d) sheds fixed for sports and exercise, and (e) any public vehicle of single compartment.

Rules, 2006; Section 4; (Specifying of smoking zone, etc)

The tobacco control Rules specified how smoking zone would be allowed in public places and public transports. Though; public health expert and tobacco control activist criticized this; but it is still present in amended tobacco control law. The Rules described that; no-smoking zones should separate from smoking zones and the authority should ensure fresh air for non-smoker areas.

Rule also specified the message, design; size and how these no-smoking signboards hang-on into the public places and public transports.

Tobacco companies continue advertisement to promote their brands among the current smokers and to addict new smokers; particularly teen age and young population to expand their business and profit of tobacco. All direct advertisements of tobacco products; including point of sale (POS) ads are banned under the tobacco control law. By this law; free distribution of tobacco product is also banned.

It is well documented that, tobacco companies organized or sponsor concerts, sports and other events to promote cigarette brands among the youth. By this law, all kind of promotional of tobacco products through sponsorships, scholarship, donation, contribution, CSR (Corporate Social Responsibility) are also banned.

Tobacco advertisement and promotions is also treated as punishable (3 months jail or 100,000/- punishment for first time and will gradually increase for each time) offence. However, the most important of this tobacco control law implementation is authorized officers. Authorized officer can punish any person¹² (company or individuals) if they violate this law. Though, the Rules does included the other officers for some of relevant laws and ordinance to be included as authorized officers; but the limitation is they do not fine or punish; only unless the first class executive magistrate.

Other related laws on tobacco control: There is some other national/ regional/ departmental laws/ordinances; a section of ban smoking and punishment is included. These laws/ordinances are:

- A. Railways Act 1890 (Act IX of 1890)
- B. The Juvenile Smoking Act 1919 (Bengal Act II of 1919)
- C. The Dhaka Metropolitan Police Ordinance 1976 (Ordinance No III of 1976)
- D. Chittagong Metropolitan Police Ordinance 1978 (Ordinance No XLV III of 1978)
- E. The Khulna Metropolitan Police Ordinance 1985 (Ordinance No LII of 1985)
- F. The Rajshahi Metropolitan Police Act 1992 (Act XXIII of 1992)

The above law is recognized by the "Smoking and Tobacco Products Using (Control) Law 2005¹³". All of authorized officers as these above laws and ordinance is also be included as authorized officers of the current tobacco control law.

Initiatives on smoke free jurisdiction: Many initiatives have been taken by the different ministries and departments of the government in Bangladesh.

1. In 14 June 2006; the Ministry of Health and Family Welfare (MoH&FW) has been issued couple of letters with the request to take necessary action for tobacco control law and Rule implementations within their jurisdiction and reference No: Public Health-2/Tobacco/Rule-2/2005/320; 321; 322 and 323. In this letter; Law and Rule gazette were attached.
 - a. Number 320; this letter to Secretary of all other ministries.

¹² Law 2005; section 2 (Definitions); (i) "person" includes company, co-operatives or organization or body of persons, whether incorporated or not;

¹³ See section 10 of "Smoking and Tobacco Products Using (Control) Law 2005";

- b. Number 321; this letter sent to Inspector General of Police (IGP) with cc to all other Metropolitan Police Commissioners; Superintends of Police; Officer In Charge etc.
 - c. Number 322; this letter sent to Director General of Health Services (DGHS) with carbon copy of Civil Surgeons (CS; head of health in district level) and Sub-district Health and Family Planning Officers (UHO; head of health in sub district level).
 - d. Number 323; this letter sent to all Divisional Commissioners; Chief Metropolitan Magistrates in each Metropolitan city; Deputy Commissioners (DC)/District Magistrate (DM) and Sub-district Executive Officers (UNO) in each sub-district in Bangladesh.
2. In 12 October 2006; the MoH&FW issued couple of letters to take necessary action for hang-on No-Smoking Signboards on smoke free public places and public transports as per section 8 of the "Smoking and Tobacco Products Uses (Control) Act 2005" and section 6 of Rule under this law. These letters reference no: Public health-2/Tobacco/ Law -4/2006/528; 530; 531
- a. Number 528; this letter sent to Secretary of all other ministries.
 - b. Number 530; this letter sent to Director General of Family Planning.

3.7: Smoke free initiatives through advocacy initiatives: In addition of national initiatives on tobacco control; there are many positive initiatives have been taken by the government and non-government organizations in Dhaka for tobacco control law implementation. These initiatives also taken by mostly two ways; one is official order on smoke free environment and hang-on no-smoking signboards; the other one is declaration through various kinds of meeting and seminars.

1. Advocate Sahara Khatun; the honorable minister for Ministry of Home Affairs declared in a discussion on World No Tobacco Day (31 May 2010) celebration by the Dhaka Metropolitan Police (DMP) and BATA jointly organized discussion meeting in collaboration with WBB Trust at the Ramna Model Police Stations premises. In this event, M Asaduzzaman Khan Kamal MP (currently state minister for Ministry of Home); Asma Jerin Jhumu MP; Nur Mohammad; Inspector General of Police (IGP); Environmentalist Abu Naser Khan and A K M Shahidul Haq; DMP Commissioner (current IGP) spokes. Advocate Syed Mahbulul Alam, Director of Work for a Better Bangladesh (WBB) Trust presented power-point presentation. Minister also provides directions to DMP and

Ministry of Home to declare all of their police status gradually.

Dhaka Metropolitan Police (DMP) is the first government institute to declare smoke free all of police stations; police boxes; Pharies; traffic units. In 13 June 2010; DMP issued this letter for ensure smoke free environment. This letter signed by Commissioner of DMP and reference no: DMP(H.Q.)/Operation/26-2009/2345/195.

Ministry of Home Affairs requested to Inspector General of Police (IGP) to ensure No-Smoking Signboards to all of police stations and police boxes in Bangladesh. Reference of this letter: MoH(Pro 4)/Mani/Bibidh-12/2010/504.

2. In 31 March 2011; in responses of the Work for a Better Bangladesh (WBB) Trust request to the University Grants Commission (UGC) for declare all public and private university smoke free; UGC issued a letter to Registers of all public and private universities in Bangladesh to the declaration of smoke free university campus buildings and hang-on No-Smoking Signboards into the buildings of University. Reference of this letter: UGC/Admin/4(4)/73/V-10)2/2479.
3. In 14 March 2011; Ministry of Information (MoI) issued a letter to Chief Information Officer of Department of Information (for requesting to all TV channels for taking necessary steps) and Director General of Bangladesh Television (BTV) regarding to ban smoking scene in TV drama for public interests. This letter is written by Deputy Secretary (DS) of TV-2 Section of MoI and reference no: TV-2/2P-9/2010/169.
4. The honorable minister for Ministry of Post and Telecommunication; Advocate Sahara Khatun MP declared smoke free head offices of the Department of Postal Services and General Post Offices (GPO) in a discussion; jointly organized by Bangladesh Postal Services; BATA and WBB Trust at the head offices of Department of Postal Services in Dhaka on 12 December 2012. This meeting presided by Director General of the Department of Postal Services. BATA coordinator Saifuddin Ahmed, Mr. A K M Mizanur Rahman; Deputy Director General of Bangladesh Anser and VDP, Amin Ul Ahsan; Program Manager of National Tobacco Control Cell were spokes. Minister also provided directions to the department to declare smoke free all of their offices.
5. Secretary for the Ministry of Communication (Roads and Rail) declared

smoke free all road based public transports in a seminar jointly organized by Bangladesh Road Transport Authority (BRTA); BATA and WBB Trust on 27 November 2011 at BRTA head offices. Among others; Professor Pran Gopal Datta, VC of BSMMU; Benazir Ahmed, Commissioner of DMP, Environmentalist Abu Naser Khan, WHO representative Dr. M Mostafa Zaman spokes. It is noted that; many of the transports (bus, tempu are running in Dhaka).

6. Bangladesh Fire Service and Civil Defense head quarters declared smoke free by Director General in a seminar jointly organized by Bangladesh Fire Service and Civil Defense; BATA and WBB Trust on 22 November 2012 at the head offices of Bangladesh Fire Service and Civil Defense. Professor Pran Gopal Datta; Vice Chancellor of the BSMMU, Mr. Ahmed Sharif; national award winner film actor, Dr. Mostafa Zaman of WHO Bangladesh spokes.

7. Director General of the Department of Environment (DoE) declared its all offices smoke free in a discussion meeting jointly organized by the DoE; BATA and WBB Trust at the head offices of DoE. Among others; additional director general Eng. Abdus Sobhan, Environmentalist Abu Naser Khan were present.

Later on, DoE issued a letter to display no-smoking signboards into its all offices (head and branch/district offices) on 21 June 2011. The letter is signed by Deputy Director (Public Relation) of DoE and issued to all divisional directors; deputy and assistant directors and other senior officers of DoE and carbon copy is also sent to BATA. Reference of this letter is Poribesh/Prochar/Bibidh-27/2008/207.

8. Director General (DG) of Bangladesh Anser and VDP declared smoke free its head offices in a sharing meeting jointly organized with BATA at the Anser and VDP head quarters in Dhaka on 20 October 2011. All other senior officials of Anser and VDP including additional DG, Deputy DGs; Directors were present and Abu Naser Khan, eminent environmentalist also present from BATA.

Bangladesh Anser and VDP issued a letter with the subject of 'initiatives for tobacco control law implementations' with specific recommendations:

- i. Ensure all offices, camps and other working stations are smoke free
- ii. Trained Anser officers on tobacco control law implementation
- iii. Aware Anser officers on to ensure smoke free environments in the public places and transports

- iv. Encourage Anser members to keep away from smoking through monthly meeting at Range, District; Sub-district/Police Stations level.
- v. Inform authorized administrations; if law violation have been seen

This positive and elaborate letters issued by it's Deputy Director General and reference no of this letter is Anser VDP/Operation /KPI/888(5) 1254.

9. Bangabandhu Sheik Mujib Medical University (BSMMU) campus and it's all other buildings under BSMMU has been declared smoke free by it's Vice Chancellor (VC). BSMMU and it's all buildings is based in Dhaka in view exchange meeting at VC meeting room in BSMMU. WBB Trust organized this meeting.

On 4 December 2013; BSMMU issued a letter to declare smoke free it's all offices; departments; buildings and to hang-on no-smoking sign board to its all offices. It's signed by the Vice Chancellor of the BSMMU for take necessary action to smoke free environments at their premises.

10. Lalbag Kella; a prominent historical places declared smoke free by its curator. This is joint initiative by the Pratysha Anti Drugs Club and WBB Trust in cooperation with Lalbag Kella authority. Then; the organizations hang-on no-smoking signboards to create awareness on smoke free declaration.

11. On 30 October 2013; Department of Forest (DoF) issued a letter to declare smoke free it's all offices and to provide directions to its all related officers for hang-on no-smoking signboards. DoF issued this letter and this letter issued to all Conservator of Forests; divisional Forest Officer/Directors and other related officers. This letter signed by Chief Conservator of Forests of the DoF and Reference is Letter No-22.01.0000.007.05.410.13.2703.

12. Dhaka New Super Market (South) has been declared smoke free by the Market Owners Association on 29 September 2013. It is one of famous market for shopping in this capital city Dhaka of Bangladesh. This market should keep smoke free, this oath initiated through making awareness on health hazards of smoking & passive smoking among visitors, show owners & employees of shop inside of market. The event presided by Hazi Nurur Rahman, Convener of New Super Market Shop Owners Association. Mr. Helal Ahmed; Secretary General of Pratysha

Anti Drug Club, Hazi Matiur Rahman; Member Secretary of New Super Market Shop Owners Association, Advocate Syed Mahbubul Alam; Director of WBB Trust, Aminul Islam Sujon; Executive Editor of Anti Tobacco Newsletter Swamaswar spoke.

13. On 29 December 2013; Bangladesh Council of Scientific and Industrial Research (BCSIR) issued a letter with the direction for ensure smoke free environment to its all jurisdiction. This letter signed by it's secretary and reference of this letter no: 39.316.00.00.044.2013/944.

4.2.: Smoking in public places and public transports: Government banned smoking in public places and public transports by tobacco control law in 2005. Unfortunately women become victims of second-hand smoking due to smoking habit of their male counterpart. According to Global Adult Tobacco Survey (GATS) in 2009; 30% adult women are exposed to second-hand smoking at workplaces and 21% are exposed at public places.

It is good to see that; smoking in public places is reduced in many offices, work places and public transports. For example; in Dhaka; many government offices; private and non-governmental offices is declared smoke free. So in these offices; smoking is hardly seen office premises.

There are many anti tobacco organizations are working to promote smoke free public places. Pratysha Anti Drug's Club; a volunteer based organization achieved tremendous success on it. I found their no-smoking signboard in many places of Dhaka including National Children Park (Shahbag); National Public Library (Shahbag), National Zoo (Mirpur), Ahsan Manjil Museum and Lalbag Fort (Old Dhaka) etc. They also successful to ensure smoke-free environment into the restaurant beyond the law during 2003 to 2010; while law doesn't include restaurant as smoke free public places. Due to Pratysha success and documentation; the government is also included restaurant as smoke free public places in the amended tobacco control law in 2013. According to Mr. Helal Ahmed; Secretary General of Pratysha Anti Drugs Club

Due to the weakness of law; that allow smoking zone within the smoke free public places; this loopholes of law is root causes to failed to achieve 100% smoke free public places and public transports. This is also conflicting with the Framework Convention on Tobacco Control (FCTC); the international treaty on tobacco control adopted by all member states of World Health Organization (WHO). Because; WHO FCTC suggested us to make sure that non-

smoker should be save from second-hand smoking. We therefore; as an activist are working beyond the law to ensure places 100% smoke free for save children and women from passive smoking.

However; public transports in Dhaka, particularly buses in Dhaka is now smoke free. Through observation and reports by other anti tobacco organization; no passenger is smoking inside of the buses. But some of drivers and helpers/conductors often smoke. Drivers and their assistant smoking is still a problem for non-smoker. Although; Bangladesh Road Transport Authority (BRTA) declared all public transports operating in road is smoke free.

The tobacco control law 2005 (amended in 29 April 2013) ensures the liability of the owner of public places and public transports. According to law;

In each public places; owner, caretaker, controller person or manager and in each of public transports; owner, caretaker, controller or manager should hang-on the signboards in English and Bengali with message of "Stop smoking, it is punishable offence".If any owner, caretaker, controller person or manager of public places and public transports should be punish up-to 1000 taka and this punishment will gradually increase double or re-double if same violation they made second time and so on.

Work for a Better Bangladesh (WBB) Trust is a national based non-government organization; working on public health and environmental issues including tobacco control since 1998. They are very closely with the government on law pass and amendment. They also included many government institutes to declare smoke free. According to Syeda Anonna Rahman; National Advocacy Officer of Work for a Better Bangladesh (WBB) Trust;

As tobacco control law is amended in 2013; this law provides wider view to save non-smoker from second-hand smoke. Now we need to ensure that every public places and public transports obey the law properly. Therefore, for proper implementation of tobacco control law; the Rule is necessary, which is not pass yet. We wish to see this Rule should pass soon. Then we can able to ensure proper implementation of law.

However; through visiting various Railway Stations in Dhaka; Kamlapur,

Tejgoan, Banani, Cantonment, and Airport rail stations; it is seen that people are smoking. According to tobacco control law; rail station is mentioned as public places where smoking is punishable offence. Showing no-smoking signboards and ensuring public places smoke free is also responsibility of the authority (owner, caretaker, manager etc.) of that particular public places or transports. It means that, the manager (station master) of each rail station is responsible to ensure smoke free environment at their jurisdiction. All of them (manager of rail station) even don't know this responsibility. When asked them, one of station manager told, *'it is very positive that government banned smoking in public place and public transports. Rail is smoke free since long, even before tobacco control law. The enforcement maybe varies on different circumstances. But we, the staff of rail are willing make rail smoke free. We also tried to ensure smoke free the station premises. But we are not enforcing agency. We can only aware people on smoke free jurisdiction. If anyone disobeys the law, we can't do anything.'*

He added that, *'I don't know that it is my (as station manager) responsibility to provide no-smoking signage's into station premises. No order came from higher authority on this and even no budget allocated for it. However, those who sale tobacco products in station premises, as station manager I can't force them to leave. If law enforcing agencies or administration takes action to stop cigarette, it will be effective'*.

Through visiting these rail stations; we don't see any of no-smoking signboards hang-on by the authority. Only 6 small no-smoking signboards were founded inside of Kamlapur rail station, which is not sufficient.

Kamlapur Rail Station

Kamlapur Rail Station is largest rail station of Bangladesh Railway and it is central rail station based in Dhaka. About 60,000 passengers and visitors visit this station every day. Observed Kamlapur Rail Station two times on 8 October 2014 and stayed the inside of station premises about 2 hours in each time; from 9 am to 11 am in first time and from 6.30 pm to 8.30 pm in second time. 6 persons in 6 platforms, 2 persons in open areas of inside (in front of station manager and first class waiting room) and 2 persons in outside (in front of tickets counters) observed.

During observation at morning, 46 people smoke and during evening, 41 people smoke at station premises. There are not enough no-smoking signboards; only 6 no-smoking sign boards were found. These signboards

provided by an anti tobacco organization, named Pratysha Anti Drug's Club.

Major problem is that; inside of station premises; there are five movable hawkers (who sale their products moving one place to another) selling cigarettes. The other problem is, in front of ticket counter, there is couple of shops, in which cigarettes are also available. It is one of the barriers to keep this rail station smoke free.

However, inside of rail station, only 6 small no-smoking sign boards were founded, provided by Pratysha Anti Drug's Club.

Airport Rail Station

Observed Airport Rail Station on 8 October 2014 and stay the inside of station premises about 1 hour; from 12.30 pm to 1.30 pm. It is small station and if any one stand on middle, can see full of station area. However, two person observed.

28 people were smoking during observation the station premises. Any of no-smoking signboards are found in station premises. Cigarette butts (filter) are very common in floor of station. Lot of butts was seen in Airport Rail Station floor.

Major problem is that; inside of station premises; there are 17 shops selling bidi-cigarettes; among this; 7 shops (including movable hawker).

In addition, lot of illegal advertisements and promotional materials of tobacco products (mostly cigarettes ads familiar to us as Point of Sale advertisements) also visible.

Tejgoan Rail Station

Observed Tejgoan Rail Station on 9 October 2014 and stayed the inside of station premises about 1 hour; from 5pm to 6 pm. It is also small station, two persons observed. During observation period, 25 people were smoking while I was observing station premises. There is no no-smoking signboard have found.

Major problem is that; inside of station premises; there are 6 fixed shops and two movable hawkers (who sale their products moving one place to another) selling cigarettes. It is one of the barriers to keep this rail station smoke free.

