GLOBAL ADULT TOBACCO SURVEY

SRI LANKA 2020 REPORT

MAY 2023

NATA
National Authority on Tobacco & Alcohol

Ministry of Health

DCS

World Health Organization
Sri Lanka

CDC
Centers for Disease Control and Prevention

GLOBAL ADULT TOBACCO SURVEY
SRI LANKA 2020 REPORT

MAY 2023

Global Adult Tobacco Survey - Sri Lanka 2020 Report

ISBN - 978-624-6350-50-5

Message
Secretary, Ministry of Health

I am pleased to extend my congratulations to the National Authority on Tobacco & Alcohol (NATA), the Department of Census and Statistics, the U.S. Centers for Disease Control and Prevention, and the World Health Organization (WHO) Regional Office for South-East Asia and the country office (Sri Lanka) on the successful completion of the Global Adults Tobacco Survey Sri Lanka, 2020.

The collaboration and dedication of these institutions have enabled the production of a comprehensive report that will serve as an essential tool for policymakers and health professionals in Sri Lanka. The report highlights the prevalence of tobacco use among adults, the impact of tobacco on health, and the effectiveness of tobacco control policies in Sri Lanka.

The report is a significant milestone in our efforts to promote healthy lifestyles and reduce the burden of non-communicable diseases in Sri Lanka. It serves as a reminder of the importance of evidence-based policymaking and the need for continued collaboration between the government and international partners to achieve our shared public health goals.

I am proud of the efforts made by NATA and all those who worked tirelessly to produce this report, and I am confident that it will serve as a valuable resource for all stakeholders involved in tobacco control and public health in Sri Lanka.

Mr. Janaka S. Chandraguptha
Secretary
Ministry of Health, Sri Lanka

Message - Secretary, Ministry of Finance, Economic Stabilization and National Policies

Tobacco use has been identified as a cause of premature mortality and disease, accounting for over eight million deaths worldwide each year. By whatever year or time estimate, up to half of all tobacco users die prematurely owing to tobacco-related diseases. In addition to its detrimental effects on health, tobacco also has negative social, environmental, and economic effects. Recognizing the global impact of tobacco use, the United Nations (UN) listed tobacco control as one of its Sustainable Development Goals (SDGs), as part of its third objective on good health and well-being.

I'm happy to report that Sri Lanka ratified the WHO Framework Convention on Tobacco Control (WHO FCTC) in November 2003, making it the first Asian nation to do so and the fourth country overall. The Sri Lankan government also adopted a number of new laws, including the NATA Act in 2007, and altered a number of others in accordance. Although great efforts have been made to minimize tobacco use and the products it produces, there are still insufficient data available to allow decision-makers to gauge the severity of the problem. The Global Adults Tobacco Survey-2020 (GATS-2020-Sri Lanka) will be extremely beneficial in terms of closing the data gap.

The Department of Census and Statistics (DCS), the National Authority on Tobacco and Alcohol (NATA), and the Ministry of Health collaborated on the survey, which also received financial and technical support from the World Health Organization (WHO). I feel that the country as a whole, as well as all parties concerned benefited from this. Exchanging experiences with DCS, NATA, and Ministry of Health officials could help make better use of limited resources. This is the survey findings report, and I would like thank everyone who worked on it.

K.M. Mahinda Siriwardana
Secretary
Ministry of Finance,
Economic Stabilization & National Policies
Sri Lanka

Message
Director General of Health Services

I am delighted to offer my congratulations to the National Authority on Tobacco & Alcohol (NATA), the Department of Census and Statistics, the World Health Organization (WHO) Regional Office for South-East Asia, and the country office (Sri Lanka) for their outstanding work in conducting the Global Adults Tobacco Survey Sri Lanka, 2020.

The results of this survey are both illuminating and concerning. We have learned that tobacco products are currently being used by 19.4% of adults in Sri Lanka, with 9.1% being active smokers. Additionally, secondhand smoke exposure persists in public areas such as restaurants, workplaces, and public transportation.

As the Director General of Health Services, I firmly believe that these results emphasize the urgent need for action. We must collaborate to reduce the prevalence of tobacco use and establish a healthier Sri Lanka. Furthermore, we must continue to enforce existing tobacco control laws and regulations while also developing new strategies to ban tobacco use and exposure to secondhand smoke.

This survey is a significant milestone in Sri Lanka's journey toward enhancing public health. I commend the dedicated commitment and hard work of all those who contributed to the survey's successful implementation. The results serve as a reminder that we must remain vigilant in our efforts to safeguard our citizens against the adverse effects of tobacco.

Let us persist in our efforts to build a healthier and more satisfied Sri Lanka by working together.

Dr. Asela Gunawardena
Director General of Health Services
Ministry of Health, Sri Lanka

Message
Director General, Department of Census and Statistics

The Ministry of Health, Nutrition, and Indigenous Medicine asked DCS for assistance in conducting the Global Adults Tobacco Survey (GATS-Sri Lanka) in 2018. Despite its increasingly busy schedules, DCS agreed to work with the NATA on this important county-wide survey at the Ministry of Health's directive. The GAT-Survey offers essential information for developing preventative strategies against tobacco and tobacco product usage among Sri Lankans, which is responsible for the majority of non-communicable diseases in the nation.

The Global Adult Tobacco Survey (GATS) is a global standard for systematically monitoring adult tobacco use (including smoking and smokeless) and tracking key tobacco control indicators. All globally accepted norms, definitions, and techniques were applied in the Sri Lankan survey while retaining comparability with global metrics.

GATS 2020 Sri Lanka was the country's first comprehensive survey to gather information on tobacco use among adults at all levels. The survey gathered information on the respondent's background characteristics, tobacco use (smoking and smokeless), quitting, secondhand smoke, economics, media, as well as knowledge, attitudes, and perspectives on tobacco use.

I'm happy the DCS was able to carry out the survey despite the numerous challenges the nation presented. The survey fieldwork began in December 2019, but it had to be stopped since the country had to be locked down because of the COVID 19 outbreak in the first two quarters of 2020. Following that, the survey was restarted in June 2020. But thanks to the officials who carried out the fieldwork the survey's fieldwork could be completed by the end of July 2020.

This report is based on the survey findings, and I believe it will be extremely useful in formulating policies to discourage the use of tobacco and similar goods. To track the progress of tobacco-prevention programs, a series of GATS surveys with temporal gaps is required. The WHO deserves credit for providing the survey with both financial and technical support to ensure its success.

May these data assist policymakers in developing more effective ways to achieve a smoke-free Sri Lanka!

P.M.P. Anura Kumara
Director General
Department of Census and Statistics

Message
Chairman, National Authority on Tobacco & Alcohol

As the Chairman of the National Authority on Tobacco & Alcohol (NATA), I am pleased to present the key findings of the Global Adults Tobacco Survey Sri Lanka 2020. NATA conducted the survey in collaboration with the Department of Census and Statistics (DCS), Ministry of Health, and received financial support from the U.S. Centers for Disease Control and Prevention and technical assistance from the World Health Organization (WHO) Regional Office for South-East Asia and the country office in Sri Lanka.

Tobacco use is a major public health concern, and Sri Lanka is no exception. Tobacco use cost the Sri Lankan economy LKR 213.8 billion, equivalent to 1.6% of its GDP, in 2016. In 2019, an estimated 24,461 deaths were attributed to smoking. The World Health Organization Framework Convention on Tobacco Control (WHO FCTC) provides a framework for tobacco control measures to be implemented at the national, regional, and international levels.

The Global Adult Tobacco Survey (GATS) is a globally recognized standard for monitoring adult tobacco use and tracking key tobacco control indicators. GATS Sri Lanka 2020 is the first nationally representative household survey of all non-institutionalized men and women aged 15 years and older. The survey provides valuable information on respondents' background characteristics, tobacco use (smoking and smokeless), cessation, secondhand smoke (SHS), economics, media, and knowledge, attitudes, and perceptions towards tobacco use.

GATS Sri Lanka 2020 used a multi-stage, geographically clustered sample design to produce nationally representative data. The overall response rate was 96.9%, with an overall household response rate of 98.3% and an overall person-level response rate of 98.6%.

The key findings of the survey are as follows:

1. Tobacco use:
   Nearly 3.2 million adults (19.4%) in Sri Lanka aged 15 years and older currently consumed tobacco in any form. Among them 30.6% of adults smoked tobacco only, 52.8% used smokeless tobacco only, and 16.6% used both smoking and smokeless tobacco. The different tobacco products consumed across the country include manufactured cigarettes, bidis, Suruttu (cigars), betel quid with tobacco, loose tobacco, and commercial preparations.

2. Quitting tobacco:
   More than one-thirds (34.6%) of current smokers made a quit attempt in past 12 months. However, nearly one-fourth (23.6%) of smokeless tobacco users had made an attempt to quit in the past 12 months.

3. Secondhand smoke:
   Nearly 8.4% of adults were exposed to secondhand smoke (SHS) at home, and 16.7% were exposed to SHS in the workplace. Nearly 3 out of 10 adults (32.6%) who visited cafés, coffee shops and tea shops were exposed to SHS.

4. Health warnings:
   Almost all (97.8%) adults noticed health warnings on cigarette packages, and 90.3% believed that smoking causes serious illness.

In conclusion, the findings of GATS Sri Lanka 2020 are crucial for developing and implementing evidence-based policies and interventions to reduce the burden of tobacco-related diseases and deaths in Sri Lanka. NATA and its partners are committed to working together to ensure that the findings are used to strengthen tobacco control measures and achieve the objectives of the WHO FCTC. Further, I urge all stakeholders to work towards reducing tobacco use in Sri Lanka and to promote the health and well-being of our citizens.

Thank you.

Dr. Alan Ludowyke
Chairman
National Authority on Tobacco & Alcohol

Acknowledgement

The "Global Adult Tobacco Survey - 2020 for Sri Lanka," stands as a testament to the collaborative efforts of the National Authority on Tobacco and Alcohol (NATA), the Department of Census and Statistics (DCS), and the World Health Organization (WHO).

We extend our sincere gratitude to the technical team of the DCS, whose invaluable expertise played a pivotal role in the meticulous data collection and analysis that underpins this report.

Furthermore, we acknowledge the World Health Organization for its unwavering support, providing both technical expertise and financial assistance in collaboration with the Center for Disease Control (CDC), USA. This collaborative effort has significantly enriched the depth and quality of our findings.

Lastly, we extend our gratitude to the dedicated staff of the National Authority on Tobacco and Alcohol for their substantive technical support throughout this project. Their commitment has been instrumental in ensuring the success of the Global Adult Tobacco Survey - 2020 for Sri Lanka.

This report stands as a testament to the power of collaborative endeavors, and we are sincerely thankful for the collective contributions that have made this endeavor a reality.

Project partners and survey staff

Technical Advisory & Monitoring Committee

1. Dr. Alan Ludowyke, Chairman, NATA
2. Dr. Samadhi Rajapaksa, Former Chairman, NATA
3. Dr. Palitha Abeykoon, Former Chairman, NATA
4. Dr. Sajeewa Ranaweera, Consultant Community Physician
5. Mr. Viraj Bandaranayake, Legal Officer, NATA
6. Ms. R.A.N. Chanika, Administrative Officer, NATA
7. Dr. Jagdish Kaur, Regional Advisor, Tobacco Free Initiative, WHO SEARO, New Delhi
8. Mr. T Suveendran, National Professional Officer, WHO Sri Lanka
9. Mr. P.M.P. Anura Kumara, Director General, Department of Census and Statistics, Sri Lanka
10. Dr. I.R. Bandara, Former Director General, Department of Census and Statistics, Sri Lanka
11. Dr. A.J. Satharasinghe, Former Director General, Department of Census and Statistics, Sri Lanka
12. Mrs. K.M.D.S.D. Karunarathne, Additional Director General, Department of Census and Statistics, Sri Lanka
13. Mr. P.M.R.Fernando, Additional Director General (ICT), Department of Census and Statistics, Sri Lanka
14. Mrs. K.A. Sajeewa Kodikara, Director, Department of Census and Statistics, Sri Lanka
15. Mrs. E.A.A.P. Egodawatte, Deputy Director, Department of Census and Statistics, Sri Lanka
16. Mrs. W.A.C. Wijebandara, Deputy Director, Department of Census and Statistics, Sri Lanka
17. Mr. W. Gnanathilaka, Deputy Director, Department of Census and Statistics, Sri Lanka
18. Mrs. M.D.D.D. Deepawansa, Deputy Director, Department of Census and Statistics, Sri Lanka

Editorial Team

19. Dr Jagdish Kaur, Regional Advisor, Tobacco Free Initiative, WHO SEARO, New Delhi
20. Dr Arvind Vasisha Rinko, Consultant, WHO SEARO, New Delhi
21. Mrs. Hansamali Wickramasooriya, Research Officer, NATA
22. Mr. T Suveendran, National Professional Officer, WHO Sri Lanka
23. Mrs. K M D S D Karunaratne, ADG, Department of Census and Statistics, Sri Lanka
24. Mrs. Sajeewa Kodikara, Director, Department of Census and Statistics, Sri Lanka
25. Mr. Manju Sri Dileepa, Senior Statistician, Department of Census and Statistics, Sri Lanka

Editorial Support

26. Bimsara Malshan, Research Officer, NATA
27. Ruwini Wanninayake , Development Officer, NATA
28. Tanuja Rangana, Development Officer, NATA
29. Geethani Niwarthana, Development Officer, NATA
30. Shachini Anuradha, Development Officer, NATA
31. Savini Keerthisinghe, Development Officer, NATA
32. Yashoda Rankapuge, Development Officer, NATA
33. Pramodi Prarthana, Development Officer, NATA

Technical Staff and Supportive Staff, Sample Survey Division, Department of Census and Statistics

34. Ms. H.M.D. Sepalika, Statistician, DCS
35. Mr. A.K.D.C.N.S. Karunarathna, Statistician, DCS
36. Mr. T.D.M.S.D. Perera, Statistician, DCS
37. Ms. U.S. Dilrukshi, Statistician, DCS
38. Mr. K. Weerasiri, Statistician, DCS
39. Mr. M.L.K.P. Kumara, Statistician, DCS
40. Mr. K.T. Suresh Kumara, Statistician, DCS
41. Ms. M.W.L.C.M. Chandrarathna, Statistician, DCS
42. Ms. M.M.G.D. Manamperi, Statistician, DCS
43. Ms. P.D. Nanayakkara, Statistician, DCS
44. Mr. R.P.M. Subhashini, Statistician, DCS
45. Mr. H.M.S.C. Bandara, Statistician, DCS
46. Ms. C.R. Liyanage, Statisticia, DCS
47. Ms. A.H.L.T. Sandaruwani, Statistician, DCS
48. Mr. M.G. Perera, Statistical Officer, DCS
49. Mr. K. Sukumaran, Statistical Officer, DCS
50. Mr. W.A.T.N. Abesekara, Statistical Officer, DCS
51. Ms. K.M.S. Wimalarathna, Statistical Officer, DCS
52. Mr. W.T.D.P.D. Subhaweera, Statistical Officer, DCS
53. Ms. D. Karunarathna, Statistical Officer, DCS
54. Mr. A.M.A.E. Athapatthu, Statistical Officer, DCS
55. Mr. A.M.H.K. Kulathunga, Statistical Officer, DCS
56. Mr. P.A.L. Premathilake, Statistical Officer, DCS

57. Mr. U.S. Maddumage, Statistical Officer, DCS
58. Ms. A.N. Ekanayaka, Statistical Officer, DCS
59. Mr. S. Balashankar, Statistical Officer, DCS
60. Ms. C.S. Liyanage, Statistical Officer, DCS
61. Mr. W.R. De Silva, Statistical Officer, DCS
62. Ms. N.T. Galappaththi, Statistical Officer, DCS

Data management and Supporting Staff, ICT Team, Department of Census and Statistics

63. Mr. W.H.P.W. Weerasiri, Director, DCS
64. Mr. P.D.D. Peris, Deputy Director, DCS
65. Mr. E.M.D. Ekanayake, Assistant Director, DCS
66. Mr. S. Thinesh, Assistant Director, DCS
67. Mr. V. Varun Prasanth, ICT Officer, DCS
68. Mr. G.G.I.C.G. Gunathilaka, ICT Officer, DCS
69. Mr. P.D. Wadanamby, ICT Officer, DCS
70. Mr. A. Ranaweera, ICT Assistant, DCS
71. Mr. M.S.D. Fernando, ICT Assistant, DCS
72. Mr. E.M.K. Dayarathna, ICT Assistant, DCS
73. Ms. S.W.N.D. Attanayake, ICT Officer, DCS
74. Ms. G.W. Liyanage, ICT Assistant, DCS
75. Ms. M.G.U. Dilhani, ICT Assistant, DCS
76. Ms. S.A.S.T. Samarathunga, ICT Assistant, DCS
77. Ms. J.K.D.K. Jayamalka, ICT Assistant, DCS
78. Mr. K.A.D.J. Prasanna, ICT Assistant, DCS
79. Ms. K.S. De Silva Weeraddana, ICT Assistant, DCS
80. Ms. G.C. Geekiyanage, ICT Assistant, DCS
81. Ms. M.G.C. Lakmali, ICT Assistant, DCS
82. Ms. N.H.A. Nayomi, ICT Assistant, DCS
83. Ms. P.H. Chandramali, ICT Assistant, DCS
84. Ms. S.T.D. Jayathilaka, ICT Assistant, DCS
85. Ms. G.K.A. Nilanthi, ICT Assistant, DCS
86. Ms. V. Nishanthini, Data Entry Operator, DCS
87. Ms. R.U.M. Tanusha, Data Entry Operator, DCS

ICT Support, World Health Organization

88. Mr Naveen Agrawal, Surveillance Management Associate, WHO SEARO, India

Field Based Research Supervisors, Department of Census and Statistics

89. Mr. B. Balachandran, Deputy Director, DCS
90. Mr. D.M.N. Bandara, Senior Statistician, DCS
91. Ms. H.M.D. Sepalika, Statistician, DCS
92. Mr. A.K.D.C.N.S. Karunarathna, Statistician, DCS
93. Mr. T.D.M.S.D. Perera, Statistician, DCS
94. Ms. U.S. Dilrukshi, Statistician, DCS
95. Mr. K. Weerasiri, Statistician, DCS
96. Mr. K.B. Wijewardena, Statistician, DCS
97. Ms. K.K. De Almedha, Statistician, DCS
98. Mr. L.S.N. Perera, Statistician, DCS
99. Mr. S.B. Muthuranayagan, Statistician, DCS
100. Ms. P.N. Uyanage, Statistician, DCS
101. Ms. M.W.L.C.M. Chandrarathna, Statistician, DCS
102. Ms. P.D. Nanayakkara, Statistician, DCS
103. Mr. J.P.N. Mallawarachchi, Statistician, DCS
104. Ms. A.K.J. Muthugalage, Statistician, DCS
105. Mr. T. Jeithanan, Statistician, DCS

Field Based Enumerators, Department of Census and Statistics

106. Ms. D.G.S. Perera, Statistical Officer, DCS
107. Ms. K.T. Eranjane, Statistical Officer, DCS
108. Ms. L.A.T.N. Hettiarachchi, Statistical Officer, DCS
109. Ms. P. Wickramarathna, Statistical Officer, DCS
110. Mr. M.G. Perera, Statistical Officer, DCS
111. Ms. A.N. Ekanayaka, Statistical Officer, DCS
112. Mr. L.D.S.R. Thilakarathna, Statistical Office, DCS
113. Mr. M.G. Lasantha, Statistical Officer, DCS
114. Mr. O.M.P. Kumara, Statistical Officer, DCS
115. Mr. H.A. Premarathna, Statistical Officer, DCS

116. Mr. U.S. Maddumage, Statistical Officer, DCS
117. Mr. I.H.J. Rohan, Statistical Officer, DCS
118. Ms. C.S. Liyanage, Statistical Officer, DCS
119. Mr. A.M.A.E. Athapaththu, Statistical Officer, DCS
120. Ms. R.A.M.N. Ranaweera, Statistical Officer, DCS
121. Mr. Y.K.M. Jayantha, Statistical Officer, DCS
122. Mr. A.M.H.K. Kulathunga, Statistical Officer, DCS
123. Mr. I.M.U. Daminda, Statistical Officer, DCS
124. Ms. D.G.D.P.D. Jayawardena, Statistical Officer, DCS
125. Mr. A.D.V. K. De Silva, Statistical Officer, DCS
126. Mr. A.M.G.S. Bandara, Statistical Officer, DCS
127. Mr. N.A. Kularathna, Statistical Officer, DCS
128. Mr. K.A. Dayarathna, Statistical Officer, DCS
129. Mr. S.P.K. Senanayaka, Statistical Officer, DCS
130. Mr. K.A. Chandrasiri, Statistical Officer, DCS
131. Mr. E.B. Premathilaka, Statistical Officer, DCS
132. Mr. D.D. Nimalsiri, Statistical Officer, DCS
133. Mr. W.A.C. Wijesinghe, Statistical Officer, DCS
134. Mr. H.M.A.S. Disanayaka, Statistical Officer, DCS
135. Mr. W.R. De Silva, Statistical Officer, DCS
136. Mr. T.M.K.B. Thennakoon, Statistical Officer, DCS
137. Mr. H.R.S.H. Piyasena, Statistical Officer, DCS
138. Mr. P.A.L. Premathilaka, Statistical Officer, DCS
139. Ms. H.P.R. Samanthi, Statistical Officer, DCS
140. Mr. H.P.U.S.S. Gunawardena, Statistical Officer, DCS
141. Mr. D.P.G. Siriwardena, Statistical Officer, DCS
142. Ms. A.K. Rohini Perera, Statistical Officer, DCS
143. Mr. K.G.J.S. Priyaviraj, Statistical Officer, DCS
144. Mr. S.N. Pushpakumara, Statistical Officer, DCS
145. Mr. W.A.N. Dasanayaka, Statistical Officer, DCS
146. Mr. W.P.M. Wickramarathna, Statistical Officer, DCS
147. Mr. C.J.P. Kodithiwakku, Statistical Officer, DCS
148. Mr. D.G.A. Indrawansa, Statistical Officer, DCS
149. Mr. W.K.G.A. Dharmawardena, Statistical Officer, DCS
150. Mr. R.M. Gunapala, Statistical Officer, DCS
151. Mr. D.M.S.N.B. Jayathilaka, Statistical Officer, DCS
152. Mr. M.I. Abdul Azeez, Statistical Officer, DCS
153. Mr. B. Roshamthakumar, Statistical Officer, DCS
154. Mr. A.F. Amalan, Statistical Officer, DCS
155. Mr. M. Vartharashan, Statistical Officer, DCS
156. Mr. S.L. Subhan, Statistical Officer, DCS
157. Mr. A.M. Hilmi, Statistical Officer, DCS
158. Mr. K.K. Kayalventhan, Statistical Officer, DCS
159. Mr. K. Thusikaran, Statistical Officer, DCS
160. Mr. V. Mathavan, Statistical Officer, DCS
161. Mr. K. Udayamoorthy, Statistical Officer, DCS
162. Mr. N. Suthanthiran, Statistical Officer, DCS
163. Mr. M.A. Laksiri, Statistical Assistant, DCS
164. Mr. W. Uyangoda, Development Officer, DCS
165. Mr. P.A. Priyantha, Development Officer, DCS
166. Mr. J.J. Sujevan, Development Officer, DCS

World Health Organization, Sri Lanka

167. Dr. Alaka Singh, WHO Representative to Sri Lanka
168. Dr Razia Pendse, former WHO Representative to Sri Lanka
169. Dr Shalala Rafayil Ahmadova, PHA, WHO Sri Lanka
170. Dr Olivia Corazon Niveras, former PHA, WHO Sri Lanka
171. Dr Farrukh Qureshi, Mo-NCD, WHO Sri Lanka

Center for Diseases Control and Prevention / CDC Foundation/ RTI

172. Dr. Indu Ahluwalia, Chief, Global Tobacco Control Branch, Centres for Disease Control and Prevention, Atlanta, USA
173. Dr. Krishna Mohan Palipudi, Former CDC Focal Point for Sri Lanka & Team Lead, Global Tobacco Surveillance, Centres for Disease Control and Prevention, Atlanta, USA
174. Ms. Anna Dean, GATS coordinator, Centres for Disease Control, and Prevention, Atlanta, USA
175. Dr. Lazarous Mbulo, CDC Focal Point for Sri Lanka & Team Lead, Global Tobacco Surveillance, Centres for Disease Control and Prevention, Atlanta, USA
176. Mr. Edward Rainey, Senior IT Specialist, Centres for Disease Control and, Prevention, Atlanta, USA
177. Ms. Rachna Chandora, Team Lead (Programs), CDC Foundation, USA
178. Ms. Betelihem Getachew, Centres for Disease Control and Prevention, Atlanta, USA
179. Mr. Jeremy Morton, Centres for Disease Control and Prevention, Atlanta, USA

Table of contents

List of Tables

Table of Figures

Executive Summary:

Introduction

Tobacco use is a leading cause of preventable deaths worldwide and a major risk factor for diseases such as heart disease or stroke (1). It kills more than 8 million people each year globally. More than 7 million of those deaths result directly from tobacco use, while about 1.2 million of those deaths result from secondhand smoke exposure among people who do not smoke (2). Most people who use tobacco live in low- and middle-income countries (LMICs), including Sri Lanka (3). In 2016, tobacco use cost the Sri Lankan economy 213.8 billion Sri Lankan Rupees (LKR), equivalent to 1.6% of its gross domestic product (4). The Institute for Health Metrics and Evaluation estimated that in 2019, 12,036 Sri Lankan deaths were tobacco-related (2).

In response to the global tobacco epidemic, the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) was adopted in 2003 and entered service in 2005. WHO FCTC is an evidence-based public health treaty that provides a framework for implementing tobacco control measures at international, national, and regional levels (5). The treaty has been ratified by more than 182 countries, covering about 90% of the world population (6).

A systematic and efficient surveillance system is critical to monitoring tobacco use and evaluating tobacco control interventions. The Global Adult Tobacco Survey (GATS) is a global standard surveillance system for systematically monitoring adult use of tobacco products and tracking key tobacco control indicators. GATS collects nationally representative data using a consistent and standard protocol across countries. The findings allow for information exchange consistent with WHO FCTC guidelines. The government of Sri Lanka ratified the WHO FCTC in November 2003 to develop and implement tobacco control policies and established the National Authority on Tobacco and Alcohol (NATA) Act in 2006.

GATS Sri Lanka, conducted in 2020, is the first tobacco-focused, nationally representative Sri Lankan household survey of all non-institutionalized men and women ages 15 years and older. Prior to GATS, Sri Lanka implemented three rounds of the WHO STEPwise approach to non-communicable disease risk factor surveillance (STEPS; in 2003, 2006 and 2015) and five rounds of the Global Youth Tobacco Survey (GYTS; in 1999, 2003, 2007, 2011, and 2015). GATS 2020 includes information on respondents' background characteristics, tobacco use (smoking and smokeless), cessation, secondhand smoke (SHS), economics, media, and knowledge, attitudes, and perceptions towards tobacco use. This report provides key findings from GATS Sri Lanka 2020.

Methods

GATS Sri Lanka 2020 used a multi-stage, geographically clustered sample design to produce nationally representative data. A total of 7,172 households were sampled from 598 primary sampling units, equally allocated for urban and rural sectors; one individual was randomly selected from each participating household to complete the survey. There were 6,770 individual interviews completed (3,246 in urban and 3,524 in rural areas), with an overall response rate of 96.9% (household response rate, 98.3% and person-level response rate, 98.6%).

In collaboration with the NATA and the Ministry of Health, the Department of Census and Statistics (DCS) conducted GATS Sri Lanka 2020 during December 2019 and July 2020[1] as a household survey of persons 15 years of age and older. Data collection took seven months and 25 days.

Key Findings

1. Tobacco use

Multiple types of tobacco products are used in Sri Lanka, including both smoking (such as manufactured cigarettes, bidis [hand-rolled cigarettes], and suruttu [cigars]) and smokeless forms (such as betel quid [betel nut chewing] with tobacco, loose tobacco, and commercial preparations).

Based on GATS Sri Lanka 2020 data, nearly 3.2 million adults (19.4%) in the country ages 15 years and older currently consumed tobacco in any form. Among those who consumed tobacco, 30.6% of adults used smoked tobacco products exclusively, 52.8% used smokeless tobacco exclusively, and 16.5% used both smoked and smokeless tobacco.

Nearly 1.5 million (9.1%) adults currently smoked tobacco (19.7% among men and < 0.1% among women). Among all adults, 13.4% smoked manufactured cigarettes and 10.5% smoked bidis. Overall, 6.4% of adults smoked daily and 2.7% smoked occasionally. Among those who smoked tobacco daily, 34.2% smoked their first cigarette within half an hour of waking up, and more than half (53.1%) smoked within the first hour of waking up.

Nearly 2.2 million (13.4%) adults used smokeless tobacco (23.4% among men and 4.9% among women). Among all adults, 13.3% used betel quid with tobacco, 5.6% used loose tobacco, and 2.3% used commercial preparations. Overall, 10.5% of adults used smokeless tobacco daily and 2.9% used smokeless tobacco occasionally. Moreover, 28.0% of those who used smokeless tobacco daily reported that they consumed their first smokeless tobacco product within half an hour of waking up, and 44.6% consumed it within the first hour of waking up.

Among all adults ages 15 years and older, 16.9% consumed betel quid without tobacco and 7.0% consumed some form of areca nut (plain, powdered, or flavored). Approximately 19.3% of men and 14.7% of women consumed betel quid without tobacco, whereas 9.5% of men and 4.8% of women consumed some form of areca nut.

2. Tobacco Cessation

a. Smoking Cessation

1 The whole data collection under normal situation may take 21–30 days, but due to two breaks (stoppages), the process took 7 months and 25 days. The stoppages were partly due to changes in the government with the appointment of the new president and the corresponding change in ministries, and the COVID-19 lockdowns and social distancing measures.

Based on findings from GATS Sri Lanka 2020, 34.6% of adults who smoked tobacco (adults who currently smoked and adults who quit in the past 12 months) made a quit attempt in the past 12 months.

Among adults who smoked tobacco and had made a quit attempt in the past 12 months, 76.7% did so on their own without any therapy or assistance, and 40.4% attempted to quit with support from family and friends. Notably, 9.4% of these adults switched to smokeless tobacco to help quit smoking. Nearly 8.5% of all adults who attempted to quit smoking had pharmacotherapy support, 7.1% had counseling support, and 1.1% used traditional medicines.

Among adults who currently smoked tobacco, 51.6% reported that they intended to quit either within a month, within a year, or someday. Among adults who currently smoked bidis, 45.6% reported that they would quit within a month, within a year, or someday.

b. Smokeless Tobacco Use Cessation

Based on GATS Sri Lanka 2020 data, 23.6% of adults who used smokeless tobacco (adults who currently used smokeless tobacco and adults who quit in the past 12 months) made a quit attempt in the past 12 months.

Among adults who used smokeless tobacco and made a quit attempt, 73.7% did so without assistance, 8.1% used pharmacotherapy, 6.3% used counselling, 3.9% used traditional medicines, and 37.0% used other methods. Among those who visited a healthcare provider (HCP), 34.8% were asked whether they were using smokeless tobacco, and 30.6% were advised to quit by the provider.

Overall, 4.0% of adults who used smokeless tobacco reported that they intended to quit within a month, 10.3% intended to quit within a year, and 24.9% intended to quit someday.

3. Secondhand Smoke Exposure

Among adults who worked indoors, 16.7% (0.8 million) were exposed to tobacco smoke in their workplace in the past 30 days. Furthermore, among all adults, 8.4% (1.4 million) were exposed to tobacco smoke at home. Among adults who did not smoke, 6.0% (0.9 million) were exposed to SHS at home.

Overall, 32.6% of people who visited cafes, coffee shops, or tea houses reported being exposed to SHS during the visit. The percentage of adults exposed to SHS in restaurants, at private workplaces, in public transport, and in university buildings was 25.2%, 23.5%, 3.2%, and 6.2%, respectively. Nearly half of the adults (49.0%) saw someone smoking in an open public place within 30 days preceding the survey.

4. Economics

Overall, 92.8% of adults who currently smoked manufactured cigarettes made their last purchase in stores (i.e., wholesale or retail shops). Other sources of last purchase of cigarettes were street vendors (3.6%), from another person (2.1%), duty-free shop (0.9%), and others (0.6%).

Among adults who currently smoked bidis, 97.6% bought the last bidi from a store. Other sources of last purchase were street vendors (1.3%) and from another person (1.1%).

Among those who used smokeless tobacco, 91.0% bought the product from a store. Other sources of last purchase of smokeless tobacco products were street vendors (4.8%), from another person (1.8%), outside the country (0.2%), and others (2.2%).

Among adults who currently smoked cigarettes, the average amount spent for 20 manufactured cigarettes was 1237.80 LKR (median: 1289.90 LKR). Among adults who currently smoked bidis, the average amount spent on 20 bidis was 142.70 LKR (median: 118.30 LKR).

Average tobacco expenditures on the last purchase among adults who currently smoked manufactured cigarettes, adults who currently smoked bidis, and adults who currently used smokeless tobacco were 213.60 LKR, 60.30 LKR, and 100.50 LKR, respectively. The average expenditure on manufactured cigarettes per month was 5454.30 LKR (median: 3864.40 LKR). The average bidi expenditure per month was 1368.70 LKR (median: 811.10 LKR).

5. Media

Among all adults ages 15 years and older, 81.1% noticed anti-cigarette information in any location during the past 30 days. Overall, 69.1% of adults noticed anti-cigarette information on TV, 17.1% noticed it on radio, 17.7% noticed it on the internet, 33.0% noticed it on billboards, and 19.9% noticed it somewhere else.

An estimated 23.2% of adults noticed anti-bidi smoking information in various places during the past 30 days. An estimated 17.9% noticed anti-bidi smoking information on TV, 8.4% noticed it on billboards, 8.3% noticed it in newspapers, 5.9% noticed it on the radio, 4.9% noticed it on the internet, and 3.2% noticed it somewhere else.

Nearly 52.5% of adults noticed anti-smokeless tobacco use information in various places during the 30 days preceding the survey. Overall, 32.1% noticed anti-smokeless tobacco use information on TV, 17.5% noticed it on billboards, 17.2% noticed it in newspapers or magazines, 9.0% noticed it on radio, 7.7% noticed it on the internet, and 16.0% noticed it somewhere else.

Among adults who smoked tobacco, 87.5% noticed health warnings on cigarette packages and almost half (48.9%) considered quitting after noticing the warnings. Among adults who smoked bidis, 17.4% noticed health warnings on bidi packages and 8.8% thought about quitting after noticing the warnings. Among adults who currently consumed smokeless tobacco, only 13.2% noticed health warnings on smokeless tobacco product packages and 5.0% thought about quitting after noticing the health warnings.

Over a quarter (26.2%) of adults noticed some form of tobacco advertisement, sponsorship, or promotion in various places during the last 30 days. Overall, 20.4% of adults noticed tobacco advertisements in cinemas (movies), 5.5% noticed it on televisions, 3.9% noticed it in stores, and 3.1% noticed it on the internet.

Over a quarter of adults who currently smoked tobacco (26.9%) and adults who did not smoke tobacco (26.2%) noticed any form of tobacco advertisement, sponsorship, or promotion in various places during the last 30 days.

6. Knowledge, Attitude, and Perceptions

Overall, 92.6% of adults believed smoking could cause serious illnesses (93.5% among adults who smoked and 92.5% among adults who did not smoke).

Among all adults, 95.3% believed that smoking causes lung cancer, 91.5% believed it causes a heart attack, 63.8% believed it causes a stroke, and 32.4% believed it causes diabetes.

About 96.4% of adults believed that smokeless tobacco use causes serious illness. In addition, 97.8% of adults believed that smokeless tobacco use causes mouth cancer, 54.1% believed it causes a heart attack, and 38.7% believed it causes a stroke.

Overall, 94.9% of adults (96.0% among adults currently smoked tobacco and 94.8% among those who did not smoke tobacco) believed that SHS causes serious illness for those who did not smoke.

Conclusions

GATS Sri Lanka 2020 provides critical information on key indicators of tobacco control among adults ages 15 years and older by socio-demographic characteristics and creates an opportunity for policymakers and the tobacco control community to implement targeted interventions in different areas of tobacco control. Overall, findings from GATS Sri Lanka 2020 indicate that there is a positive environment for strengthening and advancing tobacco control in the country. On the basis of the MPOWER (Monitor tobacco demand reduction and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco; Warn about the dangers of tobacco; Enforce bans on tobacco advertising, promotion, and sponsorship; and Raise taxes on tobacco) summary indicators, and other findings, we recommend the following actions to prevent tobacco-related death and disease:

- Continue periodic monitoring of tobacco use to guide implementation of national tobacco control laws in line with WHO FCTC provisions, the MPOWER package—which are evidence-based, cost-effective interventions to reduce tobacco use.
- Design and implement tobacco control mass media campaigns with maximum outreach to cover all types of tobacco products.
- Build tobacco control capacity among healthcare providers and strengthen cessation facilities in healthcare settings and in local communities.
- Implement 100% smoke-free policies that cover all public places and workplaces to fully protect individuals who do not smoke from exposure to SHS.
- Implement large graphic health warnings with regular rotation on all tobacco product packages, including bidis and smokeless tobacco products.
- Effectively enforce comprehensive bans on tobacco advertisements, promotion, and sponsorship, including tobacco advertisements online or in movies.
- Raise the price of tobacco products to reduce affordability and accessibility and index tobacco products to inflation to ensure that prices increase on a continuous basis, so the measure continues to be effective (7).
- Develop targeted interventions to tackle the rising use of smokeless tobacco and areca nut products.
- Implement setting-based programs to prevent young adults from initiating tobacco use.

References

1. World Health Organization. WHO Report on the Global Tobacco Epidemic, 2011. Geneva: World Health Organization, 2011. https://apps.who.int/iris/handle/10665/44616

2. Institute for Health Metrics and Evaluation. Global Burden of Disease [database]. Washington, DC: Institute of Health Metrics, 2019. https://www.healthdata.org/gbd

3. World Health Organization. WHO report on the global tobacco epidemic, 2017: monitoring tobacco use and prevention policies. Geneva: World Health Organization, 2019. https://www.who.int/publications/i/item/9789241512824

4. United Nations Development Program. Investment Case for Tobacco Control in Sri Lanka. New York, USA, UNDP, 2019. https://www.undp.org/sites/g/files/zskgke326/files/publications/Investment_Case_for_Tobacco_Control_in_Sri_Lanka.pdf

5. World Health Organization. WHO Framework Convention on Tobacco Control Overview, 2003. https://apps.who.int/iris/bitstream/handle/10665/42811/9241591013.pdf 7. 6. Peruga A,

6. López MJ, Martinez C, Fernández E. Tobacco control policies in the 21st century: achievements and open challenges. Mol Oncol. 2021 Mar;15(3):744-752. doi: 10.1002/1878-0261.12918. Epub 2021 Feb 15.

7. World Health Organization. WHO Report on the Global Tobacco Epidemic, 2015: Raising taxes on tobacco. Geneva, Switzerland: World Health Organization, 2015. https://apps.who.int/iris/bitstream/handle/10665/178574/9789240694606_eng.pdf?sequence=1&isAllowed=y

1. Introduction:

Tobacco use is a major preventable cause of premature death and disease, resulting in nearly eight million global deaths each year. The harm originating from tobacco use affects not only the user but also society in its entirety. Over 80% of the world's 1.3 billion people who use tobacco live in low- and middle-income countries, resulting in a vast majority of deaths and tobacco-related illnesses (1). Up to half of all people who use tobacco die prematurely due to tobacco related diseases by any year or time estimation, with most of these deaths occurring in middle- and low-income countries (2). Besides having serious health concerns, tobacco also poses grave social, environmental, and economic consequences.

Recognizing the global impact of tobacco use, the United Nations (UN) has considered tobacco control in its Sustainable Developmental Goals (SDGs), included in its third goal on good health and well-being (3). The UN agenda recommends curbing the use of tobacco as a measure to achieve the SDG target that calls for bringing down premature mortality. The World Health Organization (WHO) supports countries to reduce the global burden of disease, disability, and death caused by tobacco. This is accomplished through providing global policy leadership, promoting the WHO Framework Convention on Tobacco Control (FCTC) (4), and the MPOWER package (5).

The WHO FCTC is an evidence-based treaty that reaffirms the right of all people to the highest standard of health, developed as a response to the growing tobacco epidemic. The FCTC encourages countries to adhere to its principles of monitoring policies and tobacco use in addition to controlling supply and demand sides of tobacco consumption. The treaty also gives countries the necessary foundation and framework–both legal and technical–to enact comprehensive and effective tobacco control measures. With more than 180 members, the WHO FCTC covers more than 90% of the world's population (6).

The MPOWER package comprises of six proven policies aimed at reversing the global tobacco epidemic by reducing the demand of tobacco and includes: Monitor tobacco use and prevention policies; Protect people from tobacco smoke, Offer help to quit tobacco use, Warn about the dangers of tobacco, Enforce bans on tobacco advertisement, promotion, and sponsorship, and Raise taxes on tobacco.

To focus on the monitoring component under the WHO MPOWER strategy, a Global Tobacco Surveillance System (GTSS) was established to assist all 192 WHO Member States in collecting data on youth and adult tobacco use. The GTSS comprises three surveys for youth and selected adult populations: the Global Youth Tobacco Survey (GYTS), the Global Health Professions Students Survey (GHPSS), and a household-based survey, the Global Adult Tobacco Survey (GATS). Conducting the survey and disseminating the findings are essential components of the WHO Framework Convention on Tobacco Control (FCTC) Article 20: Research and surveillance and exchange of information, and Article 21: Reporting and exchanging information.

The Global Adult Tobacco Survey (GATS) serves as the global standard for systematically monitoring tobacco use (smoking and smokeless) and keeping track of all key tobacco control indicators among adults aged fifteen or above. Findings from GATS survey assists countries in formulation, tracking, and implementation of effective tobacco control interventions, enabling them to compare results of their survey with other countries where GATS has been conducted. Since 2008, GATS has been implemented in thirty-three countries and 11 countries have conducted more than one such survey (7).

This chapter covers the Sri Lanka country profile, the burden of tobacco use, tobacco production, consumption, and various tobacco control policies following the WHO MPOWER strategies in the country.

The island of Sri Lanka, formerly called Ceylon, is an island in the Indian Ocean located in Southern Asia. Sri Lanka is situated to the southwest of the Bay of Bengal. As an island nation, Sri Lanka does not share land borders. Sri Lanka has nine provinces which has further divided in to 25 districts. It houses a total population of over 21 million (8) distributed over 65,610 km^2. It is a Member State of the World Health Organization South-East Asia Regional Office (WHO SEARO) and ratified the Framework Convention on Tobacco Control (WHO FCTC) in November 2003 (the first country in Asia and the fourth country in the world to do so) (9).

Although it is a lower-middle-income-country, it has better health and education indicators compared with similar developing countries. The literacy rate in the country is 92.5% with 99% primary school enrollment. The infant mortality rate is 6.1 per 1000 live births (10) and maternal mortality rate 43 per 100,000 live births (11). In 2021, the Per Capita Income in Sri Lanka was 3,682 US $ (12). The mortality due to tobacco use in the country is estimated to be more than 12,000 per year (10% of all deaths) (6).

As per a report published in Sri Lanka (2015) depicting the economic and social costs of tobacco and alcohol, the direct and indirect costs of tobacco use in Sri Lanka was estimated to be Rs. 89.37 billion (US$ 662.0 million). The cost for tobacco related cancers was Rs. 16.3 billion (US$ 121.1 million), while for the tobacco related non-communicable diseases, it was Rs. 73.0 billion (US$ 540.7 million) (13).

The Government of Sri Lanka is committed to address the tobacco burden of the country. This is reflected by the availability of numerous policies that implement and support tobacco control effectively. The Government of Sri Lanka established the National Authority on Tobacco and Alcohol (NATA), as the pioneer government institution is responsible for the tobacco and alcohol control under the Ministry of Health. This was established by the National Authority on Tobacco and Alcohol Act, No. 27 of 2006 for the purpose of enactment of the legal aspects for alcohol and tobacco prevention in Sri Lanka (14)(16).

The Government of Sri Lanka published the first surveillance report on tobacco use among 13–15-year-old school children (GYTS) in 1999. Since then, a total of five rounds of Global Youth Tobacco Survey (1999, 2003, 2007, 2011, and 2015) have been published so far. Apart from this, the Global School-Based Student Health Survey (GSHS) has been conducted twice in 2008 and in 2016. The WHO STEPwise Approach to NCD risk factor surveillance (WHO STEPS survey) has been conducted three times in 2003, 2006, and 2015 (15), which includes tobacco use prevalence among adult men and women aged 18-69 years old.

As per the WHO STEPS Survey 2015 estimates, 45.7% of men and 5.3% of women currently used some form of tobacco product (either smoked or smokeless) while 35.3% of men and 4.1% of women used tobacco daily. Prevalence of current smoking was 29.4% in men and 0.1% in women, and prevalence of current smokeless tobacco use was 26.0% in men and 5% in women. Mean age of initiation of smoking for men was 20.5 years (15).

Since the establishment of NATA, several tobacco control policies have been developed and implemented in the country, including tax increase on cigarettes and tobacco products; restrictions on sales to youth; and restrictions on public and mass media advertising. Local tobacco control efforts include creation of district tobacco control cells with a lead role in implementing the provisions aimed at reducing overall tobacco use. As per the NATA Act 2006, smoking is prohibited in many indoor public places and workplaces and on public transport. However, smoking is permitted at dedicated smoking areas in airports, hotels, and restaurants with less than thirty seating capacity.

Further, tobacco product advertising through most forms of mass media is prohibited. The law, however, allows point of sale product display. There are restrictions on tobacco sponsorship as well.

The tobacco product packages are required to have visual and text health warnings that cover 80% of the top front and back of packages. Use of misleading packaging and labeling, including terms such as "light" and "low," is prohibited. It is prohibited to manufacture, import, or sell smokeless tobacco products, e-cigarettes containing tobacco, and cigarettes that are flavored, colored, or sweetened.

Sri Lanka is one of the few countries in the world that prohibits sale of tobacco products to persons under the age of twenty-one. The law also prohibits sale of tobacco products via vending machines and in educational facilities and schools. The law regulates specified contents of cigarettes, including banning sugars and sweeteners; menthol, mint, and spearmint; spices and herbs; and other flavors not previously specified, however, disclosing information about the contents and emissions on tobacco product packages is yet to be regulated (17).

This report entails the first round of the GATS, aimed to systematically monitor adult tobacco use (both smoking and smokeless) and track key tobacco control interventions such as tobacco cessation, secondhand smoke, economics, media, and knowledge, attitudes, and perceptions towards tobacco use. The GATS data collection was conducted between December 2019 and July 2020 by the Department of Census and Statistics in collaboration with the National Authority on Tobacco and Alcohol and Ministry of Health, Government of Sri Lanka.

The objective of conducting the GATS was to provide up-to-date information on main indicators of tobacco use and control efforts implemented in the country by obtaining a national-level representative population data aged 15 years or older. The survey further aimed to produce national-level estimates of tobacco use according to age, gender, rural-urban residence, level of education, and wealth quintiles. The survey tracks implementation of FCTC-recommended policies as outlined in the MPOWER Package.

References:

1. World Health Organization. Key Facts about Tobacco. Available from: https://www.who.int/news-room/fact-sheets/detail/tobacco [Accessed on 12th February 2022]

2. World Health Organization. WHO Report on the Global Tobacco Epidemic, 2008. The MPOWER Package. Geneva: World Health Organization; 2008.

3. United Nations. Meeting of the United Nations General Assembly. Resolution adopted by the General Assembly on 25 September 2015; Seventieth session, Agenda items 15 and 116. Available from: https://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E [Accessed on 13th February 2022]

4. World Health Organization. Framework Convention on Tobacco Control. An Overview. Available from: https://fctc.who.int/ [Accessed on 14th February 2022]

5. World Health Organization. The MPOWER Initiative. Available from: https://www.who.int/initiatives/mpower [Accessed on 14th February 2022]

6. World Health Organization. Sri Lanka Tobacco Factsheet 2018. Available from: https://apps.who.int/iris/bitstream/handle/10665/272688/wntd_2018_srilanka_fs.pdf?sequence=1 [Accessed on 15th February 2022]

7. World Health Organization. Non-communicable Disease Data and Reporting. Available from: https://www.who.int/teams/noncommunicable-diseases/surveillance/data [Accessed on 16th February 2022]

8. The Government of Sri Lanka. Department of Census and Statistics. Available from: http://www.statistics.gov.lk/ [Accessed on 21st February 2022].

9. World Health Organization. Framework Convention on Tobacco Control. Parties to the WHO Framework Convention on Tobacco Control. Available from: https://www.who.int/fctc/cop/en/ [Accessed on 21st February 2022]

10. The World Bank. Mortality Rate, Infant (per 1,000 live births) - Sri Lanka. Available from: https://data.worldbank.org/indicator/SP.DYN.IMRT.IN?locations=LK [Accessed on 24th February 2022]

11. The World Bank. Maternal Mortality Ratio (national estimate, per 100,000 live births) – Sri Lanka. Available from: https://data.worldbank.org/indicator/SH.STA.MMRT.NE?locations=LK [Accessed on 24th February 2022]

12. The Central Bank of Sri Lanka. Sri Lankan Economy Snapshot. Available from: https://www.cbsl.gov.lk/en/sri-lanka-economy-snapshot [Accessed on 24th February 2022]

13. Economic and Social Costs of Tobacco and Alcohol in Sri Lanka 2015. Sri Lanka: World Health Organization; 2017. License: CC BY-NC-SA 3.0 IGO. Available from: https://untobaccocontrol.org/impldb/wp-content/uploads/sri_lanka_2018_annex-1_economic_and_social_costs_of_tobacco_and_alcohol_2015.pdf [Accessed on 01st March 2022].

14. World Health Organization. Surveillance of Non-communicable Diseases Sri Lanka. Available from: https://www.who.int/teams/noncommunicable-diseases/surveillance/data/sri-lanka [Accessed on 01st March 2022]

15. World Health Organization. STEP Approach to Chronic Disease Risk Factor Surveillance; No Communicable Disease Risk Factor Survey. Geneva: World Health Organization; 2020. Available from: https://www.who.int/ncds/surveillance/steps/steps-report-2015-sri-lanka.pdf [Accessed on 01st March 2022]

16. The Government of Sri Lanka. National Authority on Tobacco and Alcohol (NATA). Available from: https://www.nata.gov.lk/web/index.php [Accessed on 01st March 2022]

17. Tobacco Control Laws. Legislation by Country – Sri Lanka. Available from: https://www.tobaccocontrollaws.org/legislation/country/sri-lanka/summary [Accessed on 01st March 2022]

2. Methodology

The Global Adult Tobacco Survey (GATS) is the global standard for systematically monitoring adult tobacco use (smoking and smokeless) and tracking key tobacco control indicators. GATS 2020 Sri Lanka is the first nationally representative survey designed to produce internationally comparable data on tobacco use and other tobacco control indicators using a standardized questionnaire, sampling design, data collection and management procedures. GATS enhance countries capacity to design, implement and evaluate tobacco control programs. It also assists countries to fulfill their obligations under the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) to generate comparable data within and across countries. A representative probability sample is utilized to provide national estimates of tobacco use and its various dimensions by residence (urban and rural), gender and four age groups. This chapter describes the methodology, study population, sampling design, questionnaire, data collection and statistical analysis used for the GATS 2020.

2.1 Study Population:

GATS 2020 essentially included only the household population. The target population for the survey was defined as all Sri Lankan civilian residents, aged 15 or above, considered as 'usual residents' of the country before the survey date. The survey did not include the institutional population comprising those living in collective living places like students' dormitories, hospitals, hotels, prisons, military barracks, etc.

Usual residents of the households were covered in the survey. The definition of "usual resident" by the Census of Population and Housing Sri Lanka in 2012 has been used for the survey, and includes the following categories:

a. Residents of the country: Persons who will be living in the country for a period of the next six months or more are considered residents of the country (for the purpose of Census or Survey).

b. Usual Resident of a household: Persons who are usually living in the household are considered as usual residents and when a person living in a household and has more than one place of living within the country then the place where he/she lives more than three nights a week is considered as his/her usual residence. This criterion minimizes the duplication or omission of the sample surveys.

A Household may be (i) a one-person household or (ii) a multi-person household. A one-person household is one where a person lives by himself/herself and makes separate provisions for the food. A multi-person household is one in which a group of two or more persons live together and have common arrangements for the provision of food. Household includes not only members of the family such as husband, wife and children but also others such as relatives, boarders, domestic servants, etc. who live with the family and share the same common arrangements of cooking and partaking of food with them. Lodgers of a household, who have their own separate arrangements for meals, are considered as a separate household.

The eligible respondents were all non-institutionalized persons aged 15 or above who resided in the country and agreed to participate in this survey. The eligibility for the individual interview was based on the age reported in the household interview. However, if the eligible respondent was found to be younger than 15 years during the course of the individual interview, he/she was excluded from the survey. Participation in the survey was purely voluntary.

Before starting every interview, the interviewer read out the consent form (statements) and proceeded to the interview only after obtaining the respondent's consent. In the case of minor respondents aged 15–17 years, interviewers were required to obtain consent from the parent/guardian of the minor, as well as the respondent. Respondents who had consented to the interview were also given the option of withdrawing from the study at any point in the course of the interview. Respondents also had a right to refuse to answer any question without providing a reason.

2.2 Sample Size and Sampling Design:

2.2.1. Three-stage sampling design:

The entire country was covered in the survey using a stratified three-stage sampling design. The country is divided into 25 administrative Districts and there are three residential sectors in the country Urban, Rural and Estate. The Urban sector consists of 18.2% of the population, the Rural sector 77.4%, and the Estate sector 4.4%. Some districts have all three sectors while some have two sectors. Since the characteristics between sectors vary significantly, a sector within a District is considered as a separate stratum. For example, Colombo – Urban, Colombo Rural and Colombo Estate are considered three separate strata. However, for the GATS, both Rural and Estate sectors were combined and considered as a Rural sector. Accordingly, based on the GATS sampling manual, all the sectors were considered for the survey as urban and rural sectors only.

2.2.2. Sampling frame:

The sampling frame for the survey constitutes the list of Census Blocks (census enumeration areas) prepared at the Census of Population & Housing 2012. Sri Lanka has been divided into approximately 65,000 census enumerating areas (Census Blocks or CBs) and all the building units located in these census blocks were listed to separate listing forms (F1). The prepared F1 form consists with a map including area boundaries and the location of building units. These Census Blocks were the target Primary Sampling Units (PSUs) of the GATS survey.

2.2.3. The three stage-sampling method was used for sample selection:

a. The first-stage sampling units or the Primary Sampling Units (PSUs) constituted the Census Blocks (CBs). The whole country is divided into around 65,000 mutually exclusive CBs. The average size of a CB is about 100-150 building units. The number of housing units in a CB differs by sector. The PSUs were selected using the probability proportionate to size (PPS) method within the strata.

b. The second-stage sampling units or the Secondary Sampling Units (SSUs) are the housing units. The same number of housing units (12) were randomly selected from each selected PSU using a systematic sampling method.

c. The third-stage sampling unit or the Tertiary Sampling Unit (TSU) is an eligible respondent, and he/she was randomly selected (using GATS methodology) from a roster of eligible respondents of the selected household.

2.2.4. Sample size estimation:

The sample size determination was based on both the sample design of existing country representative household surveys and sampling requirements as outlined in the GATS Sample Design Manual was taken into consideration when the sample size for the survey is calculated. The total national level sample is 7,200 housing units. Table 2.1 provides the sample sizes estimates derived for three Sectors separately and the total national level sample:

Table 2.1: Sample sizes calculated by sector

Domain	Population Share (%)	Sample PSUs	Sample HHUs (12 HHUs per PSU)
Urban Sector	18%	300	3600
Rural Sector	82%	300	3600
National Estimate	100%	600	7200

At the sample size determination following conditions were taken into consideration:

a. The Estate sector is a special sector for Sri Lanka, and this is part of the Rural sector. However, since the GATS sample design manual takes into consideration only the Urban and Rural sectors separate estimates were not calculated for the Estate sector.

b. The majority of people live in the rural sector which was mostly heterogeneous.

c. Sample sizes as per Table 2.1 for the sectors and country were decided considering the recommendations by GATS, and other practical situations

d. Gender and age-groups were considered as analysis domains.

2.2.5. Sample allocation:

The determined sample sizes were sufficient to provide National and Sector level estimates for the given objectives. Within each Sector, the total sample was proportionally allocated to districts considering the no. of housing units as the size measure. This ensured a country-representative sample for the survey.

2.2.6. Computation plan for sample base weights

i. The statistical package SPSS was used to select PSUs using the above sample design. The allocated PSUs for the strata were selected by considering the Probability Proportionate to Size (PPS) method and first-stage base weights were calculated (W1).

ii. The selected PSUs were updated at the field before the survey and 12 housing units were selected from the updated list of housing units. The systematic random selection method was used at this stage. The second stage base weight (W2) was calculated by the formula: W1*W2, which gives the base weight.

iii. The non-response adjustments and population correction were then applied.

iv. The non-response adjustments and population corrections were then applied.

5. A total of 7,172 households were sampled from 598 primary sampling units, and one individual was randomly selected from each participating household to complete the survey.

2.3. Survey questionnaire

GATS 2020 questionnaire included two sub-sections: the household questionnaire and the individual questionnaire. The household and individual questionnaires were based on the GATS core questionnaire and optional questions, which were designed for use in countries implementing GATS. These questionnaires were adapted and modified to reflect issues relevant to Sri Lanka.

Consultation for Sri Lanka-specific adaptation was undertaken by the Department of Census and Statistics (DCS) and the National Authority on Tobacco and Alcohol (NATA), Ministry of Health in association with Centers for Disease Control and Prevention (CDC), Atlanta and WHO South East Asia Regional Office (WHO- SEARO). The questionnaire was tested in the field during the pretest, and the GATS 2020 questionnaire was finalized factoring in pretest experiences. The questionnaire was developed in English and later translated into Sinhala and Tamil. Questionnaires were back-translated to check the quality of the translation. GATS 2020 questionnaires are included in Appendix B.

2.3.1. Household questionnaire:

The household questionnaire was administered to the head of the household or any adult member in the absence of the head. The household screening respondent is mandatorily 18 years of age or older and included only if confident that he/she person can provide accurate information about all members of the household. If needed, verification of the age of the household screening respondent was conducted to make sure he/she is 18 years of age or older. The household screening respondent may be less than 18 years old, only if no household members were 18 years of age or older. The household questionnaire included questions concerning the number and ages of family member in the household, as well as details of selected eligible member of the household for administering individual questionnaire.

2.3.2 Individual questionnaire:

The Individual questionnaire was administered to the individual aged 15 or above, selected randomly for the interview. This selection was made from a list of male or female members, which had been entered as response to the household questionnaire. Consent statements were obtained before starting the individual interview. The individual questionnaire consisted of eight sections:

a. Background characteristics: Questions on sex, month and year of birth, age, education, occupation, possession of household items, religion, ethnicity, marital status and pregnancy status (in case of females aged below 50) were included in this section.

b. Tobacco smoking: Questions in this section covered patterns of use (daily smoking, less than daily smoking, not at all), former/past smoking, age of initiation of daily smoking, daily/weekly smoking of different tobacco products (cigarettes, bidi, suruttu and other smoked tobacco), time to the first smoke of a day after waking up and attempts to quit.

c. Smokeless tobacco: Questions included patterns of use (daily consumption, less than daily consumption, not at all), former/past use of smokeless tobacco, age at initiation of daily use of smokeless tobacco, consumption of different smokeless tobacco products, time to the first use of smokeless tobacco after waking up, attempts to quit. A sub-section on the use of products that are consumed without tobacco but have a relationship culturally to the use of smokeless tobacco was included. Betel quid without tobacco and areca nut are examples of such products.

d. Cessation: Questions related to quitting attempts, advice to quit smoking by health care providers, methods used to quit smoking and future plans to quit smoking were included. Similar questions were designed for the cessation of use of smokeless tobacco as well.

e. Secondhand smoke: Questions focused on whether smoking was allowed in homes, exposure to second-hand smoke at home, exposure to second-hand smoke during the past 30 days at the workplace or in any public place, like government buildings/

offices, private offices, health care facilities, restaurants, public transportation, etc.

f. Economics: Questions were designed to collect information on the type of tobacco product and the quantity in which it was bought, the cost of tobacco products, and the source of purchase of the last tobacco product.

g. Media: Questions on exposure to advertising in different media, exposure to tobacco promotion as part of sporting events or in any other form and included. Questions on reactions to health warning labels on cigarette packages and exposure to anti-tobacco advertising and information were also included. Similar questions were included for smoked as well as smokeless tobacco. The reference period for the questions in this section was the preceding 30 days.

h. Knowledge, attitudes, and perceptions: Questions regarding knowledge about the health effects of smokeless tobacco were included in this section.

2.4 Questionnaire programming and preparation of handheld computers

Handheld devices in the form of tablets were used to record responses to household and individual questionnaires at the national level. General Survey Software (GSS), developed by RTI International was used on the handheld devices to capture the survey data. The GATS 2020 questionnaire was programmed in GSS software as well. The GSS Software was developed to facilitate the administration, collection, and management of survey data.

Programming was supported by international IT partner RTI International. The programming of the questionnaire in GSS software was carried out in collaboration with in-country IT personnel of the DCS. The GATS questionnaire was translated into local languages (Sinhala/Tamil); thus, the questionnaire was programmed using GSS software in adaptive local language (Sinhala/Tamil), including English. All handheld devices had the questionnaire available in all languages, and the interviewer could switch to any language for the interview.

Quality control mechanisms were used repeatedly to test the quality of questionnaire programming, following GATS Programmer's Guide to GSS manual. The main steps involved in quality control checks were: version control/verification for household and individual questionnaires; date and time verification; verification of skip patterns; and validation checks. The entire process: including questionnaire administration, data collection using handheld machines, data transmission, data management and aggregation (preparing raw data for analysis), was pre-tested in the field.

Data was transmitted via cloud systems using syncing software. A cloud server setup was established by the Department of Census and Statistics for this purpose. This server system was used to transmit data to and from handheld devices. Each handheld device was remotely connected to the central cloud server using sync software.

2.5. Recruitment, training, and field work

A technical committee of experts, constituted by NATA, provided guidance to GATS 2020 at all stages, and on all aspects of the project, especially on design and questionnaire contents, tabulation, format of the report and dissemination of results. An international advisory committee and its subcommittees on the questionnaire and on sampling and data management provided guidance and review at the international level. Technical support was provided by CDC (Atlanta, USA), WHO, and RTI International.

2.5.1. Pretest

The pretest of GATS 2020 was conducted in August 2019. The pretest served the following objectives:

a. Identifying problems encountered in administering the questionnaires.

b. Identifying gaps in the training manual and training programs.

c. Testing field protocol.

d. Achieving standardization on the IT equipment, data management systems, and development of IT training manuals.

The pre-test achieved its main objectives. It ensured that the questionnaire was thoroughly reviewed under field conditions; that the IT system was checked out; that the IT team was provided with avenues for comprehensive capacity building – of skills and confidence necessary for carrying out its function. Resource persons of the DCS were exposed to issues in training, supervision, manual preparation and integration with the IT component. But over and above these targeted objectives, the pretest also served to forge the personnel into a leadership team and provided them with the encouragement, confidence and motivation to work together to implement GATS 2020 in a time-bound manner, without any compromise in quality.

2.5.2. Manual

For the standardization of survey protocol and procedures across the survey areas, and to minimize non-sampling errors, a few instruction manuals were prepared:

a. Field Interviewer's Manual: This manual was intended to help investigators in conducting data collection work effectively. The manual included general guidelines and tips to conduct interviews and minimize non-response.

b. Question-by-Question Specifications: This manual was intended to help investigators while interviewing the respondent. The manual discussed each question included in the questionnaire one after the other and was intended to guide the interviewer in asking questions and recording responses.

c. Field Supervisor's Manual: This manual was intended to help team supervisors in supervising data collection work. The manual described the roles and responsibilities of the Field Supervisor.

d. Mapping and Listing Manual: This manual was intended to guide the mapping and listing team in mapping and listing households effectively.

e. Training Manual: The manual was intended to guide senior staff of the DCS in conducting training programs for all staff involved in GATS 2020.

2.5.3. Training Programs

Several centralized training workshops were organized by the DCS to train the field trainers and personnel involved in GATS 2020, to ensure standardization in the entire procedure. The workshops focused on the following topics with an overall intention to expand and improve the skills of the associated staff:

a. Mapping and house-listing

b. Training of interviewers and supervisors

c. Training of IT Managers

d. Data management, cleaning, and submission

2.5.4. Field Work

The whole data collection process took 7 months and 25 days (delayed due to two breaks/ stoppages). The stoppages were partly due to changes in the government with the appointment of the new president and the corresponding change in ministries, and the COVID-19 lockdowns and social distancing measures. Initially, only the mapping and listing operations in all selected PSUs were conducted. Upon completion, all maps and household lists were uploaded to the GATS 2020 cloud. The staff of the Sample Survey Division of the DCS made the randomized selection of 12 households in each PSU. Then, the case management files of these households were uploaded into the handheld devices of interviewers.

Each field data collection team comprised four interviewers and one supervisor. It was mandatory for every field team to visit each selected PSU for at least three days to reduce non-responses. To ensure quality data, the DCS assigned one Officer to every administrative district, who supervised the mapping and listing of households, and data collection work.

2.6. Data processing

Data collected from interviews were entered into the tablet on the case management system in the field itself. At the end of each day of data collection, complete data files from every tablet in each administrative district were transmitted to the cloud server using the Internet. The received data files were then securely collated from the cloud server to a workstation by the data management team.

After collating the data files, they were aggregated using the aggregation module in GSS to generate a master data file. Checks were performed on this master data file to ensure quality. The checks included data validation and skip patterns, interview time and duration, and inspection for any unusual pattern from any particular team or investigator. Any issues/problems that were encountered by the data team were reported back to respective teams and field coordinators by the head office team; this was done through district officers to ensure appropriate action was implemented. The process of data aggregation and quality checking was carried out on a daily basis. On completion of fieldwork, all the tablet exported data files were aggregated to generate the master data file; this master data file includes all the recorded interviews. Using the master data file and the Master File Merge module of GSS, data files were generated in various statistical software formats (SPSS, STATA, etc.) for further analysis and reporting.

