Appendix A:

Smokeless Tobacco Consumption in the South Asian Population of Sydney, Australia: Prevalence, Correlates and Availability

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Appendix B:

Prevalence and Correlates of Smokeless Tobacco Consumption among Married Women in Rural Bangladesh



Prevalence and Correlates of Smokeless Tobacco Consumption among Married Women in Rural Bangladesh

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Abstract

Objective: To estimate the prevalence and identify correlates of smokeless tobacco consumption among married rural women with a history of at least one pregnancy in Madaripur, Bangladesh.

Materials and Methods: We conducted a cross-sectional survey using an interviewer administered, pre-tested, semi-structured questionnaire. All women living in the study area, aged 18 years and above with at least one pregnancy in their lifetime, who were on the electoral roll and agreed to participate were included in the study. Information on socio-demographic characteristics and smokeless tobacco consumption was collected. Smokeless tobacco consumption was categorized as 'Current', 'Ever but not current' and 'Never'. Associations between smokeless tobacco consumption and the explanatory variables were estimated using simple and multiple binary logistic regression.

Results: 8074 women participated (response rate 99.9%). The prevalence of 'Current consumption', 'Ever consumption but not current', and 'Never consumption' was 25%, 44% and 31%, respectively. The mean age at first use was 31.5 years. 87% of current consumers reported using either Shadapata or Hakimpuree Jarda. Current consumption was associated with age, level of education, religion, occupation, being an income earner, marital status, and age at first use of smokeless tobacco. After adjustment for demographic variables, current consumption was associated with being over 25 years of age, a lower level of education, being an income earner, being Muslim, and being divorced, separated or widowed.

Conclusion: The prevalence of smokeless tobacco consumption is high among rural women in Bangladesh and the age of onset is considerably older than that for smoking. Smokeless tobacco consumption is likely to be producing a considerable burden of non-communicable disease in Bangladesh. Smokeless tobacco control strategies should be implemented.

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Introduction

Nearly six million people die each year as a result of tobacco use [1]_ENREF_1, accounting for 12% of global adult mortality [2]. If current tobacco use patterns continue, it will cause some 10 million deaths each year by 2020 [3]. Tobacco exposure is the single greatest preventable cause of morbidity, disability and mortality [4,5]. Tobacco can be consumed both in smoke and smokeless form. Smokeless tobacco consumption (STC) causes oral, head and neck cancer, diabetes, hypercholesterolemia, myocardial infarction and adverse effects on pregnancy [6].

The term *smokeless tobacco* refers to more than 30 different products, broadly categorized as 'spit tobacco' or 'chewing tobacco' [6-9]. Tobacco is being chewed in multiple forms in

south Asia: betel quid, leaf alone, leaf with lime, tobacco with areca nut preparation, and tobacco water [9,10]. Generally, sun or air cured smokeless tobacco can be used by itself in unprocessed, processed or manufactured form [10]. Smokeless tobacco products are often made domestically in south Asia and are also widely available in markets. Usually when tobacco leaves turn yellow and brownish spots start appearing, the leaves are laid in fields for uniform drying, tied into bundles moistened with water or molasses, and stored for fermentation for a couple of weeks. The bundles are then separated and dried again, and the leaves are cut into various sizes. A variety of smokeless tobacco products have been manufactured on a large scale, commercially marketed and sold in different kinds of packets and containers [10]. The types of smokeless tobacco products in use vary by region: Snus and Snuff

in Europe and North America, Gutka and Jarda in Asia, and Toombak in Africa [6,7,9,11].

STC is common among south Asian people of both sexes [8,12]_ENREF_1. More than one third of total tobacco consumption in this region is in the form of smokeless tobacco [7,8,13]. WHO estimates show that STC among women in south Asia is a major public health threat in Bangladesh (prevalence: 32.6%), India (18.4%), Sri Lanka (6.9%) and Nepal (6%) [14]. India is the only country in the world where overall STC is nearly twice as prevalent as smoking at 26% vs. 14% respectively, representing over 300 million users in India and nearly 26 million in Bangladesh [15,16].

In south Asia traditional values and social norms do not favor smoking by the young or by women, but there is no such taboo against STC [6] which is integral to south Asian culture [17], being incorporated in traditional values, spirituality, beliefs, festivals, lifestyle, and rituals such as marriage and popular entertainment [6,18]. Its perceived medicinal value for curing toothache, headache and stomach ache leads many adults to become users. Some parents even encourage their children to use smokeless tobacco [6]. Curiosity, peer pressure, and offers by friends and acquaintances contribute to initiation of use [19].

The long awaited Smoking and Tobacco Product Usage (Control) (Amendment) Act 2013 was passed recently in the parliament of Bangladesh, and is expected to reduce STC. The law includes a provision to imprison or fine those responsible for displaying tobacco advertising, makes the owners of restaurants and businesses culpable for breaches of the smoke free law. doubles the fine applied to those using tobacco in smoke free public areas, and empowers local health and government officers to I mpose penalties on law-breakers. Smokeless tobacco products, such as Jarda, Shadapata, and Gul, have now been identified as tobacco products under the law. A weakness of the previous law was that it did not include smokeless tobacco products, making it difficult to apply legal provisions to the products consumed by a majority of Bangladeshis, including powdered tobacco (Gul) and chewing tobacco (Jarda and Khainee). The Act has brought these smokeless tobacco products under the purview of the law so that regulations now apply to all smokeless tobacco products.

STC is more common among lower socioeconomic groups in Bangladesh such as poor, semi-skilled manual workers, unemployed people, and those with less education [20]. A number of studies reported that in Bangladesh, 23–34% of women in rural areas are estimated to use smokeless tobacco [10,21–24]. The prevalence of at least one form of daily tobacco use (smoking or smokeless) in Bangladesh ranges between 33% and 41% [25,26]. In 2009 the population prevalence of STC was estimated to be 27%, with similar rates in men (26%) and women (28%), and higher rates in rural areas (29%) than urban areas (23%) [16]. Some studies suggest that Bangladesh has considerably higher rates of tobacco consumption including smokeless tobacco than India and Pakistan [21].

Despite the health hazards of STC, there have been only a few studies conducted on STC in Bangladesh. The aim of this large cross-sectional study was to estimate the prevalence and correlates of STC among women living in rural areas of Bangladesh.

Materials and Methods

Ethical approval

We obtained ethical approval from the University of Newcastle's Human Research Ethics Committee, Australia and from the Bangladesh Medical Research Council. An information sheet describing the purpose of the study and individuals' rights as study participants was handed to the participants to read. For individuals with inadequate literacy, the information sheet was read out by the interviewers. Written informed consent was then obtained from each person. A thumb impression was obtained from those who were unable to sign the consent form.

Study area and population

This cross-sectional survey was conducted in Bangladesh between June and September 2011. Bangladesh is divided into 64 districts in seven administrative divisions. We selected two Local Government Areas: Jhaudi and Ghotmajhee of Madaripur district which are located 220 kms south of Dhaka, the capital city. Total populations for Jhaudi and Ghotmajhi are 17,708 (9027 women; 52.3% >18 years) and 19784 (9888 women; 51.4% >18 years), respectively. The population of interest was married women aged 18 years and above with at least one pregnancy in their lifetime and who were on the electoral roll.

Measurement of outcome variable

'Current consumption' was defined as consuming smokeless tobacco at least three times daily. 'Ever consumption but not current' was defined as having ever consumed smokeless tobacco in the respondent's lifetime and not consuming currently. 'Never consumption' was defined as no STC in the respondent's lifetime. We also asked respondents to indicate which smokeless tobacco products they had used.

Data collection procedure

After obtaining informed written consent, information was collected on the prevalence of STC, knowledge and attitudes about STC, and socio-demographic information using an interviewer administered questionnaire by face-to-face interview, with measures of: age, marital status, income, employment, education, and religion. The questionnaire was developed by the investigators and was not derived from other sources. Later on, the questionnaire was finalized following pretesting at Gohinokul, a village located outside the study area but with similar population characteristics. All of the 37 interviewers were Bangladeshi women residing in the study area. They had completed at least 15 years of education and had experience in conducting interviews, surveys and using the census method. The interviewers also received a week of training on data collection techniques by the investigators and experts. One of the co-investigators (MH) supervised the fieldwork. Two percent of the completed questionnaires were cross checked randomly by this co-investigator. We conducted a doorto-door survey interviewing all the eligible women living in the study area.

Statistical analysis

Frequency tables and summary statistics were obtained to check missing data, out-of-range values, and to assess distributions of continuous variables. Logic checks were undertaken. Categorical variables were reported as proportions. Prevalence of STC was estimated as a proportion and chi-square tests were used to compare the demographic characteristics of 'Ever consumption but not current', 'Current consumption' and 'Never consumption'. Associations between the prevalence of STC (never vs. current consumption) and the explanatory variables were investigated using simple and multiple binary logistic regression. A backward elimination method was used to decide the final multivariable model. Any variable that was significant at the 15% level in the univariate logistic regression model was included in the base model. The final model was based on the statistical significance of

Table 1. Smokeless tobacco consumption by demographic factors (n = 8074).

Variable	Never consumption (n = 2488)	Ever consumption but not current (n = 2027)	Current consumption (n = 3559)	P Value
Overall prevalence	30.8% (95% CI: 29.8% + 31.8%)	44.1% (95% CI: 42.9% - 45.2%)	25.1% (95% CI: 24,2% - 26.1%)	
Age				
≤24 years	565 (52.1%)	468 (43.2%)	54 (4.97%)	4.4
25 to 44 years	1539 (43.1%)	1435 (40.1%)	601 (16.8%)	< 0.001
≥45 years	384 (11.2%)	1656 (48.5%)	1372 (40.3%)	
Level of education				
No formal education	977 (24.7%)	1806 (45.6%)	1176 (29.7%)	
Primary	768 (27.7%)	1274 (45.9%)	734 (26,4%)	< 0.001
Secondary	672 (56.3%)	416 (34.9%)	105 (8.80%)	YES THE
Tertiary	71 (48.6%)	63 (43.2%)	12 (8.22%)	
Religion				1.275
Muslim	2330 (30.3%)	3469 (45.1%)	1894 (24.6%)	< 0.001
Hìndu and others	158 (41.5%)	90 (23.6%)	133 (34.9%)	
Income earner				
Yes	238 (40.0%)	152 (25.5%)	205 (34.5%)	<0.001
No	2250 (30.1%)	3407 (45.5%)	1822 (24.4%)	
Occupation			美国联络教育 网络艾克	ELECTION OF THE PARTY OF THE PA
Housewife	2264 (45.6%)	1397 (28.2%)	1299 (26.2%)	<0.001
Inemployed	188 (6.20%)	2140 (70.5%)	707 (23.3%)	
mployed	36 (45.5%)	22 (27.9%)	21 (26.6%)	
Narital status				NEW PARK
Currently Married	2338 (34.0%)	2953 (42.9%)	1592 (23.1%)	< 0.001
livorced/Widowed	150 (12.6%)	606 (50.9%)	435 (36.5%)	FILLIE
ge at first use of STC				
€24 years	17 (3.68%)	26 (5.62%)	419 (90.7%)	0.001
5 to 44 years	51 (5.30%)	84 (8.70%)	828 (86.0%)	
:45 years	20 (10.1%)	23 (11.6%)	155 (78.3%)	No. of Concession, Name of Street, or other

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the covariates. The criterion we followed was to retain all the variables significant at the 5% level in the multivariate model. We excluded variables from the base model using backward elimination based on their P-value starting with the variable with the highest P-value greater than 0.05. After forming the final model with the backward elimination method we checked for multicollinearity by estimating a variance inflation factor (VIF). A VIF of >10 was considered indicative of multicollinearity between two or more variables. A decision was made on which of the collinear variables to keep based on the context. Since VIF cannot be estimated from logistic regression we fitted a multivariate linear regression model only for the purpose of estimating VIFs [27]. Data were analysed using Stata version 12 [28].

Results

We visited all the households (n = 7518) in the study area and identified 8082 eligible women for this study. When approached, only eight out of these eligible women refused to participate in the study yielding a participation rate of 99.9%. Only eight eligible women refused to participate. Participants' mean age was 38.5 (SD \pm 15.3) years with a range of 18 to 96 years. Nearly 60% of the respondents had no formal education. Most participants (95%)

were Muslim, 85% were married, and 61% were housewives. The demographic characteristics of the study participants according to their STC status are presented in Table 1 which shows that 25% were current consumers, 44% had ever consumed smokeless tobacco but were not current consumers, and 31% had never consumed smokeless tobacco. 87% of current consumers reported they use either Shadapata (45%) or Hakimpuree Jarda (42%). All of the other products were less commonly used: 4% of current consumers used Gul, 3% Baba Jarda, 3% Khainee, 2% Pan Masala, and 0.7% Gutka.

Overall, STC was univariately associated with age, level of education, unemployment, being an income earner, marital status, and age of first use (Table 2). When we included all of these variables in the multivariate model all were significantly associated with the outcome but there was a high collinearity between current age and age at first use (VIF = 10.2). Accordingly, age at first use was excluded from the final model (Table 2). After multivariate adjustment, current consumption was associated only with older age, no formal education, religion, occupation, being an income earner and marital status (Table 2). The average age at first use was 31.5 (SD \pm 11.7) years.

Table 2. Unadjusted and adjusted odds of current STC (n = 4515).

Variables	Unadjusted Odds Ratio (95% CI)*	P Value	Adjusted Odds Ratio (95% CI)*	<i>P</i> Value
Age				THE RESIDENCE
≤24 years	1		1	
25 to 44 years	4.08 (3.04 - 5.48)	< 0.001	3.08 (2.26 - 4.20)	<0.001
≥45 years	37.3 (27.6 – 50.5)	< 0.001	19.7(14.2- 27.2) P for trend < 0.001	<0.001
Level of education				
No formal education	1		1	
Primary	0.16 (0.12 – 0.20)	0.001	0.42(0.32 - 0.55)	<0.001
Secondary	0.17 (0.09 - 0.32)	< 0.001	0.39 (0.19 ~ 0.78)	<0.01
Tertiary	1.25 (1.10 - 1.43)	< 0.001	1.16 (0.97 – 1.39) P for trend = 0.002	0.09
Religion				
Muslim				
Hindu and others	1.03 (0.81 - 1.31)	< 0.77	0.46 (0.31 - 0.69	< 0.001
Income earner				PARKEL 表示。
Yes	1		1	A STATE OF THE STA
No	0.61 (0.51 - 0.73)	<0.001	2.08 (1.48 – 2.91)	<0.001
Occupation				
Housewife				
Inemployed	6.55 (5.50 – 7.80)	0.001	7.00(5.45 – 8.98)	<0.001
mployed	1.01 (0.59 - 1.74)	0.95	2.10 (1.02 – 4.31)	0.04
Marital status				
Eurrently Married	1	F 212 (1)		
Divorced/Widowed	4.25 (3.50 – 5.18)	< 0.001	1.81(1.42 – 2.29)	<0.001
ge at first use of STC				
≦24 years	1		N/A**	The state of the s
5 to 44 years	0.65 (0.37 - 1.15)	0.14		
:45 years	0.31 (0.16 - 0.61)	< 0.001		

*The odds ratio presents the odds of using smokeless tobacco among current users compared to never users.

*Excluded from the multivariate model because of high collinearity with age.

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Discussion

A quarter of rural women in Madaripur, Bangladesh are current consumers of smokeless tobacco, and another 44% have used in their lifetime. The average age at onset of STC was 31.5 years and 87% of current consumers report using either Shadapata or Hakimpuree Jarda. Current consumption is associated with older age, no formal education, occupation, being an income earner and marital status.

The main strengths of the study include the large population recruited with a census method, door-to-door contact and using a pre-tested questionnaire to conductface-to-face interviews. We invited all eligible women from the study area and collected detailed information on consumption and relevant socio-demographic variables with negligible non-response. Recruitment and training of female interviewers were undertaken so that women would feel free to participate and respond candidly.

The findings may be generalized to rural Bangladeshi married women with a history of pregnancy but not to all women in Bangladesh. There is a risk of mis-estimation of the overall rural prevalence as the study was conducted only in one out of the total 64 districts in Bangladesh. Notably, demographic characteristics of the study area were similar with respect to sex ratio, per capita

income, household size, literacy rate, life expectancy, occupation, and marital status to those in other rural areas of Bangladesh, though the proportion of Hindus was lower than the national average [29]. The cross-sectional nature of the data does not allow us to assess the trends in STC over time or to make causal inferences about the associations observed. Health status of the participants and use in other family members were not measured in this study.

The high prevalence of STC reported here is consistent with other surveys of adult samples in this nation of more than 160 million people [30]. A study conducted in 16 countries on tobacco consumption (smoking and smokeless) revealed that Bangladesh has the highest prevalence of STC in the world among women (29%), more than 50% greater than in India (18%) [5]. Given that social norms governing smoking and STC appear similar across south Asia, it is unclear why Bangladesh should have a higher prevalence of STC among women. STC is firmly embedded in the traditions of south Asia and enjoyed, even revered, in several social classes. The most obvious motive for STC is social affability, in a way similar to westerners drinking coffee together. The key to its widespread patronage, though, lies in its consumption for perceived medicinal value, its use in worship as thanks to God

for wellbeing, and in ceremonies including marriage and celebration of circumcision [31].