Cantonment Rail Station

Observed Cantonment Rail Station on 8 October 2014 and I stayed inside of station premises about 1 hour; from 5pm to 6 pm. I have found that; 25 people were smoking while I was observing station premises. There is no no-smoking signboard have found.

Major problem is that; inside of station premises; there are 6 fixed shops and two movable hawkers (who sale their products moving one place to another) selling cigarettes. It is one of the barriers to keep this rail station smoke free.

Rail travel from Kamlapur to Airport station

I have been traveled from Kamlapur to Airport Rail Station on 8 October 2014 in morning and I visited each of compartments of Railway. There were 8 compartments in that train I observed. I have found that; 15 people were smoking while I was observing, there was two small no-smoking signboards have found in each compartments. These signboards are just written, there is no signage.

Major problem is that; inside of rail; there are 1 fixed shops and two movable hawkers (who sale their products moving one place to another) selling cigarettes. It is one of the barriers to keep this rail smoke free. In addition, when rail stop in each stations, anyone can get cigarettes from hawkers or shops inside of station premises.

Conclusion

There are positive changes that, government is active on the perspective of tobacco control. Many governmental offices and public transports declared smoke free. Smoking in government offices and in city buses is now hardly seen-with some exception. Mainly tobacco companies are violating tobacco control law through providing advertisement, promotions and sponsorship. Tobacco companies are responsible for violating law. They not only violate by themselves, they (tobacco companies) also misguided to small shop owners to violate laws.

Tobacco companies are still violating the law, promoting their brands to provide lucrative small advertisement and designed small tobacco shops (known as point of sale ads). They also designed larger shops with the color of their tobacco brands. These should be monitor and stop by the administration. Therefore, to implement this section of law, not only the small tobacco shop owners, tobacco companies should be fined as they are promoting the violation of law.

However, to ensure proper enforcement of tobacco control law regarding smoke free public place and public transport, I have some focused suggestion for Railway (rail and rail stations) to keep smoke free environments into all rail and rail stations of Dhaka city. These recommendations can be replicable into all other rail stations in Bangladesh.

Recommendations

1. Mobile court is the strong tool for successful implementation of law. Mobile court can remove all illegal promotions and advertisement materials of tobacco products. Mobile court can also fine and punished to offenders for violating law.
2. To keep smoke-free rail stations and rail, everywhere no-smoking signboards should be placed according to law. If any stations and rail compartments has found without no-smoking signage, the authority/owner (manager/station master of particular rail station) of is liable to keep smoke free their jurisdiction and they can be fined by the administration or by the mobile courts. The authority of the rail station and railway is also responsible for ensure smoke free environments of all rail stations or all rail transports under their jurisdiction.
3. Mass media can play vital role to create much more awareness on law and health risk of tobacco use. This awareness can help to reduce tobacco use and can increase respect to the law. Mass media can also provide document to the authority through publishing news of the violation of tobacco control law. However, as a whole, mass media can sensitize policy makers to play active role on tobacco control.
4. Non Government Organization (NGO) and Civil Society Organization (CSO) are major group to monitor violation of tobacco control law and also report to the authority for implementation of law. They should continue their work and should develop some system to monitor strongly and documented systematically. They also provide information to mass media for publish news.
5. Social media is now very active and youth are engaged with this new media. NGOs can provide law implementation and violation updates through social media.
6. Task Force for implementation of tobacco control law of Dhaka should be more active. This task force can be center point for law implementation. Because Task Force is a combination of related government and non-governmental organizations and professional organizations.

Readiness of Local Government to Adopt and Enforce Smoke Free Policy

Vincent O. Okullo

Executive Summary

Whereas Bangladesh ratified WHO Framework Convention on Tobacco Control (FCTC) in 2003 and moved to developed National Smoking and Tobacco Control Law in 2005 with 4 year strategic plan (2007-2010), tobacco industry is still thriving, there is still relatively high prevalence of tobacco use, smoking and increasing exposure to secondhand smoke (SHS) both at workplaces and public areas. Never the less the national law and action plan and other achievements are significant milestones.

The prevalence of smoking and exposure to secondhand smoke is apparently higher and unregulated especially in local towns and rural districts. This particularly may be due to low awareness of the national law and its application, weak enforcement of the national law at the local level and low awareness about harmful effects of second hand smoke among the citizens. Local government which has a huge presence in local level is apparently not involved actively in smoking regulation.

YPSA's is currently implementing Smoke Free Project in Chittagong City Corporation and 3 Municipalities (Feni, Comila and Coxes bazaar), supported by Campaign for Tobacco free Kids (CFTFK) and Bloomberg Global Tobacco Control Initiatives US, a project that aims to promote smoke free local government and public spaces. The need to for local smoke free policies to regulate smoking in workplaces and public places is intended to protect adults and children from the health-damaging effects of secondhand smoke. This will reduce related health and socio-economic burdens in Chittagong Division.

YPSA therefore conducted qualitative assessment to gain understand Local government authorities perceptions on smoke-free policies, perceived and

actual capacity gaps while identifying opportunities to inform and enable YPSA's smoke free project introduce, get smoke-free policies developed and enforced by the selected local government units.

This report therefore summarizes findings from the assessment which examined the views of the local elected leaders about smoke free policies, perceived and actual challenges and opportunities to enhance effective enforcement of national law at the local level (in Chittagong City Corporation and selected municipalities).

Key Findings and Recommendations

- Interviews and feedback shows that "The National Tobacco Smoking and Tobacco Control Law" restrict smoking in most public workplaces and the stipulated areas are supposed to be smoke free e.g. government buildings, hospitals, schools etc however over 90% of the respondents report this is frequently violated.
- The assessment finds that whereas some local elected officials have been involved in Tobacco and Smoking related workshops and events like World No Tobacco days, smoke free issues are not in the local council's agenda and priority list.
- The local government units lack institutional or organizational level smoke free policies or guidelines and enforcement plans to implement and enforce the national law at the local level
- Some of the respondents have relatively higher level of awareness about dangers of exposure to secondhand smoke however majority do not have accurate and adequate information regarding the effects to humans and the community. Most of the respondents though perceive that there is low awareness among the public and local leaders about the effects of smoking exposure to secondhand smoke.
- Majority of the respondents know the National Smoking and Tobacco Control Law however they don't know much about its application especially at the local level.
- A large majority (over 90%) of respondents supported the view that further action needs to be taken to regulate smoking in some way and reduce people's exposure to secondhand smoke.
- A range of alternatives or compromise suggestions were made such as the 100% smoke free, introduction of designated or segregated areas, smoking at certain times only, restrictions in specific places only, ventilation, and the use of incentives or penalties to encourage action. Nevertheless,

there were also concerns about the effectiveness of such measures.

- Some respondents however were positive and noted the problem has been enforcement and there is need to build enforcement capacity.

There are a number of suggestions for further action broadly supporting scale up educational campaigns, developing institutional level smoke free policies or guidelines and enforcement plans, training for local government officers and enforcement officers, strengthening collaboration from all sectors including private sector, strengthening coordination and national local level efforts linkages, Involvement of the youth and religious leaders in the educational campaigns and continuous monitoring and evaluation of the enforcement.

INTRODUCTION

Background

Smoking and Tobacco use continue to be one of the leading preventable causes of ill-health and premature death globally. In Bangladesh tobacco smoking and exposure to secondhand smoke is associated with over 100,000 related deaths annually. Scientific research is unequivocal about the serious health effects of exposure to secondhand smoke. It is associated with lung cancer and various pulmonary disorders. Additionally, smoking affects multiple other organ systems, and is associated with stroke, myocardial infarction, hypertension, peripheral vascular disease, cataracts, renal cell carcinoma, peptic ulcer, and other maladies (WHO 2005).

The Government of the Republic of Bangladesh increasingly recognizes the health effects of tobacco use, smoking and secondhand smoke and enacted a national smoking and tobacco control law in 2005 with five year implementation plan (2007-2010). Despite the progress challenges still persist. Bangladesh still has one of the highest tobacco use prevalence where about 36.8% of people who are 15+ years use tobacco products and about 41% of male and 1.8% female use tobacco products (MoFW; WHO 2005). Moreover continued low awareness of the effects of exposure to secondhand smoke, low awareness about the national law and its application among the local elected officials and public limit effective enforcement of the national law at the local level.

Local government has a huge presence and plays a big role at the local level. YPSA implements smoke free project and considers the strengths and opportunities of working with local government to promote smoke free

public workplaces and spaces as a strategy that will contribute significantly to reduce to exposure to secondhand smoke. YPSA initiative therefore requires evidence that can inform the smoke free project on how to introduce the smoke free issues into the LG agenda and support for local government to play effective role in smoking regulation

Search for previous studies have failed to show any specific materials on local smoke free regulation in Bangladesh and so are the studies on the role of local government in smoking regulation. There is however limited and fragmented studies on national tobacco control progress and challenges. YPSA therefore conducted a qualitative assessment to understand the views of local elected officials about smoke free policies and capacity gaps needed for the development and effective enforcement of smoke free policy in Chittagong City Corporation and selected Municipalities. Broadly the assessment aims to help clearly define problems, resources, and readiness to develop, adopt and enforce smoke free policies within a local government institutions and political areas under their jurisdiction.

The problem and significance of the assessment

Whereas there is need to strengthen the involvement of LG in regulating smoking in workplaces and in public spaces, there are no sufficient literature exploring local smoking regulation and support this issue. There are general studies exploring the capacity of local government and decentralization for better service delivery however this is not related with capacity to enforce smoke free legislations.

Some studies do exist regarding tobacco control at national level but there is limited if non at all specific on the smoking and tobacco control and impact at sub-national level in Bangladesh. Furthermore qualitative data let a lone extensive quantitative surveys are lacking to provide a picture of what the local elected officials think of smoking regulation, nature of existing regulatory mechanisms, challenges and capacity gaps in enforcement.

Understanding the views of the local elected officials is crucial to design strategies that can engage them successfully. Knowing the views of the local elected leaders will help identify the entry points to put smoke free issues on their agenda. It's also important to understand other details regarding their readiness, resources and challenges in smoke free regulation.

Assessment Overall Objective

To understand local elected leaders perceptions on the smoke-free policies, perceived and actual capacity gaps in order to help YPSA's smoke free

project introduce and get a smoke-free policies developed, adopted and enforced by the CCC and 3 municipalities(Feni, Cox Bazaar and Comila).

Specific Objectives

- 1) To examine the local elected officials perceptions about secondhand smoke and smoke free policies
- 2) To identify the perceived and actual capacity gaps in smoking regulation at the local level and what can be done to address them.
- 3) Provide data to improve on strategies and activities for advocating and supporting local government to develop and enforce smoke free policies.

Methodology of the Study

YPSA conducted a qualitative cross-sectional assessment using key informant interviews with purposive sample of elected officials and stakeholders from Chittagong City Corporation and 3 municipalities (Feni, Comila and Coxes bazaar) where YPSA is implementing smoke free project. The assessment was conducted from 17thJuly to 30th September 2009 and involved 3 discreet phases:

1. Review of existing research and policy information; this involved desk and library based literature search and review
2. Key Informant Interviews with locale elected officials and selected stakeholders; this involved In-depth, semi-structured one-to-one interviews with a total of 102 participants
3. Feedback; this involved sharing of findings with a section of local elected leaders, stakeholders most of whom were respondent to validate the findings and incorporate any additional contributions or comments on the findings and recommendations
4. Observations The study also involved discreet observation in selected public markets locations. Observations were done to assess the amount of smoking taking place in public areas and any existing warnings or smoke free signs present.

YPSA considered Key Informant Interviews as a method that can generate base of ideas, knowledge and information to inform the project strategies and also to highlight the capacity gaps in local government. Semi-structured interview guides were developed in consultation with YPSA research team and references made from some materials on KII interviews guide by USAID Center for Development and Information Evaluation.

Key informant interviews were scheduled and conducted at the respondents' convenience in comfortable and familiar surroundings. YPSA conducted face to face interviews and about 30% of the interviews were audio recorded with the interviewees' permission and then transcribed.

Key Informants Selection Procedures

Purposive and snowball sampling techniques were used to select the key informants. Local elected officials and a section of stakeholders were selected for interview. Key stakeholders were interviewed to provide opportunity to hear from people outside the local government about their perceptions of both local government and the exposure to secondhand smoke issues to be addressed. Stakeholders from the community included District civil surgeons, health centers administrators, school administrators, and public market committees, religious leaders, police officers and youth leaders.

The table below shows the distribution of the study population (Key Informants)

Key Informant Categories	Number of Individuals Consulted
Councilors	31
District Civil Surgeons	3
Administrators-Public health centers	16
Administrators-Schools and Colleges	16
Public market committee members	16
Police Officers in Charge of Police Stations	8
Imams	8
Youth Leaders	16
Total	114

Data collection

The data collection took place between 17th July and 30th September 2009.

Semi-structured interview questionnaires were developed in English and then translated into Bangla. About 12 specific questions were formulated for separate key informants interview questionnaires and translated in Bangla for easy understanding by the key stakeholders. The initial interviews were used as pilot and reviews made to ensure systematic data collection that is both valid and reliable. Face to face interviews techniques were used and note taking was used to recorded responses however about 30% of the interviews were also tape-recorded and transcribed.

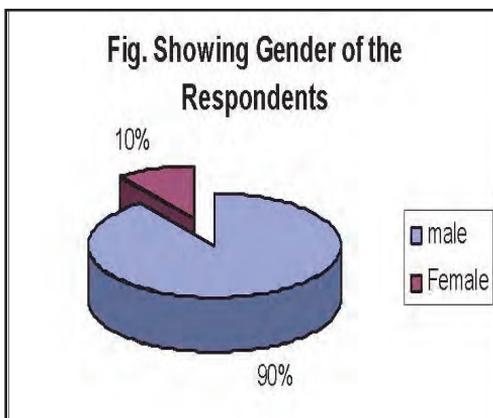
Data Analysis

Analysis of the data involves thematic and inductive analysis. This process involves comparing and contrasting informants views recorded in the interview. It also involves looking for common themes among the informants. Responses to close ended questions used in key informant interviews were analyzed using simple frequencies, broken out by type of informants (Councilors or other stakeholders). For open-ended questions, content analysis was used to identify common themes. YPSA then summarized the results and shared with stakeholders for feedback.

A detailed coding scheme was developed to capture themes

from the open-ended questions on arrange of issues examined. The coding structure was organized into the following major themes:

1. Nature of Local smoke free regulation
2. Awareness of the harmful effects of exposure to secondhand smoke and smoking
3. Local leadership commitment: Local government involvement in creating smoke free environments
4. Education, training and support to improve on the implementation and enforcement
5. Obstacles and barriers in efforts in creating smoke free environments



Out of 120 expected respondents, a total of 114 key informants were interviewed, 98 adults and 16 youths. 103 respondents were male and 11 were female. The age of the interviewees ranged from 24-69 years old.

Key Findings

Taking Further Action

┆ Interviews and feedback finds that "The National Tobacco Smoking and Tobacco Control Law" restrict smoking in most public workplaces and the stipulated areas are supposed to be smoke free e.g. government buildings, hospitals, schools etc however over 90% of the respondents report this is frequently violated.

┆ The assessment establishes that whereas some local elected officials have been involved in Tobacco and Smoking related workshops and events like World No Tobacco days, however smoke free issues are not in the local council's agenda and priority list.

┆ The local government units (City Corporations and municipalities) lack institutional or organizational level smoke free policies or guidelines and enforcement plans on how to implement and enforce the national law at the local level.

┆ Most respondents expressed the need for clear distinctions to be made between places where smoking should be tolerated and those where it should be banned. This will vary with different institutions and places.

┆ Assessment also found that there are both enclosed public workplaces and public areas where neither smoking policies exist nor any form of regulation. These include some licensed public markets, recreational parks, some manufacturing and industrial sites, some businesses (e.g. restaurants and hotels) some transport terminus etc.

┆ Some of the respondents showed high level of awareness about dangers of smoking and exposure to secondhand smoke however majority are not very informed of details of the effects to humans and the community. Most of the respondents though perceive that there is low awareness among the public and local leaders about the effects of smoking exposure to secondhand smoke.

| Majority of the respondents talked of having heard of the National Smoking and Tobacco Control Law however they do not know much about its application at the local level.

| A large majority (82%) of respondents however supported the view that further action needs to be taken to reduce people's exposure to second hand smoke.

| There were varied levels of support for smoke free policies to make all public places smoke-free.

| A range of alternatives or compromise suggestions were made such as the introduction of designated or segregated areas, smoking at certain times only, restrictions in specific places only, ventilation, and the use of incentives or penalties to encourage action. Nevertheless, there were also concerns about the effectiveness of such measures.

| The majority of respondents recognized the importance of protecting children from smoky environments.

| A small proportion of respondents commented that 100% smoke free enforcement could have a negative impact on certain types of business, especially the hospitality industry.

| Some respondents expressed concerns about the practicalities of introducing 100% smoke free policy and enforcing it effectively.

| Some respondents however were positive and noted the problem has been enforcement and there is need to build enforcement capacity and designate the role of monitoring and managing enforcement claims clearly.

Overview of findings by categories of respondents

Local Elected Officials (Ward Councilors)

| A total of 31 local elected officials (from Chittagong City Corporation and 3 Municipalities (Feni, Comila and Coxes Bazaar) were interviewed.

| Interviews with local elected officials revealed smoking and second hand smoke issue is not in the priority list of their agenda. Competing issues

"...the problem...is that you can enact a policy that is not enforceable...and the other side of that is that when you do something like that, you then make it the business owner's expense...".

‡ All council members interviewed believe that the community is in favor of the smoking restrictions at workplaces, common indoor areas and enclosed public places. However some were divided in opinion on smoking restriction in public areas with others expressing difficulties if peoples' attitudes don't change

‡ One council member believes that the smoking restriction will also help to serve as a model for children in the community and among tourist especially in Coxes Bazaar. "...it's kind of sending a message to the children out there"

‡ Two of the council members don't believe this approach will work efficiently without sufficient resources. All council members supported this view saying that the potential challenges to the smoking ban are lack of resources, enforcement capacity, and other competing priority issues in the council agenda (e.g. Water and sanitation, Welfare and maternal health care etc) that shadows effects of exposure to secondhand smoke.

‡ All the councilors interviewed from CCC and like Feni, Comila and Coxes bazaar municipality generally recognize smoking in public areas and offices as a public health hazard.

Religious Leaders (Imams)

Eight religious leaders (Imams) from the different study locations (City Corporation, Coxes Bazaar, Comila and Feni Municipality) were interviewed.