2.7. Statistical Analysis

GATS national data file in SPSS format was used for the purpose of tabulation. The tabulated data only included cases where respondents reported their smoking status and/ or status of smokeless tobacco use. The collected data was suitably weighted to improve the representativeness of the sample in terms of size, distribution, and characteristics of the study population. The weights were derived considering design weight (reciprocal of the probability of selection), household response rate and individual response rate. All the statistical analysis was done using SPSS25 software.

3. Sample and Population Characteristics:

This chapter presents information on sample implementation at household, individual and national level, including detailed information on proportion of sample coverage at household and individual levels, as well as response rates by residence (unweighted). In addition to this, a description of surveyed individuals according to selected background characteristics is also included in this chapter.

3.1 Sample coverage, household, and person level response rates

Table 3.1 shows the unweighted number and percent of sampled households and individuals and the status of their completion by place of residence. A total of 7,172 households (3,492 from urban and 3,680 from rural areas) were selected for the survey. Household interviews were completed in 6,869 of these selected households (3,308 from urban and 3,561 from rural areas).

All selected households had at least one eligible person (male or female aged 15 years or more) chosen for individual interview. In 0.9% or sixty-seven households (forty-one in urban and twenty-six in rural areas), there was no one at home, and in 0.4% or thirty households (twenty-eight in urban and two in rural areas), respondents refused to participate in the survey. The overall household response rate was 98.3%. In urban areas, household response rate was 97.5%, which was lower than the 98.9% household response rate obtained in rural areas.

Out of the total 6,869 households where household interviews were completed and one eligible person was selected for individual interview, 6,770 interviews were completed (98.6%). An individual interview was considered "completed" if the respondent had completed at least half the questionnaire (till question E01), and there were valid answers to six questions on tobacco use (questions B01, B02, B03 on tobacco smoking and to questions C01, C02, C03 on smokeless tobacco use) where applicable. Respondents who did not meet these criteria were considered as incomplete non-respondents to GATS and thus, were not included in the numerator of the person-level response rate.

A total of 3,246 (98.1%) and 3,524 (99.0%) interviews were completed in urban areas and rural areas, respectively. The reasons for non-response included: the person selected for individual interview was not at home (0.6% or 38 individuals); the selected person refused to give the interview (0.3% or eighteen individuals); and the person selected was later found ineligible (<0.1% or two individuals), primarily because he/she had not attained the age of 15 years. The person-level response rate (PRR) was 98.6%. In urban areas, the person-level response rate was 98.2%, which was lower than the 99.0% person-level response rate observed in rural areas. The total response rate (TRR), calculated as the product of response rates at the household and person-level, was 96.9%. The total response rate too, was lower in urban areas (95.7%) than in rural areas (97.9%).

Table 3.1: Number and percentage of households and persons interviewed and response rates, by residence (unweighted), GATS Sri Lanka, 2020

	Residence					Total	
	Urban		Rural				
	N	%	N	%		N	%
Selected Household							
Completed (HC)	3308	94.7	3561	96.8		6869	95.8

Completed – No one eligible (HCNE)	0	0.0	0	0.0		0	0.0
Incomplete (HINC)	1	0.0	0	0.0		1	0.0
No screening respondent (HNS)	5	0.1	0	0.0		5	0.1
Nobody home (HNH)	41	1.2	26	0.7		67	0.9
Refused (HR)	28	0.8	2	0.1		30	0.4
Unoccupied (HUO)	86	2.5	70	1.9		156	2.2
Address not a dwelling (HAND)	14	0.4	11	0.3		25	0.3
Other[1] (HO)	9	0.3	10	0.3		19	0.3
Total Households Selected	3492	100	3680	100		7172	100
Household Response Rate (HRR) (%)[2]	97.5%		98.9%			98.3%	
Selected Person							
Completed (PC)	3246	98.1	3524	99.0		6770	98.6
Incomplete (PINC)	8	0.2	1	0.0		9	0.1
Not eligible (PNE)	1	0.0	1	0.0		2	0.0
Not at home (PNH)	25	0.8	13	0.4		38	0.6
Refused (PR)	12	0.4	6	0.2		18	0.3
Incapacitated (PI)	16	0.5	16	0.4		32	0.5
Other[1] (PO)	0	0.0	0	0.0		0	0.0
Total Number of Sampled Persons	3308	100	3561	100		6869	100
Person-level Response Rate (PRR) (%)[3]	98.2%		99.0%			98.6%	
Total Response Rate (TRR) (%)[4]	95.7%		97.9%			96.9%	

[1] Other includes any other result not listed.

[2] The Household Response Rate (HRR) is calculated as:

$$\frac{HC * 100}{HC + HINC + HNS + HNH + HR + HO}$$

[3] The Person-level Response Rate (PRR) is calculated as:

$$\frac{PC * 100}{PC + PINC + PNH + PR + PI + PO}$$

[4] The Total Response Rate (TRR) is calculated as: (HRR x PRR) / 100

Notes:

— An incomplete household interview (i.e., roster could not be finished) was considered a non-respondent to the GATS. Thus, these cases (HINC) were not included in the numerator of the household response rate.

— The Total Number of Sampled Persons should be equal to the number of Completed [HC] household interviews.

— A completed person interview [PC] includes respondents who had completed at least question E01 and who provided valid answers to questions B01/B02/B03 and C01/C02/C03. Respondents who did not meet these criteria were considered as incomplete (PINC) non-respondents to GATS and thus, were not included in the numerator of the person-level response rate.

3.2 Characteristics of sampled respondents:

Table 3.2 represents the unweighted counts of sampled respondents and population estimates for selected socio-demographic characteristics such as gender, age (on the day of the interview), residence, education level and wealth index. The unweighted sample count of persons who had completed individual interviews was 6,770. The projected population of persons aged 15 or above in Sri Lanka in June 2020 (the middle point of the survey period) was 16.4 million (7.6 million men and 8.8 million women).

The unweighted sample count of persons who had completed individual interviews constituted 3,021 men and 3,749 women. Out of the projected Sri Lanka *de facto* population, 46.3% were men and 53.7% were women. Of the estimated population, a major proportion (82.7% or 13.6 million) were residents of rural areas; and only 17.3% (2.8 million) were from urban areas. The projected population in four broad age-groups of 15-24, 25-44, 45-64 and 65+ years was 18.6%, 33.8%, 32.3% and 15.3% of the total population, respectively.

Of the projected population, almost half (48.0% or 7.9 million) had completed primary education but did not complete secondary education. Another 41.0% (6.7 million) of adults had either completed secondary schooling or had higher education. A little less than one-tenth (8.3% or 1.4 million) had been to school but did not complete primary education, and a small proportion (2.7% or 0.4 million) had no formal schooling.

The wealth index was created based on ownership of ten household asset items namely electricity; flush toilet; Internet access via mobile phone, tablet, laptop or other computer; cell telephone; television; satellite or cable TV connection; radio; refrigerator; car/van/station wagon/small truck; three-wheeler/scooter/motorcycle; and washing machine using principal component analysis. Using the total standardized factor score of each item, the individuals were divided into quintiles from 'Lowest' (lowest household wealth) to 'Highest' (highest household wealth).

Of the projected population, nearly one-fourth (23.3% or 3.8 million) were from 'Middle' wealth index category, followed by 'Low' (21.5% or 3.5 million), 'High' (20.0% or 3.3 million), and 'Lowest' (18.8% or 3.1 million) wealth index category. The 'Highest' wealth index category had a total of 16.4% (2.7 million) individuals.

Table 3.2: Distribution of adults ≥ 15 years old by selected demographic characteristics, GATS Sri Lanka, 2020

Demographic Characteristics	Weighted			Unweighted Number of Adults
	Percentage		Number of Adults	
	(95% CI[1])		(in thousands)	
Overall	100		16,424.0	6,770
Gender				
Men	46.3	(44.8, 47.9)	7,610.1	3,021
Women	53.7	(52.1, 55.2)	8,813.9	3,749

Age (years)				
15-24	18.6	(17.3, 20.0)	3,054.1	963
25-44	33.8	(32.3, 35.3)	5,555.1	2,368
45-64	32.3	(30.9, 33.7)	5,303.6	2,291
65+	15.3	(14.2, 16.5)	2,511.3	1,148
Residence				
Urban	17.3	(16.7, 17.8)	2,836.9	3,246
Rural	82.7	(82.2, 83.3)	13,587.1	3,524
Education Level[2]				
No formal education	2.7	(2.2, 3.5)	448.8	168
Less than primary	8.3	(7.4, 9.3)	1,358.4	514
Primary, less than secondary	48.0	(46.2, 49.8)	7,875.8	3,048
Secondary or higher	41.0	(39.0, 43.0)	6,717.1	3,035
Wealth index				
Lowest	18.8	(17.3, 20.4)	3,093.1	1,358
Low	21.5	(20.0, 22.9)	3,524.0	1,367
Middle	23.3	(22.0, 24.8)	3,834.0	1,377
High	20.0	(18.6, 21.4)	3,281.5	1,397
Highest	16.4	(15.1, 17.8)	2,691.3	1,271
Note: The following observations were missing: 0 for age, 0 for gender, 0 for residence, and 4 for education				
[1] 95 % Confidence Interval				

[2] Less than Primary includes "Less than primary school completed"; Primary, Less than secondary school completed includes "Primary completed", and "Less than Secondary school completed"; Secondary or higher includes "Secondary completed", "College/University completed", and "Post graduate degree completed".

Key Findings

- There was a total of 6,770 completed individual interviews with a Total Response rate (TRR) of 96.9%.
- The overall Household Response Rate (HRR) was 98.3%, and overall, Person-level Response Rate (PRR) was 98.6%.
- The projected population of persons aged 15 or above in Sri Lanka on June 2020 was 16.4 million (7.6 million men and 8.8 million women), with majority of individuals (82.7%) residing in rural areas.

4. Tobacco use

Tobacco use prevalence is one of the key indicators to evaluate the effectiveness of different tobacco control policies and programs in the country. GATS Sri Lanka 2020 is the first survey - since the implementation of three rounds of WHO STEPS (in 2003, 2006, and 2015) and five rounds of Global Youth Tobacco Survey (GYTS; 1999, 2003, 2007, 2011 and 2015) - that has collected nationally representative data on use of various tobacco products and its patterns and frequency of usage among adults aged 15 years and above.

This chapter presents findings on the prevalence of tobacco use in Sri Lanka and its varied dimensions. These include use of different types of tobacco products, frequency of use, average number of cigarettes used per day, age at time of initiation, attempts to quit tobacco and time to first tobacco use of the day. In addition to tobacco use, this chapter also presents findings on use of non-tobacco products such as areca nut and betel quid without tobacco.

In most countries around the world, tobacco use is synonymous with cigarette smoking. In contrast, the forms of tobacco use in Sri Lanka are multiple. The different tobacco products broadly include smoking tobacco (manufactured cigarettes, bidis, Suruttu [cigars], and other smoked tobacco products) and smokeless tobacco (betel quid with tobacco, loose tobacco, commercial preparations, and other smokeless products).

4.1 Tobacco use

This section presents the prevalence of tobacco use in various forms.

4.1.1 Prevalence of tobacco use

Table 4.1 provides a glimpse of the broad parameters of the overall tobacco consumption among adults aged 15 years or more (hereinafter called as 'adults') in the country. The status of tobacco use among adult population in Sri Lanka is divided into two mutually exclusive categories:

1. Adults who currently used tobacco
    a. Adults who used tobacco every day
    b. Adults who used tobacco some days
        i. Adults who formerly used tobacco every day but now used it some days
        ii. Adults who never used tobacco every day but now used it some days
2. Adults who did not use tobacco
    a. Adults who formerly used tobacco every day
    b. Adults who never used tobacco every day
    c. Adults who never used tobacco

The estimated number of people who currently used tobacco was obtained by adding current daily and current occasional use. People who currently used tobacco some days were divided into two sub-categories: current occasional but former daily tobacco use; and current as well as former occasional tobacco use. All adults who did not use tobacco were divided into three categories: adults who currently did not use tobacco and who formerly used tobacco every day, who never used tobacco every day, and who never used tobacco.

GATS Sri Lanka 2020 revealed that there were 3.2 million adults (19.4%) in the country who currently used tobacco in any form. Among those who currently used tobacco in the country, nearly 2.5 million adults (15.3%) used tobacco daily, and the remaining 0.7 million adults (4.1%) used tobacco occasionally. Of all adults, 13.2 million adults (80.6%) did not currently use tobacco. Among these who currently did not use tobacco, nearly 1.0 million adults (5.8%) formerly used tobacco but had currently stopped it, whereas 12.2 million adults (74.8%) had never used any tobacco product in their lifetime.

More than one in every three adult men (36.2% or 2.8 million) and one in every twenty adult women (4.9% or 0.4 million) currently used tobacco in any form. Overall, any tobacco use in Sri Lanka was 36.2% among men and 4.9% among women. Primarily, both men and women used tobacco daily. Nearly 2.1 million men (28.1%) used tobacco daily, and only 0.6 million men (8.1%) used tobacco occasionally. Among women, approximately 0.4 million used tobacco daily and <0.1 million used tobacco occasionally. Nearly 63.8% of men (4.8 million) currently did not use tobacco, and a majority 95.1% of women (8.4 million) did not use tobacco currently. Among those who currently did not use tobacco, more than 83% (53.1% among men and >98% among women) had never used tobacco.

Table 4.1: Percentage and number of adults ≥15 years old, by detailed tobacco use status and gender, GATS Sri Lanka, 2020

Tobacco Use Status	Overall		Men		Women	
	Percentage (95% CI)					
	Number in thousands					
Current tobacco user	19.4	(18.1, 20.7)	36.2	(33.9, 38.5)	4.9	(3.9, 6.0)
	3,184.2		2,755.4		428.8	
Daily user	15.3	(14.1, 16.5)	28.1	(26.0, 30.3)	4.2	(3.3, 5.3)
	2,504.8		2,138.1		366.7	
Occasional user	4.1	(3.5, 4.8)	8.1	(6.9, 9.5)	0.7	(0.4, 1.1)
	679.4		617.3		62.1	
Occasional user, formerly daily	1.2	(0.9, 1.7)	2.7	(2.0, 3.6)	0.0	(0.0, 0.1)
	205.9		205.3		0.6	
Occasional user, never daily	2.9	(2.4, 3.4)	5.4	(4.5, 6.6)	0.7	(0.4, 1.1)
	473.5		412.0		61.5	
Non-tobacco user	80.6	(79.3, 81.9)	63.8	(61.5, 66.1)	95.1	(94.0, 96.1)
	13,239.7		4,854.7		8,385.0	
Former daily tobacco user	3.2	(2.7, 3.8)	6.1	(5.1, 7.3)	0.7	(0.4, 1.1)
	522.4		464.7		57.7	
Never daily tobacco user	77.4	(76.0, 78.8)	57.7	(55.3, 60.1)	94.4	(93.2, 95.5)
	12,717.3		4,390.0		8,327.3	
Former occasional tobacco user	2.6	(2.2, 3.2)	4.6	(3.7, 5.6)	1.0	(0.6, 1.7)
	435.0		346.1		88.9	
Never use tobacco	74.8	(73.3, 76.2)	53.1	(50.8, 55.5)	93.4	(92.2, 94.6)
	12,282.3		4,043.9		8,238.4	

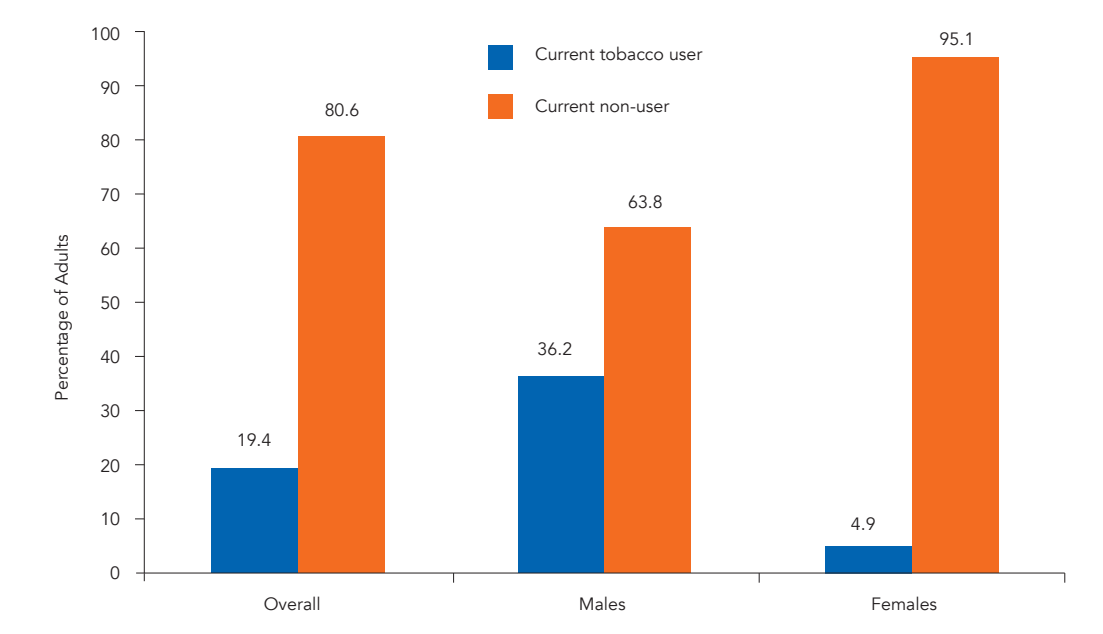

Figure 4.1: Percentage of adults ≥15 years old by tobacco use status and gender GATS Sri Lanka, 2020

4.1.2 Prevalence of smoking use

Table 4.1A reveals that there were 1.5 million adults (9.1%) in the country who currently smoked tobacco in any form. Overall, nearly 1.1 million adults (6.4%) in Sri Lanka smoked tobacco daily, and the remaining 0.4 million adults (2.7%) smoked tobacco occasionally. Among all adults, 14.9 million adults (90.9%) currently did not smoke tobacco. There were an estimated 1.2 million adults (7.3%) who formerly smoked but currently did not smoke, while an estimated 13.7 million adults (83.5%) had never smoked any tobacco product in their lifetime.

Approximately 1.5 million adult men (19.7%) and only a handful of adult women (0.03 million or <0.1%) currently smoked tobacco. Women, who currently smoked, mostly smoked occasionally (52.8%), and men, who currently smoked, mostly smoked daily (70.0%; 13.9% of all adult men). Four out of every five men (80.3%) did not currently smoke tobacco and 99.9% of women did not smoke tobacco, while 64.6% of all men and 99.9% of all women had never smoked. The smoking prevalence among women was negligible.

Table 4.1A: Percentage and number of adults ≥15 years old, by detailed tobacco smoking status and gender, GATS Sri Lanka, 2020

Smoking Status	Overall			Men			Women		
	Percentage (95% CI)		*Number in thousands*	*Percentage (95% CI)*		*Number in thousandth*	*Percentage (95% CI)*		*Number in thousands*
Sri Lanka									
Current tobacco smoking	9.1	(8.3, 10.1)	1,502.8	19.7	(17.8, 21.7)	1,499.1	0.0	(0.0, 0.1)	3.6
Daily smoking	6.4	(5.7, 7.3)	1,058.6	13.9	(12.3, 15.6)	1,056.8	0.0	(0.0, 0.1)	1.7
Occasional smoking	2.7	(2.2, 3.3)	444.2	5.8	(4.8, 7.1)	442.3	0.0	(0.0, 0.2)	1.9
Occasional smoking, formerly daily	1.2	(0.9, 1.5)	189.8	2.5	(1.9, 3.3)	189.8	0.0	N/A	0.0
Occasional smoking, never daily	1.5	(1.2, 2.0)	254.4	3.3	(2.6, 4.2)	252.5	0.0	(0.0, 0.2)	1.9
Non-smoking	90.9	(89.9, 91.7)	14,921.2	80.3	(78.3, 82.2)	6,111.0	100.0	(99.9, 100)	8,810.3
Former daily smoking	4.0	(3.4, 4.7)	659.1	8.6	(7.4, 10.0)	654.4	0.1	(0.0, 0.2)	4.7
Never daily smoking	86.8	(85.7, 87.9)	14,262.1	71.7	(69.5, 73.8)	5,456.6	99.9	(99.8, 100)	8,805.6
Former occasional smoking	3.3	(2.8, 3.9)	540.1	7.1	(6.0, 8.4)	540.1	0.0	N/A	0.0
Never smoking	83.5	(82.3, 84.7)	13,722.0	64.6	(62.2, 66.9)	4,916.5	99.9	(99.8, 100)	8,805.6
Note: Current tobacco smoking includes both daily and occasional (less than daily) smoking.									

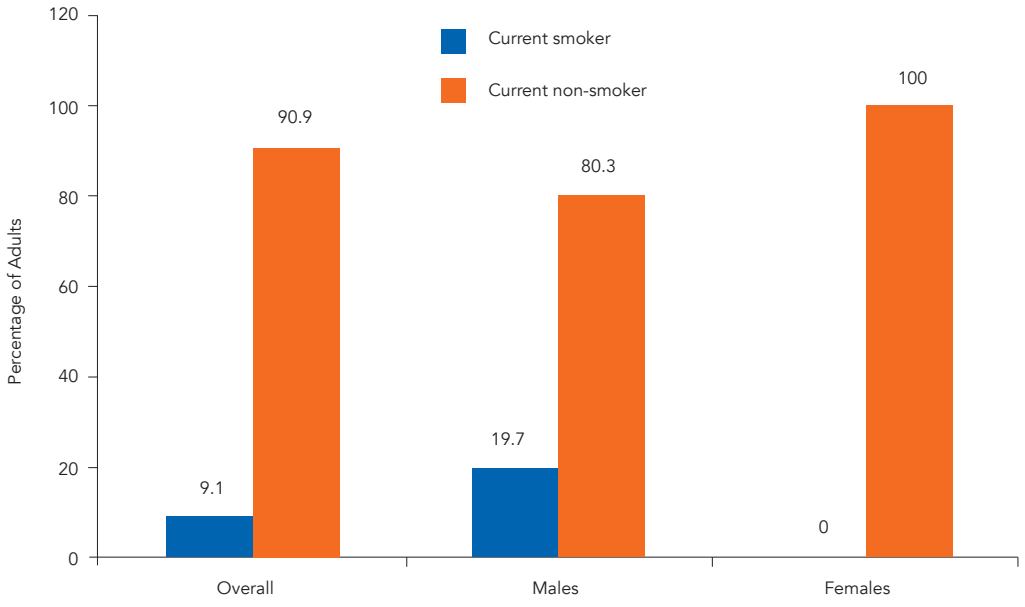

Figure 4.2: Percentage of adults ≥15 years old by tobacco smoking status and gender, GATS Sri Lanka, 2020

Table 4.2 presents details of adults who used smokeless tobacco in Sri Lanka. The distribution follows the same pattern as that of tobacco smoking prevalence, dividing the adult population into three mutually exclusive categories: current smokeless tobacco use, occasional smokeless tobacco use, and those who did not use smokeless tobacco, with similar sub-categories (demographic characteristics). The estimated total number of adults who currently used smokeless tobacco was obtained by adding the number of those who currently used smokeless tobacco daily and those who currently used smokeless tobacco occasionally.

GATS Sri Lanka 2020 reported that there were currently an estimated 2.2 million adults (13.4%) in the country who currently used smokeless tobacco in any form. Among those who currently used smokeless tobacco in the country, 1.7 million adults (10.5%) used daily, and the remaining 0.5 million adults (2.9%) used occasionally.

Of all adults, 14.2 million (86.6%) were currently not using smokeless tobacco. Overall, 0.4 million adults (2.6%) had previously used smokeless tobacco but currently were not using; whereas 13.8 million adults (84.0%) had never used any smokeless tobacco product in their lifetime. Approximately one in every four men (23.4%; 1.8 million) and one in every twenty women (4.9%; 0.4 million women) currently used smokeless tobacco.

Among those who currently used smokeless tobacco, majority of both men (76.3%) and women (85.5%) used smokeless tobacco daily (17.8% and 4.2% of overall male and female population, respectively). Approximately 5.8 million men (76.6%) and 8.4 million women (95.1%) did not use smokeless tobacco. Among those who did not currently use smokeless tobacco, 5.6 million men (73.1%) and 8.2 million women (93.5%) had never used smokeless tobacco, and the rest had previously used smokeless tobacco. Prevalence of smokeless tobacco use among women was one-fifth of that among men.

Table 4.2: Percentage and number of adults ≥15 years old, by detailed smokeless tobacco use status and gender, GATS Sri Lanka, 2020

Smokeless Tobacco Use Status	Overall			Male			Women		
	Percentage (95% CI)		*Number in thousands*	*Percentage (95% CI)*		*Number in thousands*	*Percentage (95% CI)*		*Number in thousands*
Current smokeless tobacco user	13.4	(12.3, 14.7)	2,208.5	23.4	(21.3, 25.6)	1,780.3	4.9	(3.9, 6.0)	428.2
Daily user	10.5	(9.5, 11.6)	1,724.2	17.8	(16.0, 19.8)	1,358.1	4.2	(3.3, 5.3)	366.1
Occasional user	2.9	(2.5, 3.5)	484.3	5.5	(4.5, 6.8)	422.1	0.7	(0.4, 1.1)	62.2
Occasional user, formerly daily	0.5	(0.3, 0.8)	80.0	1.0	(0.7, 1.7)	79.4	0.0	(0.0, 0.1)	0.6
Occasional user, never daily	2.5	(2.0, 3.0)	404.2	4.5	(3.6, 5.6)	342.7	0.7	(0.4, 1.1)	61.5
Non-user of smokeless tobacco	86.6	(85.3, 87.7)	14,215.6	76.6	(74.4, 78.7)	5,829.9	95.1	(94.0, 96.1)	8,385.7
Former daily user	1.3	(1.0, 1.6)	206.3	2.0	(1.5, 2.7)	151.3	0.6	(0.4, 1.1)	55.0
Never daily user	85.3	(84.1, 86.5)	14,009.3	74.6	(72.4, 76.8)	5,678.6	94.5	(93.3, 95.5)	8,330.7
Former occasional user	1.3	(0.9, 1.7)	206.9	1.5	(1.1, 2.2)	118.0	1.0	(0.6, 1.7)	88.9
Never user	84.0	(82.7, 85.3)	13,802.4	73.1	(70.8, 75.2)	5,560.7	93.5	(92.2, 94.6)	8,241.7
Note: Current smokeless tobacco use includes both daily and occasional (less than daily) use.									

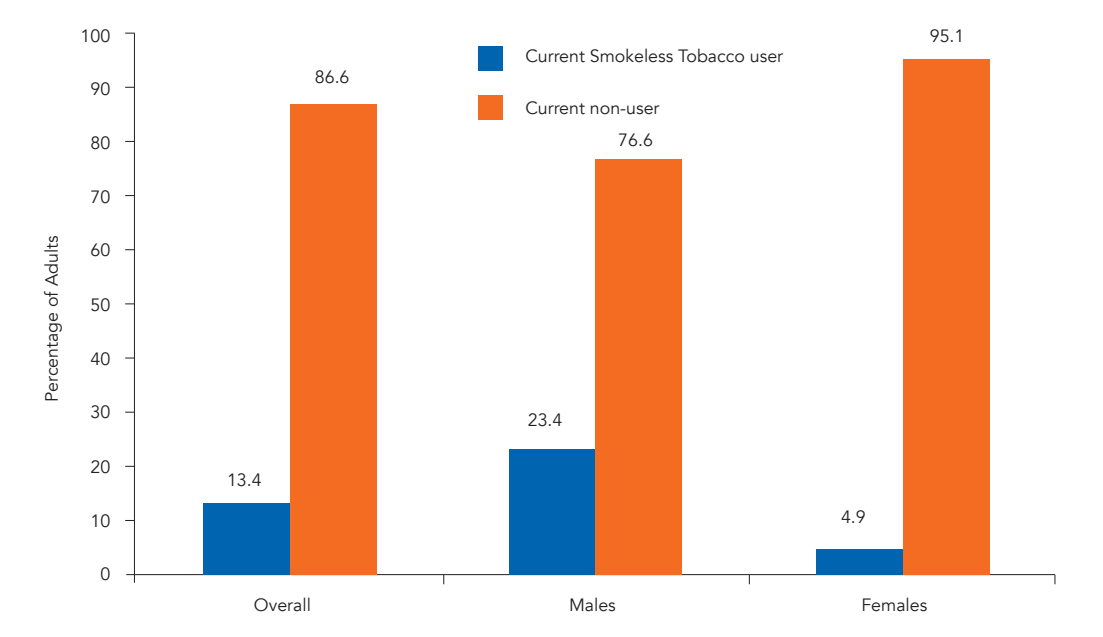

Figure 4.3: Percentage of adults ≥15 years old by smokeless tobacco use status and gender, GATS Sri Lanka, 2020

4.1.2. Prevalence of use of various smoking tobacco products and variations by background characteristics

The prevalence of smoking varied across age, residence, education, and economic status reflected by wealth quintiles. Table 4.3 presents differentials in the prevalence of current smoking (and various smoking tobacco products) by the socio-demographic characteristics (above-mentioned categories). Table 4.3 (cont.) shows the prevalence of current use of various smoking tobacco products according to gender and other demographic characteristics.

The proportion of those who currently smoked tobacco increased with age from 1.4% among adults aged 15-24 years age-group to 11.0% among 25-44 years age-group and 12.9% among 45-64 years age-group, and then declined to 6.6% among the elderly aged 65 years and above. The proportion of those who currently smoked tobacco was 9.4% in rural areas and 8.1% in urban areas.

With increase in education and wealth quintile, a decrease was observed in the prevalence of smoking. Prevalence of tobacco smoking among adults with no formal education was 15.8% and among those with secondary education and above was 3.6%. Similarly, prevalence of tobacco smoking among those in the highest wealth quintile (5.0%) was approximately one-third of that among adults in the lowest quintile (14.4%).

Manufactured cigarette (hereinafter called a cigarette) was the most commonly used smoking tobacco product in Sri Lanka (6.2%). Bidis accounted for 4.9% prevalence of tobacco smoking. A smaller proportion of adults (1.0%) used Suruttu (traditional tobacco rolled cigars) and 0.8% smoked other tobacco products. A variation was observed in the most commonly smoked tobacco products across socio-demographic characteristics defined by age, residence, education level, and wealth index. Among younger adults aged 15-24 years and 25-44 years, cigarette was the most commonly smoked tobacco product. In the other two age-groups (45-64 years and 65 years and older), bidis were the most commonly used smoking tobacco product. In urban as well as rural areas, cigarette was the most commonly smoked tobacco product. The prevalence of cigarette smoking was 7.1% and the prevalence of bidi smoking was 3.0% in urban areas; however, the gap was not very large in rural areas (6.1% adults smoked cigarettes and 5.2% smoked bidis).

Among different education levels, bidis were the most commonly smoked tobacco product among adults with no formal education and among those with less than primary education (13.2% and 12.8%, respectively). Among adults with primary and secondary/higher education levels, prevalence of cigarette smoking was high. In all wealth index categories except the lowest quintile, cigarette was the most commonly smoked tobacco product. Among adults in the lowest wealth quintile, bidis were the most commonly smoked tobacco product (10.8%).

Table 4.3: Percentage of adults ≥15 years old who currently smoked various tobacco products, by gender and selected demographic characteristics, GATS Sri Lanka, 2020

Demographic Characteristics	Any smoked tobacco product		Manufactured cigarettes		Bidi		Suruttu (Cigars)		Other smoked tobacco	
	Percentage (95% CI)									
Overall	9.1	(8.3, 10.1)	6.2	(5.5, 7.0)	4.9	(4.2, 5.6)	1.0	(0.7, 1.3)	0.8	(0.5, 1.1)
Age (years)										
15-24	1.4	(0.8, 2.6)	1.2	(0.6, 2.3)	0.6	(0.3, 1.5)	0.3	(0.0, 1.5)	0.3	(0.0, 1.5)
25-44	11.0	(9.4, 12.8)	9.6	(8.2, 11.3)	3.6	(2.7, 4.7)	1.1	(0.7, 1.8)	0.8	(0.4, 1.5)
45-64	12.9	(11.1, 14.8)	8.0	(6.6, 9.6)	8.3	(6.8, 10.0)	1.3	(0.8, 2.1)	1.1	(0.6, 1.9)
65+	6.6	(4.8, 9.2)	1.3	(0.8, 2.1)	5.7	(3.9, 8.2)	0.8	(0.3, 1.8)	0.7	(0.2, 2.0)
Residence										
Urban	8.1	(7.0, 9.2)	7.1	(6.2, 8.2)	3.0	(2.5, 3.8)	0.9	(0.6, 1.3)	0.8	(0.5, 1.2)
Rural	9.4	(8.3, 10.5)	6.1	(5.2, 7.0)	5.2	(4.5, 6.1)	1.0	(0.7, 1.4)	0.8	(0.5, 1.2)
Education Level										
No formal education	15.8	(10.5, 23.1)	6.5	(3.3, 12.5)	13.2	(8.3, 20.4)	0.6	(0.1, 4.4)	0.0	N/A
Less than primary	15.6	(12.0, 20.0)	5.3	(3.6, 7.8)	12.8	(9.5, 17.1)	2.4	(1.2, 4.6)	1.6	(0.6, 4.3)
Primary, less than secondary	12.4	(10.9, 14.0)	8.9	(7.6, 10.3)	6.4	(5.4, 7.6)	1.2	(0.8, 1.8)	0.9	(0.5, 1.5)
Secondary or higher	3.6	(2.9, 4.6)	3.3	(2.6, 4.3)	0.9	(0.6, 1.4)	0.4	(0.2, 0.8)	0.5	(0.3, 0.9)
Wealth index										
Lowest	14.4	(12.1, 17.0)	6.7	(5.3, 8.5)	10.8	(8.8, 13.3)	1.4	(0.8, 2.4)	0.5	(0.2, 1.1)
Low	11.5	(9.5, 13.9)	7.8	(6.3, 9.7)	6.5	(4.9, 8.6)	1.9	(1.1, 3.2)	1.3	(0.6, 2.5)
Middle	8.0	(6.3, 10.1)	5.8	(4.5, 7.5)	4.0	(2.9, 5.6)	0.8	(0.4, 1.4)	0.6	(0.3, 1.3)
High	6.5	(4.9, 8.6)	6.0	(4.5, 8.0)	1.4	(0.8, 2.5)	0.3	(0.1, 0.7)	0.7	(0.3, 1.5)
Highest	5.0	(3.5, 7.0)	4.5	(3.1, 6.4)	1.3	(0.6, 2.9)	0.4	(0.2, 0.9)	0.8	(0.3, 2.0)
Note: Current tobacco smoking includes both daily and occasional (less than daily) smoking.										

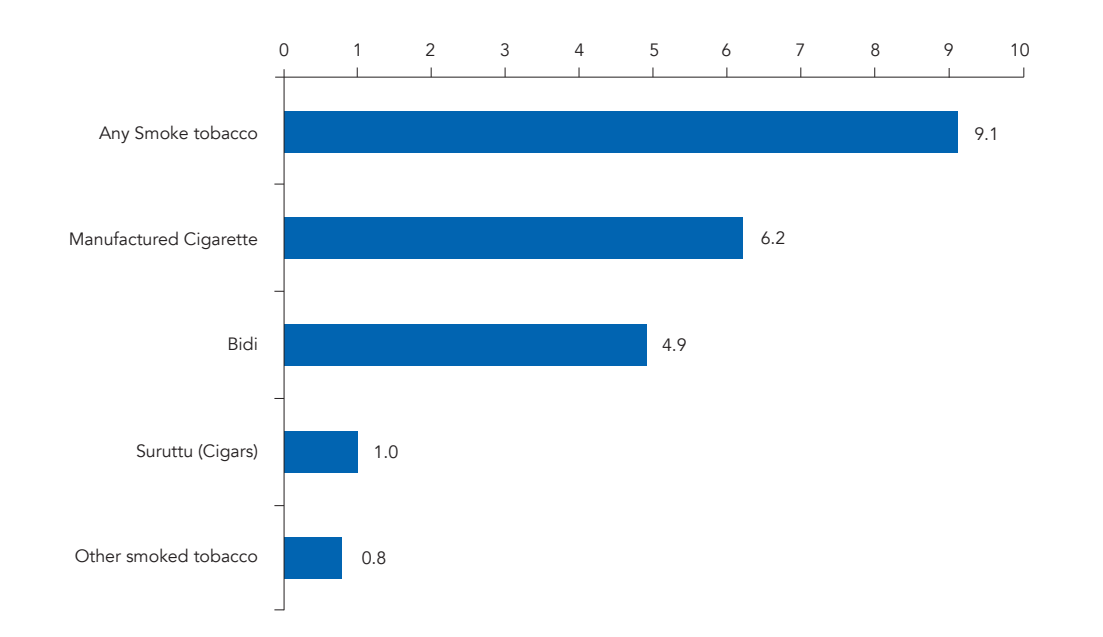

Figure 4.4: Percentage of adults ≥15 years old who currently smoked various types of tobacco products, GATS Sri Lanka, 2020

Table 4.3 (cont.) shows the prevalence of current use of various smoking tobacco products by socio-demographic characteristics. As mentioned above, nearly one in every five men (19.7%) currently smoked tobacco. The proportion of men who currently smoked tobacco ranged from 2.9% among 15-24-year age-group to 27.8% in 45–64-year age-group. This implies that the proportion of 45-64 years old men who smoked was approximately ten times higher than that of 15-24 years old men. Men who smoked in rural areas accounted for 20.2% and urban men accounted for 17.4%.

Overall, smoking prevalence among men was low among those with higher education and in higher wealth quintiles. Among different education levels, the proportion of men with no formal education who smoked (46.5%) was five times higher than that of men with secondary/higher levels of education who smoked (8.4%). The prevalence of smoking was about three times higher among men in the lowest wealth quintile (31.0%) than among those in the highest wealth quintile (10.0%).

Among men, cigarettes were the most commonly used smoking product (13.4%). Bidis accounted for 10.5% of tobacco smoking. A minor proportion of adults used Suruttu (2.1%) and other smoking tobacco products (1.7%). Among the 15-24 and 25-44 age-group of adult men, cigarette was the most commonly smoked product. In the other two age-groups, bidis were the preferred smoking product. Cigarettes were the most commonly smoked products by adult men in both urban and rural areas.

Bidis were the preferred choice of smoking tobacco products among adult men with no formal education (38.8%) and less than primary education (27.7%). Adult men having primary education (17.9%) and above (7.7%) preferred cigarettes. In all wealth index categories except the lowest quintile, cigarettes were the most commonly used smoking tobacco products among adult men.

Prevalence of current tobacco smoking among women was negligible; only 0.1% of adult women aged 25-44 years smoked cigarettes. The prevalence of current smoking among women in rural and urban areas was similar. Prevalence of bidi smoking among adult women with no formal education was 0.3%. Less than 1.0% of women that had primary but less than secondary education smoked cigarettes (0.1%). Adult women in the lowest wealth quintile smoked bidis and those in the high wealth quintile primarily smoked cigarettes.

Table 4.3 (cont.): Percentage of adults ≥15 years old who currently smoked various tobacco products, by gender and selected demographic characteristics, GATS Sri Lanka, 2020

Demographic Characteristics	Any smoked tobacco product		Manufactured cigarettes		Bidi		Suruttu (Cigars)		Other smoked tobacco	
	Percentage (95% CI)									
Male	19.7	(17.8, 21.7)	13.4	(11.9, 15.1)	10.5	(9.1, 12.1)	2.1	(1.5, 2.8)	1.7	(1.1, 2.4)
Age (years)										
15-24	2.9	(1.6, 5.2)	2.4	(1.2, 4.7)	1.2	(0.5, 3.0)	0.5	(0.1, 2.9)	0.5	(0.1, 2.9)
25-44	23.9	(20.7, 27.4)	20.9	(18.0, 24.2)	7.8	(6.0, 10.2)	2.4	(1.5, 4.0)	1.8	(1.0, 3.2)
45-64	27.8	(24.3, 31.7)	17.3	(14.3, 20.7)	17.9	(14.9, 21.3)	2.8	(1.8, 4.5)	2.3	(1.3, 4.0)
65+	15.1	(11.0, 20.3)	2.9	(1.7, 4.8)	12.9	(9.0, 18.2)	1.8	(0.8, 4.0)	1.5	(0.5, 4.5)
Residence										
Urban	17.4	(15.3, 19.6)	15.4	(13.4, 17.5)	6.6	(5.3, 8.1)	1.9	(1.3, 2.8)	1.7	(1.1, 2.6)
Rural	20.2	(18.0, 22.6)	13.0	(11.3, 15.0)	11.3	(9.7, 13.2)	2.1	(1.5, 3.0)	1.6	(1.0, 2.6)
Education Level										
No formal education	46.5	(32.3, 61.3)	19.4	(9.7, 34.9)	38.8	(25.3, 54.3)	1.9	(0.3, 12.4)	0.0	N/A
Less than primary	33.6	(26.4, 41.8)	11.5	(7.7, 16.7)	27.7	(20.7, 35.9)	5.1	(2.6, 9.8)	3.5	(1.3, 9.1)
Primary, less than secondary	25.0	(22.1, 28.0)	17.9	(15.5, 20.6)	13.0	(10.9, 15.3)	2.4	(1.7, 3.6)	1.8	(1.1, 3.0)
Secondary or higher	8.4	(6.6, 10.6)	7.7	(6.0, 9.8)	2.1	(1.3, 3.3)	1.0	(0.5, 1.8)	1.1	(0.6, 2.1)
Wealth index										
Lowest	31.0	(26.6, 35.8)	14.6	(11.6, 18.1)	23.3	(19.2, 28.0)	3.0	(1.7, 5.3)	1.0	(0.4, 2.4)
Low	25.5	(21.4, 30.0)	17.3	(14.2, 21.0)	14.5	(11.1, 18.8)	4.2	(2.5, 7.0)	2.8	(1.4, 5.4)
Middle	16.8	(13.4, 20.9)	12.3	(9.6, 15.6)	8.5	(6.0, 11.7)	1.6	(0.8, 3.0)	1.3	(0.6, 2.8)
High	14.6	(11.2, 19.0)	13.5	(10.1, 17.7)	3.1	(1.8, 5.5)	0.6	(0.2, 1.5)	1.5	(0.7, 3.3)
Highest	10.0	(7.1, 14.0)	9.1	(6.4, 12.9)	2.6	(1.2, 5.8)	0.8	(0.4, 1.8)	1.6	(0.6, 4.0)
Women	0.0	(0.0, 0.1)	0.0	(0.0, 0.1)	0.0	(0.0, 0.1)	0.0	N/A	0.0	N/A
Age (years)										
15-24	0.0	N/A	0.0	N/A	0.0	N/A	0.0	N/A	0.0	N/A
25-44	0.1	(0.0, 0.4)	0.1	(0.0, 0.4)	0.0	N/A	0.0	N/A	0.0	N/A
45-64	0.0	(0.0, 0.3)	0.0	N/A	0.0	(0.0, 0.3)	0.0	N/A	0.0	N/A
65+	0.0	N/A	0.0	N/A	0.0	N/A	0.0	N/A	0.0	N/A
Residence										
Urban	0.0	(0.0, 0.3)	0.0	(0.0, 0.3)	0.0	N/A	0.0	N/A	0.0	N/A
Rural	0.0	(0.0, 0.2)	0.0	(0.0, 0.2)	0.0	(0.0, 0.1)	0.0	N/A	0.0	N/A
Education Level										
No formal education	0.3	(0.0, 2.4)	0.0	N/A	0.3	(0.0, 2.4)	0.0	N/A	0.0	N/A
Less than primary	0.0	N/A	0.0	N/A	0.0	N/A	0.0	N/A	0.0	N/A

Primary, less than secondary	0.1	(0.0, 0.3)	0.1	(0.0, 0.3)	0.0	N/A	0.0	N/A	0.0	N/A
Secondary or higher	0.0	N/A	0.0	N/A	0.0	N/A	0.0	N/A	0.0	N/A
Wealth index										
Lowest	0.1	(0.0, 0.4)	0.0	N/A	0.1	(0.0, 0.4)	0.0	N/A	0.0	N/A
Low	0.0	N/A	0.0	N/A	0.0	N/A	0.0	N/A	0.0	N/A
Middle	0.0	N/A	0.0	N/A	0.0	N/A	0.0	N/A	0.0	N/A
High	0.1	(0.0, 0.7)	0.1	(0.0, 0.7)	0.0	N/A	0.0	N/A	0.0	N/A
Highest	0.0	N/A	0.0	N/A	0.0	N/A	0.0	N/A	0.0	N/A
[1] Includes manufactured and hand-rolled cigarettes.										

4.1.3. Number of current users of various smoking tobacco products by demographic characteristics

Table 4.4 shows the estimated number of adults in Sri Lanka who currently smoked various tobacco products by gender and selected socio-demographic characteristics. Overall, an estimated 1.5 million adults used any smoking tobacco product in Sri Lanka. Of the adults who smoked any tobacco product, 0.7 million were in the 45-64 age-group and 0.6 million were in the 25-44 age-group. A majority of adults who smoked (1.3 million) resided in rural areas, and most adults who smoked (1.0 million) had primary but less than secondary education. The lowest wealth quintile had the highest number of adults who currently smoked (0.4 million).

Overall, an estimated 1.0 million adults currently smoked cigarettes, 0.8 million smoked bidis, 0.2 million adults smoked Suruttu, and 0.1 million adults smoked other tobacco products. An estimated 0.5 million adults aged 25-44 years and 0.8 million adults who resided in rural areas smoked cigarettes. Among adults who smoked bidis, majority were in age-group 45-64 years (0.4 million) and resided in rural areas (0.7 million). A majority of adults who smoked Suruttu and other smoking tobacco products were in the age-group 45-64 years and resided in rural areas. The number of rural adults who smoked bidis was 8 times higher than their urban counterparts; however, for other smoking tobacco products, number of rural adults who smoked was 4-5 times higher than their urban counterparts.

Table 4.4: Number of adults ≥15 years old who currently smoked various tobacco products, by gender and selected demographic characteristics, GATS Sri Lanka, 2020

Demographic Characteristics	Any smoked tobacco product	Manufactured cigarettes	Bidis	Suruttu (cigars)	Other smoked tobacco
	Number in thousands				
Overall	1,502.8	1,024.8	799.4	159.0	126.0
Age (years)					
15-24	44.2	35.8	18.9	7.8	7.8
25-44	610.1	534.2	198.8	61.8	44.8
45-64	682.1	422.8	439.0	69.6	56.8
65+	166.4	32.0	142.6	19.8	16.7
Residence					
Urban	228.5	202.1	86.3	25.1	22.2
Rural	1,274.2	822.6	713.1	133.9	103.8
Education Level					

No formal education	70.8	29.1	59.2	2.8	0.0
Less than primary	211.9	72.2	174.4	32.2	21.7
Primary, less than secondary	975.1	699.0	505.0	95.3	71.3
Secondary or higher	245.0	224.5	60.8	28.7	33.0
Wealth index					
Lowest	444.6	208.1	334.5	43.4	14.4
Low	405.1	275.8	230.8	67.3	44.3
Middle	306.3	223.0	153.9	28.8	24.5
High	213.6	196.5	45.4	8.8	21.5
Highest	133.2	121.3	34.9	10.7	21.5
Note: Current tobacco smoking includes both daily and occasional (less than daily) smoking.					
[1] Includes manufactured and hand-rolled cigarettes.					

Table 4.4 (cont.) shows the estimated number of adults who currently smoked any tobacco product by gender and selected socio-demographic characteristics. Of the estimated 1.5 million adult men who currently smoked any tobacco products, 1.0 million smoked cigarettes, 0.8 million smoked bidis, 0.2 million smoked Suruttu, and 0.1 million smoked other products. The number of adult men who currently smoked any tobacco products ranged from 0.044 million among the 15-24 age-group to 0.681 million among the 45-64 age-group. The number of adult men who currently smoked bidis ranged from 0.02 million among the 15-24 age-group to 0.438 million among the 45-64 age-group.

An estimated 0.7 million adult men aged 45-64 and 0.6 million adult men aged 25-44 smoked tobacco. Nearly 1.3 million men who smoked tobacco resided in rural areas, and 0.2 million in urban areas. Among adult men, the number who smoked any tobacco products ranged from 0.07 million among those with no formal education to 0.973 million among those with primary, but less than secondary education. Among different education levels, the number of men who smoked bidis ranged from 0.058 million among those with no formal education to 0.505 million among those with primary, but less than secondary education. Among different wealth indices, the number of men who smoked ranged from 0.133 million among those in the highest wealth quintile to 0.444 million among those in the lowest wealth quintile. The number of men who smoked bidis by wealth index ranged from 0.035 million among those in the highest wealth quintile to 0.333 million among those in the lowest wealth quintile.

Overall, there were 0.004 million adult women who smoked any tobacco products. An estimated 0.003 million smoked cigarettes and 0.01 million smoked bidis. The number of women who smoked any tobacco product was 0.003 million among the 25–44 age-group and 0.001 million among those in the 45–64 age-group. By education, the number of women who smoked any tobacco products ranged from 0.001 million among those with less than primary education to 0.003 million among those with primary, but less than secondary education. By wealth index, the number of women who smoked any tobacco products ranged from 0.001 million among those in the lowest wealth quintile to 0.003 million among those in the high wealth quintile.

Table 4.4 (cont.): Number of adults ≥15 years old who currently smoked various tobacco products, by gender and selected demographic characteristics, GATS Sri Lanka, 2020

Demographic Characteristics	Any smoked tobacco product	Manufactured cigarettes	Bidi	Suruttu (cigars)	Other smoked tobacco
	Number in thousands				
Male	1,499.1	1,022.2	798.3	159.0	126.0
Age (years)					
15-24	44.2	35.8	18.9	7.8	7.8
25-44	607.5	531.6	198.8	61.8	44.8
45-64	681.0	422.8	438.0	69.6	56.8
65+	166.4	32.0	142.6	19.8	16.7
Residence					
Urban	227.8	201.4	86.3	25.1	22.2
Rural	1,271.3	820.7	712.1	133.9	103.8
Education Level					
No formal education	69.8	29.1	58.2	2.8	0.0
Less than primary	211.9	72.2	174.4	32.2	21.7
Primary, less than secondary	972.5	696.3	505.0	95.3	71.3
Secondary or higher	245.0	224.5	60.8	28.7	33.0
Wealth index					
Lowest	443.5	208.1	333.4	43.4	14.4
Low	405.1	275.8	230.8	67.3	44.3
Middle	306.3	223.0	153.9	28.8	24.5
High	211.0	193.9	45.4	8.8	21.5
Highest	133.2	121.3	34.9	10.7	21.5
Women	3.6	2.6	1.0	0.0	0.0
Age (years)					
15-24	0.0	0.0	0.0	0.0	0.0
25-44	2.6	2.6	0.0	0.0	0.0
45-64	1.0	0.0	1.0	0.0	0.0
65+	0.0	0.0	0.0	0.0	0.0
Residence					
Urban	0.7	0.7	0.0	0.0	0.0
Rural	3.0	1.9	1.0	0.0	0.0
Education Level					
No formal education	1.0	0.0	1.0	0.0	0.0
Less than primary	0.0	0.0	0.0	0.0	0.0
Primary, less than secondary	2.6	2.6	0.0	0.0	0.0
Secondary or higher	0.0	0.0	0.0	0.0	0.0
Wealth index					
Lowest	1.0	0.0	1.0	0.0	0.0
Low	0.0	0.0	0.0	0.0	0.0
Middle	0.0	0.0	0.0	0.0	0.0
High	2.6	2.6	0.0	0.0	0.0
Highest	0.0	0.0	0.0	0.0	0.0
[1] Includes manufactured and hand-rolled cigarettes.					

4.1.4. Percentage of current users of various smokeless tobacco products by background characteristics:

The prevalence of current smokeless tobacco use varied across age, gender, residence, education, and wealth quintiles. Table 4.4A presents the distribution of prevalence of current smokeless tobacco use. Major smokeless tobacco products consumed in the country were betel quid with tobacco, loose tobacco, commercial preparations, and other smokeless tobacco products. Overall current smokeless tobacco use prevalence was 13.4% with 23.4% adult men and 4.9% adult women currently consuming smokeless tobacco.

The proportion of adults who currently used smokeless tobacco ranged from 4.5% among adults aged 15-24 years to 20.3% among adults aged 65 years and above. One in every five elderly adults aged 65+ years consumed some form of smokeless tobacco. The proportion of adults who used smokeless tobacco was 14.8% in rural areas and 6.9% in urban areas.

With increase in education and wealth index, a decrease in the prevalence of smokeless tobacco use was observed. Prevalence of smokeless tobacco use among adults with no formal education was 36.6% (more than one in every three adults) and only 5.7% among those with secondary education and above. Similarly, prevalence of smokeless tobacco use by wealth index ranged from 7.5% among those in the highest wealth quintile to 20.6% among those in the lowest wealth quintile (one in every five adults).

A variation was observed in the most commonly used smokeless tobacco products across socio-demographic characteristics. Overall, the prevalence of use of betel quid with tobacco was 13.3%; prevalence was 5.6% for loose products, 2.3% for commercial preparations, and 0.9% for other smokeless tobacco products.

Nearly one in every four adult men (23.4%) in Sri Lanka currently consumed smokeless tobacco, and 23.2% of the adult men used betel quid with tobacco. One in every ten adult men (9.7%) consumed loose tobacco. Nearly 4.5% of adult men used commercially prepared products and 1.7% consumed other smokeless tobacco forms.

Almost half of the adult male population (48.4%) with no formal education consumed some form of smokeless tobacco. The prevalence of use of betel quid with tobacco among men ranged from 11.3% among those with secondary or higher education to 46.9% among those with no formal education. The prevalence of loose tobacco use among men ranged from 4.2% among those with secondary or higher education to 18.5% among those with no formal education. A similar pattern was observed among men across different wealth quintiles. Prevalence of betel quid with tobacco use among men by wealth index ranged from 13.8% among those in the highest wealth quintile to 32.8% among those in the lowest wealth quintile. The prevalence of loose tobacco use among men ranged from 6.2% among those in the highest wealth quintile to 13.2% among those in the lowest wealth quintile.

Prevalence of current smokeless tobacco use was 4.9% among adult women and 23.4% among adult men. The use of betel quid with tobacco among adult women was 4.8%.

Nearly, 2.1% of adult women currently consumed loose tobacco. The prevalence of use of commercially prepared products among women was 0.5% and use of other smokeless tobacco products was 0.3%. Consumption of betel quid with tobacco among women ranged from 0.6% among 15-24 years old age-group to 13.2% among the 65 years and older age-group. The use of loose tobacco ranged from 0.6% among 15-24 years age-group to 5.7% among the 65 years and above age-group. By education, the use of smokeless tobacco ranged from 1.2% among those with

secondary or higher education to 30.7% among those with less than primary education. By wealth index, the prevalence of smokeless tobacco use among women ranged from 1.3% among those in the highest wealth index to 9.8% among those in the lowest wealth index.

Table 4.4A: Percentage of adults ≥15 years old who currently used various smokeless tobacco products, by gender and selected demographic characteristics, GATS Sri Lanka, 2020

Demographicz Characteristics	Any smokeless tobacco product		Type of smokeless tobacco							
		Betel quid with tobacco		**Loose Products**		**Commercial preparations**		**Others**[1]		
	Percentage (95% CI)									
Overall	13.4	(12.3, 14.7)	13.3	(12.2, 14.5)	5.6	(4.9, 6.4)	2.3	(1.9, 2.9)	0.9	(0.7, 1.3)
Age(years)										
15-24	4.5	(3.1, 6.3)	4.5	(3.1, 6.3)	1.5	(0.8, 3.0)	1.1	(0.5, 2.5)	0.6	(0.2, 1.9)
25-44	12.0	(10.4, 13.8)	11.6	(10.1, 13.4)	4.4	(3.4, 5.6)	2.6	(1.9, 3.5)	0.8	(0.5, 1.3)
45-64	16.9	(14.8, 19.2)	16.8	(14.7, 19.1)	7.5	(6.1, 9.1)	3.2	(2.3, 4.3)	1.2	(0.7, 1.9)
65+	20.3	(17.0, 24.1)	20.3	(17.0, 24.1)	9.3	(7.2, 11.9)	1.4	(0.7, 2.6)	1.1	(0.5, 2.4)
Residence										
Urban	6.9	(5.8, 8.1)	6.8	(5.8, 8.1)	2.4	(1.8, 3.1)	2.1	(1.6, 2.8)	1.0	(0.6, 1.4)
Rural	14.8	(13.5, 16.3)	14.7	(13.3, 16.1)	6.3	(5.4, 7.3)	2.4	(1.9, 3.0)	0.9	(0.6, 1.4)
Education Level										
No formal education	36.6	(28.0, 46.2)	36.1	(27.5, 45.7)	16.6	(11.0, 24.2)	2.1	(0.7, 6.1)	2.0	(0.5, 7.4)
Less than primary	24.5	(19.8, 29.9)	24.5	(19.8, 29.9)	9.4	(6.8, 12.9)	3.4	(1.6, 7.2)	0.9	(0.3, 2.3)
Primary, less than secondary	16.8	(14.9, 18.8)	16.6	(14.8, 18.6)	7.1	(5.9, 8.4)	2.8	(2.2, 3.6)	1.1	(0.8, 1.6)
Secondary or higher	5.7	(4.6, 6.9)	5.5	(4.5, 6.7)	2.2	(1.6, 3.2)	1.6	(1.0, 2.5)	0.7	(0.3, 1.4)
Wealth index										
Lowest	20.6	(17.9, 23.6)	20.4	(17.7, 23.4)	8.8	(6.9, 11.2)	2.8	(1.8, 4.4)	1.2	(0.6, 2.2)
Low	16.2	(13.9, 18.8)	15.9	(13.6, 18.5)	5.8	(4.5, 7.6)	2.0	(1.2, 3.2)	0.5	(0.2, 1.0)
Middle	13.7	(11.5, 16.3)	13.7	(11.5, 16.3)	5.7	(4.2, 7.5)	3.0	(2.0, 4.5)	1.2	(0.6, 2.2)
High	8.3	(6.5, 10.6)	8.1	(6.3, 10.4)	4.0	(2.9, 5.7)	1.4	(0.8, 2.5)	0.7	(0.4, 1.4)
Highest	7.5	(5.7, 9.7)	7.5	(5.7, 9.7)	3.4	(2.2, 5.2)	2.3	(1.4, 3.8)	1.2	(0.6, 2.5)
Male	23.4	(21.3, 25.6)	23.2	(21.1, 25.4)	9.7	(8.3, 11.3)	4.5	(3.6, 5.6)	1.7	(1.2, 2.5)
Age(years)										
15-24	8.4	(5.8, 12.0)	8.4	(5.8, 12.0)	2.5	(1.2, 5.3)	2.2	(0.9, 5.1)	1.2	(0.4, 3.8)
25-44	24.6	(21.4, 28.1)	24.2	(21.0, 27.7)	8.8	(6.9, 11.2)	5.3	(3.9, 7.2)	1.4	(0.8, 2.4)

45-64	28.7	(25.1, 32.6)	28.5	(24.9, 32.5)	13.3	(10.7, 16.4)	5.9	(4.4, 8.0)	2.3	(1.3, 3.9)
65+	29.4	(23.8, 35.7)	29.4	(23.8, 35.7)	13.8	(10.0, 18.8)	2.7	(1.3, 5.3)	1.9	(0.7, 4.9)
Residence										
Urban	12.4	(10.4, 14.7)	12.4	(10.4, 14.7)	4.3	(3.2, 5.7)	4.0	(2.9, 5.5)	1.7	(1.1, 2.5)
Rural	25.7	(23.2, 28.3)	25.5	(23.0, 28.1)	10.8	(9.2, 12.7)	4.6	(3.6, 5.9)	1.7	(1.1, 2.7)
Education Level										
No formal education	48.4	(32.1, 65.1)	46.9	(30.7, 63.7)	18.5	(8.4, 35.9)	4.0	(0.9, 15.6)	5.8	(1.5, 20.3)
Less than primary	35.5	(27.6, 44.3)	35.5	(27.6, 44.3)	14.5	(9.5, 21.6)	4.6	(2.1, 9.5)	1.1	(0.3, 3.8)
Primary, less than secondary	29.4	(26.3, 32.9)	29.3	(26.1, 32.6)	12.8	(10.6, 15.3)	5.2	(4.0, 6.7)	1.9	(1.3, 2.9)
Secondary or higher	11.5	(9.3, 14.1)	11.3	(9.2, 13.9)	4.2	(2.9, 6.0)	3.6	(2.4, 5.6)	1.4	(0.7, 3.0)
Wealth index										
Lowest	33.2	(28.4, 38.3)	32.8	(28.1, 37.9)	13.2	(9.8, 17.5)	4.3	(2.7, 6.7)	1.9	(0.9, 4.0)
Low	28.0	(23.8, 32.7)	27.7	(23.5, 32.4)	10.0	(7.5, 13.1)	4.0	(2.4, 6.7)	1.1	(0.5, 2.2)
Middle	24.4	(20.3, 29.1)	24.4	(20.3, 29.1)	11.1	(8.3, 14.8)	6.3	(4.2, 9.4)	2.4	(1.2, 4.6)
High	16.1	(12.4, 20.7)	15.7	(12.0, 20.3)	7.5	(5.0, 11.1)	2.7	(1.5, 5.0)	0.7	(0.3, 1.6)
Highest	13.8	(10.3, 18.3)	13.8	(10.3, 18.3)	6.2	(3.9, 9.6)	4.7	(2.8, 7.6)	2.4	(1.2, 5.0)
Women	4.9	(3.9, 6.0)	4.8	(3.8, 5.9)	2.1	(1.5, 2.9)	0.5	(0.2, 1.0)	0.3	(0.1, 0.5)
Age(years)										
15-24	0.6	(0.1, 2.4)	0.6	(0.1, 2.4)	0.6	(0.1, 2.4)	0.0	N/A	0.0	N/A
25-44	1.3	(0.7, 2.5)	1.1	(0.6, 1.9)	0.7	(0.2, 1.9)	0.4	(0.1, 1.0)	0.3	(0.1, 1.0)
45-64	6.8	(5.0, 9.1)	6.8	(5.0, 9.1)	2.5	(1.7, 3.8)	0.8	(0.3, 2.0)	0.2	(0.1, 0.6)
65+	13.2	(9.9, 17.4)	13.2	(9.9, 17.4)	5.7	(3.5, 9.0)	0.4	(0.2, 0.9)	0.5	(0.1, 1.9)
Residence										
Urban	2.1	(1.5, 3.0)	2.1	(1.5, 3.0)	0.8	(0.5, 1.4)	0.5	(0.2, 1.0)	0.3	(0.1, 0.8)
Rural	5.4	(4.3, 6.8)	5.3	(4.2, 6.7)	2.3	(1.6, 3.3)	0.5	(0.2, 1.1)	0.2	(0.1, 0.6)
Education Level										
No formal education	30.7	(20.7, 42.9)	30.7	(20.7, 42.9)	15.6	(9.4, 24.9)	1.1	(0.2, 5.7)	0.0	N/A
Less than primary	14.9	(10.5, 20.8)	14.9	(10.5, 20.8)	4.9	(2.9, 8.2)	2.4	(0.6, 9.5)	0.8	(0.2, 2.9)
Primary, less than secondary	4.3	(3.3, 5.7)	4.3	(3.3, 5.6)	1.5	(0.9, 2.3)	0.5	(0.3, 1.0)	0.3	(0.1, 0.7)
Secondary or higher	1.2	(0.5, 2.4)	1.0	(0.5, 1.9)	0.8	(0.3, 2.1)	0.0	N/A	0.1	(0.0, 0.9)

Wealth index										
Lowest	9.8	(7.3, 12.9)	9.8	(7.3, 12.9)	5.1	(3.4, 7.5)	1.5	(0.5, 4.2)	0.5	(0.2, 1.5)
Low	6.5	(4.2, 9.8)	6.2	(4.1, 9.2)	2.4	(1.2, 4.9)	0.3	(0.1, 1.4)	0.0	N/A
Middle	4.0	(2.6, 6.1)	4.0	(2.6, 6.1)	0.8	(0.3, 2.0)	0.1	(0.0, 0.3)	0.1	(0.0, 0.3)
High	2.2	(1.3, 3.8)	2.1	(1.2, 3.7)	1.3	(0.6, 2.7)	0.4	(0.1, 1.3)	0.7	(0.2, 1.9)
Highest	1.3	(0.5, 3.0)	1.3	(0.5, 3.0)	0.7	(0.3, 2.1)	0.1	(0.0, 0.5)	0.1	(0.0, 0.5)

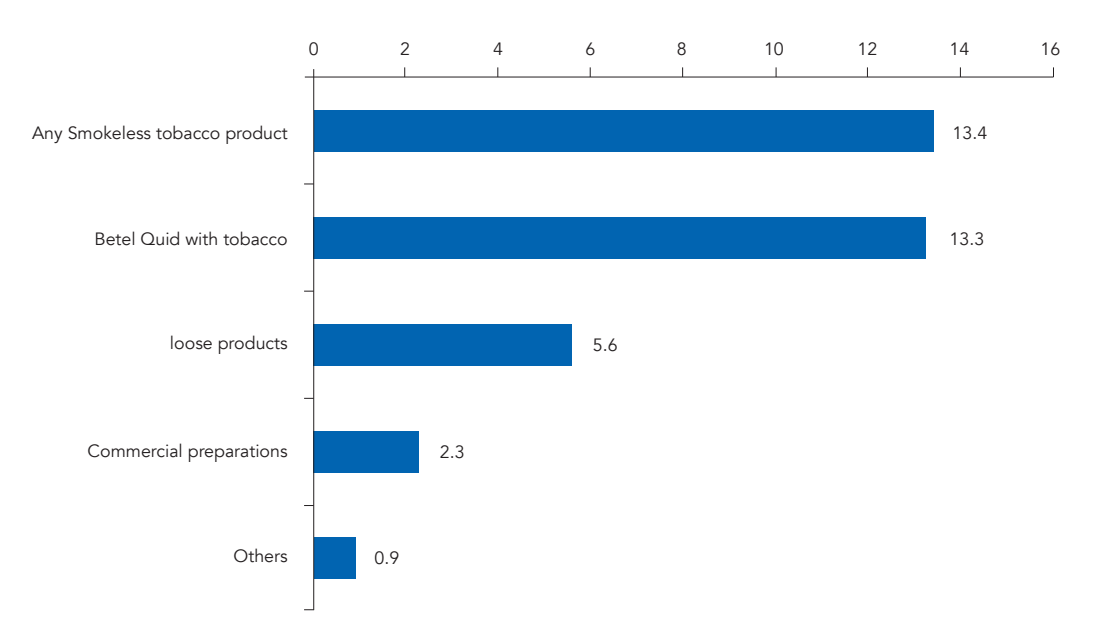

Figure 4.5: Percentage of adults ≥15 years old who currently consumed various types of smokeless tobacco products, GATS Sri Lanka, 2020

4.1.5. Number of current smokeless tobacco users by socio-demographic characteristics:

Table 4.4A (cont.) shows the estimated number of adults who currently consumed smokeless tobacco products by socio-demographic characteristics. Of the 2.2 million adults who currently used smokeless tobacco, 98.9% (nearing 2.2 million) consumed betel quid with tobacco, 41.7% (0.9 million) consumed loose tobacco, 17.3% (0.4 million) consumed commercially prepared products, and 7.0% (0.2 million) consumed other smokeless tobacco products.