The late onset of STC found here contrasts with the early onset of smoking in many high and low income countries [32]. There may be value in investigating whether late initiation among women may reflect concerns about the negative effect of STC on appearance. Social norms regarding STC need to be better understood because economic development may modify norms and potentially remove barriers to earlier initiation. The prevalence of STC is higher among divorced and widowed women than among currently married women. Social stigma attached to smoking may have influenced their uptake of STC [31]. Earlier initiation would be expected to increase the disease burden by increasing users' duration of lifetime exposure to carcinogens.

The locally grown Shadapata and Hakimpuree Jarda are the most common forms of smokeless tobacco consumed by rural women presumably due to their low price and availability. One packet of smokeless tobacco, enough to last the typical user a week or more, costs only 8–10 taka (USD\$ 0.10), <1% of the average weekly wage in rural areas. Price is therefore not a barrier to consumption the way it is in many high income countries for cigarettes. However, the smokeless tobacco is also quite expensive in many high-income countries, not only tobacco.

The variables associated with STC in this study have also been identified in India [33]. STC and smoking are most common in the least educated population groups in India and Sri Lanka [33]. Low education is a stronger predictor of STC than household wealth for both men and women [20]. It is likely that poorly educated people are less aware of the health hazards of STC, more likely to find themselves in conditions predisposing them to initiation of STC, and more likely to have a higher degree of fatalism and overall risk taking behavior [32].

References

- World Health Organization-Bangladesh (2013) Leading cause of death, illness and impoverishment. In: F. s N°339, editor editors.
- Ezzati M, Lopez AD (2004) Regional, disease specific patterns of smokingattributable mortality in 2000. Tob Control 13: 388–395.
- World Bank (1999) Curbing the epidemic: governments and the economics of tobacco control. Washington DC: World Bank.
- Bartal M (2001) Health effects of tobacco use and exposure. Monaldi Arch Chest Dis 56 545–554.
- Giovino GA, Mirza SA, Samet JM, Gupta PC, Jarvis MJ, et al. (2012) Tobacco use in 3 billion individuals from 16 countries: an analysis of nationally representative cross-sectional household surveys. The Lancet 380: 668-679.
- Gupta PC, Ray CS (2003) Smokeless tobacco and health in India and South Asia. Respirology 8: 419–431.
- Gupta PC, Subramoney S (2004) Smokeless tobacco use, birth weight, and gestational age: population based, prospective cohort study of 1217 women in Mumbai, India. British Medical Journal 26: 1538.
- Gupta PC, Subramoney S (2006) Smokeless tobacco use and risk of stillbirth: a cohort study in Mumbai, India. Epidemiology 17: 47-51.
- Ahmed S, Rahman A, Hull S (1997) Use of betel quid and cigarettes among Bangladeshi patients in an inner-city practice: prevalence and knowledge of health effects. British Journal of General Practice 47: 431-434.
- World Health Organization (2004) Report on Oral Tobacco Use and Its Implications in South-East Asia. New York.
- Johnson N (2001) Tobacco use and oral cancer: a global perspective. J Dent Educ 65: 328–339.
- Gupta P, Sreevidya S (2004) Smokeless tobacco use, birth weight, and gestational age: population based, prospective cohort study of 1217 women in Mumbai, India. Bmj 328: 1538.
- Krishnamurthy S (1991) Strength of association of increased placental weight and smokeless tobacco use in pregnancy. Indian J Pediatr 58: 863–865.
- World Health Organization (2013) WHO Report on the Global Tobacco Epidemic. In: M. r. s. o. a. s. t. u. i. W. M States, editor editors.
- Deliana Kostova, Dhaval Dave, Asma S (2012) Smokeless tobacco use in India: the impact of prices and advertising. World Health Economics Association Padova, Italy
- World Health Organization (2009) Global Adult Tobacco Survey (GATS), Bangladesh.

Conclusions

Given the morbidity and mortality from STC and the high prevalence of use, regulating the production, marketing and sale of smokeless tobacco in Bangladesh should be a public health priority. In Bangladesh, tobacco smoking and STC are strongly associated with social disadvantage (i.e., low socio-economic status, less education). A comprehensive ban on tobacco advertising, promotion and sponsorship needs to be implemented according to the standard outlined in 'Article 13' in the WHO Framework Convention on Tobacco Control. Display and visibility of smokeless tobacco products at points of sale constitutes advertising and promotion and should therefore be banned [34]. In addition to proper enforcement of the new law, there is a need for a nationwide campaign educating people in rural areas about the law and health risks of STC.

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Author Contributions

Conceived and designed the experiments: MSH KK BR IA AHM. Performed the experiments: MSH SA IA AHM. Analyzed the data: MSH BR AHM. Contributed reagents/materials/analysis tools: MSH KK BR IA AHM. Wrote the paper: MSH KK BR SA IA AHM.

- Imam SZ, Nawaz H, Sepah YJ, Pabaney AH, Ilyas M, et al. (2007) Use of smokeless tobacco among groups of Pakistani medical students - a cross sectional study. BMC Public Health 7: 231.
- Rahman MA, Mahmood MA, Spurrier N, Rahman M, Choudhury SR, et al. (2012) Why Do Bangladeshi People Use Smokeless Tobacco Products? Asia Pac I Public Health.
- Deborah Cohen-Smith, Herbert H, Severson (1999) A comparison of male and female smokeless tobacco use. Nicotine Tob Res 1: 211-218.
- World Health Organization (2013) Why tobacco is a public health priority.
 Tobacco Free Initiative (TFI)
- Rahman MA, Spurrier N, Mahmood MA, Rahman M, Choudhury SR (2012) Is There Any Association between Use of Smokeless Tobacco Products and Coronary Heart Disease in Bangladesh? PLoS ONE 7 (1).
- Bangladesh Society of Medicine, World Health Organization, Directorate General of Health Services and Ministry of Health & Family Welfare (2010) Non-Communicable Disease Risk Factor Survey Bangladesh 2010.
- Rahman M, Rahman M, Flora MS, Aktar SFU, Hossain S, et al. (2004) Community Based Health Behaviour Surveillance in Urban and Rural Areas of Bangladesh-A Baseline Study. National Institute of Preventive and Social medicine (NIPSOM).
- Heck JE, Marcotte ÉL, Argos M PF, Ahmed A, Islam T, et al. (2012) Betel quid chewing in rural Bangladesh: prevalence, predictors and relationship to blood pressure. http://wwwwhoint/chp/chronic_disease_report/ 41: 462-471.
- Flora MS, Mascie -Taylor C G N, Rahman M (2009) Gender and locality differences in tobacco prevalence among adult Bangladeshis. Tob Control 18: 445–450.
- 26. Rahman K (2003) Regional summary for the South-East Asia Region. In: Safey O, Dolwick S and G GE, editors. The 12th world conference on tobacco or health tobacco control country profile (Monograph). Atlanta: American Cancer Society, WHO, International Union against Cancer. pp. 38–40.
- 27. Alison PD, Paul DA (2012) Logistic Regression Using SAS. SAS.
- 28. StataCorp (2011) Stata Statistical Software. StataCorp LP, College Station, TX.
- Bangladesh Bureau of Statistics (2012) Bangladesh Population and Housing Census 2011, in Community Report, Madaripur Zila. Dhaka.
- Bangladesh Bureau of Statistics (1999) Report on syrvey on prevalence of morbidity, treatment status, treatment expenditures, fertility, immunization and

- smoking, July 1997. Bangladesh Health and Demographic Survey. Dhaka: Bangladesh Bureau of Statistics.
- Rooney DF (1993) Betel chewing traditions in South-East Asia Kuala Lumpur, New York: Oxford University Press 76 p.
 World Health Organization (2004) The Millennium Development Goals and
- Tobacco Control. Geneva, Switzerland.
- Rani M BS, Jha P, Nguyen S, Jamjourn L (2003) Tobacco use in India: prevalence and predictors of smoking and chewing in a national cross sectional household survey. Tob Control 12.
 World Health Organization (2008) Guidelines for implementation of Article 13 of the WHO Framework Convention on Tobacco Control (Tobacco advertising, promotion and sponsorship)
- promotion and sponsorship).

Appendix C:

Published Abstract in the Conference Presentation





September 5 - 7, 2012 The Empress Hotel, Chiang Mai, Thailand

Organized by The Faculty of Nursing, Chiang Mai University, Chiang Mai, Thailand

Smokeless Tobacco Consumption in the South Asian Population of Sydney, Australia: Prevalence, Correlates and Availability

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Background: Smoking and smokeless tobacco related diseases are the leading cause of morbidity, disability and mortality. However, smokeless tobacco consumption has rarely been the subject of scientific investigation. Smokeless tobacco consumption is quite high among South Asian populations.

Objectives: To estimate the prevalence and identify correlates of smokeless tobacco consumption (STC) among South Asian residents of Sydney, Australia.

Methodology: A cross-sectional survey was conducted using a pre-tested, self-administered mailed questionnaire among the members of Indian, Pakistani and Bangladeshi community associations in Sydney.

Results: Of 1600 individuals invited to participate, 419 responded (26%). The prevalences of 'ever consumption', 'consumed >100 times' and 'current consumption' were 72.2%, 66.2% and 17.1%, respectively. Men (74.3%) were more likely to ever consume than women (67.6%). Over 96% of consumers reported buying smokeless tobacco products from ethnic shops located in Sydney. Current consumption of STP was only associated with country of birth, for India (OR 5.7, 95% CI: 2.3 -14.5) and for Pakistan (OR 3.1, 95% CI: 1.5 -6.5) compared to Bangladesh after adjusting for other demographic variables. For ever consumption, there was a positive association with age (P for trend = 0.013) and male gender (OR 2.1, 95% CI: 1.5 - 3.1).

Conclusions/Recommendation: Given the availability, high prevalence and potential adverse health consequences, STC may produce a considerable burden of non-communicable diseases and health conditions in Australia. Therefore, effective control measures are needed, in particular, enforcement of existing laws concerning sale of these products.

Keyword(s): smokeless tobacco, chewing tobacco, Sydney, South Asian population

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Appendix D:

Information Statement and Questionnaire for Prevalence Survey of Sydney, Australia

The University of Newcastle

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Smokeless tobacco consumption and its effects

Smokeless tobacco products (STPs) are widely used in several regions of the world. Approximately 600 million men, women and children who are smokeless tobacco (ST) users live in the Middle East, the Indian subcontinent, and South-East Asia – major sources of recent Australian immigrants. Most tobacco users in developed countries are aware of the adverse health effects of tobacco smoking. However, there seems to be lack of information about the health consequences of STPs that are chewed or ingested. Smokeless tobacco use is tied to traditional values, beliefs and culture. Its perceived medicinal value for curing toothache, headache, and stomach ache, leads many adults to become users, encouraging their children to use such products.

According to the research findings there is evidence that STPs may cause the following diseases:

- · Oral cancers,
- Lung cancer,
- Head and neck cancers
- Diabetics,
- Hypertension, high cholesterol and Blood pressure
- Adverse effect on pregnancy.
- Tooth loss

The hazardous constituents of smokeless tobacco include nicotine, nitrosamines and other harmful chemical substances.

Support services:

Unfortunately there are no specific support services available to help people quit the use of STPs. If you would like further information about this issue, we recommend that you consult your general practitioner or dentist.



SCHOOL OF MEDICINE & PUBLIC HEALTH

CENTRE FOR CLINICAL EPIDEMIOLOGY & BIOSTATISTICS

Dr. Abul Hasnat Milton The School of Medicine and Public Health Faculty of Health, The University of Newcastle Tel: 61 2 4913 8200 (off) 61 412141971 (cell)

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Information Statement for the Research Project: "THE MANUFACTURED SMOKELESS TOBACCO CONSUMPTION PRACTICE AMONG SOUTH ASIAN ETHNIC POPULATION IN SYDNEY"

Document Version 4; dated 22/07/10

You are invited to participate in the research project identified above which is being conducted by Dr. Abul Hasnat Milton, Dr. Kypros Kypri lecturer and Mohammad Shakhawat Hossain, research Student from the School of Medicine and Public Health at the University of Newcastle. The research is a part of Mohammad Shakhawat Hossains' Doctor of Philosophy (PhD) in Community Medicine and Clinical Epidemiology study at the University of Newcastle, supervised by Dr. Abul Hasnat Milton and Dr. Kypros Kypri from the School of Medicine and Public Health.

Why is the research being done?

Smokeless tobacco consumption is quite common among South Asian migrants. Smokeless tobacco products are not considered as harmful as smoking tobacco by many of these migrants. There seems to be limited knowledge about the health consequences of smokeless tobacco (products that are chewed or ingested). These smokeless products appear to be widely available in South Asian grocery shops despite a legal sale ban in Australia.

There is no information available on what proportion of South Asian migrants consume smokeless tobacco products in Sydney. Therefore, this research seeks to determine the extent of tobacco consumption and factors influencing the practice of smokeless tobacco use among the South Asian ethnic migrant residents in Sydney.

Who can participate in the research?

We are seeking people aged 18 years or above, living in Sydney who were born in South Asia (Bangladesh/ India/ Pakistan) to participate in this research. Your local community organisation has sent you this invitation on behalf of the researchers. Your name was selected at random (eg, by chance) from the list of members of your community organisation, by the community leaders. You are eligible to participate in this research regardless of whether you are a user or non-user of smokeless tobacco.

What choice do you have?

Participation in this research is entirely your choice. If you agree, you can respond to the enclosed questionnaire. If you do not want to participate, your decision will not disadvantage you.

What would you be asked to do?

If you agree to participate, you are asked to fill in the enclosed questionnaire. If you return the completed questionnaire, it will be considered as your implied consent to participate. In the questionnaire, you are asked information about your smokeless tobacco consumption history, knowledge and awareness of adverse health effects. The questionnaire also asks about the cultural context of this practice and respondents' habitual patterns of tobacco use.

In the separate smaller envelope, you have the option of sending us the 'Contact Details Form' to participate in a prize draw to win a super store voucher of \$50 value. This is the only place where we will ask for your name. Entry to the prize draw is optional. If you don't want to enter (or a summary of the study findings - see below for details) then you do not need to return the Contact Details Form with your questionnaire.

Your community organisation will send a general reminder to all potential participants in three weeks time.

How much time will it take?

It will take no longer than 25 minutes to fill the questionnaire out. You are requested to mail back the completed questionnaire (and Contact Details Form if required) using the return envelope provided, within seven working days.

What are the risks and benefits of participating?

There is no risk or discomfort involved participating in this research. Of the respondents, three will be selected randomly for a super store voucher, each will be of \$50 value. Other than this, there will be no direct benefit or incentives for the study participants.

How will your privacy be protected?

The Contact Details Form will be enclosed in a separate smaller envelope for the purpose of maintaining your anonymity. When we receive the envelope containing your questionnaire with the smaller envelope enclosed, these will be separated from each other **immediately** so that we cannot match your name to your completed questionnaire. Data will be entered into a computer and will be stored in a password protected file. Completed questionnaires will be stored in a filing cabinet at the Centre for Clinical Epidemiology and Biostatistics (CCEB), The University of Newcastle for at least for five years before disposal. Only the investigators will have access to data for analysis purposes.

How will the information collected be used?

This study is being conducted as part of the student's Doctor of Philosophy (PhD) study at the University of Newcastle. In addition, the study report will be submitted for publication in research journals and presented at meetings of other researchers. You can also request a summary of the study findings using the Contact Details Form.

What do you need to do to participate?

Please read this Information Statement and be sure you understand its contents before you consent to participate. If there is anything you do not understand, or you have questions, please contact the researcher. If you would like to participate, please complete and return the attached anonymous questionnaire in the reply paid envelope provided. If you would also like to participate in the prize draw or receive a summary of the study findings, please complete the attached Contact Details Form, enclose it in the smaller envelope provide and return it with your completed questionnaire.

Further information

If you would like to receive further information, please feel free to contact Dr. Abul Hasnat Milton, Senior Lecturer, phone number 02 4913 8200 (office) or Mohammad Shakhawat Hossain, email Mohammad.S.Hossain@uon.edu.au. This information statement is for you to keep. We thank you for considering this invitation. Have a nice day.

Sincerely,

Principal Investigator Dr. Abul Hasnat Milton

Senior Lecturer
School of Medicine and Public Health
Room number # 347
David Madison Building
Phone number # 61 2 4913 8200 (office)
The University of Newcastle, Australia.

Student Researcher Mohammad Shakhawat Hossain

School of Medicine and Public Health Room number # 347 David Madison Building Email: Mohammad.S.Hossain@uon.edu.au The University of Newcastle, Australia

Dr. Kypros Kypri
Senior Research Fellow, School of Medicine and Public Health
Room Number # 364
David Madison Building
Phone Number # 61 2 4913 8200 (off), 61 412141971 (cell)
The University of Newcastle, Australia.

Complaints about this research

This project has been approved by the University's Human Research Ethics Committee, Approval Number H - 2009 - 0400. Should you have concerns about your rights as a participant in this research, or you have a complaint about the manner in which the research is conducted, it may be given to the researcher, or, if an independent person is preferred, to the Human Research Ethics Officer, Research Office, The Chancellery, The University of Newcastle, University Drive, Callaghan NSW 2308, Australia, telephone (02) 49216333, email human-Ethics@newcastle.edu.au.

