Capstone Project

Smokeless Tobacco Use among Suburban Women of Low Socioeconomic Status

In Dhaka, Bangladesh

Md. Shahta Zarab Salehin
17MP106
Graduate School of Public Health, St. Luke’s International University

Tokyo, Japan
Abstract

Background: Prevalence of smoking among women is low in Bangladesh and other Southeast Asian countries due to the traditional values and social norms. However, there is no social stigma on smokeless tobacco (SLT) use. South and South East Asian countries including Bangladesh have highest prevalence of SLT in the world. It is therefore important to examine the burden of SLT use and its social determinants for designing appropriate intervention programs.

Objectives: To examine the prevalence of SLT use among suburban low-income women seeking outpatient care and identify its correlates.

Materials and Methods: In this study, secondary data collected for bone density among women in Bangladesh were used. In the primary study, 16–65 year old women were recruited between December 2010 and May 2011 from Gynecology and Reproductive Health Clinics of a tertiary hospital situated in Dhaka, Bangladesh. Information on smoking and SLT use was collected using interviewer administered questionnaire. Prevalence of SLT was estimated along with its socio-demographic correlates using multivariable logistic regression analysis.

Results: In total, 502 women provided information on SLT use. Among them, 97 women (19.8%) were SLT users. Prevalence of SLT use differed by age significantly: 0%, 3.0%, 19%, 26% and 48% among 16-25, 26-35, 36-45, 46-55 and 56-65 year old women, respectively ($p<.001$). Prevalence of SLT use was higher among divorced or separated women (36%) than married woman (19%) or unmarried women (0%) ($p<.001$). Prevalence of SLT use also differed by occupational status (homemaker 22%, women with blue color job 16%, women with white color job 12% and student 0%) ($p<.01$). Even after adjusting for socio-demographic correlates, SLT use was higher among older women and women with lower schooling years.

Conclusion: The prevalence of SLT use was substantially high among suburban women of low socioeconomic status seeking outpatient care. Appropriate intervention programs are warranted to prevent SLT related chronic diseases and cancers among them.