The number of adults who used smokeless tobacco ranged from 0.1 million among 15-24 age-group to 0.9 million among 45-64 age-group. Nearly 2.0 million adults using smokeless tobacco resided in rural areas, and 0.2 million resided in urban areas. The use of smokeless tobacco ranged from 0.3 million among those with less than primary education to 1.3 million among those with primary, but less than secondary education. The number of adults who used smokeless tobacco ranged from 0.6 million among those in the lowest wealth quintile to 0.2 million among those in the highest wealth quintile.

Overall, 1.8 million adult men currently used smokeless tobacco, 1.8 million used betel quid, 0.7 million used loose products, 0.3 million used commercial preparations, and 0.1 million used other types of smokeless tobacco products. The number of adult men who used smokeless tobacco

ranged from 0.1 million among 15-24 age-group to 0.7 million among 45-64 age-group. In rural areas, 1.6 million adult men used smokeless tobacco and 0.2 million adult men used smokeless tobacco in urban areas.

By education, the number of adult men who used smokeless tobacco ranged from 0.07 million among those with no formal education to 1.1 million among those with primary, but less than secondary education. By wealth index, the number of adult men who used smokeless tobacco ranged from 0.2 million among those in the highest wealth quintile to 0.5 million among those in the lowest wealth quintile.

The number of adult women who currently used smokeless tobacco was 0.4 million. Most of these women used betel quid with tobacco. The number of adult women who used smokeless tobacco by age ranged from 0.009 million among 15-24 age-group to 0.2 million among 45-64 age-group. The number of adult women who used smokeless tobacco was 0.03 million in urban areas and 0.39 million in rural areas.

Table 4.4A (cont.): Percentage of adults ≥15 years old who currently used various smokeless tobacco products, by gender and selected demographic characteristics, GATS Sri Lanka, 2020

Demographic Characteristics	Any smokeless tobacco product	Type of smokeless tobacco			
		Betel quid with tobacco	Loose Products	Commercial Preparations	Others[1]
	Number in thousands				
Overall	2208.5	2185.2	920.6	382.6	154.4
Age(years)					
15-24	136.4	136.4	47.3	33.2	18.9
25-44	665.5	646.8	243.6	145.5	46.0
45-64	895.7	891.1	396.9	169.0	61.8
65+	511.0	511.0	232.7	35.0	27.8
Residence					
Urban	194.8	193.9	68.3	60.2	27.0
Rural	2013.6	1991.3	852.3	322.5	127.5
Education Level					
No formal education	164.3	162.0	74.4	9.4	8.8
Less than primary	332.4	332.4	127.5	46.0	12.2
Primary, less than secondary	1320.3	1311.3	556.5	220.9	88.0
Secondary or higher	380.2	368.2	150.9	106.4	45.6
Wealth index					
Lowest	636.5	631.4	272.3	86.6	35.7
Low	571.5	560.8	206.0	69.4	17.3
Middle	526.1	525.8	217.3	116.6	45.3
High	273.5	266.3	132.8	47.3	23.0
Highest	200.8	200.8	92.2	62.8	33.2
Male	1780.3	1765.3	739.3	342.1	131.5
Age(years)					

15-24	127.4	127.4	38.4	33.2	18.9
25-44	625.2	614.8	223.3	134.3	35.5
45-64	702.7	698.1	324.6	145.1	56.2
65+	324.9	324.9	153.0	29.4	20.9
Residence					
Urban	162.8	161.9	55.8	52.9	21.8
Rural	1617.4	1603.4	683.5	289.2	109.7
Education Level					
No formal education	72.6	70.3	27.7	6.1	8.8
Less than primary	223.6	223.6	91.7	28.8	6.7
Primary, less than secondary	1147.6	1140.5	498.2	200.9	75.1
Secondary or higher	336.4	330.8	121.7	106.4	41.0
Wealth index					
Lowest	474.1	469.0	188.1	61.4	27.6
Low	445.9	441.6	158.8	64.3	17.3
Middle	444.5	444.2	202.0	115.1	43.8
High	232.1	226.9	108.4	39.5	10.7
Highest	183.6	183.6	82.0	61.8	32.2
Women	428.2	419.9	181.3	40.5	22.9
Age(years)					
15-24	8.9	8.9	8.9	0.0	0.0
25-44	40.3	32.0	20.3	11.2	10.5
45-64	193.0	193.0	72.4	23.8	5.6
65+	186.0	186.0	79.7	5.5	6.9
Residence					
Urban	32.0	32.0	12.5	7.3	5.1
Rural	396.2	387.9	168.9	33.2	17.8
Education Level					
No formal education	91.6	91.6	46.7	3.4	0.0
Less than primary	108.8	108.8	35.9	17.2	5.5
Primary, Less than secondary	172.7	170.8	58.3	20.0	12.9
Secondary and above	43.8	37.4	29.2	0.0	4.5
Wealth index					
Lowest	162.4	162.4	84.2	25.2	8.1
Low	125.7	119.3	47.2	5.1	0.0
Middle	81.6	81.6	15.3	1.5	1.5
High	41.4	39.5	24.4	7.8	12.3
Highest	17.2	17.2	10.2	1.0	1.0
Note: Current use includes both daily and occasional (less than daily) use.					
[1]Includes [describe products included in "other" category here].					

4.2. Percentage of adults who smoked by smoking frequency and background characteristics

4.2.1. Percentage of adults who smoked cigarettes by smoking frequency, gender, and socio-demographic characteristics:

This section discusses the frequency of cigarette smoking among the adult population. GATS 2020 Sri Lanka estimated that 6.2% of the adults currently smoked cigarettes. The proportion of adults who smoked cigarettes daily (4.0%) was double than that of adults who smoked cigarettes occasionally (2.2%). Among adults who smoked cigarettes daily, prevalence ranged from 5.7% among 45-64 age-group to 0.6% among 15-24 age-group. Among adults in urban areas, 4.9% smoked cigarettes daily while 3.8% of rural adults smoked cigarettes daily. The prevalence of occasional smoking was similar (2.2%) in both rural and urban areas.

Among adults with primary but less than secondary education, 5.8% smoked cigarettes daily and 3.1% smoked cigarettes occasionally. The prevalence of daily smoking among adults with no formal education was 5.6%. Among adults who smoked cigarettes daily, prevalence of daily smoking ranged from 5.8% in the low wealth quintile to 2.7% in the highest wealth quintile.

Nearly one in every twelve adult men who are current smokers, smoked cigarettes daily (8.6%), and prevalence of occasional cigarette smoking was 4.8%. The prevalence of cigarette smoking among adult women was negligible (<0.1%). Cigarettes smoking prevalence was less than 0.1% among adult women under the age-group 25-44 years and among adult women in the high wealth quintile.

Table 4.5: Percentage distribution of adults ≥15 years old, by cigarette smoking frequency, gender and selected demographic characteristics, GATS Sri Lanka, 2020

Demographic Characteristics	Cigarettes Smoking Frequency						Total
	Daily		Occasional[1]		Non-smoking		
	Percentage (95% CI)						
Overall	4.0	(3.4, 4.7)	2.2	(1.8, 2.7)	93.8	(93.0, 94.5)	100
Age (years)							
15-24	0.6	(0.3, 1.5)	0.5	(0.2, 1.6)	98.8	(97.7, 99.4)	100
25-44	5.5	(4.5, 6.7)	4.1	(3.2, 5.3)	90.4	(88.7, 91.8)	100
45-64	5.7	(4.5, 7.3)	2.2	(1.6, 3.1)	92.0	(90.4, 93.4)	100
65+	1.2	(0.7, 2.0)	0.1	(0.0, 0.5)	98.7	(97.9, 99.2)	100
Residence							
Urban	4.9	(4.1, 5.9)	2.2	(1.7, 2.9)	92.9	(91.8, 93.8)	100
Rural	3.8	(3.2, 4.6)	2.2	(1.8, 2.8)	93.9	(93.0, 94.8)	100
Education Level							
No formal education	5.6	(2.7, 11.4)	0.9	(0.1, 6.2)	93.5	(87.5, 96.7)	100
Less than primary	3.6	(2.2, 5.8)	1.7	(0.8, 3.7)	94.7	(92.2, 96.4)	100
Primary, less than secondary	5.8	(4.8, 7.0)	3.1	(2.4, 4.0)	91.1	(89.7, 92.4)	100
Secondary or higher	1.9	(1.4, 2.7)	1.4	(1.0, 2.0)	96.7	(95.7, 97.4)	100
Wealth index							
Lowest	4.1	(3.0, 5.5)	2.6	(1.7, 4.1)	93.3	(91.5, 94.7)	100
Low	5.8	(4.5, 7.5)	2.0	(1.3, 3.2)	92.2	(90.3, 93.7)	100
Middle	3.7	(2.7, 5.0)	2.1	(1.4, 3.3)	94.2	(92.5, 95.5)	100

High	3.5	(2.4, 5.0)	2.5	(1.7, 3.7)	94.0	(92.0, 95.5)	100
Highest	2.7	(1.7, 4.3)	1.8	(1.1, 2.9)	95.5	(93.6, 96.9)	100
Male	8.6	(7.4, 10.1)	4.8	(3.9, 5.8)	86.6	(84.9, 88.1)	100
Age (years)							
15-24	1.3	(0.5, 3.1)	1.1	(0.4, 3.2)	97.6	(95.3, 98.8)	100
25-44	12.0	(9.9, 14.5)	8.9	(6.9, 11.3)	79.1	(75.8, 82.0)	100
45-64	12.4	(9.9, 15.6)	4.8	(3.5, 6.7)	82.7	(79.3, 85.7)	100
65+	2.6	(1.5, 4.5)	0.3	(0.1, 1.1)	97.1	(95.2, 98.3)	100
Residence							
Urban	10.6	(8.9, 12.5)	4.8	(3.7, 6.2)	84.6	(82.5, 86.6)	100
Rural	8.2	(6.8, 10.0)	4.8	(3.8, 6.0)	87.0	(85.0, 88.7)	100
Education Level							
No formal education	16.7	(8.0, 31.8)	2.7	(0.4, 17.1)	80.6	(65.1, 90.3)	100
Less than primary	7.8	(4.8, 12.5)	3.7	(1.7, 7.8)	88.5	(83.3, 92.3)	100
Primary, less than secondary	11.7	(9.7, 14.0)	6.2	(4.8, 7.9)	82.1	(79.4, 84.5)	100
Secondary or higher	4.4	(3.2, 6.2)	3.2	(2.3, 4.6)	92.3	(90.2, 94.0)	100
Wealth index							
Lowest	8.8	(6.6, 11.8)	5.7	(3.7, 8.7)	85.4	(81.9, 88.4)	
Low	12.9	(10.0, 16.5)	4.5	(2.9, 6.9)	82.7	(79.0, 85.8)	100
Middle	7.8	(5.7, 10.4)	4.5	(2.9, 6.9)	87.7	(84.4, 90.4)	100
High	7.9	(5.5, 11.2)	5.6	(3.8, 8.3)	86.5	(82.3, 89.9)	100
Highest	5.5	(3.4, 8.7)	3.6	(2.3, 5.8)	90.9	(87.1, 93.6)	100
Women	0.0	(0.0, 0.1)	0.0	(0.0, 0.2)	100.0	(99.9, 100)	100
Age (years)							
15-24	0.0	N/A	0.0	N/A	100.0	N/A	100
25-44	0.0	(0.0, 0.2)	0.1	(0.0, 0.5)	99.9	(99.6, 100)	100
45-64	0.0	N/A	0.0	N/A	100.0	N/A	100
65+	0.0	N/A	0.0	N/A	100.0	N/A	100
Residence							
Urban	0.0	(0.0, 0.3)	0.0	N/A	100.0	(99.7, 100)	100
Rural	0.0	N/A	0.0	(0.0, 0.2)	100.0	(99.8, 100)	100
Education Level							
No formal education	0.0	N/A	0.0	N/A	100.0	N/A	100
Less than primary	0.0	N/A	0.0	N/A	100.0	N/A	100
Primary, less than secondary	0.0	(0.0, 0.1)	0.0	(0.0, 0.3)	99.9	(99.7, 100)	100
Secondary or higher	0.0	N/A	0.0	N/A	100.0	N/A	100
Wealth index							
Lowest	0.0	N/A	0.0	N/A	100.0	N/A	100
Low	0.0	N/A	0.0	N/A	100.0	N/A	100
Middle	0.0	N/A	0.0	N/A	100.0	N/A	100
High	0.0	(0.0, 0.3)	0.1	(0.0, 0.7)	99.9	(99.3, 100)	100
Highest	0.0	N/A	0.0	N/A	100.0	N/A	100

[1] Occasional refers to less than daily smoking.

4.2.2. Percentage of adults who smoked bidis by smoking frequency, gender, and socio-demographic characteristics

As per GATS 2020 Sri Lanka, estimated prevalence of current bidi smoking was 4.8%. In rural areas, 4.3% of adults smoked bidis daily and 1.0% smoked bidis occasionally. In urban areas, 2.3% smoked bidis daily and 0.7% smoked bidis occasionally.

One out of every eight adults with no formal education smoked bidis daily (12.3%), and this proportion is nearly fourteen times higher than that of adults who occasionally smoked bidis (0.9%). Both daily and occasional bidi smoking was inversely related to wealth quintile.

Among men, 8.5% smoked bidis daily and 2.0% smoked bidis occasionally. More than one out of every three adult men with no formal education (36.1%) smoked bidis daily and 2.7% smoked bidis occasionally.

The prevalence of bidi smoking among women was negligible (<0.1%). Only adult women with no formal education (0.3%) and in the lowest wealth quintile (0.1%) smoked bidis on daily basis.

Table 4.5A: Percentage distribution of adults ≥15 years old, by bidi smoking frequency, gender and selected demographic characteristics, GATS Sri Lanka, 2020

Demographic Characteristics	Bidi Smoking Frequency						Total
	Daily		Occasional[1]		Non-smoking		
	Percentage (95% CI)						
Overall	3.9	(3.4, 4.6)	0.9	(0.6, 1.4)	95.1	(94.4, 95.8)	100
Age (years)							
15-24	0.4	(0.1, 1.4)	0.2	(0.1, 0.7)	99.4	(98.5, 99.7)	100
25-44	2.7	(1.9, 3.7)	0.9	(0.6, 1.5)	96.4	(95.3, 97.3)	100
45-64	7.0	(5.7, 8.6)	1.3	(0.7, 2.2)	91.7	(90.0, 93.2)	100
65+	4.5	(3.0, 6.6)	1.2	(0.4, 3.3)	94.3	(91.8, 96.1)	100
Residence							
Urban	2.3	(1.8, 3.0)	0.7	(0.5, 1.1)	97.0	(96.2, 97.5)	100
Rural	4.3	(3.6, 5.1)	1.0	(0.6, 1.5)	94.8	(93.9, 95.5)	100
Education Level							
No formal education	12.3	(7.5, 19.5)	0.9	(0.1, 6.2)	86.8	(79.6, 91.7)	100
Less than primary	11.1	(8.0, 15.1)	1.8	(0.7, 4.5)	87.2	(82.9, 90.5)	100
Primary, less than secondary	5.1	(4.2, 6.2)	1.3	(0.9, 2.0)	93.6	(92.4, 94.6)	100
Secondary or higher	0.6	(0.3, 1.0)	0.3	(0.2, 0.7)	99.1	(98.6, 99.4)	100
Wealth index							
Lowest	8.6	(6.7, 11.0)	2.2	(1.3, 3.7)	89.2	(86.7, 91.2)	100
Low	5.2	(3.8, 7.2)	1.3	(0.7, 2.6)	93.5	(91.4, 95.1)	100
Middle	3.4	(2.3, 5.0)	0.6	(0.3, 1.3)	96.0	(94.4, 97.1)	100
High	1.2	(0.6, 2.3)	0.2	(0.1, 0.3)	98.6	(97.5, 99.2)	100
Highest	0.9	(0.3, 2.6)	0.4	(0.2, 1.0)	98.7	(97.1, 99.4)	100
Male	8.5	(7.2, 9.9)	2.0	(1.4, 2.9)	89.5	(87.9, 90.9)	100
Age (years)							

15-24	0.9	(0.3, 2.8)	0.4	(0.1, 1.3)	98.8	(97.0, 99.5)	100
25-44	5.8	(4.3, 7.9)	2.0	(1.3, 3.1)	92.2	(89.8, 94.0)	100
45-64	15.2	(12.4, 18.4)	2.7	(1.6, 4.7)	82.1	(78.7, 85.1)	100
65+	10.2	(6.9, 14.8)	2.7	(1.0, 7.3)	87.1	(81.8, 91.0)	100
Residence							
Urban	5.0	(3.9, 6.4)	1.6	(1.0, 2.4)	93.4	(91.9, 94.7)	100
Rural	9.2	(7.7, 10.9)	2.1	(1.4, 3.2)	88.7	(86.8, 90.3)	100
Education Level							
No formal education	36.1	(22.8, 52.0)	2.7	(0.4, 17.1)	61.2	(45.7, 74.7)	100
Less than primary	23.9	(17.4, 31.8)	3.8	(1.5, 9.5)	72.3	(64.1, 79.3)	100
Primary, less than secondary	10.3	(8.5, 12.4)	2.7	(1.7, 4.1)	87.0	(84.7, 89.1)	100
Secondary or higher	1.3	(0.7, 2.3)	0.8	(0.4, 1.6)	97.9	(96.7, 98.7)	100
Wealth index							
Lowest	18.6	(14.6, 23.2)	4.8	(2.8, 7.9)	76.7	(72.0, 80.8)	100
Low	11.6	(8.5, 15.7)	2.9	(1.5, 5.6)	85.5	(81.2, 88.9)	100
Middle	7.2	(4.9, 10.4)	1.3	(0.6, 2.8)	91.5	(88.3, 94.0)	100
High	2.8	(1.5, 5.2)	0.4	(0.2, 0.8)	96.9	(94.5, 98.2)	100
Highest	1.8	(0.6, 5.3)	0.8	(0.4, 2.0)	97.4	(94.2, 98.8)	100
Women	0.0	(0.0, 0.1)	0.0	N/A	100.0	(99.9, 100)	100
Age (years)							
15-24	0.0	N/A	0.0	N/A	100.0	N/A	100
25-44	0.0	N/A	0.0	N/A	100.0	N/A	100
45-64	0.0	(0.0, 0.3)	0.0	N/A	100.0	(99.7, 100)	100
65+	0.0	N/A	0.0	N/A	100.0	N/A	100
Residence							
Urban	0.0	N/A	0.0	N/A	100.0	N/A	100
Rural	0.0	(0.0, 0.1)	0.0	N/A	100.0	(99.9, 100)	100
Education Level							
No formal education	0.3	(0.0, 2.4)	0.0	N/A	99.7	(97.6, 100)	100
Less than primary	0.0	N/A	0.0	N/A	100.0	N/A	100
Primary, less than secondary	0.0	N/A	0.0	N/A	100.0	N/A	100
Secondary or higher	0.0	N/A	0.0	N/A	100.0	N/A	100
Wealth index							
Lowest	0.1	(0.0, 0.4)	0.0	N/A	99.9	(99.6, 100)	100
Low	0.0	N/A	0.0	N/A	100.0	N/A	100
Middle	0.0	N/A	0.0	N/A	100.0	N/A	100
High	0.0	N/A	0.0	N/A	100.0	N/A	100
Highest	0.0	N/A	0.0	N/A	100.0	N/A	100

[1] Occasional refers to less than daily smoking.

4.2.3. Percentage of adult smokeless tobacco use by frequency, gender, and other socio-demographic characteristics

This section discusses the frequency of smokeless tobacco use among the adult population. Overall, prevalence of all smokeless tobacco use was 13.4%. The proportion of daily smokeless tobacco use was 10.5% and occasional use was 2.9%. The proportion of daily smokeless tobacco use ranged from 2.1% among 15-24 years age-group to 17.7% among 65 years and older age-group. Occasional smokeless tobacco use ranged from 2.4% among 15-24 age-group to 3.2% among 25-44 age-group. Daily smokeless tobacco use was 5.1% in urban areas and 11.6% in rural areas and occasional smokeless tobacco use was 1.8% in urban areas and 3.2% in rural areas.

The proportion of adults who used smokeless tobacco daily ranged from 3.1% among adults with secondary or higher education to 33.7% among those with no formal education. By wealth index, daily smokeless tobacco use ranged from 4.0% among the adults in the highest wealth quintile to 17.4% among those in the lowest wealth quintile.

Nearly 17.8% adult men consumed smokeless tobacco on a daily basis and 5.5% used smokeless tobacco occasionally. Daily consumption of smokeless tobacco ranged from 3.6% in 15-24 age-group to 25.1% in 65 and above age-group. Prevalence of smokeless tobacco use among men in rural areas was 19.7% in case of those who used it daily and 6.0% in case of those who used it occasionally. In urban areas, prevalence was 9.0% among those men who used smokeless tobacco daily and 3.5% among those who used it occasionally. The percentage of men who smoked daily with no formal education (40.1%) and with less than primary education (32.8%) was considerably higher than occasional users in their corresponding education level categories (8.3% and 2.7%, respectively). Men in the lower income categories had higher proportion of smokeless tobacco use.

Daily smokeless tobacco consumption among women ranged from 11.9% among 65 and above age-group to 0.6% among 15-24 age-group. The prevalence of daily smokeless tobacco use among adult women was 1.7% in urban areas and 4.7% in rural areas. Occasional smokeless tobacco use was 0.4% in urban areas and 0.8% in rural areas. Daily smokeless tobacco use among women by education ranged from 0.7% among those with secondary or higher education to 30.5% among those with no formal education. Prevalence of daily smokeless tobacco use among adult women ranged from 0.4% among those in the highest wealth quintile to 8.9% among those in the lowest wealth quintile.

Table 4.5B: Percentage distribution of adults ≥15 years old, by smokeless tobacco use frequency, gender and selected demographic characteristics, GATS Sri Lanka, 2020

Demographic Characteristics	Frequency of Smokeless Tobacco Use						Total
	Daily		Occasional[1]		Non-user of smokeless tobacco		
	Percentage (95% CI)						
Overall	10.5	(9.5, 11.6)	2.9	(2.5, 3.5)	86.6	(85.3, 87.7)	100
Age (years)							
15-24	2.1	(1.2, 3.5)	2.4	(1.4, 4.0)	95.5	(93.7, 96.9)	100
25-44	8.8	(7.4, 10.4)	3.2	(2.4, 4.3)	88.0	(86.2, 89.6)	100
45-64	13.7	(11.8, 15.9)	3.1	(2.3, 4.3)	83.1	(80.8, 85.2)	100
65+	17.7	(14.6, 21.4)	2.6	(1.6, 4.3)	79.7	(75.9, 83.0)	100
Residence							
Urban	5.1	(4.2, 6.0)	1.8	(1.3, 2.5)	93.1	(91.9, 94.2)	100

Rural	11.6	(10.4, 13.0)	3.2	(2.6, 3.9)	85.2	(83.7, 86.5)	100
Education Level							
No formal education	33.7	(25.1, 43.5)	2.9	(0.9, 8.7)	63.4	(53.8, 72.0)	100
Less than primary	22.8	(18.2, 28.2)	1.6	(0.8, 3.2)	75.5	(70.1, 80.2)	100
Primary, less than secondary	13.2	(11.6, 15.1)	3.5	(2.8, 4.5)	83.2	(81.2, 85.1)	100
Secondary or higher	3.1	(2.4, 4.0)	2.6	(1.9, 3.5)	94.3	(93.1, 95.4)	100
Wealth index							
Lowest	17.4	(14.8, 20.3)	3.2	(2.2, 4.6)	79.4	(76.4, 82.1)	100
Low	13.2	(11.1, 15.6)	3.1	(2.1, 4.4)	83.8	(81.2, 86.1)	100
Middle	10.4	(8.5, 12.5)	3.4	(2.3, 4.9)	86.3	(83.7, 88.5)	100
High	6.6	(5.0, 8.7)	1.7	(1.0, 2.9)	91.7	(89.4, 93.5)	100
Highest	4.0	(2.8, 5.8)	3.4	(2.2, 5.3)	92.5	(90.3, 94.3)	100
Male	17.8	(16.0, 19.8)	5.5	(4.5, 6.8)	76.6	(74.4, 78.7)	100
Age (years)							
15-24	3.6	(2.0, 6.3)	4.9	(2.9, 8.0)	91.6	(88.0, 94.2)	100
25-44	18.3	(15.4, 21.6)	6.3	(4.7, 8.4)	75.4	(71.9, 78.6)	100
45-64	23.0	(19.7, 26.6)	5.7	(4.0, 8.1)	71.3	(67.4, 74.9)	100
65+	25.1	(19.9, 31.1)	4.3	(2.3, 7.8)	70.6	(64.3, 76.2)	100
Residence							
Urban	9.0	(7.4, 10.8)	3.5	(2.4, 4.9)	87.6	(85.3, 89.6)	100
Rural	19.7	(17.5, 22.1)	6.0	(4.8, 7.4)	74.3	(71.7, 76.8)	100
Education Level							
No formal education	40.1	(24.4, 58.1)	8.3	(2.6, 23.4)	51.6	(34.9, 67.9)	100
Less than primary	32.8	(25.0, 41.6)	2.7	(1.2, 6.0)	64.5	(55.7, 72.4)	100
Primary, less than secondary	23.4	(20.4, 26.6)	6.1	(4.7, 7.9)	70.6	(67.1, 73.7)	100
Secondary or higher	6.2	(4.7, 8.1)	5.3	(3.8, 7.5)	88.5	(85.9, 90.7)	100
Wealth index							
Lowest	27.3	(22.8, 32.3)	5.9	(3.9, 8.8)	66.8	(61.7, 71.6)	100
Low	22.3	(18.5, 26.7)	5.7	(3.9, 8.3)	72.0	(67.3, 76.2)	100
Middle	17.7	(14.4, 21.7)	6.7	(4.5, 9.8)	75.6	(70.9, 79.7)	100
High	13.0	(9.7, 17.2)	3.1	(1.7, 5.6)	83.9	(79.3, 87.6)	100
Highest	7.8	(5.3, 11.3)	6.1	(3.7, 9.7)	86.2	(81.7, 89.7)	100
Women	4.2	(3.3, 5.3)	0.7	(0.4, 1.1)	95.1	(94.0, 96.1)	100
Age (years)							
15-24	0.6	(0.1, 2.4)	0.0	N/A	99.4	(97.6, 99.9)	100
25-44	0.8	(0.4, 1.5)	0.6	(0.2, 1.9)	98.7	(97.5, 99.3)	100
45-64	5.8	(4.1, 8.2)	0.9	(0.5, 1.9)	93.2	(90.9, 95.0)	100
65+	11.9	(8.7, 16.1)	1.3	(0.6, 2.9)	86.8	(82.6, 90.1)	100
Residence							
Urban	1.7	(1.1, 2.5)	0.4	(0.2, 0.9)	97.9	(97.0, 98.5)	100
Rural	4.7	(3.6, 6.0)	0.8	(0.4, 1.3)	94.6	(93.2, 95.7)	100

Education Level							
No formal education	30.5	(20.5, 42.7)	0.2	(0.0, 1.5)	69.3	(57.1, 79.3)	100
Less than primary	14.3	(9.8, 20.2)	0.7	(0.3, 1.8)	85.1	(79.2, 89.5)	100
Primary, less than secondary	3.3	(2.4, 4.6)	1.0	(0.6, 1.7)	95.7	(94.3, 96.7)	100
Secondary or higher	0.7	(0.3, 1.6)	0.4	(0.2, 1.2)	98.8	(97.6, 99.5)	100
Wealth index							
Lowest	8.9	(6.5, 12.1)	0.9	(0.4, 2.0)	90.2	(87.1, 92.7)	100
Low	5.6	(3.6, 8.7)	0.9	(0.3, 2.4)	93.5	(90.2, 95.8)	100
Middle	3.7	(2.3, 5.8)	0.4	(0.1, 1.4)	96.0	(93.9, 97.4)	100
High	1.6	(0.8, 3.1)	0.6	(0.3, 1.6)	97.8	(96.2, 98.7)	100
Highest	0.4	(0.1, 1.2)	0.9	(0.3, 2.7)	98.7	(97.0, 99.5)	100

[1] Occasional refers to less than daily smokeless tobacco use.

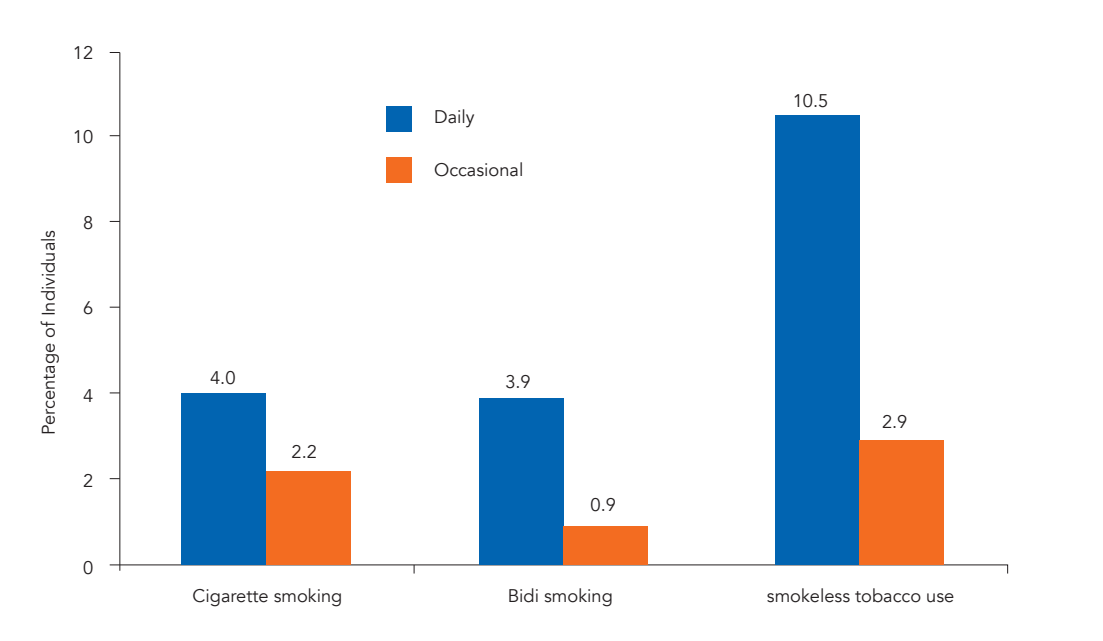

Figure 4.6: Percentage distribution of adults ≥15 years old who currently consumed tobacco by tobacco use type and frequency, GATS Sri Lanka, 2020

4.3. Percentage of adults who consumed non-tobacco products

In addition to data on various forms of tobacco products, GATS 2020 Sri Lanka also collected information on use of two non-tobacco products: 1) betel quid without tobacco; and 2) areca nut. Though these products do not contain tobacco, they are addictive and can have harmful effects on health.

Table 4.5C presents details of non-tobacco products use by demographic characteristics. Among all adults, 16.9% consumed betel quid without tobacco and 7.0% consumed some form of Areca nut (plain, powdered, or flavored). Overall, nearly one in every three adults (29.9%) consumed betel quid (with or without tobacco).

Overall, 19.3% of adult men used betel quid without tobacco and 9.5% used areca nut. Among adult women, 14.7% used betel quid without tobacco and 4.8% used areca nuts. Use of betel quid without tobacco ranged from 9.5% in 15-24 years age-group to 21.6% among 65 years and above age-group. Areca nut use ranged from 3.1% among 15-24 age-group to 9.2% among 65 and above age-group. The prevalence of betel quid without tobacco in rural areas was 18.4% and in urban areas was 9.3%. The prevalence of areca nut use in rural areas was 7.8% and in urban areas was 2.9%. By education, use of betel quid without tobacco ranged from 11.5% among those with secondary or higher education to 29.8% among those with less than primary education. Areca nut use ranged from 3.8% among those with secondary or higher education to 11.3% among those with less than primary education. By wealth index, the use of betel quid without tobacco ranged from 11.5% among those in the highest wealth quintile to 22.5% among those in the lowest wealth quintile. Areca nut use ranged from 4.8% among those in the highest wealth quintile to 9.9% among those in the lowest wealth quintile.

Table 4.5C: Percentage of adults ≥15 years old who used Betel quid without tobacco and Areca Nut by gender and selected demographic characteristics, GATS Sri Lanka, 2020

Demographic Characteristics	Betel quid without tobacco		Areca Nut[1]	
	Percentage (95% CI)			
Overall	16.9	(15.6, 18.2)	7.0	(6.1, 7.9)
Gender				
Male	19.3	(17.4, 21.3)	9.5	(8.1, 11.1)
Women	14.7	(13.1, 16.5)	4.8	(4.0, 5.8)
Age (years)				
15-24	9.5	(7.4, 12.1)	3.1	(2.0, 4.9)
25-44	14.7	(12.9, 16.8)	6.6	(5.2, 8.2)
45-64	21.1	(18.9, 23.5)	8.6	(7.2, 10.2)
65+	21.6	(18.4, 25.2)	9.2	(7.2, 11.8)
Residence				
Urban	9.3	(8.1, 10.6)	2.9	(2.2, 3.7)
Rural	18.4	(16.9, 20.1)	7.8	(6.8, 9.0)
Education Level				
No formal education	24.0	(17.1, 32.5)	10.1	(6.1, 16.4)
Less than primary	29.8	(25.1, 34.9)	11.3	(8.2, 15.5)
Primary, less than secondary	18.8	(17.0, 20.7)	8.8	(7.5, 10.3)
Secondary or higher	11.5	(9.9, 13.4)	3.8	(2.9, 4.9)
Wealth index				
Lowest	22.5	(19.2, 26.1)	9.9	(7.9, 12.2)
Low	18.9	(16.5, 21.6)	8.5	(6.8, 10.6)
Middle	17.5	(15.0, 20.2)	7.5	(5.8, 9.5)
High	13.0	(10.7, 15.7)	3.8	(2.7, 5.5)
Highest	11.5	(9.1, 14.4)	4.8	(3.4, 6.8)

[1] Areca nut of any type, plain, powdered or flavored

4.4. Number of tobacco products used per day

4.4.1. Number of cigarettes smoked per day

The daily frequency of smoking (or the number of cigarettes smoked every day) is an important dimension of tobacco smoking as it reflects the level of addiction. Table 4.6 presents the percentage distribution of adults who smoked cigarettes daily classified by number of cigarettes smoked every day and average number of cigarettes smoked per day. A typical adult who used cigarettes daily in Sri Lanka smoked an average of 4.0 cigarette sticks every day. About three-fourth of all adults who smoked cigarettes (73.9%) smoked less than five cigarettes a day; 17.4% smoked 5-9 cigarettes; 6.5% smoked 10-14 cigarettes; 1.9% smoked 15-24 cigarettes; and a negligible 0.4% smoked more than 25 cigarettes per day.

The average cigarette sticks smoked per day and percentage distribution of number of cigarettes smoked per day was similar across the 25-44 age-group and the 45-64 age-group. The average number of cigarettes smoked per day among urban residents who smoked was 5.8 and this figure among their rural counterparts was 3.5. It was notable that smoking less than 5 cigarettes per day was common among rural (78.3%) adults. In fact, none of the rural adults reported consuming 15 or more cigarettes per day; but on the other side, 8.6% of urban adults smoked 15 to 24 cigarettes and 1.6% smoked twenty-five or more cigarettes per day.

The mean number of cigarettes smoked per day was 3.8 among adults with primary or less than secondary education and 4.2 among adults with secondary/higher level of education.

The mean number of cigarettes smoked per day by wealth index ranged from 3.2 cigarettes per day among those in the lowest wealth quintile to 4.6 cigarettes per day among those in the high wealth quintile. The number of cigarettes smoked per day among adults in highest wealth quintile was 3.5. The higher proportion of adults who smoked less than five cigarettes per day by wealth index ranged from 64.7% among those in the high wealth quintile to 86.9% among those in the lowest wealth quintile. On the other hand, the proportion of adults who smoked 5-9 cigarettes per day ranged from 9.3% among those in the the lowest wealth quintile to 23.9% among those in the high wealth quintile. The proportion of adults who smoked 10 to14 cigarettes per day ranged from 1.5% among those in the lowest wealth quintile to 9.4% among those in the low wealth quintile and the high wealth quintile. The mean number of cigarettes smoked per day among adult men was four. The proportion of adult men who smoked less than five cigarettes was 74.0%, 17.3% smoked 5-9 cigarettes per day, 6.5% smoked 10-14 cigarettes per day, 1.9% smoked 15 to 24 cigarettes per day and 0.4% smoked twenty-five or more cigarettes per day.

Table 4.6: Average number and percentage distribution of cigarettes smoked per day among adults ≥15 years old who smoked cigarettes every day, by gender and selected demographic characteristics, GATS Sri Lanka, 2020

Demographic Characteristics	Average number of cigarettes smoked per day[1]		Distribution of number of cigarettes smoked on average per day[1]										
		<5		5-9		10-14		15-24		≥25		Total	
	Mean (95% CI)		Percentage (95% CI)										
Overall	4.0	(3.6, 4.4)	73.9	(67.4, 79.5)	17.4	(12.8, 23.3)	6.5	(3.8, 10.7)	1.9	(1.0, 3.5)	0.4	(0.1, 1.4)	100
Age (years)													

15-24	-	-	-	-	-	-	-	-	-	-	-	-	100
25-44	4.0	(3.4, 4.6)	73.8	(63.9, 81.8)	18.7	(11.9, 28.2)	6.0	(2.8, 12.3)	1.1	(0.3, 3.5)	0.3	(0.0, 2.3)	100
45-64	4.1	(3.4, 4.8)	72.3	(61.8, 80.9)	16.6	(10.2, 25.7)	7.8	(3.7, 15.4)	2.9	(1.3, 6.4)	0.4	(0.1, 2.9)	100
65+	-	-	-	-	-	-	-	-	-	-	-	-	100
Residence													
Urban	5.8	(4.7, 6.9)	57.9	(49.3, 66.1)	21.3	(15.6, 28.5)	10.5	(6.4, 16.6)	8.6	(4.7, 15.3)	1.6	(0.4, 6.3)	100
Rural	3.5	(3.1, 3.9)	78.3	(70.3, 84.6)	16.4	(10.9, 23.8)	5.3	(2.5, 11.1)	0.0	N/A	0.0	N/A	100
Education Level													
No formal education	-	-	-	-	-	-	-	-	-	-	-	-	100
Less than primary	-	-	-	-	-	-	-	-	-	-	-	-	100
Primary, less than secondary	3.8	(3.3, 4.2)	77.4	(69.6, 83.6)	16.0	(10.7, 23.2)	4.4	(2.1, 9.0)	1.9	(0.9, 4.0)	0.2	(0.0, 1.6)	100
Secondary or higher	4.2	(3.5, 5.0)	63.1	(48.1, 75.9)	29.0	(17.2, 44.4)	6.1	(3.1, 11.5)	1.9	(0.3, 9.7)	0.0	N/A	100
Wealth index													
Lowest	3.2	(2.5, 3.8)	86.9	(74.3, 93.9)	9.3	(3.4, 22.9)	1.5	(0.5, 4.5)	2.3	(0.7, 6.8)	0.0	N/A	100
Low	4.2	(3.5, 4.8)	71.8	(59.1, 81.7)	17.8	(9.9, 29.9)	9.4	(4.3, 19.2)	0.6	(0.1, 4.0)	0.5	(0.1, 3.5)	100
Middle	4.1	(3.1, 5.1)	74.4	(59.5, 85.1)	15.7	(7.5, 29.9)	4.7	(1.3, 15.6)	4.4	(1.6, 11.7)	0.9	(0.1, 6.1)	100
High	4.6	(3.5, 5.7)	64.7	(46.3, 79.6)	23.9	(12.0, 42.1)	9.4	(3.1, 25.0)	2.0	(0.5, 8.2)	0.0	N/A	100
Highest	3.5	(2.5, 4.4)	75.0	(55.5, 87.8)	21.0	(9.5, 40.3)	4.0	(1.4, 10.8)	0.0	N/A	0.0	N/A	100
Male	4.0	(3.6, 4.4)	74.0	(67.5, 79.6)	17.3	(12.7, 23.2)	6.5	(3.8, 10.7)	1.9	(1.0, 3.5)	0.4	(0.1, 1.4)	100
Age(years)													
15-24	-	-	-	-	-	-	-	-	-	-	-	-	100
25-44	4.0	(3.4, 4.6)	74.0	(64.0, 82.0)	18.6	(11.7, 28.1)	6.0	(2.8, 12.3)	1.1	(0.3, 3.5)	0.3	(0.0, 2.3)	100
45-64	4.1	(3.4, 4.8)	72.3	(61.8, 80.9)	16.6	(10.2, 25.7)	7.8	(3.7, 15.4)	2.9	(1.3, 6.4)	0.4	(0.1, 2.9)	100
65+	-	-	-	-	-	-	-	-	-	-	-	-	100
Residence													
Urban	5.8	(4.7, 6.9)	58.2	(49.6, 66.4)	20.9	(15.2, 28.1)	10.5	(6.5, 16.6)	8.7	(4.7, 15.4)	1.6	(0.4, 6.3)	100
Rural	3.5	(3.1, 3.9)	78.3	(70.3, 84.6)	16.4	(10.9, 23.8)	5.3	(2.5, 11.1)	0.0	N/A	0.0	N/A	100

Education Level													
No formal education	-	-	-	-	-	-	-	-	-	-	-	-	100
Less than primary	-	-	-	-	-	-	-	-	-	-	-	-	100
Primary, less than secondary	3.8	(3.3, 4.2)	77.5	(69.8, 83.8)	15.9	(10.6, 23.1)	4.5	(2.1, 9.0)	1.9	(0.9, 4.0)	0.2	(0.0, 1.6)	100
Secondary or higher	4.2	(3.5, 5.0)	63.1	(48.1, 75.9)	29.0	(17.2, 44.4)	6.1	(3.1, 11.5)	1.9	(0.3, 9.7)	0.0	N/A	100
Wealth index													
Lowest	3.2	(2.5, 3.8)	86.9	(74.3, 93.9)	9.3	(3.4, 22.9)	1.5	(0.5, 4.5)	2.3	(0.7, 6.8)	0.0	N/A	100
Low	4.2	(3.5, 4.8)	71.8	(59.1, 81.7)	17.8	(9.9, 29.9)	9.4	(4.3, 19.2)	0.6	(0.1, 4.0)	0.5	(0.1, 3.5)	100
Middle	4.1	(3.1, 5.1)	74.4	(59.5, 85.1)	15.7	(7.5, 29.9)	4.7	(1.3, 15.6)	4.4	(1.6, 11.7)	0.9	(0.1, 6.1)	100
High	4.6	(3.5, 5.7)	65.1	(46.6, 80.0)	23.4	(11.5, 41.8)	9.4	(3.1, 25.2)	2.0	(0.5, 8.2)	0.0	N/A	100
Highest	3.5	(2.5, 4.4)	75.0	(55.5, 87.8)	21.0	(9.5, 40.3)	4.0	(1.4, 10.8)	0.0	N/A	0.0	N/A	100
Women	-	-	-	-	-	-	-	-	-	-	-	-	100
Age(years)													
15-24	-	-	-	-	-	-	-	-	-	-	-	-	100
25-44	-	-	-	-	-	-	-	-	-	-	-	-	100
45-64	-	-	-	-	-	-	-	-	-	-	-	-	100
65+	-	-	-	-	-	-	-	-	-	-	-	-	100
Residence													
Urban	-	-	-	-	-	-	-	-	-	-	-	-	100
Rural	-	-	-	-	-	-	-	-	-	-	-	-	100
Education Level													
No formal education	-	-	-	-	-	-	-	-	-	-	-	-	100
Less than primary	-	-	-	-	-	-	-	-	-	-	-	-	100
Primary, less than secondary	-	-	-	-	-	-	-	-	-	-	-	-	100
Secondary or higher	-	-	-	-	-	-	-	-	-	-	-	-	100
Wealth index													
Lowest	-	-	-	-	-	-	-	-	-	-	-	-	100
Low	-	-	-	-	-	-	-	-	-	-	-	-	100
Middle	-	-	-	-	-	-	-	-	-	-	-	-	100
High	-	-	-	-	-	-	-	-	-	-	-	-	100
Highest	-	-	-	-	-	-	-	-	-	-	-	-	100

[1] Among people who smoked cigarette daily. Cigarettes include manufactured

N/A - The estimate is "0.0" or "100.0".

4.4.2. Number of bidis smoked per day

The percent distribution of adults who smoked bidis daily by number of bidis smoked per day is shown in Table 4.6A. On average, adults smoked 7.1 bidis every day. More than two-thirds (70.1%) of all adults who smoked bidis on an average smoked less than 10 bidis per day.

The mean number of bidis smoked per day ranged from 6.8% among 45-64 age-group to 7.9% among 25-44 age-group. The proportion of adults who smoked less than 5 bidis per day ranged from 29.6% among 65 years and above age-group to 43.7% among 25-44 years age-group. The proportion of adults who smoked 10-14 bidis per day ranged from 13.5% among 45-64 years age-group to 23.9% among 65 years and above age-group. The proportion of those who smoked 15-24 bidis per day ranged from 6.0% among 65 years and above age-group to 16.6% among 25-44 years age-group. The proportion of adults who smoked 25 or more cigarettes per day ranged from 0.8% among 65 years and above age-group to 1.9% among 45-64 years age-group. Mean number of bidis smoked per day was 9.2 in urban areas and 7.0in rural areas. Overall, in urban areas, the percentage distribution of average number of bidis smoked per day was 35.8% (less than five bidis), 28.1% (5 to 9 bidis), 18.0% (10 to 14 bidis), 13.6% (15 to 24 bidis), and 4.5% (twenty-five or more bidis). In rural areas, the percentage distribution of average number of bidis smoked per day was 36.6% (less than five bidis), 34.1% (5 to 9 bidis), 18.0% (10 to14 bidis), 10.1% (15 to 24 bidis), and 1.2% (twenty-five or more bidis).

The mean number of bidis smoked per day was 6.8 among adults with less than primary education and 6.9 among adults with primary or less than secondary level education. An estimated 44.9% and 34.1% of adults with less than primary education and primary but less than secondary education, respectively, smoked less than five cigarettes per day. Mean number of bidis smoked per day ranged from 6.1 among adults in the low wealth quintile to 8.2 among adults in the lowest wealth quintile. The proportion of adults who smoked less than five cigarettes per day was 33.0% among those in the lowest wealth quintile, 42.2% in low wealth quintile, and 47.8% in the middle wealth quintile.

Table 4.6A: Percentage distribution of bidis smoked per day among adults ≥15 years old who smoked bidis every day, by gender and selected demographic characteristics, GATS Sri Lanka, 2020

Demographic Characteristics	Average number of bidis smoked per day[1]		Distribution of number of bidis smoked on average per day[1]										
		<5		5-9		10-14		15-24		≥25		Total	
	Mean (95% CI)		Percentage (95% CI)										
Overall	7.1	(6.3, 8.0)	36.5	(28.9, 44.9)	33.6	(26.0, 42.1)	18.0	(12.8, 24.9)	10.4	(6.4, 16.4)	1.5	(0.5, 4.4)	100
Age(years)													
15-24	-	-	-	-	-	-	-	-	-	-	-	-	100
25-44	7.9	(5.9, 9.9)	43.7	(28.7, 59.9)	15.1	(7.6, 27.7)	23.5	(13.0, 38.7)	16.6	(7.6, 32.6)	1.1	(0.2, 4.9)	100
45-64	6.8	(5.6, 7.9)	36.3	(25.5, 48.6)	38.9	(28.4, 50.5)	13.5	(7.7, 22.6)	9.5	(4.6, 18.4)	1.9	(0.5, 7.5)	100
65+	7.3	(5.5, 9.2)	29.6	(15.6, 48.9)	39.7	(20.9, 62.2)	23.9	(10.5, 45.7)	6.0	(1.6, 20.0)	0.8	(0.2, 3.3)	100
Residence													
Urban	9.2	(6.8, 11.6)	35.8	(23.7, 50.1)	28.1	(18.6, 39.9)	18.0	(10.0, 30.4)	13.6	(7.2, 24.2)	4.5	(1.5, 12.4)	100
Rural	7.0	(6.0, 7.9)	36.6	(28.4, 45.7)	34.1	(25.9, 43.3)	18.0	(12.4, 25.5)	10.1	(5.9, 16.8)	1.2	(0.3, 4.8)	100

Education Level													
No formal education	-	-	-	-	-	-	-	-	-	-	-	-	100
Less than primary	6.8	(4.9, 8.7)	44.9	(28.7, 62.3)	24.2	(13.4, 39.7)	21.1	(9.4, 40.8)	7.1	(2.4, 19.4)	2.6	(0.4, 16.8)	100
Primary, less than secondary	6.9	(5.9, 7.8)	34.1	(25.1, 44.3)	41.3	(31.4, 52.0)	14.1	(8.4, 22.6)	9.9	(5.1, 18.4)	0.6	(0.2, 1.8)	100
Secondary or higher	-	-	-	-	-	-	-	-	-	-	-	-	100
Wealth index													
Lowest	8.2	(6.7, 9.6)	33.0	(23.1, 44.7)	29.8	(20.3, 41.3)	20.2	(12.5, 31.0)	14.7	(8.1, 25.4)	2.2	(0.6, 8.5)	100
Low	6.1	(4.7, 7.5)	42.2	(28.3, 57.5)	32.9	(20.8, 47.8)	17.8	(8.9, 32.5)	6.8	(2.2, 19.6)	0.2	(0.0, 1.6)	100
Middle	6.4	(4.6, 8.3)	47.8	(29.6, 66.6)	29.7	(14.4, 51.4)	10.3	(3.5, 26.7)	9.9	(3.0, 27.5)	2.3	(0.3, 15.0)	100
High	-	-	-	-	-	-	-	-	-	-	-	-	100
Highest	-	-	-	-	-	-	-	-	-	-	-	-	100
Male	7.1	(6.3, 8.0)	36.4	(28.8, 44.8)	33.6	(26.1, 42.1)	18.1	(12.8, 24.9)	10.4	(6.4, 16.4)	1.5	(0.5, 4.4)	100
Age(years)													
15-24	-	-	-	-	-	-	-	-	-	-	-	-	100
25-44	7.9	(5.9, 9.9)	43.7	(28.7, 59.9)	15.1	(7.6, 27.7)	23.5	(13.0, 38.7)	16.6	(7.6, 32.6)	1.1	(0.2, 4.9)	100
45-64	6.8	(5.7, 7.9)	36.1	(25.3, 48.4)	39.0	(28.5, 50.7)	13.5	(7.7, 22.7)	9.5	(4.6, 18.5)	1.9	(0.5, 7.5)	100
65+	7.3	(5.5, 9.2)	29.6	(15.6, 48.9)	39.7	(20.9, 62.2)	23.9	(10.5, 45.7)	6.0	(1.6, 20.0)	0.8	(0.2, 3.3)	100
Residence													
Urban	9.2	(6.8, 11.6)	35.8	(23.7, 50.1)	28.1	(18.6, 39.9)	18.0	(10.0, 30.4)	13.6	(7.2, 24.2)	4.5	(1.5, 12.4)	100
Rural	7.0	(6.0, 7.9)	36.5	(28.3, 45.6)	34.1	(26.0, 43.4)	18.1	(12.4, 25.6)	10.1	(5.9, 16.8)	1.2	(0.3, 4.9)	100
Education Level													
No formal education	-	-	-	-	-	-	-	-	-	-	-	-	100
Less than primary	6.8	(4.9, 8.7)	44.9	(28.7, 62.3)	24.2	(13.4, 39.7)	21.1	(9.4, 40.8)	7.1	(2.4, 19.4)	2.6	(0.4, 16.8)	100
Primary, less than secondary	6.9	(5.9, 7.8)	34.1	(25.1, 44.3)	41.3	(31.4, 52.0)	14.1	(8.4, 22.6)	9.9	(5.1, 18.4)	0.6	(0.2, 1.8)	100
Secondary or higher	-	-	-	-	-	-	-	-	-	-	-	-	100
Wealth index													
Lowest	8.2	(6.8, 9.6)	32.8	(22.8, 44.5)	29.9	(20.4, 41.5)	20.3	(12.6, 31.1)	14.8	(8.1, 25.5)	2.2	(0.6, 8.5)	100
Low	6.1	(4.7, 7.5)	42.2	(28.3, 57.5)	32.9	(20.8, 47.8)	17.8	(8.9, 32.5)	6.8	(2.2, 19.6)	0.2	(0.0, 1.6)	100
Middle	6.4	(4.6, 8.3)	47.8	(29.6, 66.6)	29.7	(14.4, 51.4)	10.3	(3.5, 26.7)	9.9	(3.0, 27.5)	2.3	(0.3, 15.0)	100

High	-	-	-	-	-	-	-	-	-	-	-	-	100
Highest	-	-	-	-	-	-	-	-	-	-	-	-	100
Women	-	-	-	-	-	-	-	-	-	-	-	-	100
Age(years)													
15-24	-	-	-	-	-	-	-	-	-	-	-	-	100
25-44	-	-	-	-	-	-	-	-	-	-	-	-	100
45-64	-	-	-	-	-	-	-	-	-	-	-	-	100
65+	-	-	-	-	-	-	-	-	-	-	-	-	100
Residence													
Urban	-	-	-	-	-	-	-	-	-	-	-	-	100
Rural	-	-	-	-	-	-	-	-	-	-	-	-	100
Education Level													
No formal education	-	-	-	-	-	-	-	-	-	-	-	-	100
Less than primary	-	-	-	-	-	-	-	-	-	-	-	-	100
Primary, less than secondary	-	-	-	-	-	-	-	-	-	-	-	-	100
Secondary or higher	-	-	-	-	-	-	-	-	-	-	-	-	100
Wealth index													
Lowest	-	-	-	-	-	-	-	-	-	-	-	-	100
Low	-	-	-	-	-	-	-	-	-	-	-	-	100
Middle	-	-	-	-	-	-	-	-	-	-	-	-	100
High	-	-	-	-	-	-	-	-	-	-	-	-	100
Highest	-	-	-	-	-	-	-	-	-	-	-	-	100
[1] Among people who smoked bidis daily.													

4.4.3. Number of smokeless tobacco products used per day

Table 4.6B shows the percentage distribution of the average number of times the smokeless tobacco was used per day by gender and selected socio-demographic characteristics. On an average, adults who used smokeless tobacco daily in Sri Lanka, used the product 8.0 times per day. Two-thirds (67.6%) of all adults who used smokeless tobacco consumed the product less than 10 times per day. The mean number of times of smokeless tobacco use per day was 8.5 among 25-44 age-group, 8.2 among 45-64 age-group, and 7.5 among adults 65 years and above. On average, 74.7% of adults aged 65 or more years consumed smokeless tobacco less than ten times a day and 19.8% of adults aged 25-44 years consumed smokeless tobacco more than 15 times per day.

The average number of times smokeless tobacco was used by adults who used smokeless tobacco in rural areas was 8.1 times per day and for adults in urban areas, it was 7.1 times. Furthermore, 33.0% of adults who used smokeless tobacco in rural areas and 26.4% of adults who used smokeless tobacco in urban areas, consumed the product 10 or more times a day. The average number of smokeless tobacco products used by levels of education ranged from 8.9 times per day among adults with no formal education to 6.9 times per day among adults with secondary and higher education.

The mean number of times adults who used smokeless tobacco consumed smokeless tobacco ranged from 7.5 among those in the lowest wealth quintile to 9.6 among those in the highest wealth quintile.

The average number of times the smokeless tobacco was used by male adults who consumed smokeless tobacco was 8.4 times per day and by women who used smokeless tobacco was 6.6 times per day. Around 57.2% of men with less than primary education consumed smokeless tobacco less than ten times a day in comparison to 76.0% of men with secondary and higher education. Nearly one in every five men (18.8%) with less than primary education consumed smokeless tobacco fifteen times or more per day. Similar to overall population, men in the highest wealth quintile consumed smokeless tobacco the greatest number of times (9.9). Around 34.9% of men consumed smokeless tobacco ten times or more per day.

The mean number of times of smokeless tobacco use per day was 6.6 among adult women and 8.4 among men. Among adult women who use smokeless tobacco daily, nearly half (44.9%) consumed it less than 5 times a day, three-fourths of (76.9%) consumed it less than ten times a day, and 93.8% consumed fifteen times or less per day. For adult women, the mean daily consumption of smokeless tobacco was 7.0 among 45-64 age-group and 5.9 among 65 and above age-group. The mean number of times of smokeless tobacco use was 7.4 in urban areas and 6.5 in rural areas. More than half of 65 and above women (51.3%) consumed smokeless tobacco less than five times per day, and among men aged 65 and above, this proportion was 26.1%.

The average number of smokeless tobacco product use among adult women ranged from 6.3 times per day among those with primary but less than secondary education to 7.8 times per day among those with no formal education. Around 67.5% women with no formal education consumed smokeless tobacco less than ten times a day in comparison to 83.1% among ones with primary but less than secondary education.

Table 4.6B: Percentage distribution of smokeless tobacco use per day among adults ≥15 years old who used smokeless tobacco every day, by gender and selected demographic characteristics, GATS Sri Lanka, 2020

Demographic Characteristics	Average number times smokeless products used per day[1]		Distribution of number of times smokeless tobacco used on average per day										
		<5		5-9		10-14		15-24		≥25		Total	
	Mean (95% CI)		Percentage (95% CI)										
Overall	8.0	(7.4, 8.7)	35.6	(31.0, 40.5)	32.0	(27.5, 36.8)	18.6	(15.2, 22.5)	11.3	(8.6, 14.7)	2.6	(1.5, 4.5)	100
Age(years)													
15-24	-	-	-	-	-	-	-	-	-	-	-	-	100
25-44	8.5	(7.3, 9.8)	32.5	(24.7, 41.5)	34.8	(27.0, 43.6)	12.9	(8.3, 19.4)	17.5	(11.7, 25.3)	2.3	(0.7, 6.9)	100
45-64	8.2	(7.3, 9.2)	35.3	(28.2, 43.1)	27.1	(21.2, 33.9)	25.6	(19.9, 32.2)	9.1	(5.5, 14.7)	3.0	(1.3, 6.6)	100
65+	7.5	(6.3, 8.7)	35.6	(27.3, 44.9)	39.1	(30.4, 48.5)	14.3	(8.9, 21.9)	8.5	(4.5, 15.6)	2.6	(0.8, 7.9)	100
Residence													
Urban	7.1	(6.1, 8.1)	37.8	(29.5, 46.8)	35.8	(27.8, 44.7)	17.8	(11.7, 26.1)	5.9	(2.9, 11.6)	2.7	(1.1, 6.9)	100

Rural	8.1	(7.4, 8.8)	35.4	(30.4, 40.7)	31.6	(26.8, 36.8)	18.6	(15.1, 22.8)	11.8	(8.8, 15.5)	2.6	(1.4, 4.6)	100
Education Level													
No formal education	8.9	(7.4, 10.3)	16.7	(8.1, 31.5)	39.3	(23.7, 57.4)	33.3	(21.0, 48.4)	7.8	(2.6, 21.1)	2.9	(0.4, 16.8)	100
Less than primary	7.5	(6.1, 9.0)	38.8	(28.2, 50.6)	25.3	(16.9, 36.0)	22.9	(13.9, 35.4)	12.1	(6.0, 22.6)	0.9	(0.3, 3.0)	100
Primary, less than secondary	8.3	(7.4, 9.2)	36.1	(30.2, 42.4)	32.4	(26.5, 38.8)	15.7	(12.0, 20.2)	12.7	(8.9, 17.9)	3.2	(1.6, 6.0)	100
Secondary and above	6.9	(5.5, 8.4)	43.9	(31.1, 57.6)	30.8	(20.7, 43.3)	16.9	(8.7, 30.4)	6.3	(2.3, 16.0)	2.0	(0.3, 13.3)	100
Wealth index													
Lowest	7.5	(6.4, 8.6)	37.7	(29.6, 46.6)	36.2	(28.4, 44.8)	15.1	(10.2, 21.8)	8.5	(4.8, 14.7)	2.5	(1.0, 6.3)	100
Low	8.6	(7.2, 9.9)	32.3	(24.2, 41.6)	32.3	(24.0, 41.9)	17.8	(11.8, 25.9)	13.3	(8.3, 20.6)	4.3	(1.8, 10.2)	100
Middle	7.9	(6.6, 9.1)	37.6	(27.9, 48.4)	27.5	(19.5, 37.1)	22.8	(15.2, 32.7)	12.1	(6.6, 21.3)	0.0	N/A	100
High	7.8	(6.0, 9.5)	35.0	(22.8, 49.6)	28.5	(18.2, 41.5)	26.0	(15.3, 40.5)	8.6	(3.1, 21.4)	2.0	(0.3, 12.8)	100
Highest	9.6	(6.6, 12.6)	33.2	(18.6, 52.0)	32.7	(18.3, 51.4)	8.9	(3.2, 22.5)	19.0	(8.4, 37.4)	6.2	(1.2, 26.3)	100
Male	8.4	(7.7, 9.2)	33.1	(28.0, 38.6)	31.9	(26.9, 37.5)	19.0	(15.1, 23.7)	13.1	(10.0, 17.1)	2.8	(1.5, 5.1)	100
Age(years)													
15-24	-	-	-	-	-	-	-	-	-	-	-	-	100
25-44	8.7	(7.4, 10.0)	30.9	(23.0, 40.1)	34.8	(26.8, 43.8)	13.5	(8.7, 20.3)	18.4	(12.4, 26.5)	2.4	(0.8, 7.3)	100
45-64	8.6	(7.5, 9.8)	34.4	(26.3, 43.5)	26.3	(19.8, 34.1)	25.3	(18.6, 33.4)	10.1	(5.9, 16.8)	3.8	(1.7, 8.4)	100
65+	8.4	(6.8, 10.0)	26.1	(16.5, 38.8)	42.4	(30.8, 54.9)	16.4	(9.1, 27.9)	13.1	(6.8, 23.6)	1.9	(0.3, 11.0)	100
Residence													
Urban	7.1	(6.1, 8.1)	34.2	(25.4, 44.4)	38.5	(29.4, 48.4)	18.6	(11.6, 28.4)	7.2	(3.6, 14.0)	1.5	(0.3, 6.2)	100
Rural	8.6	(7.8, 9.4)	33.0	(27.5, 38.9)	31.3	(25.9, 37.3)	19.1	(14.8, 24.2)	13.7	(10.3, 18.0)	2.9	(1.6, 5.4)	100
Education Level													
No formal education	-	-	-	-	-	-	-	-	-	-	-	-	100
Less than primary	8.6	(6.7, 10.6)	29.2	(16.4, 46.5)	28.0	(17.9, 41.0)	23.9	(12.5, 40.8)	18.1	(9.3, 32.4)	0.7	(0.2, 3.1)	100
Primary, less than secondary	8.6	(7.7, 9.6)	33.9	(27.8, 40.6)	32.4	(26.1, 39.5)	16.8	(12.7, 21.8)	13.3	(9.4, 18.7)	3.5	(1.8, 6.8)	100
Secondary or higher	6.7	(5.3, 8.0)	42.0	(29.1, 56.1)	34.0	(22.9, 47.3)	16.7	(8.3, 30.9)	7.2	(2.7, 18.1)	0.0	N/A	100
Wealth index													
Lowest	7.9	(6.5, 9.4)	36.7	(27.2, 47.4)	34.4	(25.7, 44.3)	15.7	(9.6, 24.4)	10.0	(5.4, 17.9)	3.2	(1.2, 8.5)	100

Low	9.1	(7.5, 10.8)	29.1	(20.3, 39.8)	30.8	(21.6, 41.9)	18.7	(11.9, 28.2)	17.4	(11.1, 26.2)	4.1	(1.4, 11.5)	100
Middle	8.0	(6.7, 9.3)	34.7	(24.8, 46.1)	30.5	(21.4, 41.5)	22.8	(14.7, 33.6)	12.0	(6.1, 22.4)	0.0	N/A	100
High	8.2	(6.3, 10.1)	30.6	(18.9, 45.6)	31.7	(20.3, 45.9)	25.4	(14.3, 41.1)	9.9	(3.6, 24.5)	2.3	(0.3, 14.5)	100
Highest	9.9	(6.7, 13.1)	32.9	(17.8, 52.5)	31.3	(16.8, 50.7)	9.4	(3.3, 23.6)	20.0	(8.8, 39.2)	6.5	(1.3, 27.5)	100
Women	6.6	(5.5, 7.7)	44.9	(34.2, 56.1)	32.0	(22.6, 43.2)	16.9	(11.6, 24.0)	4.4	(1.6, 11.6)	1.7	(0.4, 6.7)	100
Age(years)													
15-24	-	-	-	-	-	-	-	-	-	-	-	-	100
25-44	-	-	-	-	-	-	-	-	-	-	-	-	100
45-64	7.0	(5.6, 8.4)	38.2	(24.5, 54.1)	29.6	(18.3, 44.1)	26.4	(16.4, 39.6)	5.6	(1.3, 20.6)	0.2	(0.0, 1.4)	100
65+	5.9	(4.4, 7.4)	51.3	(36.1, 66.3)	33.5	(20.2, 50.1)	10.6	(4.8, 21.8)	0.9	(0.1, 6.4)	3.6	(0.8, 14.3)	100
Residence													
Urban	7.4	(3.8, 11.0)	53.9	(35.6, 71.2)	23.6	(12.0, 41.2)	14.1	(5.4, 32.0)	0.0	N/A	8.3	(2.3, 26.4)	100
Rural	6.5	(5.4, 7.7)	44.2	(32.9, 56.2)	32.7	(22.7, 44.6)	17.1	(11.5, 24.7)	4.7	(1.7, 12.4)	1.2	(0.2, 8.4)	100
Education Level													
No formal education	7.8	(5.9, 9.7)	23.1	(9.7, 45.7)	44.4	(24.2, 66.7)	26.6	(14.7, 43.2)	5.8	(1.3, 22.6)	0.0	N/A	100
Less than primary	5.3	(4.1, 6.6)	57.9	(40.4, 73.5)	19.9	(8.2, 40.9)	21.0	(9.3, 40.8)	0.0	N/A	1.3	(0.2, 8.6)	100
Primary, less than secondary	6.3	(4.3, 8.3)	51.2	(35.5, 66.7)	31.9	(18.9, 48.4)	8.1	(3.1, 19.9)	8.2	(2.1, 27.2)	0.6	(0.1, 2.7)	100
Secondary or higher	-	-	-	-	-	-	-	-	-	-	-	-	100
Wealth index													
Lowest	6.4	(4.9, 8.0)	40.2	(26.7, 55.4)	40.9	(26.6, 56.9)	13.7	(6.9, 25.3)	4.6	(0.9, 19.6)	0.6	(0.1, 2.5)	100
Low	6.7	(4.7, 8.8)	42.9	(22.5, 66.0)	37.3	(19.6, 59.2)	14.7	(6.1, 31.4)	0.0	N/A	5.1	(1.0, 21.7)	100
Middle	-	-	-	-	-	-	-	-	-	-	-	-	100
High	-	-	-	-	-	-	-	-	-	-	-	-	100
Highest	-	-	-	-	-	-	-	-	-	-	-	-	100

[1] Among daily smokeless tobacco users. Smokeless tobacco includes Betel quid with tobacco, loose tobacco, commercial preparations, and others.