Questionnaire on Smokeless Tobacco Consumption

Dr. Abul Hasnat Milton

Senior Lecturer
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Room Number: 347, Level 3 David Madisson Building
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Dr. Kypros Kypri

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Mohammad Shakhawat Hossain

Research Student
Faculty of Health, The University of Newcastle
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Callaghan, Newcastle, NSW 2008, Australia.
mohammad.s.hossain@uon.edu.

	Г	
Date:	ID Number:	

Socio-d	lemographic Information
1. How old are you?ye	ars
2. What is your employment status? (Ple	ease tick one box)
Full time (35 hours or more)	
Part time	
Business/Self employed	П
Looking for a job/Unemployed	П
Other (please specify)	•••••••••••••••••••••••••••••••••••••••
3. What is your weekly household total in4. What is your religion? (Please tick one	ncome (approximately)?box)
Hinduism	
Islam	
Christian	
Buddhism	
Sikh	
Other (Please specify)	
5. What is your highest level of education	? (Please tick one box)
Primary school	
School certificate/year	
Higher secondary certificate	
Tafe qualification	
Undergraduate	
Postgraduate	
Don't know/unsure	
Other (Please specify)	
5. What is your marital status? (Please tick	c one box)
Married	
Inmarried	
Divorced	
Vidow	
Pefacto	

The following qu	estions concern your use of smokeless tobacco
7. Have you ever consumed smoke RMD gutka, khaini or zarda	cless tobacco even just once? For example, (Please tick one box)
Yes	☐ (If your answer "Yes", please go to question 8)
No	(if your answer "No" Please go to question 32)
Don't know/unsure	
8. Have you consumed smokeless t (Please tick one box)	obacco a total more than 100 times in your life?
Yes	
No	
Don't know/unsure	
9. How often do you consume Smol	keless Tobacco? (Please tick one box)
You don't consume now	
At least once a day	
At least once a week	
At least once a month	
Less often than once a month	
Don't know/unsure	
10. At what age did you start consu	
Age in years Don't know/unsure	Years
Don't know/unsure	
11. Do you consume smokeless toba	cco with other people?
Yes	
No	
12. On which of these occasions do y	vou consume smokeless tobacco? (Please tick as many as apply
Marriage ceremony	
Birthday	
Baby shower	
Entertainment purpose	
Religious occasion	
Other (Please specify)	

I don't consume smokeless tobacco pon religious festivals/occasions	product	
Puja		
Eid	П	
Christmas		
Dewali	Π	
Religious meeting		
Other (Please specify)		
Age in years I have not stopped	Years	
Age in years		-
I have not stopped		
Not applicable 15. This time last year, how often we dailyor not at all?	ere you consuming smokeless tobacco daily	less
15. This time last year, how often we dailyor not at all? Daily		less
15. This time last year, how often we dailyor not at all? Daily Less than daily	ere you consuming smokeless tobacco daily	less
15. This time last year, how often we	ere you consuming smokeless tobacco daily	less
15. This time last year, how often we dailyor not at all? Daily Less than daily Not at all 16. Which of these products have you	cre you consuming smokeless tobacco daily	less
15. This time last year, how often we dailyor not at all? Daily Less than daily Not at all 16. Which of these products have you	ere you consuming smokeless tobacco daily	less
15. This time last year, how often we dailyor not at all? Daily Less than daily Not at all RMD Gutka Raja Khaini	cre you consuming smokeless tobacco daily	less
15. This time last year, how often we dailyor not at all? Daily Less than daily Not at all RMD Gutka Raja Khaini Pan Masala	re you consuming smokeless tobacco daily	less
15. This time last year, how often we dailyor not at all? Daily Less than daily Not at all Compared these products have your services which of these products have your services. The services was all a services which are marked to the services when the services was all a services where the services was all a services when the services was a services when the services was all a services when the services was a service was a services when the services was a service was a service when the services was a service was a service when the services was a service was a	cre you consuming smokeless tobacco daily	less
15. This time last year, how often we dailyor not at all? Daily Less than daily Not at all 6. Which of these products have you can be compared to the compared to th	cre you consuming smokeless tobacco daily	less
15. This time last year, how often we dailyor not at all? Daily Less than daily Not at all 6. Which of these products have you can be did at a limit and	cre you consuming smokeless tobacco daily	less
15. This time last year, how often we dailyor not at all? Daily Less than daily Not at all	cre you consuming smokeless tobacco daily	less

RMD Gutka		
Raja Khaini		
Pan Masala		
Pan Parag		
Hakimpuri zarda		
Pan Bedi		
BABA zarda		
Others (Please specify)		
18. Thinking about the packet or consuming, where did you go	container of smokeless tobacco that you are tit from? (Please tick as many as apply)	e currently
Super market		
Hotel, restaurant		
Petrol station		
Mail order or internet		
Duty free shop		
Fobacconist		
Can't remember		
Others (Please specify)		
19. Do you spit or swallow after c	hewing smokeless tobacco?	
Vo		
9 a. If you spit, where do you spit 0. How many minutes after waking (Please tick one box)	ir? ing do you have your first smokeless tobacc	0?
ess than 5 minutes		
-10 minutes		
1-20 minutes		
1-70 HTHUE9		
1 30 minutes		
1-30 minutes		
1-30 minutes 1-60 minutes Tore than an hour		

21. When do you consume your Smokeles	s tobacco? (Please tick one box)
Regularly through out the day	
Mainly at the beginning of the day	
Mainly at the end of the day	
Mainly at the beginning and the end of the day	
22. Do you think you are addicted to Smol	keless tobacco?
Yes	
No	
Don't know/unsure	
(Please tick one box) Very worried	
A little bit worried	
Not worried	
Don't know/unsure	I U
24. Are you seriously considering quitting (Please tick one box)	Smokeless Tobacco within next 6 months?
No, I have no intention to quit	
Yes, I am thinking of quitting	
Yes, I am thinking of quitting in the next 30 days	
Don't know/unsure	
25. In the last 5 years have you tried to qui	t using Smokeless Tobacco?
Yes	
No	
Don't know/unsure	
26. Have you ever deliberately quit Smokel	ess Tobacco for more than a week?
Yes	
No	
Don't know/unsure	

1 week		
More than 1 week, less than 1 mont		-
1-3 months		
3-6 months		
More than 6 months but less than a		
The whole year		
Don't know/unsure		
28. The last time you stopped conson how to quit from a health		help
No		
Don't know/unsure		
Not applicable	1	
advice on how to quit from a health w		any l
advice on how to quit from a health w	vorker?	any b
advice on how to quit from a health w Yes No	vorker?	any b
edvice on how to quit from a health w Tes No Don't know/unsure	vorker?	any b
advice on how to quit from a health w Yes No Don't know/unsure	vorker?	any b
advice on how to quit from a health we Yes No Don't know/unsure Not applicable 60. Who advised or helped you to g	worker?	any b
on how to quit from a health we'res No Don't know/unsure Not applicable O. Who advised or helped you to gother the quitline	vorker?	any h
advice on how to quit from a health we'res No Don't know/unsure Not applicable O. Who advised or helped you to go the Quitline General practitioner (GP)	vorker?	any h
advice on how to quit from a health we'res No Don't know/unsure Not applicable O. Who advised or helped you to gother in the process of th	vorker?	any b
advice on how to quit from a health we'res No Don't know/unsure Not applicable O. Who advised or helped you to quit he Quitline General practitioner (GP) Dentist Turse	vorker?	any h
advice on how to quit from a health we' Yes No Don't know/unsure Not applicable 60. Who advised or helped you to quit from a health we' General practitioner (GP) Dentist Turse Idwife	vorker?	any b
on how to quit from a health we'res No Don't know/unsure Not applicable O. Who advised or helped you to gother the Quitline General practitioner (GP) Dentist Gurse Gidwife community health worker	worker?	any b
advice on how to quit from a health we'res No Don't know/unsure Not applicable O. Who advised or helped you to gother Quitline General practitioner (GP) Dentist Gurse Lidwife Community health worker riend or family member	vorker?	any h
advice on how to quit from a health we' Yes No Don't know/unsure Not applicable 60. Who advised or helped you to quit from a health we' General practitioner (GP) Dentist Turse	worker?	any b

Nicotine Patches	
Microtab	
Lozenges	
Nicotine gum	
Nicotine spray	
Nicotine inhalers	
Zyban	
Other (Please specify)	
32. If you had your life over again, wou Yes No	
Don't know/unsure	☐ (Please go to 34)
Fashion/Style Feel empowered Feel adult	
Don't know/unsure	
Other (Please specify)	
The following questions about A	Attitudes about Smokeless Tobacco Consumption
34. Do you have any children under the	age of 18 years?
(es	
<u>4</u> 0	(Please go to question 37)
5. How would you feel about your child	ren taking up Smokeless Tobacco? (Please tick one l
5. How would you feel about your child We gative (I would prefer they didn't)	ren taking up Smokeless Tobacco? (Please tick one l
legative (I would prefer they didn't)	

Yes	
No	
I don't have any children	
(Please tick one box)	keless Tobacco Consumption in terms of your genera
Very good	
Good	
Neither good nor bad	
Bad	
Very bad	
- III I MANUAL V	
Don't know/unsure 39. Do you think using smokeless t	
	obacco helps cure any of the following?
39. Do you think using smokeless to (Please tick as many as apply)	
39. Do you think using smokeless t (Please tick as many as apply) Headache Toothache	obacco helps cure any of the following?
39. Do you think using smokeless t (Please tick as many as apply) Headache Toothache	obacco helps cure any of the following?
39. Do you think using smokeless t	obacco helps cure any of the following?
39. Do you think using smokeless to (Please tick as many as apply) Headache Toothache Stomach ache	obacco helps cure any of the following?
39. Do you think using smokeless to (Please tick as many as apply) Headache Toothache Stomach ache Don't know/unsure	obacco helps cure any of the following?
39. Do you think using smokeless to (Please tick as many as apply) Headache Toothache Stomach ache Don't know/unsure	obacco helps cure any of the following?
39. Do you think using smokeless to (Please tick as many as apply) Headache Toothache Stomach ache Don't know/unsure Other (Please specify) O. Please indicate your agreement	obacco helps cure any of the following?
39. Do you think using smokeless to (Please tick as many as apply) Headache Toothache Stomach ache Don't know/unsure Other (Please specify) O. Please indicate your agreement	obacco helps cure any of the following?
39. Do you think using smokeless to (Please tick as many as apply) Headache Toothache Stomach ache Don't know/unsure Other (Please specify) O. Please indicate your agreement tobacco user who fail to quit, described to the content of the co	obacco helps cure any of the following?
39. Do you think using smokeless to (Please tick as many as apply) Headache Toothache Stomach ache Don't know/unsure Other (Please specify) O. Please indicate your agreement tobacco user who fail to quit, detrongly agree.	obacco helps cure any of the following?
39. Do you think using smokeless to (Please tick as many as apply) Headache Toothache Stomach ache Don't know/unsure Other (Please specify) 0. Please indicate your agreement tobacco user who fail to quit, dutrongly agree.	obacco helps cure any of the following?
39. Do you think using smokeless to (Please tick as many as apply) Headache Foothache Stomach ache Don't know/unsure Other (Please specify) O. Please indicate your agreement tobacco user who fail to quit, dutrongly agree. Geither agree nor disagree	obacco helps cure any of the following?

Thanks for your patience and cooperation.

The University of Newcastle

Dr. Abul Hasnat Milton The School of Medicine and Public Health Faculty of Health, The University of Newcastle Tel: +61 2 4913 8200 (off) +61 412141971 (cell)

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e-mail: milton.hasnat@newcastle.edu.au

The Manufactured Smokeless Tobacco Consumption Practice among the South Asian Ethnic Population in Sydney

Contact Details Form

Document Version 5 [dated 22 /07/10]

Completion of this form is only required if you would like to enter the Prize Draw (for a chance to win a \$50 super store voucher) or if you would like to receive a summary of the study finding.

Please tick the relevant box(es):

Yes - I would like to enter the prize draw

Yes - I would like to receive a summary of the research results

Below, please provide your name along with either your email address or postal address.

Name:

AND

Email:

OR
Address:

Please place this form in the small envelope provided and put it in the larger envelope along with your completed survey. The small envelope will be separated from your survey response **immediately** upon return to protect the anonymity of your survey responses.

Appendix E:

Information Statement, Consent Form, and Questionnaire in English for the Prevalence Survey in Bangladesh



Information Statement

SCHOOL OF MEDICINE & PUBLIC HEALTH CENTRE FOR CLINICAL EPIDEMIOLOGY & BIOSTATISTICS

Dr. Abul Hasnat Milton The School of Medicine and Public Health Faculty of Health, The University of Newcastle Tel: 61 2 4913 8200 (off)

61 412141971 (cell) Fax: 61 2 4913 8148

e-mail: milton.hasnat@newcastle.edu.au

Information Statement for the Research Project:
"Association between Smokeless Tobacco Use and Adverse Pregnancy
Outcomes-Prevalence Survey."

Who is doing the study?

You are invited to participate in the research project identified above which is being conducted by Dr. Abul Hasnat Milton, Dr. Kypros Kypri, Dr. Bayzidur Rahman and Mohammad Shakhawat Hossain, research student from the School of Medicine and Public Health at the University of Newcastle. The research is a part of a thesis required for the degree of Doctor of Philosophy in Community Medicine and Clinical Epidemiology at the University of Newcastle, supervised by Dr. Abul Hasnat Milton and Dr. Kypros Kypri from the School of Medicine and Public Health at the University of Newcastle and Dr. Bayzidur Rahman from the School of Public Health and Community Medicine at the University of New South Wales.

Why is the research being done?

Smokeless tobacco consumption is quite common among the rural women in Bangladesh. These smokeless tobacco products (products that are chewed or ingested) are available everywhere in Bangladesh. Smokeless tobacco is not considered as harmful as smoking tobacco by many of these Bangladeshi people. There seems to be limited knowledge about the health consequences of smokeless tobacco. There is a little information available on adverse effects of smokeless tobacco consumption on pregnancy outcomes. This research will determine the association between adverse pregnancy outcomes and smokeless tobacco consumption among the rural women in Madaripur, Bangladesh.

Who can participate in the research?

Women who met all of the following inclusion criteria will be eligible to participate in the study (i) age 18 years and above (ii) live in the study area (iii) have ever been married iv)have a history of pregnancy, and (iv) are willing to provide written consent.

What choice do you have?

Participation in this research is entirely your choice. If you agree, you can respond to the questionnaire. If you do not want to participate, your decision will not disadvantage you. Our interviewers will visit you again tomorrow at the same time to find out whether you wish to participate in this study.

What would you be asked to do?

If you agree to participate, you will be asked to sign a consent form. After signing the consent form, you will be asked to participate in a face-to-face interview. In the interview, you would need to provide information about your smokeless tobacco consumption and history of pregnancy outcomes. We will also measure your height and weight. Furthermore, we will ask you for information on your child's birth weight. If you do not have this information with you, we will collect this information from the local organisation named BRAC which has recorded your baby's birth weight.

How much time will it take?

The interview will take no longer than 25 minutes.

What are the risks and benefits of participating?

There will be no significant risk from participating in this research. As we will be asking for information on your pregnancy outcomes, you may find it emotionally stressful to respond. In such case, please let us know. If you prefer, we can arrange counselling support for you from a local doctor. There will be no direct benefit for the study participants; however, we expect that the study findings will have important public health implications.

How will your privacy be protected?

The data obtained through a questionnaire will be confidential. Data from the questionnaire will be entered into a computer without any identifying information. All the questionnaires will be stored without identifying information in a securely filing cabinet at the Centre for Health and Development (CHAD) in Bangladesh for at least five years before disposal. Only the investigators will have access to data for analysis purposes.

How will the information collected be used?

This study is being conducted as part of a student's Doctor of Philosophy study at the University of Newcastle. In addition, papers describing the study will be submitted for publication in scientific journals and presented at meetings of other researchers. Summary of study findings will be sent to the study participants by mail. No individual participant will be identified.

What do you need to do to participate?

You will need to sign the consent form after you read (or hear) and understand the content of the information sheet and then participate in the interview. A random selection of participants will be re-contacted for participating in a more in-depth interview at a later time. Please inform us if you do not wish to be re-contacted.

Further information

If you would like to get any further information, please feel free to contact Prof. Dr. Iqbal Arslan, Chairman & Professor, Department of Bio-chemistry, Bangabandhu Sheikh Mujib Medical University, Dhaka Bangladesh. Email: iqbalarslan@bsmmu.org Phone: +880 01713000441 Fax: +8802 8624817 or Mohammad Shakhawat Hossain, email # mohammad.hossain@newcastle.edu.au. This information sheet is for you to keep. We thank you for considering this invitation. Have a nice day.

Sincerely,

[Signature]

Principal Investigator, Australia

Dr. Abul Hasnat Milton

Sinior lecturer, School of Medicine and Public Health Room number # 347 David Madison Building Phone number # 61 2 4913 8200 (office) The University of Newcastle, Australia.

Dr. Kypros Kypri

Associate Professor at the School of Medicine and Public Health Room Number # 364
David Madison Building
Phone Number # 61 2 4913 8231 (off), 61 498898814 (cell)
The University of Newcastle, Australia.

Mohammad Shakhawat Hossain

School of Medicine and Public Health Room number # 347 David Madison Building Email: mohammad.hoassain@newcastle.edu.au The University of Newcastle, Australia.