‡ All the imams consider smoking as against Islamic teachings. One said that smoking for Muslims is 'haram' (forbidden).

‡ Whereas there are no formal policies Mosques and their compounds are smoke free zones, including affiliated religious centers and schools. The interviewees indicated low level of awareness about details of dangers of smoking however they know it's not good for the health.

‡ Two of the imams interviewed mentioned not knowing the national law exists but were fast to say it's the role of the government to make such laws

"...the problem...is that you can enact a policy that is not enforceable...and the other side of that is that when you do something like that, you then make it the business owner's expense...".

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and make people be aware of them.

| Asked about the challenges to enforcing smoking restriction, they emphasized that there is low level of awareness about dangers of smoking and that make people reluctant to stop. They also talked about parents smoking in front of their children making children consider it ok for every person to smoke.

| All the Imams are supportive of 100% smoke free environments. They emphasized the need to inform the public of the dangers and especially to protect innocent children.

| One identified Ramadan as an important event that needed to be used to promote smoke free education efforts since not so much smoking occurs and people are keen to change their lives for the better.

| Most of the imams mentioned that involving the religious leaders ("...Imams from different mosques or the council of Imam") in smoke free education and in making changes in the community's perception can be very effective.

| Taken together, results from this study indicate that religion and religious leaders are both relevant and important drivers of quitting, but whether this is always enough to guarantee success is less clear. It's clear however religion can be a culturally relevant vehicle to complement other smoking control efforts. As one mentioned, "Islamic teachings can be used as an effective means for tobacco control among Muslims,"

Youth Leaders

16 youth leaders were selected and interviewed. They comprised of 8 out of school youths (3 Youth NGO Coordinators, 3 Youth Club leaders, 2 CBO workers) and 8 in school youths (student leaders).

| All the youth respondents pointed out exposure to tobacco smoke as problem in their towns and homes and one specifically mentioned tobacco smoking as a big problem for elders and youths, "The older ones don't listen when the youths tell them it's bad. They think they will die anyway because they are old.....Youths do it at first to get attention and be in the "in crowd" but then they get addicted with time."

‡ The the youth leaders perceived majority of youths have low awareness about effects of smoking and second hand smoke and had indifference to changes

‡ Most of the youth respondents mentioned exposure to secondhand smoke is a danger to people of all ages and one even stated "...most of my people in the community have a higher number of smoking". They are concerned that it doesn't appear the members of their community will stop smoking in public areas even if there is the law.

‡ Others however mentioned there are youths who want to quit but there is not much help for them

‡ Most youth respondents also mentioned for most youths, if they have appropriate information about quitting smoking and effects of smoking they are comfortable reading.

‡ They also pointed out some say teachers who give students bad example when they smoke in public and normally there is no one to stop them especially in schools.

‡ Most of the youths in school perceive the schools should be 100% non smoking environment. Out of school youth also perceive the need to have some of smoking regulation to protect non smokers from exposure to second hand smoke

‡ They are aware of national tobacco control but think it's the responsibility of the government to enforce the law. They think the government is not doing enough to control smoking and tobacco use in the country.

District Civil Surgeon

Only 3 District civil surgeons were available for interviews out of the 4 targeted respondents of this category. District Civil Surgeons are senior government officials coordinating health service delivery and governance at district level. They are also the chairpersons of the District Tobacco Control Task Forces.

‡ The 3 interviewed are highly aware of the existing laws and have been involved in smoking and tobacco control significantly. They acknowledge smoking poses a health threat to residents and workers everywhere. One say

"the health consequences of involuntary exposure to tobacco Smoke is adverse.....there is no risk-free level of exposure to secondhand smoke for anyone".

| They mention relation of exposure to secondhand smoke and increased risk for lung cancer, worsening of asthma symptoms, acute respiratory infections etc and negative effects of second hand smoke to children of smoking parents that can last a lifetime.

| They say public concerns about passive smoking have increased over the years but majority still have low awareness of the harmful effects and impacts in the whole community and are reluctant to act. One says "certainly one of the most compelling arguments for banning smoking in workplaces has been the protection of employees from the hazards of chronic exposure.

| They acknowledge the need to protect the health of the people and children, has influenced policy-makers to strengthen smoking bans and the government is committed to improve on enforcement".

| They were however quick to mention the need to involve the community and business people and promote awareness intensively

Public Market Committee members

16 members of the public market committees were interviewed and all mentioned non existent of smoking restrictions in the market places. Because of the high population density especially in Chitagong City, they perceive most public markets can serve over 100,000 people in any day. From the observations conducted, there are no posters or "No Smoking" signs any where in sight in the markets around.

| Their responses seemed to be unformed as most of them raised concern over the difficulties in enforcing smoke free policies at public market areas. One member stated that a number of traders and even restaurant owners that he has talked to said they were against the smoking ban because it will discourage customers from going there.

| According to one member, some restaurants and hotels owners he spoke to believe that the smoking restriction is well received by some diners. "...improves the quality and experiences that the diners have." In this

member's experience, most businesses haven't understood the benefits of promoting smoke free environments.

| The impression revealed also is that some members were hesitant to disclose their true beliefs regarding the smoking restrictions but it was not clear why. They however reiterated the need to build awareness of the people including traders and public officers to act to reduce smoking in public areas.

| They also pointed out low awareness about harmful effects of smoking, irresponsibility and corruption by some law enforcers as the main challenges to effective smoking restriction.

Community Health Centers and School Administrators

Community Health Center Administrators 16 community health center administrators who are also medical doctors were interviewed and they pointed out that despite existent of legislation that forbids smoking in all health care centers, smoking is still evident especially in outdoor areas (within the centers' compounds) of the health centers.

| Asking the health Center Administrators if they would support 100% compliance they mentioned that there are staffs who are current smokers although the staff do not oppose the complete hospital smoking ban.

| A section of the administrators perceived some hospital staff would prefer it to be partial ban limited to indoor areas.

| Most of the administrators admit high prevalence of smoking in public areas is due to weak enforcement and low awareness about the effects of smoking and exposure to second hand smoke

| The above findings warrant the necessity to engage health professionals to reduce smoking and use their position as a role model to both patients and the society.

School Administrators

| 16 school administrators were selected for interview and about 6 were college principles and other head teachers in various secondary and primary schools. Like health centers despite existent of the national legislation that forbids smoking in all schools, smoking is still evident especially outdoors (within school compounds).One administrators pointed the habit of teachers smoking in front of students not a good habit.

-Of particular interest though is the inaction of the hospital and school administrators to challenge smokers who are smoking on smoke free areas. None of the administrators mentioned approaching the staffs or teachers to stop smoking in health center or school smoke free grounds

-General awareness of the school and health center administrators about effects of smoking and exposure to second hand smoke is high and they recognize the need to scale up education campaigns.

-They perceive the public awareness of the national law and its application at the institutional or organizational level is poor and this need to be supported.

Police Officers in Charge of Thana (sub district police stations)

| 8 police officers were interviewed and generally the officers were rather closed to reveal their thoughts about the questions however they all supported the need to promote smoke free environment to protect non smokers.

|From their responses most of the officers raise concern to clearly define places where the law applies and what non compliance mean. Whereas they admit the national law prohibits smoking in local government workplaces, hospitals, schools, most officers reported not being aware of the details of how the law is applied to open and other enclosed public areas.

| They talked of the need to have clear communication and procedures on how to handle violators.

| They supported the need to strengthen mobile courts to handle cases on the spot, the need to recruit and train more police to monitor compliance. They also emphasized the need to inform and educate the police about smoke free policies and include handling smoke free compliance during recruitment.

| One police officer said "...we are mainly involved to ensure order and security and involve in cases of public disorder, threatening behaviour or breaches of the security" implying smoke free enforcement is not clearly stipulated as part of their duties.

| They say that they are sometimes overwhelmed by the work of monitoring order and security and therefore very easily they overlook smoking in public

areas.

Thematic issues

Existing local smoke free regulation

| National Smoking and Tobacco control law identifies public workplaces nationally and out laws smoking in these areas however the assessment found out 100% smoke free environments are very scarce in Chitagong City Corporation and 3 municipalities except in the mosques and their compounds.

| There is still confusion about the scope of national legislation on smoking in public places in Bangladesh and the motivations for this, and concerns about potential negative impacts especially for businesses.

| Specific institutional smoke free polices are lacking in most local government units and so are schools, hospitals, market places etc though the national legislation is generally applicable in some contexts.

| From the interviews YPSA found that the overwhelming majority of the local elected leaders are aware of the existence of National Tobacco and Smoking Control Law, however the issues of second had smoke or public smoking is not in the local council top agenda. Some of the top priority issues are water and sanitation, public health facilities, delivery of health services, local infrastructure, housing etc.

| For the case of Mosques and smoking restrictions findings indicate that despite the fact that people are morally Muslims are expected not to smoke, religion only discourages smoking but these values are difficult to be enforced outside the religious places as it is largely an individual conviction. However religious messages can work to influence behaviour change.

Awareness of the harmful effects of smoking and exposure to secondhand smoke

| General awareness about potential effects of smoking and exposure to second hand smoke is low among most respondents and equally perceived as low even among the public.

| Awareness of health effects associated with active smoking is relatively

higher compared to the level of understanding of the health risks associated with exposure to secondhand smoke except among the health professionals who have a higher level of knowledge.

| Respondents, especially District Civil surgeon, school administrators, local elected leaders and religious leaders emphasized the need to protect the health of non-smokers and children.

| The evidence about the implications of secondhand smoke for health was considered for the most part to be a strong rationale for the introduction of smoking regulation.

Local leadership: Local government involvement in creating smoke free environments

| The interviews depict limited involvement of local leadership in creating smoke free environments. This is limited to participation in related workshops and speeches however local government structure and influence provide a great opportunity to advance smoke free environments. Sustained commitment of local leadership to steer the process is something that needs to be built.

| Interviews indicate 100% support for some sort of smoking regulation among the local elected officials however what is required is sustained leadership and involvement of the community leaders. This will requires mobilization of political support and educational campaigns to change the attitudes of inaction and persuade the leaders to be at the center.

Education, training and support needs to improve on the implementation and enforcement

| Existing literature and interviews reports local government bodies to suffer from low capacity and resources not only in Chittagong but in Bangladesh. This is caused mainly by the lack of effective planning, coordination, low political commitment and general weak governance systems (Asian Development Bank Report 2006).

| From the Assessment and analysis, low levels of knowledge on harmful effects of secondhand smoke, low levels of awareness of details of national smoking and tobacco control law and its application at the local level, limited skills and knowledge of the local elected officials in this issues is can be implied to be some of the causes of weak enforcement at the local level.

| Compounded to this is the general awareness as of the public about the

harmful effects of secondhand smoke and the law application at the local level. Youths and religious leaders have been identified as important vehicles in educational campaigns and need to be involved.

| It also indicated from the reviews and interviews that the limited resources to support planning and enforcement are key challenges facing the local government authorities.

| Enforcement mechanisms have not been clearly defined, identified including trainings to equip the enforcers with specific knowledge on what to look out for. There is an urgent need to recruit motivated monitors or enforcers who are trained on smoke free compliance.

| Most respondent raise concerns of weak enforcement and the need to provide some skills and knowledge to the responsible local agencies. Both the Youth and religious leaders also question the leadership capacity and commitment to ensure safe and smoke free environments.

Obstacles and barrier to efforts in creating smoke free environments

Local elected officials identify a number of issues that act as barriers towards the success of smoking regulation in CCC and 3 selected municipalities. These are;

| Perceived Lack of Public Support

Some respondents believe that the businesses, tobacco companies and some community leaders do not support any sort of smoking regulation however the assessment shows that the majority are in favor. This is partly because of misconception and local elected officials also recommend awareness campaigns to reduce the misconceptions surrounding smoke free policies.

| Corruption

Corrupt practices such as bribery impede both government and public efforts to ensure effective governance. Although it has not been raise significantly, corruption is one of the major challenges. This is because the tobacco companies may buy support and favour to oppose smoke free campaigns among some leaders and business companies. Countering this will require education, and mobilization for political support and to demand for greater accountability and transparency in public service.

| Tobacco Industry Misinformation

The tobacco industry and other opponents of smoke-free laws continue to put forward false but seductive arguments in opposition. Although their arguments may not have persuaded most of the local elected leaders and other key stakeholders, their claims may influence sections of the public. YPSA and other BI smoke free projects implementers must be aware of the industry's influence on the media via its powerful public relations campaigns.

! **Limitations in the national law**

Though this point was not explored in details, views about smoking regulation point out difficulties being faced related to weaknesses in the national law and its enforcement.

5.00. RECOMMENDATIONS ON FURTHER ACTIONS

1. Education campaigns: Ongoing public awareness campaigns are needed to remind people of the risks of smoking and exposure to secondhand smoke and to provide information about the smoke free policies. Other specific recommendations include;

! Partnership with the local and national media to be strengthened to promote media campaigns

! Distribution of population specific smoke free promotion materials, particularly those targeting the adults and youths. The materials should be developed with awareness of special needs and literacy.

! Use of Islamic messages in smokefree campaigns to influence change in smoking behaviour.

2. Supporting local government units (Chittagong City Corporation and 3 selected municipalities) to develop clear institutional level smokefree policies or guidelines and enforcement plans:

! There is a need for a layer of smoke free policy or guideline at the local level that defines specific objectives on how the local government will address smoke free at work places and public spaces. This policy will define how pa rticula r LG units, depa rtments, a nd tea ms, partners, and the community will opera te to ensure smoke free environments.

3. Capacity building of the local government-NGOs to monitor and enforce the smoke free policies at workplaces and public spaces

1 Providing tailored trainings to local government officers and enforcement monitors enforcers based on functional needs.

4. Strengthening Co-operation and coordination among central government, local government, NGOs, private sector and the media to support enforcement. No single agency can realize the desired goals alone in Bangladesh.

5. Involving the community; most respondents support the need to actively involve the community in planning, monitoring and enforcing the smokefree policies. For instance youth and religious leaders expressed the interest to be involved in smoking preventing efforts. Over 90% of the key informants expressed they would support this process.

6. Provide smoking cessation support. This is because some respondents perceived there are many smokers who would like to quite but they never access any support services like counseling.

7. Include comprehensive information on smoking and exposure to secondhand smoke and other substances in the school textbooks and curriculum at all levels. A section of the respondents especially the district civil surgeons, councilors, the youth and school administrators though not significant in numbers, perceive it's important.

Conclusions

The assessment provides valuable and valid baseline information that will inform current and future actions to develop and enforce smoke free policies successfully at the local level.

It is anticipated that YPSA, CFTFK and other BI partners will benefit from the findings. Resources from the CFTFK and Bloomberg Initiative to Reduce Tobacco Use will be of great importance in furthering actions, building on lessons and addressing existing gaps in smoking regulation in Chittagong.

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P̄w̄n`v̄ ēw̄x̄ c̄v̄q hv̄ Rb`-†`í Rb` ŕ̄w̄Z̄Ki| āv̄iYv̄ Kiv̄ hv̄q, h̄w` K̄t̄i
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GQ̄v̄ov, w̄m̄M̄v̄t̄īU t̄P̄r̄iv̄P̄j̄v̄b̄ m̄īK̄v̄t̄ī īv̄R`^Av̄q̄ K̄w̄ḡt̄q̄ t̄d̄t̄j̄ hv̄ `v̄`
D̄b̄q̄b Ges Av̄Bb̄ c̄l̄v̄q̄b L̄v̄t̄Zi ēiv̄l̄ n̄w̄m̄ K̄t̄i| A_ŕ̄ †P̄r̄iv̄P̄j̄v̄t̄b̄i d̄t̄j̄
Rb̄MYB P̄ēv̄š-f̄v̄t̄e ŕ̄w̄Z̄M̄Ø - n̄t̄`Q|

Ab`w`†K̄ †P̄r̄iv̄P̄j̄v̄t̄b̄i ḡv̄a`t̄ḡ Z̄vḡv̄K̄ c̄l̄μ̄q̄v̄R̄v̄Z̄K̄v̄īx̄īv̄, Z̄v̄t̄ī G†R̄S̄Ūiv̄
Ges w̄ēt̄μ̄Z̄v̄īv̄ w̄ēw̄f̄b̄ēv̄t̄e j̄v̄f̄ēv̄b̄ n̄t̄`Q: †P̄r̄iv̄P̄j̄v̄b̄ w̄m̄M̄v̄t̄īt̄Ui `vḡ n̄m̄
K̄t̄i I m̄v̄āv̄i†Yi K̄v̄t̄Q̄ m̄n̄R̄j̄ f` K̄t̄i †Z̄v̄t̄j̄, w̄m̄M̄v̄t̄īt̄Ui P̄w̄n`v̄ ēw̄x̄ K̄t̄i
t̄d̄t̄j̄ Ges †P̄r̄iv̄P̄j̄v̄b̄ ēw̄x̄i d̄t̄j̄ `ea c̄t̄_ w̄m̄M̄v̄t̄īt̄Ui Av̄g`v̄b̄x̄-īB̄v̄b̄x̄ Ki
ev̄ i'é n̄t̄m̄i m̄āt̄eb̄v̄l̄ ēw̄x̄ c̄v̄q| GQ̄v̄ov, w̄ēw̄f̄b̄ēt̄K̄v̄=ú̄v̄b̄x̄i c̄l̄Z̄t̄h̄v̄M̄x̄Z̄v̄c̄Y`
ev̄R̄v̄t̄ī w̄U†K`_v̄K̄v̄i Rb` †P̄r̄iv̄P̄j̄v̄b̄ m̄n̄v̄q̄K̄ f̄īuḡK̄v̄ c̄j̄ b̄ K̄t̄i |

GB mKj Kvi tY ZvgvK tKvúvbx ,tj v umMvtiU tPvi vPvj vb tK mnvqZv Kti
wKsev A%ea ct_ umMvtiU iBvbx tZ cZ`q I ctiv q|fvte RwoZ _vtK|
mvsew K, Rb`r` Kg`i múv Z Mtel Yv Ges ZvgvK tKvúvbx ,tj vi
Z_` wtk- IY Kti t`Lv tM tQ, GB ZvgvK tKvúvbx ,tj v Kv t j vev Rvti
GKwU