N/A - The estimate is "0.0" or "100.0".

4.5. Age at initiation of tobacco use

4.5.1. Age at initiation of tobacco smoking

Table 4.7 presents average age and percentage distribution of adults who ever smoked every day in the 20–34-year-old age-group at age of daily smoking initiation by gender and selected demographic characteristics. Among adults aged 20-34 years who smoked daily, 2.5% started smoking daily at less than 15 years; 12.9% started when they were 15-16 years old; 32.7% started smoking daily at age 17-19 years; and the remaining 51.9% started smoking daily after the age of 20 and above years. The overall mean age at initiation of daily smoking was 19.9 years. Around 52.2% of adults in urban areas initiated smoking before the age of 20 years; corresponding figure in rural areas was around 47.3 %.

Table 4.7: Average age and percentage distribution of adults 20-34 years old who ever smoked tobacco every day by age at daily smoking initiation, gender and residence, GATS Sri Lanka, 2020

Demographic Characteristics	Average age of daily smoking initiation (years)[1]		Age at daily smoking initiation (years)[1]								Total
		<15		15-16		17-19		20+			
	Mean (95% CI)		Percentage (95% CI)								
Overall	19.9	(19.0, 20.8)	2.5	(0.8, 7.4)	12.9	(6.4, 24.2)	32.7	(21.7, 45.9)	51.9	(39.2, 64.4)	100
Gender											
Male	19.9	(19.0, 20.8)	2.5	(0.8, 7.4)	12.9	(6.4, 24.2)	32.7	(21.7, 45.9)	51.9	(39.2, 64.4)	100
Women	-	-	-	-	-	-	-	-	-	-	100
Residence											
Urban	19.3	(17.8, 20.7)	9.4	(3.0, 25.4)	20.0	(10.4, 35.1)	22.8	(11.6, 39.9)	47.8	(32.0, 64.1)	100
Rural	20.0	(19.0, 21.0)	1.3	(0.2, 9.0)	11.6	(4.7, 25.7)	34.4	(21.8, 49.6)	52.6	(38.0, 66.8)	100
Education Level											
No formal education	-	-	-	-	-	-	-	-	-	-	100
Less than primary	-	-	-	-	-	-	-	-	-	-	100
Primary, less than secondary	19.9	(19.0, 20.8)	1.1	(0.3, 4.8)	11.0	(5.1, 22.3)	33.0	(19.9, 49.5)	54.8	(39.3, 69.5)	100
Secondary or higher	20.0	(17.9, 22.1)	4.2	(0.6, 25.2)	19.6	(5.5, 50.3)	26.0	(10.5, 51.2)	50.3	(28.0, 72.4)	100
Wealth index											
Lowest	-	-	-	-	-	-	-	-	-	-	100
Low	-	-	-	-	-	-	-	-	-	-	100
Middle	-	-	-	-	-	-	-	-	-	-	100
High	-	-	-	-	-	-	-	-	-	-	100
Highest	-	-	-	-	-	-	-	-	-	-	100

[1] Among respondents 20-34 years of age who ever smoked tobacco daily.

4.6. Prevalence of former daily smoking and quit ratio.

Table 4.8 presents the percentage of all adults 15 years old and older and adults 15 years old and older who ever smoked every day, and who formerly smoked every day, by selected demographic characteristics. Among all adults, 4.0% adults formerly smoked tobacco every day but had now stopped smoking completely. In Sri Lanka, the percentage of adults who formerly smoked among adults who ever smoked daily (quit ratio) was 34.6%, (i.e., about one in every three adults who ever smoked daily had stopped smoking completely). The quit ratio for daily smoking among men was 34.4%. The quit ratio ranged from 13.6% among those with no formal education to 49.7% among those with secondary or higher education. Across different age-groups, quit ratio ranged from 20.0% among adults aged 25-44 years to 63.6% among adults aged 65 years and above. Across wealth indices, quit ratio ranged from 23.7% among adults in the lowest wealth quintile to 53.8% among adults in the highest wealth quintile.

Table 4.8: Percentage of all adults ≥15 years old and adults ≥15 years old who ever smoked every day, and who formerly smoked every day, by selected demographic characteristics, GATS Sri Lanka, 2020

Demographic Characteristics	Former Daily Smoking[1] (Among All Adults)		Former Daily Smoking[1] (Among Ever Daily Smoking)[2]	
	Percentage (95% CI)			
Overall	4.0	(3.4, 4.7)	34.6	(30.3, 39.1)
Gender				
Male	8.6	(7.4, 10.0)	34.4	(30.1, 39.0)
Women	0.1	(0.0, 0.2)	-	-
Age (years)				
15-24	0.3	(0.1, 1.4)	-	-
25-44	2.0	(1.4, 2.9)	20.0	(14.3, 27.4)
45-64	4.7	(3.7, 6.0)	29.3	(23.7, 35.5)
65+	11.3	(8.9, 14.3)	63.6	(53.3, 72.9)
Residence				
Urban	3.3	(2.7, 4.0)	32.8	(27.6, 38.5)
Rural	4.2	(3.5, 5.0)	34.9	(29.9, 40.2)
Education Level				
No formal education	2.5	(0.7, 8.0)	13.6	(4.1, 36.7)
Less than primary	5.3	(3.3, 8.2)	26.8	(17.6, 38.5)
Primary, less than secondary	5.1	(4.1, 6.2)	33.2	(27.8, 39.2)
Secondary or higher	2.6	(1.9, 3.6)	49.7	(39.6, 59.9)
Wealth index				
Lowest	3.8	(2.8, 5.2)	23.7	(17.4, 31.2)
Low	4.3	(3.1, 5.8)	29.7	(22.0, 38.8)
Middle	4.0	(2.9, 5.5)	37.9	(29.0, 47.8)
High	3.7	(2.5, 5.5)	42.8	(31.0, 55.6)
Highest	4.2	(2.8, 6.4)	53.8	(39.3, 67.7)

[1] Current non-smoking.

[2] Also known as the quit ratio for daily smoking.

4.6. Time since quitting tobacco

4.6.1. Time since quitting tobacco smoking

Another crucial factor in determining quitting is the duration for which adults who smoked tobacco had abstained from smoking. Quitting smoking is not an easy process and there are high chances of relapse. Many adults who smoke try to quit repeatedly before they succeed, with some relapsing even after a lengthy period of abstinence. Table 4.9 shows the percentage distribution of adults 15 years or older who formerly smoked daily, by time since quitting smoking, and selected demographic characteristics. Overall, 5.9% of adults who formerly smoked daily had abstained from smoking for the last one year; 17.6% had quit for between one to five years; 15.1% had quit for between five to ten years; and 61.4% had stopped smoking for ten or more years.

Among adults who formerly smoked, 6.0% in the 25-44 years age-group and 8.7% in the 45-64 years age-group had quit in the last year. Additionally, 1.1% of adults in 65 years and above age-group quit in the last one year. The proportion of adults who had quit for five to less than 10 years was 23.9% in urban areas and 16.5% in rural areas. The proportion of adults who formerly daily smoked and had quit for more than 10 years or more was 59.2% in urban areas and 61.8% in rural areas. The proportion of adults who formerly daily smoked among those with primary, less than secondary and secondary or higher education had quit in the last one year was 8.9% and 1.3%, respectively. Across different wealth indices, the proportion of people who formerly smoked who had quit for 10 or more years ranged from 47.4% among those in the low wealth quintile to 76.7% among those in the high wealth quintile.

Table 4.9: Percentage distribution of adults ≥15 years old who formerly smoked every day, by time since quitting smoking and selected demographic characteristics, GATS Sri Lanka, 2020

Demographic Characteristics	Time since quitting smoking (years)[1]								Total
	<1		1 to <5		5 to <10		≥10		
	Percentage (95% CI)								
Overall	5.9	(2.9, 11.7)	17.6	(12.1, 24.7)	15.1	(10.2, 21.9)	61.4	(53.2, 69.0)	100
Gender									
Male	6.0	(2.9, 11.8)	17.7	(12.2, 24.9)	14.9	(9.9, 21.7)	61.4	(53.2, 69.1)	100
Women	-	-	-	-	-	-	-	-	100
Age (years)									
15-24	-	-	-	-	-	-	-	-	100
25-44	6.0	(1.9, 17.7)	34.0	(19.2, 52.6)	34.6	(20.3, 52.4)	25.4	(13.4, 42.9)	100
45-64	8.7	(3.0, 22.5)	17.5	(9.9, 29.2)	9.6	(3.9, 21.8)	64.2	(51.2, 75.4)	100
65+	1.1	(0.3, 3.4)	10.3	(5.2, 19.5)	12.7	(6.0, 25.2)	75.9	(63.7, 84.9)	100
Residence									
Urban	8.1	(3.8, 16.4)	23.9	(16.2, 33.8)	8.9	(4.4, 17.2)	59.2	(48.2, 69.3)	100
Rural	5.6	(2.3, 12.7)	16.5	(10.5, 25.0)	16.2	(10.5, 24.0)	61.8	(52.4, 70.4)	100
Education Level									
No formal education	-	-	-	-	-	-	-	-	100
Less than primary	-	-	-	-	-	-	-	-	100

Primary, less than secondary	8.9	(4.2, 18.0)	16.6	(10.3, 25.7)	14.6	(8.2, 24.4)	59.9	(49.3, 69.8)	100
Secondary or higher	1.3	(0.4, 4.5)	18.7	(9.9, 32.5)	12.5	(6.0, 24.4)	67.5	(52.0, 79.8)	100
Wealth index									
Lowest	0.9	(0.1, 6.1)	19.1	(8.2, 38.3)	21.6	(10.5, 39.4)	58.4	(41.2, 73.8)	100
Low	7.4	(1.7, 26.5)	20.9	(10.8, 36.6)	24.4	(11.5, 44.5)	47.4	(31.4, 63.9)	100
Middle	11.4	(3.8, 29.6)	23.6	(12.2, 40.6)	2.6	(0.4, 16.5)	62.4	(45.1, 77.1)	100
High	1.8	(0.5, 6.3)	7.1	(2.7, 17.1)	14.5	(7.0, 27.5)	76.7	(63.0, 86.4)	100
Highest	6.2	(1.0, 30.3)	14.9	(5.7, 33.5)	14.3	(4.7, 35.8)	64.6	(46.5, 79.4)	100

[1] Among people who formerly smoked daily (current non-smoking).

Table 4.9A presents the percentage distribution of adults who formerly used smokeless tobacco daily by time since quitting smokeless tobacco use. About 7.1% of adults who formerly used smokeless tobacco daily had abstained from using it since last one year; 22.2% had quit for between one to five years; 16.3% had quit for between five to ten years; and 54.4% had stopped smokeless tobacco use for ten or more years.

Table 4.9A: Percentage distribution of adults ≥15 years old who formerly used smokeless tobacco every day, by time since quitting smokeless tobacco use and selected demographic characteristics, GATS Sri Lanka, 2020

Demographic Characteristics	Time since quitting smokeless tobacco use (years)[1]								Total
	<1		1 to <5		5 to <10		≥10		
	Percentage (95% CI)								
Overall	7.1	(3.0, 15.6)	22.2	(12.6, 36.1)	16.3	(9.1, 27.5)	54.4	(40.2, 67.9)	100
Gender									
Male	6.0	(1.7, 19.2)	27.3	(14.7, 45.0)	9.8	(4.3, 20.8)	56.9	(39.4, 72.8)	100
Women	-	-	-	-	-	-	-	-	100
Age (years)									
15-24	-	-	-	-	-	-	-	-	100
25-44	-	-	-	-	-	-	-	-	100
45-64	7.0	(1.8, 23.3)	14.9	(4.3, 40.4)	20.8	(9.5, 39.5)	57.4	(36.9, 75.6)	100
65+	3.9	(0.9, 14.7)	26.7	(13.1, 46.9)	11.6	(4.4, 27.1)	57.8	(37.4, 75.9)	100
Residence									
Urban	-	-	-	-	-	-	-	-	100
Rural	6.9	(2.7, 16.3)	20.8	(10.8, 36.4)	16.2	(8.6, 28.6)	56.1	(40.5, 70.5)	100
Education Level									
No formal education	-	-	-	-	-	-	-	-	100
Less than primary	-	-	-	-	-	-	-	-	100
Primary, less than secondary	8.7	(2.8, 23.6)	20.5	(10.4, 36.5)	19.8	(9.6, 36.6)	51.0	(33.3, 68.4)	100
Secondary or higher	-	-	-	-	-	-	-	-	100
Wealth index									
Lowest	6.5	(2.5, 15.9)	18.0	(7.9, 36.2)	21.3	(9.7, 40.4)	54.2	(35.1, 72.1)	100

Low	-	-	-	-	-	-	-	-	100
Middle	-	-	-	-	-	-	-	-	100
High	-	-	-	-	-	-	-	-	100
Highest	-	-	-	-	-	-	-	-	100
[1] Among former daily smokeless tobacco users (current non-smokeless tobacco users).									

4.7. Prevalence of tobacco use by background characteristics

Table 4.10 presents the percentage and distribution of adults who were 15 years or older and currently used tobacco, by tobacco use pattern and selected socio-demographic characteristics. The current tobacco use patterns were: 1) smoking only; 2) smokeless tobacco use only; and 3) both smoking and smokeless tobacco use. Overall, 19.4% of adults in Sri Lanka currently used tobacco in some form or the other. Among adults who currently used tobacco, nearly one in three adults (30.6%) smoked tobacco but did not use smokeless tobacco; more than half of adults (52.8%) used smokeless tobacco but did not smoke; and the remaining 16.5% used smoking tobacco as well as smokeless tobacco (dual use).

As mentioned earlier, prevalence of any tobacco use in Sri Lanka was 36.3% among men and 4.9% among women. Among those who currently used tobacco, almost every woman consumed smokeless tobacco (99.2%). Conversely, the prevalence of smoking (0.2%) and dual use (0.7%) among women was negligible. Among adults who currently used tobacco, the proportion of those who only smoked tobacco was 22.4% among 15-24 years age-group, 34.2% among 25-44 years age-group, 33.4% among the 45-64 years age-group, and 21.6% among the 65 years and above age-group. Among adults who currently used tobacco, the proportion of those who used only smokeless tobacco was 74.9% among the 15-24 years age-group, 39.6% among the 25-44 years age-group, 49.3% among the 45-64 years age-group, and 74.5% among the 65 years and above age-group. Dual use across the age-groups ranged from 2.7% among the 15-24 years age-group to 26.2% among the 25-44 years age-group. In urban areas, 47.9% of adults smoked tobacco only and 38.9% used smokeless tobacco. In rural areas, 28.3% of adults smoked tobacco and 54.7% used smokeless tobacco only. Overall, 13.1% of adults in urban areas and 17.0% in rural areas used both smoking and smokeless tobacco.

The proportion of adults who smoked tobacco only and used smokeless tobacco only among adults who currently used tobacco varied across education levels and wealth indices. The use of smoking tobacco only ranged from 17.4% (adults with no formal education) to 32.2% (adults with primary, but less than secondary education). The use of smokeless tobacco only among adults who currently used tobacco ranged from 50.0% (those with primary, but less than secondary education) to 64.4% (those with no formal education). The use of smoking tobacco only among adults who currently used tobacco by wealth index ranged from 26.9% (those in middle wealth quintile) to 38.0% (those in high wealth quintile).

Table 4.10: Percentage and distribution of adults ≥15 years old who currently used tobacco, by tobacco use pattern and selected demographic characteristics, GATS Sri Lanka, 2020

Demographic Characteristics	Current Tobacco Users[1]		Type of Current Tobacco Use[2]						
		Smoked only		Smokeless only		Both smoked and smokeless		Total	
	Percentage (95% CI)								
Overall	19.4	(18.1, 20.7)	30.6	(27.4, 34.1)	52.8	(49.1, 56.5)	16.5	(13.9, 19.6)	100
Gender									

Men	36.2	(33.9, 38.5)	35.4	(31.7, 39.3)	45.6	(41.6, 49.7)	19.0	(16.0, 22.5)	100
Women	4.9	(3.9, 6.0)	0.2	(0.0, 1.1)	99.2	(97.1, 99.8)	0.7	(0.2, 2.9)	100
Age (years)									
15-24	5.8	(4.2, 7.9)	22.4	(12.6, 36.6)	74.9	(60.5, 85.3)	2.7	(0.5, 14.4)	100
25-44	18.2	(16.3, 20.3)	34.2	(28.7, 40.2)	39.6	(33.8, 45.8)	26.2	(21.1, 32.0)	100
45-64	25.4	(23.0, 27.9)	33.4	(28.5, 38.7)	49.3	(43.5, 55.2)	17.2	(13.2, 22.3)	100
65+	26.0	(22.3, 30.0)	21.6	(15.4, 29.5)	74.5	(66.5, 81.1)	3.9	(1.5, 9.5)	100
Residence									
Urban	13.2	(11.8, 14.7)	47.9	(42.3, 53.6)	38.9	(33.5, 44.7)	13.1	(10.0, 17.0)	100
Rural	20.7	(19.2, 22.3)	28.3	(24.7, 32.3)	54.7	(50.5, 58.8)	17.0	(14.0, 20.5)	100
Education Level									
No formal education	44.3	(35.5, 53.5)	17.4	(9.0, 30.8)	64.4	(51.5, 75.4)	18.3	(9.9, 31.2)	100
Less than primary	34.9	(29.6, 40.6)	29.8	(22.0, 39.0)	55.2	(45.7, 64.4)	15.0	(9.4, 23.1)	100
Primary, less than secondary	24.7	(22.7, 26.9)	32.2	(28.0, 36.8)	50.0	(45.3, 54.6)	17.8	(14.5, 21.7)	100
Secondary or higher	8.2	(7.0, 9.6)	31.2	(24.4, 38.9)	55.7	(46.8, 64.2)	13.2	(8.3, 20.2)	100
Wealth index									
Lowest	29.0	(25.9, 32.4)	29.1	(23.7, 35.3)	50.5	(44.2, 56.8)	20.4	(15.6, 26.2)	100
Low	23.8	(20.9, 26.9)	31.9	(25.9, 38.6)	51.7	(45.3, 58.1)	16.4	(12.0, 22.0)	100
Middle	18.8	(16.3, 21.5)	26.9	(20.7, 34.2)	57.5	(49.4, 65.1)	15.6	(10.5, 22.6)	100
High	13.4	(11.1, 16.2)	38.0	(29.1, 47.7)	51.6	(41.3, 61.7)	10.5	(5.7, 18.6)	100
Highest	10.6	(8.5, 13.2)	29.8	(20.7, 40.9)	53.5	(41.2, 65.4)	16.7	(9.5, 27.8)	100
[1] Among all adults. Includes daily and occasional (less than daily) smoking or smokeless tobacco use.									
[2] Among people who currently use tobacco.									

4.8. Time to first tobacco use of the day

This section presents one more important dimension of tobacco use: time to first use of tobacco during the day. Time to first use of tobacco after waking up indicates the level of an individual's dependence on nicotine.

4.8.1. Time to first smoke of the day upon waking

Table 4.11 presents the distribution of adults who smoked daily by time to first smoke upon waking and selected demographic characteristics. Among adults who smoked daily, 3.8% had their first smoke within five minutes of waking up; 30.4% smoked after five minutes but within 30 minutes; 18.9% smoked within half an hour to an hour of waking up; and the remaining 46.9% smoked their first cigarettes more than an hour after waking up. Overall, nearly one out of every three adults (34.2%) who smoked daily smoked within half an hour of getting up from bed, and more than half (53.1%) smoked within the first hour of waking up.

The proportion of adults who smoked daily and smoked within five minutes of waking up ranged from 2.2% among 25-44 years age-group to 4.9% among 45-64 years age-group; those who smoked within six to 30 minutes ranged from 26.8% among 25-44 years age-group to 33.0% among the 65 years and above age-group. The proportion of those who smoked within 31 to 60 minutes of waking up ranged from 17.1% among 25-44 years age-group to 29.9% among 65 years and above age-group. The proportion of adults who smoked after 60 minutes of waking up ranged from 32.9% among the 65 years and above age-group to 53.9% among 25-44 years age-group.

In urban areas, the proportion was 6.8% for those who smoked within five minutes of waking up, 30.6% for those who smoked within six to thirty minutes, 17.8% for those who smoked within 31-60 minutes, and 44.8% for those who smoked after sixty minutes. In rural areas, 3.2% smoked within five minutes of waking up, 30.4% within six to thirty minutes, 19.1% within 31-60 minutes and 47.3% after sixty minutes.

Among those with no formal education, 6.5% smoked within five minutes of waking up, 35.5% within six to thirty minutes, 26.2% within 31-60 minutes, and 31.8% after sixty minutes.

Table 4.11: Percentage distribution of adults ≥15 years old who smoked every day, by time to first smoke upon waking and selected demographic characteristics, GATS Sri Lanka, 2020

Demographic Characteristics	Time to first smoke								Total
	≤5 minutes		6-30 minutes		31-60 minutes		>60 minutes		
	Percentage (95% CI)								
Overall	3.8	(2.1, 6.8)	30.4	(25.2, 36.2)	18.9	(14.8, 23.8)	46.9	(41.4, 52.6)	100
Gender									
Men	3.8	(2.1, 6.8)	30.5	(25.3, 36.3)	18.8	(14.7, 23.7)	46.9	(41.4, 52.6)	100
Women	-	-	-	-	-	-	-	-	100
Age (years)									
15-24	-	-	-	-	-	-	-	-	100
25-44	2.2	(0.8, 5.6)	26.8	(19.7, 35.3)	17.1	(11.0, 25.7)	53.9	(44.5, 63.0)	100
45-64	4.9	(2.3, 10.2)	32.7	(25.1, 41.2)	17.7	(12.1, 25.1)	44.7	(36.4, 53.3)	100
65+	4.2	(0.7, 21.4)	33.0	(17.8, 52.8)	29.9	(16.4, 48.1)	32.9	(19.1, 50.4)	100
Residence									
Urban	6.8	(3.9, 11.6)	30.6	(24.2, 37.8)	17.8	(12.6, 24.6)	44.8	(36.8, 53.0)	100
Rural	3.2	(1.5, 7.0)	30.4	(24.4, 37.1)	19.1	(14.4, 24.8)	47.3	(40.9, 53.8)	100
Education Level									
No formal education	6.5	(1.7, 21.6)	35.5	(15.1, 62.9)	26.2	(12.1, 47.7)	31.8	(15.0, 55.3)	100
Less than primary	1.4	(0.4, 4.8)	37.4	(23.5, 53.7)	16.7	(8.0, 31.4)	44.6	(30.6, 59.4)	100
Primary, less than secondary	3.6	(1.7, 7.5)	28.4	(22.4, 35.3)	20.6	(15.4, 27.0)	47.4	(40.3, 54.6)	100
Secondary or higher	6.4	(1.5, 23.8)	29.2	(17.9, 43.9)	9.8	(4.3, 20.8)	54.6	(39.9, 68.5)	100
Wealth index									
Lowest	3.9	(1.5, 9.8)	40.4	(29.8, 51.9)	21.3	(13.7, 31.5)	34.5	(25.1, 45.3)	100
Low	3.7	(1.3, 9.9)	27.4	(19.0, 37.8)	18.0	(11.4, 27.3)	50.9	(39.8, 62.0)	100
Middle	4.0	(1.2, 12.5)	29.1	(18.4, 42.6)	16.8	(9.3, 28.4)	50.1	(36.8, 63.4)	100
High	5.3	(0.7, 29.3)	22.3	(11.0, 39.9)	19.9	(9.8, 36.2)	52.5	(36.9, 67.7)	100
Highest	0.8	(0.1, 5.9)	19.2	(6.6, 44.4)	16.8	(4.0, 49.3)	63.1	(37.4, 83.0)	100

4.8.2. Time to first use of smokeless tobacco of the day upon waking

Table 4.11A presents the distribution of adults who used smokeless tobacco daily by time of first use after waking up. Five percent of adults who used smokeless tobacco daily consumed their first smokeless tobacco product within five minutes of waking up; another 23.0% used smokeless tobacco after five minutes but within thirty minutes; 16.6% used smokeless tobacco between 31 to 60 minutes of waking up; and the remaining 55.4% used their first smokeless tobacco product more than sixty minutes after waking up. Overall, more than one out of every four (28.0%) adults who

used smokeless tobacco daily reported that they consumed their first smokeless tobacco product within thirty minutes of getting up from bed, and less than half (44.6%) used smokeless tobacco within the first sixty minutes after waking up.

The proportion of adults who used smokeless tobacco daily and used smokeless tobacco within five minutes of waking up was 5.0% among men and 4.9% among women; within six to thirty minutes of waking up was 23.1% among men and 22.4% among women; within 31 to 60 minutes of waking up was 17.4% among men and 13.8% among women; and more than sixty minutes after waking up was 54.5% among men and 58.9% among women.

Across education levels, time to first use of smokeless tobacco within five minutes ranged from 0.9% among those with less than primary education to 16.2% among those with no formal education. First use of smokeless tobacco within six to thirty minutes ranged from 18.8% among those with primary education to 24.9% among those with secondary or higher education. First use of smokeless tobacco within 31 to 60 minutes ranged from 16.1% among those with secondary or higher education to 20.2% among those with no formal education.

In terms of wealth index, the first use of smokeless tobacco within five minutes of waking up ranged from 0.5 % among those in the high wealth quintile to 10.5% among those in the low wealth quintile. Time to first smokeless tobacco used within six to thirty minutes ranged from 19.2% among those in the high wealth quintile to 26.5% among those in the low wealth quintile. Time to first smokeless tobacco used within 31 to 60 minutes ranged from 8.0% among those in the highest wealth quintile to 32.8% among those in the high wealth quintile. The proportion of those who first used smokeless tobacco after sixty minutes of waking up ranged from 47.6% among those in the high wealth quintile to 64.9% among those in the middle wealth quintile.

Table 4.11A: Percentage distribution of adults ≥15 years old who used smokeless tobacco every day, by time to first smokeless tobacco use upon waking and selected demographic characteristics, GATS Sri Lanka, 2020

Demographic Characteristics	Time to first smokeless use								Total
	≤5 minutes		6-30 minutes		31-60 minutes		>60 minutes		
	Percentage (95% CI)								
Overall	5.0	(3.2, 7.5)	23.0	(19.1, 27.4)	16.6	(13.2, 20.6)	55.4	(50.6, 60.2)	100
Gender									
Men	5.0	(3.1, 8.0)	23.1	(18.7, 28.3)	17.4	(13.5, 22.2)	54.5	(49.1, 59.8)	100
Women	4.9	(1.7, 13.1)	22.4	(15.3, 31.6)	13.8	(7.9, 22.9)	58.9	(47.7, 69.3)	100
Age (years)									
15-24	-	-	-	-	-	-	-	-	100
25-44	4.8	(2.2, 10.5)	15.3	(9.6, 23.6)	15.4	(9.7, 23.5)	64.5	(55.3, 72.8)	100
45-64	5.7	(3.2, 10.0)	25.1	(19.1, 32.3)	17.2	(12.5, 23.1)	52.0	(44.6, 59.2)	100
65+	4.6	(1.6, 12.4)	29.9	(21.5, 39.8)	16.5	(11.0, 23.9)	49.0	(39.0, 59.2)	100
Residence									
Urban	7.3	(4.1, 12.7)	31.4	(23.6, 40.4)	12.6	(7.8, 19.9)	48.7	(40.0, 57.5)	100
Rural	4.8	(2.9, 7.6)	22.2	(18.1, 27.0)	17.0	(13.4, 21.3)	56.0	(50.8, 61.1)	100
Education Level									
No formal education	16.2	(8.0, 30.2)	18.8	(8.7, 36.1)	20.2	(11.2, 33.8)	44.7	(29.6, 60.9)	100
Less than primary	0.9	(0.3, 3.1)	21.1	(13.2, 32.0)	17.2	(10.4, 27.2)	60.8	(49.0, 71.5)	100
Primary, less than secondary	5.2	(3.0, 8.9)	24.0	(19.1, 29.8)	16.2	(12.1, 21.3)	54.6	(48.5, 60.5)	100

Secondary or higher	1.9	(0.3, 12.5)	24.9	(15.1, 38.2)	16.1	(7.7, 30.8)	57.0	(43.2, 69.8)	100
Wealth index									
Lowest	3.3	(1.3, 7.9)	21.7	(15.5, 29.4)	18.7	(13.2, 25.9)	56.3	(47.4, 64.9)	100
Low	10.5	(5.7, 18.5)	26.5	(18.7, 36.0)	13.5	(8.3, 21.3)	49.5	(40.4, 58.6)	100
Middle	2.2	(0.6, 7.5)	22.1	(14.3, 32.4)	10.8	(5.7, 19.4)	64.9	(54.1, 74.4)	100
High	0.5	(0.1, 3.2)	19.2	(10.8, 31.7)	32.8	(20.5, 48.0)	47.6	(33.9, 61.7)	100
Highest	9.0	(2.7, 26.5)	25.8	(13.6, 43.4)	8.0	(1.9, 27.4)	57.2	(38.9, 73.7)	100

Key points:

There are multiple forms of tobacco use in Sri Lanka. The different tobacco products which are consumed across the country include both smoking (manufactured cigarettes, bidis, Suruttu [cigars], and other smoking tobacco products) and smokeless (betel quid with tobacco, loose tobacco, commercial preparations, and other smokeless tobacco products) forms.

- GATS 2020 Sri Lanka revealed that nearly 3.2 million adults (19.4%) in the country aged 15 years and above currently consumed tobacco in some form. Nearly 1.5 million (9.1%) smoked tobacco and 2.2 million (13.4%) used smokeless tobacco.
- Manufactured cigarettes (13.4%) and betel quid with tobacco (13.3%) were the two most common forms of tobacco used in the country.
- Overall, any tobacco use in Sri Lanka was 36.2% among men and 4.9% among women.
- Among adults who currently used tobacco, the prevalence of smoking was higher among the middle-aged groups (34.2% in the 25–44-year-old age-group and 33.4% in the 45–64-year-old age-group), while prevalence of smokeless tobacco use was higher among the 15–24-year-old (74.9%) and over 65-year-old (74.5%) age-groups.
- The 25–44-year-old age-group had the highest proportion of adults (26.2%) consuming both smoking and smokeless forms (dual-use) of tobacco.
- Urban residents who consumed tobacco preferred smoking, while the rural residents who used tobacco preferred smokeless tobacco products and were more likely to consume both forms concurrently (dual use).
- The prevalence of any form of tobacco use ranged from 10.6% among adults in the highest wealth quintile to 29.0% among those in the lowest wealth quintile.
- The prevalence of any form of tobacco use ranged from 8.2% among adults having secondary or higher education to 44.3% among those having no formal education.

Prevalence of tobacco smoking:

- A total of 1.5 million adults (9.1%), almost exclusively men, currently smoked tobacco. Among those who currently smoked, 1.1 million smoked every day and 0.4 million smoked some days.
- The commercially manufactured cigarettes were the most commonly used smoking products (6.2%), followed by bidis (4.9%), Suruttu (1.0%), and others (0.8%). Most of the adults who currently smoked used multiple forms of smoking tobacco concurrently.

- The majority of adults who currently smoked were in the 45–64-year-old (0.7 million) and 25–44-year-old (0.6 million) age-groups and resided in rural areas (1.3 million). Majority of these adults had primary but less than secondary education (1.0 million) and belonged to the lowest wealth quintile (0.4 million).

- The proportion of adults who smoked cigarettes every day (4.0%) was almost double that of those who smoked cigarettes some days (2.2%).

- The proportion of adults who smoked bidis every day (3.9%) was more than four times that of those who smoked bidis some days (0.9%).

- Among adults who smoked every day, the typical frequency of cigarette smoking was an average of 4.0 cigarette sticks per day and that of bidi smoking was an average of 7.1 bidis per day. Nearly 70.1% of all adults who smoked bidis every day smoked less than 10 bidis per day, whereas among those who smoked cigarettes every day, 91.3% smoked less than 10 cigarettes per day.

- The mean age of daily smoking initiation in Sri Lanka was 19.9 years. Nearly 48.1% of those who ever smoked every day in the 20–34-year-old age-group started smoking tobacco on a daily basis before attaining the age of 20 years.

- Nearly 4.0% of the adult population was formerly smoking tobacco every day but had now completely stopped smoking. The quit ratio for smoking was 34.6% i.e., about one in every three adults who ever smoked every day had now completely stopped smoking.

- About 5.9% of those who no longer smoked daily had abstained from smoking for less than a year; 17.6% had quit smoking for one to five years; 15.1% had quit for five to ten years; and 61.4% had stopped smoking for ten or more years.

- Nearly 34.2% of adults who smoked every day resorted to smoking within half an hour of getting up from bed, and more than half (53.1%) smoked within the first hour of waking up.

Prevalence of smokeless tobacco use:

- Nearly 2.2 million adults (13.4%) currently consumed smokeless tobacco. Among adults who currently used smokeless tobacco, 1.7 million engaged in daily and 0.5 million in occasional usage.

- Approximately 1.8 million adult men (23.4%) and 0.4 million adult women (4.9%) currently used smokeless tobacco.

- Betel quid with tobacco was the most commonly used smokeless tobacco product in Sri Lanka (13.3%). Additionally, other forms of smokeless tobacco products included loose tobacco (5.6%) and commercial preparations (2.3%). A small proportion of adults (0.9%) consumed other smokeless tobacco products.

- The majority of adults who currently consumed smokeless tobacco were in the 45–64-year-old age-group (0.9 million) and resided in rural areas (2.0 million). Majority of these adults had primary but less than secondary education (1.3 million) and belonged to the lowest wealth quintile (0.6 million).

- The prevalence of daily smokeless tobacco use (10.5%) was more than 3.5 times that of occasional use (2.9%).

- Adults who consumed smokeless tobacco every day did so at an average of 8.0 times per day. Nearly 67.6% of all those who used smokeless tobacco every day consumed the product less than ten times per day.

- About 7.1% of those who no longer consumed smokeless tobacco daily had abstained for less than a year; 22.2% had quit for one to five years; 16.3% had quit for five to ten years; and 54.4% had stopped smokeless tobacco use for ten or more years.

- Twenty-eight percent of those who used smokeless tobacco every day reported that they consumed their first smokeless tobacco product within half an hour and 44.6% consumed it within the first hour of waking up.

Prevalence of consumption of areca nut and related products:

Among all adults aged 15 years and above, 16.9% consumed betel quid without tobacco and 7.0% consumed some forms of areca nut (plain, powdered, or flavored). 19.3% men and 14.7% women consumed betel quid without tobacco, whereas 9.5% men and 4.8% women consumed some forms of areca nut.

5. Tobacco cessation:

Consumption of both smoking and smokeless tobacco products is addictive. It is now well recognized that a significant number of users of tobacco would like to quit but given the state of chronic dependence they are in, quitting is not easy. Yet, it is also recognized that deaths and disease due to tobacco use can be reduced significantly through an increased emphasis on cessation programs. It has been projected that by 2050, if the focus is only on prevention of initiation and not cessation, the result will be an additional 160 million deaths among adults who smoke globally (1). It is also recognized that soon after quitting, blood pressure and the risks of heart attack, stroke, lung cancer, and other cancers are reduced (2).

WHO MPOWER policy calls for 'Offer to help tobacco users to quit' as an important strategy to reduce the demand of tobacco. It is imperative that the tobacco control programs provide cessation services at all levels of healthcare. This chapter presents findings based on information collected during the survey regarding the desire to quit, the contribution that healthcare providers make towards supporting users of tobacco to quit, as well as various cessation initiatives including the current levels of success in quitting.

5.1 Quit attempts among adults who used tobacco

5.1.1. Quit attempts among adults who smoked tobacco

The findings about cessation attempts among adults who smoked are presented in Table 5.1. In the twelve months prior to the survey, one in every three adults who smoked (34.6%) had made an attempt to quit smoking. Quit attempts among women and all adults aged 15-24 years have not been calculated due to inadequate number of responses. The quit attempts obtained in the survey therefore essentially represents that of adult men.

Quit attempts were made by 37.0% urban and 34.2% rural adults who currently smoked tobacco. The proportion of quit attempts ranged from 38.9% in 25-44 years age-group to 22.5% in the 65 years and above age-group.

With respect to education levels, quit attempts among adults who smoked tobacco were made by 21.1% of those having no formal schooling, 39.7% of those having secondary/higher education, and 43.3% of those having less than primary schooling. Among those who had completed primary but less than secondary level education, 32.5% made quit attempts. Among wealth quintiles, 23.3% of the adults in the lowest wealth category made quit attempts and 42.3% in the middle and high wealth categories made quit attempts. Adults in the highest wealth quintile made more quit attempts (34.8%).

5.1.2. Quit attempts among users of smokeless tobacco

The data with respect to quit attempts by users of smokeless tobacco (Table 5.1A) shows a slightly different pattern; approximately one in every four (23.6%) users of smokeless tobacco made attempts to quit in the 12 months preceding the survey. Approximately 23.3% of men and 24.9% of women who consumed smokeless tobacco attempted to quit. Approximately 24.4% of urban and 23.5% of rural people who consumed smokeless tobacco attempted to quit. The proportion of users who attempted to quit ranged from 25.6% in 65 years and above age-group to only 17.0% in 15-24 years age-group.

Individuals with secondary/higher education made the highest proportion of quit attempts (28.4%). Adults with no formal education had the lowest proportion of quit attempts (14.7%). With regard to wealth quintiles, more than a quarter of individuals in the highest wealth quintile made quit attempts (27.5%); only 19.7% individuals in the middle wealth quintile made quit attempts.

Table 5.1: Percentage of adults ≥15 years old who smoked and who made a quit attempt and received health care provider advice in the past 12 months, by selected demographic characteristics, GATS Sri Lanka, 2020

Demographic Characteristics	Smoking cessation and health care seeking behavior							
	Made quit attempt[1]		Visited a HCP[1,2]		Asked by HCP if person smoked[2,3]		Advised to quit by HCP[2,3]	
	Percentage (95% CI)							
Overall	34.6	(29.8, 39.8)	38.5	(33.9, 43.3)	55.3	(47.1, 63.3)	47.0	(38.7, 55.5)
Gender								
Men	34.5	(29.7, 39.7)	38.5	(34.0, 43.4)	55.3	(47.1, 63.3)	47.0	(38.7, 55.5)
Women	-	-	-	-	-	-	-	-
Age (years)								
15-24	-	-	-	-	-	-	-	-
25-44	38.9	(31.6, 46.8)	37.0	(30.4, 44.0)	46.8	(34.7, 59.2)	34.4	(23.8, 46.8)
45-64	34.4	(27.7, 41.8)	38.3	(31.0, 46.3)	62.7	(49.9, 74.0)	55.5	(43.3, 67.0)
65+	22.5	(11.3, 39.7)	46.8	(32.7, 61.4)	66.8	(43.4, 84.1)	65.1	(42.0, 82.7)
Residence								
Urban	37.0	(31.1, 43.3)	40.0	(34.0, 46.3)	53.9	(43.8, 63.8)	45.4	(35.9, 55.4)
Rural	34.2	(28.6, 40.2)	38.2	(32.9, 43.7)	55.6	(45.9, 64.8)	47.3	(37.6, 57.2)
Education Level								
No formal education	21.1	(8.4, 44.0)	22.3	(8.7, 46.4)	-	-	-	-
Less than primary	43.3	(30.2, 57.5)	36.6	(24.6, 50.4)	50.2	(31.2, 69.2)	41.7	(24.6, 61.0)
Primary, less than secondary	32.5	(26.5, 39.1)	41.0	(35.0, 47.4)	55.8	(45.2, 65.9)	49.7	(39.3, 60.2)
Secondary or higher	39.7	(29.7, 50.7)	34.1	(24.0, 46.0)	65.3	(47.6, 79.6)	44.9	(28.4, 62.6)
Wealth index								
Lowest	23.3	(16.4, 32.0)	37.4	(29.4, 46.0)	48.3	(34.1, 62.8)	42.1	(28.4, 57.1)
Low	36.6	(27.3, 47.1)	37.6	(28.5, 47.7)	56.6	(40.5, 71.5)	47.1	(30.5, 64.2)
Middle	42.3	(31.8, 53.5)	31.8	(23.2, 41.8)	62.9	(44.1, 78.4)	56.1	(37.7, 72.9)
High	42.3	(29.9, 55.7)	37.9	(27.3, 49.7)	62.6	(43.5, 78.5)	45.5	(26.7, 65.6)
Highest	34.8	(21.3, 51.3)	60.4	(43.4, 75.1)	50.3	(28.2, 72.2)	46.7	(25.5, 69.2)

[1] Among people who currently smoked and formerly smoked who have been abstinent for less than 12 months.

[2] HCP = health care provider.

[3] Among people who currently smoked and formerly smoked who have been abstinent for less than 12 months, and who visited a HCP during the past 12 months.

'- Indicates estimate is suppressed due to unweighted sample size less than 25

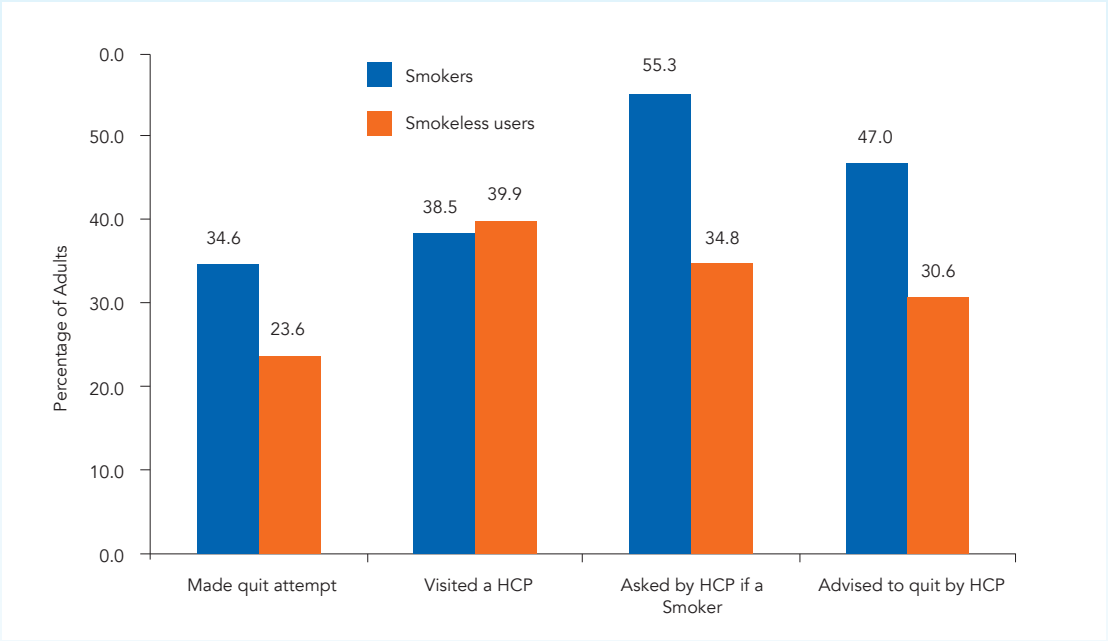

Figure 5.1: Percentage of adults ≥15 years old who made a quit attempt, visited a health care provider (HCP), were asked by the HCP if using tobacco products and were advised to quit by the HCP in the past 12 months by tobacco use type, GATS Sri Lanka, 2020

5.2 Visit to Healthcare Provider (HCP) by tobacco use and advice on quitting

5.2.1. Visits by adults who smoked tobacco

Table 5.1 shows that more than one in every three adults who smoked (38.5%) had visited a healthcare provider within twelve months prior to the survey. Adults who currently smoked as well as formerly smoked but had abstained for less than twelve months are included in this analysis.

Of those who had visited healthcare providers, more than half (55.3%) had been asked whether they were smoking, and 47.0% had been advised to quit by the provider, signifying that about 85.0% of those who were asked whether they were smoking were also advised to quit.

The proportion of adults visiting a healthcare provider and asked whether they smoked ranged from 46.8% among 25–44 age-group and 66.8% among 65 and above age-group. Further, 73.5% of adults who currently smoked in the age-group 25-44 years were asked whether they smoked and were asked to quit as compared to 97% in the 65 and above age-group.

A possible reason for this could be that person of younger age-group visiting a healthcare provider generally show no symptoms commonly associated with tobacco use. Among the higher age-groups visiting a healthcare provider, there would often be symptoms leading the healthcare provider to think of tobacco use. Clearly, a greater focus on efforts to encourage and persuade healthcare providers to be proactive and ask the question about smoking to all, including those who may not apparently be smoking, would help.

The proportion of individuals who were asked by HCPs whether they smoked and the proportion of individuals who were asked to quit are similar across rural and urban areas; however, these proportions increased with rising education levels. Across wealth quintiles, the proportion of individuals who were asked by HCPs whether they smoked (62.9%) and the proportion of individuals who were asked to quit (56.1%) were more in the middle wealth quintile, declining in both higher and lower wealth quintiles.

5.2.2. Visits by adults who used smokeless tobacco

Table 5.1A shows that 39.9% of adults who used smokeless tobacco visited a healthcare provider within the 12 months preceding the survey. Both adults who currently and formerly used smokeless tobacco and had abstained for less than 12 months were included.

Among those who visited HCPs, only one-third (34.8%) were asked whether they used smokeless tobacco–which is considerably less than the similar query to adults who currently smoked (55.3%). However, among those who were asked, about 88% were advised to quit by the provider, similar to that of adults who currently smoked (85%). Notably, 56.6% of the women and only 28.3% of the men who used smokeless tobacco were asked by their HCPs if they used smokeless tobacco, and a similar ratio of both men and women were advised to quit.

The proportion of responses among adults who used smokeless tobacco aged 15-24 years were inadequate and hence not included in the analysis. Nearly 24.5% adults aged 25-44 years visiting a healthcare provider were asked whether they used smokeless tobacco; the corresponding figures in older age-groups were 39.6% in the 45-64 age-group and 38.5% in the 65 and above age-group. Nearly 76% of adults who used smokeless tobacco in the age-group 25-44, who were asked whether they used smokeless tobacco, were advised to quit as compared to 92% in the 45-64 age-group.

The proportion of individuals who were asked by HCPs whether they used smokeless tobacco and the proportion of individuals who were advised to quit was similar among rural and urban adults. The proportion of individuals who were asked by HCPs whether they used smokeless tobacco, and the proportion of individuals who were advised to quit decreased with rising education levels. The proportion of individuals who were asked by HCPs whether they used and were advised to quit (15.3%) was lowest in the highest wealth quintile. Although fewer individuals were identified, more than 99.9% of individuals who were identified as adults who used smokeless tobacco in the highest wealth quintile, were advised to quit.

Table 5.1A: Percentage of adults ≥15 years old who used smokeless tobacco and who made a quit attempt and received health care provider advice in the past 12 months, by selected demographic characteristics, GATS Sri Lanka, 2020

Demographic Characteristics	Smokeless tobacco cessation and health care seeking behavior							
	Made quit attempt[1]		Visited a HCP[1,2]		Asked by HCP if a user of smokeless tobacco[2,3]		Advised to quit by HCP[2,3]	
	Percentage (95% CI)							
Overall	23.6	(20.3, 27.4)	39.9	(35.4, 44.5)	34.8	(28.5, 41.6)	30.6	(24.4, 37.6)
Gender								
Men	23.3	(19.7, 27.3)	38.4	(33.6, 43.3)	28.3	(21.7, 35.9)	24.6	(18.3, 32.2)
Women	24.9	(17.7, 33.9)	46.1	(35.9, 56.6)	56.6	(41.6, 70.4)	51.0	(36.1, 65.7)
Age (years)								
15-24	17.0	(7.0, 35.8)	34.6	(19.9, 52.9)	-	-	-	-
25-44	25.3	(19.3, 32.4)	36.0	(28.8, 43.9)	24.5	(15.5, 36.4)	18.8	(11.0, 30.3)
45-64	22.2	(17.3, 28.1)	40.5	(33.4, 48.0)	39.6	(30.2, 49.8)	36.3	(26.7, 47.2)
65+	25.6	(18.8, 33.8)	45.3	(36.5, 54.5)	38.5	(26.7, 51.8)	33.9	(22.7, 47.3)
Residence								
Urban	24.4	(18.7, 31.1)	38.5	(31.5, 46.0)	38.3	(27.6, 50.2)	28.9	(20.1, 39.5)
Rural	23.5	(19.9, 27.6)	40.0	(35.2, 45.1)	34.4	(27.7, 41.9)	30.8	(24.0, 38.5)

Education Level								
No formal education	14.7	(6.8, 28.7)	46.2	(31.4, 61.7)	52.6	(32.6, 71.9)	43.3	(25.1, 63.5)
Less than primary	26.3	(17.3, 37.8)	51.4	(40.2, 62.5)	53.0	(36.0, 69.4)	49.1	(31.2, 67.2)
Primary, less than secondary	22.8	(18.7, 27.6)	40.5	(35.2, 46.0)	28.0	(20.9, 36.4)	24.7	(18.0, 32.9)
Secondary or higher	28.4	(20.5, 38.0)	23.8	(16.8, 32.6)	17.8	(8.2, 34.5)	12.0	(4.6, 27.6)
Wealth index								
Lowest	24.1	(17.8, 31.7)	46.7	(38.7, 54.9)	43.0	(31.7, 55.1)	39.0	(27.8, 51.5)
Low	26.4	(19.8, 34.2)	38.4	(29.7, 48.1)	27.6	(16.9, 41.6)	22.5	(13.2, 35.7)
Middle	19.7	(13.5, 28.0)	38.8	(30.7, 47.6)	36.2	(24.7, 49.6)	33.6	(22.4, 47.1)
High	21.2	(13.4, 31.9)	34.6	(23.9, 47.1)	36.3	(19.2, 57.7)	27.2	(12.8, 48.8)
Highest	27.5	(16.9, 41.4)	32.6	(21.3, 46.3)	15.3	(4.4, 41.7)	15.3	(4.4, 41.7)
[1] Among current smokeless tobacco users and former smokeless tobacco users who have been abstinent for less than 12 months.								
[2] HCP = health care provider.								
[3] Among current smokeless tobacco users and former smokeless tobacco users who have been abstinent for less than 12 months, and who visited a HCP during the past 12 months.								

5.3. Use of cessation methods by adults who consumed tobacco

5.3.1. Use of cessation methods by adults who smoked

Several cessation methods are available for adults who use tobacco to help them quit, including pharmacotherapy in the form of nicotine replacement therapy or other prescription medications; counseling; support through helplines, and hospital-based quitlines.

A sizeable proportion of people who use tobacco also try methods of their own choice other than these, including traditional medicines and indigenous systems. Among adults who smoke, switching to smokeless forms is often mistakenly perceived as a form of cessation. Most of those who quit, however, try to quit without any forms of assistance or do it with support from family and friends.

Table 5.2 presents the findings regarding the proportion of those who tried to quit smoking, who used any form of support, and who made quit attempts without any assistance. The survey indicates that three out of every four adults (76.7%) made quit attempts on their own without any pharmacotherapy or cessation quitline assistance, and a sizeable proportion of users (40.4%) attempted to quit with support from family and friends. Further, around one out of every ten adults (9.4%) who smoked switched to smokeless tobacco as a form of quitting smoking. The survey shows that a modest 8.5% of all adults who smoked made use of some measure of pharmacotherapy support; 7.1% had counseling support; and 1.1% used traditional medicines.

The sum of different smoking cessation methods was higher than 100%, which indicates that adults who smoked in Sri Lanka had sought multiple methods for cessation.

The proportions of adults who currently smoked in the 45–64-year age-group and who attempted to quit without assistance (83.1%) or with the help of family and friends (43.9%) were high. The younger age-group had a high inclination towards pharmacotherapy and counseling/advice and the use of traditional medicines among this age-group was not reported.

Use of pharmacotherapy as a support for cessation was observed among 11.6% of urban and 7.8% of rural adults. Pharmacotherapy use increased with rise in education and was most common in the middle wealth quintile. The pattern of counseling/advice support was similar to that of pharmacotherapy. It was more common in urban areas, in individuals with higher education levels, and among the ones in the middle wealth quintile.

Switching to smokeless tobacco as a form of smoking cessation was adopted by 9.4% of adults who smoked. Individuals who did so were more commonly residents of rural areas (10.5%), received less than primary education (14.4%), and belonged to the lowest wealth quintile (13.5%). The use of traditional medicines followed a similar pattern and was common among adults who smoked in rural areas (1.3%), who had less than primary education (3.3%), and who were in the lowest wealth quintile (2.9%).

The proportion of adults who smoked and who attempted to quit without assistance was 80.7% in urban and 75.9% in rural areas. The quit attempt without assistance was common among those with less than primary education (>99.9%), and in the low wealth quintile (84.6%) (Figure 5.2).

Table 5.2: Percentage of adults ≥15 years old who smoked and who attempted to quit smoking in the past 12 months, by cessation methods used and selected demographic characteristics, GATS Sri Lanka, 2020

Demographic Characteristics	Use of Cessation Method[1]											
	Pharmacotherapy[2]		Counseling/ Advice[3]		Traditional medicines		Attempt to quit without assistance		Switch to smokeless tobacco		Quit with support from family and friends	
	Percentage (95% CI)											
Overall	8.5	(4.8, 14.4)	7.1	(3.9, 12.7)	1.1	(0.3, 4.4)	76.7	(68.5, 83.3)	9.4	(5.1, 16.7)	40.4	(32.0, 49.2)
Gender												
Men	8.5	(4.8, 14.5)	7.2	(3.9, 12.8)	1.1	(0.3, 4.4)	77.0	(68.8, 83.5)	9.5	(5.2, 16.8)	40.4	(32.1, 49.3)
Women	-	-	-	-	-	-	-	-	-	-	-	-
Age (years)												
15-24	-	-	-	-	-	-	-	-	-	-	-	-
25-44	9.9	(5.2, 18.0)	8.1	(3.3, 18.3)	0.0	N/A	69.7	(56.8, 80.1)	8.3	(3.4, 19.1)	32.7	(22.8, 44.6)
45-64	8.3	(3.0, 21.1)	3.9	(1.6, 9.0)	2.5	(0.6, 9.6)	83.1	(72.1, 90.3)	12.4	(5.1, 27.2)	43.9	(31.8, 56.8)
65+	-	-	-	-	-	-	-	-	-	-	-	-
Residence												
Urban	11.6	(6.4, 20.0)	13.3	(7.5, 22.4)	0.0	N/A	80.7	(71.2, 87.6)	4.0	(1.6, 9.4)	39.7	(30.1, 50.2)
Rural	7.8	(3.9, 15.2)	5.9	(2.6, 13.1)	1.3	(0.3, 5.3)	75.9	(66.2, 83.6)	10.5	(5.5, 19.2)	40.5	(30.8, 50.9)
Education Level												
No formal education	-	-	-	-	-	-	-	-	-	-	-	-

Less than primary	6.5	(1.3, 26.6)	3.3	(0.4, 20.8)	3.3	(0.4, 20.8)	100.0	N/A	14.4	(3.6, 42.8)	45.1	(25.9, 65.9)
Primary, less than secondary	7.6	(3.2, 17.0)	8.0	(3.7, 16.4)	0.9	(0.1, 6.1)	75.2	(63.5, 84.0)	10.0	(4.8, 19.8)	41.0	(30.1, 53.0)
Secondary or higher	14.6	(6.4, 29.9)	8.9	(2.9, 24.0)	0.0	N/A	62.3	(43.0, 78.3)	1.3	(0.3, 5.4)	35.3	(21.3, 52.5)
Wealth index												
Lowest	4.8	(1.4, 15.2)	7.7	(2.5, 21.1)	2.9	(0.4, 18.3)	80.2	(63.6, 90.3)	13.5	(4.2, 35.6)	41.5	(24.9, 60.4)
Low	6.5	(1.3, 26.5)	2.8	(0.7, 11.0)	0.0	N/A	84.6	(68.3, 93.4)	10.7	(2.9, 32.6)	41.0	(26.3, 57.6)
Middle	14.4	(5.9, 30.9)	13.7	(4.6, 34.3)	2.1	(0.3, 13.9)	69.2	(51.4, 82.7)	9.1	(2.7, 26.7)	34.6	(19.9, 52.9)
High	5.1	(2.0, 12.6)	5.3	(2.0, 13.3)	0.0	N/A	69.0	(49.4, 83.5)	1.7	(0.4, 7.0)	44.2	(26.4, 63.7)
Highest	-	-	-	-	-	-	-	-	-	-	-	-

[1] Among people who currently smoked who made a quit attempt in the past 12 months and those who formerly smoked who have been abstinent for less than 12 months.

[2] Pharmacotherapy includes nicotine replacement therapy and prescription medications.

[3] Includes counseling at a cessation clinic and a telephone quit line/helpline.

4 includes switching to smokeless tobacco and quit with support of family and friends

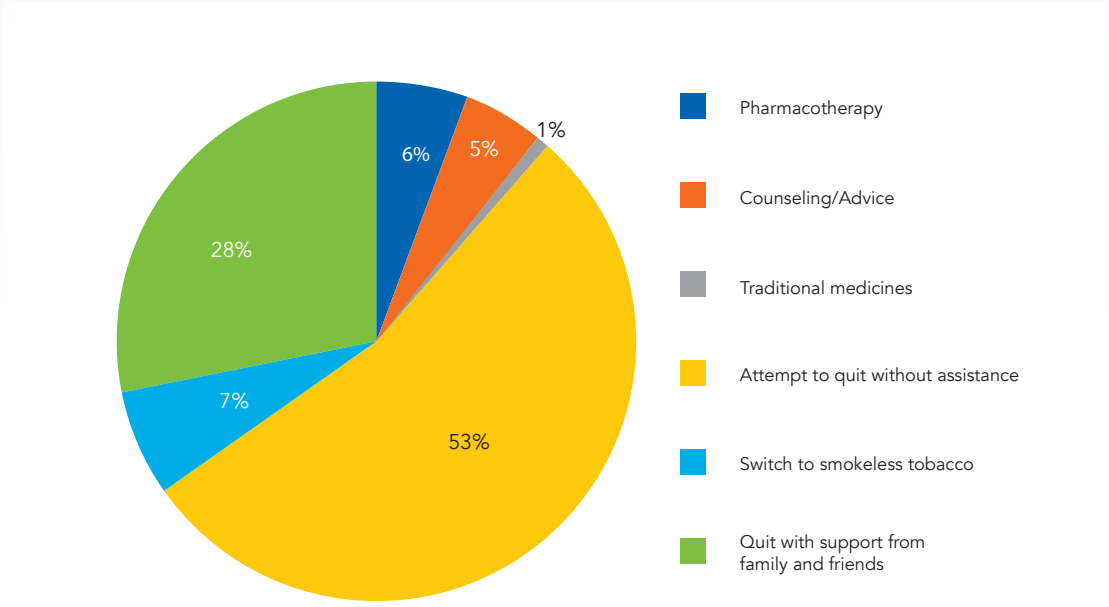

Figure 5.2: Percentage of adults ≥15 years old who smoked tobacco and who attempted to quit smoking in the past 12 months by use of specific cessation methods during their last quit attempt, GATS Sri Lanka, 2020

5.3.2. Use of cessation methods by adults who used smokeless tobacco

Table 5.2A presents the findings regarding the proportion of adults who used smokeless tobacco and who tried to quit using any form of support or who made quit attempts without any assistance. Further, the table indicates the cessation methods used among adults who currently used smokeless

tobacco and who made a quit attempt in the past 12 months and adults who formerly used smokeless tobacco and had been abstinent for less than 12 months.

The survey shows that as many as 73.7% of adults who used smokeless tobacco made the quit attempt on their own, which is similar to adults who smoked. Nearly 8.1% made use of some measure of pharmacotherapy support; 6.3% received support from counseling; 3.9% used traditional medicines (three times that of adults who smoked); and 37.0% used other means of support. The sum of different smokeless tobacco cessation methods was higher than 100%, which indicates that adults who used smokeless tobacco in Sri Lanka had sought multiple methods for cessation.

Women commonly sought pharmacotherapy and counseling/advice support and attempted quitting without any assistance. Use of other methods for cessation was high among men. The younger age-group was more likely to make a quit attempt without any assistance and more commonly sought pharmacotherapy. However, a high proportion of adults in the older age-groups sought counseling/advice support and utilized other methods. The use of traditional medicine was highest among the 45-64 age-group (6.8%).

A high proportion of urban residents who used smokeless tobacco obtained pharmacotherapy, counseling/advice, and traditional medicines for cessation. Rural residents who used smokeless tobacco mostly attempted to quit without assistance. Use of pharmacotherapy and counseling/advice support was highest among adults with no formal education. Further, a higher proportion of individuals with no formal education attempted to quit smokeless tobacco without assistance. However, use of traditional medicines and other methods was higher in advancing education levels.

Nearly four out of every five adults who used smokeless tobacco (78.6%) in the lowest wealth quintile attempted to quit without any assistance. Notably, 28.6% of adults who used smokeless tobacco in the high wealth quintile opted for pharmacotherapy; the highest among all quintiles, however, only 1.7% sought counseling/advice support (lowest among all quintiles). This indicates that a considerable proportion of affluent adults who consumed smokeless tobacco attempted to quit, even by pharmacologic methods, but do not believe in seeking counseling support for themselves.

Table 5.2A: Percentage of adults ≥15 years old who used smokeless tobacco and who attempted to quit smokeless tobacco in the past 12 months, by cessation methods used and selected demographic characteristics, GATS Sri Lanka, 2020

Demographic Characteristics	Use of Cessation Method[1]									
	Pharmacotherapy[2]		Counseling/ Advice[3]		Traditional medicines		Attempt to quit without assistance		Other	
	Percentage (95% CI)									
Overall	8.1	(4.8, 13.6)	6.3	(3.3, 11.8)	3.9	(1.7, 8.9)	73.7	(65.1, 80.7)	37.0	(29.1, 45.7)
Gender										
Men	7.0	(3.7, 12.7)	4.4	(1.6, 11.1)	3.9	(1.4, 10.4)	72.8	(62.8, 81.0)	39.9	(31.0, 49.5)
Women	12.6	(5.1, 27.7)	13.7	(5.9, 28.4)	3.9	(0.9, 15.8)	76.7	(57.3, 89.0)	26.0	(13.7, 43.8)
Age (years)										
15-24	-	-	-	-	-	-	-	-	-	-
25-44	11.9	(5.5, 23.8)	4.1	(0.6, 24.1)	2.3	(0.3, 14.6)	82.7	(68.0, 91.5)	35.4	(23.0, 50.1)
45-64	5.9	(2.4, 13.6)	6.2	(2.5, 14.3)	6.8	(2.3, 18.7)	69.6	(55.0, 81.1)	37.3	(24.5, 52.2)
65+	7.8	(2.5, 22.3)	7.7	(2.5, 20.9)	2.2	(0.3, 14.6)	70.0	(49.7, 84.6)	42.4	(27.2, 59.1)
Residence										

Urban	10.8	(4.9, 22.0)	7.8	(2.6, 21.2)	5.6	(1.0, 26.8)	69.4	(54.3, 81.2)	37.7	(25.0, 52.4)
Rural	7.9	(4.3, 13.9)	6.2	(3.0, 12.3)	3.7	(1.5, 9.3)	74.1	(64.7, 81.7)	37.0	(28.4, 46.4)
Education Level										
No formal education	-	-	-	-	-	-	-	-	-	-
Less than primary	10.6	(3.4, 28.7)	11.9	(4.1, 29.8)	0.0	N/A	76.2	(54.1, 89.7)	33.4	(14.6, 59.4)
Primary, less than secondary	9.2	(4.6, 17.4)	2.8	(1.1, 6.9)	4.5	(1.5, 12.7)	73.1	(61.6, 82.1)	36.5	(26.1, 48.4)
Secondary or higher	3.2	(0.8, 12.3)	10.1	(2.6, 31.9)	3.7	(0.6, 20.1)	69.5	(49.9, 83.9)	46.2	(28.9, 64.4)
Wealth index										
Lowest	6.5	(2.4, 16.6)	6.2	(2.5, 14.3)	2.7	(0.6, 10.9)	78.6	(63.9, 88.3)	29.8	(17.8, 45.5)
Low	5.5	(1.6, 17.3)	4.4	(1.2, 14.5)	4.1	(0.6, 24.1)	74.5	(56.0, 87.0)	40.2	(24.7, 57.9)
Middle	5.6	(1.2, 23.1)	8.7	(2.3, 27.7)	0.3	(0.0, 2.0)	63.8	(44.8, 79.3)	44.5	(26.9, 63.5)
High	28.6	(11.6, 55.1)	1.7	(0.2, 11.4)	4.2	(0.6, 25.0)	64.2	(39.0, 83.5)	28.6	(12.2, 53.6)
Highest	-	-	-	-	-	-	-	-	-	-

[1] Among current smokeless tobacco users who made a quit attempt in the past 12 months and former smokeless tobacco users who have been abstinent for less than 12 months.

[2] Pharmacotherapy includes nicotine replacement therapy such as the patch or gum, and other prescription medications.

[3] Includes counseling at a cessation clinic and a telephone quit line/helpline.