Complaints about this research

This project has been approved by the University of Newcastle Human Research Ethics Committee, Approval No. H-2011-0131

Should you have concerns about your rights as a participant in this research, or you have a complaint about the manner in which the research is conducted, it may be given to the researcher, or, if an independent person is preferred, to the Human Research Ethics Officer, Research Office, The Chancellery, The University of Newcastle, University Drive, Callaghan NSW 2308, Australia, telephone (02) 49216333, email https://example.com/human-ethics@newcastle.edu.au.

Consent Form



THE UNIVERSITY OF NEWCASTLE AUSTRALIA

Chief Investigator: Dr. Abul Hasnat Milton School of Medicine and Public Health Faculty of Health Centre for Clinical Epidemiology and Biostatistics University of Newcastle Telephone: +61 2 49138200

Fax: +61 2 49138148

Email: Milton. Hasnat@newcastle.edu.au

Consent Form for the Research Project:
Association between Smokeless Tobacco Use and Adverse Pregnancy
Outcomes-Prevalence Survey.

Dr. Abul Hasnat Milton, Dr. Kypros Kypri, Dr. Bayzidur Rahman, Dr. Iqbal Arslan, Mohammad Shakhawat Hossain

I agree to participate in the above research project and give my consent freely.

I understand that the project will be conducted as described in the Information Statement, a copy of which I have retained.

I understand I can withdraw from the project at any time and do not have to give any reason for withdrawing.

I consent to-

- Provide information for completing a questionnaire;
- Provide height and weight.

I understand that my personal information will remain confidential to the researchers I have had the opportunity to have questions answered to my satisfaction.

Print Name of the partic	oant:		
Contact Details of the inte	viewee:		
Signature:		Date:	



Association between Smokeless Tobacco Use and Adverse Pregnancy Outcomes-Prevalence Survey

Conducted by:

School of Medicine and Public Health The University of Newcastle, NSW, Australia

In collaboration with
BangaBandhu Sheikh Mujib Medical University
Shahbag, Dhaka, Bangladesh
And
Centre for Health and Development (CHAD)
Gopalgonj, Bangladesh.

Code	SAMPLE IDENTIFICATION		
ID	ID NUMBER		
HEADH	NAME OF HOUSEHOLD HEAD:		
UNION	NAME OF UNION:		
VLLNO	NAME OF VILLAGE AND NUMBER:		
BARI	1.1.1.1 BARI NUMBER:		
HHN	HOUSEHOLD NUMBER:		
NAME	1.1.1.2 NAME OF THE PARTICIPANT:		
HHS	RELATIONSHIP TO HEAD OF HOUSEHOLD:		
ParCODE	STUDY PARTICIPANTS CODE:		
	INTERVIEWER INFORMATION		
DOI	DATE OF INTERVIEW		
RESC	RESULT CODE*		
FWA	NAME OF INTERVIEWER:		
	*RESULT CODE:		
	(COMPLETE = 1, RESPONDENT NOT AVAILABLE = 2, DEFERRED = 3, REFUSED = 4, DWELLING VACANT = 5, ADDRESS NOT FOUND = 6, ADDRESS NOT EXISTING = 7, OTHERS (SPECIFY) = 8) RELATION CODE:		
	01 = HEAD	06 = PARENT	
	02 = WIFE	07 = PARENT-IN-LAW	
	03 = DAUGHTER	08 = SISTER	
	04 = DAUGHTER-IN-LAV	7 09 = OTHER RELATIVE	
	05 = GRANDCHILD	10 = ADOPTED/FOSTER CHILD	

Hi, I am from Centre for Health and Development (CHAD). Along with the	e
University of Newcastle, Australia we are conducting a research on smokeless tobacco use	
and adverse pregnancy outcomes among the rural Bangladeshi women.	

Participation in this research is voluntary. If you decide to participate, the information you provide will be strictly confidential. You can decide not to answer any particular question or to withdraw yourself from the study at any point. Please feel free to ask for any queries or clarification.

Starting Time: Hours	Minutes	
----------------------	---------	--

I will now ask you some questions about you.

No.	Var name	Question and filters Coding categories S				
		Socioeconomic S	Status	÷		
101.	AGE	What is your age?	Age in completed years			
102.	WTR	What type of roof do you have?	Pakka 1 Semi Pakka 2 Kachcha 3			
103.	MARSTA	What is your current marital status?	Currently married 1 Widowed 2 Divorced 3 Separated 4 Never married 5			

104	SCLA	Have you attended school?	Yes1	
		10	No2	→ 106
105.	SCLB	What is the highest level of	Primary1	
		school you attended?	Secondary2	
			College/University3	
106.	SCLC	What is the highest class/year		
		you have completed	Class/Year	
107.	REGLN	What is your religion?	Islam 1	
			Hinduism2	
			Christian3	
			Others4	
108.	WRKC	What is your occupation, that	House wife1	
	1	is, what kind of work do you	Unemployed2	
		mainly do?	Daily labour 3	
1	1		Small entrepreneurs 4	
			Others (Please specify)	
109.	SES-	Do you have any personal	Yes1	
	IndIncom	income?	No2	→ 201
110.	SES-	What is your personal income	Taka	
	IndIncom	monthly?	1 aka	
111	THIM	What is your total household	Taka	
		income monthly?		
		Questions about Your Smo	king History	
201	SMOKE	Have you ever smoked	Yes1	
		Cigarettes, Bidis or a Hukka	No2	
		regularly?	No response9	
202	QUITSM	Have you given up smoking?	Yes	
		, , ,	No2	
			No response9	
203	SMTYPE	What did you use to smoke?	Cigarette1	
		,	Bidi 2	
			Hukka3	
			Others (pls specify)4	
204	EXSMOK	How much did you usually	Sticks of cigarette	
		smoke per week just before	Sticks of bidis	
		you stopped?	Times in case of hukka	

205	DYSK	How long have you smoked?	Months
206	DCS	Do you currently smoke?	Yes
207	DUSMK	How long have you been smoking?	Years
208	QUSM	How much do you usually smoke per week?	Sticks of cigarette Sticks of bidis
209	PASSMK	Is there any smoker live in your household?	Yes
210	WSK	Who is the smoker?	Husband
	QUESTIC	ONS ABOUT SMOKELESS TO	BACCO CONSUMPTION
301	SMLESS	Have you ever consumed smokeless tobacco? For Example, Baba, Hakimpuri zarda, Shadapata.	Yes
302	HGST	Have you given up smokeless tobacco?	Yes
303	ASCST	At-what age did you give up consuming smokeless tobacco?	Age in years
304	STUC	What types of smokeless tobacco have you usually consumed?	Shadapata 1 Gul 2 Zarda 3 Others (pls specify) 4
305	FCST	How frequently did you usually consume smokeless tobacco?	Times in a day

306	DSTC	How long have you consumed smokeless tobacco?	Years	
307	CST	Do you currently consume smokeless tobacco?	Yes	4 01
308	QSTCW	How frequently do you consume smokeless tobacco?	Times in a day	
309	WHESM	Which smokeless tobacco do you consume?	Shadapata	
310	WASCST	At what age did you start consuming smokeless tobacco daily?	Age in years(Exact or approximately)	
		Questions about quitting of sm	okeless tobacco	
401	HWSST	How worried are you that you will be unwell if you stop consuming Smokeless Tobacco?	Very worried	
402	SCQST	Are you seriously considering quitting Smokeless Tobacco within next 6 months?	No, I have no intention to quit	

403	DQSTC	Have you ever given up smokeless tobacco consumption?	Yes
404	ASCST	At what age did you stop consuming smokeless tobacco?	Age in years
405	YQST	In the last 5 years have you tried to quit using Smokeless Tobacco?	Yes
406	DQST	Have you ever deliberately quit Smokeless Tobacco for more than a week?	Yes
407	AQHW	The last time you stopped consuming Smokeless Tobacco; did you receive any help or advice on how to quit from a health worker?	Yes
408	WHQ	Who helped you to quit?	Family member or friends1 General practitioner2 HealthWorker
409	HQSTC	If you get any help, will you quit smokeless tobacco consumption?	Yes
	Knowledge an	d Attitude about Smokeless Toba	acco Consumption
501	CHUA	Do you have any children under age of 18 years?	Yes

502	FCHTST	How would you feel about	Negetive (I would prefer
		your children taking up	they didn't)1
		smokeless tobacco?	Neutral (I wouldn't mind if
			they did)2
			Positive (I would be happy if
			they did)3
			Don't know/unsure4
503	TCHF	Have you told your children	Yes1
		about your feelings?	No2
			No response9
504	STCH	What do you think about	Very good1
		smokeless tobacco	Good2
		consumption in terms of	Neither good or bad3
		health?	Bad4
			Very bad5
505	STHD	Do you think smokeless	Yes 1
		tobacco is helpful for	No2
		digestion?	No response9
506	STHC	Do you think using smokeless	Headache1
		tobacco helps curing any of the	Toothache2
		followings?	Stomach ache3
			Don't know/unsure100
507	ADST	Please indicate your	Strongly agree1
		agreement/disagreement with	Agree2
		the following statement:	Neither agree nor disagree3
		"Smokeless tobacco user who	Disagree4
		fail to quit, do not really want	Strongly disagree5
		to quit?"	
	T	he following questions about you	ır drinking water
		1 I	

601	WCSW	What is your current source of	Hand Tube Well1	
		drinking water?	Shallow Tubewell2	
		1	Deeptubewell3	
		l.	Dugwell4	
	1		Pond sand Filter5	
			Pond /Ditch6	
			Canal/River7	
			Others (Please specify)8	
602	HOSDW	Hory old wome year with an area		
002	HOSDW	How old were you, when you	Age in years	
		started to drink water from this		
		source?		
603	HLDWS	How long have you been	Years	
		drinking water from this		
		source?		
604	YTTA	Is your tube-well tested for	Yes1	
		arsenic?	No2	
			Don't know/Unsure3	
605	TWAC	Is your tube-well arsenic	Yes1	
		contaminated?	No2	
			Don't know/Unsure3	
		Questions about your pr	regnancy	
701	HODFM	How old were you during your	Age in years	
701	IIODI W	first menstruation?	Age in years	
702	WADM	What is the average duration of	Duration in days	_
702	WADW	your menstruation?	Duration in days	
703	HOWM	How old were you at your	A go in years	
703	IIO WW	marriage?	Age in years	
704	TCP	Did you ever take any	Yes1	
, , , , , , , , , , , , , , , , , , , 	ICI	contraceptive pills?	No	
		contracepuve pms?	No response	
705	HLTCP	How long have you been taking	Months	
		contraceptive pills?		

706	TMR	Do you take any medicine	Yes 1	
		regularly?	No2	→ 708
			No response9	
707	HLTM	If yes, How long have you	Years	
		been taking medicine?		
708	SCD	Are you suffering from any	Yes1	
		chronic disease (s)?	No2	711
		.,	No response9	
709	ISCD	If you are suffering from any	Hypertension1	
		chronic disease, what is it?	Diabetes2	
		,	Others (Please specify)	
710	HLSD	How long have you been	Years	
		suffering from that disease?		

711.Tot.	712.	713.	714.	715.	716.	717.	718.	719.	720.	721.	
NO.	Order	Age at	Duration	Vaccinat	Did	How	Did you	Had you	If yes,	Outco	mes of
OF	of	pregnanc	of	ion	you	many	have	any	what	the pre	gnancy
pregnanc	pregn	у	pregnancy.	during	have	times	diabetes	preg.	type	1.	Nor
y.	ancy	(yrs)	(months)	pregnan	any	have	and/or	complic	of		mal
				су	Ante	you	hypertensi	ation?	compl		deliv
				Yes.1	Natal	recei	on during	Yes.01	icatio		ery
				No.2	Care	ved	preg	No.02	n.	2.	Spon
					(ANC)	Ante	Diabetes-				taneo
					?	Natal	1				us
						Care	Hypertens				abort
						(AN	ion-2				ion
						C)?	Both-3			3.	Stillb
							Don't				irth
							know-100			4.	lbw
	1 st										
	2 nd										
			da. Danik				* N. 110		1.1.0		

Antenatal Care Code: Don't know or can't remember *; No HCF = 0; Health & Family welfare center = 01; Thana health complex (THC) = 02; District hospital = 03; NGO/Private clinic = 04; Private MBBS doctor = 05; Untrained allopath = 06; Homeopath = 07;

Pregnancy complication codes: Don't know or can't remember = 0; Bleeding= 01; Oedema = 02; Leaking membrane before delivery = 03; Convulsion = 04; Severe vomiting = 05; Anemia = 06;
Pregnancy outcomes code: Normal delivery = 1; Spontaneous abortion = 2; Stillbirth = 3; Low birth weight = 4
Now I will measure your height and weight
722. HeightCM
723. WeightKG
Thanks for your patience and cooperation.
Ending time: Hours Minutes

Appendix F:

Information Statement, Consent Form, and Questionnaire in Bangla for the Prevalence Survey in Bangladesh

গবেষণায় অংশগ্রহণকারীদের জন্য তথ্যাবলী

'ধোঁয়াবিহীনভাবে তামাক ব্যবহার ও গর্ভজনিত ঝুঁকি: একটি স্বাস্থ্য গবেষণা'- শীর্ষক গবেষনাটি ইউনিভাসিটি অফ নিউক্যাসল, অস্ট্রেলিয়া থেকে আগত একজন বাংলাদেশী ছাত্রের পিএইচডি গবেষণার অংশ হিসেবে পরিচালিত হবে।

গবেষণার উদ্দেশ্য:

এই গবেষণার মাধ্যমে বাংলাদেশে ধোঁয়াবিহীনভাবে তামাক ব্যবহারের সাথে গর্ভজনিত সমস্যার কোনো সম্পর্ক আছে কি না তা বৈজ্ঞানিকভাবে জানতে সাহায্য করবে।

পদ্ধতি:

আমি আপনাকে ধোঁয়াবিহীনভাবে তামাক ব্যবহার এবং গর্ভজনিত সমস্যা সম্পর্কে কিছু প্রশ্ন করবো। এতে ৩০-৩৫ মিনিটের বেশি সময় লাগবে না।

সুবিধা:

এই গবেষণায় অংশগ্রহণের জন্য আপনি কোনো প্রত্যক্ষ সুবিধা পাবেন না। কিন্তু আমরা বিশ্বাস করি, এই গবেষণায় প্রাপ্ত ফলাফল আন্তর্জাতিক মানসম্পন্ন গবেষণাপত্রে প্রকাশিত হবে এবং বাংলাদেশসহ অন্যান্য দেশে ধোঁয়াবিহীনভাবে তামাক ব্যবহারের সাথে গর্ভজনিত সমস্যা মোকাবেলায় সাহায্য করবে। এছাড়াও তামাক নিয়ন্ত্রন সম্পর্কিত নীতিমালা প্রণয়ন এবং স্বাস্থ্য শিক্ষা, সচেতনতা বৃদ্ধিতে সহায়তা করবে।

ৰ্থুকি:

এই গবেষণায় অংশগ্রহণ করলে আপনার কোনো ঝূঁকি নেই। কারণ সংগৃহীত তথ্যাবলী শুধুমাত্র গবেষণার কাজে ব্যবহৃত হবে।

গোপনীয়তাঃ

আপনার কাছে সংগৃহীত সকল তথ্যাবলীর গোপনীয়তা রক্ষা করা হবে। উক্ত গবেষণার গবেষকরা ব্যতীত অন্য কেউ এসব তথ্যের বিশদ জানতে পারবে না। গবেষণা সন্দর্ভে এবং গবেষণাপত্রে শুধুমাত্র পরিসংখ্যানিক ফলাফল প্রকাশিত হবে। যেখানে আপনার নাম, ঠিকানা, বয়স এমন কোনো তথ্য থাকবে না যা দিয়ে কেউ আপনাকে চিহ্নিত করতে পারে।

সম্মতি পত্ৰ

Chief Investigator: Dr. Abul Hasnat Milton School of Medicine and Public Health Faculty of Health Centre for Clinical Epidemiology and Biostatistics University of Newcastle Telephone: +61 2 49138200 Fax: +61 2 49138148 Email: Milton Hasnat@newcastle.edu.au

Consent Form for the Research Project:
Association between smokeless tobacco consumption and advrse pregnancy outcomes among the rural women in Bangladesh – Prevalence Survey.

Dr. Abul Hasnat Milton, Dr. Kypros Kypri, Dr. Bayzidur Rahman, Dr. Iqbal Arslan, Mohammad Shakhawat Hossain

Document Version 2; dated 16/06/2011

আমি উপরোল্লিখিত গবেষনা প্রকল্পে অংশগ্রহণ করতে আগ্রহী। তাই স্বেচ্ছায় আমার সম্মতি প্রদান করছি। আমি বুঝতে পেরেছি যে, অংশগ্রহণকারীদের জন্য তথ্যাবলী'তে (যার একটি কপি আমাকে দেয়া হয়েছে) বর্নিতভাবে গবেষনা প্রকল্পটি পরিচালনা করা হবে। আমি এটাও বুঝতে পেরেছি যে, উক্ত গবেষনা প্রকল্প থেকে কোনো কারণ দর্শানো ছাড়াই যে কোনো সময় নিজেকে প্রত্যাহার করে নিতে পারবো।

আমি সম্মতি দিচিছ্ যে---

গবেষনা প্রশ্নপত্র পূরনে তথ্য দিয়ে সাহায্য করবো।

ওজন এবং উচ্চতা পরিমাপ করতে সাহায্য করবো।

সাজোমজনকভাবে প্রশ্নসমূহের উত্তর দেয়ার সুযোগ পেয়েছি এবং পরিক্ষারভাবে বুঝতে পেরেছি যে, আমার দেয়া ব্যক্তিগত তথ্যাবলী গবেষকদের কাছে গোপন রাখা হবে।

সাক্ষাৎকারদাতার/অংশগ্রহণকারীর নাম:

ঠিকারা:

স্বাক্ষর:

তারিখ:

Association between Smokeless Tobacco Use and Adverse Pregnancy Outcomes— Prevalence Survey

Conducted by:

School of Medicine and Public Health The University of Newcastle, NSW, Australia

In collaboration with
BangaBandhu Sheikh Mujib Medical University
Shahbag, Dhaka, Bangladesh

And

Centre for Health and Development (CHAD)
Gopalgonj, Bangladesh.