ZZxq ct`qi mnvqZvq (mvaviYZ hviv Zvt`i GtR)U wntmte KvR Kti)
umMvtiU tPvi vPvj vb tK Zvt`i e`emvi GKwU tKSkj wntmte mviv wtk|
e`envi Kti| GB tKvúvbx ,tj v Zvt`i ctY`i `ea Pvj v tbi cvkvcwK
A%ea Pvj vb ev tPvi vPvj vb Kti _vtK| umMvtiU tPvi vPvj vb th i agv t
Kti i D`P nvti i Rb` ntq _vtK Zv bq| tKvb tKvb t`tk Kti i wbgævvi
_vKv m tEj| tPvi vPvj vb GKwU eo mgm`v Avevi tKvb t`tk Kti i D`P nvi
_vKv m tEj| tPvi vPvj v tbi cwi gvY Kg| mvaviYZ BD t i v tci t`k ,tj vtZ
GB i Kg ntq _vtK| Zte th mKj t`tk i tPvi vPvj vb wbgšYRwBZ wbgq
b wZ `g` tm mKj t`tk B A%ea ct_ Ab`vb` ctY`i cvkvcwK umMvti tUi
Pvj vb tekx ntq _vtK| Ki cðv tbi gva`tg wewfbæ t`tk `ea ct_ umMvti U
Pvj v tbi dtj umMvti U tPvi vPvj vb mnR ntq hv t`Q|

Campaign for Tobacco-Free Kids Gi GKwU w tci U® (Illegal
Pathways to Illegal Profits.) Ab t v qx w t k j c ð v b umMvti U
tKvúvbx ,tj v tKb tPvi vPvj vb tK g` ` w` t q _vtK-

1. tPvi vPvj v tbi gva`tg umMvti U tKvúvbx ,tj v wewfbæ t`tk Kg g t j ` wew t
Ki t Z cv t i |
2. %ea fvte Ki cðv tbi umMvti U i Bvbx Kti tKvúvbx ,tj v wewfbæ t`tk i
`vbxq tKvúvbx i umMvti tUi Kv t Q ev Rvi nvi v t bvi f t q _vtK| Zv B GB
tKvúvbx ,tj v Kg g t j ` umMvti U ev Rvi Rv Z Kivi Rb` tPvi vPvj vb tK
mnvqZv Kti _vtK| G t Z `vbxq wKsev Ab`vb` `ea umMvti tUi tP t q I Kg
g t j ` umMvti U wew t Kiv hv q |
3. tPvi vPvj vb ct j v ev Rvti i umMvti tUi `vg Kw t q ti t L wew t q ew x i Rb`
mnvqZv Kti _vtK|
4. tPvi vPvj v tbi dtj th tKvb e`v U Zvi ctY`i GKwU w b æ g j ` w b ð v i Y Kti
t dt j Ges ev Rvti Zvi cðZ th v M t K n w i t q ev Rvi `Lj Ki t Z cv t i |

cv`R`tk e`envi Kti gbydv AR#bi j`tq| tQvU AvKvtii tPriPvj vb
 mxgvš-eZP GjvKvq ntq _vtK| GuU KLbl tKvb e`m³ KLbl ev tKvb
 tMvôxi ôviv ntq _vtK| wKŠ`hLb eo wMvtiU tKv=úvbx ,tjvi mnvqZvq
 wtkj GK AĀj ntZ Ab` AĀj wMvtiU ei Pvj vb iBvbx ntq _vtK
 ZLb cĀZtekx t`k ,tjvtZ wMvtiU gġ`i AmgZv gbydv AR#b tKvb
 fvgKv ivLtZ cvti bv| ZLb wMvtiU cwi gYB wæ gj` wbarPY Kti
 tdġ |

6. wMvtiU tKv=úvbx ,tjvi ZvgvK e`emvi GKwU wkeġ`cx tKŠkġ cwi YZ
 ntq tQ wMvtiU tPriPvj vb| GuU Zvt`i evRvi m=cġvi Y Kti Ges Ab`
 tKv=úvbx ,tjvi mvt_ cĀZthvMx cY`evRvti wUtk _vktZ mnvqZv Kti |

7. tPriPvj vb ivR%wZK mġear cĀBtZ e`eüZ nt`Q| tPriPvj vb ewxi
 dtġ miKvi `ea cġ_ wMvtiU Avg`vbx`i é nġm Kti t`q wKsev wWwU wġ
 Kvgġq t`q wKsev Ki nvi ewx Kti bv|

eo wMvtiU tKv=úvbx ,tjvi wkeġ`vcx tPriPvj vtbi Rb` msMwZ bvbv
 Acivax Pġtk t`vlvtivc Kti _vtK thLvġb AwKvsk tPriPvj vbB msMwZ
 nq wMvtiU tKv=úvbx ,tjvi QĀQvq wKsev Zvt`i cĀYv`bvq| Zviv
 mivmwi wMvtiU tPriPvj vtbi mvt_ RwoZ _vtK bv, Zte Zviv Rvtb Kviv
 Guv Kti, tKvb i`U e`envi Kti Ges Zviv `ea (Tax paid) I A%a
 (Tax unpaid) wMvtiU ôviv m=te` gbydvi wntme-wġtkKl Kti _vtK|
 British American Tobacco (BAT) - Gi wQvZ` wtk- IġY tevSv
 hvq, wMvtiU tPriPvj vb Avš-RwZK wMvtiU tKv=úvbx ,tjvi evRvi
 `Lġi ev bZb evRvi mġoi Kvġġġi GKwU Ask| tPriPvj vbġK GB
 tKv=úvbx ,tjvi wkeġ`cx wMvtiU eUġb GKwU maviY gva`g wntmte
 e`envi | misew Kiv BAT Gi Z` wtk- IġYi gva`g Rvrbv th, wtkj
 wQZxq epr wMvtiU tKv=úvbx BAT MZ Kġq `tkk aġi wkeġ`vcx evRvi
 aġi ivLtZ Ges wMvtiU bZb tfv³v mġtZ kġ cwi nvi Ges wMvtiU
 tPriPvj vbġK DrmwZ Kti AvmġQ| Gi Rb` BAT Gi KgRZġv
 mivmwi fġte wwfġet`tki `vbxq GġR>Uġ`i mvt_ mġqfġte KvR Kti tQ
 Ges `vbxq Kvġjv evRvix`iġk mivvġ` Kti tQ| GB mKj tKv=úvbx
 wMvtiU A%a tPriPvj vbġK (Duty Not Paid-DNP) %a wntmte
 Pwġġq t`qvi Rb` wKsev wĀvcġbi gva`g wMvtiU cĀvi Yvi Rb`

ˆeafvte ˆKQyPvj vb i Bvbx Kti _vtK|
 BAT Gi Z_ ˆwek- I tY Avtiv Rvbr tMtQ th, MZ tek KtqK eQi ati
 GB tKvˆvbx i vekvj Pvj vb evsj vt`tk A%ea fite cˆek Kti | hv I
 BAT ˆmMvtiU tPviPvj vtb evsj vt`k K Gikqvi gta` GKU gj`tk`
 ˆmˆmte ˆetePbv Kti | Gi KviY nt`Q evsj vt`tki epr RbtMvˆx, eUk
 ÷vBtji ˆmMvtiU i cˆZ GLvbKvi gvbti `gZv Ges fviZi gtZv
 GKU vekvj t`tk ˆmMvtiU tPviPvj vtb i GKU UvbrU ˆmˆmte e`envi
 KitZ civi Ae`vbMZ mˆear|

BAT Gi State Express 555 Ges Benson & Hedges GB `ˆ
 eˆvU Gikqvi cˆZtekr t`k, tjv ntZ fviZ Ges evsj vt`tk cˆek Kti tQ
 mePˆq tekx| GK cwi msL`vˆb t`Lv hvq, evsj vt`tk GB `ˆ eˆvU i
 ˆmMvtiU AvdMvb`-vb Aˆcˆv 25 ,Y tekx cwi gvˆY tPviPvj vtb i gva`tg
 cˆek Kti | GuU Gikqvi Ab`vb` Aˆtj i kˆgˆ ˆea Pvj vb Aˆcˆv i
 tekx| GB `ˆ eˆvU Qvovl CAPSTAN, PGL, MARLBORO,
 GOALDLEAF, ROTHMAN cˆvZ eˆvU i ˆmMvtiU i evRvi Avtm|
 BAT Gi Drcv`b` ˆvZv LˆB D`Pgvtbi | Zviv ˆewfbaˆ t`k Zv` i eˆvU i
 ˆmMvtiU `vbxqfite Drcv`b/cˆvqvRvZ Kti | ZvB th tKvb mgq th tKvb
 `vˆb cˆqvRb Ablyq vb KUeZˆ t`tk cˆvqvRvZKZ. ˆmMvtiU Ab` t`tk
 mieivn KitZ civi | Zte evsj vt`tk cˆB BAT Gi ˆvˆv x ˆmMvtiU i
 AˆvKvskB BAT Gi mvD`vˆvUvbi KviLvbr ntZ cˆZKZ. hv BAT Gi
 i Bvbx Mˆ c BATUKE (BAT-United Kingdome Export) Gi Oviv
 i BvbxKZ| 1980 Ges 1990 Gi eQi, tjtZ GB ˆmMvtiU, tjv
 BATUKE ˆmˆvcˆj mgˆ cˆ_ cvvˆq w`tZv| BAT Gi ˆmˆvcˆj`
 e`emvqK Mˆ c SUTL (Singapura United Tobacco Ltd.) ˆmˆvcˆj
 ntZ mgˆ cˆ_ gvj vKv ntq Av`vgvb mˆmˆi ce`cvtkˆw`tq evsj vt`tki
 K. evRvi ev PˆMˆtgi mgˆ Gj vKvq tˆY KitZv| Gici mˆearRbK
 `vˆb Pvj vb, tjtZ K bvgvˆvbr ntZv| Avevi AˆbK mgq gvqvbgvi I
 evsj vt`tki mˆgˆS- Gj vKvq tPviPvj vb Kti _vKtZv | GB i` U GLb i
 Kvhr i AvtQ|

PˆMˆtgi `vbxq mvsew` Kti i gtZ, gj-Z PˆMˆg I K. evRvi Gj vKvi
 mg`- mgˆ Zxi eZˆGj vKv ˆmMvtiU tPviPvj vtb i i` U ˆmˆmte e`eˆZ

It is anticipated that supply will continue to be a major problem in Bangladesh during 1994 as experience in both 1992 and 1993. The basic reasons continue to be as follows:

- a) Increased customs surveillance in Chittagong Cox's Bazaar.*
- b) Border confrontation between Bangladesh and Myanmar over the Rohingya Muslem refugee crisis...*

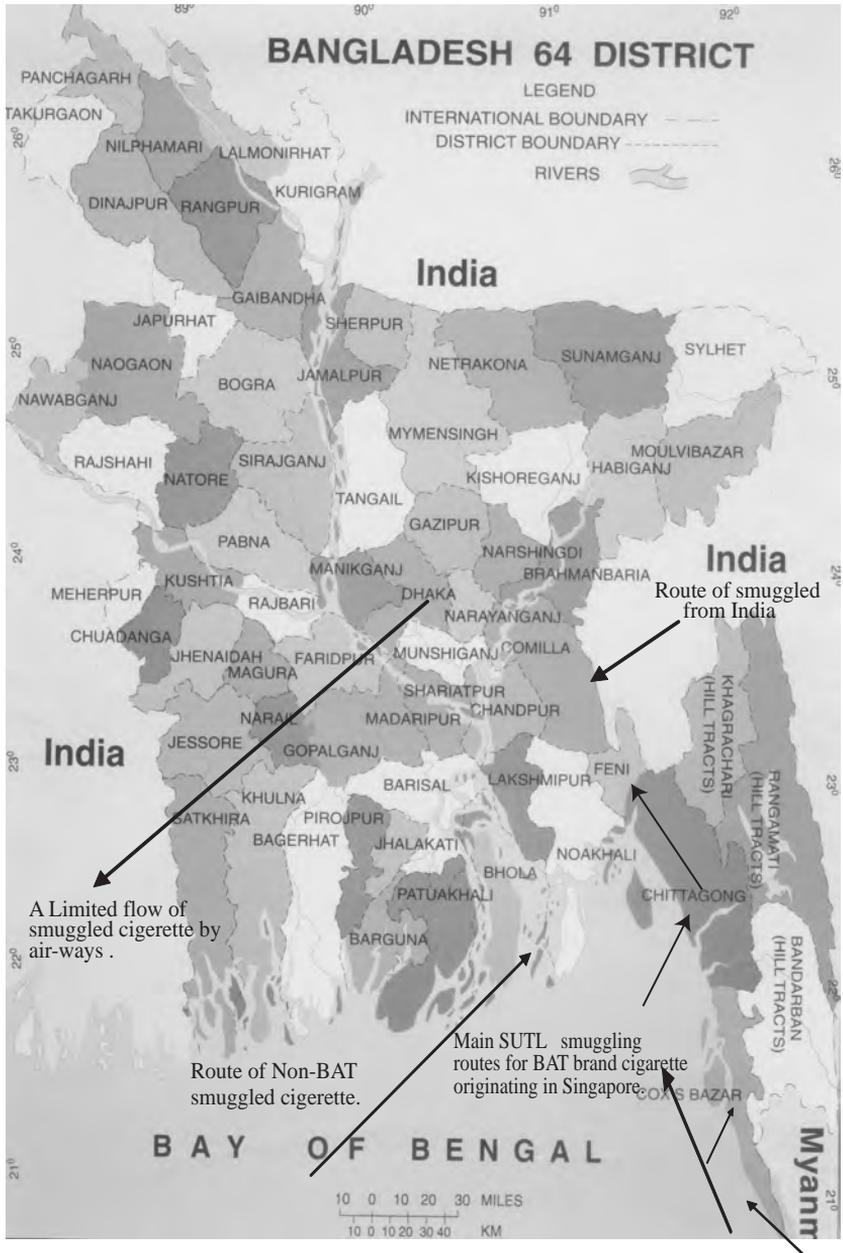
During late 1993 and early 1994, SUTL will strive to improve this situation by developing land routes via Myanmar and optimizing duty-free leakage." (BAT internal document, 'Company plan 1994-8: Asia Pacific South/SUT Domestic')

bvg cKvfk Amb"OK KtqKRb cny k KgRZP etj b, mmMvtiU tPviviPvj vb mivaiYZ gvS mgj^a ntq _vtK| wet`kx Rvrvtr Kti GB mKj Pvj vb Avtm| GB e`vcvfi tKv÷ MwW[©] tbfx Ges cny kI AvZ _vtK| PÆMtgI Avtbqviv _vbvi iv`wv qvq Aew`Z PÆMg BDwivq mvi KviLvbi tRuU NvtU th 10 Utk A`j Pvj vb aiv cto tmB GjvKvtZB tekx cwi gvY eZgvtb tPviviPvj vb nt`Q|

tiqvr Dwib evRvtii KtqKRb mmMvtiU e`vemvxi gtZ, mmMvtiU tPviviPvj vb cte[©]mgyc` tekx ntZv| eZgvtb negvb ct`I mmMvtiU tPviviPvj vb ntq _vtK| mivaiYZ `gvB ev ga`cP` ntZ AvMZ hvixiv wKQy mmMvtiU vbtq Avtb| GBt`q`I Zv XvKv ntZ mviiv t`fk mieivn ntq _vtK| Ab`w`fk mgj^a ct` tPviviPvj vbi t`q`I tPviviPvj vbKvixiv KLbl cny kfk nvtZ ti`L gvj Lijvm Kti KLbl ev wet`kx `Zvevmt`i Rb` Avbvi K_v etj | Zte Zviv GBI etj b th, eZgvtb mmMvtiU tPviviPvj vbi cwi gvY AtbK Ktg tMtQ| KviY BAT Ges BTC (Bangladesh Tobacco Corporation) GLb th`fvt e`wfbæ wet`kx mmMvtiU tKv`vbxv Abjgv`b vbtq wet`kx e`vtUi mmMvtiU `vbxqfvte `Zix Ki`Q|

evsj vt`fk mmMvtiU e`emvxiiv tPviviPvj vbi gva`tg LvB mdlj I cwi Kwir Z fvt e Zvt`i givdv AR`bi Kvhp`g Pwj`q hut`Q| gj-Z t`kx wKQy cny cwiZ Gi mnvqZvq wet`kx mmMvtiU tKv`vbx, tjv GB AcZrciZv Pwj`q hut`Q, hv gj-Z t`k, RvWZ Ges t`tki ctbtiv tKvU gvbtj i fvM`vbqtb Ab`Zg cãvb Aš-ivq|

evsj vt`fk umMti U tPvi vPvj vb c_ ,tj v ubtgagvbiPfi t`Lvtr nti v-



Z_ " mĤ: -

Campaign for Tobacco-Free Kids *Gi ĩi ĩcWU* Illegal Pathways to
Illegal Profits, Washington, D.C.: 2001.

Research 'The Modus Operandi of cigarette smuggling in
Malaysia' sponsored by Rockefeller Foundation and Thai health
Foundation, June 2004.

The Facts and Tobacco Smuggling by Framework Convention
Alliance, July-August 2002.

Cigarette Smuggling in Bangladesh: Is BAT Involved?

Understand, Measure and Combat Tobacco Smuggling by
David Merriman, World Bank Economics of Tobacco Toolkit.

*gv`K ĩmĳ³ mġm`vi RvZĳq I Avš-RĳmZK cĳi ĩcĳĳZ: GKĳU mġvRZĳmĔK
ĳĳk- IY:Gg Bg`v`j nK(mĳvKĳi Aa`vcK, Pĳe) gv`K ĳbqšĳ
ĳĳĳUĳ,gv`K ĳbqšĳ Aĳa`Bi, msL`v bs-5|*

*gv`K `ĳe`i Ace`envi: tġvt AveyZĳĳe, gv`K ĳbqšĳ ĳĳĳUĳ, gv`K
ĳbqšĳ Aĳa`Bi, msL`v bs-6|*

*gv`K ĩmĳ³ I ĳPĳKrmv: Wĳt tġvt GbvĳqZĳ Bmĳvg, gv`K ĳbqšĳ ĳĳĳUĳ,
gv`K ĳbqšĳ Aĳa`Bi, msL`v bs-4|*

ĳmĤ Gm`vmĳġU, 24 Zg ĳĳmGm ĳĳ ĳLZ MĳBW|

Tobacco Smuggling, Submission to the House of Commons
Health Select Committee, Action on Smoking and Health 14th
February 2000.

BAT internal document, 'Company Plan'1994-98: Asia Pacific
South/SUTL: Domestic". BAT Bates no.500282756

BTC letter Accorda to Dr. Akbar Ali Khan, Bangladesh
National Revenue, 21 November 1994, BAT Bates no.
600515551.

BTC memo, Imran Hussain apparently to BAT, likely 08
December 1991, BAT Bates NO.503914283.