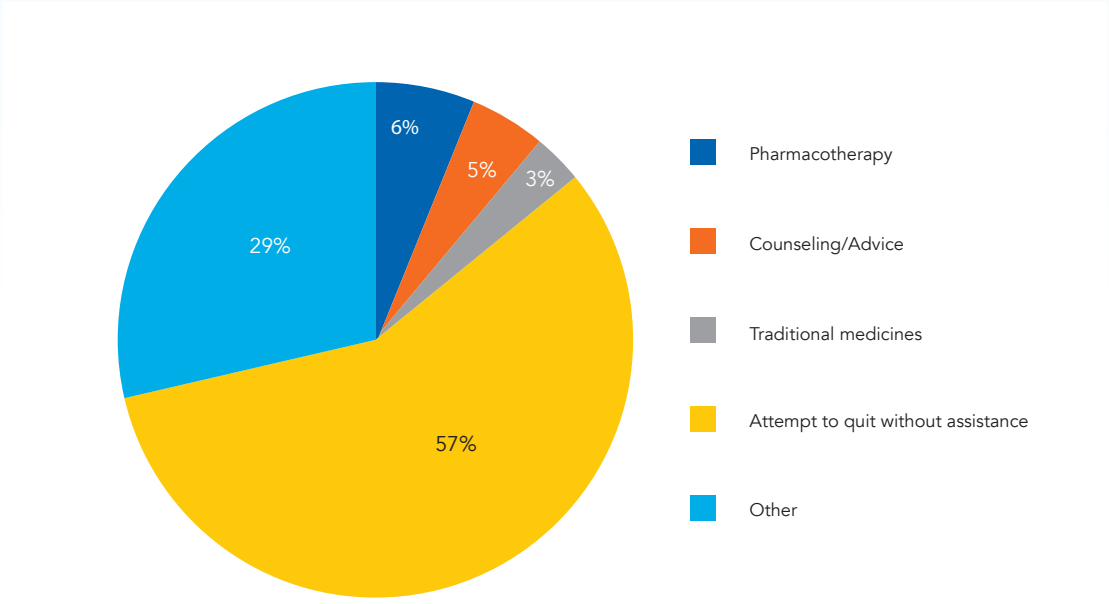

Figure 5.3: Percentage of adults ≥15 years old who consumed smokeless tobacco and who attempted to quit in the past 12 months by use of specific cessation methods during their last quit attempt, GATS Sri Lanka, 2020

5.4. The intention to quit

5.4.1 Interest in quitting among adults who smoked

It was useful to explore what proportion of adults who smoked were planning to quit, and how many were clearly not interested in quitting. Table 5.3 presents the findings regarding current adults who smoked and who had shown an interest in quitting smoking. It was observed that more than two in every five adults who smoked (42.1%) were not considering quitting at all; on the other hand, 9.3% would like to quit within the next month. More ambivalent answers were the 14.7%, who would consider quitting within the next 12 months; also, the 27.6%, who stated that they would quit someday, but not in the next 12 months; and 6.3%, who didn't know about their quitting plan. Notably, nearly 51.6% of the adults who smoked reported that they would quit either within a month or a year or someday.

These proportions almost exclusively represented the male population. No numbers were gathered for women and for adults who were in the 15–24-years age-group, due to negligible smoking prevalence in these categories. A high proportion of adults who smoked in the age-group 25-44-years indicated that they were planning to quit smoking within the next month (11.5%), or within next 12 months (17.3%), or beyond 12 months (29.9%), indicating that this age-group was considerably interested in quitting smoking. More than half of adults 65 years and older (55.7%) were not interested in quitting at all.

Differences in rural and urban population were not large; however, a high proportion of adults who smoked in rural areas (43.0%) were not interested in quitting. Adults who smoked and had lower education levels were less likely to think and plan quitting, as nearly three out of every four adults who smoked with no formal education (75.2%) were not interested in quitting. More than half of adults who smoked in the lowest wealth quintile (54.5%) were not interested in quitting, and a similar proportion in highest wealth quintile (49.2%) reported that they would quit someday, but not in the next twelve months. Adults who smoked and were in the middle and high wealth quintiles were the ones most commonly reporting that they were planning to quit in the next month or thinking about quitting in the next twelve months.

Table 5.3: Percentage distribution of adults ≥15 years old who currently smoked tobacco by interest in quitting smoking and selected demographic characteristics, GATS Sri Lanka, 2020

Demographic Characteristics	Interest in Quitting Smoking[1]										Total
	Planning to Quit Within Next Month		Thinking About Quitting Within Next 12 Months		Will Quit Someday, But Not in the Next 12 Months		Not Interested in Quitting		Don't Know		
	Percentage (95% CI)										
Overall	9.3	(6.7, 12.7)	14.7	(11.4, 18.8)	27.6	(23.5, 32.1)	42.1	(37.3, 46.9)	6.3	(4.0, 9.9)	100
Gender											
Men	9.3	(6.7, 12.7)	14.7	(11.4, 18.8)	27.5	(23.4, 32.1)	42.1	(37.4, 47.0)	6.3	(4.0, 9.9)	100
Women	-	-	-	-	-	-	-	-	-	-	100
Age (years)											
15-24	-	-	-	-	-	-	-	-	-	-	100
25-44	11.5	(7.2, 17.9)	17.3	(12.2, 24.0)	29.9	(23.6, 37.0)	33.0	(26.0, 40.8)	8.3	(4.6, 14.6)	100
45-64	7.8	(4.9, 12.1)	11.1	(7.0, 17.2)	27.8	(21.5, 35.1)	47.9	(40.6, 55.4)	5.4	(2.9, 10.0)	100
65+	9.7	(3.6, 23.4)	15.6	(5.4, 37.4)	15.2	(6.8, 30.5)	55.7	(38.3, 71.8)	3.9	(1.0, 13.9)	100

Residence											
Urban	9.5	(6.4, 14.0)	18.8	(13.8, 25.1)	26.8	(21.6, 32.8)	36.8	(30.8, 43.2)	8.0	(5.0, 12.6)	100
Rural	9.2	(6.3, 13.3)	14.0	(10.3, 18.7)	27.7	(23.0, 33.0)	43.0	(37.6, 48.6)	6.0	(3.4, 10.4)	100
Education Level											
No formal education	0.0	N/A	8.3	(2.2, 26.4)	15.3	(5.3, 36.8)	75.2	(53.3, 89.0)	1.2	(0.2, 8.3)	100
Less than primary	12.3	(5.8, 24.3)	17.2	(8.2, 32.5)	26.8	(17.0, 39.6)	38.4	(26.4, 51.9)	5.3	(1.8, 14.8)	100
Primary, less than secondary	8.5	(5.5, 13.0)	15.3	(11.1, 20.8)	27.4	(22.2, 33.4)	43.1	(37.3, 49.1)	5.6	(3.2, 9.7)	100
Secondary or higher	12.3	(6.6, 21.7)	12.0	(6.9, 20.1)	32.3	(23.1, 43.2)	31.8	(22.4, 43.0)	11.5	(6.0, 21.0)	100
Wealth index											
Lowest	8.6	(4.7, 15.1)	11.4	(6.6, 18.9)	20.0	(13.7, 28.2)	54.5	(45.2, 63.6)	5.5	(2.5, 11.5)	100
Low	6.7	(3.2, 13.6)	15.2	(9.0, 24.4)	33.6	(24.7, 44.0)	38.3	(29.5, 48.0)	6.2	(3.0, 12.4)	100
Middle	9.2	(4.0, 19.7)	21.2	(13.8, 31.1)	22.6	(14.5, 33.5)	44.2	(33.1, 55.9)	2.9	(0.7, 10.3)	100
High	18.3	(9.7, 31.9)	15.9	(8.9, 26.8)	25.1	(16.2, 36.7)	27.1	(17.0, 40.4)	13.5	(5.6, 29.3)	100
Highest	5.6	(2.2, 13.9)	7.8	(2.5, 21.7)	49.2	(32.9, 65.7)	31.2	(17.3, 49.7)	6.1	(2.3, 15.2)	100

[1] Among people who currently daily or occasionally (less than daily) smoked.

5.4.2 Interest in quitting among adults who smoked cigarettes

Table 5.3A presents the findings regarding adults who smoked and who had shown an interest in quitting. The pattern of quitting among those who smoked cigarettes was similar to that of overall adults who smoked. More than one-third of adults who smoked (37.6%) had shown no interest in quitting; and 9.9% were planning to quit in the next month. Other responses were the 14.4%, who would consider quitting within the next twelve months; also, the 31.6%, who stated that they would quit someday, but not in the next twelve months; and 6.6%, who didn't know about their quitting plan. Similar to the overall population of adults who smoked, nearly 55.9% of adults who smoked reported that they would quit either within a month or a year or someday.

The 25–44-years age-group had a higher proportion of individuals who were thinking to quit and the 45-64 years age-group were usually not willing to quit. Similar proportions were observed among rural and urban adults who smoked. Notably, a large proportion of adults (19.1%) who smoked and had less than primary education reported planning to quit within next month. Similar to overall smoking population, more than half of adults who smoked and were in the lowest wealth quintile (54.0%) were not interested in quitting, and 51.7% in the highest wealth quintile reported that they would quit someday, but not in the next twelve months. Adults who smoked in the high wealth quintile most commonly reported planning to quit within the next month.

Table 5.3A: Percentage distribution of adults ≥15 years old who currently smoked cigarettes by interest in quitting smoking and selected demographic characteristics, GATS Sri Lanka, 2020

Demographic Characteristics	Interest in Quitting Smoking[1]										Total
	Planning to Quit Within Next Month		Thinking About Quitting Within Next 12 Months		Will Quit Someday, But Not in the Next 12 Months		Not Interested in Quitting		Don't Know		
	Percentage (95% CI)										
Overall	9.9	(6.8, 14.2)	14.4	(10.8, 18.8)	31.6	(26.4, 37.3)	37.6	(32.3, 43.1)	6.6	(4.0, 10.7)	100
Gender											
Men	9.9	(6.8, 14.2)	14.3	(10.8, 18.8)	31.5	(26.3, 37.2)	37.7	(32.4, 43.2)	6.6	(4.0, 10.7)	100
Women	-	-	-	-	-	-	-	-	-	-	100
Age (years)											
15-24	-	-	-	-	-	-	-	-	-	-	100
25-44	11.5	(7.1, 18.2)	16.5	(11.3, 23.5)	31.2	(24.5, 38.9)	31.2	(24.1, 39.4)	9.5	(5.3, 16.5)	100
45-64	8.0	(4.7, 13.4)	9.4	(5.6, 15.3)	31.3	(22.7, 41.5)	48.1	(38.8, 57.5)	3.2	(1.1, 9.0)	100
65+	-	-	-	-	-	-	-	-	-	-	100
Residence											
Urban	8.9	(5.8, 13.3)	18.3	(13.4, 24.5)	27.4	(21.8, 33.9)	37.1	(31.0, 43.8)	8.2	(5.0, 13.3)	100
Rural	10.1	(6.5, 15.5)	13.4	(9.3, 18.8)	32.6	(26.4, 39.5)	37.7	(31.4, 44.4)	6.2	(3.3, 11.5)	100
Education Level											
No formal education	-	-	-	-	-	-	-	-	-	-	100
Less than primary	19.1	(7.3, 41.5)	11.7	(3.2, 35.0)	24.4	(10.4, 47.3)	44.0	(26.2, 63.6)	0.7	(0.1, 5.2)	100
Primary, less than secondary	8.4	(4.9, 13.9)	15.5	(10.9, 21.6)	31.7	(25.4, 38.7)	38.8	(32.3, 45.8)	5.6	(2.9, 10.3)	100
Secondary or higher	12.7	(6.7, 22.9)	12.4	(7.0, 21.1)	34.9	(25.1, 46.1)	27.4	(18.6, 38.4)	12.6	(6.5, 22.8)	100
Wealth index											100
Lowest	10.0	(5.2, 18.6)	14.2	(6.7, 27.8)	16.2	(8.9, 27.8)	54.0	(40.7, 66.8)	5.5	(1.7, 16.4)	
Low	6.6	(2.5, 16.5)	9.8	(5.0, 18.2)	40.6	(29.8, 52.5)	39.1	(28.8, 50.5)	3.9	(1.4, 10.6)	100
Middle	7.9	(2.9, 19.7)	21.4	(13.2, 33.0)	27.7	(17.4, 41.1)	39.1	(26.8, 52.9)	3.9	(1.0, 13.6)	100
High	19.5	(10.2, 33.9)	16.5	(9.1, 28.1)	26.8	(17.3, 39.2)	22.4	(13.2, 35.4)	14.7	(6.1, 31.6)	100
Highest	5.5	(1.9, 14.6)	8.6	(2.8, 23.5)	51.7	(35.1, 67.9)	27.6	(15.0, 45.0)	6.7	(2.5, 16.7)	100

[1] Among people who currently daily or occasionally (less than daily) smoked cigarettes.

5.4.3 Interest in quitting among adults who smoked bidis

Table 5.3B presents the findings of adults who smoked bidis and who had shown an interest in quitting. Nearly half of adults who smoked bidis (48.5%) had shown no interest in quitting. Further, only 7.6% of adults who smoked bidis were planning to quit tobacco within next month. Such findings point towards the highly addictive nature of bidi smoking and its complexity in the context of quitting. Nearly 5.9% of adults who smoked bidis did not know about their quitting plan. Around 45.6% of adults who smoked bidis reported that they would quit either within a month or a year or someday. Inadequate number of responses were obtained from women, adults who were 15–24 years old, adults with no formal education, and the ones in the high and highest wealth quintiles.

The 25-44 years age-group reported the highest proportion of adults who smoked bidis and who were planning to quit within next month (9.9%), within next 12 months (17.8%) and beyond 12 months (29.0%). Similar to adults who smoked cigarettes, the proportion of adults unwilling to quit smoking bidis increased with advancing age. The proportion of adults who smoked bidis and were thinking about quitting was similar in rural and urban areas. Nearly half of adults who smoked bidis with primary but less than secondary education (48.9%) were unwilling to quit, and 13.5% of adults who smoked bidis with secondary or higher levels of education reported planning to quit within next month. Similar to adults who smoked cigarettes, unwillingness to quit smoking bidis was highest among the adults in the lowest wealth quintile (59.1%).

Table 5.3B: Percentage distribution of adults ≥15 years old who currently smoked bidis by interest in quitting smoking and selected demographic characteristics, GATS Sri Lanka, 2020

Demographic Characteristics	Interest in Quitting Smoking[1]										Total
	Planning to Quit Within Next Month		Thinking About Quitting Within Next 12 Months		Will Quit Someday, But Not in the Next 12 Months		Not Interested in Quitting		Don't Know		
	Percentage (95% CI)										
Overall	7.6	(4.7, 12.0)	12.9	(8.3, 19.4)	25.1	(19.4, 31.7)	48.5	(41.6, 55.6)	5.9	(3.2, 10.8)	100
Gender											
Men	7.6	(4.7, 12.0)	12.9	(8.3, 19.5)	25.1	(19.4, 31.8)	48.5	(41.5, 55.5)	5.9	(3.2, 10.8)	100
Women	-	-	-	-	-	-	-	-	-	-	100
Age (years)											
15-24	-	-	-	-	-	-	-	-	-	-	100
25-44	9.9	(3.8, 23.4)	17.8	(9.7, 30.5)	29.0	(18.3, 42.5)	39.3	(26.7, 53.6)	4.0	(0.9, 15.6)	100
45-64	7.3	(4.0, 13.1)	10.5	(5.4, 19.3)	25.2	(17.5, 34.7)	49.4	(39.8, 59.0)	7.7	(3.9, 14.7)	100
65+	6.2	(1.9, 18.3)	14.5	(4.0, 41.0)	15.9	(6.6, 33.9)	59.9	(39.9, 77.1)	3.5	(0.6, 16.5)	100
Residence											
Urban	11.9	(6.5, 20.7)	13.8	(7.1, 25.3)	24.3	(16.3, 34.5)	44.2	(33.7, 55.2)	5.9	(2.8, 12.0)	100
Rural	7.1	(4.0, 12.1)	12.8	(7.8, 20.1)	25.1	(18.9, 32.6)	49.1	(41.4, 56.8)	5.9	(3.0, 11.5)	100
Education Level											
No formal education	-	-	-	-	-	-	-	-	-	-	100
Less than primary	7.0	(2.0, 21.2)	18.7	(8.5, 36.4)	30.7	(19.1, 45.3)	37.6	(24.4, 52.9)	6.1	(1.9, 17.6)	100
Primary, less than secondary	7.9	(4.5, 13.6)	12.9	(7.4, 21.4)	23.6	(16.5, 32.5)	48.9	(40.1, 57.9)	6.6	(3.3, 13.0)	100
Secondary or higher	13.5	(4.4, 34.7)	7.1	(2.4, 19.5)	36.1	(17.1, 60.6)	39.3	(20.6, 61.8)	4.0	(1.2, 12.1)	100
Wealth index											
Lowest	7.6	(3.7, 15.1)	6.0	(2.6, 13.5)	20.8	(13.7, 30.4)	59.1	(48.4, 69.1)	6.4	(2.7, 14.2)	100
Low	4.6	(1.7, 11.7)	16.1	(7.6, 31.1)	35.5	(23.0, 50.3)	35.8	(24.3, 49.2)	8.1	(3.4, 18.0)	100
Middle	7.1	(1.6, 26.6)	22.3	(11.0, 39.8)	17.3	(8.7, 31.4)	52.7	(36.7, 68.2)	0.6	(0.1, 4.0)	100
High	-	-	-	-	-	-	-	-	-	-	100
Highest	-	-	-	-	-	-	-	-	-	-	100

[1] Among people who currently daily or occasionally (less than daily) smoked bidis.

5.4.4 Interest in quitting among adults who used smokeless tobacco

Table 5.3C presents the findings regarding adults who used smokeless tobacco and had shown an interest in quitting. A major proportion of those who used smokeless tobacco (57.7%) were not interested in quitting. Only 4.0% of adults who used smokeless tobacco were planning to quit within next month. Nearly 10.3% of adults who used smokeless tobacco had reported thinking about quitting in the next twelve months and 3.1% did not know about their quitting plan. Only 39.2% of adults who used smokeless tobacco reported that they would quit either within a month or a year or someday. This indicates that the addiction to smokeless tobacco was considerably high in Sri Lanka. A high proportion of women (64.6%) who used smokeless tobacco were unwilling to quit. Only few women were planning to quit within the next month (7.0%).

Older age-groups had a high proportion of adults who used smokeless tobacco and who were not willing to quit (63.9% in the 65 years and above age-group), and adults in younger age-groups were more likely to consider quitting. As in case of smoking, the proportions of rural and urban adults interested in quitting smokeless tobacco use were similar. More than three-fourth of adults with no formal education (76.5%) were not thinking about quitting smokeless tobacco, and the intention to quit increased with advancing levels of education. Adults in the low wealth quintile had the highest proportion of individuals unwilling to quit smokeless tobacco use.

Table 5.3C: Percentage distribution of adults ≥15 years old who currently used smokeless tobacco by interest in quitting smokeless tobacco use and selected demographic characteristics, GATS Sri Lanka, 2020

Demographic Characteristics	Interest in Quitting Smokeless Tobacco Use[1]										Total
	Planning to Quit Within Next Month		Thinking About Quitting Within Next 12 Months		Will Quit Someday, But Not in the Next 12 Months		Not Interested in Quitting		Don't Know		
	Percentage (95% CI)										
Overall	4.0	(2.7, 5.9)	10.3	(7.8, 13.5)	24.9	(21.6, 28.5)	57.7	(53.3, 61.9)	3.1	(1.9, 5.0)	100
Gender											
Men	3.3	(2.0, 5.3)	10.7	(7.9, 14.4)	26.2	(22.4, 30.5)	56.0	(51.1, 60.8)	3.8	(2.3, 6.1)	100
Women	7.0	(3.6, 13.0)	8.7	(4.7, 15.6)	19.3	(13.4, 27.0)	64.6	(55.4, 72.9)	0.4	(0.1, 2.2)	100
Age (years)											
15-24	6.8	(1.7, 24.3)	22.3	(9.6, 43.6)	23.8	(11.0, 44.2)	38.6	(23.0, 57.0)	8.4	(2.2, 27.3)	100
25-44	2.2	(0.9, 5.0)	11.6	(7.6, 17.4)	31.9	(24.8, 39.9)	52.2	(44.7, 59.6)	2.2	(0.9, 4.9)	100
45-64	3.3	(1.5, 7.1)	8.6	(5.5, 13.3)	24.0	(18.7, 30.3)	61.0	(53.6, 67.9)	3.1	(1.4, 6.4)	100
65+	7.0	(3.9, 12.3)	8.5	(4.7, 15.1)	17.5	(12.1, 24.7)	63.9	(55.1, 71.8)	3.1	(1.0, 8.7)	100
Residence											
Urban	4.6	(2.2, 9.6)	11.5	(7.5, 17.3)	24.4	(18.3, 31.9)	52.7	(45.6, 59.8)	6.7	(3.4, 13.0)	100
Rural	4.0	(2.6, 6.1)	10.2	(7.5, 13.7)	24.9	(21.4, 28.9)	58.1	(53.4, 62.7)	2.8	(1.6, 4.8)	100
Education Level											
No formal education	1.9	(0.3, 13.0)	4.6	(1.0, 18.9)	16.0	(8.4, 28.4)	76.5	(62.9, 86.3)	0.9	(0.1, 6.3)	100
Less than primary	6.2	(2.9, 12.9)	7.3	(2.9, 17.0)	18.9	(11.9, 28.6)	62.8	(52.8, 71.8)	4.8	(1.8, 12.3)	100
Primary, less than secondary	4.0	(2.4, 6.5)	10.4	(7.4, 14.4)	25.3	(21.2, 30.0)	56.9	(51.4, 62.2)	3.4	(1.8, 6.2)	100

Secondary or higher	3.3	(1.2, 8.7)	15.6	(9.1, 25.4)	33.2	(24.0, 43.9)	46.3	(36.2, 56.7)	1.6	(0.5, 5.1)	100
Wealth index											
Lowest	4.9	(2.6, 9.3)	12.4	(8.2, 18.4)	20.1	(14.7, 26.8)	58.6	(50.8, 66.1)	3.9	(2.0, 7.6)	100
Low	4.6	(2.2, 9.4)	6.2	(3.1, 12.1)	24.4	(17.8, 32.4)	64.0	(55.5, 71.7)	0.8	(0.2, 4.4)	100
Middle	3.6	(1.5, 8.5)	14.2	(8.8, 22.2)	26.6	(19.1, 35.9)	50.6	(41.2, 59.9)	5.0	(2.0, 11.9)	100
High	2.4	(0.7, 8.2)	7.5	(3.3, 16.3)	31.5	(21.2, 44.0)	54.6	(42.1, 66.5)	4.0	(1.3, 11.4)	100
Highest	2.7	(0.5, 12.6)	9.2	(3.3, 22.9)	28.0	(16.8, 42.8)	58.9	(44.4, 72.0)	1.1	(0.3, 4.8)	100

[1] Among current daily or occasional (less than daily) smokeless tobacco users.

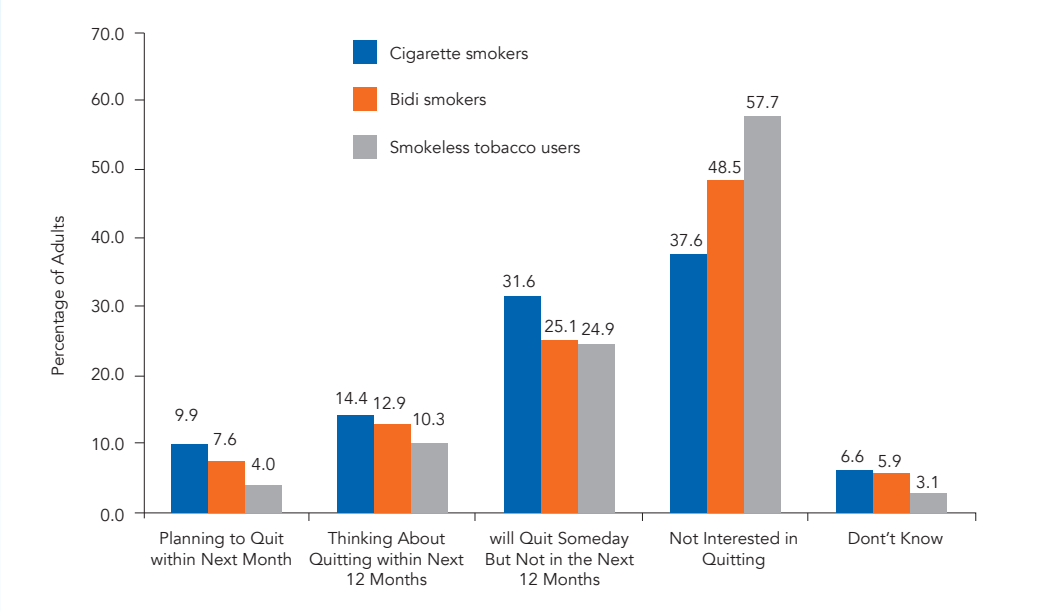

Figure 5.4: Percentage distribution of adults ≥15 years old who currently consumed tobacco by tobacco use type and interest in quitting tobacco, GATS Sri Lanka, 2020

Key points:

Smoking tobacco:

- GATS 2020 Sri Lanka revealed that in the 12 months prior to the survey, nearly 34.6% of adults who smoked tobacco had made an attempt to quit smoking.
- Nearly 38.5% of adults who smoked tobacco had visited a healthcare provider within 12 months prior to the survey. Of those who had visited, 55.3% were asked whether they were smoking and 47.0% were advised to quit by the provider, signifying that about 85% of those who were asked whether they were smoking were also advised to quit.
- Nearly 76.7% of the adults who made attempts to quit tobacco smoking did so on their own without any therapy/assistance and 40.4% attempted to quit with support from family and friends. Notably, 9.4% of these adults switched to smokeless tobacco as a form of quitting smoking. Nearly 8.5% of all adults who attempted to quit smoking had pharmacotherapy support; 7.1% had counseling support; and 1.1% used traditional medicines.

- Nearly 51.6% adults who currently smoked tobacco reported that they had an intention to quit either within a month or a year or someday.

- Nearly 55.9% adults who currently smoked cigarettes reported that they would quit either within a month or a year or someday. Among the adults who currently smoked bidis, only around 45.6% reported that they would quit either within a month or a year or someday.

Smokeless tobacco:

- GATS 2020 Sri Lanka reported that 23.6% of adults who used smokeless tobacco had made an attempt to quit in the 12 months preceding the survey.

- Nearly 39.9% of those who used smokeless tobacco visited a healthcare provider within 12 months preceding the survey. Among those who visited, 34.8% were asked whether they were users of smokeless tobacco and 30.6% were advised to quit by the provider, signifying that about 88% of those who were asked whether they were using smokeless tobacco were also advised to quit.

- Nearly 73.7% of those who made attempts to quit smokeless tobacco did so on their own. Nearly 8.1% had pharmacotherapy support; 6.3% received support from counseling; 3.9% used traditional medicines (only 1.1% used traditional medicines among those who made attempts to quit tobacco smoking); and 37.0% used other means of support.

- Only 39.2% of adults who currently used smokeless tobacco reported that they had an intention to quit either within a month or a year or someday.

References:

- Mishra GA, Pimple SA, Shastri SS. An overview of the tobacco problem in India. Indian J Med Paediatr Oncol. 2012 Jul;33(3):139-45. doi: 10.4103/0971-5851.103139. PMID: 23248419; PMCID: PMC3523470.

- World Health Organization. Tobacco. Available from https://www.who.int/news-room/fact-sheets/detail/tobacco [Accessed on 20 November 2021].

6. Secondhand Smoke

Secondhand Smoke (SHS), also termed as environment tobacco smoke, is a complex mixture of gases and particles that contain several carcinogenic and toxic compounds, resulting from indoor tobacco smoking (1). Tobacco smoke contains over 7000 chemicals, including at least 250 toxins, 69 of which are carcinogens (2). When someone smokes, most of the smoke does not go into his or her lungs (3). It goes into the air, where anyone in that environment can breathe it. A large body of epidemiological research has established the link between SHS exposure and increased morbidity and mortality. It is a cause of cardiovascular diseases, respiratory ailments and lung cancer (2).

This section of GATS 2020 Sri Lanka explores the exposure to SHS at home and at different places that people generally visit. Public places are categorized into seven groups: government buildings; health care facilities; restaurants; private workplaces; cafes, coffee shops and tea houses; public transportation; and university buildings. Questions were asked from people who smoked as well as adults who did not smoke to get a better measure of the prevalence of SHS, and to estimate the proportion of people who did not smoke but were exposed to SHS.

6.1. Exposure to Secondhand Smoke in indoor workplaces

Table 6.1 presents the findings on prevalence of exposure to SHS among adults aged 15 years and above in workplaces, according to background characteristics. The question about exposure to SHS in workplaces was asked from those who worked in places having indoor or both indoor and outdoor areas.

6.1.1 Exposure to Secondhand Smoke at work by background characteristics

GATS 2020 shows that all workplaces were not tobacco smoke-free. Table 6.1 shows that 16.7% adults (0.8 million) in Sri Lanka who usually worked indoors or both indoors and outdoors were exposed to SHS at their workplaces. About one-fourth (24.3%; 0.6 million) male workers and 6.1% female workers were exposed to SHS at their workplaces. The prevalence of exposure to SHS at the workplace was 12.6% in urban areas and 17.9% in rural areas. Around 13.9% of adults in the age-group 65 years and above and 20.3% of adults in the age-group 45-64 years were exposed to SHS at work. The proportion of responses among adults having no formal education and who were exposed to tobacco smoke at work were too few and hence not included in the analysis. There is a decline in the exposure of SHS at workplaces with increased levels of education (38.9% adults with less than primary education were exposed to SHS at workplace, compared to 9.2% adults with secondary and above education). Approximately 28.1% of adults in the lowest wealth quintile were exposed to SHS at workplace, and this proportion decreased with increasing wealth quintiles (11.2% of adults in the highest wealth quintile were exposed to SHS at workplace).

People who did not smoke tobacco were exposed to SHS due to their co-worker's smoking at the workplace. In each category based on background characteristics, a sizeable proportion of people who did not use tobacco were exposed to SHS. Nearly 13.7% of all workers who did not use tobacco (0.6 million) were exposed to SHS at workplace. Exposure to SHS among men who did not smoke (20.4% or 0.4 million) was three times higher than that among women who did not smoke (6.0% or 0.1 million).

The prevalence of exposure to SHS at the workplace among workers who did not smoke was 10.1% in urban areas and 14.7% in rural areas. Exposure to SHS among adults who did not smoke according to education levels ranged from 38.4% among adults having less than primary education to 8.5% among adults with secondary education and above. Concerning wealth indices, SHS exposure ranged from 22.5% among workers who did not smoke in the lowest wealth quintile to 10.5% among workers in the highest wealth quintile.

Table 6.1: Percentage and number of adults ≥15 years old who worked indoors and were exposed to tobacco smoke at work, by smoking status and selected demographic characteristics, GATS Sri Lanka, 2020

Demographic Characteristics	Adults Exposed to Tobacco Smoke at Work[1]					
	Overall			Non-smoking		
	Percentage (95% CI)		*Number in thousands*	*Percentage (95% CI)*		*Number in thousands*
Overall	16.7	(14.5, 19.1)	755.5	13.7	(11.6, 16.1)	552.8
Gender						
Men	24.3	(20.9, 27.9)	641.0	20.4	(17.0, 24.2)	439.3
Women	6.1	(4.3, 8.5)	114.5	6.0	(4.2, 8.5)	113.5
Age (years)						
15-24	14.4	(9.8, 20.7)	126.4	13.7	(9.1, 20.3)	116.7
25-44	15.5	(12.4, 19.2)	329.0	12.7	(9.8, 16.2)	238.7
45-64	20.3	(16.2, 25.2)	275.0	15.2	(11.4, 20.0)	174.1
65+	13.9	(6.0, 29.2)	25.1	14.3	(5.8, 31.1)	23.3
Residence						
Urban	12.6	(10.5, 15.0)	127.6	10.1	(8.2, 12.4)	93.1
Rural	17.9	(15.2, 21.0)	627.9	14.7	(12.1, 17.8)	459.7
Education Level						
No formal education	-	-	-	-	-	-
Less than primary	38.9	(24.1, 56.1)	64.8	38.4	(21.4, 58.6)	47.8
Primary, less than secondary	25.0	(21.1, 29.4)	442.1	19.9	(15.9, 24.7)	292.2
Secondary or higher	9.2	(6.9, 12.1)	234.6	8.5	(6.3, 11.2)	204.8
Wealth index						
Lowest	28.1	(21.0, 36.5)	161.0	22.5	(15.2, 32.0)	105.4
Low	19.6	(14.3, 26.1)	158.8	14.8	(10.1, 21.3)	100.3
Middle	15.1	(11.1, 20.3)	170.5	12.0	(8.5, 16.9)	124.0
High	15.2	(10.7, 21.0)	150.7	13.4	(9.2, 19.3)	121.4
Highest	11.2	(8.1, 15.3)	114.5	10.5	(7.4, 14.8)	101.7

[1] In the past 30 days. Among those respondents who work outside of the home who usually work indoors or both indoors and outdoors.

6.2. Exposure to Secondhand Smoke at home by background characteristics:

GATS 2020 included questions on whether smoking was allowed inside homes, and in case it was, how often someone smoked inside the house (daily, weekly, or monthly). Table 6.2 shows the findings on the percentage of adults in whose households smoking was allowed at home; it also presents findings on exposure to SHS at home according to background characteristics.

6.2.1. Exposure to Secondhand Smoke at home by background characteristics:

Smoking was allowed inside the house in 8.4% of all households (1.3 million) and 6.0% of all non-smoking households (0.9 million). Approximately 7.2% of all women were exposed to SHS at home. Approximately 9.8% of all men and 4.3% of men who did not smoke reported being exposed to SHS at home.

Concerning age-groups, exposure to SHS at home ranged from nearly one in every ten adults (10.3%) in the age-group 45-64 years to 6.9% in the age-group 15-24 years. The proportion of adults who did not use tobacco and were exposed to SHS at home ranged from 5.2% in adults aged 65 years and above to 6.5% in adults aged 15-24 years. The proportion of respondents who said that smoking was allowed within the house was 6.8% in urban areas and 8.7% in rural areas, and this difference was consistent among respondents who did not smoke.

Among various education categories, the proportion of adults who reported smoking as being permissible inside the house ranged from 21.0% among those with no formal schooling to 4.5% among those with secondary or higher education. Similarly, proportion of adults who reported smoking as being permissible inside the house ranged from 12.9% among those in the lowest wealth quintile to 4.3% among those in the highest wealth quintile. Across different education levels and wealth indices, similar pattern was observed among adults who did not smoke.

Table 6.2: Percentage and number of adults ≥15 years old who were exposed to tobacco smoke at home, by smoking status and selected demographic characteristics, GATS Sri Lanka, 2020

Demographic Characteristics	Adults Exposed to Tobacco Smoke at Home[1]					
	Overall			Non-smoking		
	Percentage (95% CI)		*Number in thousands*	*Percentage (95% CI)*		*Number in thousands*
Overall	8.4	(7.6, 9.2)	1,360.0	6.0	(5.2, 6.8)	881.1
Gender						
Men	9.8	(8.5, 11.2)	736.5	4.3	(3.3, 5.5)	257.6
Women	7.2	(6.1, 8.3)	623.5	7.2	(6.1, 8.3)	623.5
Age (years)						
15-24	6.9	(5.2, 9.1)	207.9	6.5	(4.8, 8.7)	192.5
25-44	7.8	(6.5, 9.3)	427.5	6.0	(4.8, 7.4)	293.9
45-64	10.3	(8.8, 12.0)	540.1	6.0	(4.8, 7.5)	275.0
65+	7.5	(5.4, 10.1)	184.6	5.2	(3.4, 7.8)	119.6
Residence						
Urban	6.8	(5.9, 7.9)	192.0	4.6	(3.8, 5.5)	118.7
Rural	8.7	(7.8, 9.7)	1,168.1	6.3	(5.4, 7.3)	762.4
Education Level						
No formal education	21.0	(13.7, 30.7)	89.0	15.1	(8.3, 25.8)	54.7
Less than primary	11.7	(8.9, 15.3)	157.5	7.6	(4.9, 11.6)	86.3
Primary, less than secondary	10.5	(9.2, 11.9)	813.1	7.2	(6.1, 8.5)	491.7
Secondary or higher	4.5	(3.6, 5.5)	300.4	3.9	(3.1, 4.9)	248.5
Wealth index						
Lowest	12.9	(10.8, 15.5)	390.9	7.6	(5.8, 9.7)	195.8
Low	12.0	(9.8, 14.5)	417.0	9.0	(7.0, 11.5)	278.6
Middle	7.8	(6.2, 9.7)	295.9	6.1	(4.6, 7.9)	213.1
High	4.4	(3.1, 6.1)	141.6	3.2	(2.1, 4.8)	96.9
Highest	4.3	(3.0, 6.0)	114.7	3.8	(2.6, 5.6)	96.7

[1] Adults reporting that smoking inside their home occurs daily, weekly, or monthly.

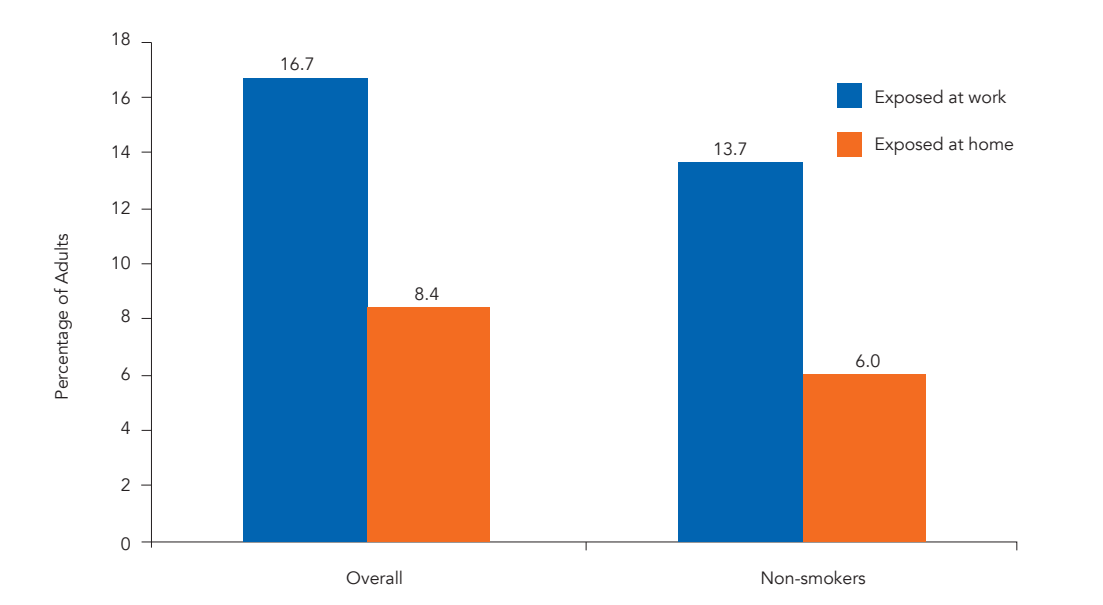

Figure 6.1: Percentage of adults ≥15 years old who were exposed to tobacco smoke at home and at work by smoking status, GATS Sri Lanka, 2020

6.3. Exposure to Secondhand Smoke at public places

GATS 2020 Sri Lanka collected data on exposure to SHS during 30 days prior to survey, at seven distinct categories of public places: government buildings; health care facilities; restaurants; private workplaces; cafes, coffee shops and tea houses; public transportation; and university buildings. Table 6.3 provides data on exposure to SHS at various public places among adults aged 15 and above, during 30 days preceding the survey. The findings are presented according to background characteristics of respondents.

6.3.1. Exposure to Secondhand Smoke at various public places by demographic characteristics

Exposure to SHS among all adults in the seven categories of public places ranged from 11.2% in cafes, coffee shops or tea houses and 6.6% in restaurants to 0.9% in healthcare facilities and 0.2% in university buildings.

Table 6.3 presents the findings on exposure to SHS at various public places among all adults in the 30 days preceding the survey. Exposure to SHS at places of public gathering, like cafes, coffee shops, tea houses and restaurants was high. Although a large proportion of adults worked at private workplaces and travelled by public transportation, the exposure to SHS in these places was limited (3.7% and 1.6%, respectively). Encouragingly, public places of significance, such as government and university buildings and healthcare facilities had kept a controlled environment and only marginal exposure to tobacco smoke was reported (up to 1.0%) in these places.

The proportion of men exposed to tobacco smoke at cafes, coffee shops, and restaurants was 4-5 times higher than that of women. However, exposure at private workplaces was nearly 20 times higher in men. The proportion of SHS exposure among men and women was slightly similar at government and university buildings and at healthcare facilities.

Younger age-groups (15-24 and 25-44 age-groups) reported high SHS exposure at cafes, coffee shops, and restaurants and at public transportation. This could be explained by the active status and higher mobility of young adults. Exposure to SHS at all other places was relatively similar across

age-groups. Among urban adults, SHS exposure was high at restaurants; and on the other hand, among rural adults, SHS exposure was high at private workplaces and at cafes, coffee shops or tea houses.

With increase in the level of education, the proportion of individuals reporting exposure to SHS at most public places increased. The proportion of adults with primary but less than secondary education and exposed to SHS was the highest at cafes, coffee shops and private workplaces. Among adults in different wealth index categories, the proportion of adults exposed to SHS varied only mildly. Adults in the middle wealth quintile reported high SHS exposure at restaurants, private workplaces, and cafes, coffee shops or tea houses.

Table 6.3 presents details of SHS exposure at various public places among adults who did not smoke. The percentage of SHS exposure was slightly low in all seven public places of interest among adults who did not smoke. The pattern of distribution of adults who did not smoke and who were exposed to SHS at different public places was similar to that of overall adult population.

Table 6.3: Percentage of adults ≥15 years old who were exposed to tobacco smoke in various public places in the past 30 days, by smoking status and selected demographic characteristics, GATS Sri Lanka, 2020

Demographic Characteristics	Adults Exposed to Tobacco Smoke[1] in…													
	Government buildings		Health care facilities		Restaurants		Private workplaces		Cafes, coffee shops, or tea houses		Public transportation		University buildings	
	Percentage (95% CI)													
Overall	1.0	(0.7, 1.3)	0.9	(0.6, 1.2)	6.6	(5.9, 7.4)	3.7	(3.1, 4.4)	11.2	(10.2, 12.3)	1.6	(1.2, 2.0)	0.2	(0.1, 0.3)
Gender														
Men	1.2	(0.8, 1.9)	1.0	(0.6, 1.5)	11.1	(9.8, 12.7)	7.5	(6.3, 8.9)	19.9	(18.0, 21.9)	2.0	(1.4, 2.9)	0.1	(0.0, 0.3)
Women	0.8	(0.5, 1.2)	0.8	(0.5, 1.2)	2.7	(2.1, 3.4)	0.4	(0.2, 0.8)	3.8	(3.0, 4.7)	1.1	(0.8, 1.7)	0.2	(0.1, 0.5)
Age (years)														
15-24	0.3	(0.1, 1.0)	0.6	(0.2, 1.5)	8.2	(6.4, 10.4)	2.6	(1.4, 4.6)	12.0	(9.5, 15.1)	2.6	(1.5, 4.2)	0.4	(0.1, 1.2)
25-44	1.4	(0.9, 2.1)	0.8	(0.5, 1.4)	9.5	(8.1, 11.1)	5.3	(4.3, 6.6)	14.6	(12.8, 16.5)	1.7	(1.1, 2.5)	0.1	(0.1, 0.3)
45-64	1.3	(0.7, 2.2)	1.3	(0.8, 2.2)	5.0	(4.0, 6.2)	3.7	(2.7, 5.0)	10.9	(9.3, 12.8)	1.3	(0.9, 2.1)	0.1	(0.0, 0.7)
65+	0.2	(0.1, 0.5)	0.3	(0.2, 0.6)	1.8	(0.9, 3.3)	1.4	(0.7, 2.8)	3.6	(2.4, 5.3)	0.5	(0.2, 1.1)	0.1	(0.0, 0.4)
Residence														
Urban	1.1	(0.7, 1.5)	1.1	(0.7, 1.7)	7.9	(6.9, 9.0)	2.7	(2.2, 3.3)	10.4	(9.2, 11.7)	1.4	(1.0, 1.9)	0.3	(0.2, 0.6)
Rural	1.0	(0.7, 1.4)	0.8	(0.6, 1.2)	6.3	(5.5, 7.3)	3.9	(3.2, 4.7)	11.4	(10.2, 12.7)	1.6	(1.2, 2.1)	0.1	(0.1, 0.3)
Education Level														
No formal education	1.4	(0.2, 9.5)	0.7	(0.2, 2.8)	0.5	(0.1, 3.8)	3.6	(1.1, 11.7)	4.9	(1.9, 12.0)	1.5	(0.3, 7.8)	0.0	N/A
Less than primary	0.1	(0.0, 0.7)	1.0	(0.4, 2.8)	3.2	(1.8, 5.4)	2.2	(1.2, 4.0)	10.5	(7.7, 14.2)	0.6	(0.2, 1.7)	0.0	N/A
Primary, less than secondary	1.0	(0.6, 1.6)	0.4	(0.3, 0.7)	7.0	(5.8, 8.4)	4.7	(3.8, 5.8)	12.1	(10.6, 13.7)	1.1	(0.8, 1.6)	0.0	(0.0, 0.1)

Secondary or higher	1.1	(0.8, 1.6)	1.3	(0.9, 2.0)	7.3	(6.2, 8.6)	2.9	(2.1, 3.9)	10.9	(9.3, 12.6)	2.3	(1.6, 3.2)	0.4	(0.2, 0.8)
Wealth index														
Lowest	1.2	(0.5, 2.5)	0.5	(0.2, 1.2)	4.8	(3.5, 6.7)	3.9	(2.7, 5.7)	10.6	(8.7, 12.8)	1.3	(0.8, 2.3)	0.0	(0.0, 0.2)
Low	0.8	(0.4, 1.5)	1.0	(0.5, 1.8)	5.6	(4.2, 7.4)	3.5	(2.4, 5.1)	10.7	(8.7, 13.2)	1.5	(0.8, 2.6)	0.0	(0.0, 0.3)
Middle	1.3	(0.7, 2.3)	0.3	(0.1, 1.0)	6.4	(4.9, 8.4)	4.1	(3.0, 5.6)	12.5	(10.4, 15.0)	1.9	(1.1, 3.2)	0.2	(0.0, 0.7)
High	0.5	(0.2, 1.0)	1.5	(0.8, 2.6)	8.2	(6.4, 10.4)	3.0	(2.1, 4.4)	10.0	(8.0, 12.3)	1.3	(0.7, 2.2)	0.1	(0.0, 0.3)
Highest	1.2	(0.7, 2.1)	1.2	(0.6, 2.3)	8.5	(6.8, 10.5)	3.9	(2.8, 5.6)	12.4	(10.0, 15.2)	1.7	(0.9, 3.1)	0.6	(0.2, 1.5)
Non-smoking	0.9	(0.7, 1.3)	0.8	(0.6, 1.2)	5.6	(4.9, 6.4)	2.7	(2.2, 3.3)	9.2	(8.2, 10.3)	1.5	(1.1, 1.9)	0.2	(0.1, 0.4)
Gender														
Men	1.2	(0.7, 1.9)	0.9	(0.5, 1.5)	9.8	(8.3, 11.5)	6.0	(4.9, 7.3)	17.1	(15.1, 19.2)	2.0	(1.4, 2.9)	0.1	(0.0, 0.4)
Women	0.8	(0.5, 1.2)	0.8	(0.5, 1.2)	2.7	(2.2, 3.4)	0.4	(0.2, 0.8)	3.8	(3.0, 4.7)	1.1	(0.8, 1.7)	0.2	(0.1, 0.5)
Age (years)														
15-24	0.3	(0.1, 1.0)	0.6	(0.2, 1.6)	8.1	(6.3, 10.4)	2.6	(1.4, 4.6)	11.3	(8.8, 14.4)	2.6	(1.6, 4.3)	0.4	(0.1, 1.2)
25-44	1.3	(0.8, 2.1)	0.9	(0.5, 1.5)	7.6	(6.4, 9.1)	3.7	(2.8, 4.8)	11.4	(9.8, 13.3)	1.6	(1.0, 2.5)	0.1	(0.0, 0.3)
45-64	1.3	(0.7, 2.3)	1.1	(0.6, 2.0)	3.8	(2.9, 5.0)	2.8	(1.9, 4.0)	8.8	(7.3, 10.7)	1.1	(0.7, 1.8)	0.1	(0.0, 0.8)
65+	0.2	(0.1, 0.5)	0.3	(0.2, 0.6)	1.8	(1.0, 3.5)	0.8	(0.3, 1.8)	2.6	(1.7, 4.1)	0.5	(0.2, 1.1)	0.1	(0.0, 0.4)
Residence														
Urban	1.1	(0.7, 1.6)	1.0	(0.7, 1.6)	7.0	(6.0, 8.2)	2.3	(1.8, 2.9)	8.3	(7.2, 9.6)	1.2	(0.8, 1.8)	0.3	(0.1, 0.6)
Rural	0.9	(0.6, 1.3)	0.8	(0.5, 1.2)	5.3	(4.5, 6.3)	2.8	(2.2, 3.5)	9.4	(8.3, 10.7)	1.5	(1.1, 2.1)	0.1	(0.1, 0.4)
Education Level														
No formal education	1.7	(0.2, 11.1)	0.8	(0.2, 3.3)	0.0	N/A	0.6	(0.1, 4.1)	1.2	(0.4, 3.9)	0.3	(0.0, 1.9)	0.0	N/A
Less than primary	0.1	(0.0, 0.9)	0.4	(0.1, 1.4)	1.8	(0.8, 4.1)	1.4	(0.6, 3.3)	7.6	(5.1, 11.0)	0.7	(0.3, 2.1)	0.0	N/A
Primary, less than secondary	0.8	(0.5, 1.4)	0.5	(0.3, 0.8)	5.5	(4.4, 6.9)	3.4	(2.6, 4.5)	9.2	(7.8, 10.8)	1.0	(0.6, 1.5)	0.0	(0.0, 0.1)
Secondary or higher	1.1	(0.8, 1.7)	1.3	(0.8, 2.0)	6.8	(5.7, 8.0)	2.3	(1.7, 3.2)	10.0	(8.5, 11.8)	2.3	(1.6, 3.2)	0.4	(0.2, 0.8)
Wealth index														
Lowest	1.1	(0.5, 2.4)	0.3	(0.1, 0.8)	3.5	(2.3, 5.4)	2.7	(1.7, 4.3)	7.8	(6.1, 10.0)	1.2	(0.7, 2.1)	0.0	(0.0, 0.2)
Low	0.8	(0.4, 1.7)	0.9	(0.5, 1.8)	4.2	(2.8, 6.0)	2.1	(1.2, 3.4)	7.9	(6.0, 10.4)	1.5	(0.8, 2.9)	0.0	(0.0, 0.3)
Middle	1.1	(0.6, 2.0)	0.3	(0.1, 1.0)	5.4	(4.0, 7.3)	3.0	(2.0, 4.4)	10.7	(8.6, 13.2)	1.8	(1.0, 3.2)	0.2	(0.0, 0.8)
High	0.5	(0.2, 1.1)	1.4	(0.7, 2.6)	7.2	(5.5, 9.5)	2.4	(1.6, 3.7)	8.4	(6.5, 10.7)	1.3	(0.7, 2.2)	0.1	(0.0, 0.4)
Highest	1.3	(0.7, 2.2)	1.2	(0.6, 2.4)	7.9	(6.2, 10.0)	3.4	(2.3, 5.1)	11.2	(8.9, 14.0)	1.5	(0.8, 2.9)	0.5	(0.2, 1.5)
[1] Among all adults in the past 30 days.														

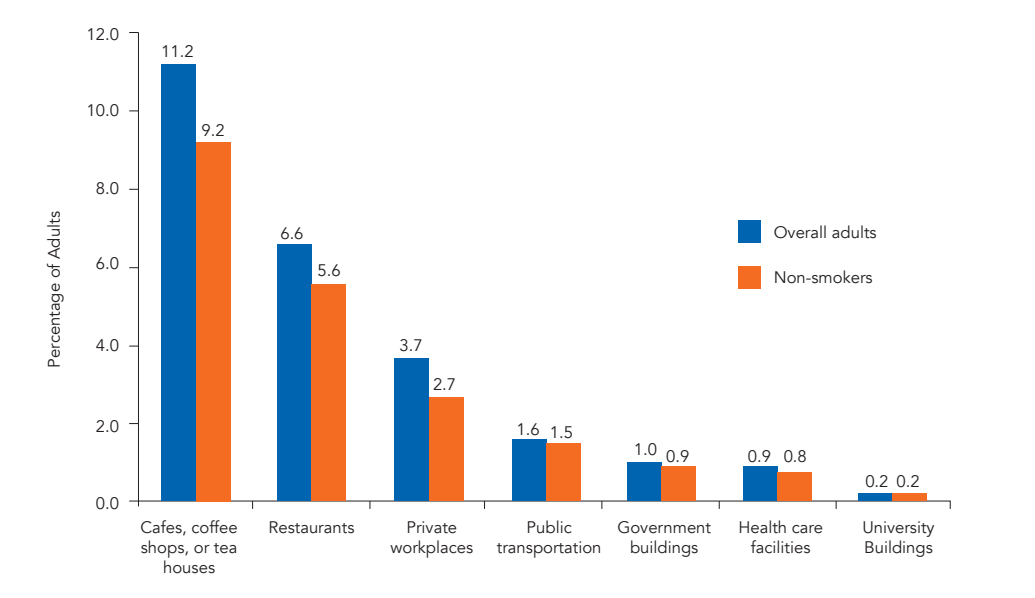

Figure 6.2: Percentage of adults ≥15 years old who were exposed to tobacco smoke in various public places in the past 30 days by smoking status, GATS Sri Lanka, 2020

6.3.2. Exposure to Secondhand Smoke at various public places by sociodemographic characteristics

Exposure to SHS among all adults who visited various public places in the past 30 days and were exposed to tobacco smoke in these places ranged from one in every three adults (32.6%) at cafes, coffee shops or tea houses and one in every four adults in restaurants (25.2%) and private workplaces (23.5%) to 2.8% in government buildings and 1.9% in healthcare facilities.

Table 6.4 presents the findings on exposure to SHS at various public places among all adults who had visited these public places in the 30 days preceding the survey. Adults reported high SHS exposure at restaurants, at cafes, coffee shops or tea houses, and at private workplaces. SHS exposure was low in public transports, government buildings, and healthcare facilities.

Among all adults who visited public places in the past 30 days, 25–44 years old reported highest SHS exposure at cafes, coffee shops or tea houses (35.6%), at restaurants (29.2%), and at private workplaces (24.4%). Adults in rural areas who visited private workplaces had a high SHS exposure (25.1%). In other public places, SHS exposure among adults was almost similar in urban and rural settings. Adults with primary but less than secondary education reported highest SHS exposure at private workplaces (30.9%) and at restaurants (29.8%). Adults with less than primary education had the highest SHS exposure at cafes, coffee shops or tea houses (39.8%). Across different wealth indices, the proportion of adults exposed to SHS varied only mildly.

Table 6.4 presents details of SHS exposure among adults who did not smoke tobacco and who had visited various public places in the past 30 days. The percentage of SHS exposure was slightly low in all public places among adults who did not smoke tobacco. The pattern of overall distribution of SHS exposure among adults who did not smoke tobacco and who had visited public places was similar to that among overall adult population. There was high SHS exposure among men, younger adults, adults in rural areas, adults with higher levels of education, and adults in middle wealth quintile in most public places.

Table 6.4: Percentage of adults ≥15 years old who visited various public places in the past 30 days and were exposed to tobacco smoke, by smoking status and selected demographic characteristics, GATS Sri Lanka, 2020

Demographic Characteristics	Adults Exposed to Tobacco Smoke[1] in…													
	Government buildings		Health care facilities		Restaurants		Private workplaces		Cafes, coffee shops, or tea houses		Public transportation		University buildings	
	Percentage (95% CI)													
Overall	2.8	(2.1, 3.8)	1.9	(1.4, 2.6)	25.2	(22.6, 28.0)	23.5	(20.1, 27.3)	32.6	(30.2, 35.1)	3.2	(2.5, 4.1)	6.2	(3.2, 11.7)
Gender														
Men	3.2	(2.1, 4.8)	2.3	(1.5, 3.5)	30.2	(26.7, 33.9)	28.6	(24.5, 33.1)	39.3	(36.1, 42.6)	4.2	(3.0, 6.0)	3.3	(0.9, 11.3)
Women	2.4	(1.5, 3.9)	1.6	(1.0, 2.5)	16.0	(12.8, 19.8)	6.5	(3.7, 11.3)	18.3	(15.1, 22.1)	2.3	(1.6, 3.3)	8.9	(4.1, 18.1)
Age (years)														
15-24	1.1	(0.4, 3.1)	1.9	(0.8, 4.8)	26.4	(21.1, 32.4)	19.2	(11.4, 30.5)	30.5	(24.7, 37.0)	4.3	(2.6, 7.0)	6.1	(2.0, 16.9)
25-44	3.4	(2.2, 5.1)	1.7	(1.0, 2.8)	29.2	(25.1, 33.5)	24.4	(20.0, 29.5)	35.6	(32.0, 39.4)	3.7	(2.5, 5.5)	6.2	(2.8, 12.9)
45-64	3.6	(2.0, 6.1)	2.7	(1.7, 4.4)	21.1	(17.1, 25.8)	23.7	(18.0, 30.5)	32.7	(28.5, 37.3)	2.6	(1.7, 4.0)	6.0	(1.1, 27.9)
65+	0.9	(0.4, 2.1)	0.6	(0.3, 1.2)	15.0	(8.2, 25.8)	27.0	(14.1, 45.5)	21.4	(14.4, 30.5)	1.2	(0.6, 2.6)	-	-
Residence														
Urban	3.1	(2.2, 4.3)	2.3	(1.5, 3.4)	26.7	(23.7, 29.8)	16.2	(13.3, 19.5)	32.1	(29.0, 35.3)	3.0	(2.2, 4.2)	5.9	(3.1, 11.0)
Rural	2.7	(1.9, 4.0)	1.8	(1.2, 2.6)	24.9	(21.8, 28.3)	25.1	(21.0, 29.8)	32.7	(29.9, 35.6)	3.2	(2.4, 4.3)	6.3	(2.5, 15.4)
Education Level														
No formal education	-	-	1.5	(0.4, 6.1)	-	-	-	-	24.9	(10.2, 49.1)	3.4	(0.6, 16.2)	-	-
Less than primary	0.4	(0.1, 3.1)	2.6	(0.9, 7.0)	23.9	(14.0, 37.7)	26.1	(14.0, 43.5)	39.8	(30.7, 49.6)	1.3	(0.5, 3.7)	-	-
Primary, less than secondary	3.2	(1.9, 5.1)	1.0	(0.6, 1.7)	29.8	(25.5, 34.6)	30.9	(25.8, 36.6)	34.8	(31.2, 38.6)	2.3	(1.6, 3.3)	-	-
Secondary or higher	2.6	(1.8, 3.7)	2.8	(1.9, 4.2)	21.8	(18.6, 25.4)	15.3	(11.6, 20.0)	29.4	(25.7, 33.3)	4.5	(3.2, 6.2)	6.3	(3.1, 12.5)
Wealth index														
Lowest	4.5	(2.1, 9.3)	1.2	(0.5, 3.0)	28.1	(20.8, 36.7)	33.2	(24.3, 43.5)	33.2	(28.0, 38.9)	2.6	(1.5, 4.4)	-	-
Low	2.5	(1.3, 5.0)	2.2	(1.2, 3.9)	24.6	(18.9, 31.4)	27.5	(19.5, 37.3)	31.8	(26.4, 37.7)	2.8	(1.6, 4.9)	-	-
Middle	3.3	(1.9, 5.9)	0.7	(0.2, 2.1)	26.2	(20.7, 32.7)	25.8	(19.5, 33.3)	36.6	(31.6, 42.0)	3.8	(2.3, 6.3)	8.5	(1.9, 30.7)
High	1.2	(0.5, 2.7)	3.1	(1.8, 5.5)	28.6	(23.0, 34.9)	18.0	(12.7, 25.0)	29.3	(23.9, 35.4)	2.6	(1.5, 4.4)	2.8	(0.8, 9.0)
Highest	2.9	(1.7, 5.0)	2.3	(1.2, 4.5)	20.6	(16.6, 25.3)	17.4	(12.2, 24.1)	31.2	(26.1, 37.0)	4.5	(2.5, 8.0)	8.1	(3.0, 19.9)
Non-smoking	2.7	(1.9, 3.7)	1.8	(1.3, 2.5)	22.8	(20.3, 25.6)	19.1	(15.9, 22.8)	28.9	(26.3, 31.6)	3.0	(2.3, 3.9)	6.1	(3.1, 11.8)
Gender														
Men	3.0	(1.8, 4.8)	2.1	(1.2, 3.5)	27.5	(23.8, 31.5)	24.2	(20.1, 28.8)	35.4	(31.8, 39.3)	4.1	(2.8, 6.0)	3.0	(0.7, 12.1)

Women	2.4	(1.5, 3.9)	1.6	(1.0, 2.5)	16.0	(12.8, 19.8)	6.5	(3.7, 11.3)	18.3	(15.0, 22.1)	2.3	(1.6, 3.3)	8.9	(4.1, 18.1)
Age (years)														
15-24	1.1	(0.4, 3.2)	2.0	(0.8, 4.9)	26.3	(21.0, 32.4)	20.0	(11.9, 31.8)	29.2	(23.4, 35.8)	4.4	(2.7, 7.2)	6.1	(2.0, 16.9)
25-44	3.2	(2.0, 4.9)	1.8	(1.1, 3.1)	25.1	(21.3, 29.4)	18.9	(14.7, 24.0)	30.7	(26.9, 34.7)	3.5	(2.3, 5.5)	5.7	(2.4, 12.8)
45-64	3.5	(1.9, 6.3)	2.3	(1.3, 4.0)	17.7	(13.5, 22.9)	19.4	(13.7, 26.6)	29.2	(24.6, 34.2)	2.2	(1.3, 3.6)	6.2	(1.1, 28.6)
65+	1.0	(0.4, 2.2)	0.6	(0.3, 1.2)	16.4	(8.9, 28.3)	16.5	(7.0, 34.0)	17.6	(11.3, 26.2)	1.3	(0.6, 2.8)	-	-
Residence														
Urban	3.1	(2.2, 4.4)	2.1	(1.3, 3.3)	24.7	(21.6, 28.1)	14.3	(11.5, 17.6)	27.8	(24.6, 31.2)	2.7	(1.8, 3.8)	5.4	(2.7, 10.4)
Rural	2.6	(1.7, 3.8)	1.7	(1.2, 2.6)	22.3	(19.3, 25.7)	20.3	(16.4, 24.9)	29.1	(26.1, 32.3)	3.1	(2.3, 4.2)	6.5	(2.5, 15.8)
Education Level														
No formal education	-	-	1.7	(0.4, 6.6)	-	-	-	-	-	-	0.6	(0.1, 4.4)	-	-
Less than primary	0.5	(0.1, 3.8)	0.8	(0.2, 3.4)	18.6	(8.2, 36.8)	22.4	(9.1, 45.3)	35.4	(25.0, 47.4)	1.6	(0.6, 4.5)	-	-
Primary, less than secondary	2.7	(1.6, 4.7)	1.0	(0.6, 1.8)	26.3	(21.7, 31.4)	26.8	(21.3, 33.1)	29.8	(25.8, 34.1)	2.0	(1.3, 3.0)	-	-
Secondary or higher	2.7	(1.8, 3.9)	2.7	(1.8, 4.2)	20.9	(17.7, 24.4)	12.9	(9.5, 17.3)	27.9	(24.2, 31.9)	4.4	(3.1, 6.1)	6.2	(3.0, 12.6)
Wealth index														
Lowest	4.1	(1.8, 9.1)	0.8	(0.3, 1.9)	25.7	(17.2, 36.6)	26.7	(17.9, 37.7)	28.9	(23.3, 35.2)	2.3	(1.3, 4.0)	-	-
Low	2.7	(1.3, 5.6)	2.0	(1.0, 3.7)	19.7	(13.8, 27.2)	20.6	(12.6, 31.7)	26.3	(20.5, 33.1)	2.9	(1.5, 5.2)	-	-
Middle	2.8	(1.4, 5.3)	0.7	(0.2, 2.2)	23.3	(17.8, 29.9)	21.3	(14.8, 29.6)	33.0	(27.6, 39.0)	3.6	(2.0, 6.2)	8.6	(1.9, 31.0)
High	1.3	(0.6, 2.9)	3.0	(1.6, 5.5)	27.0	(21.1, 33.8)	15.7	(10.6, 22.7)	26.5	(20.9, 33.0)	2.6	(1.4, 4.5)	2.8	(0.8, 9.2)
Highest	3.1	(1.8, 5.3)	2.5	(1.2, 4.8)	20.0	(15.9, 24.7)	15.8	(10.7, 22.7)	28.9	(23.6, 34.8)	4.1	(2.2, 7.4)	7.9	(2.8, 20.4)
[1] Among those that visited the place in the past 30 days.														

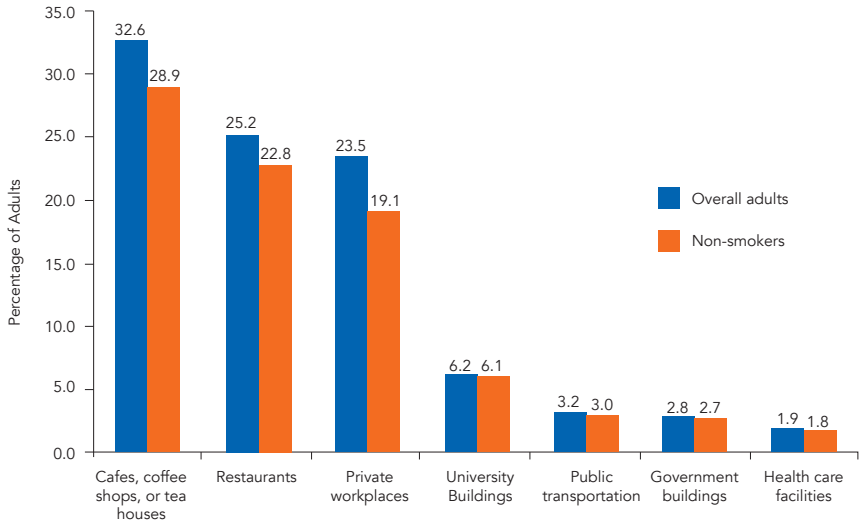

Figure 6.3: Percentage of adults ≥15 years old who visited various public places in the past 30 days and were exposed to tobacco smoke by smoking status, GATS Sri Lanka, 2020

6.3.3. Adults who saw anyone smoking in an open public place in the past 30 days by sociodemographic characteristics

The GATS 2020 Sri Lanka showed that nearly half of adult population (49.0%) saw anyone smoking in an open public place in the past 30 days preceding the survey (Table 6.5). This proportion was high among men (58.5%) and among adults aged 25-44 years (54.4%). Nearly 56.2% of adults in urban areas and 47.5% of adults in rural areas observed someone smoking in an open public place. The frequency of observing someone smoking at an open public place increased with advancing levels of education and with increasing wealth quintile.