শুরু করার সময়:	ঘন্টা	মিনিট 🔲 🗌
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(দয়া করে পেন্সিল দিয়ে লিখুন।)

Page 1 of 8

Code		ন্মুনা চি	্য ক্রিভকর ণ				
STATUS	CASE = 1 CC	ONTROL = 2		11 Ser 124			
ID	ID NUMBER	ID NUMBER:					
HEADH	গৃহকর্তার/খানা প্রধা	নের নাম:		7 - 100 L 3242			
UNION	ইউনিয়ন:			24 MV			
VLLNO	গ্রাম:						
BARI	1.1.1.1 বাড়ির	নাম/নাম্বার :					
HHN	খানা নাম্বার :						
NAME	1.1.1.2 উত্তর	দাতার নাম:					
HHS	গৃহকর্তার/খানা প্রধা	নের সাথে উত্তরদাতার সম্পর্ক:		1 7 14 84 5 /2			
ang Palang	গৃহকর্ডার/খানা প্রধা 01 = নিজেই 02 = স্ত্রী 03 = কন্যা 04 = ছেলের বউ	নের সাথে সম্পর্ক কোড:	06 = মা 07 = বোন 08 = অন্যান্য সম্প				
	05 = নাতনী		09 = পালিত কন্যা/	বোন			
ParCODE	STUDY PART	TICIPANTS CODE:					
		সাক্ষাৎকার প্র	হণকারীর তথ্য				
DOI	সাক্ষাৎকার গ্রহনের তারিখ						
RESC	RESULT CODE*	ricose and Fu	off to hook.	8			
Section (CS)	1) 707.	*RESULT CODE: সফলভাবে সাক্ষাৎকার গ্রহণ করা হ কেন সম্ভব হয়নি?		ণ করা সম্ভব হয়নি = 2,			
FWA	সাক্ষাৎকার গ্রহনকারী	ার নাম :					

আপনার সম্পর্কিত তথ্য:

No	Var name	Question and filters	Coding categories	Skip
	रहारच्छ गात	আর্থ-সামাজিক অবস্থ	Best Frankring Sky	
101.	AGE	আপনার বয়স?	বয়স (বছরে)	
102.	WTR	বসত ঘরের ছাদ/চালা?	পাকা 1 টিন 2 ছন/খড়ের 3	
103.	MARSTA	বৈবাহিক অবস্থা ?	বর্তমানে বিবাহিত 1 বিধবা 2 তালাকপ্রাপ্তা 3 বিচ্ছেদ প্রাপ্তা 4	
104	SCLA	আপনি কি পড়াশুনা করেছেন?	হাঁ 1 ন 2	→107
105.	SCLB	আপনি কোন স্তর পর্যস্ত লেখাপড়া করেছেন?	প্রাথমিক 1 মাধ্যমিক 2	
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	কলেজ	

106.	SCLC	আপনি কোন ক্লাস পর্যন্ত লেখাপড়া সম্পুর্ন		
		করেছেন?	ক্লাস	
107.	HEHH	আপনার পরিবারে/খানায় সর্বোচ্চ কোন পর্যন্ত	প্রাথমিক1	
	. [লেখাপড়া করা লোক আছে?	মাধ্যমিক2	
	1		কলেজ 3	
			বিশ্ববিদ্যালয়4	1
108.	REGLN	ধর্ম?	ইসলাম1	
1			হিন্দু2	1
		TAX III TELEVISION DE LA CONTRACTOR DE L	খ্রিষ্টান3	İ
		1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	অন্যান্য (দয়া করে নির্দিষ্ট করুন)4	
19	SES-	আপনার নিজস্ব কোন আয়/ইনক্রাম আছে?	হাঁ 1	-
109.	IndIncom	KARE	না2	
110.	WRKC	পেশা?	গৃহবধূ1	
			বেকার 2	1 1
			দিনমজুর 3	
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			সরকারী চাকুরী 5	
	T ×		বেসরকারী চাকুরী6	
			অন্যান্য (দয়া করে নির্দৃষ্ট করুন)	
111.	SES-	মাসে আপনার নিজস্ব আয়/ইনকাম কত?	अंग्रिक (मना अध्य (नार्व वस्त्रान)/	-
111.	IndIncom	नाटा जा । गत्र भागप जात्र स्थान यन्त्र	টাকা	
	A CONTROL OF THE PARTY OF THE P	ধুমপান বিষয়ক প্রশ্নসমূ	**	
201	SMOKE	আপনি কি কখনও নিয়মিত ধুমপান করেছেন		1300
201	SMOKE	(যেমন, বিড়ি, সিগারেট, হুকা)?	যাঁ1	200
		(प्यमन्त्रायाण्, ग्ययादब्रह्म, श्वा)?	ন2	→209
202	OTHTCM	আপনি কি ধুমপান ছেড়ে দিয়েছেন/ত্যাগ	উত্তর দেয়নি9	
202	QUITSM	করেছেন?	খাঁ1	
		<i>च</i> ८ंबंटश्न <i>?</i>	ন2	**
203	CMTXTDE	and a such a such	উত্তর দেয়নি9	
203	SMTYPE	আপনি কি কি ধুমপান করতেন (কি খেতেন)?	সিগারেট1	
		The state of the s	বিড়ি2	
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	- 192	A STATE OF THE SECOND	অন্যান্য (দয়া করে নির্দিষ্ট করুন)4	
204	EXSMOK	ধুমপান ছেড়ে দেওয়ার পুর্বে সপ্তাহে আপনি		
204	EASIMOR	সাধারনত কি পরিমান ধুমপান করতেন?	সিগারেট শলাকা কতটি	
		ना नायन । जान वास्त्राना येन गान नन्त्र ८००१	বিড়ির শলাকা কতটি	
205	DYSK		কতবার হুক্কা খেতেন	
		কতদিন যাবৎ ধুমপান করেছেন?	মাস	
206	DCS	বর্তমানে আপনি কি ধুমপান করেন?	হাাঁ1	
			না2	→209
207	DI ION CIC		উত্তর দেয়নি9	
207	DUSMK	কতদিন ধরে/যাবৎ ধুমপান করিতেছেন?	বছর	
- 1		THE TOP OF SECTION AND ADDRESS.	E PER COLUM	
		Programme and the second		
208	QUSM	আপনি সাধারনত এক সপ্তাহে কি পরিমান	সিগারেট শলাকা কতটি	
200	QUDIVI	धूमभान करतन?		
		411111011	বিড়ির শলাকা কতটি	
	ALL STATES AND AND ADDRESS OF THE PARTY OF T	Salar and the sa	কতবার হুকা খেতেন	

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209	PASSMK	আপনার পরিবারে/খানায় অন্য কেউ ধুমপান করে?	হাঁ 1 ন 2	→301
210	WSK	আপনার পরিবারে/খানায় অন্য ধুমপানকারী কে?	উত্তর দেয়নি 9 স্বামী 1 শ্বশুর/শাশুড়ী 2 দেবর/ননদী 3 অন্যান্য (দয়া করে নির্দৃষ্ট করুন) 4	
	Donald the	ধোঁয়াবিহীন ভাবে তামাক ব্যবহার	বিষয়ক শ্রন্থ	
301	SMLESS	আপনি কি কখনও ধোঁয়াবিহীন ভাবে তামাক ব্যবহার করেছেন? (যেমন, শাদাপাতা, জর্দা ইত্যাদি)।	***************************************	→ 501
302	WASCST	কত বছর বয়সে আপনি নিয়মিতভাবে ধোঁয়াবিহীন তামাক ব্যবহার শুরু করেছিলেন?	বয়স (বছরে)	4
303	HGST	আপনি কি ধোঁয়াবিহীন ভাবে তামাক ব্যবহার ছেড়ে দিয়েছেন/ত্যাগ করেছেন?	হাঁ 1 না 2 উত্তর দেয়নি 9	→ 307
304	STUC	আপনি সাধারনতঃ কি ধরনের (ধোঁয়াবিহীন ভাবে ব্যবস্থত) তামাক ব্যবহার করতেন?	শাদাপাতা 1 গুল 2 জর্দা 3 অন্যান্য (দুরা করে নির্দৃষ্ট করুন) 4	
305	FCST	আপনি ধোঁয়াবিহীন ভাবে সাধারনত কি পরিমান তামাক ব্যবহার করতেন?	দিনে কতবার	
306	DSTC	আপুনি কত দিন যাবৎ ধোঁয়াবিহীন ভাবে তামাক ব্যবহার করেন?	বছর	
307	CST	আপনি কি বর্তমানে ধোঁয়াবিহীন ভাবে ভাবে তামাক ব্যবহার করেন?	হাঁ 1 না 2 উত্তর দেয়নি 9	→ 501
308	QSTCW	বর্তমানে আপনি ধোঁয়াবিহীন ভাবে কি পরিমান তামাক ব্যবহার করেন?	দিনে কতবার	
309	WHESM	আপনি কোন ধরনের ধোঁয়াবিহীন ভাবে তামাক ব্যবহার করেন?	শাদাপাতা 1 হাকিমপুরী জর্দা 2 বাবা জর্দা 3 পান মাসালা 4	
* *		The state of the s	গুল	2
			TENDER OF BUILDING	18.5
esset.	C.	ায়াবিহীন ভাবে তামাক ব্যবহার ছেড়ে দেয়		
401		আপনার কি মনে হয়? ধোঁয়াবিহীন ভাবে তামাক ব্যরহার ছেড়ে দিলে আপনি কি অসুস্থ হয়ে পড়বেন? এ ব্যাপারে আপনি কতখানি চিন্তিত?	খুব চিন্তিত 1 মোটামুটি চিন্তিত 2 চিন্তিত নই 3 জানি না অনিশ্চিত 4	£1.

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402		শীঘ্ৰই আপনি কি ধোঁয়াবিহীন ভাবে তামাক	না , আমার কোনো ইচ্ছা নেই1	T
		ব্যবহার ছেড়ে দেয়ার ব্যাপারে জোড়েসোড়ে	হাঁ, আমি ছেড়ে দেব2	
1		(সিরিয়াসলি) ভাবছেন?	৩০ দিনের মধ্যে ছেড়ে দেব3	
			জানি না অনিশ্চিত4	1
403		আপনি কখনও ধোঁয়াবিহীন ভাবে তামাক		
	1	ব্যবহার ছেড়ে দিয়েছিলেন?	হাঁ1	
		न्यप्रात्र ८२८७ सिर्दर्शास्टरम्	स्रा2	
40.4			উত্তর দেয়নি9	
404		কত বছর বয়সে ধোঁয়াবিহীন ভাবে তামাক	বয়স (বছরে)	
		ব্যবহার ছেড়ে দিয়েছিলেন?		İ
405		গত পাঁচ বছরে আপনি কি ধোঁয়াবিহীন ভাবে	হাঁ1	
	Teo co	তামাক ব্যবহার ছেড়ে দেয়ার চেষ্টা করেছেন?	ना2	
		- Aller - Ta	উত্তর দেয়নি9	
406		আপনি কি কখনও এক সপ্তাহের বেশী সময়		14
-		ধরে ধোঁয়াবিহীন ভাবে তামাক ব্যবহার ছেড়ে	থাঁ1	
		निरंग्रिष्ट्रिलन?	ना2	
407		1 18. 24. 1 1 2	উত্তর দেয়নি9	
407	E st.	শেষবার যখন আপনি ধোঁয়াবিহীন ভাবে	शां1	
		তামাক ব্যবহার ছেড়ে দিয়েছিলেন, তখন কি	ন2	
		কারো কোনো সাহায্য নিয়েছিলেন?	উত্তর দেয়নি9	
408		কে সাহায্য করেছিল?	পরিবারের সদস্য/বন্ধু-বান্ধব1	
2	1 2	control of the	ডাক্তার 2	
		90EL	দাঁতের চিকিৎসক3	
	Total Plan	2011	স্বাস্থ্যকর্মী 4	
		2638 281.094	হাতুড়ে ডাক্তার 5	
		1000 TOTAL T	উত্তর দেয়নি6	
			অন্যান্য (নির্দৃষ্ট করুন)7	
409		সাহায্য পেলে আপনি কি ধোঁয়াবিহীন ভাবে	থাঁ1	
		তামাক ব্যবহার ছেড়ে দিবেন?		
	4.5		ন2	
		to what it is a superior to the superior to th	উত্তর দেয়নি9	
			4480.4	
3 %			15 San 28 5,	
01		ধোঁয়াবিহীন ভাবে তামাক ব্যবহার সম্পর্কি	the second secon	
101		আপনারা কি ১৮ বছরের কম বয়সী কোন	খাঁ1	
		সন্তান আছে?	না2	
v		THE STREET THE THE	উত্তর দেয়নি9	
02		আপনার কেমন লাগবে যদি আপনার সন্তান	নৈতিবাচক (আশা করবো তারা যাতে না	
		ধোঁয়াবিহীন ভাবে তামাক ব্যবহার শুরু করে?	করে)1	
		\$4 5 5 5 W	নিরুপেক্ষ (কিছুই মনে করবো না)2	7
	(*)		ইতিবাচক (ভালই লাগবে)3	
		Layera in the first terms with	জানি না/অনিশ্চিত4	1
03		আপনার সম্ভানদেরকে আপনার অনুভূতির কথা	হাঁ1	
		বলেছেন?	না2	4
			উত্তর দেয়নি9	
		112	<u> </u>	

504		ধোঁয়াবিহীন ভাবে তামাক ব্যবহার স্বাস্থ্যের	খুব ভালো 1	Υ
30 .		জন্য কেমন?	ভালো 2	
		(K)	ভালোও না মন্দও না	
		2		
			খারাপ4	
10		-	খুব খারাপ5	
			জানি না/অনিশ্চিত	
505		আপনি কি মনে করেন ধোঁয়াবিহীন ভাবে	থাঁ1	
	1	ব্যবহার হজমের জন্য ভালো?	না2	
		2 100	উত্তর দেয়নি9	
506		আপনি কি মনে করেন ধোঁয়াবিহীন ভাবে	মাথাব্যাথা 1	
200		তামাক ব্যবহার করলে এই সব ক্ষেত্রে কোনো	দাঁত ব্যাথা 2	1
		উপকার হয়?		
		0 1414 (4)	পেট ব্যাথা3	
			জানি না/অনিশ্চিত4	
507	1	আপনার কি মনে হয়? যারা ধোঁয়াবিহীন ভাবে	জোড়ালোভাবে একমত পোষণ করি1	
		তামাক ব্যবহার ছেড়ে দিতে ব্যর্থ হয়েছে, তারা	একমত পোষণ করি 2	
		প্রকৃতপক্ষে ছাড়তে চায় না।	এশ্মতও না দ্বিমতও না3	1
		F 1, 125	দ্বিমত পোষণ করি4	
			জোড়ালোভাবে দ্বিমত পোষণ করি5	
	(0)	_ ii_ ii way way ii	- 138 138	
	14 / 14 / 14 / 15	আপনার পানীয় জল সম্পর্কিত গ	ज्ञातनी ज्ञातनी	1
601	WCSW	বর্তমানে আপনার পানীয় জলের উৎস কি?	হ্যান্ড টিউব্ওয়েল 1	1
002		(আপনি কিসের পানি পান করেন?)	গভীর নলকুপ	
		Fig. Jac Sitting	ফিল্টার3	1
	11	de fuñg=	অন্যান্য (দয়া করে নির্দৃষ্ট করুন)5	
602	HOSDW	কত বছর বয়স থেকে এই উৎসের পানি পান	বয়স(বছরে)	
	48	শুরু করছেন?	118	
603	HLDWS	কত দিন যাবৎ এই উৎসের পানি পানু শুরু	বছর	
00.5	1122	করছেন?	4 7, 673	- 12
604	TAS	যে টিউবওয়েলের পানি পান করেন সেই		
504	TAS		হাঁ1	
		টিউবওয়েলের পানি কি আর্সেনিক-পরীক্ষা করা	ना2	
		হয়েছে?	জানি না/নিশ্চিত নই9	1
505	TWAC	যে টিউবওয়েলের পানি পান করেন সেই	হাঁ1	
		টিউবওয়েলের পানিতে আর্সেনিক আছে?	না2	
	-	(আর্সিনিক দুষিত?)	জানি না/নিশ্চিত নই 9	-
		(-111-11-11-11-11-11-11-11-11-11-11-11-1	7 5 350	
	The second second	প্ৰসৃতি/ সম্ভান জনাদান বিষয়ক	তথ্য	
701	HODFM	কত বছর বয়সে আপনার প্রথম পিরিয়ড	and the last the second second second second second second second second second second second second second se	
O1	TIODI W	रुद्धिण?	বয়স (বছরে)	
02	WADM	আপনার পিরিয়ড সাধারনত (গড়ে) কয় দিন	দিন	
		হ্য় (চলে)?	30	Ŷ.
03	HOWM	কত বছর বয়সে আপনার (প্রথম) বিয়ে	বয়স (বছরে)	
33	110 11 111	रुद्धिल?	74. (7404)	0.3
04	-			. ===
04		আপনি কখনও কোনো স্থায়ী জন্মনিরোধক	शां1	→ 707
		ব্যবস্থা গ্রহণ করেছেন?	ना2	