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Inclusive Development: Mainstreaming the Challenged People

Md. Arifur Rahman* and Muhammed Ali (Shahin)**

Introduction:

"Disability need not be an obstacle to success. I have had motor neurone disease for practically all my adult life. Yet it has not prevented me from having a prominent career in astrophysics and a happy family life." - Professor Stephen W Hawking

Disability-inclusive development, as defined by IDDC (International Disability and Développement Consortium), refers to "ensuring that all phases of the development cycle (design, implementation, monitoring and evaluation) include a disability dimension and that **Persons with Disabilities (PWDs) are meaningfully and effectively participating in development processes and policies**".

Although Persons with Disabilities (PWDs) in developing countries are among the poorest of the poor, too little attention has been paid to them so far in major development programs. It is vital that they should be taken into account in poverty reduction programs since there is a close connection between poverty and disability. The Millennium Development Goals (MDGs) themselves cannot be attained unless Persons with Disabilities (PWDs) are taken into account. A fifth of the people living on less than one US dollar a day are affected by disability. Persons with Disabilities (PWDs) are therefore one of the main target groups for the MDGs. The 2012 United Nations Conference on Sustainable Development (Rio+20) outcome document "The future we want" (General Assembly resolution 66/288, annex), highlighted the inter-linkages between sustainable development and the active involvement and participation of Persons with Disabilities (PWDs).

But, What is Disability? To understand the inclusive development we also need to know about disability or the physically challenged people.

The UN Convention on the Rights of Persons with Disabilities (UNCPRD) describes Person with Disabilities (PWDs) as including 'those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others' (United Nations 2006: Article 1). Based on this definition, Bangladesh, also defines disability in its National Act on Disability Welfare. More than one billion people in the world live with some form of disability, of whom nearly 200 million experience considerable difficulties in functioning. In the years ahead, disability will be an even greater concern because its prevalence is on the rise. This is due to ageing populations and the higher risk of disability in older people as well as the global increase in chronic health conditions such as diabetes, cardiovascular disease, cancer and mental health disorders.

About 15% of the world's population (based on 2010 Global population estimates) are Persons with Disabilities (PWDs) . According to the World Health Survey around 785 million (15.6%) persons 15 years and older live with a disability, while the Global Burden of Disease estimates a figure of around 975 million (19.4%) persons. Of these, the World Health Survey estimates that 110 million people (2.2%) have very significant difficulties in functioning, while the Global Burden of Disease estimates that 190 million (3.8%) have "severe disability"- the equivalent of disability inferred for conditions such as quadriplegia, severe depression, or blindness. According to, Bangladesh 5th Population and Housing Census 2011 showed the number of people with disability is only 1.4 percent of Bangladesh's total population. Bangladesh Bureau of Statistics' (BBS) Household Income Expenditure Survey that had found people with disability at 9.07 percent of the population. In general, it is estimated by the development practitioners, 10% of the total population in Bangladesh are having different kinds of disabilities. Even though there is no specific data source till now.

Inclusive Development

It is agreed by all the practitioners that a rigorous effort of mainstreaming these challenged people and developing their capacity can support for the inclusive development. Thus, The Inclusive development also implies a rights-based approach to development, understood in terms of a framework for human development as a process firmly grounded in international human rights standards and focused on the promotion and protection of human rights.

In other words, inclusive development :

n Ensures that Persons with Disabilities (PWDs) are recognized as rights-holding equal members of society who must be actively engaged in the development process irrespective of their impairment or other status such as race, colour, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, birth, age or other status;

n and that development institutions, policies and programmes must take into account and be assessed in accordance with their impact on the lives of Persons with Disabilities(PWDs), and consistent with the promotion and protection of internationally recognized human rights.

Context analysis: The social context of inclusive development includes the following:

One of the major barriers is the lack of policy support as the policy design does not always take into account the needs of Persons with Disabilities, or existing policies and standards are not enforced. Beliefs and prejudices constitute barriers to education, employment, health care, and social participation. For example, the attitudes of teachers, school administrators, other children, and even family members affect the inclusion of Children with Disabilities (CWDs) in mainstream schools.

Resources allocated to implementing policies and plans are often inadequate. The lack of effective financing is also a major obstacle to sustainable services across all income settings. Many built environments including public places, residential accommodations, transport systems, roads and information are not accessible to all. Lack of access to transportation is a frequent reason for a Person with Disability (PWDs) being discouraged from seeking work or prevented from accessing health care. Person with Disabilities (PWDs) have significantly lower rates of information and communication technology use than non-disabled people, and in some cases they may be unable to access even basic products and services such as telephones, television, and the Internet.

Person with Disabilities (PWDs) also have a higher risk of being exposed to violence and risky behaviors. Children with Disabilities (CWDs) are less likely to start school than their peers with- out disabilities, and have lower rates of staying and being promoted in schools. They also have less economic participation. Persons with Disabilities (PWDs) are more likely to be unemployed and generally earn less even when employed. Persons with Disabilities (PWDs) thus experience higher rates of poverty than non-disabled people. Person with Disabilities also have extra costs for personal

support or for medical care or assistive devices. Because of these higher costs, Person with Disabilities and their households are likely to be poorer than non-disabled people with similar income. Persons with Disabilities constitute significant market segments for MFIs (Micro- Finance Institutions) since it represents 10 percent of total population in most countries. Though market for challenged persons is considerable but the fact is few Persons with Disabilities have access to microfinance. Considering the number of Persons with Disabilities, there is an ample opportunity to innovate and introduce different micro finance products and ideas for providing services to these people.

Legal Framework:

The UNCRPD (UN Convention on the Rights of Persons with Disabilities) - the most recent, and the most extensive recognition of the human rights of Persons with Disabilities - outlines the civil, cultural, political, social, and economic rights of Persons with Disabilities. Bangladesh has ratified the UN Convention on the Rights of Persons with Disabilities (UNCRPD) including the optional protocol. In Bangladesh, there was a law formed in 2001 which is called as Disability Welfare act and a set of Rules are set in 2006. Moreover, In line with UNCRPD, Rights and Protection of the Persons with Disability 2013 has been adopted which ensured the rights of Persons with Disability. On the other hand, constitution of Bangladesh ensures the equal rights of the all citizen.

YPSA Innovation:

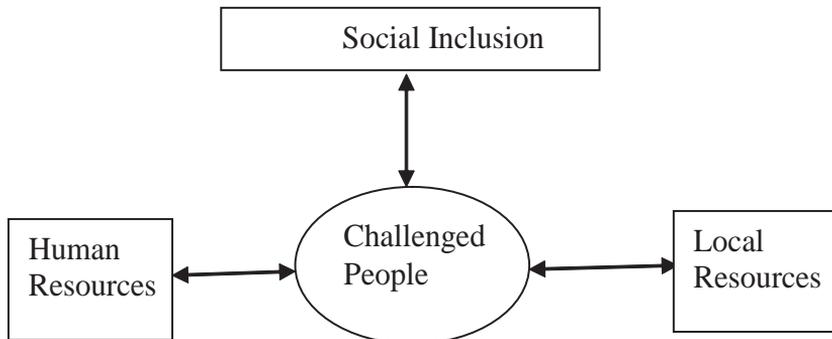
Young Power in Social Action (YPSA) is a registered voluntary, nonprofit, social development organization. Established in 1985 in the Chittagong, YPSA envisions a society without poverty where everyone's basic needs and rights are ensured. YPSA programs include Economic Development, Health, Education, Human Rights, Disaster Management, Environment, Knowledge and Capacity Development etc. YPSA received the National Digital Innovation Award 2010 for providing primary school textbooks in an accessible format called DAISY (Digital Accessible Information System). In 2013, YPSA was awarded the World Bank Service Innovation Fund for production of a multimedia digital talking books. YPSA has conducted several long term activities to protect the rights of the Persons with Disabilities, including professional development training for 200 Persons with Disabilities and establishment of a IRCD (ICT and Resource Center on Disability) to increase access to digital technologies for the visually

challenged and enhance their ICT skills. In 2005, YPSA established a Federation of DPOs in Sitakund, Chittagong District, Bangladesh . YPSA operates Persons with Disabilities (PWDs) friendly community radio station in Sitakund (Radio Sagor Giri FM99.2). As a PKSF partner microfinance institution, YPSA already started to inclusion and providing micro finance services to the Persons with Disabilities. YPSA will be fully capable on providing access to micro enterprise supports to Persons with Disabilities (PWDs) entrepreneurs. YPSA is partnering with and being the fiscal sponsor of Federation of DPOs Sitakund, who together is guiding and support 40+ self-help organizations working with PWDs and their families. The mission of Federation of DPOs Sitakund is ensuring a barrier free & rights-based society for PWDs. As one of the largest DPOs in Bangladesh, the Federation of DPOs Sitakund plays an active role in the implementation of the UNCRPD and betterment of PWDs. Recently; YPSA conducted a disability survey in Shahrasti Upazila, Chandpur, Chittagong and created an online database which is available in www.survey.ypsa.org

Proposed Model:

The International community is largely in agreement that a "twin track approach" is needed for the implementation of Inclusive Development. This means, first, *ensuring that persons with disabilities are included in all relevant development projects and programmes. And secondly, continuing support is to be given to special measures which empower persons with disabilities*, i.e., which enable them to be independent, to take responsibility and to make decisions about their own affairs, and allow them access to general programmes.

Based on the field experience it is admitted that for an inclusive development, a "**three integrated approach model**" can be used which intervened by firstly developing human resources (taking specific actions for the challenged people and their family members regarding capacity and knowledge development), secondly utilizing local resources (land, house, micro finance , micro enterprise and others financial services, natural resources) and finally developing framework for mainstreaming or social inclusion (through change of beliefs, attitudes, social structure, values) of the challenged people towards inclusive development. If all these three approaches are work together for the challenged people, then inclusive development can be occurred.



Based on this diagram, below specific intervention can be undertaken for specific group of challenged people:

No	PROPOSED INNOVATION	CHALLENGED GROUPS
1	Selection of the specific working area based on present data for integrated intervention	For All groups
2	Data base through Baseline survey	For All group
3	Intervention for CWDs can include them with mainstream education, advocacy with local school/committee, Govt. officials, guardian, developing structural accessibility, and also ensuring health with nutrition and enabling accessibility, health insurance etc. Above all, creating an inclusive learning environment will also assist all children in learning and achieving their potential.	Children with Disabilities (CWDs)
4	Initiatives for the educated YWDs (Technical and non-technical) can do ICT training, decent employment training based on need, job fair/ market linkages, market driven trainings, special credit product etc. These will help them to develop skills and knowledge of YWDs for market driven employment and business.	Youth with Disabilities (YWDs) who are educated

5	Program for the non-educated YWDs (Technical and non-technical) can do group formation, entrepreneurship training, skill training based on local need, special credit product with health insurance, product marketing support, ensure and empower to claim Govt./non-Govt. facility and support etc. Creating opportunities to promote access to livelihood for PW Ds, through micro-credit and other income generating activities, is important.	Youth with Disabilities (YWDs) who are not educated
6	Program for the non-educated aged PWDs can include counseling with family members, inclusion with social safety net program etc.	Aged persons who are not educated
7	Healthy Recreational and Physiotherapy support (need based)	For All group
8	Growth monitoring PDWs (employed, self employed or involved with production.)	For All groups
9	To improve health service provider attitudes, knowledge, and skills, education for health-care professionals needs to contain relevant disability information. Involving Person with Disabilities as providers of education and training can improve knowledge and attitudes. The empowerment of Person with Disabilities to better manage their own health through self-management courses, peer support, and information provision has been effective in improving health outcomes and can reduce health care costs.	For All groups
10	Advocacy for removing barriers in public places, accommodations, transport, information, and communication will	For All groups

	enable people with disabilities to participate in education, employment, and social life, reducing their isolation and dependency	
11	Facilitating appropriate information and communications technologies ICT and Internet facilities for PW Ds, is an urgent requirement for inclusion.	Especially for the PWDs who are living in rural and hard to reach areas,
12	PWDs need to be included in Disaster preparedness and Climate Change adaptation programmes.	For All groups
13.	Promoting Community Based Rehabilitation CBR as a core strategy that addresses the needs of PW Ds and family members.	For All groups

Conclusion:

The rationale of the Inclusive development is that no one in a community should be excluded for the development for any reason, especially for the disability. All development scheme and programmes should be inclusive, and the end result is that creation of a society that is inclusive of all, as the figure shows below



The principle of UN convention on Rights of Persons with Disabilities (PWDs) are the framework to be used in promoting community based inclusive development. To achieve this, the PWDs should be empowered to make choices and take responsibilities as agents of change for changing their own lives, supporting families and developing their communities through

their wisdom and tacit knowledge. And all barriers should be removed as obstacles in the way of mainstreaming of PWDs through effective community mobilization and education. PWDs, empowered through an inclusive political process, should be mainstreamed at the decision making level. And at the grass root level, self help groups of PWDs should be strengthen as they share, discuss and find solutions to common issues and problems they face in the shape of discrimination in their everyday life.

Delay in Disposal of Civil Suits: Bangladesh Perspective

Esrat Jahan ¹, Md. Rajib Hasnat Shakil ² and Mabia Khatun ³

Abstract

Constitution of Peoples Republic of Bangladesh reflects the quest and aspiration of the mankind for justice when its preamble speaks of justice in all its forms; social, economic and political. Those who have suffered physically, mentally or economically, approach the Courts with great hope for redressed of their grievances. They refrain from taking law into their own hands, as they believe that one day or the other, they would get justice from the Courts. Justice Delivery System, therefore, is under an obligation to deliver prompt and inexpensive justice to its consumers, without in any manner compromising on the quality of justice or the elements of fairness, equality and impartiality. It is the motto of this article. I have given all of my efforts to make our civil courts a better one, a prompt one and a court comparing with all of the prompt justice given courts of the world. Hope one day we will see that the litigants get their remedy as much quicker as they expect.

Keyword: *Caseload, Disposal, Grievances, Judicial, Litigation.*

Preface

We the people of our country very much overlooked regarding protection of Civil rights. It is very unfortunate that we cannot get our remedy quickly. A litigant have to wait more to get its remedy. It is obvious that the long time procedure of the court and the cost of it deprive the parties from the charm of getting their right. It is really a failure of our state not to have a quick remedy giving mechanism for the violation of the legal rights. It is one of the key criteria which indicate a countries status regarding good governance. So the government has the most important duty to make this body a quick remedy giving body, if they are willing to prove themselves as a good governor all over the world.

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Throughout the study I have tried myself to find out the causes of delay which expressly and impliedly contribute toward the decade long delay of the court and the possible solution of it. The focus of the study has been to answer the following five pertinent questions:

- | Is there an ideal policy environment and regulatory framework for the quick disposal of the suits?
- | What are the key factors for the huge caseloads in the court?
- | Is it impossible to solve the problem?
- | Are current technologies and cost trends enough to change the present situation?
- | Whether the government has to spend much for improvement of the situation?

Introduction:

As a citizen of an independent country it is my expectation that I have the right to access the judicial authority and to get my remedy as I want. A judgment as we get in this way can mitigate our deprivation from all kinds of sufferings. But in our country it is a day dream and it takes unnecessary yearly period which frustrate us more. Since the departure of the British in 1947, several law committees were set up to examine the causes for delay in disposal of court cases. The first Law Reforms Commission was set up in 1958 under the chairmanship of Mr. Justice S. A. Rahman, then a judge of the Supreme Court of Pakistan to examine the causes of delay in the disposals of cases by the courts and to suggest how justice might better and more speedily be done. The government of Pakistan set up another committee consisting of ten members headed by the eminent judge Justice Hamdur Rahman. The committee took extensive interviews of prominent legal luminaries of both wings of Pakistan. Before its recommendations were given effect to Pakistan split and Bangladesh was born in 1971. But many of the recommendations of this committee were received by the latter day law makers. Another law reforms committee was constituted in 1976 under the chairmanship of (the then) Mr. Justice Kemaluddin Hossain (later on the chief justice of Bangladesh).The committee made extensive suggestions, the government accepted quite a number of the suggestions and enacted the law reforms ordinance 1978. Later on the government also promulgated the Code of Civil Procedure (amendment) Ordinance 1983, Ordinance No. XVVIII which inserted certain amendments relating to service of summons and production of documents at the time of filing of the plaints and the defence. The ordinance further provided that court should frame issues within fifteen days of the filing of written statement and should fix a date for final hearing

of the suit within one hundred and 21 days thereof, the hearing itself is to be completed within one hundred and twenty days from the date fixed for final hearing. But all these good provisions are now non-existent and only a time limit for fixing a date for final hearing is inserted and nothing more for framing of issues and conclusion of hearing. There being no consequential penalty for not following the time limit, the courts go on disposing of cases in their own way and suits continue to pile up. So the various law reforms since 1947 have failed to have any remarkable effect on the rate of disposal of cases. It should not happen and comprehensive measures should be taken to solve this problem. Because it is a problem which cannot be seen at present, but its impact is more and more deep. The authority of our country spend huge amount of money to take big developmental projects but not more money, only some tactics and techniques may bring much more automatic improvement in this sector. For this only necessary element is, to pay attention and to be sincere for the improvement of the condition. In this present world the value of time is worthiness. Everyone has to pay for every moment. All the people of our country work hard to cope with this world. But in case of litigation we have to spend our valuable time without any fruit. Day to day this intolerable practice is increasing. It is the common belief of the judicial body that the litigant should have to wait long but usually this wait continued for longer than imagine. But we know that to get rapid justice is our legal right and its violation cannot be made as a fate of a particular nation. This article attempts to find out the causes of delay in disposal of civil suits in Bangladesh and possible solution for the delay.

Defining Delay:

'Delay' in the context of justice denotes the time consumed in the disposal of case, in excess of the time within which a case can be reasonably expected to be decided by the Court. In an adjudicatory system, whether inquisitorial or adversarial, an expected life span of a case is an inherent part of the system. No one expects a case to be decided overnight. However, difficulty arises when the actual time taken for disposal of the case far exceeds its expected life span and that is when we say there is delay in dispensation of justice. A scanning of the figures would show that despite efforts being made at various levels and substantial increase in the output being given by the system, the gap between the expected and actual life span of the cases is only widening.⁴

⁴ "Speech delivered in china on delay in disposal of cases" (6.11.2007-11.11.2007), <http://www.supremecourtindia.nic.in/spe.....posal of cases in china on 6.11.2007.pdf>

It is learnt that nearly one million cases are now pending in different courts of the country. The break-up of this backlog is: 4,946 cases in the Appellate Division of the supreme court; 1,27,244 cases in the High court Division, 3,44,518 civil cases and 95,689 criminal case in the judges court and 2,96,862 cases with Magistrate courts and 99,004 cases with Metropolitan Magistrate courts. After years of controversy and frustration of the problem of administration of justice system, a new device needs to be chalked out.