Table 6.5: Percentage of adults ≥15 years old who saw anyone smoking in an open public place in the past 30 days by gender and selected demographic characteristics, GATS Sri Lanka, 2020

Demographic Characteristics	Saw anyone smoking in an open public place in the past 30 days	
	Percentage (95% CI)	
Overall	49.0	(47.4, 50.7)
Gender		
Men	58.5	(56.1, 60.9)
Women	40.9	(38.8, 43.0)
Age (years)		
15-24	52.2	(48.4, 55.9)
25-44	54.4	(52.1, 56.7)
45-64	48.1	(45.2, 51.1)
65+	35.3	(31.7, 39.1)
Residence		
Urban	56.2	(54.1, 58.3)
Rural	47.5	(45.6, 49.5)
Education Level		
No formal education	36.3	(27.3, 46.5)
Less than primary	40.0	(34.8, 45.4)
Primary, less than secondary	50.0	(47.7, 52.2)
Secondary or higher	50.6	(48.3, 52.9)
Wealth index		
Lowest	46.7	(43.1, 50.3)
Low	48.3	(45.2, 51.4)
Middle	48.5	(45.0, 52.0)
High	50.9	(47.5, 54.4)
Highest	51.1	(47.3, 55.0)

Key points:

- GATS 2020 Sri Lanka reported that 16.7% of adults (0.8 million) who worked indoors were exposed to secondhand smoke (SHS) at work. Nearly 13.7% of all indoor workers (0.6 million) did not smoke but were exposed to SHS at their workplaces.
- Nearly 8.4% of adults (1.4 million) were exposed to SHS at home. Nearly 6.0% of the adults (0.9 million) did not smoke but were exposed to SHS in their homes.
- Nearly 11.2% adults were exposed to tobacco smoke at cafes, coffee shops, or tea houses in the past 30 days. Exposure to SHS among adults in restaurants, at private workplaces, in public transports, and in university buildings was 6.6%, 3.7%, 1.6%, and 0.2%, respectively.
- Among adults who visited various public places in the past 30 days, 32.6% were exposed to tobacco smoke at cafes, coffee shops, or tea houses. Corresponding figures for exposure to SHS among these adults in restaurants, at private workplaces, in university buildings, and in public transports were 25.2%, 23.5%, 6.2%, and 3.2%, respectively.
- Nearly half of the adult population (49.0%) saw someone smoking in an open public place in the past 30 days preceding the survey.

References:

- Besaratinia A, Pfeifer GP. Secondhand smoke and human lung cancer. The Lancet Oncology. 2008 Jul;9(7):657– 666.
- Tsai J, Homa DM, Gentzke AS, Mahoney M, Sharapova SR, Sosnoff CS, Caron KT, Wang L, Melstrom PC, Trivers KF. Exposure to Secondhand Smoke Among Nonsmokers - United States, 1988-2014. MMWR Morb Mortal Wkly Rep. 2018 Dec 7;67(48):1342-1346.
- American Cancer Society. Health Risks of Secondhand Smoke [Internet]. Available from: https://www.cancer.org/cancer/cancer-causes/tobacco-and-cancer/secondhandsmoke.html

7. Economics of tobacco use

The economic aspects of tobacco use have multiple dimensions due to the involvement of many stakeholders. Although taxes on tobacco products generate a proportion of tax revenue for the Government, tobacco consumption imposes high direct and indirect costs on the national economy owing to tobacco-related treatment of chronic diseases, loss of economic productivity due to premature tobacco-related mortality, and disabilities attributable to tobacco consumption and exposure to SHS.

Households of tobacco users incur expenses on buying tobacco products. Studies have shown that the proportion of monthly expenditure on purchase of tobacco products can be as high as 10%, with an average being around 5% of the household income (1) GATS 2020 explored two aspects of the economics of tobacco use: a) source or place of purchasing cigarette, bidis and smokeless tobacco; and b) expenditure incurred by people who smoked cigarettes or bidis, or used smokeless tobacco on a monthly basis, as well as on the last purchase of these products.

7.1. Source of last purchase of tobacco products

GATS 2020 Sri Lanka collected information on source of the most recent tobacco product purchase prior to the survey. Percent distribution of current tobacco use by source of last purchased product according to selected background characteristics is shown in tables below.

7.1.1. Source of last purchase of manufactured cigarettes

Table 7.2 presents the distribution of persons who currently smoked cigarettes by the source of last purchased manufactured cigarettes according to background characteristics. GATS 2020 has shown that the majority of adults who currently smoked cigarettes in the country (92.8%) bought their last cigarette from a store. Other places of cigarette purchase included street vendors (3.6%) and from another person (2.1%). A negligible proportion purchased these from duty-free shops (0.9%) and other sources (0.6%).

Minor differences were observed in the source of cigarette purchase among rural and urban residents who smoked. A high proportion of rural residents, who smoked, purchased cigarettes from store (93.4%); the corresponding figure among urban residents, who smoked, was 90.2%. Among urban residents who smoked cigarettes, 8.4% purchased their cigarettes from street vendors and 0.5% from another person. Of rural residents, 2.5% purchased their cigarettes from another person and 2.4% purchased their cigarettes from street vendors (Figure 7.1).

Table 7.2: Percentage distribution of adults ≥15 years old who currently smoked manufactured cigarettes, by the source of last purchase of cigarettes and selected demographic characteristics, GATS Sri Lanka, 2020

Source	Overall		Gender				Age (years)				Residence			
		Men		Women			15-24		25+		Urban		Rural	
	Percentage (95% CI)													
Store	92.8	(88.3, 95.6)	92.8	(88.3, 95.6)	-	-	-	-	93.2	(88.7, 96.0)	90.2	(84.6, 94.0)	93.4	(87.6, 96.6)
Street vendor	3.6	(1.8, 7.1)	3.6	(1.8, 7.1)	-	-	-	-	3.1	(1.4, 6.7)	8.4	(5.0, 13.6)	2.4	(0.7, 7.8)
Duty-free shop	0.9	(0.2, 3.5)	0.9	(0.2, 3.5)	-	-	-	-	0.9	(0.2, 3.7)	0.9	(0.3, 2.9)	1.0	(0.2, 4.6)

Outside the country	0.0	N/A	0.0	N/A	-	-	-	-	0.0	N/A	0.0	N/A	0.0	N/A
Kiosks	0.0	N/A	0.0	N/A	-	-	-	-	0.0	N/A	0.0	N/A	0.0	N/A
Internet	0.0	N/A	0.0	N/A	-	-	-	-	0.0	N/A	0.0	N/A	0.0	N/A
From another person	2.1	(0.9, 4.6)	2.1	(0.9, 4.6)	-	-	-	-	2.2	(1.0, 4.8)	0.5	(0.1, 3.5)	2.5	(1.1, 5.6)
Other	0.6	(0.1, 4.1)	0.6	(0.1, 4.1)	-	-	-	-	0.6	(0.1, 4.2)	0.0	N/A	0.7	(0.1, 5.0)
Total	100		100		100		100		100		100		100	
Note: People who currently smoked manufactured cigarette includes daily and occasional (less than daily) smoking.														
N/A - The estimate is "0.0" or "100.0".														

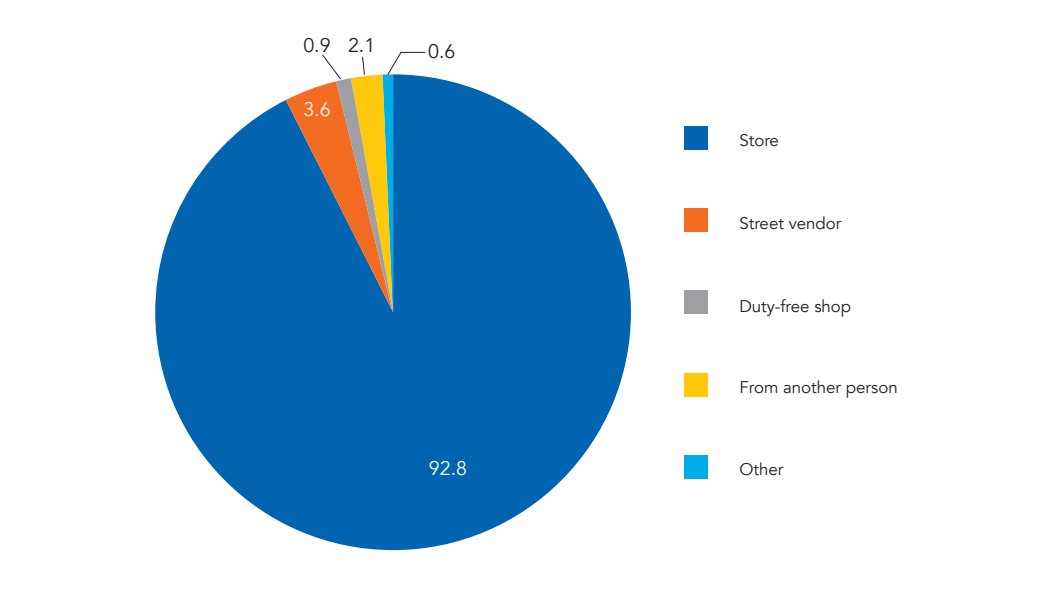

Figure 7.1: Percentage distribution of adults ≥15 years old who currently smoked manufactured cigarettes by the source of last purchase of cigarettes, GATS Sri Lanka, 2020

7.1.2. Source of last purchase of bidis

Table 7.2A presents distribution of adults who currently smoked bidis by the source of last purchase of bidis according to socioeconomic characteristics. GATS 2020 shows that almost every person who currently smoked bidis in the country (97.6%) bought their last bidi from a store. Only two other places of bidi purchase were reported: street vendor (1.3%) and from another person (1.1%). Every person who smoked bidis in urban areas bought their bidis from a store (>99.9%).

Table 7.2A: Percentage distribution of adults ≥15 years old who currently smoked bidis, by the source of last purchase of bidis and selected demographic characteristics GATS Sri Lanka, 2020

Source	Overall		Gender				Age (years)				Residence			
		Men		Women		15-24		25+		Urban		Rural		
	Percentage (95% CI)													
Store	97.6	(93.7, 99.1)	97.6	(93.7, 99.1)	-	-	-	-	97.5	(93.6, 99.1)	100.0	N/A	97.3	(93.2, 99.0)
Street vendor	1.3	(0.3, 5.0)	1.3	(0.3, 5.1)	-	-	-	-	1.4	(0.4, 5.2)	0.0	N/A	1.5	(0.4, 5.5)
Outside the country	0.0	N/A	0.0	N/A	-	-	-	-	0.0	N/A	0.0	N/A	0.0	N/A
Kiosks	0.0	N/A	0.0	N/A	-	-	-	-	0.0	N/A	0.0	N/A	0.0	N/A
From another person	1.1	(0.3, 4.3)	1.1	(0.3, 4.3)	-	-	-	-	1.1	(0.3, 4.4)	0.0	N/A	1.2	(0.3, 4.7)
Other	0.0	N/A	0.0	N/A	-	-	-	-	0.0	N/A	0.0	N/A	0.0	N/A
Total	100		100		100		100		100		100		100	
Note: People who currently smoked bidis includes daily and occasional (less than daily) smoking.														
N/A - The estimate is "0.0" or "100.0".														

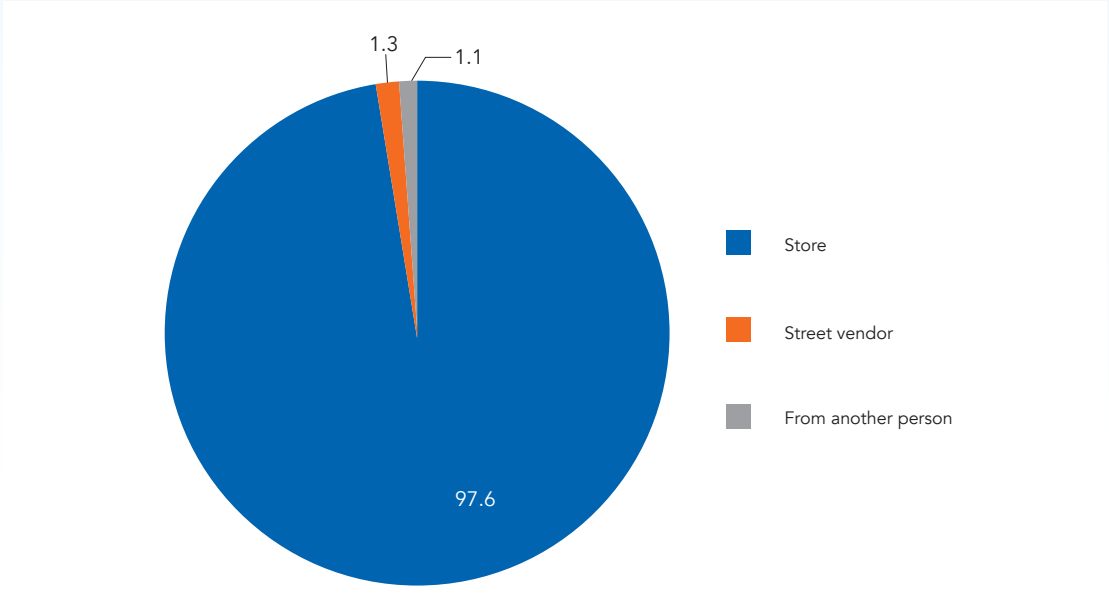

Figure 7.2: Percentage distribution of adults ≥15 years old who currently smoked bidis by the source of last purchase of bidis, GATS Sri Lanka, 2020

7.1.2. Source of last purchase of smokeless tobacco product

Table 7.2B presents the distribution of current smokeless tobacco use by the source of last purchase of smokeless tobacco product according to socio-demographic characteristics. More than nine out of ten adults who used smokeless tobacco (91.0%) bought their product from a store. Other places of purchase include street vendor (4.8%), outside the country (0.2%), from another person (1.8%), and other sources (2.2%). Approximately 92.0% of men and 86.6% of women purchased their smokeless tobacco products from a store. Approximately 91.4% of rural adults and 87.9% of urban adults purchased their smokeless tobacco products from a store. Notably, a small proportion of rural adults (0.2%) purchased their smokeless tobacco product from outside the country, but none of the urban adults chose this source.

Table 7.2B: Percentage distribution of adults ≥15 years old who currently used smokeless tobacco, by the source of last purchase of smokeless tobacco product and selected demographic characteristics, GATS Sri Lanka, 2020

Source	Overall		Gender				Age (years)				Residence			
		Men		Women		15-24		25+		Urban		Rural		
	Percentage (95% CI)													
Store	91.0	(88.0, 93.4)	92.0	(88.8, 94.4)	86.6	(79.5, 91.6)	-	-	91.3	(88.3, 93.6)	87.9	(81.7, 92.2)	91.4	(88.0, 93.8)
Street vendor	4.8	(3.2, 7.1)	4.0	(2.5, 6.3)	8.4	(4.6, 14.8)	-	-	4.7	(3.1, 7.1)	8.5	(4.8, 14.4)	4.5	(2.8, 7.0)
Outside the country	0.2	(0.0, 1.2)	0.2	(0.0, 1.4)	0.0	N/A	-	-	0.2	(0.0, 1.2)	0.0	N/A	0.2	(0.0, 1.3)
Kiosks	0.0	N/A	0.0	N/A	0.0	N/A	-	-	0.0	N/A	0.0	N/A	0.0	N/A
Internet	0.0	N/A	0.0	N/A	0.0	N/A	-	-	0.0	N/A	0.0	N/A	0.0	N/A
From another person	1.8	(0.9, 3.6)	1.7	(0.7, 3.9)	2.0	(0.6, 6.8)	-	-	1.5	(0.7, 3.1)	1.6	(0.5, 5.2)	1.8	(0.8, 3.8)
Other	2.2	(1.1, 4.3)	2.1	(0.9, 4.4)	3.0	(1.0, 8.5)	-	-	2.3	(1.2, 4.6)	2.0	(0.6, 6.4)	2.2	(1.1, 4.6)
Total	100		100		100		100		100		100		100	
Note: Current smokeless tobacco use includes daily and occasional (less than daily) smokeless tobacco users														
N/A - The estimate is "0.0" or "100.0".														

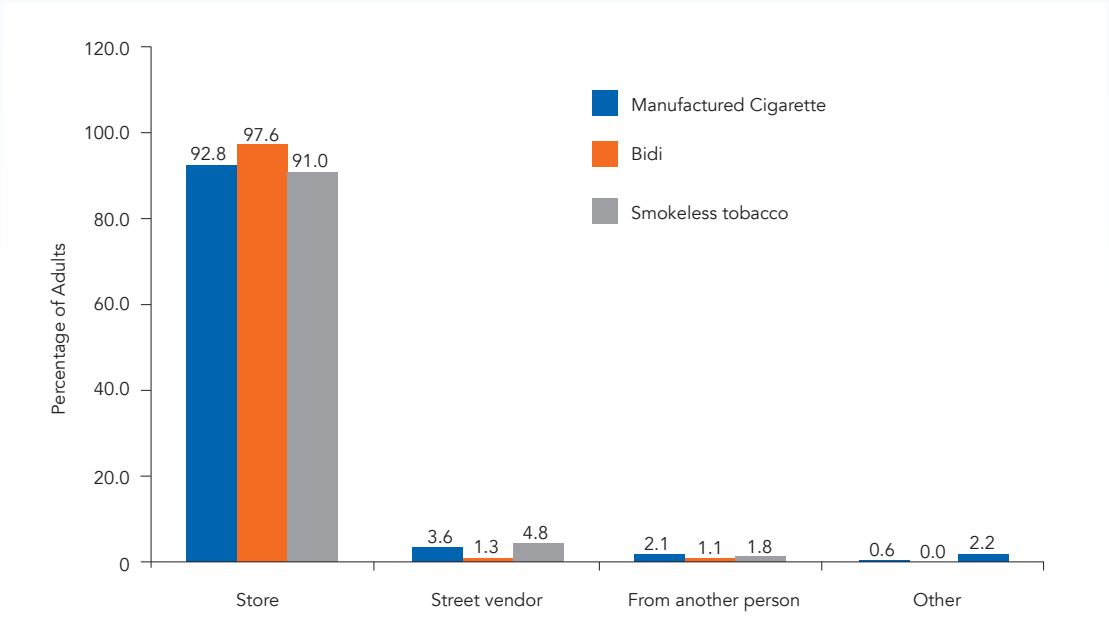

Figure 7.3: Percentage distribution of adults ≥15 years old who currently consumed tobacco by tobacco use type and the source of last purchase of tobacco products, GATS Sri Lanka, 2020

7.2. Expenditure incurred on tobacco products

GATS 2020 collected data on average amount spent (in Sri Lankan rupee; LKR) for purchase of twenty manufactured cigarettes and bidis as well as the average expenditure per month on these products. Additionally, data was collected on expenditure incurred during the last purchase of cigarette, bidis, and smokeless tobacco products by persons currently using cigarettes, bidis and smokeless tobacco, respectively. The quantity procured during the last purchase was not considered in the collected data. Hence, the average amount recorded in the survey was the average value of expenditure incurred on different types of tobacco products. Since the average values may have been influenced by a few extremely high values of last purchase (potentially due to large volumes of purchase), a median cost was also considered in addition to the average cost.

7.2.1. Expenditure incurred on manufactured cigarettes

Table 7.3 presents the findings on expenditure incurred on twenty manufactured cigarettes and average cigarette expenditure per month (both mean and median values) among those who currently smoked cigarettes by demographic characteristics (in LKR). Persons who currently smoked cigarettes spent an average 1237.80 LKR (median=1289.90 LKR) on twenty manufactured cigarettes.

The average amount spent on twenty manufactured cigarettes was 1297.50 LKR among 25-44 years old (median=1290.70 LKR) and 1181.60 LKR (median=1246.20 LKR) among 45-64 years old. The expenditure incurred on twenty manufactured cigarettes varied modestly among rural and urban residents who currently smoked, as well as among those with varying levels of education. The average expenditure incurred by adults who currently smoked in the highest wealth quintile was high (1287.50 LKR; median=1291.10 LKR). It is likely that more affluent people who smoked may be smoking relatively more expensive brands of cigarettes.

Table 7.3 shows the average amount spent on manufactured cigarettes per month (in LKR). The median expenditure spent per month on manufactured cigarettes by adults who currently smoked was 3864.40 LKR (mean=5454.30 LKR). The monthly expenditure on manufactured cigarettes was nearly 1.5 times higher in urban areas (mean=7771.60 LKR; median=4175.30 LKR) as compared to rural areas (mean=4893.50 LKR; median=3834.40 LKR). The average monthly expenditure incurred among adults who currently smoked cigarettes was 5857.10 LKR among adults aged 45-64 years and 5343.40 LKR among adults aged 25-44 years. The mean expenditure among adults who currently smoked cigarettes and who had less than primary education was 5367.10 LKR; however, the median value was low (2015.00 LKR). This implies that a substantial number of adults who smoked cigarettes and who had less than primary education made bulk purchases; hence, there is a wide difference between mean and median values. Across wealth indices, average expenditure incurred by adults who currently smoked cigarettes and who were in the low wealth quintile was 6872.30 LKR (median=5256.20 LKR).

Table 7.3: Average amount spent for 20 manufactured cigarettes and average cigarette expenditure per month among adults ≥15 years old who currently smoked manufactured cigarettes, by selected demographic characteristics, GATS Sri Lanka, 2020

Demographic Characteristics	Amount spent on 20 manufactured cigarettes (Sri Lankan rupee)				Manufactured cigarette expenditure per month (Sri Lankan rupee)			
	Mean (95% CI)		*Median (95% CI)*		*Mean (95% CI)*		*Median (95% CI)*	
Overall	1237.8	(1186.1, 1289.6)	1289.9	(1288.5, 1291.4)	5454.3	(4796.8, 6111.8)	3864.4	(3754.8, 5286.0)
Gender								
Men	1237.8	(1186.1, 1289.6)	1289.9	(1288.5, 1291.4)	5465.3	(4806.4, 6124.2)	3866.3	(3756.8, 5470.2)
Women	-	-	-	-	-	-	-	-
Age (years)								
15-24	-	-	-	-	-	-	-	-
25-44	1297.5	(1268.8, 1326.1)	1290.7	(1289.2, 1292.5)	5343.4	(4434.7, 6252.2)	3883.2	(3626.0, 5581.3)
45-64	1181.6	(1076.0, 1287.3)	1246.2	(1233.4, 1259.0)	5857.1	(4781.3, 6932.9)	3813.5	(2907.4, 5607.7)
65+	-	-	-	-	-	-	-	-
Residence								
Urban	1125.0	(1005.8, 1244.2)	1287.5	(1285.1, 1289.4)	7771.6	(6108.0, 9435.3)	4175.3	(3812.6, 5639.6)
Rural	1287.5	(1239.1, 1335.9)	1288.8	(1286.6, 1291.2)	4893.5	(4200.4, 5586.5)	3834.4	(2852.3, 4576.7)
Education Level								
No formal education	-	-	-	-	-	-	-	-
Less than primary	1255.1	(1200.2, 1310.0)	1252.4	N/A	5367.1	(2278.4, 8455.8)	2015.0	(689.9, 5469.4)
Primary, less than secondary	1243.4	(1181.7, 1305.0)	1286.7	(1285.1, 1288.2)	5276.9	(4547.4, 6006.3)	3870.6	(3731.0, 5489.5)
Secondary or higher	1191.1	(1057.4, 1324.8)	1290.2	(1286.5, 1294.3)	5284.2	(4216.4, 6352.0)	3820.9	(2010.3, 5102.3)
Wealth index								
Lowest	1165.9	(1003.4, 1328.5)	1260.0	(1245.2, 1271.7)	3615.1	(2681.8, 4548.4)	1907.2	(1015.7, 3800.4)
Low	1283.1	(1251.5, 1314.7)	1288.0	(1286.3, 1289.9)	6872.3	(5649.1, 8095.4)	5256.2	(3969.9, 6728.7)
Middle	1165.5	(996.1, 1334.9)	1282.0	(1275.5, 1288.0)	5275.3	(3867.3, 6683.2)	3778.4	(2168.5, 4352.5)
High	1262.3	(1205.4, 1319.1)	1251.9	N/A	5795.6	(4094.1, 7497.1)	3635.3	(1835.4, 5700.8)
Highest	1287.5	(1108.6, 1466.4)	1291.1	N/A	4931.3	(3353.6, 6509.0)	3742.2	(1569.2, 4879.8)

Note: Current manufactured cigarette smoking includes daily and occasional (less than daily) smoking.

N/A – SUDAAN unable to estimate upper/lower CI.

7.2.2. Expenditure incurred on bidis

Table 7.3A presents the findings on average amount spent on twenty bidis and average expenditure per month (mean and median values) among adults who currently smoked bidis by demographic characteristics (in LKR). The average amount spent on twenty bidis by adults who currently smoked bidis was 142.70 LKR (median = 118.30 LKR), inferring that they spent nearly ten times less money as compared to their counterparts who smoked cigarettes.

Among various age-groups, adults aged 45-64 years incurred an average expenditure of 159.10 LKR on buying twenty bidis (median=119.00 LKR). Adults who currently smoked bidis and who had less than primary education incurred an average expenditure of 191.00 LKR (median=116.70 LKR), and adults having primary but less than secondary education incurred an average expenditure of 125.90 LKR (median=118.40 LKR). Adults in the lowest wealth quintile incurred an average expenditure of 155.80 LKR (median=117.40 LKR).

Table 7.3A further shows details of the average amount spent on bidis per month (in LKR). The mean and median values for monthly expenditures on bidis were dissimilar, suggesting that adults who currently smoked bidis did bulk purchases. The median expenditure per month by adults who currently smoked bidis was 811.10 LKR (mean was 1368.70 LKR), which was nearly four times less than the monthly expenditure incurred by adults who currently smoked cigarettes.

Median monthly expenditure incurred by those aged 65 years and above and who currently smoked bidis was 841.60 LKR. The average expenditure among urban adults was 1539.80 LKR (median=861.70 LKR) and among rural adults was 1352.60 LKR (median=801.10 LKR). The average expenditure among adults having less than primary education was 1783.7 LKR (median=772.00 LKR) and among adults having primary but less than secondary education was 1143.80 LKR (median=752.40 LKR). The average expenditure among adults in the lowest wealth quintile was 1651.30 LKR (median=836.10 LKR).

Table 7.3A: Average amount spent for 20 bidis and average bidi expenditure per month among adults ≥15 years old who currently smoked bidis, by selected demographic characteristics, GATS Sri Lanka, 2020

Demographic Characteristics	Amount spent on 20 bidis (Sri Lankan rupee)				Bidis expenditure per month (Sri Lankan rupee)			
	Mean (95% CI)		Median (95% CI)		Mean (95% CI)		*Median (95% CI)*	
Overall	142.7	(112.9, 172.4)	118.3	(116.1, 127.8)	1368.7	(1018.8, 1718.5)	811.1	(711.3, 963.7)
Gender								
Men	142.7	(112.9, 172.4)	118.3	(116.1, 127.8)	1370.2	(1019.8, 1720.5)	811.1	(712.0, 967.3)
Women	-	-	-	-	-	-	-	-
Age (years)								
15-24	-	-	-	-	-	-	-	-
25-44	116.2	(95.1, 137.2)	112.7	(91.7, 130.2)	1273.5	(914.1, 1632.9)	742.5	(596.3, 1100.1)
45-64	159.1	(104.8, 213.5)	119.0	(116.0, 133.4)	1440.8	(896.6, 1985.1)	758.3	(605.2, 988.0)
65+	130.1	(107.8, 152.3)	118.7	(112.8, 130.8)	1257.7	(807.4, 1708.0)	841.6	(447.9, 1073.5)
Residence								
Urban	127.2	(109.7, 144.6)	117.7	(112.6, 132.0)	1539.8	(1059.1, 2020.6)	861.7	(600.2, 1165.6)
Rural	144.6	(111.3, 177.8)	118.4	(116.0, 128.7)	1352.6	(972.7, 1732.5)	801.1	(707.7, 967.6)
Education Level								

No formal education	-	-	-	-	-	-	-	-
Less than primary	191.0	(61.6, 320.3)	116.7	(108.3, 124.8)	1783.7	(544.0, 3023.3)	772.0	(436.2, 1014.7)
Primary, less than secondary	125.9	(115.0, 136.8)	118.4	(115.9, 130.5)	1143.8	(940.7, 1346.9)	752.4	(612.4, 970.8)
Secondary or higher	-	-	-	-	-	-	-	-
Wealth index								
Lowest	155.8	(96.9, 214.6)	117.4	(114.6, 121.3)	1651.3	(935.2, 2367.5)	836.1	(689.1, 1089.2)
Low	126.6	(109.5, 143.7)	119.6	(115.4, 137.1)	1028.3	(712.3, 1344.2)	604.9	(450.3, 905.6)
Middle	144.6	(110.8, 178.4)	126.2	(109.4, 136.1)	1327.4	(866.9, 1788.0)	759.6	(614.5, 1069.5)
High	-	-	-	-	-	-	-	-
Highest	-	-	-	-	-	-	-	-
Note: Current bidi smoking includes daily and occasional (less than daily) bidi smoking.								

7.3. Expenditure incurred on last purchase of tobacco

7.3.1. Average expenditure on tobacco products (in LKR) during last purchase

GATS 2020 Sri Lanka collected data on expenditure incurred during the last purchase of cigarette, bidis, and smokeless tobacco by persons who currently smoked cigarettes or bidis or used smokeless tobacco, respectively. Table 7.3B presents expenditure incurred during the last purchase according to selected demographic characteristics of people who smoked or used smokeless tobacco. The quantity procured during the last purchase was not considered in the analysis.

On an average, adults who currently smoked cigarettes spent 213.6 LKR on the last cigarette purchase; adults who currently smoked bidis spent 60.3 LKR; and adults who currently used smokeless tobacco spent 100.50 LKR on the last purchase. The average money spent on smokeless tobacco was 94.30 LKR by women and 101.80 LKR by men. Persons in the age-group 25-44 who currently smoked cigarettes spent approximately 1.5 times more on cigarettes (254.60 LKR) than that spent by people who currently smoke cigarettes in the 45-64 age-group (172.70 LKR). Among the adults who currently used smokeless tobacco products, the 25-44 age-group spent the most on these products (106.20 LKR) and among the adults who currently smoked bidis, the 45-64 age-group spent the most (62.80 LKR).

The average expenditure incurred by urban adults who currently smoked cigarettes was 250.60 LKR and that by rural adults was 204.50 LKR. Concerning bidis, the average expenditure incurred by urban adults who currently smoked bidis was 49.90 LKR and that by rural adults was 61.30 LKR. The rural and urban expenditures on smokeless tobacco products were comparable (100.30 LKR among urban adults and 100.50 LKR among rural adults). Among adults who smoked cigarettes, the average expenditure incurred on cigarettes was high among adults having less than primary education (757.50 LKR). Notably, expenditures on smokeless tobacco products was high among adults having secondary or higher education (132.40 LKR), as they may be consuming relatively expensive brands.

Adults who currently smoked cigarettes and who were in the low wealth quintile spent 352.90 LKR in their last purchase. Further, adults who currently smoked bidis and who were in the lowest wealth quintile spent 68.00 LKR whereas adults who currently used smokeless tobacco and who were in the high wealth quintile spent 148.90 LKR in their last purchase.

Table 7.3B: Average tobacco expenditures in the last purchase incurred by adults who currently smoked cigarettes, who currently smoked bidis, and who currently used smokeless tobacco, by selected demographic characteristics, GATS Sri Lanka, 2020

Demographic Characteristics	Tobacco expenditure in the last purchase					
	Cigarette smoking		Bidi smoking		Users of smokeless tobacco	
	(Sri Lankan rupee)		(Sri Lankan rupee)		(Sri Lankan rupee)	
	Mean (95% CI)					
Overall	213.6	(127.9, 299.4)	60.3	(50.8, 69.8)	100.5	(87.1, 114.0)
Gender						
Men	213.8	(127.8, 299.7)	60.4	(50.9, 69.9)	101.8	(86.5, 117.2)
Women	-	-	-	-	94.3	(67.6, 120.9)
Age (years)						
15-24	-	-	-	-	-	-
25-44	254.6	(97.5, 411.6)	57.4	(42.1, 72.7)	106.2	(78.4, 134.1)
45-64	172.7	(146.0, 199.4)	62.8	(48.7, 76.9)	98.4	(78.4, 118.4)
65+	-	-	58.4	(43.4, 73.3)	103.1	(79.0, 127.2)
Residence						
Urban	250.6	(147.6, 353.6)	49.9	(41.4, 58.3)	100.3	(77.6, 123.1)
Rural	204.5	(100.8, 308.3)	61.3	(50.9, 71.6)	100.5	(86.4, 114.7)
Education Level						
No formal education	-	-	-	-	107.4	(69.5, 145.4)
Less than primary	757.5	(-426.5, 1941.6)	56.4	(45.4, 67.4)	103.0	(67.5, 138.4)
Primary, less than secondary	169.4	(134.7, 204.1)	55.0	(46.5, 63.5)	89.0	(74.1, 103.9)
Secondary or higher	182.2	(146.2, 218.1)	-	-	132.4	(84.5, 180.4)
Wealth index						
Lowest	192.2	(92.6, 291.8)	68.0	(49.0, 87.1)	90.3	(68.9, 111.7)
Low	352.9	(45.3, 660.5)	54.3	(39.8, 68.9)	96.1	(79.3, 112.9)
Middle	164.5	(123.9, 205.2)	57.2	(43.2, 71.3)	82.0	(60.3, 103.7)
High	134.3	(106.8, 161.8)	-	-	148.9	(96.7, 201.1)
Highest	156.7	(121.6, 191.9)	-	-	-	-
Note: People who currently smoke bidis includes daily and occasional (less than daily) bidi smoking.						
Note: People who smoke cigarettes includes daily and occasional (less than daily) cigarette smoking.						
Note: Smokeless tobacco use includes daily and occasional (less than daily) smokeless tobacco use.						
- Indicates estimate is suppressed due to unweighted sample size less than 25.						

Key points:

- GATS 2020 Sri Lanka reported that the majority of adults who currently smoked cigarettes (92.8%) bought their last cigarette from a store. Other places of last purchase of cigarettes were street vendors (3.6%), from another person (2.1%), duty-free shops (0.9%), and other sources (0.6%).

- Almost every adult who currently smoked bidis (97.6%) bought his or her last bidi from a store. Other places of last purchase of bidis were street vendors (1.3%) and from another person (1.1%).

- Among those who used smokeless tobacco, 91.0% bought their product from a store. Other places of last purchase of smokeless tobacco products were street vendors (4.8%), other sources (2.2%), from another person (1.8%), and outside the country (0.2%).

- Among adults who currently smoked cigarettes, the average amount spent for 20 manufactured cigarettes was 1237.80 Sri Lankan Rupee (LKR) (median: 1289.90 LKR). The average cigarette expenditure per month was 5454.30 LKR (median: 3864.40LKR).

- Among adults who currently smoked bidis, the average amount spent for 20 bidis was 142.70 LKR (median: 118.30 LKR). The average bidi expenditure per month was 1368.70 LKR (median: 811.10 LKR).

- Average tobacco expenditures in the last purchase incurred by adults who currently smoked cigarettes, who currently smoked bidis, and who currently consumed smokeless tobacco were 213.60 LKR, 60.30 LKR, and 100.50 LKR, respectively.

References:

1. Efroymson D, Ahmed S, Townsend J, Alam SM, Dey AR, Saha R, et al. Hungry for tobacco: an analysis of the economic impact of tobacco consumption on the poor in Bangladesh. Tob Control. 2001 Sep;10(3):212-7.

2. Parliament of The Democratic Socialist Republic of Sri Lanka. National Authority on Tobacco and Alcohol Act, No. 27 (2006). Government Publications Bureau, Colombo, Sri Lanka.

8. Media

Media plays a key role in disseminating knowledge related to tobacco; it is a strong platform to shape opinions, attitudes, and behavior among individuals and within communities. There is ample research to demonstrate that advertisement, promotion, and other campaigns promoting tobacco products on various media channels influence initiation of tobacco use, especially at younger age, higher consumption and lesser likelihood of quitting, and are therefore detrimental to tobacco control initiatives. Conversely, the use of media to provide information about the ill-effects of tobacco consumption discourages its use and increases likelihood of making quit attempts, consequently preventing tobacco use and SHS exposure.

Therefore, a comprehensive ban on tobacco advertisements, promotion and sponsorship is necessary to curb the tobacco epidemic (as per Article 13 guidelines of the WHO FCTC). However, this ban must be complete and apply to all marketing and promotional categories. Article 12 of WHO FCTC requires comprehensive Information, Education and Communication (IEC) campaigns using different media channels. Article 11 requires implementation of Graphic Health Warnings (GHW) / Plain Packaging (PP) to spread anti-tobacco messages.

This chapter discusses perceptions of adults on anti-smoking and anti-smokeless tobacco information in various mass media and public places, health warnings on different tobacco products, and all forms of tobacco advertising on the basis of data collected during GATS Sri Lanka, 2020. The first section presents information on the extent of anti-tobacco messaging in the media. The second section deals with exposure to tobacco marketing in the form of advertisements, sponsorships, promotions, etc.

8.1. Anti-tobacco messaging

8.1.1. Anti-cigarette smoking information in the media during the last 30 days

Data obtained in GATS 2020 Sri Lanka shows that four out of every five adults (81.1%) noticed anti-cigarette smoking information in a public place or medium (print/electronic media, Internet, public walls, and transportation) during the thirty days preceding the survey (Table 8.1). Approximately 81.5% of adults who did not smoke noticed anti-cigarette smoking information, while 77.5% of adults who smoked noticed the information. About 69.1% of adults noticed anti-cigarette smoking information on television; nearly 26.3% of adults noticed anti-cigarette smoking information in newspapers and in magazines; 17.1% noticed in radio; 17.7% noticed them over the Internet; 33.0% noticed the information on billboards; and 19.9% noticed it somewhere else.

Approximately 82.8% of men and 79.7% of women noticed anti-cigarette smoking information in the last 30 days. Nearly 85.9% of adults in the age-group 15-24 years and 80.1% of adults in the age-group 25 years or above noticed anti-cigarette smoking information. Anti-cigarette smoking information over the Internet was noticed by 33.4% of adults aged 15-24 years and 14.1% of adults aged 25 years or above. A majority of rural (81.2%) and urban (80.9%) residents noticed anti-cigarette smoking information.

About 78.2% of rural adults and 73.3% of urban adults who currently smoked noticed anti-cigarette smoking information. Similar to overall population, 84.1% of men and 79.7% of women who never smoked noticed anti-cigarette smoking information in the last 30 days. A majority (85.8% in the age-group 15-24 years and 80.4% in the age-group 25 years or above) of adults who never smoked noticed anti-cigarette smoking information.

Table 8.1: Percentage of adults ≥15 years old who noticed anti-cigarette smoking information during the last 30 days in various places, by smoking status and selected demographic characteristics, GATS Sri Lanka, 2020

Places	Overall		Gender				Age (years)				Residence			
		Men		Women		15-24		25+		Urban		Rural		
	Percentage (95% CI)													
Overall														
In newspapers or in magazines	26.3	(24.9, 27.8)	28.7	(26.6, 30.9)	24.3	(22.4, 26.2)	32.5	(28.8, 36.4)	24.9	(23.4, 26.4)	31.9	(29.8, 34.1)	25.2	(23.5, 26.9)
On television or the radio	70.7	(69.1, 72.2)	70.8	(68.6, 72.9)	70.6	(68.5, 72.7)	71.8	(68.0, 75.2)	70.5	(68.8, 72.1)	71.6	(69.7, 73.3)	70.5	(68.7, 72.3)
On television	69.1	(67.6, 70.6)	69.5	(67.3, 71.5)	68.8	(66.7, 70.8)	70.8	(67.0, 74.2)	68.7	(67.0, 70.4)	70.3	(68.4, 72.1)	68.9	(67.0, 70.6)
On the radio	17.1	(15.9, 18.4)	16.3	(14.6, 18.2)	17.8	(16.3, 19.4)	16.7	(14.0, 19.9)	17.2	(15.9, 18.6)	19.1	(17.5, 20.9)	16.7	(15.3, 18.2)
On the Internet	17.7	(16.5, 19.0)	21.3	(19.4, 23.3)	14.6	(13.1, 16.2)	33.4	(30.0, 37.0)	14.1	(12.9, 15.4)	23.9	(22.0, 25.9)	16.4	(15.0, 17.9)
On billboards	33.0	(31.3, 34.7)	36.9	(34.4, 39.3)	29.6	(27.6, 31.8)	36.6	(33.0, 40.4)	32.1	(30.3, 34.0)	32.4	(30.2, 34.6)	33.1	(31.1, 35.2)
Somewhere else	19.9	(18.6, 21.2)	20.1	(18.3, 22.2)	19.6	(17.9, 21.4)	18.4	(15.5, 21.7)	20.2	(18.8, 21.6)	14.1	(12.5, 15.8)	21.1	(19.5, 22.7)
Any Location	81.1	(79.8, 82.4)	82.8	(80.8, 84.6)	79.7	(77.8, 81.5)	85.9	(83.0, 88.3)	80.1	(78.5, 81.5)	80.9	(79.3, 82.4)	81.2	(79.6, 82.7)
Current smoking[1]														
In newspapers or in magazines	21.9	(18.3, 26.1)	22.0	(18.3, 26.2)	-	-	-	-	22.2	(18.4, 26.5)	29.9	(24.1, 36.5)	20.5	(16.4, 25.4)
On television or the radio	67.1	(61.9, 71.8)	67.1	(61.9, 71.9)	-	-	-	-	66.5	(61.3, 71.4)	60.6	(54.4, 66.4)	68.2	(62.2, 73.7)
On television	64.8	(59.6, 69.7)	64.9	(59.7, 69.8)	-	-	-	-	64.3	(59.0, 69.3)	58.2	(52.0, 64.1)	66.1	(60.0, 71.6)
On the radio	15.5	(12.2, 19.6)	15.6	(12.2, 19.6)	-	-	-	-	15.5	(12.1, 19.6)	16.1	(12.0, 21.4)	15.4	(11.6, 20.2)
On the Internet	13.0	(9.9, 16.9)	13.0	(9.9, 16.9)	-	-	-	-	12.7	(9.6, 16.6)	13.8	(10.0, 18.8)	12.9	(9.3, 17.5)
On billboards	32.7	(28.2, 37.5)	32.6	(28.1, 37.4)	-	-	-	-	32.7	(28.2, 37.5)	29.9	(24.0, 36.6)	33.1	(28.0, 38.7)
Somewhere else	18.4	(14.7, 22.8)	18.5	(14.8, 22.8)	-	-	-	-	18.7	(15.0, 23.0)	13.6	(9.7, 18.8)	19.3	(15.0, 24.4)
Any Location	77.5	(72.6, 81.7)	77.5	(72.6, 81.7)	-	-	-	-	77.0	(72.0, 81.4)	73.3	(67.0, 78.7)	78.2	(72.5, 83.0)
Non-smoking[2]														
In newspapers or in magazines	26.8	(25.2, 28.4)	30.4	(28.0, 32.8)	24.3	(22.4, 26.2)	32.8	(29.1, 36.8)	25.2	(23.7, 26.9)	32.1	(29.9, 34.3)	25.6	(23.8, 27.5)
On television or the radio	71.1	(69.4, 72.7)	71.7	(69.4, 74.0)	70.6	(68.5, 72.7)	71.6	(67.8, 75.1)	70.9	(69.1, 72.7)	72.5	(70.6, 74.3)	70.8	(68.8, 72.7)
On television	69.5	(67.9, 71.1)	70.6	(68.2, 72.9)	68.8	(66.7, 70.8)	70.6	(66.8, 74.1)	69.3	(67.4, 71.0)	71.4	(69.4, 73.2)	69.1	(67.2, 71.0)
On the radio	17.3	(16.0, 18.6)	16.5	(14.6, 18.6)	17.8	(16.3, 19.4)	16.8	(14.0, 20.0)	17.4	(16.1, 18.8)	19.4	(17.6, 21.3)	16.8	(15.4, 18.4)
On the Internet	18.2	(16.9, 19.5)	23.3	(21.2, 25.6)	14.6	(13.1, 16.2)	33.5	(30.1, 37.2)	14.3	(13.1, 15.6)	24.8	(22.8, 26.9)	16.8	(15.3, 18.3)

On billboards	33.0	(31.2, 34.8)	37.9	(35.2, 40.6)	29.6	(27.6, 31.8)	36.7	(33.1, 40.5)	32.1	(30.2, 34.0)	32.6	(30.4, 34.9)	33.1	(31.0, 35.3)
Somewhere else	20.0	(18.6, 21.4)	20.6	(18.4, 22.9)	19.6	(18.0, 21.4)	18.6	(15.7, 21.9)	20.4	(18.9, 22.0)	14.1	(12.6, 15.9)	21.2	(19.6, 23.0)
Any Location	81.5	(80.1, 82.9)	84.1	(82.0, 86.0)	79.7	(77.8, 81.5)	85.8	(82.8, 88.2)	80.4	(78.9, 81.9)	81.6	(79.9, 83.1)	81.5	(79.8, 83.1)
[1] Includes daily and occasional (less than daily) smoking.														
[2] Includes former and never tobacco smoking.														

8.1.2. Anti-bidi smoking information in the media during the last 30 days

GATS 2020 Sri Lanka recorded information on perceptions of adults regarding anti-bidi smoking information. Table 8.1A shows that one out of every four adults (23.2%) noticed anti-bidi smoking information in a public place or medium during the 30 days preceding the survey. Television was the medium where 17.9% of adults noticed anti-bidi smoking information.

A total of 24.6% men and 22.0% women noticed anti-bidi smoking information in the last 30 days. The proportion of adults noticing anti-bidi smoking information was 26.1% in the age-group 15-24 years and 22.6% in the age-group 25 years or above. Unlike anti-cigarette information, anti-bidi smoking information was noticed by 30.1% of urban adults and by 21.8% of rural adults. Inadequate numbers of responses were obtained from women who currently smoked and adults in the 15-24 age-group. The proportion of adults who never smoked (23.1%) and who noticed anti-bidi smoking information was almost similar to that of adults who currently smoked (24.4 %).

Among adults residing in urban areas, 28.8% who currently smoked and 30.2% who never smoked noticed anti-bidi smoking information. Among adults in rural areas, 23.6% who currently smoked and 21.6% who never smoked noticed anti-bidi smoking information. Almost a quarter of men who did not smoke (24.6%) noticed anti-bidi smoking information. The proportion of adults who noticed anti-bidi smoking information varied with age, ranging from 25.8% among adults who did not smoke in the age-group 15-24 years to 22.4% among adults who did not smoke in the age-group 25 years or above.

Table 8.1A: Percentage of adults ≥15 years old who noticed anti-bidi smoking information during the last 30 days in various places, by smoking status and selected demographic characteristics, GATS Sri Lanka, 2020

Places	Overall		Gender				Age (years)				Residence			
		Men		Women		15-24		25+		Urban		Rural		
	Percentage (95% CI)													
Overall														
In newspapers or in magazines	8.3	(7.4, 9.3)	9.5	(8.2, 11.1)	7.2	(6.2, 8.3)	10.4	(8.0, 13.3)	7.8	(6.9, 8.7)	13.7	(12.4, 15.1)	7.1	(6.1, 8.3)
On television or the radio	18.2	(16.9, 19.7)	19.1	(17.4, 20.9)	17.5	(15.9, 19.3)	20.9	(17.9, 24.3)	17.6	(16.3, 19.1)	25.3	(23.6, 27.1)	16.8	(15.2, 18.4)
On television	17.9	(16.6, 19.2)	18.7	(17.1, 20.5)	17.1	(15.5, 18.8)	20.8	(17.8, 24.1)	17.2	(15.9, 18.6)	24.7	(23.0, 26.5)	16.4	(14.9, 18.1)
On the radio	5.9	(5.1, 6.8)	5.8	(4.9, 7.0)	5.9	(5.0, 7.0)	7.3	(5.4, 9.8)	5.6	(4.8, 6.5)	9.5	(8.3, 11.0)	5.1	(4.3, 6.2)
On the Internet	4.9	(4.3, 5.7)	6.3	(5.2, 7.5)	3.8	(3.1, 4.6)	9.3	(7.2, 11.9)	3.9	(3.3, 4.6)	8.9	(7.7, 10.2)	4.1	(3.4, 5.0)
On billboards	8.4	(7.5, 9.5)	9.5	(8.1, 11.2)	7.5	(6.4, 8.8)	10.9	(8.6, 13.6)	7.9	(6.9, 9.0)	10.8	(9.5, 12.3)	7.9	(6.8, 9.2)

Somewhere else	3.2	(2.7, 3.9)	3.8	(2.9, 4.9)	2.8	(2.2, 3.6)	3.6	(2.3, 5.6)	3.2	(2.6, 3.9)	3.4	(2.8, 4.1)	3.2	(2.6, 4.0)
Any Location	23.2	(21.7, 24.8)	24.6	(22.6, 26.7)	22.0	(20.3, 23.9)	26.1	(22.7, 29.8)	22.6	(21.0, 24.2)	30.1	(28.4, 31.9)	21.8	(20.0, 23.6)
Current smoking[1]														
In newspapers or in magazines	6.8	(4.9, 9.4)	6.8	(4.9, 9.4)	-	-	-	-	6.6	(4.7, 9.2)	14.0	(9.9, 19.3)	5.5	(3.5, 8.6)
On television or the radio	20.1	(16.3, 24.5)	20.1	(16.3, 24.5)	-	-	-	-	19.6	(15.7, 24.1)	23.9	(18.4, 30.3)	19.4	(15.1, 24.6)
On television	19.7	(16.0, 24.1)	19.8	(16.0, 24.2)	-	-	-	-	19.2	(15.3, 23.8)	23.4	(18.0, 29.8)	19.1	(14.8, 24.2)
On the radio	3.8	(2.4, 6.0)	3.8	(2.4, 6.1)	-	-	-	-	3.5	(2.2, 5.7)	7.2	(4.4, 11.6)	3.2	(1.7, 5.9)
On the Internet	2.6	(1.4, 4.8)	2.6	(1.4, 4.8)	-	-	-	-	2.2	(1.2, 4.3)	3.3	(1.7, 6.4)	2.4	(1.1, 5.2)
On billboards	7.4	(5.1, 10.6)	7.4	(5.1, 10.6)	-	-	-	-	7.1	(4.8, 10.4)	8.5	(5.0, 14.1)	7.2	(4.7, 11.0)
Somewhere else	3.7	(2.2, 6.1)	3.7	(2.2, 6.1)	-	-	-	-	3.8	(2.3, 6.3)	4.3	(2.1, 8.4)	3.6	(2.0, 6.5)
Any Location	24.4	(20.3, 29.0)	24.4	(20.3, 29.0)	-	-	-	-	23.8	(19.6, 28.6)	28.8	(23.0, 35.3)	23.6	(19.0, 28.9)
Non-smoking[2]														
In newspapers or in magazines	8.4	(7.5, 9.5)	10.2	(8.6, 12.1)	7.2	(6.2, 8.3)	10.3	(7.9, 13.3)	7.9	(7.0, 9.0)	13.7	(12.3, 15.1)	7.3	(6.2, 8.6)
On television or the radio	18.1	(16.7, 19.5)	18.8	(16.9, 20.8)	17.5	(15.9, 19.3)	20.7	(17.6, 24.1)	17.4	(16.0, 18.9)	25.5	(23.7, 27.4)	16.5	(14.9, 18.3)
On television	17.7	(16.3, 19.1)	18.5	(16.6, 20.5)	17.1	(15.5, 18.9)	20.5	(17.5, 23.9)	17.0	(15.6, 18.5)	24.8	(23.0, 26.7)	16.2	(14.6, 17.9)
On the radio	6.1	(5.3, 7.0)	6.3	(5.2, 7.7)	6.0	(5.0, 7.0)	7.2	(5.3, 9.7)	5.8	(5.0, 6.8)	9.7	(8.4, 11.2)	5.3	(4.4, 6.4)
On the Internet	5.2	(4.5, 6.0)	7.2	(5.9, 8.7)	3.8	(3.1, 4.6)	9.2	(7.1, 11.9)	4.1	(3.5, 4.9)	9.4	(8.0, 10.9)	4.3	(3.5, 5.2)
On billboards	8.6	(7.6, 9.7)	10.0	(8.4, 11.9)	7.5	(6.4, 8.8)	10.8	(8.6, 13.5)	8.0	(7.0, 9.2)	11.1	(9.7, 12.5)	8.0	(6.9, 9.4)
Somewhere else	3.2	(2.6, 3.9)	3.8	(2.8, 5.1)	2.8	(2.2, 3.6)	3.7	(2.4, 5.6)	3.1	(2.5, 3.8)	3.3	(2.7, 4.1)	3.2	(2.5, 4.0)
Any Location	23.1	(21.5, 24.7)	24.6	(22.4, 27.0)	22.0	(20.3, 23.9)	25.8	(22.4, 29.6)	22.4	(20.8, 24.1)	30.2	(28.4, 32.1)	21.6	(19.8, 23.5)

[1] Includes daily and occasional (less than daily) bidis smoking.

[2] Includes people who formerly and never smoked bidis.

8.1.3. Anti-smokeless tobacco use information in the media during the last 30 days

Table 8.1B shows that more than half of all adults (52.5%) noticed anti-smokeless tobacco use information in a public place or medium during the 30 days preceding the survey. Around 32.8% respondents reported that television was the medium where they noticed anti-smokeless tobacco use information, followed by billboards (17.5%) and in newspapers/magazines (17.2%). More than half of men (52.2%), women (52.8%), adults aged 15-24 years (53.6%), as well as adults aged 25 years and above (52.2%) noticed anti-smokeless tobacco use information. More than half (53.3%) of rural adults and 48.7% of urban adults noticed anti-smokeless tobacco use information. Approximately 9.4% women and 8.5% men noticed anti-smokeless tobacco information on a radio; and this information over Internet was noticed by 13.3% adults aged 15-24 years and 6.4% adults aged 25 years and above.

Among adults who never used smokeless tobacco, 52.3% noticed anti-smokeless tobacco information (51.4% men and 52.9% women). Among adults who never used smokeless tobacco, the proportion of adults noticing anti-smokeless tobacco information ranged from 52.8% among those aged 15–24 years to 52.2% among those aged 25 years and above and from 48.7% among urban residents to 53.1% among rural residents. Among adults who currently used smokeless tobacco, 54.8% men and 49.9% women noticed anti-smokeless tobacco information. The proportion of adults who currently used smokeless tobacco noticing anti-smokeless tobacco information was 70.4% among those aged 15-24 years and 52.8% among those aged 25 years and above. The urban and rural distribution of adults who currently used smokeless tobacco and who noticed anti-smokeless tobacco information was 49.1% and 54.3%, respectively.

Table 8.1B: Percentage of adults ≥15 years old who noticed anti-smokeless tobacco use information during the last 30 days in various places, by smokeless tobacco use status and selected demographic characteristics, GATS Sri Lanka, 2020

Places	Overall	Gender				Age (years)				Residence			
		Men		Women		15-24		25+		Urban		Rural	
	Percentage (95% CI)												
Overall													
In newspapers or in magazines	17.2	(16.0, 18.5)	18.0	(16.2, 20.0)	16.5	(15.0, 18.2)	20.3	(17.1, 23.9)	16.5	(15.3, 17.8)	19.5	(17.8, 21.4)	16.7	(15.3, 18.2)
On television or the radio	34.1	(32.5, 35.6)	34.0	(31.7, 36.3)	34.1	(32.2, 36.1)	34.6	(31.0, 38.4)	33.9	(32.3, 35.6)	34.9	(32.7, 37.2)	33.9	(32.1, 35.7)
On television	32.8	(31.3, 34.3)	32.7	(30.5, 35.0)	32.8	(30.9, 34.8)	33.6	(30.0, 37.3)	32.6	(31.0, 34.2)	34.0	(31.7, 36.2)	32.5	(30.8, 34.3)
On the radio	9.0	(8.1, 10.1)	8.5	(7.3, 10.0)	9.4	(8.3, 10.7)	10.2	(8.0, 13.0)	8.8	(7.8, 9.9)	11.1	(9.7, 12.8)	8.6	(7.5, 9.8)
On the internet	7.7	(6.9, 8.5)	9.0	(7.8, 10.5)	6.5	(5.5, 7.6)	13.3	(10.9, 16.2)	6.4	(5.6, 7.2)	10.6	(9.1, 12.2)	7.0	(6.2, 8.0)
On billboards	17.5	(16.2, 18.8)	18.7	(16.9, 20.7)	16.4	(14.8, 18.1)	19.2	(16.5, 22.3)	17.1	(15.8, 18.4)	15.6	(14.0, 17.3)	17.9	(16.4, 19.4)
Somewhere else	16.0	(14.7, 17.3)	15.2	(13.5, 17.0)	16.6	(15.1, 18.3)	12.2	(9.8, 15.0)	16.8	(15.5, 18.3)	8.6	(7.5, 9.9)	17.5	(16.0, 19.1)
Any Location	52.5	(50.8, 54.2)	52.2	(49.7, 54.6)	52.8	(50.7, 54.9)	53.6	(49.7, 57.5)	52.2	(50.5, 54.0)	48.7	(46.6, 50.8)	53.3	(51.3, 55.3)
People who currently use smokeless tobacco[1]														
In newspapers or in magazines	16.3	(13.2, 20.0)	18.1	(14.5, 22.3)	9.0	(4.5, 17.1)	16.8	(6.5, 37.1)	16.3	(13.1, 20.1)	15.9	(11.2, 22.2)	16.3	(13.0, 20.4)
On television or the radio	34.3	(30.2, 38.7)	34.7	(30.2, 39.6)	32.7	(24.5, 42.1)	41.6	(24.7, 60.9)	33.9	(29.7, 38.3)	32.3	(26.0, 39.3)	34.5	(30.1, 39.3)
On television	32.5	(28.6, 36.7)	32.6	(28.3, 37.2)	32.3	(24.1, 41.7)	38.1	(21.8, 57.6)	32.2	(28.2, 36.4)	31.2	(24.8, 38.5)	32.7	(28.4, 37.2)
On the radio	6.5	(4.6, 9.0)	6.5	(4.4, 9.5)	6.3	(3.0, 12.8)	3.9	(0.6, 20.3)	6.7	(4.7, 9.4)	6.8	(4.3, 10.7)	6.4	(4.4, 9.3)
On the internet	4.7	(3.2, 7.1)	5.3	(3.5, 8.1)	2.3	(0.6, 8.7)	16.5	(6.7, 35.1)	4.0	(2.5, 6.2)	4.2	(2.1, 8.4)	4.8	(3.1, 7.4)
On billboards	18.1	(14.9, 21.8)	19.5	(15.8, 23.7)	12.5	(7.6, 19.9)	19.4	(8.8, 37.4)	18.0	(14.7, 21.9)	15.5	(10.8, 21.7)	18.4	(14.9, 22.4)

Somewhere else	18.8	(15.6, 22.5)	19.2	(15.6, 23.5)	17.1	(10.7, 26.2)	17.7	(7.2, 37.6)	18.9	(15.6, 22.7)	14.1	(9.9, 19.6)	19.3	(15.8, 23.3)
Any Location	53.9	(49.4, 58.2)	54.8	(49.7, 59.8)	49.9	(41.0, 58.9)	70.4	(51.8, 84.1)	52.8	(48.3, 57.3)	49.1	(40.8, 57.6)	54.3	(49.5, 59.1)
People who do not use smokeless tobacco[2]														
In newspapers or in magazines	17.4	(16.0, 18.8)	18.0	(16.1, 20.1)	16.9	(15.3, 18.7)	20.4	(17.2, 24.2)	16.6	(15.2, 18.1)	19.8	(18.0, 21.8)	16.8	(15.2, 18.5)
On television or the radio	34.0	(32.4, 35.7)	33.8	(31.3, 36.4)	34.2	(32.2, 36.3)	34.3	(30.6, 38.1)	34.0	(32.1, 35.8)	35.1	(32.8, 37.5)	33.8	(31.8, 35.8)
On television	32.8	(31.2, 34.5)	32.7	(30.3, 35.3)	32.9	(30.8, 34.9)	33.3	(29.7, 37.1)	32.7	(30.9, 34.5)	34.2	(31.8, 36.5)	32.5	(30.6, 34.5)
On the radio	9.4	(8.4, 10.5)	9.2	(7.7, 10.8)	9.6	(8.4, 10.9)	10.5	(8.2, 13.4)	9.1	(8.1, 10.3)	11.4	(9.9, 13.2)	9.0	(7.8, 10.3)
On the internet	8.1	(7.3, 9.1)	10.2	(8.7, 11.9)	6.7	(5.7, 7.8)	13.2	(10.7, 16.1)	6.8	(5.9, 7.8)	11.1	(9.5, 12.8)	7.4	(6.5, 8.5)
On billboards	17.4	(16.0, 18.8)	18.5	(16.4, 20.7)	16.6	(15.0, 18.3)	19.2	(16.4, 22.4)	16.9	(15.5, 18.4)	15.6	(13.9, 17.4)	17.8	(16.2, 19.5)
Somewhere else	15.5	(14.2, 16.9)	13.9	(12.1, 16.1)	16.6	(15.0, 18.3)	11.9	(9.5, 14.8)	16.5	(15.0, 18.0)	8.2	(7.1, 9.6)	17.2	(15.6, 18.9)
Any Location	52.3	(50.5, 54.1)	51.4	(48.6, 54.1)	52.9	(50.8, 55.1)	52.8	(48.9, 56.8)	52.2	(50.2, 54.1)	48.7	(46.5, 50.9)	53.1	(50.9, 55.3)

[1] Includes daily and occasional (less than daily) smokeless tobacco users.

[2] Includes former and never smokeless tobacco users.

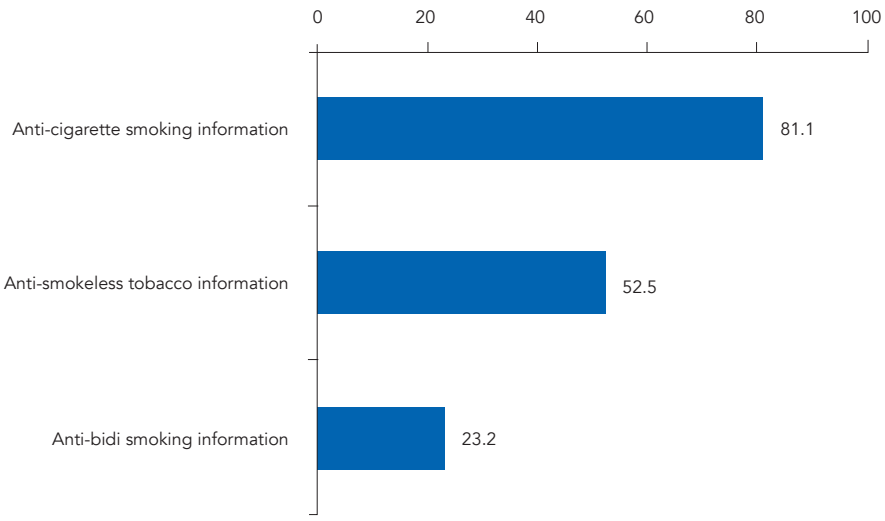

Figure 8.1: Percentage of adults ≥15 years old who noticed anti-tobacco use information during the last 30 days at any location, GATS Sri Lanka, 2020

8.2. Health warnings on packages of tobacco products and thoughts of quitting

8.2.1. Health warnings on cigarette packages and considering quitting because of warning labels

Health advisories or messages and pictorial health warnings play an important role in influencing consumer behavior. The analysis related to people who smoked and who noticed health warnings on cigarette packages and considered quitting because of the warning labels in the last thirty days, according to background characteristics is presented in Table 8.2. A major proportion (87.5%) of all people who currently smoked noticed health warnings on cigarette packages; however, only 48.9% considered quitting after seeing the warnings.

Among adults who currently smoked, approximately 91.8% of those in the age-group 25–44 years noticed health warnings on cigarette packages and 54.7% subsequently thought about quitting. Among those in the age-group 45-64 years, 83.7% noticed the warnings and 40.7% thought about quitting. The proportion of adults who currently smoked and noticed health warnings was 88.5% among rural residents and 83.5% among urban residents. This was complemented by 49.6% rural and 46.2% urban adults who currently smoked and thought about quitting as a response to health warnings. The proportion of adults who currently smoked and noticed health warnings on cigarette packages and subsequently thought about quitting as a response to health warnings increased with advancing levels of education. However, this proportion varied sharply across wealth quintiles. Of the adults who currently smoked in the highest wealth quintile, 93.7% noticed health warnings on cigarette packages; however, only 37.3% considered quitting because of warning labels implying that health warnings on cigarette packages were less noticed and acted upon by people who currently smoked in the highest wealth quintile.

Table 8.2: Percentage of adults ≥15 years old who currently smoked and who noticed health warnings on cigarette packages and considered quitting because of the warning labels during the last 30 days, by selected demographic characteristics, GATS Sri Lanka, 2020

Demographic Characteristics	People who currently smoke[1] who…			
	Noticed health warnings on cigarette package[2]		Thought about quitting because of warning label[2]	
	Percentage (95% CI)			
Overall	87.5	(83.5, 90.7)	48.9	(43.1, 54.7)
Gender				
Men	87.5	(83.4, 90.7)	48.8	(42.9, 54.6)
Women	-	-	-	-
Age (years)				
15-24	-	-	-	-
25-44	91.8	(86.4, 95.2)	54.7	(46.4, 62.8)
45-64	83.7	(76.2, 89.2)	40.7	(31.5, 50.5)
65+	-	-	-	-
Residence				
Urban	83.5	(77.7, 88.1)	46.2	(39.5, 53.1)
Rural	88.5	(83.5, 92.1)	49.6	(42.5, 56.6)
Education Level				
No formal education	-	-	-	-

Less than primary	66.1	(43.3, 83.2)	29.9	(14.6, 51.7)
Primary, less than secondary	89.5	(85.1, 92.7)	49.9	(42.5, 57.3)
Secondary or higher	88.6	(78.8, 94.2)	54.4	(43.3, 65.1)
Wealth index				
Lowest	82.7	(71.9, 89.9)	44.8	(32.2, 58.1)
Low	91.7	(84.1, 95.8)	47.7	(36.2, 59.4)
Middle	89.2	(78.9, 94.8)	59.0	(45.7, 71.2)
High	81.2	(68.0, 89.8)	51.0	(37.5, 64.4)
Highest	93.7	(86.4, 97.2)	37.3	(23.6, 53.4)
[1] Includes daily and occasional (less than daily) smoking.				
[2] During the last 30 days.				