705			আপনি কখন	ও কোনো অঃ	হায়ী জন্মনিরে	াধক বিক	হাঁ			1	T
	বড়ি/ইনজেকশন বা কোনো ঔষুধ সেবন							→ 707			
			করেছেন?								
706			যদি হাঁ হয় ঘ	যদি হাাঁ হয় তাহলে কত দিন সেবন করেছেন?			মাস				
707					কোনো ঔষুধ						
			করেন?			→ 709					
	1						জানি না	/নিশ্চিত নই		9	
708			যদি হ্যাঁ হয় ত	হাহলে কত দি	নৈ সেবন কৰে	রছেন?	এাস			0.640556	
708 Å	7		আপুনি কোনে	া দুরারোগ্য	রাগে ভুগছেন	?	হাঁ		<i></i>	1	4
, ,				V			না			2	→ 711
							জানি না	/নিশ্চিত নই		9	
709			যদি হাাঁ হয়,	তাহলে রোগে	?		হাইপার	টেনশন	*******	1	
							অন্যান্য	(নির্দৃষ্ট করুন)),	3	
710			কত দিন যাব				বছর				
711		,	এ পর্যন্ত মোট		ধারণ করেছি	লন?	সংখ্যা				
712.	713.	714.	715.	716.	717.	718.		719.	720.	721.	
গর্ভধারনের	গর্ভধারনের	গর্ভকালীন	- SERVICE	গর্ভকালীন	10 Tr J. L. 10 S. S.	গর্ভকা		আপনার কি	যদি হ্যাঁ হয়,		ফলাফল:
	A CONTRACT OF THE	সময়	সময়ে টিকা	সময়ে কি	গর্ভকালীন	সময়ে	আপনার	গৰ্ভ বিষয়ক	কি ধরনের	(কোড)
ক্রমিক নং	বয়স (বছর)	(মাস)	গ্রহণ :	সেবা গ্ৰহণ	সেবা গ্রহণ	কি ডা	য়াবেটিস	কোন	জটিলতা		
			হাঁা -১	করেছেন?	করেছেন?	অথবা		জটিলতা	দেখা		
		2	না-২	(ANC)	(ANC)	হাইপা	রটেনশন	দেখা	দিয়েছিল?		
				(কোড)		२ ८स्रिक्	न?	দিয়েছিল?	(কোড)		
						ডায়াবে	টিস-1	হাঁ -১			
						হাইপার	রটেনশন	না-২			
			1 22			-2					
						উভয়ই	-3				
			1			1	1-100				
						- Mila	1.00				
১ম								3.4			
২য়	2 2										
				- 2							
৩য়											
৪র্থ											
,											
৫ম											
৬ষ্ঠ											
৭ম											
৮ম											

716. গর্ভকালীন সেবা গ্রহণ কোডসমুহ (ANC): জানিনা অথবা মনে করতে পারছি না = 0; কোনো স্বাস্থ্য সেবা নেয়নি = 00; স্বাস্থ্য ও পরিবার কল্যান কেন্দ্র = 01; থানা স্বাস্থ্য কমপ্লেক্স (THC) = 02; জেলা হাসপাতাল = 03; NGO/বেসরকারী ক্লিনিক = 04; প্রাইভেট MBBS ডাজার = 05; অপ্রশিক্ষিত এ্যালোপাথি ডাজার = 06; হোমিওপা্যাথি ডাজার = 07; অন্যান্য = 08

720. গর্ভ সম্পর্কিত জটিলতা বিষয়ক কোডসমূহ: জানিনা অথবা মনে করতে পারছি না = 0; ব্রক্তপাত= 01; হাতে পারে পানি নামা বা ফুলে যাওয়া = 02; সম্ভান জন্মদানের পূর্বে পানি ভাঙ্গা = 03; খিচুনী, খাসকষ্ট, স্মৃতি বিদ্রাট হওয়া = 04; প্রচুর/মারাত্মক বমি হওয়া = 05; রক্ত স্বল্পতা = 06; অন্যান্য (নির্দৃষ্টি করুন) = 07

721. গর্ভের ফলাফল কোডসমূহ: স্বাভাবিক ডেলিভারী = 1; স্বতঃস্ফুর্তভাবে গর্ভপাত হওয়া = 2; মৃত কাচ্চা জন্মদান = 3; কম ওজনের বাচ্চা প্রসর (২৫০০ গ্রামের কম অথবা ২.৫ কেজির কম) = 4

আপনার উচ্চতা এবং ওজন পরিমাপ করা দরকার।

722. উচ্চতা.....ইঞ্চি

723. ওজনকজি

সহযোগিতা করার জন্য আপনাকে ধন্যবাদ।

শেষ করার সময়: ঘন্টা ি মিনিট

Appendix G:

Information Statement, Consent Form, and Questionnaire in English for the Case-Control Study in Bangladesh



Information Statement

SCHOOL OF MEDICINE & PUBLIC HEALTH CENTRE FOR CLINICAL EPIDEMIOLOGY & BIOSTATISTICS

Dr. Abul Hasnat Milton The School of Medicine and Public Health Faculty of Health, The University of Newcastle Tel: 61 2 4913 8200 (off)

61 412141971 (cell) Fax: 61 2 4913 8148

e-mail: milton.hasnat@newcastle.edu.au

Information Statement for the Research Project:
"Association between Smokeless Tobacco Use and Adverse Pregnancy
Outcomes—A case control study"

Who is doing the study?

You are invited to participate in the research project identified above which is being conducted by Dr. Abul Hasnat Milton, Dr. Kypros Kypri lecturer, Dr. Bayzidur Rahman and Mohammad Shakhawat Hossain, research Student from the School of Medicine and Public Health at the University of Newcastle. The research is a part of the thesis required for the degree of Doctor of Philosophy in Community Medicine and Clinical Epidemiology at the University of Newcastle, supervised by Dr. Abul Hasnat Milton and

Dr. Kypros Kypri from the School of Medicine and Public Health at the University of Newcastle and Dr. Bayzidur Rahman from the School of Public Health and Community Medicine at the University of New South Wales.

Why is the research being done?

Smokeless tobacco consumptions are quite common among the rural women in Bangladesh. These smokeless tobacco products (products that are chewed or ingested) are available everywhere in Bangladesh. Smokeless tobacco is not considered as harmful as smoking tobacco by many of these Bangladeshi people. There seems to be limited knowledge about the health consequences of smokeless tobacco.

There is a little information available on adverse effects of smokeless tobacco consumption on pregnancy outcomes. This research will determine the association between adverse pregnancy outcomes and smokeless tobacco consumption among the rural women in Madaripur, Bangladesh.

Who can participate in the research?

Women who met all of the following inclusion criteria will be eligible to participate into the study (i) age 18 years and above (ii) live in the study area (iii) have ever married iv) have a history of pregnancy (iv) reportedly free from acute or chronic illness, and (iv) are willing to consent.

What choice do you have?

You already have participated in the prevalence survey and have been randomly selected for this phase of the study.

Participation in this phase of the research is entirely your choice. If you agree, you can respond to the questionnaire. If you do not want to participate, your decision will not disadvantage you.

What would you be asked to do?

If you agree to participate, you will be requested to sign a consent form. After signing the consent form, you will be asked to participate in the face to face interview.

In the interview, you would need to provide information about your smokeless tobacco consumption history, history of pregnancy outcomes.

How much time will it take?

The interview will take no longer than 25 minutes.

What are the risks and benefits of participating?

There will be no significant risk involved participating in this research. As we will be asking for information on your pregnancy outcomes, you may find it emotionally stressful to respond. In such case, please let us know. If you prefer, we can arrange counselling support for you from a local doctor. There will be no direct benefit for the study participants; however, we expect that the study findings will have important public health implications

How will your privacy be protected?

The data obtained through a questionnaire will be confidential. .. Data from the questionnaire will be entered into a computer without any identifying information. All the questioners will be stored without identifying information in a securely filing cabinet at the Centre for Health and Development (CHAD) in Bangladesh for at least five years before disposal. Only the investigators will have access to data for analysis purposes.

How will the information collected be used?

This study is being conducted as part of a student's Doctor of Philosophy study at the University of Newcastle. In addition, papers describing the study will be submitted for publication in scientific journals and presented at meetings of other researchers. Summary of study findings will be sent to the study participants by mail. No individual participant will be identified.

What do you need to do to participate?

You will need to sign the consent form after you read (or hear) and understand the content of the information sheet and then participate in the interview.

Further information

If you would like to get any further information, please feel free to contact Prof. Dr. Iqbal Arslan, Chairman & Professor, Department of Bio-chemistry, Bangabandhu Sheikh Mujib Medical University, Dhaka Bangladesh. Email: iqbalarslan@bsmmu.org Phone: +880 01713000441 Fax:+8802 8624817 or Mohammad Shakhawat Hossain, email # mohammad.hoassain@newcastle.edu.au. This information sheet is for you to keep. We thank you for considering this invitation. Have a nice day.

Sincerely,

[Signature]

Principal Investigator, Australia

Dr. Abul Hasnat Milton

Sinior lecturer, School of Medicine and Public Health Room number # 347 David Madison Building Phone number # 61 2 4913 8200 (office) The University of Newcastle, Australia.

Dr. Kypros Kypri

Associated Professor at the School of Medicine and Public Health Room Number # 364
David Madison Building
Phone Number # 61 2 4913 8231 (off), 61 498898814 (cell)
The University of Newcastle, Australia.

Mohammad Shakhawat Hossain

School of Medicine and Public Health Room number # 347 David Madison Building Email: mohammad.hossain@newcastle.edu.au The University of Newcastle, Australia.

Complaints about this research

This project has been approved by the University of Newcastle Human Research Ethics Committee, Approval No. H-2011-0131

Should you have concerns about your rights as a participant in this research, or you have a complaint about the manner in which the research is conducted, it may be given to the researcher, or, if an independent person is preferred, to the Human Research Ethics Officer, Research Office, The Chancellery, The University of Newcastle, University Drive, Callaghan NSW 2308, Australia, telephone (02) 49216333, email https://example.com/human-ethics@newcastle.edu.au.



Consent Form

SCHOOL OF MEDICINE & PUBLIC HEALTH CENTRE FOR CLINICAL EPIDEMIOLOGY & BIOSTATISTICS

Chief Investigator: Dr. Abul Hasnat Milton School of Medicine and Public Health Faculty of Health & Medicine Centre for Clinical Epidemiology and Biostatistics University of Newcastle Telephone: +61 2 49138200

Fax: +61 2 49138148

Email: Milton. Hasnat@newcastle.edu.au

Consent Form for the Research Project: Association between Smokeless Tobacco Use and Adverse Pregnancy Outcomes—A case control study

Dr. Abul Hasnat Milton, Dr. Kypros Kypri, Dr. Bayzidur Rahman, Dr. Iqbal Arslan, Mohammad Shakhawat Hossain

I agree to participate in the above research project and give my consent freely.

I understand that the project will be conducted as described in the Information Statement, a copy of which I have retained.

I understand I can withdraw from the project at any time and do not have to give any reason for withdrawing.

I consent to-

- Provide information for completing a questionnaire;
- Provide height and weight.

I understand that my personal information will remain confidential to the researchers

I have had the opportunity to have questions answered to my satisfaction.

Print Name of the participant:						
Contact Details of the interviewee:						
Signature:	Date:					



Association between Smokeless Tobacco Use and Adverse Pregnancy Outcomes—A case control study

Conducted by:

School of Medicine and Public Health The University of Newcastle, NSW, Australia

In collaboration with
BangaBandhu Sheikh Mujib Medical University
Shahbag, Dhaka, Bangladesh
And
Centre for Health and Development (CHAD)
Gopalgonj, Bangladesh.

Code	SAMPLE IDENTIFICATION				
STATUS	CASE = 1 CONTROL =				
ID	ID NUMBER				
HEADH	NAME OF HOUSEHOLD				
UNION	NAME OF UNION:				
VLLNO	NAME OF VILLAGE:				
BARI	1.1.1.1 BARI NUMBE	R:			
HHN	HOUSEHOLD NUMBER				
NAME	1.1.1.2 NAME OF THE	PARTICIPANT:			
HHS	RELATIONSHIP TO HEA	D OF HOUSEHOLD:			
ParCODE	STUDY PARTICIPANTS	CODE:			
		INTERVIEWER INFORMATION			
DOI	DATE OF INTERVIEW				
RESC	RESULT CODE*				
FWA	NAME OF INTERVIEWE	R:			
	4, DWELLING VACANT = 7, OTHERS (SPECIFY)	NDENT NOT AVAILABLE = 2, DEFERRED = 3, REFUSED = 5, ADDRESS NOT FOUND = 6, ADDRESS NOT EXISTING = 8)			
	RELATION CODE: 01 = HEAD 02 = WIFE 03 = DAUGHTER 04 = DAUGHTER-IN-LAY 05 = GRANDCHILD	06 = PARENT 07 = PARENT-IN-LAW 08 = SISTER 09 = OTHER RELATIVE 10 = ADOPTED/FOSTER CHILD			

Hi, I am from Centre for Health and Development (CHAD). Along with the
University of Newcastle, Australia we are conducting a research on smokeless tobacco use
and adverse pregnancy outcomes among the rural Bangladeshi women. You may recall
completing of a survey recently. You have been selected by chance to be invited to
participate in a more detailed study.

Participation in this research is voluntary. If you decide to participate, the information you provide will be strictly confidential. You can decide not to answer any particular question or to withdraw yourself from the study at any point. Please feel free to ask for any queries or clarification.

Starting Time: Hours	Minutes	
----------------------	---------	--

I will now ask you some questions about you.

No.	Var name	Question and filters	Coding categories	Skip
		Socioecono	mic Status	
101.	AGE	What is your age?	Age in completed years	
102.	WTR	What type of roof do you have?	Pakka1 Semi Pakka2	
			Kachcha3	

103.	MARSTA	What is your current	Currently married1	
	1	marital status?	Widowed2	
			Divorced3	
			Separated4	
			Never married5	
104	SCLA	Have you attended	Yes1	
		school?	No2	→ 107
105.	SCLB	What is the highest	Primary1	
		level of school you	Secondary2	
		attended?	College/University3	
106.	SCLC	What is the highest		
		class you completed	Class	
107.	НЕНН	What is the highest	Primary1	
		level of education in	Secondary2	
		your household?	College/University3	
108.	REGLN	What is your	Islam1	
		religion?	Hinduism2	
			Christian3	
			Others4	
109.	WRKC	What is your	House wife1	
		occupation, that is,	Unemployed2	
		what kind of work do	Daily labour3	
		you mainly do?	Small entrepreneurs4	
110			Others (Please specify)	
110.	SES-	Do you have any	Yes1	
111	IndIncom	personal income?	No2	→ 112
111.	SES-	What is your personal	Taka	
	IndIncom	income monthly?		
112		What is your total	Taka	
		household income		
		monthly?		
		Questions about Your	r Smoking History	
201	SMOKE	Have you ever smoked	Yes1	
		Cigarettes, Bidis or a	No2	→ 209
		Hukka regularly?	No response9	

202	QUITSM	Have you given up smoking?	Yes
203	SMTYPE	What did you use to smoke?	Cigarette 1 Bidi 2 Hukka 3 Others (pls specify) 4
204	EXSMOK	How much did you usually smoke per week just before you stopped?	Sticks of cigarette Sticks of bidis
205	DYSK	How long have you smoked?	Months
206	DCS	Do you currently smoke?	Yes
207	DUSMK	How long have you been smoking?	Years
208	QUSM	How much do you usually smoke per week?	Sticks of cigarette Sticks of bidis
209	PASSMK	Is there any smoker live in your household?	Yes
210	WSK	Who is the smoker?	Husband
	Qu	estions About Smokeles	s Tobacco Consumption

301	SMLESS	Have you ever	Yes1	
		consumed smokeless		→ 401
		tobacco? For Example,	3.7	
		Baba, Hakimpuri	The state of the s	
		zarda, Shadapata.		
302	WASCST		· · · · · · · · · · · · · · · · · · ·	
302	WASCSI	At what age did you		
		start consuming smokeless tobacco		
		daily?		
303	HGST	Have you given up	Yes1	
		smokeless tobacco?	No	→ 307
			No response 9	307
304	STUC	What types of	Shadapata1	
		smokeless tobacco	Gul2	
		have you usually	Zarda3	
		consumed?	Others (pls specify)4	
305	FCST	How frequently did	Times in a day	
		you usually consume	Times is a week	
		smokeless tobacco?	Times in a month	
306	DSTC	How long have you	months	
		consumed smokeless		
207	- COM	tobacco?		
307	CST	Do you currently	Yes1	
		consume smokeless	No2	→ 401
308	OCTOW	tobacco?	No response3	
308	QSTCW	How frequently do you	Times in a day	
		consume smokeless tobacco?	Times is a week	
309	WHESM	Which smokeless	Times in a month	
307	WILDIVI		Shadapata1 Hakimpuri Zarda2	
		tobacco do you	Baba Zarda3	
		consume?	Pan masala4	
			Gul5	
		*	Khaini6	
			Gutka7	