Problems Which We Faces Throughout the Year for the Delay:

Now we live in twenty first century. In this very first world awareness of legal rights is increasing with the rising of literacy level and readership of newspapers substantially increase the number of cases coming to the courts. The desire for quick and affordable justice is universal. Any increase in the number of cases on account of better awareness of the legal rights is a welcome development and should not be a cause of concern. There is however a duty to find suitable ways and means to cope with the increased load of work on the system. The very existence of an orderly society depends upon a sound and efficient functioning of its Justice delivery system. Delay in disposal of cases not only creates disillusionment amongst the litigants, but also undermines the very capability of the system to impart justice in an efficient and effective manner.⁵

In this century development of technical sector is enormous. No one wants to exhaust a single moment without getting any outcome of it. So the day to day waiting for the remedy without any progress make people unwilling to resort to court. For this reason we see that people have completely lost their trust to the law enforcing agency. This unexpected situation creates many far reaching problems which is very alarming. Now I want to focus on some points which are the effects of such delay.

a. People will be reluctant to go to court:

As people cannot get their right on time so they are reluctant to enforce their right. They continue their life taking the violation of their right as their fate and believe that the law and justice are only for the people belonging to upper class. So it is one kind of silent protest i.e. protest avoiding the government mechanism. It does not indicate a better status of a country and it makes people aggrieved against the nation.

⁵ Narayan Swamy, (1987) "The Procedural Law in India Requires through Change", AIR 1987 Jour 85

b. Disorder situation:

Nationwide this disorder situation and aggressive attitudes are the result of delay in disposal of the suit. If the disposal of the suit was prompt then more people would get their legal status and the wrongdoer could also understand that nothing good would remain for the wrongdoer whatever may be their social status. So we see the disorder situation and showdown of power everywhere. There is no implication of law, the offenders are not penalized, and victims are not compensated.

c. Shortage of evidence:

Due to decade long delay suit disposal, wrongdoer can easily temper the witnesses and destroy the evidence. Sometimes plaintiffs are threatened by the influential defendant. And they have to withdraw their suit for security of their life and also for the safety of their family. The consequences thus are that a party with a strong case may even lose it, not because of any fault of its own, but because of the tardy judicial process. It entails disillusionment to all those who at one time, set high hopes in courts.

d. Financial crisis:

Third world countries like ours need to spend more to carry on a suit. Developed countries give many incentives to redress the sufferer but in our country there is nothing and an individual have to spend more for continuing a suit. But most of the peoples of our country are not solvent enough to cost for that. They have other needs, they have to fulfill their basic necessities by their little earning, and even they have to sacrifice a lot for increasing their life standard. So cost of huge amount of money for implementing the legal rights is luxury to them. So it is one of the reasons which may make people reluctant to go to court, which is not a good indication for the future of a country.

Causes of delay:

It is very difficult to find out simply one cause for the non-disposal of the civil suits quickly. But there are many and many reasons which expressly and impliedly responsible for the delay. If we go through the code of civil procedure, 1908 we will find that there are some provisions which impliedly

liable for the delay of the suits. The other reasons are the direct activities of the people which expressly contribute toward the day by day tardy disposal of the suits. However, the following reasons have been find out as the key factors for the delay:

a. Problems regarding summon:

The procedure relating to the summon is one of the important reasons for the delay. A defendant may create delay saying that the summon had not been duly served, that's why he could not appear at the court when the suit was called on for hearing under rule 13 of the Code of Civil Procedure 1908. Even if the summon is duly served they may set aside an exparte decree by paying a nominal cost.⁶ Under this rule no sufficient reason has to be shown for the non appearance in the court. And this flexible procedure is also available to the plaintiff.⁷

b. Filing of written statement:

The provision relating to filing of written statement also causes delay. It is provided in Rule-1, Order-VIII of the Code of Civil Procedure that, "The defendant shall at or before the first hearing or within such time not exceeding two months as the court may permit present a written statement of his defense".

Here taking the flexibility of the provision defendant take time beyond sixty days showing some lame excuse. Sixty days or whatever days may be but it should be strict rule that beyond which no scope for the written statement should be considered.

c. Framing of issues:

At this stage unnecessary time has been taken only for the mismanagement of the court. Issues are not narrowed down to the real differences and it is a common practice to find lawyers suggesting issues at random and the court accepting all of these and even in closely contested cases the lawyers abandoning most of the issues only at the trial.

⁶ Rule 13A of Order IX of the Code of Civil Procedure, 1908.

⁷ Rule 8 and 9A of Order IX of the Code of Civil Procedure, 1908.

Lawyers do not take the stages of discovery and inspection of documents seriously and surprise is still considered to be a good strategy for advocates. As a result cases are not decided according to plans and all the pious wishes of the law framers and law reformers go in vain.

There is also grave lacuna in the provision relating to framing of issues and final disposal of the suit. There is a time limit for starting of final hearing. After the issues are framed, the court shall, within one hundred and twenty days thereof, fix a date for final hearing of the suit.⁸

But nowhere there is any provision about the time limit within which issues have to be framed and what will be the consequence if the hearing is not completed within the time span mentioned.

d. Adjournment:

Another point is adjournment. Necessary amendments have been made in Order XVII which relates to adjournments. It is now provided in sub-rule (3) of rule 1 that before fixing suit for peremptory hearing, the court shall not grant more than six adjournments at the instance of either party to the suit. But a party may seek adjournment beyond that limit paying a nominal cost. It is too much for quick disposal of the suit. If both parties seek adjournment at this stage twelve adjournments may be granted even without cost. And more six adjournments (for both) are also remaining subject to payment. This flexible provision is more and more liable for the intolerable delay in our judiciary. The code merely lays down for a time limit to be observed but does not provide for the ancillary rules and system. There is no ancillary office to see whether these time limits are maintained.⁹

It is provided in Rule-1, Sub-Rule-2 of Order-XVII of the Code of Civil Procedure that,

"When the hearing of evidence has once begun, the hearing of the suit shall be continued from day to day until all the witnesses in attendance have been examined, unless the court finds the adjournment of the hearing beyond the following day to be necessary for reasons to be recorded"

So adjournment of hearing shall be granted only for some unavoidable reasons but the judges of our court, lawyers and the parties has made these

⁸ According to order XIV, rule -8 of the code of civil procedure, 1908.

⁹ Haque, Justice Mohammad Hamidul, Trial of Civil Suits and Criminal Cases.

provisions as an ordinary rule to seek and grant adjournments which hamper the usual process of the court.

e. Lack of facilities in court:

There is lack of modern facilities in the court house. The judges could dispose of cases sooner if all provided with modern facilities like Dictaphones, tape recorders, or word processors and if they had more supporting stuffs. We see that many government offices, chambers of bank and other private institutions are air conditioned but courts don't have any such facilities. "Quick and better justice became a mockery when lawyers and judges sweat profusely in unbearable heat. Good ventilation and electric fans, air conditioners will certainly raise the standard and efficiency of judges."¹⁰

f. Undue Influence by the Executive and Legislative Body:

It is very unfortunate that our judiciary is not free from undue influence by the executive body. Though our judiciary is an independent organ but it cannot make itself free from the bad politics of the country. Legislative body passes the bills for considering the betterment of them. But the government bodies should bear in mind that excellence of a government is mostly dependent on having certain and prompt administration of justice.¹¹ "there is no better test of the excellence of a government, than the efficiency of its judicial systems, for nothing more nearly touches the welfare and security of the average citizen than his sense that he can rely on the certain and prompt administration of justice..... if the law be dishonestly administered, the salt has lost its savour; if it be weakly or fitfully enforced, the guarantees or order fail, for it is more by the certainty than by the severity of the punishment that offences are repressed. If the lamp of justice goes out in darkness, how great is that darkness!"¹² So there is no credibility to interfere with the judiciary rather initiative should be taken as they can give judgment free from any interference from anywhere. "In discharging the judicial functions the judges should bear in mind that they are not subject to nothing but the law and the command of his conscience".¹³

¹⁰ Miah Siddiqur, Rahman (2001), Commentary on civil rules and orders, Dhaka.

¹¹ Bari, M, Ershadul, The Dhaka University Studies Part.F.Vol.4

¹² Bryce, James, Modern Democracies (1929), P.384, Quoted In The Dhaka University Studies, Part. F, Vol.4, P.4

¹³ International Bar Association Suggests In 1982.

g. Judge made delay:

Some extent delay in the disposal of cases is also "judge made". Lack of punctuality, laxity and lack of control over the case file and the court proceedings contributes in no small measure to the delay in disposal of cases. Unless the judges have a complete control over the file, they cannot control the proceedings resulting in loss of time.

Survey result about the delay:

I have made a questionnaire study. From an overall view of the answers given by the judicial officers in reply to my questionnaire it seems that the lack of will on the part of judges, lawyers and clients and the absence of a co-ordinated scheme to schedule and finish the trial of cases within a time limit are the main reasons for non-disposal of cases quickly. Judges in the interview have mostly blamed the lawyers and the litigants for the delay and adjournments but the point remains that such adjournments are themselves granted by the judges. It is an accepted practice to adjourn cases on grounds of personal inconvenience of counsels, even for long periods. It seems that judges are almost relieved if adjournment are sought and do not hesitate to grant these. Of the judges interviewed, most of them thought the reasons for the delay in disposal of cases were "parties unwilling to take up the cases" and "lawyers not being ready". Most thought the factors "judges remaining busy" and "shortage of stuffs and machineries" responsibilities for 10-20% of the delay but they held the unwillingness of lawyers and parties to take up the case as being responsible for 60-80% of the delay.

But the general people over which I have conducted a survey work condemned the lawyers for 45% as they are willing to time pass to earn more, the judges for 35% as the judges are not punctual and sincere enough to give a judgment quickly, and the lacuna of the law for 20% for guilty of the delay. But intellectuals think main problem lies with the law which should be amended by effective provisions.

What makes civil justice effective?

1. Factors associated with shorter trial length include larger shares of the justice budget devoted to court computerization, the active management of the progress of cases by courts, the systematic production of statistics at the court level, the existence of specialized commercial courts and

systems of court governance in which the chief judge has broader managerial responsibilities (e.g. covering supervision of non-judge staff and administration of the budget).

2. Reducing high litigation rates through appropriate policies is a means to increase civil justice efficiency. Good quality regulation, timely and effective implementation of policies, integrity of the public sector and free negotiation of lawyers' fees (as opposed to regulation) could all be important instruments for reducing litigation. And a lower number of new litigation cases per capita which range across countries from almost ten cases to less than one case in one hundred people are associated with a significant reduction in the average length of trials.¹⁴
3. Well functioning judiciaries are a crucial determinant of economic performance. Judicial systems serves important purposes in up-holding social values but also in determining economic performance. Well functioning judiciaries guarantee security of property rights and enforcement of contracts. Security of property rights strengthens incentives to save and invest, by protecting returns from these activities. A good enforcement of contracts stimulates agents to enter into economic relationships, by dissuading opportunistic behaviour and reducing transaction costs. This has a positive impact on growth through various channels.¹⁵
4. Three factors will help motivation in judges to keep to the time schedule. First, their living and working condition must be better. They should work in comfortable surroundings e.g. air-conditioned or cool rooms and have access to computers/ word processors/Dictaphones and tape recorder for quick tracking and disposal of the cases. Secondly, they must be trained properly and have to undergo periodical trainings in government sponsored institutes. Thirdly, there must be a trained caseload manager attached to a court to monitor the progress of cases and persuade lawyers and advise a judge how to deal with a case quickly.¹⁶

¹⁴ OECD (2013), "What makes civil justice effective?" OECD Economics Department Policy Notes, No. 18 June 2013.

¹⁵ assignment on consequence of delay in disposal of civil suits in Australia-google search, <http://www.google.com.bd>.

¹⁶ Delay In Courts and Court Management, Dr.M. Zahir , Bangladesh Institute of Law and International Affairs.

5. Lawyers should remember their three fold duties: first is to the client, second is to the court and third to the society, and in each capacity they can and should devise way and means among others for the curtailment of delay not inside and outside the court.

So what will be the possible solution of the delay? Of those judges who answered the question soliciting comments or suggestions for improving the management and performance of the court and for ensuring quick disposal of cases, relieving court congestion and administering better justice, most suggested better training facilities for judges and better working conditions. A vast majority thought introduction of modern appliances would help when asked whether they think modern facilities would improve disposal of cases. When asked which factors they thought were responsible for non-observance or less than full observance of the prescribed time limits generally lawyers of both sides co-operate in avoiding questions of time limits. So lawyers are interested to extend the time limit.

Caseflow management:

The term caseflow management denotes the management of the continuum of processes, resources necessary to move a case from filing to disposition, whether that disposition is by settlement, guilty plea, dismissal, trial or other method. It carries a much broader meaning than the terms "calendar management", "docketing", "case scheduling", or assignment of cases to judges¹⁷. Caseflow management is strictly a management process, encompassing all the functions that affect movement of the case towards dispositions regardless of the type of disposition. It embodies planning, organizing, directing and controlling these functions. It brings together many resources and functions usually thought of as independent entities such as the judge himself, the lawyers appearing before the court, the clerks office, the probation office, the public defender, the police, the post office, the bar association and the local legal culture of the community over which the court exercises jurisdiction. Caseflow management aims for coordination of these interrelated resources in a manner designed to achieve a smooth and continuous flow of case through the court. It is not, however directly involved with adjudicative process itself.

¹⁷ According to Maureen Solomon a court management consultant who prepared a study in 1973 on case flow management for the American Bar Association Commission on standards of judicial administration.

We could not improve this sector and no policy had been taken about the caseload management even after the 43 years of the independence. Really it is a shame for all of us. But now we have to think about this matter. A skilled court management consultant can give relief our court from the huge case load. Only a better caseload management can work like a magic.

The goals of caseload management as recommended by Maureen Solomon in her study are:

1. To expedite the disposition of all cases in a manner consistent with fairness to all parties.
2. To enhance the quality of litigation.
3. To assure equal access to the adjudicative process for all litigants.
4. To minimize the uncertainties associated with processing cases.

I think there is no alternate to develop caseload management policies. Our government should consider profoundly about this matter.

Recommendations:

1. Land laws should be amended provides for consolidation of agricultural holdings and prohibition of alteration or subdivision of holdings below a particular unit. This would help change the attitude of litigant public and reduce litigation over land.
2. quality of learning and training of lawyers need to be improved by (a) encouraging full time law course like honours course in the university, (b) strict bar council examination for enrolment in which a course of drafting of pleadings should be included.
3. The district judges and the high court should conduct regular and periodical inspection to check the work of the subordinate courts.
4. The court should examine the plaint at the initial stage to correct the valuation and to put an end to the practice of filing of plaint s with defect court fees. The discretion to allow time for making up deficiency in court fees should be carefully exercised upon sufficient grounds, recoded in writing in support of it.
5. There should be one comprehensive summons in all suits asking the defendant to appear and file his written statement on the date mentioned

therein; failing which ex parte decree should be pronounced.

6. Issues should be simplified. The presiding officers should themselves frame the issues arising out of the pleadings of the parties after going through the materials mentioned in order XIV of the code and should not wholly depend on the draft issues filed by the party's lawyers.

7. Order IX rule 13 and 13A should be amended so that no decree passed ex parte should be set aside merely on the ground of irregularity in the service of summons if the court is satisfied, for reasons recorded, that the defendant had the knowledge of date of hearing in sufficient time to appear on that date and answer the claim.

8. The court should pronounce judgment immediately after closing the arguments, but in case where it is not possible to do so because of complicated questions of facts and law being involved, and the judgment is reserved, the court should fix a definite date for its pronouncement and these date so fixed should not exceed thirty days counted from the date of hearing of arguments.

9. The whole time family courts should be set up to deal with family disputes.

10. The strength of the process serving staff should be increased.

11. The old items of furniture should be replaced by new ones and the court rooms should suitably furnished to give them a tolerably respectable appearance.

12. Residential quarters should be built in cities and towns as near the court buildings as possible. And these should be embarked for judicial officers. Allotment of these quarters to judicial officers should be entrusted to the district judge.

Conclusion:

From the above discussion it appears that certain major defects are there in the procedural laws which deserve the attention of both legal researcher and legal reformers. In the less developed countries like ours, the democracy is not so strong, influence from both the executive and legislative department is `the daily matters. The judges have to handle both the legal matters and also

the unusual influences. But as the judges are considered the last hope of all the people whether they be a poor or rich, judges should be impartial and they should uphold their personality above all. They should bear in mind that they are not alone. Mentally they have to be strong. It is substantive strength that can remove all the obstacles. We know that to ensure independence of judiciary judges must have substantive independence, personal independence, collective and internal independence. If a judge, in spite of having a better protection of these independence (personal, collective, internal independence) administers justice in a partial way nothing can prevent him. So it is the substantive independence i.e. the sense of justice which is the cardinal virtue for the judges to maintain impartiality in administering justice. And for this very reason positive wording should be inserted in the law concerning the appointment of judges so that men of keen intellect, high legal acumen, integrity and independence of judgment can be taken as judges. Lawyers take part most in this problem. Really they should think twice that the manner in which they continue their duties is proper or not? Whole procedure of the activities of the lawyer should be changed whether junior or senior. As the junior keep their step seeing the senior, so they (seniors) should be cautious about it. A co-ordinate measures should be taken by the bar council to make some effective measures to be followed by all of the lawyers. Effective punishment measures should be taken for any misdealing and it should be binding for all the lawyers. For this, workforce and the power of the bar council should be increased. At present the bar council is totally influenced by the politicians. It should be brought out from influence of the politics. I think laws should be enacted so that no enrolled lawyer can give any speech in favour of any parties except for professional reasons. If lawyers association can be free from politics then all the body of judiciary may be able to be free from politics. It should be borne in mind that judiciary cannot be an independent body if the lawyers are not free from bad politics. We see that a suit for which maximum two months or six months is enough for its disposal, it takes one, two or even more years and all are preplanned by the lawyers. So it is like a chain for which a judge though not intended to be to be a part of it becomes a part of it. So for the betterment of the entire sectors lawyer's activities should be brought under close examination of an effective body. Parties are the most important element of the court. They are also responsible for the delay and the multiplicity of the suit. At least 65% of the civil suits are land related. Among this at least 80% litigants are illiterate or half educated. So it is very difficult to teach them about the complex procedure of the court. I think parties take part in delay for not understanding the procedure of the court. Even they are misguided by the dishonest staffs of the court. So it would be better if the parties are

guided by some expert staffs of the court who will be employed only for helping the litigants then the chaos of the court and unusual influence of the dishonest people will also be reduced. It will be helpful to create a soothing environment for the court.