8.2.2. Health warnings on bidi packages and considering quitting because of warning labels

Table 8.2A shows that approximately one in every six (17.4%) adults who currently smoked bidis noticed health warnings on bidi packages and 8.8% thought about quitting after noticing the warnings. A high proportion of adults in the age-group 45–64 years (22.7%) noticed health warnings and thought about quitting (13.4%). Notably, only 0.6% of the adults in the age-group 65 years and above who currently smoked bidis thought about quitting as a response to health warnings. Inadequate numbers of responses were obtained from women, adults in the age-group 15-24 years, adults who currently smoked bidis and had no formal education, and adults who currently smoked bidis and belonged to the high and highest wealth quintiles.

The proportion of urban adults who currently smoked bidis and who noticed health warnings was 19.6% and 10.4% thought about quitting after noticing the warnings. The proportion of adults, who currently smoked bidis and who had less than primary education, noticing the warnings was 20.1% and 17.0% thought about quitting after noticing the warnings. The proportion of adults who currently smoked bidis and who noticed the warnings ranged from 23.8% among adults in middle wealth quintile to 14.9% among adults in low wealth quintile, whereas the proportion of adults who thought about quitting ranged from 11.4% in the middle wealth quintile to 8.0% in low wealth quintile.

Table 8.2A: Percentage of adults ≥15 years old who currently smoked bidis and who noticed health warnings on bidi packages and considered quitting because of the warning labels during the last 30 days, by selected demographic characteristics, GATS Sri Lanka, 2020

Demographic Characteristics	People who currently smoke bidis[1] who…			
	Noticed health warnings on bidi package[2]		Thought about quitting because of warning label[2]	
	Percentage (95% CI)			
Overall	17.4	(12.7, 23.4)	8.8	(5.5, 13.8)
Gender				
Men	17.5	(12.7, 23.5)	8.8	(5.5, 13.8)
Women	-	-	-	-
Age (years)				
15-24	-	-	-	-
25-44	12.4	(6.6, 22.2)	5.3	(2.2, 12.4)
45-64	22.7	(15.6, 31.9)	13.4	(7.9, 21.8)

65+	9.7	(3.4, 24.6)	0.6	(0.1, 4.2)
Residence				
Urban	19.6	(12.8, 29.0)	10.4	(5.5, 18.8)
Rural	17.2	(12.0, 23.9)	8.6	(5.1, 14.3)
Education Level				
No formal education	-	-	-	-
Less than primary	20.1	(10.0, 36.2)	17.0	(7.7, 33.5)
Primary, less than secondary	15.5	(10.0, 23.2)	7.7	(4.3, 13.5)
Secondary or higher	6.6	(2.4, 16.7)	3.1	(0.9, 10.2)
Wealth index				
Lowest	16.4	(10.0, 25.9)	9.6	(4.8, 18.3)
Low	14.9	(7.7, 27.0)	8.0	(2.9, 20.3)
Middle	23.8	(12.5, 40.8)	11.4	(4.2, 27.5)
High	-	-	-	-
Highest	-	-	-	-
[1] Includes daily and occasional (less than daily) bidi smoking.				
[2] During the last 30 days.				

8.2.3. Health warnings on smokeless tobacco products and considering quitting because of warning labels.

Table 8.2B reveals that approximately one in every eight (13.2%) adults who currently used smokeless tobacco noticed health warnings on smokeless tobacco product packages in the last thirty days prior to the survey. Further, only 5.0% of those who currently used smokeless tobacco thought about quitting after noticing the health warnings. This implies that existing health warnings on smokeless tobacco products were unproductive and ineffective towards adults who used smokeless tobacco, who in turn constituted the bulk of tobacco consuming population. Notably, a high proportion of women (20.5%) noticed warning labels on smokeless tobacco products. The proportion of adults who currently used smokeless tobacco and noticed health warnings on smokeless products ranged from 14.2% among the age-group 45–64 years to 5.5% among the age-group 15-24 years. Notably, 6.2% of the adults who currently used smokeless tobacco and who thought about quitting after noticing the warnings belonged to the 25-44 years age-group.

Nearly 18.6% of adults who currently used smokeless tobacco and had secondary or higher education noticed health warnings, and 7.8% thought about quitting. The corresponding figures among those who currently used smokeless tobacco and had no formal education were 13.3% and 6.6%, respectively. Also, across different wealth indices, the proportion of adults who currently used smokeless tobacco and who noticed health warnings ranged from 24.7% among adults in the highest wealth quintile to 10.5% in the low wealth quintile.

Table 8.2B: Percentage of adults ≥15 years old who currently used smokeless tobacco and who noticed health warnings on smokeless tobacco products packages and considered quitting because of the warning labels during the last 30 days, by selected demographic characteristics, GATS Sri Lanka, 2020

Demographic Characteristics	Current smokeless tobacco users[1] who…			
	Noticed health warnings on smokeless tobacco products package[2]		Thought about quitting because of warning label[2]	
	Percentage (95% CI)			
Overall	13.2	(10.7, 16.1)	5.0	(3.5, 7.0)
Gender				
Men	11.4	(8.8, 14.7)	4.5	(3.0, 6.7)
Women	20.5	(14.5, 28.2)	7.0	(3.4, 13.7)
Age (years)				
15-24	5.5	(1.2, 21.8)	0.0	N/A
25-44	13.9	(9.7, 19.6)	6.2	(3.5, 10.8)
45-64	14.2	(10.2, 19.5)	4.9	(2.7, 8.6)
65+	12.5	(7.7, 19.7)	4.8	(2.3, 10.1)
Residence				
Urban	17.7	(12.8, 23.9)	6.0	(3.4, 10.2)
Rural	12.8	(10.1, 15.9)	4.9	(3.3, 7.1)
Education Level				
No formal education	13.3	(6.6, 25.0)	6.6	(2.0, 19.2)
Less than primary	14.1	(8.3, 22.9)	3.9	(1.3, 10.9)
Primary, less than secondary	11.5	(8.7, 15.0)	4.3	(2.6, 7.0)
Secondary or higher	18.6	(11.6, 28.5)	7.8	(3.8, 15.3)
Wealth index				
Lowest	11.0	(7.2, 16.5)	4.4	(2.1, 9.0)
Low	10.5	(6.3, 17.0)	3.4	(1.2, 9.1)
Middle	13.9	(9.0, 20.9)	4.0	(1.9, 8.3)
High	13.9	(7.8, 23.6)	7.4	(3.3, 15.5)
Highest	24.7	(14.5, 38.8)	10.6	(4.2, 24.4)

[1] Includes daily and occasional (less than daily) smokeless tobacco users.

[2] During the last 30 days.

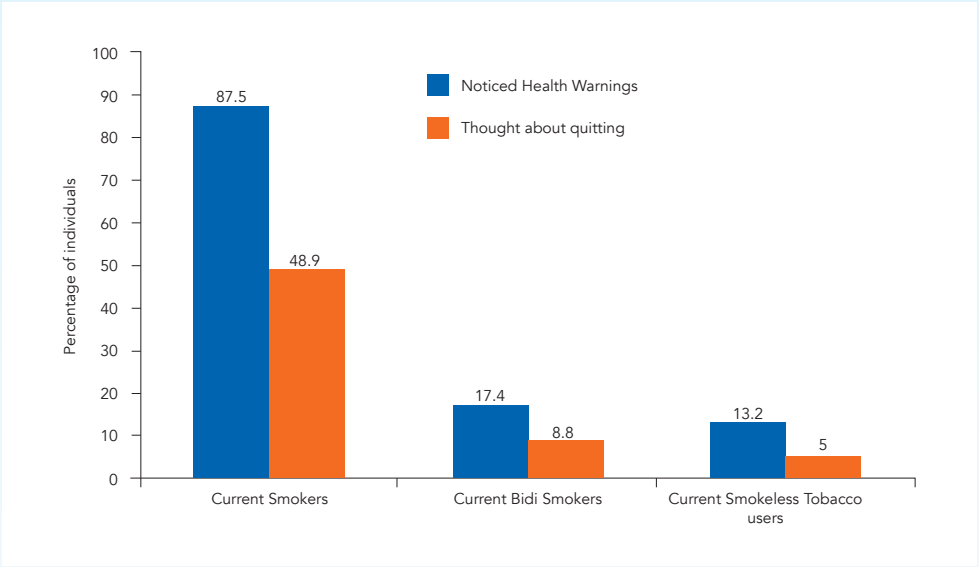

Figure 8.2: Percentage of adults ≥15 years old who currently consumed tobacco and who noticed health warnings on tobacco products packages and considered quitting because of the warning labels during the last 30 days by tobacco use type, GATS Sri Lanka, 2020

8.3. Exposure to marketing/promotion of tobacco products

GATS 2020 Sri Lanka asked respondents about their exposure to tobacco marketing which encompassed advertisements of smoking and smokeless tobacco on various media as well as specific promotional and sponsorship measures undertaken by the industry to increase sales of cigarette, bidis, and smokeless tobacco.

8.3.1. Noticed marketing of any tobacco products

Table 8.3 presents the survey findings on the reach of tobacco advertisement, promotion, and sponsorship of any tobacco product (including both smoking and smokeless forms) in the last thirty days at various places by selected demographic factors. Overall, more than one in every four (26.2%) adults noticed some form of tobacco marketing (advertisement, sponsorship, or promotion). The most common form of marketing was tobacco advertisements. Many adults noticed these tobacco product advertisements in cinemas (movies) (20.4%), on television (5.5%), in stores (3.9%), and on the Internet (3.1%).

Approximately 3.8% adults noticed tobacco product promotions and 0.7% of adults observed sports sponsorship of tobacco products. Nearly 28.5% of men and 24.3% of women noticed any tobacco product advertisement, promotion, or sponsorship. Men noticed tobacco advertisements in cinemas (21.8%), tobacco advertisements on television (5.3%), tobacco advertisements on the Internet (4.9%), in-store tobacco advertising (4.5%), clothing/item with tobacco brand name or logo (1.8%), tobacco advertisements on public transports (1.6%), tobacco promotion via sale prices (1.3%), and sports sponsorship of tobacco products (1.2%). Women noticed tobacco advertisements in cinemas

(movies) (19.2%), tobacco advertisements on television (5.6%), in-store tobacco advertising (3.3%), tobacco advertisements on the internet (1.6%), tobacco advertisements on public transports (1.2%), and clothing/item with tobacco brand name or logo (1.1%). The proportion of adults in the age-group 15–24 years who noticed any tobacco advertisement, promotion, or sponsorship was 30.2% and that in the age-group 25 years and above was 25.3%. Around 26.4% of adults in rural areas and 25.2% of adults in urban areas noticed marketing of any tobacco products, including smoking and smokeless tobacco products, in various places during the last thirty days.

Table 8.3: Percentage of adults ≥15 years old who noticed marketing of any tobacco products, including smoking and smokeless tobacco products, in various places during the last 30 days, by selected demographic characteristics, GATS Sri Lanka, 2020

Places	Overall		Gender		Age (years)				Residence			
		Men		Women		15-24		25+		Urban		Rural
	Percentage (95% CI)											
Noticed tobacco products advertisements												
In stores where tobacco products are sold	3.9	(3.3, 4.5)	4.5	(3.6, 5.5)	3.3	(2.7, 4.2)	5.0	(3.6, 7.1)	3.6	(3.0, 4.3)	4.1	(3.4, 5.0)	3.8	(3.2, 4.5)
On television	5.5	(4.8, 6.2)	5.3	(4.4, 6.4)	5.6	(4.7, 6.7)	6.8	(5.2, 8.8)	5.2	(4.4, 6.0)	5.4	(4.6, 6.3)	5.5	(4.7, 6.4)
On the radio	0.6	(0.4, 1.0)	0.7	(0.4, 1.2)	0.6	(0.3, 1.1)	1.0	(0.4, 2.2)	0.6	(0.3, 0.9)	0.7	(0.4, 1.1)	0.6	(0.4, 1.0)
On billboards	0.8	(0.5, 1.1)	0.9	(0.5, 1.5)	0.7	(0.4, 1.1)	1.0	(0.5, 2.0)	0.7	(0.5, 1.1)	0.7	(0.5, 1.1)	0.8	(0.5, 1.2)
On posters	0.9	(0.6, 1.3)	0.9	(0.5, 1.4)	0.9	(0.6, 1.4)	0.9	(0.4, 2.0)	0.9	(0.6, 1.3)	0.9	(0.6, 1.3)	0.9	(0.6, 1.4)
In newspapers or magazines	1.0	(0.7, 1.4)	0.9	(0.6, 1.5)	1.0	(0.7, 1.6)	1.4	(0.7, 2.6)	0.9	(0.7, 1.3)	0.8	(0.5, 1.2)	1.0	(0.7, 1.5)
In cinemas	20.4	(19.1, 21.7)	21.8	(19.8, 23.9)	19.2	(17.6, 20.9)	22.9	(19.7, 26.5)	19.8	(18.5, 21.3)	18.4	(17.0, 20.0)	20.8	(19.3, 22.4)
On the internet	3.1	(2.6, 3.7)	4.9	(4.0, 5.9)	1.6	(1.1, 2.1)	6.8	(5.1, 9.0)	2.3	(1.8, 2.8)	3.2	(2.6, 4.0)	3.1	(2.5, 3.8)
On public transportation	1.4	(1.1, 1.9)	1.6	(1.1, 2.3)	1.2	(0.9, 1.8)	1.6	(0.9, 2.9)	1.4	(1.0, 1.9)	1.4	(1.0, 1.9)	1.4	(1.0, 2.0)
On public walls	0.7	(0.4, 1.1)	0.7	(0.4, 1.4)	0.6	(0.3, 1.1)	0.1	(0.1, 0.4)	0.8	(0.4, 1.3)	0.5	(0.3, 0.9)	0.7	(0.4, 1.3)
Somewhere else	0.5	(0.3, 0.8)	0.7	(0.4, 1.2)	0.4	(0.2, 0.7)	0.5	(0.1, 1.5)	0.5	(0.3, 0.8)	0.4	(0.2, 0.7)	0.5	(0.3, 0.9)
Noticed sports sponsorship	0.7	(0.5, 1.0)	1.2	(0.8, 1.7)	0.4	(0.2, 0.7)	1.5	(0.8, 2.8)	0.6	(0.4, 0.9)	1.5	(1.0, 2.0)	0.6	(0.4, 1.0)
Noticed tobacco products promotions														
Free samples	0.5	(0.3, 0.7)	0.5	(0.3, 0.8)	0.5	(0.3, 0.9)	0.8	(0.4, 1.6)	0.4	(0.3, 0.7)	0.6	(0.4, 1.0)	0.5	(0.3, 0.8)
Sale prices	1.0	(0.7, 1.4)	1.3	(0.9, 2.0)	0.7	(0.4, 1.1)	1.1	(0.6, 2.1)	1.0	(0.7, 1.4)	1.1	(0.8, 1.6)	1.0	(0.7, 1.4)
Coupons	0.3	(0.1, 0.5)	0.2	(0.1, 0.6)	0.3	(0.2, 0.7)	0.3	(0.0, 1.5)	0.3	(0.1, 0.6)	0.1	(0.0, 0.4)	0.3	(0.2, 0.6)

Free gifts/discounts on other products	0.3	(0.2, 0.6)	0.4	(0.2, 0.9)	0.2	(0.1, 0.6)	0.1	(0.0, 0.5)	0.4	(0.2, 0.7)	0.3	(0.2, 0.6)	0.3	(0.2, 0.6)
Clothing/item with brand name or logo	1.4	(1.1, 1.8)	1.8	(1.3, 2.5)	1.1	(0.7, 1.6)	2.8	(1.7, 4.4)	1.1	(0.8, 1.5)	2.1	(1.6, 2.8)	1.3	(0.9, 1.8)
Mail promoting tobacco products	0.3	(0.1, 0.5)	0.2	(0.1, 0.4)	0.3	(0.1, 0.7)	0.1	(0.0, 0.5)	0.3	(0.1, 0.5)	0.3	(0.1, 0.6)	0.2	(0.1, 0.5)
Noticed any in-store advertising or promotion of tobacco products1	4.8	(4.2, 5.5)	5.8	(4.8, 7.0)	3.9	(3.2, 4.8)	5.9	(4.3, 7.9)	4.5	(3.8, 5.3)	5.2	(4.4, 6.1)	4.7	(4.0, 5.5)
Noticed any advertisement, sponsorship, or promotion	26.2	(24.8, 27.7)	28.5	(26.3, 30.8)	24.3	(22.5, 26.1)	30.2	(26.7, 34.0)	25.3	(23.8, 26.9)	25.2	(23.5, 27.0)	26.4	(24.8, 28.2)
1 Includes those who noticed any advertisements in stores where tobacco products are sold, sale prices on tobacco products, or free gifts/discount offers on other products when buying tobacco products.														

8.3.2. Adults who currently smoked tobacco and who noticed marketing of any tobacco products

Table 8.4 depicts the percentage of adults aged 15 years and older who currently smoked tobacco and who noticed marketing of any tobacco products, including smoking and smokeless tobacco products, in various places during the last thirty days. The proportion of adults who currently smoked tobacco and who noticed some form of tobacco marketing (advertisement, promotion, or sponsorship) of any tobacco product was 26.9%. Among adults who currently smoked, 2.3% noticed promotions on sale prices and 6.0% noticed in-store advertising or promotion. Among adults who currently smoked tobacco, approximately 29.2% urban residents and 26.5% rural residents noticed tobacco product marketing in one form or the other. Most rural and urban residents, who currently smoked tobacco, noticed tobacco advertisements in cinemas (20.5% and 14.8% respectively).

Table 8.4: Percentage of adults ≥15 years old who currently smoked tobacco and who noticed marketing of any tobacco products including both smoking and smokeless tobacco products during the last 30 days in various places, by selected demographic characteristics, GATS Sri Lanka, 2020

Places	Overall	Gender		Age (years)		Residence	
		Men	Women	15-24	25+	Urban	Rural
	Percentage (95% CI)						
Noticed tobacco products advertisements							
In stores where tobacco products are sold	3.3	(2.0, 5.5)	3.3	(2.0, 5.5)	3.9	-	-	-	3.4	(2.0, 5.7)	5.1	(2.9, 8.8)	3.0	(1.5, 5.7)
On television	4.8	(3.2, 7.0)	4.8	(3.2, 7.0)	5.5	-	-	-	4.7	(3.2, 7.1)	6.9	(4.2, 11.0)	4.4	(2.7, 7.1)
On the radio	0.2	(0.1, 0.5)	0.2	(0.1, 0.5)	0.6	-	-	-	0.2	(0.1, 0.5)	0.7	(0.2, 3.0)	0.1	(0.0, 0.4)
On billboards	0.6	(0.1, 2.9)	0.6	(0.1, 2.9)	0.8	-	-	-	0.6	(0.1, 3.0)	0.0	N/A	0.7	(0.1, 3.4)
On posters	0.7	(0.1, 3.9)	0.7	(0.1, 4.0)	0.9	-	-	-	0.7	(0.1, 4.1)	0.3	(0.0, 2.3)	0.7	(0.1, 4.9)

In newspapers or magazines	0.8	(0.2, 2.7)	0.8	(0.2, 2.7)	1.0	-	-	-	0.8	(0.3, 2.8)	0.7	(0.2, 2.8)	0.8	(0.2, 3.2)
In cinemas	19.6	(15.7, 24.3)	19.7	(15.7, 24.3)	20.4	-	-	-	20.0	(16.0, 24.8)	14.8	(10.7, 20.1)	20.5	(16.0, 26.0)
On the internet	1.9	(0.9, 3.9)	1.9	(0.9, 3.9)	3.1	-	-	-	1.9	(0.9, 4.0)	2.3	(0.9, 5.5)	1.9	(0.8, 4.3)
On public transportation	0.5	(0.2, 1.2)	0.5	(0.2, 1.2)	1.4	-	-	-	0.5	(0.2, 1.2)	1.9	(0.7, 5.1)	0.2	(0.0, 1.4)
On public walls	0.8	(0.3, 2.7)	0.8	(0.3, 2.7)	0.7	-	-	-	0.8	(0.2, 2.8)	1.3	(0.4, 4.6)	0.8	(0.2, 3.4)
Somewhere else	0.7	(0.2, 2.2)	0.7	(0.2, 2.2)	0.5	-	-	-	0.7	(0.2, 2.3)	1.0	(0.2, 4.7)	0.7	(0.2, 2.6)
Noticed sports sponsorship	0.9	(0.3, 2.4)	0.9	(0.3, 2.4)	0.7	-	-	-	0.9	(0.4, 2.4)	1.0	(0.3, 3.3)	0.9	(0.3, 2.8)
Noticed tobacco products promotions														
Free samples	0.5	(0.2, 1.3)	0.6	(0.2, 1.3)	0.5	-	-	-	0.6	(0.2, 1.3)	2.4	(1.1, 5.2)	0.2	(0.0, 1.5)
Sale prices	2.3	(1.1, 4.7)	2.3	(1.1, 4.7)	1.0	-	-	-	2.4	(1.2, 4.9)	2.7	(1.3, 5.7)	2.3	(1.0, 5.2)
Coupons	0.2	(0.0, 1.2)	0.2	(0.0, 1.2)	0.3	-	-	-	0.2	(0.0, 1.2)	0.2	(0.0, 1.2)	0.2	(0.0, 1.5)
Free gifts/discounts on other products	0.5	(0.1, 2.4)	0.5	(0.1, 2.4)	0.3	-	-	-	0.5	(0.1, 2.5)	0.7	(0.2, 2.3)	0.5	(0.1, 3.3)
Clothing/item with brand name or logo	1.5	(0.7, 2.9)	1.5	(0.7, 2.9)	1.4	-	-	-	1.5	(0.8, 3.0)	3.4	(1.9, 6.2)	1.1	(0.4, 3.1)
Mail promoting tobacco products	0.0	N/A	0.0	N/A	0.3	-	-	-	0.0	N/A	0.0	N/A	0.0	N/A
Noticed any in-store advertising or promotion of tobacco products1	6.0	(3.9, 9.3)	6.1	(3.9, 9.3)	4.8	-	-	-	6.2	(3.9, 9.6)	7.8	(5.0, 12.0)	5.7	(3.3, 9.7)
Noticed any advertisement, sponsorship, or promotion	26.9	(22.4, 32.0)	27.0	(22.5, 32.0)	26.2	-	-	-	27.5	(22.9, 32.7)	29.2	(23.7, 35.5)	26.5	(21.4, 32.4)

Note: Current tobacco smoking includes daily and occasional (less than daily) smoking.

1 Includes those who noticed any advertisements in stores where tobacco products are sold, sale prices on tobacco products, or free gifts/discount offers on other products when buying tobacco products.

N/A - The estimate is "0.0" or "100.0".

8.3.3. Adults who currently did not smoke tobacco and who noticed marketing of any tobacco products

Table 8.5 shows that the proportion of adults who currently did not smoke tobacco and who noticed advertisement, promotion and/or sponsorship of any tobacco products (including both smoking and smokeless forms) in the last 30 days was 26.2%. The most common form of tobacco marketing was advertisements.

The proportion of men who currently did not smoke tobacco and who noticed any tobacco advertisement, promotion or sponsorship was 28.9% and the corresponding figure for that of women was 24.3%. More than 30% of the adults in the age-group 15–24 years noticed any tobacco advertisement, promotion or sponsorship; the corresponding figure in the age-group 25 years and older was 25.0%. The proportion of rural and urban adults who currently did not smoke tobacco and who noticed marketing of any tobacco products was 26.4% and 24.8%, respectively.

Table 8.5: Percentage of adults ≥15 years old who currently did not smoke tobacco and who noticed marketing of any tobacco products including both smoking and smokeless tobacco products during the last 30 days in various places, by selected demographic characteristics, GATS Sri Lanka, 2020

Places	Overall	Gender			Age (years)			Residence			
		Men		Women	15-24		25+		Urban		Rural	
	Percentage (95% CI)											
Noticed tobacco products advertisements												
In stores where tobacco products are sold	3.9	(3.4, 4.6)	4.8	(3.8, 6.0)	3.3	(2.7, 4.2)	5.1	(3.6, 7.1)	3.6	(3.0, 4.3)	4.0	(3.2, 4.9)	3.9	(3.3, 4.7)
On television	5.5	(4.8, 6.3)	5.4	(4.4, 6.7)	5.6	(4.7, 6.7)	6.8	(5.2, 8.9)	5.2	(4.4, 6.1)	5.3	(4.4, 6.3)	5.6	(4.8, 6.5)
On the radio	0.7	(0.5, 1.1)	0.8	(0.5, 1.5)	0.6	(0.3, 1.1)	1.0	(0.4, 2.2)	0.6	(0.4, 1.0)	0.7	(0.4, 1.1)	0.7	(0.4, 1.2)
On billboards	0.8	(0.5, 1.2)	0.9	(0.5, 1.7)	0.7	(0.4, 1.1)	1.0	(0.5, 2.0)	0.7	(0.5, 1.2)	0.8	(0.5, 1.2)	0.8	(0.5, 1.3)
On posters	0.9	(0.6, 1.3)	0.9	(0.6, 1.5)	0.9	(0.6, 1.4)	0.9	(0.4, 2.0)	0.9	(0.6, 1.3)	1.0	(0.7, 1.4)	0.9	(0.6, 1.4)
In newspapers or magazines	1.0	(0.7, 1.4)	1.0	(0.6, 1.6)	1.0	(0.7, 1.6)	1.4	(0.7, 2.6)	0.9	(0.6, 1.3)	0.8	(0.5, 1.2)	1.1	(0.7, 1.6)
In cinemas	20.5	(19.1, 21.9)	22.3	(20.0, 24.7)	19.2	(17.6, 20.9)	23.2	(19.9, 26.8)	19.8	(18.4, 21.3)	18.8	(17.2, 20.4)	20.8	(19.3, 22.5)
On the internet	3.2	(2.7, 3.8)	5.6	(4.6, 6.9)	1.6	(1.1, 2.1)	6.8	(5.1, 9.1)	2.3	(1.8, 2.9)	3.3	(2.7, 4.1)	3.2	(2.6, 3.9)
On public transportation	1.5	(1.1, 2.0)	1.9	(1.3, 2.8)	1.2	(0.9, 1.8)	1.7	(0.9, 2.9)	1.5	(1.0, 2.1)	1.3	(0.9, 1.9)	1.5	(1.1, 2.2)
On public walls	0.6	(0.4, 1.1)	0.7	(0.3, 1.5)	0.6	(0.3, 1.2)	0.1	(0.0, 0.4)	0.8	(0.4, 1.4)	0.4	(0.2, 0.7)	0.7	(0.4, 1.3)
Somewhere else	0.5	(0.3, 0.8)	0.6	(0.3, 1.3)	0.4	(0.2, 0.7)	0.5	(0.1, 1.5)	0.5	(0.3, 0.9)	0.3	(0.2, 0.7)	0.5	(0.3, 0.9)
Noticed sports sponsorship	0.7	(0.5, 1.1)	1.2	(0.8, 1.9)	0.4	(0.2, 0.7)	1.5	(0.8, 2.8)	0.5	(0.4, 0.8)	1.5	(1.1, 2.1)	0.6	(0.3, 1.0)
Noticed tobacco products promotions														
Free samples	0.5	(0.3, 0.8)	0.4	(0.2, 0.9)	0.5	(0.3, 0.9)	0.8	(0.4, 1.6)	0.4	(0.2, 0.7)	0.4	(0.2, 0.8)	0.5	(0.3, 0.8)
Sale prices	0.9	(0.6, 1.3)	1.1	(0.7, 1.8)	0.7	(0.4, 1.1)	1.1	(0.6, 2.2)	0.8	(0.5, 1.2)	0.9	(0.6, 1.4)	0.8	(0.5, 1.3)
Coupons	0.3	(0.1, 0.6)	0.2	(0.1, 0.8)	0.3	(0.2, 0.7)	0.3	(0.1, 1.5)	0.3	(0.1, 0.6)	0.1	(0.0, 0.4)	0.3	(0.2, 0.7)

Free gifts/discounts on other products	0.3	(0.2, 0.5)	0.4	(0.2, 0.9)	0.2	(0.1, 0.6)	0.1	(0.0, 0.5)	0.3	(0.2, 0.7)	0.3	(0.2, 0.6)	0.3	(0.1, 0.6)
Clothing/item with brand name or logo	1.4	(1.1, 1.9)	1.9	(1.3, 2.7)	1.1	(0.7, 1.6)	2.8	(1.7, 4.5)	1.1	(0.7, 1.5)	2.0	(1.5, 2.7)	1.3	(0.9, 1.8)
Mail promoting tobacco products	0.3	(0.1, 0.5)	0.2	(0.1, 0.6)	0.3	(0.1, 0.7)	0.1	(0.0, 0.5)	0.3	(0.2, 0.6)	0.3	(0.1, 0.7)	0.3	(0.1, 0.6)
Noticed any in-store advertising or promotion of tobacco products1	4.7	(4.0, 5.4)	5.7	(4.6, 7.1)	3.9	(3.2, 4.8)	5.9	(4.3, 8.0)	4.3	(3.6, 5.2)	4.9	(4.1, 5.9)	4.6	(3.8, 5.5)
Noticed any advertisement, sponsorship, or promotion	26.2	(24.7, 27.7)	28.9	(26.4, 31.5)	24.3	(22.5, 26.1)	30.5	(27.0, 34.4)	25.0	(23.5, 26.7)	24.8	(23.0, 26.7)	26.4	(24.7, 28.2)

Note: People who currently do not smoke tobacco includes those who formerly and never smoked.

1 Includes those who noticed any advertisements in stores where tobacco products are sold, sale prices on tobacco products, or free gifts/discount offers on other products when buying tobacco products.

8.4. Ownership of internet access, satellite connection, and/or cable TV connection

8.4.1. Adults aged 15 years or more by ownership of internet access, satellite connection, and/or cable TV connection

Around 29% adults in Sri Lanka had no access to the Internet, satellite and/or cable TV connection (Table 8.6). Nearly 35.8% adults had access only to Internet via mobile phone, tablet, laptop, or other computer; 8.9% had only satellite or cable TV connection, and nearly one in every four adults (26.4%) in Sri Lanka had access to all-Internet, satellite, and cable TV connections. Over 41 % of adults, who had neither internet access nor satellite or cable TV connection, currently used tobacco (in any form). The proportion of men and women having access to media was comparable. The proportion of adults having access to internet and/or satellite and cable TV communication declined with advancing age, indicating that younger age-groups had good access to such media. The proportion of adults in urban areas with no access to any the Internet, satellite, or cable TV connection was 17.8% and that of adults in rural areas was 31.3%.

Table 8.6: Percentage distribution of adults ≥15 years old, by ownership of internet access, satellite connection, and/or cable TV connection, and selected demographic characteristics, GATS Sri Lanka, 2020

	Only internet access via mobile phone, tablet, laptop or other computer		Only satellite or cable TV connection		Both internet access, AND satellite or cable TV connection		Neither internet access, nor satellite or cable TV connection		Total
Overall	35.8	(34.0, 37.6)	8.9	(7.9, 9.9)	26.4	(24.8, 28.1)	29.0	(27.3, 30.7)	100.0
Tobacco use status									
current tobacco users	30.9	(27.4, 34.5)	11.1	(8.8, 13.9)	16.6	(14.0, 19.7)	41.4	(37.8, 45.1)	100.0
current non-tobacco users	37.0	(35.0, 39.0)	8.3	(7.3, 9.4)	28.7	(27.0, 30.5)	26.0	(24.3, 27.8)	100.0
Gender									
Men	35.6	(33.2, 38.1)	9.1	(7.7, 10.7)	27.0	(24.8, 29.3)	28.2	(26.0, 30.6)	100.0
Women	35.9	(33.6, 38.3)	8.6	(7.4, 10.0)	25.8	(23.7, 28.0)	29.6	(27.4, 31.9)	100.0
Age (years)									
15-24	43.6	(39.4, 47.8)	8.5	(6.5, 11.0)	31.7	(27.9, 35.7)	16.2	(13.3, 19.6)	100.0
25-44	35.9	(33.3, 38.5)	8.3	(6.9, 10.1)	28.4	(26.0, 31.0)	27.4	(24.9, 29.9)	100.0
45-64	35.4	(32.5, 38.4)	8.3	(6.9, 9.9)	24.8	(22.3, 27.4)	31.6	(29.0, 34.4)	100.0
65+	27.0	(23.4, 30.9)	11.7	(9.3, 14.6)	18.8	(15.8, 22.2)	42.5	(38.7, 46.5)	100.0
Residence									
Urban	38.5	(36.4, 40.6)	5.0	(4.2, 6.0)	38.7	(36.4, 41.2)	17.8	(16.1, 19.6)	100.0
Rural	35.2	(33.1, 37.4)	9.7	(8.5, 11.0)	23.8	(21.9, 25.8)	31.3	(29.3, 33.4)	100.0
Education Level									
No formal education	16.6	(10.4, 25.6)	18.1	(10.6, 29.1)	7.5	(3.7, 14.5)	57.8	(47.6, 67.4)	100.0
Less than primary	25.9	(21.1, 31.3)	11.2	(8.3, 15.0)	9.4	(6.7, 13.1)	53.5	(47.9, 59.0)	100.0
Primary, less than secondary	33.8	(31.5, 36.2)	10.2	(8.8, 11.8)	20.8	(18.9, 23.0)	35.1	(32.8, 37.6)	100.0
Secondary or higher	41.5	(39.1, 44.0)	6.2	(5.0, 7.6)	37.5	(35.1, 40.0)	14.8	(13.2, 16.5)	100.0
Wealth index									
Lowest	17.9	(14.9, 21.2)	5.7	(4.4, 7.4)	1.1	(0.6, 1.9)	75.4	(71.9, 78.5)	100.0
Low	27.9	(24.8, 31.3)	10.7	(8.7, 13.2)	9.1	(7.2, 11.4)	52.3	(48.6, 56.0)	100.0
Middle	57.1	(53.6, 60.5)	15.0	(12.7, 17.6)	15.7	(13.1, 18.6)	12.3	(10.4, 14.5)	100.0
High	44.1	(40.4, 47.9)	8.1	(6.3, 10.4)	44.2	(40.3, 48.1)	3.6	(2.4, 5.3)	100.0
Highest	26.1	(22.9, 29.7)	2.2	(1.2, 4.0)	71.7	(68.0, 75.0)	0.0	N/A	100.0

8.4.2. Adults aged 15 years or more by ownership of internet access, satellite connection, and/or cable TV connection who noticed marketing of any tobacco products.

In Sri Lanka, around 31.1% of adults having access to the Internet as well as satellite or cable TV connection noticed marketing of any tobacco products including both smoking and smokeless tobacco products during the last thirty days in various places. Among these adults, the exposure to marketing was considerable in cinemas (movies) (24.4%), on television (7.7%), in stores where tobacco products are sold (4.8%), and on the Internet (4.6%).

Table 8.6A: Percentage of adults ≥15 years old who noticed marketing of any tobacco products including both smoking and smokeless tobacco products during the last 30 days in various places, by ownership of internet access, satellite connection, and/or cable TV connection, GATS Sri Lanka, 2020

	Overall		Only internet access		Only satellite or cable TV connection		Both internet access, AND satellite or cable TV connection		Neither internet access, nor satellite or cable TV connection	
	Percentage (95% CI)									
Noticed tobacco products advertisements										
In stores where tobacco products are sold	3.9	(3.3, 4.5)	4.5	(3.6, 5.6)	2.9	(1.5, 5.6)	4.8	(3.8, 6.0)	2.6	(1.8, 3.8)
On television	5.5	(4.8, 6.2)	6.3	(5.1, 7.7)	1.7	(0.8, 3.5)	7.7	(6.4, 9.2)	3.5	(2.6, 4.7)
On the radio	0.6	(0.4, 1.0)	0.6	(0.3, 1.2)	0.8	(0.2, 2.9)	0.5	(0.2, 1.0)	0.8	(0.4, 1.8)
On billboards	0.8	(0.5, 1.1)	0.7	(0.4, 1.3)	0.4	(0.1, 1.2)	0.6	(0.4, 1.2)	1.1	(0.6, 2.0)
On posters	0.9	(0.6, 1.3)	1.0	(0.6, 1.8)	0.1	(0.0, 0.4)	1.2	(0.7, 2.0)	0.6	(0.3, 1.4)
In newspapers or magazines	1.0	(0.7, 1.4)	1.3	(0.9, 2.1)	0.0	N/A	1.3	(0.7, 2.3)	0.6	(0.3, 1.4)
In cinemas	20.4	(19.1, 21.7)	21.8	(19.7, 24.1)	16.7	(12.8, 21.5)	24.4	(21.9, 27.2)	16.2	(14.1, 18.5)
On the internet	3.1	(2.6, 3.7)	4.8	(3.7, 6.1)	0.2	(0.1, 0.5)	4.6	(3.6, 5.9)	0.6	(0.2, 1.4)
On public transportation	1.4	(1.1, 1.9)	1.7	(1.1, 2.5)	0.4	(0.1, 1.6)	1.7	(1.0, 2.8)	1.2	(0.7, 2.0)
On public walls	0.7	(0.4, 1.1)	0.9	(0.5, 1.7)	0.1	(0.0, 0.6)	0.8	(0.4, 1.8)	0.4	(0.1, 1.0)
Somewhere else	0.5	(0.3, 0.8)	0.5	(0.2, 1.0)	0.3	(0.0, 2.1)	0.6	(0.3, 1.4)	0.5	(0.2, 1.3)
Noticed sports sponsorship	0.7	(0.5, 1.0)	0.2	(0.1, 0.4)	0.9	(0.3, 2.6)	1.6	(0.9, 2.6)	0.6	(0.3, 1.2)
Noticed tobacco products promotions										
Free samples	0.5	(0.3, 0.7)	0.7	(0.4, 1.3)	0.8	(0.3, 2.3)	0.4	(0.2, 0.8)	0.3	(0.2, 0.8)
Sale prices	1.0	(0.7, 1.4)	1.7	(1.1, 2.6)	1.2	(0.4, 3.4)	0.8	(0.4, 1.7)	0.3	(0.1, 0.6)
Coupons	0.3	(0.1, 0.5)	0.4	(0.2, 1.0)	0.5	(0.1, 3.3)	0.3	(0.1, 0.8)	0.1	(0.0, 0.5)
Free gifts/discounts on other products	0.3	(0.2, 0.6)	0.4	(0.1, 1.0)	0.0	N/A	0.3	(0.1, 0.8)	0.4	(0.2, 1.0)
Clothing/item with brand name or logo	1.4	(1.1, 1.8)	1.7	(1.1, 2.5)	0.9	(0.3, 2.6)	2.2	(1.4, 3.4)	0.5	(0.3, 0.9)
Mail promoting tobacco products	0.3	(0.1, 0.5)	0.3	(0.1, 0.9)	0.0	N/A	0.3	(0.1, 0.8)	0.2	(0.1, 0.6)
Noticed any in-store advertising or promotion of tobacco products1	4.8	(4.2, 5.5)	5.8	(4.7, 7.1)	4.0	(2.3, 7.1)	5.6	(4.5, 6.9)	3.1	(2.2, 4.4)
Noticed any advertisement, sponsorship, or promotion	26.2	(24.8, 27.7)	29.0	(26.7, 31.5)	19.8	(15.5, 25.0)	31.1	(28.3, 34.1)	20.3	(17.9, 22.8)

1 Includes those who noticed any advertisements in stores where tobacco products are sold, sale prices on tobacco products, or free gifts/discount offers on other products when buying tobacco products.

Key points:

- GATS 2020 Sri Lanka revealed that 81.1% of adults noticed anti-cigarette smoking information in various places during the 30 days preceding the survey. Approximately 81.5% of those who did not smoke and 77.5% of their counterparts who currently smoked noticed anti-cigarette smoking information.

- Nearly 23.2% of adults noticed anti-bidi smoking information in various places during the 30 days preceding the survey. Nearly 52.5% of adults noticed anti-smokeless tobacco use information in various places during the 30 days preceding the survey.

- The percentage of adults who noticed anti-cigarette smoking information ranged from 70.7% who noticed it on television or the radio to 17.7% who saw it on the internet. Around 18.2% of adults noticed anti-bidi smoking information on television or the radio. Those who noticed anti-smokeless tobacco use information ranged from 34.1% who noticed it on television or the radio to 7.7% who saw it on the Internet.

- A major proportion (87.5%) of adults who currently smoked noticed health warnings on cigarette packages; however, only 48.9% considered quitting after seeing the warnings. Only 17.4% of adults who currently smoked bidis noticed health warnings on bidi packages and only 8.8% thought about quitting after noticing the warnings. Among adults who currently consumed smokeless tobacco, only 13.2% noticed health warnings on smokeless tobacco products packages and only 5.0% thought about quitting after noticing the health warnings. This implies that existing health warnings on bidi packages and smokeless tobacco products packages are not very effective.

- Nearly 26.2% of adults noticed some form of tobacco advertisement, sponsorship, or promotion in various places during the last thirty days. The most prevalent form of tobacco marketing was advertisements. Overall, 38.8% of adults noticed advertisements of tobacco products. Among these, 20.4% noticed these in cinemas, 5.5% on television, 3.9% in stores, and 3.1% on the Internet.

- Nearly 26.9% of adults who currently smoked tobacco and 26.2% of adults who currently did not smoke tobacco noticed some form of tobacco advertisement, sponsorship, or promotion in various places during the last thirty days.

- As many as 71.0% of adults aged 15 years and above had internet access, or had cable television connection, or both. Around 31.1% of adults who had both internet access and cable television connection noticed some form of tobacco advertisement, sponsorship, or promotion in various places during the last thirty days. Corresponding figures were 29.0% and 19.8% in case of adults who had only Internet access and adults who had only cable television connection, respectively.

9. Knowledge, attitude, and perceptions

The harmful effects of tobacco use are well established in the scientific community and acknowledged in civil as well as political society. All tobacco control programs aim to ensure dissemination of knowledge on harmful effects of tobacco to the entire population, through messages in the media, and through schools, healthcare providers and community level initiatives.

Despite conclusive evidence on the dangers of tobacco use and exposure to SHS, a significant number of those who use tobacco do not understand the full extent of the health risks involved. People may know generally that tobacco is harmful, but they may not be aware of the specific diseases triggered by its use. It is well known that knowledge about specific harms of tobacco helps increase an individual's motivation to quit and restricts people who do not use tobacco from initiating use. The knowledge about harmful effects of SHS exposure also helps better implementation of smoke-free policies and empowerment of those who do not smoke.

This chapter presents the findings of GATS 2020 Sri Lanka on the knowledge of adults about health effects of smoking and smokeless tobacco use. It also presents findings on awareness of harmful effects of SHS. Finally, it presents findings on perceptions among users of tobacco on the harm it has already done to them.

9.1. Beliefs about health effects of tobacco use

9.1.1. Beliefs about health effects of tobacco smoking

GATS 2020 Sri Lanka collected information on general beliefs about the health effects of tobacco smoking as well as its role in causing various diseases. Table 9.1 shows the percentages of adults who believed that smoking causes serious illness, stroke, heart attack, lung cancer, and diabetes by current smoking status and selected demographic characteristics. Overall, most of the adults (92.6%) in Sri Lanka believed that smoking causes serious illness; this belief was similar among those who currently smoked (93.5%) and those who did not (92.5%). Around 95.3% of the adults believed that smoking causes lung cancer (95.3%); around 91.5% , 63.8%, and 32.4% of adults believed that smoking causes heart attack, stroke, and diabetes, respectively. Comparable proportion of men (93.5%) and women (91.8%) believed that smoking tobacco causes serious illness. The proportion of adults who believed that smoking tobacco causes serious illness ranged from 94.1% of adults in the 25-44 age-group to 87.6% of adults in the 65 and above age-group.

The proportion of adults who believed that smoking causes serious illness ranged from 94.8% among adults having secondary or higher education to 83.0% among adults having no formal education. Across different wealth indices, the proportion of adults who believed that smoking causes serious illness ranged from 95.0% among adults in the highest wealth quintile to 87.1% among adults in the lowest wealth quintile.

Table 9.1: Percentage of adults ≥15 years old who believed that smoking tobacco causes serious illness and various diseases, by smoking status and selected demographic characteristics, GATS Sri Lanka, 2020

Demographic Characteristics	Adults who believe that smoking tobacco causes…									
	Serious illness		Stroke		Heart attack		Lung cancer		Diabetes	
	Percentage (95% CI)									
Overall	92.6	(91.8, 93.4)	63.8	(62.2, 65.5)	91.5	(90.5, 92.4)	95.3	(94.5, 96.0)	32.4	(30.9, 34.0)
Smoking Status										
Current smoking[1]	93.5	(90.4, 95.6)	58.2	(53.1, 63.2)	90.4	(86.8, 93.1)	91.5	(88.2, 94.0)	27.1	(22.8, 31.9)
Non-smoking[2]	92.5	(91.6, 93.3)	64.4	(62.7, 66.1)	91.6	(90.6, 92.5)	95.7	(94.9, 96.4)	33.0	(31.4, 34.6)
Gender										
Men	93.5	(92.4, 94.5)	65.3	(62.9, 67.6)	91.5	(90.2, 92.7)	95.4	(94.2, 96.3)	33.9	(31.7, 36.2)
Women	91.8	(90.5, 92.9)	62.6	(60.4, 64.7)	91.5	(90.1, 92.7)	95.3	(94.3, 96.2)	31.1	(29.2, 33.2)
Age (years)										
15-24	93.3	(91.1, 95.0)	64.4	(60.7, 68.0)	91.2	(88.6, 93.2)	96.3	(94.5, 97.5)	30.7	(27.2, 34.5)
25-44	94.1	(92.8, 95.1)	64.6	(62.0, 67.2)	93.7	(92.4, 94.9)	96.7	(95.8, 97.5)	34.4	(31.8, 37.0)
45-64	93.1	(91.5, 94.3)	64.7	(62.0, 67.4)	91.4	(89.7, 92.8)	95.7	(94.5, 96.7)	31.7	(29.2, 34.3)
65+	87.6	(84.8, 89.9)	59.4	(55.4, 63.3)	87.2	(84.4, 89.5)	90.2	(87.4, 92.4)	31.8	(28.3, 35.6)
Residence										
Urban	93.7	(92.6, 94.6)	67.4	(65.4, 69.3)	91.8	(90.6, 92.9)	95.1	(94.1, 95.9)	35.1	(33.3, 37.0)
Rural	92.4	(91.4, 93.3)	63.1	(61.1, 65.0)	91.4	(90.3, 92.4)	95.4	(94.4, 96.2)	31.9	(30.0, 33.7)
Education Level										
No formal education	83.0	(75.3, 88.6)	35.0	(26.7, 44.4)	74.8	(64.7, 82.8)	79.7	(69.1, 87.3)	21.2	(14.3, 30.2)
Less than primary	86.4	(82.2, 89.8)	52.9	(48.0, 57.8)	82.9	(78.8, 86.3)	87.2	(82.7, 90.7)	32.9	(28.0, 38.3)
Primary, less than secondary	92.3	(91.0, 93.5)	59.9	(57.7, 62.0)	90.7	(89.2, 92.0)	95.4	(94.3, 96.3)	29.0	(26.8, 31.3)
Secondary or higher	94.8	(93.7, 95.7)	72.7	(70.5, 74.8)	95.2	(94.1, 96.1)	98.0	(97.3, 98.5)	37.1	(34.9, 39.2)
Wealth index										
Lowest	87.1	(84.3, 89.5)	55.9	(52.4, 59.3)	85.2	(82.4, 87.6)	89.6	(87.0, 91.8)	28.1	(25.1, 31.4)
Low	92.6	(90.7, 94.1)	60.3	(57.0, 63.6)	92.7	(90.7, 94.3)	95.2	(93.5, 96.5)	31.6	(28.4, 34.9)
Middle	93.6	(91.9, 95.0)	65.0	(61.7, 68.2)	90.7	(88.5, 92.6)	95.8	(94.3, 97.0)	33.3	(30.1, 36.7)
High	94.6	(92.9, 95.9)	67.6	(64.0, 70.9)	94.8	(93.0, 96.1)	98.1	(96.8, 98.9)	34.0	(30.8, 37.4)
Highest	95.0	(93.3, 96.4)	71.4	(67.5, 74.9)	94.2	(92.3, 95.7)	97.9	(96.7, 98.6)	35.3	(31.5, 39.3)

[1] Includes daily and occasional (less than daily) tobacco smoking.

[2] Includes people who formerly and never smoked tobacco.

9.1.1. Beliefs about health effects of smokeless tobacco use

Table 9.1A shows the percentages of adults who believed that smokeless tobacco use causes serious illness, and various diseases such as stroke, heart attack, and mouth cancer. Most of the adults believed that use of smokeless tobacco causes serious illness (96.4%) and that its use can lead to mouth cancer (97.8%). Additionally, 54.1% of adults believed that smokeless tobacco use causes heart attack and 38.7% believed that it causes stroke. Around 96.8% of those adults who did not currently use smokeless tobacco believed that using smokeless tobacco causes serious illness.

The proportion of adults who believed that smokeless tobacco use causes serious illness ranged from 97.0% among the adults in the 25-44 and 45–64 age-groups to 94.2% among the adults in the 65 and above age-group. Around 96.6% of rural and 95.5% of urban adults believed that smokeless tobacco use causes serious illness. Across different education categories, the proportion of adults who believed that smokeless tobacco use leads to serious illness ranged from 86.5% among adults having no formal education to 97.9% among adults having secondary or higher education. Across different wealth indices, the proportion of adults who believed that smokeless tobacco use causes serious illness ranged from 97.5% among the adults in the low wealth quintile to 93.1% among the adults in the lowest wealth quintile.

Table 9.1A: Percentage of adults ≥15 years old who believed that smokeless tobacco causes serious illness and various diseases, by smoking status and selected demographic characteristics, GATS Sri Lanka, 2020

Demographic Characteristics	Adults who believe that using smokeless tobacco causes…							
	Serious illness		Stroke		Heart attack		Mouth cancer	
	Percentage (95% CI)							
Overall	96.4	(95.7, 97.0)	38.7	(36.9, 40.5)	54.1	(52.5, 55.8)	97.8	(97.2, 98.2)
Smokeless tobacco use Status								
Smokeless tobacco user[1]	94.1	(91.4, 96.0)	31.1	(26.7, 35.8)	45.1	(40.7, 49.7)	96.1	(93.8, 97.6)
Non-users of smokeless tobacco[2]	96.8	(96.1, 97.3)	39.9	(38.0, 41.8)	55.5	(53.8, 57.3)	98.0	(97.5, 98.4)
Gender								
Men	96.3	(95.3, 97.1)	39.7	(37.2, 42.2)	54.8	(52.3, 57.3)	97.5	(96.5, 98.2)
Women	96.5	(95.6, 97.2)	37.8	(35.6, 40.1)	53.6	(51.4, 55.8)	98.0	(97.4, 98.5)
Age (years)								
15-24	96.1	(94.4, 97.3)	35.4	(31.7, 39.3)	49.2	(45.1, 53.2)	97.1	(95.4, 98.2)
25-44	97.0	(96.0, 97.7)	39.8	(37.1, 42.5)	57.1	(54.4, 59.7)	98.3	(97.5, 98.8)
45-64	97.0	(95.9, 97.8)	39.9	(37.3, 42.7)	54.2	(51.5, 57.0)	98.1	(97.1, 98.8)
65+	94.2	(91.9, 95.9)	37.8	(33.8, 41.9)	53.6	(50.0, 57.2)	96.8	(95.2, 97.9)
Residence								
Urban	95.5	(94.5, 96.3)	42.7	(40.5, 44.9)	56.0	(53.6, 58.3)	98.3	(97.6, 98.8)
Rural	96.6	(95.8, 97.3)	37.9	(35.8, 40.0)	53.8	(51.8, 55.7)	97.7	(97.0, 98.2)
Education Level								
No formal education	86.5	(79.8, 91.2)	22.4	(16.0, 30.3)	45.3	(35.4, 55.5)	87.0	(78.2, 92.6)
Less than primary	92.2	(88.5, 94.8)	37.3	(32.0, 42.9)	45.7	(40.0, 51.6)	94.6	(91.6, 96.6)
Primary, less than secondary	96.4	(95.4, 97.3)	35.1	(32.7, 37.6)	52.1	(49.7, 54.5)	97.8	(97.0, 98.4)
Secondary or higher	97.9	(97.2, 98.4)	44.4	(41.9, 46.9)	58.8	(56.4, 61.2)	99.1	(98.5, 99.5)
Wealth index								
Lowest	93.1	(90.9, 94.8)	35.2	(32.0, 38.5)	50.7	(47.1, 54.4)	94.1	(92.1, 95.6)
Low	97.5	(96.2, 98.3)	35.1	(31.7, 38.7)	52.7	(49.5, 55.9)	98.2	(97.0, 98.9)
Middle	97.2	(95.9, 98.0)	39.9	(36.6, 43.3)	55.6	(52.2, 59.0)	98.2	(97.0, 98.9)
High	96.9	(95.4, 97.9)	42.2	(38.6, 45.9)	56.1	(52.6, 59.4)	99.2	(98.5, 99.6)
Highest	97.1	(95.5, 98.2)	41.5	(37.8, 45.3)	55.5	(51.5, 59.4)	99.1	(98.0, 99.6)

[1] Includes daily and occasional (less than daily) smokeless tobacco users.

[2] Includes former and never tobacco smokeless tobacco users

9.2. Beliefs about health effects of Secondhand Smoke

Ample evidence exists in the literature to show that exposure to SHS is harmful to adults who do not smoke. GATS 2020 Sri Lanka collected information on the perceptions of people regarding the adverse effects of exposure to SHS.

Table 9.2 shows that 94.9% of adults (95.9% men and 94.0% women) believed that breathing other people's smoke causes serious illness in those who do not smoke. Around 96.0% of adults who currently smoked and 94.8% of those who did not currently smoke tobacco believed that SHS causes serious illness in those who do not smoke. Likewise, 95.1% of adults residing in urban areas and 94.8% of adults residing in rural areas believed that exposure to SHS leads to serious illness.

The proportion of adults, who believed that breathing other people's smoke causes serious illness among those who do not smoke, ranged from 96.3% among those in the 25-44 age-group to 91.0% among those in the 65 and above age-group. Across different education categories, the proportion of adults who believed that SHS leads to serious illness ranged from 78.0% among adults having no formal education to 97.4% among adults having secondary or higher education. Across different wealth indices, the proportion of adults who believed that exposure to SHS causes serious illness ranged from 97.8% among the adults in the highest wealth quintile to 89.3% among the adults in the lowest wealth quintile.

Table 9.2: Percentage of adults ≥15 years old who believed that secondhand smoke causes serious illness in those who do not smoke, by smoking status and selected demographic characteristics, GATS Sri Lanka, 2020

Demographic Characteristics	Belief that breathing other people's smoke causes serious illness in people who do not smoke	
	Percentage (95% CI)	
Overall	94.9	(94.0, 95.6)
Smoking Status		
Current smoking[1]	96.0	(93.3, 97.7)
Non-smoking[2]	94.8	(93.9, 95.5)
Gender		
Men	95.9	(94.9, 96.7)
Women	94.0	(92.8, 95.0)
Age (years)		
15-24	95.5	(93.4, 96.9)
25-44	96.3	(95.1, 97.2)
45-64	94.8	(93.3, 96.1)
65+	91.0	(88.4, 93.1)
Residence		
Urban	95.1	(94.0, 96.0)
Rural	94.8	(93.8, 95.7)
Education Level		
No formal education	78.0	(67.7, 85.7)
Less than primary	86.7	(82.1, 90.3)
Primary, less than secondary	95.0	(93.9, 96.0)
Secondary or higher	97.4	(96.5, 98.1)
Wealth index		
Lowest	89.3	(86.8, 91.4)
Low	94.7	(92.7, 96.1)
Middle	95.4	(93.6, 96.7)
High	97.3	(96.0, 98.2)
Highest	97.8	(96.3, 98.7)
[1] Includes daily and occasional (less than daily) tobacco smoking.		
[2] Includes people who formerly and never smoked tobacco.		

Key points:

- Majority of the adults (92.6%) believed that tobacco smoking causes serious illness. This belief was similar among those who currently smoked tobacco (93.5%) and those who did not smoke tobacco (92.5%). Many adults believed that smoking causes lung cancer (95.3%), heart attack (91.5%), stroke (63.8%), and diabetes (32.4%).

- Most adults (96.4%) believed that smokeless tobacco use causes serious illness. Many adults believed that smokeless tobacco use causes mouth cancer (97.8%), heart attack (54.1%), and stroke (38.7%).

- Majority of the adults (94.9%) believed that secondhand smoke causes serious illness in those who do not smoke. This belief was similar among those who currently smoked tobacco (96.0%) and those who did not smoke tobacco (94.8%).

10. Conclusions and Recommendations

10.1 Conclusions

The Global Adults Tobacco Survey (GATS) provides national data regarding the use of tobacco and the key tobacco control indicators within the adult population ages 15 years and older. Multiple types of tobacco products are used in Sri Lanka, including both smoking (such as manufactured cigarettes, bidis [hand-rolled cigarettes], and suruttu [cigars]) and smokeless forms (such as betel quid [betel nut chewing] with tobacco, loose tobacco, and commercial preparations). This data and evidence will be useful for policy reforms and new policy development for effective tobacco control in the effort to reduce the consumption of tobacco among adults aged 15 years and older in Sri Lanka. The major findings from GATS Sri Lanka 2020 are as follows:

10.1.1 Tobacco use

Nearly 3.2 million adults (19.4%) in the country currently consumed tobacco in any form. Among those who consumed tobacco, 30.6% of adults used smoked tobacco products exclusively, 52.8% used smokeless tobacco exclusively, and 16.5% used both smoked and smokeless tobacco.

Nearly 1.5 million (9.1%) adults currently smoked tobacco (19.7% among men and < 0.1% among women). Among all adults, 6.2% smoked manufactured cigarettes and 4.9% smoked bidis. Overall, 6.4% of adults smoked daily and 2.7% smoked occasionally.

Nearly 2.2 million (13.4%) adults used smokeless tobacco (23.4% among men and 4.9% among women). Overall, 10.5% of adults used smokeless tobacco daily and 2.9% used smokeless tobacco occasionally.

Among all adults aged 15 years and older, 16.9% consumed betel quid without tobacco and 7.0% consumed some form of areca nut (plain, powdered, or flavoured). Approximately 19.3% of men and 14.7% of women consumed betel quid without tobacco, whereas 9.5% of men and 4.8% of women consumed some form of areca nut.

10.1.2 Tobacco cessation

Among adults who smoked tobacco, 34.6% (adults who currently smoked and adults who quit in the past 12 months) made a quit attempt in the past 12 months.

Among adults who smoked tobacco and had made a quit attempt in the past 12 months, 76.7% did so on their own without any therapy or assistance, and 40.4% attempted to quit with support from family and friends. Notably, 9.4% of these adults switched to smokeless tobacco to help quit smoking. Nearly 8.5% of all adults who attempted to quit smoking had pharmacotherapy support, 7.1% had counseling support, and 1.1% used traditional medicines.

Among adults who currently smoked tobacco, 51.6% reported that they intended to quit either within a month, within a year, or someday. Among adults who currently smoked bidis, 45.6% reported that they would quit within a month, within a year, or someday.

Among adults who used smokeless tobacco, 23.6% (adults who currently used smokeless tobacco and adults who quit in the past 12 months) made a quit attempt in the past 12 months.

Among adults who used smokeless tobacco and made a quit attempt, 73.7% did so without assistance, 8.1% used pharmacotherapy, 6.3% used counselling, 3.9% used traditional medicines, and 37.0% used other methods. Among those who visited a healthcare provider, 34.8% were asked whether they were using smokeless tobacco, and 30.6% were advised to quit by the provider.

Overall, 4.0% of adults who used smokeless tobacco reported that they intended to quit within a month, 10.3% intended to quit within a year, and 24.9% intended to quit someday.

10.1.3 Secondhand smoke exposure

Among adults who worked indoors, 16.7% (0.8 million) were exposed to tobacco smoke in their workplace in the past 30 days. Furthermore, among all adults, 8.4% (1.4 million) were exposed to tobacco smoke at home. Among adults who did not smoke, 6.0% (0.9 million) were exposed to SHS at home.

Overall, 32.6% of people who visited cafes, coffee shops, or tea houses reported being exposed to SHS during the visit. The percentage of adults exposed to SHS in restaurants, at private workplaces, in public transport, and in university buildings was 25.2%, 23.5%, 3.2%, and 6.2%, respectively. Nearly half of the adults (49.0%) saw someone smoking in an open public place within 30 days preceding the survey.

10.1.4 Economics

Overall, 92.8% of adults who currently smoked manufactured cigarettes made their last purchase in stores (i.e., wholesale or retail shops). Other sources of last purchase of cigarettes were street vendors (3.6%), from another person (2.1%), duty-free shop (0.9%), and others (0.6%).

Among adults who currently smoked bidis, 97.6% bought the last bidi from retail shops. Other sources of last purchase were street vendors (1.3%) and from another person (1.1%).

Among those who used smokeless tobacco, 91.0% bought the product from retail shops. Other sources of last purchase of smokeless tobacco products were street vendors (4.8%), from another person (1.8%), outside the country (0.2%), and others (2.2%).

10.1.5 Media

Among all adults ages 15 years and older, 81.1% noticed anti-cigarette information in any location during the past 30 days. Overall, 69.1% of adults noticed anti-cigarette information on TV, 17.1% noticed it on radio, 17.7% noticed it on the internet, 33.0% noticed it on billboards, and 19.9% noticed it somewhere else.

An estimated 23.2% of adults noticed anti-bidi smoking information in various places during the past 30 days. An estimated 17.9% noticed anti-bidi smoking information on TV, 8.4% noticed it on billboards, 8.3% noticed it in newspapers, 5.9% noticed it on the radio, 4.9% noticed it on the internet, and 3.2% noticed it somewhere else.

Nearly 52.5% of adults noticed anti-smokeless tobacco use information in various places during the 30 days preceding the survey. Overall, 32.1% noticed anti-smokeless tobacco use information on TV, 17.5% noticed it on billboards, 17.2% noticed it in newspapers or magazines, 9.0% noticed it on radio, 7.7% noticed it on the internet, and 16.0% noticed it somewhere else.

Among adults who smoked tobacco, 87.5% noticed health warnings on cigarette packages and almost half (48.9%) considered quitting after noticing the warnings. Among adults who smoked bidis, 17.4% noticed health warnings on bidi packages and 8.8% thought about quitting after noticing the warnings. Among adults who currently consumed smokeless tobacco, only 13.2% noticed health warnings on smokeless tobacco product packages and 5.0% thought about quitting after noticing the health warnings.

Over a quarter (26.2%) of adults noticed some form of tobacco advertisement, sponsorship, or promotion in various places during the last 30 days. Overall, 20.4% of adults noticed tobacco advertisements in cinemas (movies), 5.5% noticed it on televisions, 3.9% noticed it in stores, and 3.1% noticed it on the internet.

Over a quarter of adults who currently smoked tobacco (26.9%) and adults who did not smoke tobacco (26.2%) noticed any form of tobacco advertisement, sponsorship, or promotion in various places during the last 30 days.

10.1.6 Knowledge, attitudes and perceptions

Overall, 92.6% of adults believed smoking could cause serious illnesses (93.5% among adults who smoked and 92.5% among adults who did not smoke).

Among all adults, 95.3% believed that smoking causes lung cancer, 91.5% believed it causes a heart attack, 63.8% believed it causes a stroke, and 32.4% believed it causes diabetes.

About 96.4% of adults believed that smokeless tobacco use causes serious illness. In addition, 97.8% of adults believed that smokeless tobacco uses causes mouth cancer, 54.1% believed it causes a heart attack, and 38.7% believed it causes a stroke.

Overall, 94.9% of adults (96.0% among adults currently smoked tobacco and 94.8% among those who did not smoke tobacco) believed that SHS causes serious illness for those who did not smoke.

10.2 Recommendations

Overall, findings from GATS Sri Lanka 2020 indicate that there is a positive environment for strengthening and advancing tobacco control in the country. On the basis of the MPOWER (Monitor tobacco demand reduction and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco; Warn about the dangers of tobacco; Enforce bans on tobacco advertising, promotion, and sponsorship; and Raise taxes on tobacco) summary indicators, and other findings, we recommend the following actions to prevent tobacco-related death and disease:

M: Monitor tobacco use and prevention policies

Continue periodic monitoring of tobacco use (among adults and youth) and tobacco control policies to reach highest level of "M" of WHO MPOWER. This helps in guiding implementation of national tobacco control laws in line with evidence-based policies of WHO FCTC.

P: Protect people from tobacco smoke

- Implement 100% smoke-free policies that cover all public places and workplaces to fully protect individuals who do not smoke from exposure to SHS.
- Educate about dangers of secondhand smoke and benefits of smokefree policies

O: Offer help to quit tobacco use

- Build tobacco control capacity among healthcare providers and strengthen cessation facilities in healthcare settings and in local communities.
- Translate and make available WHO Quit Tobacco app in Sinhalese and Tamil for better outreach.
- Develop and implement integrated TB-tobacco programme

W: Warn about the dangers of tobacco

- Implement large graphic health warnings with regular rotation on all tobacco product packages, including bidis and smokeless tobacco products. Efforts should be made to bring in law/legislation for Plain Packaging of all tobacco products.
- Design and implement tobacco control mass media campaigns with maximum outreach to cover all types of tobacco products.

E: Enforce bans on tobacco advertising, promotion, and sponsorship

- Effectively enforce comprehensive bans on tobacco advertisements, promotion, and sponsorship, including tobacco advertisements online or in movies.
- Monitor tobacco use in the films/series and other programmes on OTT platforms and social media, especially targeting youth.

R: Raise taxes on tobacco

- Raise the price of tobacco products to reduce affordability and accessibility and index tobacco products to inflation to ensure that prices increase on a continuous and sustained basis, so the measure continues to be effective. It should be ensured that the prices of tobacco products are high enough to make these less affordable and accessible for youth.

General - targeted interventions:

- Develop targeted interventions to tackle the rising use of smokeless tobacco and areca nut products.
- Implement setting-based programs to prevent young adults from initiating tobacco and nicotine use, especially school-based programmes.
- Implement Article 5.3 of WHO FCTC to strictly monitor tobacco industry interference in tobacco policy development and implementation

Finally, it is important to mainstream tobacco control in the health and development agenda of the country by adopting "whole-of-Government" and "whole-of-society" approach.