		The following questions ab	out your drinking water	
401	WCSW	What is your current source of drinking water?	Hand Tube Well	
402	HOSDW	How old were you, when you started to drink water from this source?	Others8 Age in years	
403	HLDWS	How long have you been drinking water from this source?	Years	
404	TAS	Is your tube-well tested for arsenic?	Yes	
405	TWAC	Is your tube well arsenic contaminated?	Yes	
	Medical History			
501	ТСР	Did you ever take any contraceptive pills?	Yes	603

502	HLTCP	If yes, How long have been taking contraceptive pills?	Months	
503	TMR	Do you take any medicine regularly?	Yes	→ 605
504	HLTM	If yes, How long have you been taking medicine?	Years	
505	SCD	Are you suffering from any chronic disease (s)?	Yes	→ 607
506	ISCD	If you are suffering from any chronic disease, what is it?	Hypertension	
507	HLSD	How long have you been suffering from that disease?	Years	
		History of your preg	gnancy / delivery	
601	HODFM	How old were you during your first menstruation?	Age in years	
602	WADM	What is the average duration of your menstruation?	Duration in days	
603	HOWM	What was your age at marriage?	Age in years	
604	DFPGY	What was your age at the first pregnancy?	Age in years	

605.T	606.	607.	608.	609.	610.	611.	612.	613.	614. If	615.	
ot	Order	Age at	Duratio	Vaccin	Did	How	Did you	Had	yes,	Outcom	nes of the
numb	of	pregna	n of	ation	you	many	have	you any	what	pregnar	ісу
er of	pregnan	ncy	pregnan	during	have	times	diabetes	preg.	type of	1.	Normal
pregn	су	(yrs)	су.	pregna	any	have	and/or	complic	complic		deliver
ancy			(months	ncy	Ant	you	hyperte	ation?	ation.		у
)	Yes.1	е	receiv	nsion	Yes.01		2.	Sponta
				No.2	Nata	eđ	during	No.02			neous
					1	Ante	preg				abortio
					Care	Natal	Diabete				n
					(AN	Care	s-1			3.	Stillbirt
					C)?	(ANC	Hyperte				h
)?	nsion-2			4.	1bw
							Both-3				
							Don't				
							know-				
							100				
1 st											
2 nd									-		
3rd											

Antenatal Care Code: Don't know or can't remember *; No HCF = 0; Health & Family welfare center = 01; Thana health complex(THC) = 02; District hospital = 03; NGO/Private clinic = 04; Private MBBS doctor = 05; Untrained allopath = 06; Homeopath = 07;

<u>Pregnancy complication codes:</u> Don't know or can't remember = 0; Bleeding= 01; Oedema = 02; Leaking membrane before delivery = 03; Convulsion = 04; Severe vomiting = 05; Anemia = 06;

Pregnancy outcomes code: Normal delivery = 1; Spontaneous abortion = 2; Stillbirth = 3; Low birth weight = 4

The following questions concern about your delivery history

T. 4.1	(16 01	(17	C40 777					
. Total no.	616. Sl.	617.	618. Who	619.	620. Did you	620a. If	621.	622. If live birth,
of del.	no.	Place	conducted	Nature of	have any	yes,	Out	Neonatal death?
		of del.		del.	complication	type of	comes	Yes -1
					during	complica	Still	No -2
			Î		delivery	tion.	birth1	
					Yes -1		Live	
					No - 2		birth2	
	1 st							
	2 nd							
	18							

<u>Delivery place code:</u> Home..1; THC..2; District hospital...3; Private clinic...4; Others.....(PS) <u>Who conducted code:</u> Don't know or can't remember...*; MBBS doctor...1; Nurse...2; Trained Dai...3; Untrained practitioner...4; Untrained Dai...5; Others.....(PS)

	History o	f tobacco consumption before a	and during Pregnancy	
701	SFC	Were you a smoker when you conceived for the first time?	Yes	705
702	WHESM	Which smokeless tobacco did you consume when you conceived for the first time?	Shadapata	
703	QSTCW	How frequently did you consume smokeless tobacco when you conceived for the first time?	Times in a day	
704		How much did you usually smoke per week?	Sticks of cigarette Sticks of bidis	
705	ISFC	How long have you been smoking during your first time pregnancy?	Months	
706	SFP	Were you a smoker prior to conceiving for the first time?	Yes	709

707		Which consoled on tale and 1:1	[g1 1 , 1]
707	11/14	Which smokeless tobacco did	
1		you consume prior to	
		conceiving for the first time?	Baba Zarda3
			Pan masala4
			Gul5
			Khaini6
	1		Gutka7
708	-	II	Others (please specify.
/08	1	How frequently did you	Times in a day
ŀ	1	consume smokeless tobacco	Times is a week
		prior to conceiving for the first	Times in a month
	-	time?	
		How much did you usually	Sticks of cigarette
j	1	smoke per week?	Sticks of bidis
700	IGER		Times in case of hukka
709	ISFP	How long have you been	Months
		smoking prior to conceiving	
		for the first time pregnancy?	
710	CSTFC	Did you use to consume	Yes1
		smokeless tobacco when you	
		conceived for the first time?	No2→ 713
711			No response9
/11		Which smokeless tobacco do	Shadapata1
		you consume when you	Hakimpuri Zarda2
		conceived for the first time?	Baba Zarda3
	1		Pan masala4
			Gul5
			Khaini6
			Gutka7
5 40			Others (please specify.
712		How frequently did you	Times in a day
		consume smokeless tobacco	Times is a week
		when you conceived for the	Times in a month
-10		first time?	
713		How much did you usually	Sticks of cigarette
		smoke per week?	Sticks of bidis
			Times in case of hukka

714	ICSTFC	How long have you been consuming smokeless tobacco during your first time pregnancy?	Months
715	CSTBFP	Did you use to consume smokeless tobacco prior to conceiving for the first time?	Yes
716		Which smokeless tobacco did you consume prior to conceiving for the first time?	Shadapata
717		How frequently did you consume smokeless tobacco prior to conceiving for the first time?	Times in a day
718		How much did you usually smoke per week?	Sticks of cigarette Sticks of bidis
719	ICSTBF	How long have you been consuming smokeless tobacco prior to conceiving for the first time pregnancy?	Months

Now I will measure your height and weight

720. Height.....CM

721. WeightKG

Thanks for your patience and cooperation.

Appendix H:

Information Statement, Consent Form, and Questionnaire in Bangla for the Case-Control Study in Bangladesh

গবেষণায় অংশগ্রহণকারীদের জন্য তথ্যাবলী

'ধোঁয়াবিহীনভাবে তামাক ব্যবহার ও গর্জজনিত ঝুঁকি: একটি স্বাস্থ্য গবেষণা'- শীর্ষক গবেষনাটি ইউনিভাসিটি অফ নিউক্যাসল, অস্ট্রেলিয়া থেকে আগত একজন বাংলাদেশী ছাত্রের পিএইচডি গবেষণার অংশ হিসেবে পরিচালিত হবে।

গবেষণার উদ্দেশ্য:

এই গবেষণার মাধ্যমে বাংলাদেশে ধোঁয়াবিহীনভাবে তামাক ব্যবহারের সাথে গর্ভজনিত সমস্যার কোনো সম্পর্ক আছে কি না তা বৈজ্ঞানিকভাবে জানতে সাহায্য করবে।

পদ্ধতি:

আমি আপনাকে ধোঁয়াবিহীনভাবে তামাক ব্যবহার এবং গর্ভজনিত সমস্যা সম্পর্কে কিছু প্রশ্ন করবো। এতে ৩০-৩৫ মিনিটের বেশি সময় লাগবে না।

সুবিধাঃ

এই গবেষণায় অংশগ্রহণের জন্য আপনি কোনো প্রত্যক্ষ সুবিধা পাবেন না। কিন্তু আমরা বিশ্বাস করি, এই গবেষণায় প্রাপ্ত ফলাফল আন্তর্জাতিক মানসম্পন্ন গবেষণাপত্রে প্রকাশিত হবে এবং বাংলাদেশসহ অন্যান্য দেশে ধোঁয়াবিহীনভাবে তামাক ব্যবহারের সাথে গর্ভজনিত সমস্যা মোকাবেলায় সাহায্য করবে। এছাড়াও তামাক নিয়ন্ত্রন সম্পর্কিত নীতিমালা প্রণয়ন এবং স্বাস্থ্য শিক্ষা, সচেতনতা বৃদ্ধিতে সহায়তা করবে।

ঝুঁকি:

এই গবেষণায় অংশগ্রহণ করলে আপনার কোনো ঝূঁকি নেই। কারণ সংগৃহীত তথ্যাবলী শুধুমাত্র গবেষণার কাজে ব্যবহৃত হবে।

গোপনীয়তাঃ

আপনার কাছে সংগৃহীত সকল তথ্যাবলীর গোপনীয়তা রক্ষা করা হবে। উক্ত গবেষণার গবেষকরা ব্যতীত অন্য কেউ এসব তথ্যের বিশদ জানতে পারবে না। গবেষণা সন্দর্ভে এবং গবেষণাপত্রে শুধুমাত্র পরিসংখ্যানিক ফলাফল প্রকাশিত হবে। যেখানে আপনার নাম, ঠিকানা, বয়স এমন কোনো তথ্য থাকবে না যা দিয়ে কেউ আপনাকে চিহ্নিত করতে পারে।

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Email: Milton. Hasnat@newcastle.edu.au

Consent Form for the Research Project: Association between smokeless tobacco consumption and advrse pregnancy outcomes among the rural women in Bangladesh - A case control study.

Dr. Abul Hasnat Milton, Dr. Kypros Kypri, Dr. Bayzidur Rahman, Dr. Iqbal Arslan, Mohammad Shakhawat Hossain

Document Version 2: dated 16/06/2011

আমি উপরোল্লিখিত গবেষনা প্রকল্পে অংশগ্রহণ করতে আগ্রহী। তাই স্বেচ্ছায় আমার সম্মতি প্রদান করছি। আমি বুঝতে পেরেছি যে, **'অংশগ্রহণকারীদের জন্য তথ্যাবলী'তে (**যার একটি কপি আমাকে দেয়া হয়েছে) বর্নিতভাবে গবেষনা প্রকল্পটি পরিচালনা করা হবে । আমি এটাও বুঝতে পেরেছি যে, উক্ত গবেষনা প্রকল্প থেকে কোনো কারণ দর্শানো ছাড়াই যে কোনো সময় নিজেকে প্রত্যাহার করে নিতে পারবো।

আমি সম্মতি দিচ্ছি যে---

- গবেষনা প্রশ্নপত্র পূরনে তথ্য দিয়ে সাহায্য করবো।
- ওজন এবং উচ্চতা পরিমাপ করতে সাহায্য করবো।

সভোষজনকভাবে প্রশ্নসমুহের উত্তর দেয়ার সুযোগ পেয়েছি এবং পরিস্কারভাবে বুঝতে পেরেছি যে, আমার দেয়া ব্যক্তিগত তথ্যাবলী গবেষকদের কাছে গোপন রাখা হবে।

आफारकातप्राकात/अर्भाग्रध्यकातीत नाम

ঠিকানা:

তারিখ:

Association between Smokeless Tobacco Use and Adverse Pregnancy Outcomes— A Case-control Study

Conducted by:

School of Medicine and Public Health
The University of Newcastle, NSW, Australia

In collaboration with
BangaBandhu Sheikh Mujib Medical University
Shahbag, Dhaka, Bangladesh
And

Centre for Health and Development (CHAD) Gopalgonj, Bangladesh.

গুরু করার সময়: ঘন্টা 🌅 মিনিট 🦳
(দয়া করে পেন্সিল দিয়ে লিখন।)

Code		নমুনা চিহ্নিতকরণ						
STATUS	CASE = 1 CONTRO	CASE = 1 CONTROL = 2						
ID	ID NUMBER:	ID NUMBER:						
HEADH	গৃহকর্তার/খানা প্রধানের নাম							
UNION	ইউনিয়ন:							
VLLNO	গ্রাম:	[和:						
BARI	1.1.1.1 বাড়ির নাম/নাফ	.1.1.1 বাড়ির নাম/নামার :						
HHN	খানা নামার:	খানা নাম্বার:						
NAME	1.1.1.2 উত্তরদাতার না							
HHS		গৃহকর্তার/খানা প্রধানের সাথে উত্তরদাতার সম্পর্ক:						
	গৃহকর্তার/খানা প্রধানের সাথে উত্তরদাতার সম্পর্ক কোড:							
	01 = নিজেই	$06 = \pi$						
	02 = खी	०० / भा						
	03 = কন্যা	07 = বোন						
	04 = ছেলের বউ	08 = অন্যান্য সম্পর্ক						
	05 = নাতনী	09 = পালিত কন্যা/বোন						
ParCODE	STUDY PARTICIPA	STUDY PARTICIPANTS CODE:						
	The Value of the	সাক্ষাৎকার গ্রহণকারীর তথ্য						
DOI	সাক্ষাৎকার গ্রহনের তারিখ							
RESC	RESULT CODE*							
		*RESULT CODE:						
		সফলভাবে সাক্ষাৎকার গ্রহণ করা হয়েছে = 1, সাক্ষাৎকার গ্রহণ করা সম্ভব হয়নি = 2, কেন সম্ভব হয়নি?						
FWA	সাক্ষাৎকার গ্রহনকারীর নাম:							

আপনার সম্পর্কিত তথ্য:

No	Var name	Question and filters	Coding categories	Skip
2-V	73123	আর্থ-সামাজি		жир
101	AGE	আপনার বয়স?	বয়স (বছরে)	The Park of the Pa
102	WTR	বসত ঘরের ছাদ/চালা?	পাকা	
103	MARSTA	বৈবাহিক অবস্থা ?	অন্যান্য (নিৰ্দৃষ্ট কৰুন)	
104	SCLA	আপনি কি পড়াখনা করেছেন?	হাঁ 1 না 2	→ 107
105	SCLB	আপনি কোন স্তর পর্যন্ত লেখাপড়া করেছেন?	প্রাথমিক 1 মাধ্যমিক 2 কলেজ 3 বিশ্ববিদ্যালয় 4	

106	SCLC	আপনি কোন ক্লাস পর্যন্ত লেখাপড়া সম্পুর্ন		
		করেছেন?	ক্লাস	
107	REGLN	ধর্ম?	ইসলাম1	
			হিন্দু2	
			খ্রিষ্টান3	
		,	অন্যান্য (দয়া করে নির্দৃষ্ট করুন)4	
108	WRKC	পেশা?	গৃহবধূ1	
			বেকার2	
			দিনমজুর3	
			ব্যবসায়4	
			সরকারী চাকুরী5	1
	100		বেসরকারী চাকুরী6	
	2		অন্যান্য (দয়া করে নির্দৃষ্ট করুন)7	
	SES-	আপনার নিজস্ব কোন আয়/ইনকাম আছে?	হাঁ 1	^
109	IndIncom	जारानात्र विवर्ष व द्यमान जात्र/रचनाच जावरः	না	111
		মাসে আপনার নিজস্ব আয়/ইনকাম কত?		
110	SES-	মাসে আসনার নিজম আর/হনকাম কত?	 টাকা	
	IndIncom		A LOS TONICA DE LA CONTRACTOR DE LA CONT	
111	HIM	আপনার পরিবারের/খানার মাসিক	नेका	
		আয়/ইন্কাম কত?	×=	
		1		
			-	
) - De	1 mov 1,3	
		ধ্মপান বিষয়ক ব	প্রসমূহ	
201	SMOKE	আপনি কি কখনও নিয়মিত ধুমপান করেছেন	शं1	
		(যেমন, বিড়ি, সিগারেট, হুকা)?	ৰ 2 -	→ 209
		>	উত্তর দেয়নি 9	
202	QUITSM	আপনি কি ধুমপান ছেড়ে দিয়েছেন/ত্যাগ	হাঁ1	
202	201111	করেছেন?	ন2	
			উত্তর দেয়নি 9	
203	SMTYPE	আপনি কি কি ধুমপান করতেন (কি খেতেন)?	সিগারেট 1	
203	SWITTE	E 2 224	বিড়ি	
			হকা	
	æ		অন্যান্য (দয়া করে নির্দৃষ্ট করুন)	
			সিগারেট শলাকা কতটি	
204	EXSMOK	ধুমপান ছেড়ে দেওয়ার পুর্বে সপ্তাহে আপনি	সিগারেট শলাকা কভাট	
		d		
		সাধারনত কি পরিমান ধুমপান করতেন?	বিড়ির শলাকা কতটি	
			কতবার হুক্কা খেতেন	
205	DYSK	কতদিন যাবৎ ধুমপান করেছেন?	কতবার হুক্কা খেতেন.	
205 206 .			কতবার হুক্কা খেতেন	
	DYSK	কতদিন যাবৎ ধুমপান করেছেন?	কতবার হুক্কা খেতেন.	→ 209