Finally the government should be very cautious about it. If government is not sincere then nothing can be possible. Their intention should be changed. They should think that for which reason they interfere with the judiciary, for the same reason the opposition party will interfere with it when they will form the govt. so are they benefitted from this arrangement? The answer is no? They are not benefitted but the wrongdoer and the wrong. This is very unfortunate, that our politicians don't try to take a lesson from their misdeeds. If they are wise they should give most importance to this sector. They should facilitate to make such a judiciary that no one can undermine it. Laws should be enacted in such manner there should have no lacuna. It should be a complete one. Nothing can be interpreted wrongly. Opinion from all the interested persons should be taken. Representatives from all, such as government and opposition parties, legislature and judiciary, industrial and agricultural sector, civil society and all should have involved. If laws are enacted in this manner then the interest of all can be protected and no one can avoid it and the expectation of our constitution may also be fulfilled i.e. "all citizens are equal before law and are entitled to equal protection of law"¹⁸

¹⁸ Art. 27 Of the Constitution of the Peoples Republic of Bangladesh.

Governance and Public Policy: An Overview

Md. Shairul Mashreque* and Md.Arifur Rahman**

Recently a good number of scholarly works have appeared on the concept of governance. From the studies offered by Mark (2013), Hufty, Marc (2011), Thakur (2006), Ramesh, James N. Rosenau, Smallwood, Deb (March2009). David Levi-Faur, , 2011, Evans, J. Environmental Governance. Routledge 2012. p40. Kooiman, 2003. World Bank, 1991. Bell, Stephen, 2002 we come across variuos dimensions of governance.

Governance refers to "all processes of governing, whether undertaken by a government, market or network, whether over a family, tribe, formal or informal organization or territory and whether through laws, norms, power or language." It relates to "the processes of interaction and decision-making among the actors involved in a collective problem that lead to the creation, reinforcement, or reproduction of social norms and institutions."

The World Bank defines governance as: "the manner in which power is exercised in the management of a country's economic and social resources for development. The Worldwide Governance Indicators project of the World Bank defines governance as:

'the traditions and institutions by which authority in a country is exercised. This considers the process by which governments are selected, monitored and replaced; the capacity of the government to effectively formulate and implement sound policies and the respect of citizens and the state of the institutions that govern economic and social interactions among them'.

An alternate definition sees governance as: 'the use of institutions, structures of authority and even collaboration to allocate resources and coordinate or control activity in society or the economy.'

To distinguish the term governance from government: 'a government is a formal body invested with the authority to make decisions in a given political system. In this case the governance process, which includes all the actors involved in influencing the decision-making process (such as lobbies,

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parties, medias), is centered on the relevant "governing body". Whether the organization is a geopolitical entity (nation-state), a corporate entity (business entity), a socio-political entity (chiefdom, tribe, family, etc.), or an informal one, its governance is the way the rules, norms and actions are produced, sustained, and regulated. The degree of formality depends on the internal rules of a given organization'.

Like *government*, 'the word *governance* derives, ultimately, from the Greek verb *kubern`aw* [*kubernáio*] (meaning *to steer*, the metaphorical sense first being attested in Plato. In above-described sense, however, the term *governance* was re-minted as recently as the 1990s by economists and political scientists, and disseminated by institutions such as the UN IMF and World BankIts use in English can be traced to Charles Plummer's 'The Governance of England' (published in 1885 as a translation from the original 13th century Latin of John Fortescues 'The Difference between an Absolute and a Limited Monarchy'). This usage of governance to refer to the arrangements of governing became orthodox including in Sidney Low's seminal text of the same title in 1904 and among later British constitutional historians'.

Governance is a very general concept that can 'refer to all manner of organizations. Equally, this generality means that governance is often defined more narrowly to refer to a particular 'level' of governance associated with a type of organization (including public governance, global governance, non-profit governance, corporate governance, and project governance), a particular 'field' of governance associated with a type of activity or outcome (including environmental governance, internet governance, and information technology governance), or a particular 'model' of governance, often derived as an empirical or normative theory (including regulatory governance, participatory governance, multilevel governance, metagovernance, and collaborative governance). Governance can be used not only to describe these diverse topics but also to define normative or practical agendas for them. Normative concepts of fair governance or good governance are common among public, voluntary, and private sector organizations'.

Global governance is defined as "the complex of formal and informal institutions, mechanisms, relationships, and processes between and among states, markets, citizens and organizations, both inter- and non-governmental, through which collective interests on the global plane are articulated, right and obligations are established, and differences are mediated" In contrast to

the traditional meaning of "governance", some authors like James Rosenau have used the term "global governance" to denote 'the regulation of interdependent relations in the absence of an overarching political authority. The best example of this is the international system or relationships between independent states. The term, however, can apply wherever a group of free equals needs to form a regular relationship'.

Public Policy

Public policy is of course a desirable intellectual intervention for its interdisciplinary nature. It is an umbrella concept encompassing various substantive areas of development-agriculture, industry, health, family planning, environment, food, urban affairs, rural development and so forth. On the non-developmental side, there are organizational policies, recruitment, appointment, transfer promotion, salary, allowance, remuneration, wage and other benefits in public service. Policy studies are in fact a systematic diagnosis of social problems associated with these substantive areas and others too that are found to be afflicting the public for a certain length of time. Our striving for panacea to heal up social ills must be tempered with understanding the problematic entangling the society as the "Governments are constrained by many powerful environmental forces like wealth, technology, population growth, patterns of family life, class structure, child rearing practices, religious beliefs and so on." (Dye 1981:13).

'Bafflingly complex social problem is associated with the crisis of consensus in plural democracies. Conflict and confrontation pose a formidable threat to social integration. Community life becomes stressful with the advent of competing groups. Policy decisions may manifest a value preference for a certain interest groups on the altar of others thus providing sufficient ground for conflict. Preference for growth policy devoid of equity indicators might be frustrating to the downtrodden mass of people. Industrial dispute occurs off and on as industrial policy favors the interests of employers' contrasted with human rights of working forces. Policy studies emphasize on addressing these constraints to provide recommendations for effective reforms or substantial changes in policy structure. By studying these phenomena in some depth one can be aware of 'substantial vested interest concern' in existing planning and programs and measures'(Mashreque2015)

The central theme in policy studies concerns basic conditions of public life as well as institutional mode of action defined by ordinance, statutes,

decrees, rules and regulations. "Under the political advisers in central policy cluster, there must be economists, statisticians, public administrators, planners, specialists, financial and other experts to analyze the policies and advise on them and the policy alternatives on a interdisciplinary basis (Sapru 1994:11) . They are well equipped with intellectual resources to pursue policy analysis representing 'some aspect of the real world.' Various conceptual models presented by policy analysts try to identify 'important aspects of policy problems' and 'direct effort to better understand' the consequence of public policy (Policy outcomes).(Ibid)

Public policy is not self executing without the elements of good governance. True government exists. But good governance is missing. Governance has been defined by the World Bank as 'the manner in which power is exercised in the management of country's economic and social resources for development (World Bank1992:3). UNDP programme's policy documents define governance as 'the exercise of economic, political and administrative authority to manage a country's affairs at all levels. It comprises the mechanisms, processes and institutions, through which citizens and groups articulate their interests, exercises their legal rights, meet their obligations and mediate the differences(UNDP1972:2-3). Based on this definitional premise governance may be defined as the manner in which beneficiaries of public policy obtain necessary service. The emphasis here is on broadening the scope of civil society, the presence of public discourse, which forges a symbiotic relationship between the authority and the public through share and care. It also means accountability and transparency somewhat reflecting the voice of mobilized groups and association. The formation of civil societies and citizen bodies are crucial here.

Governance becomes meaningful when it is oriented to the protection of HR. The end result of human development must be the realization of every citizen's rights as enshrined in the universal declaration of human rights. Experts of course have conceptual understanding of HR standards. Nevertheless working knowledge about the application of such standards or principles is scanty. For right-base approach to be operationally meaningful it is necessary to devise a mechanism for reporting on its implementation. Institutionalization of HR is post-war (second Great War) phenomenon.

There is no dyeing the fact that public policy becomes meaningless producing no desired results in favour of public as beneficiaries if the elements of governance, and good enough governance are awfully missing. We may have a cluster of well conceived policy measures. Even then things

remain unchanged as there is lack of governance at the implementation stage. Of course good governance and even good enough governance warrant smart policy intervention for development in a desired manner.

Conclusion: Interwinning the two concepts

In its most abstract sense, governance is a theoretical concept referring to the actions and processes by which 'stable practices and organizations arise and persist. These actions and processes may operate in formal and informal organizations of any size; and they may function for any purpose, good or evil, for profit or not. Conceiving of governance in this way, one can apply the concept to states, to corporations, to non-profits, to NGOs, to partnerships and other associations, to project teams, and to any number of humans engaged in some purposeful activity'.

Most theories of governance as process arose out of neoclassical economics. These theories build deductive models, based on the assumptions of modern economics, to show 'how rational actors may come to establish and sustain formal organizations, including firms and states, and informal organizations, such as networks and practices for governing the commons. Many of these theories draw on transaction cost economics'

In general terms, public governance occurs in three broad ways:

1. Through networks involving public-private partnerships (PPP) or with the collaboration of community organisations;
2. Through the use of market mechanisms whereby market principles of competition serve to allocate resources while operating under government regulation;
3. Through top-down methods that primarily involve governments and the state Global governance

The Governance Analytical Framework (GAF) is a 'practical methodology for investigating governance processes, where various stakeholders interact and make decisions regarding collective issues, thus creating or reinforcing social norms and institutions. It is postulated that governance processes can be found in any society, and unlike other approaches, that these can be observed and analysed from a non-normative perspective. It proposes a methodology based on five main analytical units: problems, actors, norms, processes and nodal points. These logically articulated analytical units make

up a coherent methodology aimed at being used as a tool for empirical social policy research'.

Corporate governance consists of the 'set of processes, customs, policies, laws and institutions affecting the way people direct, administer or control a corporation. Corporate governance also includes the relationships among the many players involved (the stakeholders) and the corporate goals. The principal players include the shareholders management, and the board of directors. Other stakeholders include employees, suppliers, customers, banks and other lenders, regulators, the environment and the community at large'.

The first documented use of the word "corporate governance" is by Richard Eells (1960, pg. 108) to denote "the structure and functioning of the corporate polity". The "corporate government" concept itself is older and was already used in finance textbooks at the beginning of the 20th century (Becht, Bolton, Röell 2004).

'The executive domain of governance may go on to adopt new policies or modify the existing ones through ordinance, decrees and quasi-legislation. Or the new policy initiative on a particular issue may come from legislature subject to the scrutiny of the concerned parliamentary committee. The treasury bench may try to influence the house to command consensus on the issue at hand on the strength of brute majority. Or the demands for new policies or modifying the existing one may come from the opposition bench.' (Mashreque 2015:18-19)

'In the realm of public policy attention is thus focused primarily on the government as the keynote of policy function and development. Government usually proceeds with 'projected programs of goals' or projected policy objectives for doing so many things. Autonomous bodies, semi-autonomous bodies, NGOs and other private organization share, to some extent, the vast area of policy functions with political executives and public bureaucracies. Building up knowledge of the on-going dynamics of public life with emphasis on programs of strategic intervention with stated objectives constitutes the academic rationale for studying public policy.' (Ibid:19)

'We may have much to learn from the study of policy outcomes - impacts of various policy clusters - the level of achievement or the lack of achievement of various programs in operation. We get to know 'what impacts public policy has on the society'. The effectiveness of government programs in terms of the level of policy efficiency can be discerned by knowing the

reactions of various interest groups and mass media'. (Ibid : 19)

Project governance focuses on deepening implementation engagement through the participation of project officers, personnel and community stakeholders. The idea is that project beneficiaries through the participation of stakeholders should play a more direct roles in the implementation process. Government officials should also be responsive to this kind of beneficiaries grievances. In practice, project governance can supplement the roles of stakeholders as watchdogs through more direct forms of involvement

Good governance is an indeterminate term used in international development literature to describe various normative accounts of how public institutions ought to conduct public affairs and manage public resources. These normative accounts are often justified on the grounds that they are thought to be conducive to economic ends, such as the eradication of poverty and successful economic development. Unsurprisingly different organizations have defined governance and good governance differently to promote different normative ends.

Governance of course with the addition of prefix 'good' is sinequanon for efficient development management. Development intervention through public policy is now a favorite of intellectual discussion as it very much concerns about institutional governance with the participation of the stakeholders to fulfill its desired objectives. Beneficiaries of public policy look to governing institutions both public and private for better service for ameliorating their socio-economic conditions

In the process of governance the government has to interact with civil societies and NGOs. In fact NGOs have long been handling their projects flowing from policy direction by structured flexibility approach. self-assessment mechanism , regular monitoring and intermittent change of techniques., if situation demands. This is really efficient and apt man agent of implementation. They are found working in an enabling working environment that they themselves created with participatory component, decentralization and motivation. In health sector, for illustration, there has emerged some positive changes in health behaviour. Based on the index of health development there has been astounding improvement in health awareness, especially awareness about STD/HIV/AID, immunization, balanced diet and maternity services.

We may have much to take lessons from NGO's health management projects. This is of course result-oriented. The paramedics are well trained health workers doing their utmost to the satisfaction of the people. The resource persons at the apex of project management treat things well in a professional manner.

Most experts opine that human development related policies concern mother and children development, their participation and their rights. Obviously we have a cluster of good laws and programmes in connection with human rights and development. Notwithstanding legislative measures and programmatic intervention the most vulnerable groups like women and children continue to suffer manifold harassments and negligence.

Some experts point to governance reforms for policy implementation. Kamal Siddiqui (2001:33) stresses upon to governance reforms raising the following insightful questions: first, "What are the basic priorities and intentions of the state beyond rhetoric, as expressed through the translation of Public speeches and statements, media interviews and election manifestos into policy documents, legal enactment, action programs, implementation plans, implementation evaluation, fixing responsibilities for poor or lack of implementation, etc? Second, does the state have the human, organizational and financial capacity and ability to implement large and complex development programs and policies". (Mashreque 2015:119)

The third world countries have faced the common dilemma of policy implementation with 'soft states' (Siddiqui 2001:33). There are constitutional provisions, laws and acts for protection of human rights. Besides, there are UN Conventions ratified by the government of these countries. Even violation of human right continues to bedevil the community as the implementing machinery is weak and under performing. In Bangladesh the Children Act, 1994, the women and children repression (Special Provision) Act of 1995, Articles 27, 28 and 31, Child Marriage Restraint Act (amendment) 1984, the Factories Act 1965 and UN Conventions are supposed to protect human rights against exploitation and abuse. Even then violence showing its ugliest face in contemporary Bangladesh disturbs normal life in the cities and countryside leading to the gross violation human rights. What is urgently needed is 'full blown governance reforms' to reform implementing authority (Siddiqui 2001, cited in *ibid* :119).

"In contemporary Bangladesh challenges of new millennium inflict severe stresses and strains on government to the point of debilitating its policy

implementation capacity. The challenges seem to mushroom in a crisis-ridden Bangladesh. The symptoms of underdevelopment seem unabating calling for enhanced governance capacity. The challenges are faced by the different sectors like law enforcement, the judicial system, Board of investment (BOI), power, gas, telecommunications, customs and taxation, ports and shipping. There have been some efforts to streamline these sectors. But procedures are time consuming and cumbersome with resultant bureaucratic discretion" (Zamir, 2004, P.26 cited in Ibid 2015).

Fight against poverty under the Millennium Development Goal (MDG) adds a new dimension to the challenge. But the existing nexus between growth and poverty is perpetuating inequities in the least developed countries (LDC). The regional experts attending the workshop in Dhaka convened jointly by the South Asian center for policy studies (SACEPS) and the center for Policy Dialogue (CPD) reiterated that growth itself will be inadequate in dealing with the multidimensional problems of poverty unless institutional constraints and rigid structures are duly addressed.⁶ (Dhaka Courier 2004). Decision-makers and planners ought to surmise 'policy gap'. Thing is that dichotomy between lofty policy objectives (Poverty alleviation rhetoric) and realities of the ground sustains such gap. Basic institutional constraints like land tenure, structural and non-structural violence, exploitative customs and age-old hearsay breeding superstitions should be removed to create congenial implementation environment.

The issue of GO-NGO interface cannot be side lined. Such an interface in Bangladesh has by now rendered dysfunctional constraining proper implementation of poverty alleviation projects. Needless to mention "NGOs are key players in implementation networks. They fill a service delivery void at the local level, often operating relatively independently (Dereck w. Brinkerhoff (cited in Ibid 2015) implementation" Distressingly inhibitive relationship with NGO is a potent institutional constraint and NGO's political affiliation is no longer acceptable at the same time. Atmosphere of suspicion in dyadic contact between govt. and NGO destroys the spirit of partnership and the policy of dividing the NGO is self-defeating. On the other hand some NGOs act as "Pressure groups lobbying for services from government and going in for group mobilization in a quite political form" (Siddiqui, 1995 cited in Ibid : 120)

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YPSA 's Right-focused Projects : A Study

Md. Shairul Mashreque* and Shamsun Nahar Chowdhury**

This is a modest attempt to assess the impacts of institutionally determined program on the target population and the community. The consultant consider is to both 'tangible' and symbolic effects of the project intervention. One cannot expect miracles so early so far as tangible and symbolic impacts are concerned. The beginning of a project is really promising showing a clear sign of gradual improvement of the environment and level or living of the workers. Whatever may be impacts of the project in tangible terms its symbolic value is more than redeeming.

Smart implementation of the project with impressive note of performance is beginning to improve the condition of the sex workers. There has been a reduction in the cases of human right violation. Positive and affirmative changes have been reflected in the life patterns of the target group.

It appears that 'appropriately focused' human development rationale of the YPSA project is 'on track in the context of stated purpose, outcome/out put activities'. Things are moving in a right direction to achieve the overarching goal. This is absolutely perceived from the progress overtime in terms of tangible and symbolic impacts.

YPSA project approaches the humanitarian crisis with a planned program of assistance and conscientization to handle entitlement, right and governance issues. Actually the project blazed a new field of exploration in the realm of human rights movement.

Purposes and outputs/outcomes updated through MOV and OVI improved project action with intermittent change of strategies and techniques as situation demands. As per project activity strategy YPSA made a baseline survey. Identification of multidimensional crisis and work conditions done by YPSA is expected to help it to improve its program strategies and address the state of gap.

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YPSA implements its advocacy program for shaping public policy with community organization and civil societies. Continuous networking coupled with a series of campaign activities like rallies, demonstration, publication, submission of memorandum and cultural activities tends to accelerated community sensitization. Local Government (LG) body and opinion leaders participating in social forum and workshop received useful orientations about the gravity of the crisis. The FOs have been able to increase awareness of the locals about civil responsibility and the issue of governance-human rights, social, environmental and legal aspects.