MPOWER Summary Indicators – GATS Sri Lanka, 2020

Indicator		Gender		Residence	
	Overall	Men	Women	Urban	Rural
M: Monitor tobacco use and prevention policies					
Current tobacco use	19.4	36.2	4.9	13.2	20.7
Current tobacco smoking	9.1	19.7	0.0	8.1	9.4
Current manufactured cigarette smoking	6.2	13.4	0.0	7.1	6.1
Current bidi smoking	4.9	10.5	0.0	3.0	5.2
Current smokeless tobacco use	13.4	23.4	4.9	6.9	14.8
Current 'betel quid with tobacco' use	13.3	23.2	4.8	6.8	14.7
Average number of cigarettes smoked per day[1]	4.0	4.0	-	5.8	3.5
Average age at daily smoking initiation[2]	19.9	19.9	-	19.3	20.0
Former smoking among adults who ever smoked daily	34.6	34.4	-	32.8	34.9
P: Protect people from tobacco smoke					
Exposure to secondhand smoke at home at least monthly	8.4	9.8	7.2	6.8	8.7
Exposure to secondhand smoke at work[§]	16.7	24.3	6.1	12.6	17.9
Exposure to secondhand smoke in public places:[3,§]					
Government building/offices	2.8	3.2	2.4	3.1	2.7
Health care facilities	1.9	2.3	1.6	2.3	1.8
Restaurants	25.2	30.2	16.0	26.7	24.9
Public transportation	3.2	4.2	2.3	3.0	3.2
Private workplaces	23.5	28.6	6.5	16.2	25.1
Cafes, coffee shops, or tea houses	32.6	39.3	18.3	32.1	32.7
O: Offer help to quit tobacco use					
Made a quit attempt in the past 12 months[4]	34.6	34.5	-	37.0	34.2
Advised to quit smoking by a health care provider[4,5]	47.0	47.0	-	45.4	47.3
Attempted to quit smoking using a specific cessation method:[4]					
Pharmacotherapy	8.5	8.5	-	11.6	7.8
Counseling/advice	7.1	7.2	-	13.3	5.9

Interest in quitting smoking[6]	51.6	51.6	-	55.2	51.0
Adults who used smokeless tobacco who made quit attempt in past 12 months[7]	23.6	23.3	24.9	24.4	23.5
Adults who used smokeless tobacco who were advised by a healthcare provider to quit[5,7]	30.6	24.6	51.0	28.9	30.8
Attempted to quit using smokeless tobacco using a specific cessation method:[7]					
Pharmacotherapy	8.1	7.0	12.6	10.8	7.9
Counseling/advice	6.3	4.4	13.7	7.8	6.2
W: Warn about the dangers of tobacco					
Belief that tobacco smoking causes serious illness	92.6	93.5	91.8	93.7	92.4
Belief that smoking causes stroke, heart attack, and lung cancer	62.3	63.7	61.2	65.6	61.7
Adults who believe use of smokeless tobacco causes serious illness	96.4	96.3	96.5	95.5	96.6
Belief that breathing other peoples' smoke causes serious illness	94.9	95.9	94.0	95.1	94.8
Noticed anti-cigarette smoking information at any location[§]	81.1	82.8	79.7	80.9	81.2
Thinking of quitting because of health warnings on cigarette packages[6,§]	48.9	48.8	-	46.2	49.6
Thinking of quitting because of health warning on smokeless tobacco packages[10§]	5.0	4.5	7.0	6.0	4.9
E: Enforce bans on tobacco advertising, promotion, and sponsorship					
Noticed tobacco advertisement in cinemas[§]	20.4	21.8	19.2	18.4	20.8
Noticed any tobacco advertisement, sponsorship, or promotion[§]	26.2	28.5	24.3	25.2	26.4
R: Raise taxes on tobacco					
Last cigarette purchase was from a store[7]	92.8	92.8	-	90.2	93.4
Last bidis purchase was from a store[9]	97.6	97.6	-	100	97.3
Last smokeless tobacco purchase was from a store[10]	91.0	92.0	86.6	87.9	91.4
Average cigarette expenditure per month (for daily cigarette smoking) (*Sri Lankan rupee*)[8]	5454.3	5465.3	-	7771.6	4893.5
Average cost of 20 manufactured cigarettes (for daily cigarette smoking) (*Sri Lankan rupee*)[8]	1237.8	1237.8	-	1125.0	1287.5
Average bidi expenditure per month (for daily bidi smoking) (*Sri Lankan rupee*)[9]	1368.7	1370.2	-	1539.8	1352.6
Average cost of 20 bidis (for daily bidi smoking) (*Sri Lankan rupee*)[9]	142.7	142.7	-	127.2	144.6
Average manufactured cigarettes expenditures in the last purchase (Sri Lankan rupee)[8]	213.6	213.8	-	250.6	204.5
Average bidis expenditures in the last purchase (Sri Lankan rupee)[9]	60.3	60.4	-	49.9	61.3
Average smokeless tobacco products expenditures in the last purchase (Sri Lankan rupee)[10]	100.5	101.8	94.3	100.3	100.5

Notes:

[1] Among adults who currently smoked cigarettes daily.

[2] Among respondents ages 20–34 years who had ever smoked tobacco daily.

[3] Among those who visited the place in the last 30 days.

[4] Among adults who smoked tobacco in the past year (includes those who currently smoked and those who quit in the past 12 months).

[5] Among those who visited a health care provider in past 12 months.

[6] Among adults who currently smoked tobacco.

[7] Includes adults who currently used smokeless tobacco and those who quit in the past 12 months

[8] Among adults who currently smoked manufactured cigarettes.

[9] Among adults who currently smoked bidis daily.

[10] Among adults who currently used smokeless tobacco.

[§] In the last 30 days.

- Indicates estimate is suppressed due to unweighted sample size less than 25.

References

1. World Health Organization. *WHO Report on the Global Tobacco Epidemic, 2015: Raising taxes on tobacco*. Geneva, Switzerland: World Health Organization, 2015. https://apps.who.int/iris/bitstream/handle/10665/178574/9789240694606_eng.pdf?sequence=1&isAllowed=y

Global Adult Tobacco Survey (GATS)

Sri Lanka Questionnaire

Full Study Version

13 November 2019

Blue: Country Adaptation

Purple: Optional Questions

Green: Additional Questions

Contents

GATS Core Questionnaire Formatting Conventions

Text in **RED FONT** = Programming logic and skip instructions.

Text in [BRACKETS] = Specific question instructions for interviewers—not to be read to the respondents.

Text in underline = Words that interviewers should emphasize when reading to respondents.

Text in yellow highlighted = Modified after pre-test.

Household Questionnaire

INTRO. [THE HOUSEHOLD SCREENING RESPONDENT SHOULD BE 18 YEARS OF AGE OR OLDER AND YOU MUST BE CONFIDENT THAT THIS PERSON CAN PROVIDE ACCURATE INFORMATION ABOUT ALL MEMBERS OF THE HOUSEHOLD. IF NEEDED, VERIFY THE AGE OF THE HOUSEHOLD SCREENING RESPONDENT TO MAKE SURE HE/SHE IS 18 YEARS OF AGE OR OLDER.

THE HOUSEHOLD SCREENING RESPONDENT CAN BE LESS THAN 18 YEARS OLD, ONLY IF NO HOUSEHOLD MEMBERS ARE 18 YEARS OF AGE OR OLDER.]

INTRO1. An important survey of adult tobacco use behavior is being conducted by the Department of Census and Statistics and the National Authority on Tobacco and Alcohol, Ministry of Health throughout Sri Lanka and your household has been selected to participate. All houses selected were chosen from a scientific sample and it is very important to the success of this project that each participates in the survey. All information gathered will be kept strictly confidential. I have a few questions to find out who in your household is eligible to participate.

HH1. First, I'd like to ask you a few questions about your household. In total, how many persons live in this household?

[INCLUDE ANYONE WHO CONSIDERS THIS HOUSEHOLD THEIR USUAL PLACE OF RESIDENCE]

HH2. How many of these household members are 15 years of age or older?

[IF HH2 = 00 (NO HOUSEHOLD MEMBERS ≥ 15 IN HOUSEHOLD)]

[THERE ARE NO ELIGIBLE HOUSEHOLD MEMBERS.

THANK THE RESPONDENT FOR HIS/HER TIME.

THIS WILL BE RECORDED IN THE RECORD OF CALLS AS A CODE 201.]

HH4. I now would like to collect information about only these persons that live in this household who are 15 years of age or older. Let's start listing them from oldest to youngest.

HH4a. What is the {oldest/next oldest} person's first name? _____

HH4b. What is this person's age?

[IF RESPONDENT DOESN'T KNOW, PROBE FOR AN ESTIMATE]

[IF REPORTED AGE IS 15 THROUGH 17, BIRTH DATE IS ASKED]

HH4c. What is the month of this person's date of birth?

HH4cYEAR. What is the year of this person's date of birth?

[IF DON'T KNOW, ENTER 7777

IF REFUSED, ENTER 9999]

HH4d. Is this person male or female?

MALE..... ☐ 1

FEMALE ..... ☐ 2

HH4e. Does this person currently smoke tobacco, including cigarettes, bidi, suruttu (cigars)?

YES..... ☐ 1

NO..... ☐ 2

DON'T KNOW ☐ 7

REFUSED..... ☐ 9

[REPEAT HH4a – HH4e FOR EACH PERSON REPORTED IN HH2]

HH4f. [ASK ONLY IF THERE ARE FEMALES OVER 16 YEARS OLD IN THE HOUSEHOLD]

Is anyone in this household pregnant?

YES..... ☐ 1

NO..... ☐ 2

DON'T KNOW..... ☐ 7

REFUSED..... ☐ 9

HH5. [NAME OF THE SELECTED ELIGIBLE PERSON IS:

{FILL SELECTED HH MEMBER'S FIRST NAME}

ASK IF SELECTED RESPONDENT IS AVAILABLE AND IF SO, PROCEED TO THE INDIVIDUAL QUESTIONNAIRE.

IF SELECTED RESPONDENT IS NOT AVAILABLE, MAKE AN APPOINTMENT AND RECORD IT AS A COMMENT ON RECORD OF CALLS.]

Individual Questionnaire

CONSENT1. [SELECT THE APPROPRIATE AGE CATEGORY BELOW. IF NEEDED, CHECK THE AGE OF SELECTED RESPONDENT FROM THE "CASE INFO" SCREEN IN THE TOOLS MENU.]

15-17..... ☐ 1 → **GO TO CONSENT2**

18 OR OLDER..... ☐ 2 → **GO TO CONSENT5**

EMANCIPATED MINOR (15-17).... ☐ 3 → **GO TO CONSENT5**

CONSENT2. Before starting the interview, I need to obtain consent from a parent or guardian of [NAME OF RESPONDENT] and from [NAME OF RESPONDENT].

[IF BOTH SELECTED RESPONDENT AND PARENT/GUARDIAN ARE AVAILABLE, CONTINUE WITH INTERVIEW.

IF PARENT/GUARDIAN IS NOT AVAILABLE, BREAK-OFF INTERVIEW AND SCHEDULE AN APPOINTMENT TO RETURN.

IF MINOR RESPONDENT IS NOT AVAILABLE, CONTINUE WITH OBTAINING PARENTAL CONSENT.]

CONSENT3. [READ THE FOLLOWING TO THE PARENT/GUARDIAN AND SELECTED RESPONDENT (IF AVAILABLE):]

I am working with the Department of Census and Statistics and the National Authority on Tobacco and Alcohol, Ministry of Health. This institution is collecting information about tobacco use in Sri Lanka. This information will be used for public health purposes by the Ministry of Health.

Your household and [NAME OF RESPONDENT] have been selected at random. [NAME OF RESPONDENT] responses are very important to us and the community, as these answers will represent many other persons.

The interview will last around 30 minutes. [NAME OF RESPONDENT] participation in this survey is entirely voluntary. The information that [NAME OF RESPONDENT] will provide will be kept strictly confidential and [NAME OF RESPONDENT] will not be identified by his/her responses. Personal information will not be shared with anyone else, not even other family members including you. [NAME OF RESPONDENT] can withdraw from the study at any time, and may refuse to answer any question.

We will leave the necessary contact information with you. If you have any questions about this survey, you can contact the telephone numbers listed.

If you agree with [NAME OF RESPONDENT]'s participation in this survey, we will conduct a private interview with him/her.

[ASK PARENT/GUARDIAN:] Do you agree with [NAME OF RESPONDENT]'s participation?

YES..... ☐ 1 → **GO TO CONSENT4**

NO..... ☐ 2 → **END INTERVIEW**

CONSENT4. [WAS THE SELECTED MINOR RESPONDENT PRESENT?]

PRESENT..... ☐ 1 → **GO TO CONSENT6**

NOT PRESENT..... ☐ 2 → **GO TO CONSENT5**

CONSENT5. [READ TO THE SELECTED RESPONDENT:]

I am working with the Department of Census and Statistics and the National Authority on Tobacco and Alcohol, Ministry of Health. This institution is collecting information about tobacco use in Sri Lanka. This information will be used for public health purposes by the Ministry of Health.

Your household and you have been selected at random. Your responses are very important to us and the community, as these answers will represent many other persons. The interview will last around 30 minutes. Your participation in this survey is entirely voluntary. The information that you will provide us will be kept strictly confidential, and you will not be identified by your responses. Personal information will not be shared with anyone else, not even other family members. You can withdraw from the study at any time, and may refuse to answer any question.

We will leave the necessary contact information with you. If you have any questions about this survey, you can contact the telephone numbers listed.

{FILL IF CONSENT4=2: Your parent/guardian has given his/her permission for you to participate in this study**}**

If you agree to participate, we will conduct a private interview with you.

CONSENT6. [ASK SELECTED RESPONDENT:] Do you agree to participate?

YES..... ☐ 1 → **PROCEED WITH INTERVIEW**

NO..... ☐ 2 → **END INTERVIEW**

INTLANG. [INTERVIEW LANGUAGE]

SINHALA..... ☐ 1

TAMIL..... ☐ 2

Section A. Background Characteristics

A00. I am going to first ask you a few questions about your background.

A01. [RECORD GENDER FROM OBSERVATION. ASK IF NECESSARY.]

MALE..... ☐ 1
FEMALE..... ☐ 2

A02b. What is the year of your date of birth?
[IF DON'T KNOW, ENTER 7777
IF REFUSED, ENTER 9999]

A02a. What is the month of your date of birth?

01..... ☐ 1
02..... ☐ 2
03..... ☐ 3
04..... ☐ 4
05..... ☐ 5
06..... ☐ 6
07..... ☐ 7
08..... ☐ 8
09..... ☐ 9
10..... ☐ 10
11..... ☐ 11
12..... ☐ 12
DON'T KNOW..... ☐ 77
REFUSED ..... ☐ 99

[IF MONTH=77/99 OR YEAR=7777/9999, ASK A03. OTHERWISE SKIP TO A04.]

A03. How old are you?
[IF RESPONDENT IS UNSURE, PROBE FOR AN ESTIMATE AND RECORD AN ANSWER.
IF REFUSED, BREAK-OFF AS WE CANNOT CONTINUE INTERVIEW WITHOUT AGE]

A03a. [WAS RESPONSE ESTIMATED?]

YES..... ☐ 1
NO..... ☐ 2
DON'T KNOW..... ☐ 7

A09. What is your ethnic background?

SINHALA..... ☐ 1
TAMIL..... ☐ 2
MOOR..... ☐ 3
OTHER..... ☐ 4
DON'T KNOW..... ☐ 77
REFUSED..... ☐ 99

A10. What is your religion?

BUDDHIST..... ☐ 1
HINDU..... ☐ 2
CATHOLIC/CHRISTIAN... ☐ 3
ISLAM..... ☐ 4
OTHER..... ☐ 5→ A10a. [SPECIFY]:_____
NONE..... ☐ 6
DON'T KNOW ..... ☐ 77
REFUSED..... ☐ 99

A11. What is your marital status? Would you say single, married, separated, divorced, or widowed?

SINGLE..... ☐ 1
MARRIED..... ☐ 2
SEPARATED..... ☐ 3
DIVORCED..... ☐ 4
WIDOWED..... ☐ 5
REFUSED..... ☐ 9

A04. What is the highest level of education you have completed?

[SELECT ONLY ONE CATEGORY]

NO FORMAL SCHOOLING	☐	1
LESS THAN PRIMARY SCHOOL COMPLETED	☐	2
PRIMARY SCHOOL COMPLETED	☐	3
LESS THAN SECONDARY SCHOOL (GCE ORDINARY LEVEL)	☐	4
SECONDARY SCHOOL (GCE ORDINARY LEVEL) COMPLETED	☐	5
HIGH SCHOOL (GCE ADVANCED LEVEL) COMPLETED	☐	6
COLLEGE/UNIVERSITY COMPLETED	☐	7
POST GRADUATE DIPLOMA/DEGREE COMPLETED	☐	8
DON'T KNOW	☐	77
REFUSED	☐	99

A05. Which of the following best describes your main work status over the past 12 months? Government employee, non-government employee, self-employed, student, homemaker, retired, unemployed-able to work, or inactive-unable to work?

[INCLUDE SUBSISTENCE FARMING AS SELF-EMPLOYED]

GOVERNMENT EMPLOYEE	☐	1
NON-GOVERNMENT EMPLOYEE	☐	2
SELF-EMPLOYED	☐	3
STUDENT	☐	4
HOMEMAKER	☐	5
RETIRED	☐	6
UNEMPLOYED, ABLE TO WORK	☐	7
INACTIVE, UNABLE TO WORK	☐	8
DON'T KNOW	☐	77
REFUSED	☐	99

→ IF A05 =1, 2 OR 3, GO TO A05a. ELSE SKIP TO A06a.

A05a. What is the main economic activity / job, you are engaged in? Describe the main activities relevant to this economic activity / job (occupation).

_____

A05b. [ENTER THE ISCO-08 CLASSIFICATION]

A06. Please tell me whether this household or any person who lives in the household has the following items:

	YES ▼	NO ▼	DON'T KNOW ▼	REFUSED ▼
a. Electricity?	☐ 1	☐ 2	☐ 7	☐ 9
b. Flush toilet?	☐ 1	☐ 2	☐ 7	☐ 9
c. Internet access via mobile phone, tablet, laptop or other computer?	☐ 1	☐ 2	☐ 7	☐ 9
d. Cell telephone?	☐ 1	☐ 2	☐ 7	☐ 9
e. Television?	☐ 1	☐ 2	☐ 7	☐ 9
k. Satellite or cable TV connection?	☐ 1	☐ 2	☐ 7	☐ 9
f. Radio?	☐ 1	☐ 2	☐ 7	☐ 9
g. Refrigerator?	☐ 1	☐ 2	☐ 7	☐ 9
h. Car/van/station wagon/small truck?	☐ 1	☐ 2	☐ 7	☐ 9
i. Three wheeler/scooter/motorcycle?	☐ 1	☐ 2	☐ 7	☐ 9
j. Washing machine?	☐ 1	☐ 2	☐ 7	☐ 9

Section B. Tobacco Smoking

B01. I would now like to ask you some questions about smoking tobacco, including cigarettes, bidis, and suruttu (cigars). Please do not answer about smokeless tobacco at this time.

Do you currently smoke tobacco on a daily basis, less than daily, or not at all?

DAILY	☐ 1	→ **SKIP TO B04**
LESS THAN DAILY	☐ 2	→ **SKIP TO B01a**
NOT AT ALL	☐ 3	→ **SKIP TO B03**
DON'T KNOW	☐ 7	→ **SKIP TO NEXT SECTION C**
REFUSED	☐ 9	→ **SKIP TO NEXT SECTION C**

B01a. How many of the last 30 days did you smoke?

[IF DON'T KNOW, ENTER 77

IF REFUSED, ENTER 99]

☐☐

B02. Have you smoked tobacco daily in the past?

YES	☐ 1	→ **SKIP TO B08**
NO	☐ 2	→ **SKIP TO B10**
DON'T KNOW	☐ 7	→ **SKIP TO B10**
REFUSED	☐ 9	→ **SKIP TO B10**

B03. In the past, have you smoked tobacco on a daily basis, less than daily, or not at all?

[IF RESPONDENT HAS DONE BOTH "DAILY" AND "LESS THAN DAILY" IN THE PAST, CHECK "DAILY"]

DAILY	☐ 1	→ **SKIP TO B11**
LESS THAN DAILY	☐ 2	→ **SKIP TO B13**
NOT AT ALL	☐ 3	→ **SKIP TO NEXT SECTION C**
DON'T KNOW	☐ 7	→ **SKIP TO NEXT SECTION C**
REFUSED	☐ 9	→ **SKIP TO NEXT SECTION C**

[CURRENT DAILY SMOKERS]

B04. How old were you when you first started smoking tobacco daily?

[IF DON'T KNOW OR REFUSED, ENTER 99]

[IF B04 = 99, ASK B05. OTHERWISE SKIP TO B06.]

B05. How many years ago did you first start smoking tobacco daily?

[IF REFUSED, ENTER 99]

B06. On average, how many of the following products do you currently smoke each day? Also, let me know if you smoke the product, but not every day.

[IF RESPONDENT REPORTS SMOKING THE PRODUCT BUT NOT EVERY DAY, ENTER 888

IF RESPONDENT REPORTS IN PACKS OR CARTONS, PROBE TO FIND OUT HOW MANY ARE IN EACH AND CALCULATE TOTAL NUMBER]

a.	Manufactured cigarettes?				*PER DAY*
a1.	**[IF B06a=888]** On average, how many manufactured cigarettes do you currently smoke each week?				*PER WEEK*
b.	Bidis?				*PER DAY*
b1.	**[IF B06b=888]** On average, how many bidi do you currently smoke each week?				*PER WEEK*
c.	Suruttu (Cigars)?				*PER DAY*
c1.	**[IF B06c=888]** On average, how many cigars do you currently smoke each week?				*PER WEEK*
d.	Any others? (→ d1. Please specify the other type you currently smoke:_____)				*PER DAY*
d1.	**[IF B06d=888]** On average, how many of these products do you currently smoke each week?				*PER WEEK*

B07. How soon after you wake up do you usually have your first smoke? Would you say within 5 minutes, 6 to 30 minutes, 31 to 60 minutes, or more than 60 minutes?

WITHIN 5 MINUTES.....	☐	1
6 TO 30 MINUTES.....	☐	2
31 TO 60 MINUTES.....	☐	3
MORE THAN 60 MINUTES.....	☐	4
REFUSED.....	☐	9

[SKIP TO NEXT SECTION C]

[CURRENT LESS THAN DAILY SMOKERS]

B08. How old were you when you first started smoking tobacco daily?

[IF DON'T KNOW OR REFUSED, ENTER 99]

[IF B08 = 99, ASK B09. OTHERWISE SKIP TO B10.]

B09. How many years ago did you first start smoking tobacco daily?

[IF REFUSED, ENTER 99]

B10. How many of the following do you currently smoke during a usual week?

[IF RESPONDENT REPORTS DOING THE ACTIVITY WITHIN THE PAST 30 DAYS, BUT LESS THAN ONCE PER WEEK, ENTER 888

IF RESPONDENT REPORTS IN PACKS OR CARTONS, PROBE TO FIND OUT HOW MANY ARE IN EACH AND CALCULATE TOTAL NUMBER]

a. Manufactured cigarettes?				*PER WEEK*
b. Bidis?				*PER WEEK*
c. Suruttu (Cigars)?				*PER WEEK*
d. Any others?				*PER WEEK*

→ d1. Please specify the other type you currently smoke:

_____

[SKIP TO NEXT SECTION C]

[FORMER SMOKERS]

B11. How old were you when you first started smoking tobacco daily?

[IF DON'T KNOW OR REFUSED, ENTER 99]

[IF B11 = 99, ASK B12. OTHERWISE SKIP TO B13a.]

B12. How many years ago did you first start smoking tobacco daily?

[IF REFUSED, ENTER 99]

B13a. How long has it been since you stopped smoking?

[ONLY INTERESTED IN WHEN RESPONDENT STOPPED SMOKING REGULARLY ⍰ DO NOT INCLUDE RARE INSTANCES OF SMOKING

ENTER UNIT ON THIS SCREEN AND NUMBER ON NEXT SCREEN]

YEARS	☐	1
MONTHS.....	☐	2
WEEKS	☐	3
DAYS	☐	4
LESS THAN 1 DAY	☐	5 → **SKIP TO B14**
DON'T KNOW	☐	7 → **SKIP TO NEXT SECTION C**
REFUSED.....	☐	9 → **SKIP TO NEXT SECTION C**

B13b. [ENTER NUMBER OF (YEARS/MONTHS/WEEKS/DAYS)]

[IF B13a/b < 1 YEAR (< 12 MONTHS), THEN CONTINUE WITH B14. OTHERWISE SKIP TO NEXT SECTION C.]

B14. Have you visited a doctor or other health care provider in the past 12 months?

YES..... ☐ 1

NO..... ☐ 2 → **SKIP TO B18**

REFUSED..... ☐ 9 → **SKIP TO B18**

B15. How many times did you visit a doctor or health care provider in the past 12 months? Would you say 1 or 2 times, 3 to 5 times, or 6 or more times?

1 OR 2..... ☐ 1

3 TO 5..... ☐ 2

6 OR MORE..... ☐ 3

REFUSED..... ☐ 9

B16. During any visit to a doctor or health care provider in the past 12 months, were you asked if you smoke tobacco?

YES..... ☐ 1

NO..... ☐ 2 → **SKIP TO B18**

REFUSED..... ☐ 9 → **SKIP TO B18**

B17. During any visit to a doctor or health care provider in the past 12 months, were you advised to quit smoking tobacco?

YES..... ☐ 1

NO..... ☐ 2

REFUSED..... ☐ 9

B18. During the past 12 months, did you use any of the following to try to stop smoking tobacco?

	YES ▼	NO ▼	REFUSED ▼
a. Counseling, including at a smoking cessation clinic?	☐ 1	☐ 2	☐ 9
b. Nicotine replacement therapy, such as the patch or gum?	☐ 1	☐ 2	☐ 9
c. Other prescription medications?	☐ 1	☐ 2	☐ 9
d. Traditional medicines?	☐ 1	☐ 2	☐ 9
e. A quit line or telephone support line?	☐ 1	☐ 2	☐ 9
f. Switching to smokeless tobacco?	☐ 1	☐ 2	☐ 9
g. Try to quit without assistance?	☐ 1	☐ 2	☐ 9
h. Try to quit with support of family and friends?	☐ 1	☐ 2	☐ 9

Section C. Smokeless Tobacco

C01. The next questions are about using smokeless tobacco, such as betel quid with tobacco, loose products –products prepared at retail outlets mixing different ingredients with smokeless tobacco, and commercial preparations smokeless tobacco products sold in closed packs (pre-packed). Smokeless tobacco is tobacco that is not smoked, but is sniffed through the nose, held in the mouth, or chewed. Please do not answer about chewing of products without tobacco at this time.

Do you currently use smokeless tobacco on a daily basis, less than daily, or not at all?

[IF RESPONDENT DOES NOT KNOW WHAT SMOKELESS TOBACCO IS, EITHER PRESENT A SHOWCARD OR READ DEFINITION FROM QXQ SCREEN]

DAILY.....	☐ 1	→ **SKIP TO C04**
LESS THAN DAILY.....	☐ 2	→ **SKIP TO C01a**
NOT AT ALL.....	☐ 3	→ **SKIP TO C03**
DON'T KNOW.....	☐ 7	→ **SKIP TO NEXT SECTION CC**
REFUSED.....	☐ 9	→ **SKIP TO NEXT SECTION CC**

C01a. How many of the last 30 days did you use this product?

[IF DON'T KNOW, ENTER 77

IF REFUSED, ENTER 99]

☐☐

C02. Have you used smokeless tobacco daily in the past?

YES.....	☐ 1	→ **SKIP TO C08**
NO.....	☐ 2	→ **SKIP TO C10**
DON'T KNOW.....	☐ 7	→ **SKIP TO C10**
REFUSED.....	☐ 9	→ **SKIP TO C10**

C03. In the past, have you used smokeless tobacco on a daily basis, less than daily, or not at all?

[IF RESPONDENT HAS DONE BOTH "DAILY" AND "LESS THAN DAILY" IN THE PAST, CHECK "DAILY"]

DAILY.....	☐ 1	→ **SKIP TO C11**
LESS THAN DAILY.....	☐ 2	→ **SKIP TO C13**
NOT AT ALL.....	☐ 3	→ **SKIP TO NEXT SECTION CC**
DON'T KNOW.....	☐ 7	→ **SKIP TO NEXT SECTION CC**
REFUSED.....	☐ 9	→ **SKIP TO NEXT SECTION CC**

[CURRENT DAILY SMOKELESS TOBACCO USERS]

C04. How old were you when you first started using smokeless tobacco daily?

[IF DON'T KNOW OR REFUSED, ENTER 99]

[IF C04 = 99, ASK C05. OTHERWISE SKIP TO C06.]

C05. How many years ago did you first start using smokeless tobacco daily?

[IF REFUSED, ENTER 99]

C06. On average, how many times a day do you use the following products? Also, let me know if you
use the product, but not every day.

[IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, ENTER 888]

a.	Betel quid with tobacco?				*PER DAY*
a1.	**[IF C06a=888]** On average, how many times a week do you currently use Betel quid with tobacco?				*PER WEEK*
b.	Loose Products?				*PER DAY*
b1.	**[IF C06b=888]** On average, how many times a week do you currently use loose products?				*PER WEEK*
c.	Commercial preparations?				*PER DAY*
c1.	**[IF C06c=888]** On average, how many times a week do you currently use commercial products?				*PER WEEK*
d.	Any others? (▯ d1. Please specify the other type you currently use:_____)				*PER DAY*
d2.	**[IF C06d=888]** On average, how many times a week do you currently use [FILL PRODUCT]?				*PER WEEK*

C07. How soon after you wake up do you usually use smokeless tobacco for the first time? Would you say within 5 minutes, 6 to 30 minutes, 31 to 60 minutes, or more than 60 minutes?

WITHIN 5 MINUTES.....	☐	1
6 TO 30 MINUTES.....	☐	2
31 TO 60 MINUTES.....	☐	3
MORE THAN 60 MINUTES.....	☐	4
REFUSED.....	☐	9

[SKIP TO NEXT SECTION CC]

[CURRENT LESS THAN DAILY SMOKELESS TOBACCO USERS]

C08. How old were you when you first started using smokeless tobacco daily?

[IF DON'T KNOW OR REFUSED, ENTER 99]

[IF C08 = 99, ASK C09. OTHERWISE SKIP TO C10.]

C09. How many years ago did you first start using smokeless tobacco daily?

[IF REFUSED, ENTER 99]

C10. How many times a week do you usually use the following?

[IF RESPONDENT REPORTS DOING THE ACTIVITY WITHIN THE PAST 30 DAYS, BUT LESS THAN ONCE PER WEEK, ENTER 888]

a. Betel quid with tobacco?				*TIMES PER WEEK*
b. Loose Products?				*TIMES PER WEEK*
c. Commercial preparations?				*TIMES PER WEEK*
d. Any others?				*TIMES PER WEEK*

→ d1. Please specify the other type you currently use:

_____

C19. **[ADMINISTERED ONLY IF B01=2 AND C01=2]**

You mentioned that you smoke tobacco, but not every day and that you also use smokeless tobacco, but not every day. Thinking about both smoking tobacco and using smokeless tobacco, would you say you use tobacco on a daily basis or less than daily?

DAILY..... ☐ 1

LESS THAN DAILY..... ☐ 2

REFUSED..... ☐ 9

[SKIP TO NEXT SECTION CC]

[FORMER SMOKELESS TOBACCO USERS]

C11. How old were you when you first started using smokeless tobacco daily?

[IF DON'T KNOW OR REFUSED, ENTER 99]

[IF C11 = 99, ASK C12. OTHERWISE SKIP TO C13a.]

C12. How many years ago did you first start using smokeless tobacco daily?

[IF REFUSED, ENTER 99]

C13a. How long has it been since you stopped using smokeless tobacco?

[ONLY INTERESTED IN WHEN RESPONDENT STOPPED USING SMOKELESS TOBACCO REGULARLY — DO NOT INCLUDE RARE INSTANCES OF USING SMOKELESS TOBACCO

ENTER UNIT ON THIS SCREEN AND NUMBER ON NEXT SCREEN]

YEARS	☐	1
MONTHS	☐	2
WEEKS	☐	3
DAYS	☐	4
LESS THAN 1 DAY	☐	5 → **SKIP TO C14**
DON'T KNOW	☐	7 → **SKIP TO NEXT SECTION CC**
REFUSED	☐	9 → **SKIP TO NEXT SECTION CC**

C13b. [ENTER NUMBER OF (YEARS/MONTHS/WEEKS/DAYS)]

[IF C13a/b < 1 YEAR (< 12 MONTHS), THEN CONTINUE. OTHERWISE SKIP TO NEXT SECTION CC.]

IF B14 HAS NOT BEEN ASKED	**→ CONTINUE WITH C14**
IF B14 = YES	**→ SKIP TO C16**
IF B14 = NO OR REFUSED	**→ SKIP TO C18**

C14. Have you visited a doctor or other health care provider in the past 12 months?

YES	☐	1
NO	☐	2 → **SKIP TO C18**
REFUSED	☐	9 → **SKIP TO C18**

C15. How many times did you visit a doctor or health care provider in the past 12 months? Would you say 1 or 2 times, 3 to 5 times, or 6 or more times?

1 OR 2..... ☐ 1

3 TO 5 ..... ☐ 2

6 OR MORE..... ☐ 3

REFUSED..... ☐ 9

C16. During any visit to a doctor or health care provider in the past 12 months, were you asked if you use smokeless tobacco?

YES..... ☐ 1

NO..... ☐ 2 → **SKIP TO C18**

REFUSED..... ☐ 9 → **SKIP TO C18**

C17. During any visit to a doctor or health care provider in the past 12 months, were you advised to stop using smokeless tobacco?

YES..... ☐ 1

NO..... ☐ 2

REFUSED..... ☐ 9

C18. During the past 12 months, did you use any of the following to try to stop using smokeless tobacco?

	YES ▼	NO ▼	REFUSED ▼
a. Counseling, including at a tobacco cessation clinic?	☐ 1	☐ 2	☐ 9
b. Nicotine replacement therapy, such as the patch or gum?	☐ 1	☐ 2	☐ 9
c. Other prescription medication?	☐ 1	☐ 2	☐ 9
d. Traditional medicines?	☐ 1	☐ 2	☐ 9
e. A quit line or a telephone support line?	☐ 1	☐ 2	☐ 9
g. Try to quit without assistance?	☐ 1	☐ 2	☐ 9
h. Try to quit with support of family and friends?	☐ 1	☐ 2	☐ 9

Section CC. Use of Other Products

CCINTRO. The next questions ask about your use of some other products that do not contain tobacco.

CC1. Do you consume betel quid without tobacco?

YES..... ☐ 1
NO..... ☐ 2 → **SKIP TO CC3**
REFUSED..... ☐ 9 → **SKIP TO CC3**

CC2. How frequently do you consume betel quid without tobacco, would you say daily, not daily but at least once in a week, or only occasionally?

DAILY..... ☐ 1
NOT DAILY, BUT WEEKLY..... ☐ 2
OCCASIONALLY..... ☐ 3
REFUSED..... ☐ 9

CC3. Do you consume areca nut of any type, plain, powdered or flavored?

YES..... ☐ 1
NO..... ☐ 2 → **SKIP TO NEXT SECTION D1**
REFUSED..... ☐ 9 → **SKIP TO NEXT SECTION D1**

CC4. How frequently do you consume areca nut, would you say daily, not daily but at least once in a week, or only occasionally?

DAILY..... ☐ 1
NOT DAILY, BUT WEEKLY..... ☐ 2
OCCASIONALLY..... ☐ 3
REFUSED..... ☐ 9

Section D1. Cessation — Tobacco Smoking

IF B01 = 1 OR 2 (RESPONDENT CURRENTLY SMOKES TOBACCO), CONTINUE WITH THIS SECTION.
IF B01 = 3, 7, OR 9 (RESPONDENT DOES NOT CURRENTLY SMOKE TOBACCO), SKIP TO NEXT SECTION D2.

D01. The next questions ask about any attempts to stop smoking that you might have made during the past 12 months. Please think about tobacco smoking.

During the past 12 months, have you tried to stop smoking?

YES..... ☐ 1
NO..... ☐ 2 → **SKIP TO INSTRUCTION BEFORE D04**
REFUSED..... ☐ 9 → **SKIP TO INSTRUCTION BEFORE D04**

D02a. Thinking about the last time you tried to quit, how long did you stop smoking?

[ENTER UNIT ON THIS SCREEN AND NUMBER ON NEXT SCREEN]

MONTHS..... ☐ 1
WEEKS..... ☐ 2
DAYS..... ☐ 3
LESS THAN 1 DAY (24 HOURS).. ☐ 4 → **SKIP TO D03**
DON'T KNOW..... ☐ 7 → **SKIP TO D03**
REFUSED..... ☐ 9 → **SKIP TO D03**

D02b. [ENTER NUMBER OF (MONTHS/WEEKS/DAYS)]

D03. During the past 12 months, did you use any of the following to try to stop smoking tobacco?

	YES ▼	NO ▼	REFUSED ▼
a. Counseling, including at a smoking cessation clinic?	☐ 1	☐ 2	☐ 9
b. Nicotine replacement therapy, such as the patch or gum?	☐ 1	☐ 2	☐ 9
c. Other prescription medications?	☐ 1	☐ 2	☐ 9
d. Traditional medicines?	☐ 1	☐ 2	☐ 9
e. A quit line or telephone support line?	☐ 1	☐ 2	☐ 9
f. Switching to smokeless tobacco?	☐ 1	☐ 2	☐ 9
g. Try to quit without assistance?	☐ 1	☐ 2	☐ 9
h. Try to quit with support of family and friends?	☐ 1	☐ 2	☐ 9

IF C14 HAS NOT BEEN ASKED → CONTINUE WITH D04
IF C14 = YES → SKIP TO D06
IF C14 = NO OR REFUSED → SKIP TO D08

D04. Have you visited a doctor or other health care provider in the past 12 months?

YES..... ☐ 1
NO..... ☐ 2 → **SKIP TO D08**
REFUSED..... ☐ 9 → **SKIP TO D08**

D05. How many times did you visit a doctor or health care provider in the past 12 months? Would you say 1 or 2 times, 3 to 5 times, or 6 or more times?

1 OR 2..... ☐ 1
3 TO 5..... ☐ 2
6 OR MORE..... ☐ 3
REFUSED..... ☐ 9

D06. During any visit to a doctor or health care provider in the past 12 months, were you asked if you smoke tobacco?

YES..... ☐ 1
NO..... ☐ 2 → **SKIP TO D08**
REFUSED..... ☐ 9 → **SKIP TO D08**

D07. During any visit to a doctor or health care provider in the past 12 months, were you advised to quit smoking tobacco?

YES..... ☐ 1
NO..... ☐ 2
REFUSED..... ☐ 9

D08. Which of the following best describes your thinking about quitting smoking? I am planning to quit within the next month, I am thinking about quitting within the next 12 months, I will quit someday but not within the next 12 months, or I am not interested in quitting?

QUIT WITHIN THE NEXT MONTH..... ☐ 1
THINKING WITHIN THE NEXT 12 MONTHS..... ☐ 2
QUIT SOMEDAY, BUT NOT NEXT 12 MONTHS..... ☐ 3
NOT INTERESTED IN QUITTING..... ☐ 4
DON'T KNOW..... ☐ 7
REFUSED..... ☐ 9

Section D2. Cessation — Smokeless Tobacco

IF C01 = 1 OR 2 (RESPONDENT CURRENTLY USES SMOKELESS TOBACCO), CONTINUE WITH THIS SECTION.
IF C01 = 3, 7, OR 9 (RESPONDENT DOES NOT CURRENTLY USE SMOKELESS TOBACCO), SKIP TO NEXT SECTION E.

D09. The next questions ask about any attempts to stop using smokeless tobacco that you might have made during the past 12 months. Please think about your use of smokeless tobacco.

During the past 12 months, have you tried to stop using smokeless tobacco?

YES..... ☐ 1
NO..... ☐ 2 → **SKIP TO INSTRUCTION BEFORE D12**
REFUSED..... ☐ 9 → **SKIP TO INSTRUCTION BEFORE D12**

D10a. Thinking about the last time you tried to quit, how long did you stop using smokeless tobacco?

[ENTER UNIT ON THIS SCREEN AND NUMBER ON NEXT SCREEN]

MONTHS..... ☐ 1
WEEKS..... ☐ 2
DAYS..... ☐ 3
LESS THAN 1 DAY (24 HOURS)... ☐ 4 → **SKIP TO D11**
DON'T KNOW..... ☐ 7 → **SKIP TO D11**
REFUSED..... ☐ 9 → **SKIP TO D11**

D10b. [ENTER NUMBER OF (MONTHS/WEEKS/DAYS)]

D11. During the past 12 months, have you used any of the following to try and stop using smokeless tobacco?

	YES ▼	NO ▼	REFUSED ▼
a. Counseling, including at a tobacco cessation clinic?	☐ 1	☐ 2	☐ 9
b. Nicotine replacement therapy, such as the patch or gum?	☐ 1	☐ 2	☐ 9
c. Other prescription medication?	☐ 1	☐ 2	☐ 9
d. Traditional medicines?	☐ 1	☐ 2	☐ 9
e. A quit line or a telephone support line?	☐ 1	☐ 2	☐ 9
g. Try to quit without assistance?	☐ 1	☐ 2	☐ 9
h. Try to quit with support of family and friends?	☐ 1	☐ 2	☐ 9

IF BOTH B14 AND D04 HAVE NOT BEEN ASKED → CONTINUE WITH D12
IF B14 OR D04 = YES → SKIP TO D14
IF B14 OR D04 = NO OR REFUSED → SKIP TO D16

D12. Have you visited a doctor or other health care provider in the past 12 months?

YES..... ☐ 1
NO..... ☐ 2 → **SKIP TO D16**
REFUSED..... ☐ 9 → **SKIP TO D16**

D13. How many times did you visit a doctor or health care provider in the past 12 months? Would you say 1 or 2 times, 3 to 5 times, or 6 or more times?

1 OR 2..... ☐ 1
3 TO 5..... ☐ 2
6 OR MORE..... ☐ 3
REFUSED..... ☐ 9

D14. During any visit to a doctor or health care provider in the past 12 months, were you asked if you use smokeless tobacco?

YES..... ☐ 1
NO..... ☐ 2 → **SKIP TO D16**
REFUSED..... ☐ 9 → **SKIP TO D16**

D15. During any visit to a doctor or health care provider in the past 12 months, were you advised to stop using smokeless tobacco?

YES..... ☐ 1
NO..... ☐ 2
REFUSED..... ☐ 9

D16. Which of the following best describes your thinking about quitting smokeless tobacco? I am planning to quit within the next month, I am thinking about quitting within the next 12 months, I will quit someday but not within the next 12 months, or I am not interested in quitting?

QUIT WITHIN THE NEXT MONTH ..... ☐ 1
THINKING WITHIN THE NEXT 12 MONTHS..... ☐ 2
QUIT SOMEDAY, BUT NOT NEXT 12 MONTHS. ..... ☐ 3
NOT INTERESTED IN QUITTING ..... ☐ 4
DON'T KNOW ..... ☐ 7
REFUSED..... ☐ 9

Section E. Secondhand Smoke

E01. I would now like to ask you a few questions about smoking in various places.

Which of the following best describes the rules about smoking inside of your home: Smoking is allowed inside of your home, smoking is generally not allowed inside of your home but there are exceptions, smoking is never allowed inside of your home, or there are no rules about smoking in your home?

ALLOWED..... ☐ 1

NOT ALLOWED, BUT EXCEPTIONS..... ☐ 2

NEVER ALLOWED..... ☐ 3 → **SKIP TO E04**

NO RULES..... ☐ 4 → **SKIP TO E03**

DON'T KNOW..... ☐ 7 → **SKIP TO E03**

REFUSED..... ☐ 9 → **SKIP TO E03**

E02. Inside your home, is smoking allowed in every room?

YES..... ☐ 1

NO..... ☐ 2

DON'T KNOW..... ☐ 7

REFUSED..... ☐ 9

E03. How often does anyone smoke inside your home? Would you say daily, weekly, monthly, less than monthly, or never?

DAILY..... ☐ 1

WEEKLY..... ☐ 2

MONTHLY..... ☐ 3

LESS THAN MONTHLY..... ☐ 4

NEVER ..... ☐ 5

DON'T KNOW..... ☐ 7

REFUSED..... ☐ 9

E04. Do you currently work outside of your home?

YES..... ☐ 1

NO/DON'T WORK..... ☐ 2 → **SKIP TO E09**

REFUSED..... ☐ 9 → **SKIP TO E09**

E05. Do you usually work indoors or outdoors?

INDOORS..... ☐ 1 → **SKIP TO E07**

OUTDOORS..... ☐ 2

BOTH..... ☐ 3 → **SKIP TO E07**

REFUSED..... ☐ 9

E06. Are there any indoor areas at your work place?

YES..... ☐ 1

NO..... ☐ 2 → **SKIP TO E09**

DON'T KNOW..... ☐ 7 → **SKIP TO E09**

REFUSED..... ☐ 9 → **SKIP TO E09**

E07. Which of the following best describes the indoor smoking policy where you work: Smoking is allowed anywhere, smoking is allowed only in some indoor areas, smoking is not allowed in any indoor areas,
or there is no policy?

ALLOWED ANYWHERE..... ☐ 1

ALLOWED ONLY IN SOME INDOOR AREAS..... ☐ 2

NOT ALLOWED IN ANY INDOOR AREAS..... ☐ 3

THERE IS NO POLICY..... ☐ 4

DON'T KNOW..... ☐ 7

REFUSED..... ☐ 9

E08. During the past 30 days, did anyone smoke in indoor areas where you work?

YES..... ☐ 1

NO..... ☐ 2

DON'T KNOW..... ☐ 7

REFUSED..... ☐ 9

E08a. **[ONLY ADMINISTERED IF E08 = YES]**

How often does anyone smoke in indoor areas where you work? Would you say daily, weekly, monthly, or less than monthly?

DAILY..... ☐ 1

WEEKLY..... ☐ 2

MONTHLY..... ☐ 3

LESS THAN MONTHLY..... ☐ 4

DON'T KNOW..... ☐ 7

REFUSED..... ☐ 9

E09. During the past 30 days, did you visit any government buildings or government offices?

YES ..... ☐ 1

NO ..... ☐ 2 → **SKIP TO E11**

DON'T KNOW ..... ☐ 7 → **SKIP TO E11**

REFUSED ..... ☐ 9 → **SKIP TO E11**

E10. Did anyone smoke inside of any government buildings or government offices that you visited in the past 30 days?

YES ..... ☐ 1

NO ..... ☐ 2

DON'T KNOW ..... ☐ 7

REFUSED ..... ☐ 9

E11. During the past 30 days, did you visit any health care facilities?

YES ..... ☐ 1
NO ..... ☐ 2 → **SKIP TO E13**
DON'T KNOW ..... ☐ 7 → **SKIP TO E13**
REFUSED ..... ☐ 9 → **SKIP TO E13**

E12. Did anyone smoke inside of any health care facilities that you visited in the past 30 days?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ..... ☐ 7
REFUSED ..... ☐ 9

E13. During the past 30 days, did you visit any restaurants?

YES ..... ☐ 1
NO ..... ☐ 2 → **SKIP TO E27**
DON'T KNOW ..... ☐ 7 → **SKIP TO E27**
REFUSED ..... ☐ 9 → **SKIP TO E27**

E14. Did anyone smoke inside of any restaurants that you visited in the past 30 days?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ..... ☐ 7
REFUSED ..... ☐ 9

E27. During the past 30 days, did you visit any cafes, coffee shops, or tea houses?

YES ..... ☐ 1
NO ..... ☐ 2 → **SKIP TO E15**
DON'T KNOW ..... ☐ 7 → **SKIP TO E15**
REFUSED ..... ☐ 9 → **SKIP TO E15**

E28. Did anyone smoke inside of any cafes, coffee shops, or tea houses that you visited in the past 30 days?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ..... ☐ 7
REFUSED ..... ☐ 9

E15. During the past 30 days, did you use any public transportation?

YES ..... ☐ 1
NO ..... ☐ 2 → **SKIP TO E19**
DON'T KNOW ..... ☐ 7 → **SKIP TO E19**
REFUSED ..... ☐ 9 → **SKIP TO E19**

E16. Did anyone smoke inside of any public transportation that you used in the past 30 days?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ..... ☐ 7
REFUSED ..... ☐ 9

E19. During the past 30 days, did you visit any universities?

YES ..... ☐ 1
NO ..... ☐ 2 → **SKIP TO E23**
DON'T KNOW ..... ☐ 7 → **SKIP TO E23**
REFUSED ..... ☐ 9 → **SKIP TO E23**

E20. Did anyone smoke inside of any university buildings that you visited in the past 30 days?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ..... ☐ 7
REFUSED ..... ☐ 9

E23. During the past 30 days, did you visit any private workplaces other than your own?

YES	☐	1
NO	☐	2 → **SKIP TO E17**
DON'T KNOW	☐	7 → **SKIP TO E17**
REFUSED	☐	9 → **SKIP TO E17**

E24. Did anyone smoke inside of any of these private workplaces you visited in the past 30 days?

YES	☐	1
NO	☐	2
DON'T KNOW	☐	7
REFUSED	☐	9

E17. Based on what you know or believe, does breathing other people's smoke cause serious illness in non-smokers?

YES	☐	1
NO	☐	2
DON'T KNOW	☐	7
REFUSED	☐	9

E18. Based on what you know or believe, does breathing other people's smoke cause any of the following?

	YES ▼	NO ▼	DON'T KNOW ▼	REFUSED ▼
a. Heart disease in adults?	☐ 1.....	☐ 2.....	☐ 7.....	☐ 9
b. Lung illnesses in children?	☐ 1.....	☐ 2.....	☐ 7.....	☐ 9
c. Lung cancer in adults?	☐ 1.....	☐ 2.....	☐ 7.....	☐ 9

E29. Did you see anyone smoking in an open public place in the past 30 days?

YES ..... ☐ 1

NO ..... ☐ 2

DON'T KNOW ..... ☐ 7

REFUSED ..... ☐ 9

Section F. Economics — Manufactured Cigarettes

IF [B01 = 1 OR 2 (RESPONDENT CURRENTLY SMOKES DAILY OR LESS THAN DAILY)] AND
[(B06a OR B10a) > 0 AND <= 888 (RESPONDENT SMOKES MANUFACTURED CIGARETTES)],
THEN CONTINUE WITH THIS SECTION.

OTHERWISE, SKIP TO NEXT SECTION FA.

F01a. The next few questions are about the last time you purchased cigarettes for yourself to smoke.

The last time you bought cigarettes for yourself, how many cigarettes did you buy?

[ENTER UNIT ON THIS SCREEN AND NUMBER ON NEXT SCREEN]

CIGARETTES.....	☐	1
PACKS.....	☐	2
CARTONS.....	☐	3
OTHER (SPECIFY).....	☐	4 → F01c. [SPECIFY THE UNIT]:_____
NEVER BOUGHT CIGARETTES..	☐	5 → **SKIP TO NEXT SECTION FA**
REFUSED.....	☐	9 → **SKIP TO F04**

F01b. [ENTER NUMBER OF (CIGARETTES/PACKS/CARTONS/OTHER)]

[IF F01a=CIGARETTES, GO TO F02]

[IF F01a=PACKS, GO TO F01dPack]

[IF F01a=CARTONS, GO TO F01dCart]

[IF F01a=OTHER, GO TO F01dOther]

F01dPack. Did each pack contain 12 cigarettes, 20 cigarettes, or another amount?

12.....	☐	1
20.....	☐	2
OTHER AMOUNT.....	☐	7 → F01dPackA. How many cigarettes were in each pack?
REFUSED.....	☐	9

[GO TO F02]

F01dCart. Did each carton contain 120 cigarettes, 200 cigarettes, or another amount?

120..... ☐ 1

200..... ☐ 2

OTHER AMOUNT..... ☐ 7 → F01dCartA. How many cigarettes were in each carton?

REFUSED..... ☐ 9

[GO TO F02]

F01dOther. How many cigarettes were in each {F01c}?

[IF REFUSED, ENTER 999]

F02. In total, how much money did you pay for this purchase?

[IF DON'T KNOW OR REFUSED, ENTER 999]

☐ ***[ADJUST RANGE AND DK/REF VALUE FOR SRI LANKA RUPEES]***

F04. The last time you purchased cigarettes for yourself, where did you buy them?

STORE..... ☐ 1

STREET VENDOR..... ☐ 2

DUTY-FREE SHOP..... ☐ 3

OUTSIDE THE COUNTRY..... ☐ 4

KIOSKS..... ☐ 5

INTERNET..... ☐ 6

FROM ANOTHER PERSON.... ☐ 7

OTHER..... ☐ 10 → F04a. [SPECIFY LOCATION]: _____

DON'T REMEMBER..... ☐ 77

REFUSED..... ☐ 99

Section FA. Economics — Bidi

IF [B01 = 1 OR 2 (RESPONDENT CURRENTLY SMOKES DAILY OR LESS THAN DAILY)] AND [(B06B OR B10B) > 0 AND <= 888 (RESPONDENT SMOKES BIDI)], THEN CONTINUE WITH THIS SECTION.

OTHERWISE, SKIP TO NEXT SECTION FB.

FA01a. The next few questions are about the last time you purchased bidi for yourself to smoke.

The last time you bought bidi for yourself, how many bidi did you buy?

[ENTER UNIT ON THIS SCREEN AND NUMBER ON NEXT SCREEN]

BIDI..... ☐ 1

BUNDLES..... ☐ 2

CARTONS..... ☐ 3

OTHER (SPECIFY)..... ☐ 4 → FA01c. [SPECIFY THE UNIT]:_____

NEVER BOUGHT BIDI..... ☐ 5 → **SKIP TO NEXT SECTION FB**

REFUSED..... ☐ 9 → **SKIP TO FA04**

FA01b. [ENTER NUMBER OF (BIDI/PACKS/CARTONS/OTHER)]

[IF FA01a=BIDI, GO TO FA02]

[IF FA01a=BUNDLE, GO TO FA01dPack]

[IF FA01a=CARTONS, GO TO FA01dCart]

[IF FA01a=OTHER, GO TO Fa01dOther]

FA01dPack. Did each bundle contain 10 bidi, 20 bidi, or another amount?

10..... ☐ 1

20..... ☐ 2

OTHER AMOUNT..... ☐ 7 → FA01dPackA. How many bidi were in each pack?

REFUSED..... ☐ 9

[GO TO FA02]

FA01dCart. Did each carton contain 400 bidi or another amount?

400..... ☐ 1

OTHER AMOUNT..... ☐ 7 → FA01dCartA. How many bidis were in each carton?

REFUSED..... ☐ 9

[GO TO FA02]

FA01dOther. How many bidi were in each {FA01c}?

[IF REFUSED, ENTER 999]

☐☐☐

FA02. In total, how much money did you pay for this purchase?

[IF DON'T KNOW OR REFUSED, ENTER 999]

☐ ***[ADJUST RANGE AND DK/REF VALUE FOR SRI LANKA RUPEES]***

FA04. The last time you purchased bidi for yourself, where did you buy them?

STORE..... ☐ 1

STREET VENDOR..... ☐ 2

OUTSIDE THE COUNTRY..... ☐ 3

KIOSKS..... ☐ 4

FROM ANOTHER PERSON... ☐ 5

OTHER..... ☐ 10 → FA04a. [SPECIFY LOCATION]:_____

DON'T REMEMBER..... ☐ 77

REFUSED..... ☐ 99

Section FB. Economics — Smokeless Tobacco

IF C01 = 1 OR 2 (RESPONDENT CURRENTLY USES SMOKELESS TOBACCO DAILY OR LESS THAN DAILY), THEN CONTINUE WITH THIS SECTION.
OTHERWISE, SKIP TO NEXT SECTION G.

FB01a. The next few questions are about the last time you purchased smokeless tobacco products for yourself to use. The last time you bought smokeless tobacco for yourself, did you buy it in a single use pouch or pack, in a large pouch or pack, or as a loose product?

SINGLE USE QTY / POUCH/ PACK.....	☐	1
LARGE POUCH OR PACK.....	☐	2
LOOSE PRODUCT.....	☐	3→ **SKIP TO FB02**
NEVER BOUGHT SMOKELESS TOBACCO.....	☐	4→ **SKIP TO NEXT SECTION G**
REFUSED.....	☐	9→ **SKIP TO FB04**

FB01b. How many {single use pouches or packs/large pouches or packs} did you buy?

FB01c. How much money did you pay for each {single use pouch or pack/large pouch or pack}?

[IF DON'T KNOW OR REFUSED, ENTER 999]

☐ ***[ADJUST RANGE AND DK/REF VALUE FOR SRI LANKA RUPEES]***

→ **SKIP TO FB04**

FB02. In total, how much money did you pay for this purchase?

[IF DON'T KNOW OR REFUSED, ENTER 999]

☐ ***[ADJUST RANGE AND DK/REF VALUE FOR SRI LANKA RUPEES]***

FB04. The last time you purchased smokeless tobacco products for yourself, where did you buy them?

STORE.....	☐	1
STREET VENDOR.....	☐	2
OUTSIDE THE COUNTRY.....	☐	3
KIOSKS.....	☐	4
INTERNET.....	☐	5
FROM ANOTHER PERSON....	☐	6
OTHER.....	☐	10 → FB04a. [SPECIFY LOCATION]:_____
DON'T REMEMBER.....	☐	77
REFUSED.....	☐	99

Section G. Media

Structure #2 — Asking about two or more products (e.g., cigarettes, smokeless tobacco)

G01intro. The next few questions ask about your exposure to the media and advertisements in the last 30 days.

G201a. In the last 30 days, have you noticed information about the dangers of smoking cigarettes or that encourages quitting in any of the following places?

	YES ▼	NO ▼	NOT APPLICABLE ▼	REFUSED ▼
a1. In newspapers or in magazines?	☐ 1	☐ 2	☐ 7	☐ 9
b1. On television?	☐ 1	☐ 2	☐ 7	☐ 9
c1. On the radio?	☐ 1	☐ 2	☐ 7	☐ 9
f1. On the internet?	☐ 1	☐ 2	☐ 7	☐ 9
d1. On billboards?	☐ 1	☐ 2	☐ 7	☐ 9
e1. Somewhere else?	☐ 1	☐ 2		☐ 9

[DO NOT INCLUDE HEALTH WARNINGS ON CIGARETTE PACKAGES]

→ e1a. Please specify where: _____

G201b. In the last 30 days, have you noticed information about the dangers of smoking **bidis** or that encourages quitting in any of the following places?

	YES ▼	NO ▼	NOT APPLICABLE ▼	REFUSED ▼
a2. In newspapers or in magazines?	☐ 1	☐ 2	☐ 7	☐ 9
b2. On television?	☐ 1	☐ 2	☐ 7	☐ 9
c2. On the radio?	☐ 1	☐ 2	☐ 7	☐ 9
f2. On the internet?	☐ 1	☐ 2	☐ 7	☐ 9
d2. On billboards?	☐ 1	☐ 2	☐ 7	☐ 9
e2. Somewhere else?	☐ 1	☐ 2		☐ 9

[DO NOT INCLUDE HEALTH WARNINGS ON **BIDI** PACKAGES]

→ e2a. Please specify where: _____

G201c. In the last 30 days, have you noticed information about the dangers of using smokeless tobacco or that encourages quitting in any of the following places?

	YES ▼	NO ▼	NOT APPLICABLE ▼	REFUSED ▼
a3. In newspapers or in magazines?	☐ 1	☐ 2	☐ 7	☐ 9
b3. On television?	☐ 1	☐ 2	☐ 7	☐ 9
c3. On the radio?	☐ 1	☐ 2	☐ 7	☐ 9
f3. On the internet?	☐ 1	☐ 2	☐ 7	☐ 9
d3. On billboards?	☐ 1	☐ 2	☐ 7	☐ 9
e3. Somewhere else?	☐ 1	☐ 2		☐ 9

[DO NOT INCLUDE HEALTH WARNINGS ON SMOKELESS TOBACCO PACKAGES]

→ e3a. Please specify where: _____

IF B01 = 1 OR 2 (RESPONDENT CURRENTLY SMOKES TOBACCO), GO TO G202a. ELSE, GO TO NEXT INSTRUCTION.

G202a. In the last 30 days, did you notice any health warnings on cigarette packages?

YES	☐	1
NO	☐	2 → **SKIP TO NEXT INSTRUCTION**
DID NOT SEE ANY CIGARETTE PACKAGES	☐	3 → **SKIP TO NEXT INSTRUCTION**
REFUSED	☐	9 → **SKIP TO NEXT INSTRUCTION**

G203a. In the last 30 days, have warning labels on cigarette packages led you to think about quitting?

YES	☐	1
NO	☐	2
DON'T KNOW	☐	7
REFUSED	☐	9

IF (B01 = 1 OR 2) AND [(B06B OR B10B) > 0 AND <= 888 (RESPONDENT SMOKES BIDI)], GO TO G202b. ELSE, GO TO NEXT INSTRUCTION.

G202b. In the last 30 days, did you notice any health warnings on **bidi** packages?

YES	☐	1
NO	☐	2 → **SKIP TO NEXT INSTRUCTION**
DID NOT SEE ANY **BIDI** PACKAGES	☐	3 → **SKIP TO NEXT INSTRUCTION**
REFUSED	☐	9 → **SKIP TO NEXT INSTRUCTION**

G203b. In the last 30 days, have warning labels on **bidi** packages led you to think about quitting?

YES	☐	1
NO	☐	2
DON'T KNOW	☐	7
REFUSED	☐	9

IF C01 = 1 OR 2 (RESPONDENT CURRENTLY USES SMOKELESS TOBACCO), GO TO G202c. ELSE, GO TO G204a.

G202c. In the last 30 days, did you notice any health warnings on smokeless tobacco products?

YES ..... ☐ 1
NO ..... ☐ 2 → **SKIP TO G204a**
DID NOT SEE ANY SMOKELESS PRODUCTS . ☐ 3 → **SKIP TO G204a**
REFUSED ..... ☐ 9 → **SKIP TO G204a**

G203c. In the last 30 days, have warning labels on smokeless tobacco products led you to think about quitting?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ..... ☐ 7
REFUSED ..... ☐ 9

G204. I will now ask you about noticing marketing of any tobacco products including both smoking and smokeless tobacco products. In the last 30 days, have you noticed any advertisements or signs promoting any tobacco products (smoked and/or smokeless) in the following places?

	YES ▼	NO ▼	NOT APPLICABLE ▼	REFUSED ▼
a. In stores where tobacco is sold?	☐ 1	☐ 2	☐ 7	☐ 9
b. On television?	☐ 1	☐ 2	☐ 7	☐ 9
c. On the radio?	☐ 1	☐ 2	☐ 7	☐ 9
d. On billboards?	☐ 1	☐ 2	☐ 7	☐ 9
e. On posters?	☐ 1	☐ 2	☐ 7	☐ 9
f. In newspapers or magazines?	☐ 1	☐ 2	☐ 7	☐ 9
g. In cinemas?	☐ 1	☐ 2	☐ 7	☐ 9
h. On the internet?	☐ 1	☐ 2	☐ 7	☐ 9
i. On public transportation vehicles or stations?	☐ 1	☐ 2	☐ 7	☐ 9
j. On public walls?	☐ 1	☐ 2	☐ 7	☐ 9
k. Anywhere else?	☐ 1	☐ 2	☐ 7	☐ 9

→ k1. Please specify where: _____

G205. In the last 30 days, have you noticed any sport or sporting event that is associated with any tobacco product brand or company (smoked and/or smokeless)?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ..... ☐ 7
REFUSED ..... ☐ 9

G206. In the last 30 days, have you noticed any of the following types of tobacco product (smoked and/or smokeless) promotions?

	YES ▼	NO ▼	DON'T KNOW ▼	REFUSED ▼
a. Free samples of tobacco products?	☐ 1	☐ 2	☐ 7	☐ 9
b. Tobacco products at sale prices?	☐ 1	☐ 2	☐ 7	☐ 9
c. Coupons for tobacco products?	☐ 1	☐ 2	☐ 7	☐ 9
d. Free gifts or special discount offers on other products when buying tobacco products?	☐ 1	☐ 2	☐ 7	☐ 9
e. Clothing or other items with a tobacco product brand name or logo?	☐ 1	☐ 2	☐ 7	☐ 9
f. Tobacco product promotions in the mail?	☐ 1	☐ 2	☐ 7	☐ 9

Section H. Knowledge, Attitudes & Perceptions

H01. The next question is asking about smoking tobacco.

Based on what you know or believe, does smoking tobacco cause serious illness?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ..... ☐ 7
REFUSED ..... ☐ 9

H02. Based on what you know or believe, does smoking tobacco cause the following…

	YES ▼	NO ▼	DON'T KNOW ▼	REFUSED ▼
a. Stroke (blood clots in the brain that may cause paralysis)?	☐ 1	☐ 2	☐ 7	☐ 9
b. Heart attack?	☐ 1	☐ 2	☐ 7	☐ 9
c. Lung cancer?	☐ 1	☐ 2	☐ 7	☐ 9
d. Diabetes?	☐ 1	☐ 2	☐ 7	☐ 9

H02_3. Do you believe cigarettes are addictive?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ..... ☐ 7
REFUSED ..... ☐ 9

H04_3. Do you believe that bidi are addictive?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ..... ☐ 7
REFUSED ..... ☐ 9

H02_4. As far as you know, does your religion discourage smoking?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ..... ☐ 7
REFUSED ..... ☐ 9

H03. Based on what you know or believe, does using smokeless tobacco cause serious illness?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ..... ☐ 7
REFUSED ..... ☐ 9

H05. Based on what you know or believe does smokeless tobacco cause the following…

	YES ▼	NO ▼	DON'T KNOW ▼	REFUSED ▼
a. Stroke (blood clots in the brain that may cause paralysis)?	☐ 1	☐ 2	☐ 7	☐ 9
b. Heart attack?	☐ 1	☐ 2	☐ 7	☐ 9
c. Mouth cancer?	☐ 1	☐ 2	☐ 7	☐ 9

H03_3. Do you believe that smokeless tobacco products are addictive?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ..... ☐ 7
REFUSED ..... ☐ 9

End Individual Questionnaire

I00. Those are all of the questions I have. Thank you very much for partcipating in this important survey.

I02. [RECORD ANY NOTES ABOUT INTERVIEW:]

ISBN - 978-624-6350-50-5