207	DUSMK	কতদিন ধরে/যাবৎ ধুমপান করিতেছেন?	বছর	1
208	QUSM	আপনি সাধারনত এক সপ্তাহে কি পরিমান	সিগারেট শলাকা কতটি	
		ধুমপান করেন?	বিড়ির শলাকা কতটি	
			কতবার হুক্কা খেতেন	
209	PASSMK	আপনার পরিবারে/খানায় অন্য কেউ ধুমপান	थां1	
	i	করে?	না2	→ 301
		=	উত্তর দেয়নি9	
210	WSK	আপনার পরিবারে/খানায় অন্য ধুমপানকারী	স্বামী1	
		কে?	শৃশুর/শাশুড়ী2	
	1		দেবর/ননদী3	
-		75*	অন্যান্য (দয়া করে নির্দৃষ্ট করুন)4	
		ধোঁয়াবিহীনভাবে তামাক ব্য	বহার বিষয়ক প্রশ্ন	
301	SMLESS	আপনি কি কখনও ধোঁয়াবিহীন ভাবে তামাক	যাঁ1	
		ব্যবহার করেছেন? (যেমন, শাদাপাতা, জর্দা	ना2	→ 401
	-	ইত্যাদি)।	উত্তর দেয়নি 9	
302	HGST	আপনি কি ধোঁয়াবিহীন ভাবে তামাক ব্যবহার	হাঁ1	
		ছেড়ে দিয়েছেন/ত্যাগ করেছেন?	না 2	→ 307
			উত্তর দেয়নি 9	
			*	
303	WASCST	কত বছর বয়সে আপনি নিয়মিতভাবে	, বয়স (বছরে)	
		ধোঁয়াবিহীন ভাবে তামাক ব্যবহার শুরু		
		করেছিলেন?		
304	STUC	আপনি সাধারনতঃ কি ধরনের	শাদাপাতা1	
		(ধোঁয়াবিহীনভাবে ব্যবহৃত) তামাক ব্যবহার	গুল 2	
		করতেন?	জর্দা	
			অন্যান্য (দয়া করে নির্দৃষ্ট করুন)4	
305	FCST	আপনি ধোঁয়াবিহীন ভাবে সাধারনত কি	দিনে কতবার	
		পরিমান তামাক ব্যবহার করতেন?	সপ্তাহে কতবার	
			মাসে কতবার	
306	DSTC	আপনি কত দিন যাবৎ ধোঁয়াবিহীন ভাবে	বছর	
		তামাক ব্যবহার করেন?		
307	CST	আপনি কি বর্তমানে ধোঁয়াবিহীন ভাবে তামাক	হাঁ1	
		ব্যবহার করেন?	ना2	401
			উত্তর দেয়নি9	
308	QSTCW	বর্তমানে আপনি ধোঁয়াবিহীন ভাবে কি পরিমান	দিনে কতবার	
		তামাক ব্যবহার করেন?	সপ্তাহে কতবার	
	6		মাসে কতবার	>

309	WHESM	আপনি কোন ধরনের ধোঁয়াবিহীন তামা	ক শাদাপাতা1	
	1	ব্যবহার করেন?		
	1-	7	হাকিমপুরী জর্দা2	
			বাবা জর্দা3	
l	8		পান মাসালা4	
			গুল5	
1	1	16	খইনি6	
			গুটকা7	
210			অন্যান্য (দয়া করে নির্দৃষ্ট করুন)	
310		আপনি কত বছর বয়সে নিয়মিতভাবে		
		ধোঁয়াবিহীন ভাবে তামাক ব্যবহার শুর	প্রকৃত অথবা আনুমানিক)	
		করেছেন?		
			শর্কিত তথ্যাবলী	ALF
401	WCSW	বর্তমানে আপনার পানীয় জলের উৎস কি?	হ্যান্ড টিউবওয়েল1	3-5 (40) 13-E
	l	(আপনি কিসের পানি পান করেন?)	গভীর নলকুপ3	
			ফিল্টার4	
			অন্যান্য (দয়া করে নির্দিষ্ট করুন)5	
402	HOSDW	কত বছর বয়স থেকে এই উৎসের পানি পান		
		শুরু করছেন?	বয়স্(বছরে)	
403	HLDWS	কত দিন যাবৎ এই উৎসের পানি পান শুরু	বছর	
		করছেন?	184	
404	TAS	যে টিউবওয়েলের পানি পান করেন সেই	থাঁ1	
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	1	করা হয়েছে?	না	
405	TWAC	যে টিউবওয়েলের পানি পান করেন সেই	জানি না/নিশ্চিত নই9	
103	IWAC	টিউবওয়েলের পানিতে আর্সেনিক আছে?	ข้า1	
		(আর্সিনিক দুষিত?)	ना2	*
	- W. 102000119	- 4	জানি না/নিশ্চিত নই9	
		স্বাস্থ্য বিষয়ক		15 M. Asid
501	TCP	আপনি কি কখনও জন্মনিরোধক ঔষধ সেবন	शाँ1	
		করেছেন?	না2	→ 503
		Al .	উত্তর দেয়নি9	
502	HLTCP	যদি হ্যাঁ হয়, তাহলে কত দিন যাবৎ সেবন	মাস	
		করছেন?		
03	TMR	আপনি কি নিয়মিতভাবে কোন ঔষধ সেবন	থাঁ1	
		করেন?	न2	→ 505
	•		উত্তর দেয়নি9	505
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	ভুগছেন?				ভায়াবেটিস2			
					অন্যান্য (দয়া করে নির্দিষ্ট করুন)			
					·			
HLSD	কত দিন	যাবৎ উক্ত ব্যধি	কৈ (অসুখে)	বছ	র		********	
	ভুগছেন?			-				
		প্র	্তি/ সভান জ	ন্মদান বিষ	য়ক তথ্য			
HODFM	কত বছর	বয়সে আপনা	্র র প্রথম পিরিয়ড	বয়	স (বছরে)			
	হয়েছিল?	4.0						
WADM	আপনার	আপনার পিরিয়ড সাধারনত (গড়ে) কয় দিন			٩			
	হয় (চলে)?					-	
HOWM	কত বছর	কত বছর বয়সে আপনার (প্রথম) বিয়ে			বয়স (বছরে)			
	হয়েছিল?	হয়েছিল?						
DFPGY	কত বছর	বয়সে আপনি	প্রথম গর্ভবতী	বয়	স (বছরে)			
	হয়েছিলে	ন?				72	}	
	এ পর্যন্ত (মোট কতবার গ	ার্ভ্ধারণ করেছির	লন? সং	থা	ñå		
607.	608.	609.	610.	611. আপনি	612.	613. আপনার	1	615.
গর্ভবতী হওয়ার	গর্ভকালীন সময়		আপনি কি	কতবার	গর্ভকালীন	গৰ্ভ বিষয়ক	যদি হাাঁ হয়, বি	ক গর্ভের ফলাফল:
বয়স (বছর)	(মাস)	সময়ে টিকা		গর্ভকালীন			ধরনের	
				সেবা গ্ৰহণ				
		1		করেছেন?		1	1	
		না-২	1 '	(ANC)		না-২	(কোড)	
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			(কোড)					6)
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	HODFM WADM HOWM DFPGY 607. গর্ভবতী হওয়ার বয়স (বছর)	HLSD কত দিন ভূগছেন? HODFM কত বছর হয়েছিল? WADM আপনার হয় (চলে HOWM কত বছর হয়েছিল? DFPGY কত বছর হয়েছিলে এ পর্যন্ত । 607. গর্ভবতী হওয়ার বয়স (বছর) (মাস)	HLSD কত দিন যাবৎ উক্ত ব্যক্তি তুগছেন? HODFM কত বছর বয়সে আপনা হয়েছিল? WADM আপনার পিরিয়ড সাধার হয় (চলে)? HOWM কত বছর বয়সে আপনা হয়েছিল? DFPGY কত বছর বয়সে আপনি হয়েছিলেন? এ পর্যন্ত মোট কতবার গ কিগেন, গর্ভবালীন সময় বয়স (বছর) (মাস) কত বছর বয়সে আপনি হয়েছিলেন? এ পর্যন্ত মোট কতবার গ কার্তনালীন সময় বহুণ : হাা-১ না-২	HLSD কত দিন যাবৎ উক্ত ব্যবিতে (অসুখে) ভূগছেন? ### এই ব্যৱসে আপনার প্রথম পিরিয়ড ব্য়েছিল? ### অাপনার পিরিয়ড সাধারনত (গড়ে) কর ব্য় (চলে)? ### কত বছর বয়সে আপনার (প্রথম) বিয়ে ব্য়েছিল? ### কত বছর বয়সে আপনার (প্রথম) বিয়ে ব্য়েছিল? ### কত বছর বয়সে আপনার (প্রথম) বিয়ে ব্য়েছিল? ### এই ব্যাহসে আপনার প্রথম গর্ভবতী ব্য়েছিলেন? ### এই ব্যাহস কতবার গর্ভধারণ করেছিল ### কতবার গর্ভধারণ করেছিল ### কতবার গর্ভধারণ করেছিল ### কতবার গর্ভধারণ করেছিল ### কতবার গর্ভধারণ করেছিল ### করেছেন? ### না-২ ### ব্যা বলে #### ব্যা বলে ###################################	HLSD কত দিন যাবৎ উক্ত ব্যধিতে (অসুখে) তুৰ্গছেন? ### ################################	HLSD কত দিন যাবৎ উক্ত বাধিতে (অসুখে) কর নি না	HLSD কত দিন যাবৎ উক্ত ব্যবিতে (অসুখে) ভুগছেন? প্রসূচি/ সন্তান জন্মদান বিষয়ক তথ্য HODFM কত বছর বয়সে আপনার প্রথম পিরিয়ভ ্যেছিল? WADM আপনার পিরিয়ভ সাধারনত (গড়ে) কর দিন হয় (চলে)? HOWM কত বছর বয়সে আপনার প্রথম) বিয়ে ্যেছিল? এ পর্যন্ত বেয়হেল প্রথম পর্তবভী হয়েছিলেন? এ পর্যন্ত বিভাগীন সময় বভাগীন সময় বভাগীন সময় বহুল সময়ে চিকা রহুল সময়ে সেনা হয়েন সময়ে চিকা রহুল সময়ে সেনা হয়েন সময়ে চিকা রহুল সময়ে সেনা হয়েন স্বাম্ব প্রত্থান করেছেলে। না-২ বিশ্ব ব্রহেল করেছেল। করেছেল। করি স্বাম্বর স্বাম্বরিক করেছিল। করেছেল। করি করেছেন। করিয় হলে করিয়েল ভাগীন বান-১০ বহুল করেছেন। করিয় হলে করিয়েল ভাগানেটিস-1 হাইপারটেন-দন -2 ভিজমই -3 ভানি না-100	HLSD কত দিন যাবৎ উক্ত ব্যবিহে (অসুখে) ভূপিলেন?

610. গর্ভকালীন সেবা গ্রহণ কোডসমুহ (ANC): জানিনা অথবা মনে করতে পারছি না = 0; কোনো স্বাস্থ্য সেবা নেয়নি = 0; স্বাস্থ্য ও পরিবার কল্যান কেন্দ্র = 01; থানা স্বাস্থ্য কমপ্লেক্স (THC) = 02; জেলা হাসপাতাল = 03; NGO/বেসরকারী ক্লিনিক = 04; প্রাইভেট MBBS ডাজ্ঞার = 05; অপ্রশিক্ষিত এ্যালোপাথি ডাজ্ঞার = 06; হোমিওপা্যাথি ডাজ্ঞার = 07; অন্যান্য = 08

614. গর্ভ সম্পর্কিত জটিলতা বিষয়ক কোডসমুহ: জানিনা অথবা মনে করতে পারছি না = 0; রক্তপাত= 01; হাতে পায়ে পানি নামা বা ফুলে যাওয়া (Oedema) = 02; সন্তান জন্মদানের পুর্বে পানি ভাঙ্গা = 03; খিচুনী, শ্বাসকষ্ট, স্মৃতি বিভ্রাট হওয়া = 04; প্রচুর/মারাত্মক বমি হওয়া = 05; রক্ত সম্প্রতা = 06

615. গর্ভের ফলাফল কোডসমুহ : স্বাভাবিক ডেলিভারী =1; স্বতঃস্ফুর্তভাবে গর্ভপাত হওয়া =2; মৃত বাচ্চা জন্মদান =3; কম ওজনের বাচ্চা প্রসব (২৫০০ প্রামের কম অথবা ২.৫ কেজির কম) =4; শিশু মৃত্যু=৫

616	সন্তান	। জন্মদানের মোট সংখ	্যা কত?	সংখ্যা			
617. সম্ভান জন্মদানের স্থান : (কোড)	618. সন্তান জন্মদানের সময় সাহায্য করেছে কে? (কোড)	619. কি ধরনের সন্তান জন্মদান করেছেন? স্বাভাবিক বাচ্চা = ১ কম ওজনের বাচ্চা = ২ মৃত বাচ্চা = ৩	620. সন্তান জন্মদানের সময় কি কোন জটিলতা দেখা দিয়েছিল? হাা -১ না-২	621. যদি হাঁা হয়, তাহলে কি ধরনের জটিলতা দেখা দিয়েছিল?	622. ফলাফল: মৃত সম্ভান- ১ জীবিত সম্ভান-২	623. যদি জীবিত সন্তান হয়, শিশু মৃত্যু হয়েছিল? হাা -১ না-২	
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617. সন্তান জন্মদানের স্থান কোডসমূহ: বাড়িতে = 01; থানা স্বাস্থ্য কমপ্লেক্স (THC) = 02; জেলা হাসপাতাল = 03; বেসরকারী ক্লিনিক = 04; অন্যান্য = 05 (দয়া নির্দিষ্ট করে বলুন)

618. সম্ভান জন্মদানে সাহায্যকারী কোডসমূহ: MBBS ডাক্তার = 1; নার্স = 2; প্রশিক্ষিত ধাত্রী = 3; অপ্রশিক্ষত ধাত্রী = 4; অপ্রশিক্ষত হাতুড়ে ডাক্তার = 5; অন্যান্য = 6 (দয়া নির্দিষ্ট করে বলুন)

		গর্ভকালীন সময়ে অথবা গর্ভবতী হওয়ার পুর্বে ত	হামাক ব্যবহার বিষয়ক তথ্যাবলী	
701			হাঁ 1 না 2 উত্তর দেয়নি 9	704
702	WQSP	তখন সাধারনত সপ্তাহে কি পরিমান ধুমপান করতেন?	সিগারেট শলাকা কতটি	

703	ISFC	প্রথমবার গর্জকালীন সময়ের মধ্যে আপনি কর্ত	<u> মাস্</u>	
		দিন/মাস ধুমপান করেছেন?		
704		প্রথমবার যখন গর্ভবতী হয়েছিলেন তখন কি আপনি	হাঁ1	
1	1	ধোঁয়াবিহীন ভাবে তামাক ব্যবহার করতেন?	না	→ 70
			উত্তর দেয়নি9	
705	WHESM	প্রথমবার যখন গর্ভবতী হয়েছিলেন তখন আপনি বি	শাদাপাতা1	
		কি ধোঁয়াবিহীন ভাবে তামাক ব্যবহার করতেন?	হাকিমপুরী জর্দা2	
1			বাবা জর্দা3	
-	i,		পান মাসালা4	
1		* "	গুল5	
	1	_	খইনি6	
	II.		গুটকা7	
			অন্যান্য (দয়া করে নির্দৃষ্ট করুন)	
706	QSTCW	আপনি তখন ধোঁয়াবিহীন ভাবে সাধারনত কি	দিনে কতবার	
1		পরিমান তামাক ব্যবহার করতেন?	সপ্তাহে কতবার	
			মাসে কতবার	
707	DSTCP	প্রথমবার গর্ভকালীন সময়ের মধ্যে আপনি কত	মাস	
	1	দিন/মাস ধোঁয়াবিহীন ভাবে তামাক ব্যবহার		
		করেছেন?		
708	CSTBFP	প্রথমবার গর্ভবতী হওয়ার পুর্বেও কি আপনি	হাঁ1	
1		ধোঁয়াবিহীন ভাবে তামাক ব্যবহার করতেন?	ना2 -	→ 712
			উত্তর দেয়নি9	
709		প্রথমবার গর্ভবতী হওয়ার পূর্বে আপনি ধোঁয়াবিহীন	শাদাপাতা1	
	+:	ভাবে কি কি তামাক ব্যবহার করতেন?	হাকিমপুরী জর্দা2	
	P = 1		বাবা জর্দা3	
(a			পান মাসালা4	
			গুল5	
	1		খইনি 6	
			গুটকা	
710		আপনি তখন ধোঁয়াবিহীন ভাবে কি পরিমান তামাক		
710		ব্যবহার করতেন ?	দিনে কতবার	
			মাসে কতবার	
711	ICSTBF	প্রথমবার গর্ভবতী হওয়ার পূর্বে আপনি কত	মাস	
		দিন/মাস ধোঁয়াবিহীন ভাবে তামাক ব্যবহার	11 100	
		করেছেন?		
		10001;	<u> </u>	
		-		
আপনার উ	টচ্চতা এবং ওজন	পরিমাপ করা দরকার।		
712. উচ	লৈ কে	देखि ।	No.	
	*			
713. ওজ	ন(ব	ब्रि ।		
_	Y			
সহযোগিত	া করার জন্য আপ	নাকে ধন্যবাদ।		
			3	
			শেষ করার সময়: ঘন্টা 🔲 🔲 মিনি	帝 📗 📗