Governance as HR focused intervention

Governance becomes meaningful when it is oriented to the protection of HR. The end result of human development must be the realization of every citizen's rights as enshrined in the universal declaration of human rights. Experts of course have conceptual understanding of HR standards. Nevertheless working knowledge about the application of such standards or principles is scanty. For right-base approach to be operationally meaningful it is necessary to devise a mechanism for reporting on its implementation. Institutionalization of HR is post-war (second Great War) phenomenon.

Despite all such policy exercises on the substantive area like child development social violence in developing country continues to batter the lives of the children. Family environment is not child-friendly in most cases. Human rights in such an environment are grossly violated. The victims of violence are the children belonging to vulnerable section of the community. Because they live under the shadow of fear and restrictions. Somewhere in the world, children are being subjected to violence or abuse physically, psychologically, sexually or economically in each moment. The violence occurs in homes, in schools and institutions, at workplaces or on the streets. Violence against children and more specifically girl children continues to be a global epidemic and one of the most pervasive of child rights violations. No society can claim to be free of such violence. The only variation is in the patterns and trends that exist in countries and regions .Domestic violence, an aspect of social violence, left them panic in a perpetual state of tension.

Social violence against girl children with its various manifestations: domestic violence, rape/sexual abuse, forced prostitution (in case of poor girl) and eve-teasing traumatize them. There are several untold stories of violence against young girls in the countryside and in the city, too. For some

obvious reasons, the affected girls and their parents conceal incidence of sexual abuse. These are ignored tragedies.

Patriarchal preponderance in a traditional society indicating gender-biased participation affects normal socialization of daughters. They are left in the lurch. Girls are less likely to claim entitlements to paternal property. Although poverty is the principal reason *de tre* for injustice meted out to daughters patriarchal culture *per se* accounts much for violation of daughters' rights.

Domestic violence entrenches gender-inequality, denial as well as threat to health care as a basic human right. A veritable manifestation of gender inequality is 'assertive masculine prejudice'. In a patriarchal society everything is predominantly controlled and influenced by gender biased mind- set, which has been fueled by mass ignorance among woman folk (Rashid 2005: 45). Ignorance about health is profound. This is due largely to lack of information about access to health care, maternity service and reproductive health. What is badly needed is benignity of patri-virilocal authority to show full charity and sympathy to mother nourishing her baby. Powerlessness of mother caused by inequality tends to threaten babies. Each year almost eight million stillbirths and early neonatal deaths occur due to malnutrition of women during pregnancy, inadequate care during delivery and lack of care for the new born. More, the babies of physically and sexually weak mothers are more likely to be malnourished and less likely to be immunized or to receive oral re-hydration therapy for diarrhea (UNICEF 2001: 34).

In this context, we should consider the children of divorced parents, conflicted or broken families. The numbers of children concerning those situations are increasing in Bangladesh day by day. They are suffering from such difficulties that they cannot be able to express which problems they are confronting in their family.

The theme of child development has changed considerably over a past couple of decades. Of late there has been an increasing concern for empowering child focusing on most vulnerable one in the poorest countries. Recently policy makers have conceived of a more humanitarian roadmap to child development avoiding putting cart before the horse. This is all about addressing violation of child rights. Intervention coverage has been global with UN agencies, donor and right-based NGOs setting up proper lines of action using aids through policies and programming to maximize their

impact on the fulfillment of child rights. Understanding right-based approach stems from relief operation and humanitarian activities conducted by UN agencies and UNDP in 2003.

Patchwork of child development has no substance unless root cause of the violation of child rights in the situation of violence is eliminated. Programme operation with a new thematic development is definitely to protect child rights. For it continues to turn into policy fiasco in the absence of right-based approach to the study of child development in a country where violation of human rights (HR) is rampant

Governance becomes meaningful when it is oriented to the protection of HR. The end result of human development must be the realization of every citizen's rights as enshrined in the universal declaration of human rights. Experts of course have conceptual understanding of HR standards. Nevertheless working knowledge about the application of such standards or principles is scanty. For right-base approach to be operationally meaningful it is necessary to devise a mechanism for vining the children from violence.

Study of Girl's Domestic Worker Project

Projected safety nets against damaging consequences of globalization and the deluge of climate change due to global warming can hardly provide for protection against grinding poverty. There is less protective arrangement to tackle post Sidre or Aile situation. As a result push factor has become prominent to increase the number of climate destitute who have been rendered homeless.

"Roadmap to poverty alleviation -the projected policy goal -sketched by the governing class-- has turned into a roadmap to manipulation and corruption. The real beneficiaries are not the poor as such. For the leaders/tycoons dispense patronage resources to their immediate followers and henchmen. As a result benefits of growth oriented development trickle down only to the immediate followers. Bona fide participation in the sharing of benefits has evaporated in such a policy environment". (Mashreque 2015: 36-37)

"The cumulative understanding of the peasant society from a series of research activities is not enough to see things below the surface. Ignorance about the plight of the poor villagers especially poor young girls continues to be profound despite much concern in development policy with crisis of

crushing poverty. The content of public policy on poverty alleviation prepared through agenda seeking activities of the relevant institutions blocks the road to desired outcomes. For, there is little knowledge about policy context-environment matters, resource relevant activities, interest groups, tout imposters, social fabric and organizational resources. True, there remains a critical linkage between push and pull factors. An attempt to understand this critical linkage in the context of rural urban migration enables us to fathom various structural features that are synergistically related to provide a background of crushing poverty afflicting the poor girls. The use of girl children as 'domestic servants is one of the most pervasive forms of child labour' prevailing in the major urban areas like Dhaka and Chittagong. Girl domestics as children work the whole day long to earn money to support their families living in slum areas. 'An unfortunate social and institutional acceptance of this practice has made thousands of children vulnerable to many forms of violence and abuse.'" (Ibid : 37)

"A survey conducted by Research and Computing Services (RCS) commissioned by UNICEF in the residential areas of Dhaka and Chittagong has gathered important information about the personal/family background and working conditions of girl child servants over there. The researchers defined child domestics as 'children up to 16 years of age working in a domestic environment employed by a family unit in consideration of remuneration in cash or kind.' 'Domestic help has been defined as the staff employed inside the house for household work. It does not include out-of-house help like drivers, guards, gardeners, etc.'" (Ibid : 37)

"Another survey has been very recently conducted by YPSA to findout prevailing attitudes of the caretakers towards child domestics. YPSA researchers held in-depth interviews based on both quantifiable and qualitative parameters to collect information on the area of investigation." (Ibid : 37)

"According to contemporary research notes 'since the root cause of girl-child labor is endemic poverty and systematic gender bias against female children, the government should provide assistance to girl domestic servants' under social security net. 'The majority of girls do not earn more than TK.1000; it would therefore be easy for the government to provide their families with this amount under the net in return for which girls can attend school.' According to a recent survey 'out of 425 million children aged between 5 and 17 about 8 million children are found involved in some sort of labour. Of the total 2 million children used to work as domestic helps a vast majority are

wretched young daughters aged between 10 and 16. They are forced to do odd jobs for little award. 45 per cent of the child domestics work without receiving any wage (UNICEF). The ILO convention states that a job that contradicts with rights to education is not approved for 12 years old child. The Global March seminar (Brazil, 2003) proclaimed rights of children to education, end of child exploitation, removing obstacles to child development and stopping child labor." (Ibid : 37)

"In Chittagong metropolitan areas the child domestics are mostly from Camilla, Feni and various rural areas of Chittagong district. Dhaka presents a different picture. Child domestics are scattered over the vast metropolis from different districts, upazilas and unions. They are originally rural trekking to the capital city in the wake of rural-urban migration. In the migration process 'push factor' is operative as the village girls at the peak of their vulnerability have to leave their sweet homes under compelling circumstances."(Ibid : 38)

"Migration 'from small villages and towns to big cities' is quite prevalent in Bangladesh. Most surveys conducted at the beginning of the new millennium 'substantiated this trend, with most of girls' families having migrated to the metropolitan cities from nearby districts or distantly located regions. Some among their families are permanent residents in old parts of the cities or their adjoining rural settlement. One of the major causes of migration to Dhaka and Chittagong is the seeking better employment opportunities." (Ibid : 38)

"Urban poor girls, compelled to resort to child labour, are growing up on the margins of the society in the state of neglect and deprivation often without education, care, guidance and affection. They struggle for a bare survival in unhygienic conditions having little or no access to modern health services in metropolitan areas. Many work as child domestics for a long time. Some among working daughters shift to garments, some frequently change their masters and some work in several dwelling family units on part time basis." (Ibid : 38)

"Urban poverty situation in Dhaka and Chittagong has become a matter of utmost concern of the policy makers. The spiraling growth of urban population, rural-urban migration, river erosion, natural calamities, break of traditional family ties as a mark of conventional family obligation and many other unfavorable antecedents coalesce to eventually lead to a sharp rise in population in Dhaka and Chittagong. They drift into these major urban centers from the countryside with their poor parents in most cases as destitute hoping against hope at the moment when their survival is at a stake

with immense human sufferings. They are quick at finding positions in city's pavement first and slums thereafter. However in the case of Chittagong their original home is not far off. Many among them visit village home on leave. Young girl domestics spend long hour a day washing, cleaning, fetching water for drinks, preparing food and carrying out other household activities. Not only are these tasks physically hard and demanding they rob girls of the opportunity to play and enjoy life. Their engagement in multiple domestic works does not pay them the dividend. For they are subject to undervaluation in terms of remuneration being paid far below the market rate even for their sincere service. Almost every urban household belonging to middle and upper class engages maid servants preferably minor girls. They have to do all odd jobs as if this exploitative structure were the modern version of the institution of slavery." (Ibid : 38-39)

"In Dhaka and Chittagong violence against maid servants is on the rise despite stringent laws for the prevention of heinous crimes against women. Girl child domestics and female workers are among the major victims. According to BNWLA survey around 50 per cent is beaten by the employees especially house keepers; 25 per cent fall victim to sexual harassment and 10 per cent being raped." (Ibid : 39)

"According to a survey conducted by Mass-line Media Center (MMC) and NEO some among maid servants who were raped died during pregnancy. Several maid servants were murdered and some committed suicide. Many young maid servants have been subject to physical torture. After being raped the pregnant minor maid servants have been socially ostracized in their native villages. They are not accepted by their families. Ex-communication from the locality compels them to take recourse to prostitution joining brothels as sex workers. Some among the ex-communicated daughters take shelter in pavement running about as mavericks. Engaged in anti-social activities they are extremely hungry in empty stomach and necessity knew no laws. They should be brought under social safety net." (Ibid : 39)

"That cruel urban situation continues to bedevil the lives of the young daughters working as maids, garment workers and sex workers is no doubt an ignored tragedy. Even then some family members in urban areas, being possessed of human qualities, show charity to the young maids with gracious conduct." (Ibid : 39)

"Off recent YPSA, a celebrated human rights focused NGO, conducted a survey on child domestics in collaboration with an international funding

NGO like Saplanir. The survey explored a very recent dimension of treatment meted out to the working girls with some interesting cases and stories. The revelations coming out of the survey are somewhat startling: some working girls suffer a lot because of harsh and cruel treatment from the senior most female member-we mean house wife-managing household affairs. Fortune favours those working girls that have been rendering service in the families where the male heads and their female counterparts and even their children are kind to them. These sensible actors in the individual households thus give the impression that they are the real patrons and benefactors to the working girls."(Ibid : 39)

"We therefore suggest that violence 'as common as emotional and physical violence' should be curbed by institutional intervention so far as girl domestics are concerned. It is the lack of empowerment and social taboos surrounding norms and behavior that prevent working girls from honest discussion and redress regarding violation of their dignity as girl domestics. Any benevolent patron-client relationship to the advantage of working girls is a kind gesture that should be rather appreciated provided it encourages working girl's education." (Ibid : 39)

"Impression of the research team drawn from focus group discussion (FGD) was that some heads of the household or caretakers or their children perceive attached importance to education for 'determining the future of child domestics.' They opine that side by side with educational facilities the child domestics should be provided with pecuniary reward to supplement their income including circumstantial helps. There are some instructive examples in which the employers as benefactors helped the permanent girl domestics to defray the cost of marriage. Financial support was extended to them even after marriage. In some cases emotional support went to the extent of helping their husbands to get a job in offices or factories." (Ibid : 39)

"The villagers from poverty prone rural areas migrate to town and metropolitan cities out of dire necessity. Distressingly loss of location is resulting from the deluge of natural devastation out of climate change and deteriorating law and order situation upset the vulnerable dismantling all their natural settings for survival." (Ibid : 39)

"The villagers especially in coastal areas are victims of grinding rural poverty resulting from climate change. This is definitely a new dimension of push factor. Only a field research will tell the stories of their migration to town. There is a variety of dimensions of push factor that operate as a

phenomenon of rural-urban continuum. Trekking to cities through hazardous process they first take shelter in pavement." (Ibid : 39)

"A phenomenal growth of poor girl children in developing countries that are vulnerable to climate change is due to the fact that their families suffered the stress of dislocation with resultant dislocation. The displaced families find place somewhere in town facing enormous hazards." (Ibid : 39)

"Migration has now become a concern area of the problem of urbanization in developing countries. It is essentially a demographic phenomenon. To date, there has been little analysis of migration patterns resulting from climate change. We would like to understand the recent trends in migration to city. Specifically, the characteristics of the moving population that are affected by natural calamities like flood and storm should be analyzed." (Ibid : 40)

"Push factor connotes 'any negative condition or circumstances that encourage people to change their situation, especially as regards migration' (Travel Industry Dictionary, 1999-2007). Push factor is associated with the process of exploitation, deprivation and destitution. In other expression man-made crisis, natural calamities and several antecedents of feminization of poverty coalesce to create compelling circumstances for the poor to leave their native villages. In the countryside polymorphous violence, structural tension, environmental terrorism and climate change are some potent factors responsible for migration to major urban areas. They may be subsumed as a single compendium concept-'push factor". (Ibid : 40)

A push factor is a feature or event that pushes a person away from or encourages a person to leave his or her current residence (especially the parental home), city, state or country (especially of origin); organization, or religion (especially one's original religion).

Study of floating street girls

Street girls with no families are called floating girls being exposed to all types of trouble and abuselike sexual harassment, cheating, beating, accident, arrest, theft or extortion. In fact street situation is severe for them who have no shelter and sleeping place. The lack of money prevent them from obtaining access to basic necessities-food and drinking water as well as toilet facilities.

Floating poor girls move in some urban streets, parks and public places, cinema hall, restaurants, bus terminals and river ports. They are victims of extreme poverty leading an insecure life. Their movement and activities in such places are intended to earn something for a mere survival. They are in shabby dress passing days in the state of helplessness often without food. They continue to suffer harassment and exploitation. In fact floating urban poor girls are found to be unhappy about their existence in the streets. Some among them reluctantly accept prostitution out of dire necessity. Most of them wish to settle down in some families as maid servants.

According to reports average daily earning of floating girl ranges from taka 50 to taka 300. Earning varied widely in each occupation. Most of them do not have bargaining power with and the employees dictate terms and conditions. Distressingly they are exposed to poignant exploitation of the employees. Even working as part time maid servants can hardly give them the opportunity for survival.

As a human rights activist reported 'Violence against them may result in unwanted pregnancy. Those who cause violence to poor girls are mostly habitual criminals and others are influential by different ways due to their social status. It is difficult to prove these elements guilty before court above and any doubt, with the compliance of the codes of evidence act which is inevitable to award punishment as per our judicial system. It happens because the independent witness does not dare come forward to prove the case fearing revenge from the accused culprits and even the close relations of the victims of violence give up legal battle, fearing loss of lives, property, modesty and prestige in the wake of threat from the accused criminal or their accomplice'.

A number of national and international organizations including state department of USA, Amnesty International, Transparency International and various human rights groups regularly publish annual reports on human rights violation. Fierce persecution against poor girls has featured prominently in the annual reports. It does seem that human rights situation has deteriorated in Bangladesh with street girls being the worst victim various forms of violence.

So cruel street situation marked by violence compel them to resort to street prostitution. The young girls are pampered by some imposters. The imposters or criminals would like to enjoy the company of the floating girls. More a group of elderly women who are suspected to be primps in the park

lure the needy girl with gift and promises of employment. They may dream of a good future with job in garment industries.

YPSA recently has come forward to address their predicaments with various trajectories of humanitarian projects that include non-formal education, rehabilitation and sheltering, income generating activities in rehabilitation centers, education on STDs, clinical services, legal assistance, motivation and vocational training, shelter for homeless girls and victims of sexual abuse, protection from police and mostans, health education, motivation education, access to health centers and services, medical help for STDs and other sex-related diseases, sex education on menstruation and personal hygiene, pregnancy and hazards of abortion, , protection and counseling of rape victims,

Conclusion

The NGOs with YPSA figuring out as a leading NGO in Chittagong are complementing the government in the implementation of right-focused policies. The major areas/sectors or policy goals are 'basic education', 'health and nutrition', 'water and environmental sanitation', 'children like sex workers' in need of s protection', 'social integration, participation and cultural affairs', and 'information and communication', ship breaking workers. GDW etc. The other goals were gender equity, elimination of child labor and children requiring special protection.

In pursuance of the fundamental principles of the Constitution and the UN CRC, the Government of Bangladesh decided to formulate and implement a National Policy on Children (NPC) in December 1994, to ensure the security, welfare and development of children. The policy highlights the importance of providing adequate services to children, including health, nutrition and education. It also stipulates that a "proper family environment" is one of the main preconditions for the proper development of a child. The NPC identified the need for assistance to children in difficult circumstances, and ensures the protection of the legal rights of children within the national, social and family context. The policy clearly states that the Government has adopted the principle of 'Best Interest of the Children' - that is, in all national, social, family or personal situations, the best interest of the child will be held paramount.

Most experts on child rights opine that child related policies concern about

children development, their participation and their rights. Obviously we have a cluster of good laws and programmes in connection with child rights and development. Notwithstanding legislative measures and programmatic intervention the most vulnerable children continue to suffer manifold harassments and negligence. They are growing up on the margins of society in a state of neglect and deprivation, without educations, affection, care and guidance. Once a child takes to the street there is a strong possibility that the child, both girls and boys may end up sexually abused and exploited. This is because survival becomes the sole priority - in the absence of alternatives, street children are forced to do anything, which keep them alive.

When the community makes plans, it does not take into consideration the poor children's plight. They tend to be excluded from participating in most of the activities and facilities of other children. This is one reason why they often do not have access to medical, educational, recreational and vocational resources. They face problems such as lack of vaccinations; poor health, illiteracy and they cannot acquire skills needed for finding jobs.

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Project Documents of YPSA

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