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TOBACCO AND SUBSTANCE USE:PERCEPTIONS AND PRACTICES AMONG MEN IN BAGNIBARI, BANGLADESH

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ABSTRACT

Tobacco and substance abuse are associated with several serious diseases and despite understanding their negative health consequences, men in Bangladesh still smoke at a rate higher than elsewhere in South Asia. There is little information concerning substance use in men in rural or urbanizing areas of Bangladesh. This study was a qualitative, exploratory study of the practices and emic perspective of men's tobacco and substance use in order to more fully understand why men choose to use and their associations with use. The research team sampled men in Bagnibari village, Bangladesh, and questioned them on theirs as well as the community's perceptions and use of tobacco and substances conducting a series of qualitative methods. Men within the study associated smoking at first as a social behavior but as their habits grew, they smoked on their own. Substance use on the other hand started in social situations and remained social. Participating men showed components of individual will and assertion of independence which were made more convenient through the perceived acceptance of men smoking among the community.

Keywords: Men in Bangladesh, Tobacco, Substance Use, Practices, Perceptions

I. INTRODUCTION

Tobacco use has a significant impact on global health. Out of 6.8 billion of world's population, almost 1.1 billion are smokers. The majority of these people live in low and middle income countries like Bangladesh, India, Indonesia and China [1]. Globally, 48% of the adult population use alcohol and 4.5% of them use illicit substances [2]. Tobacco and substance use are a major public health problem because their use is linked with high levels of mortality concerning chronic diseases, as well as morbidity concerning mental health and unintentional injuries or violence. The mortality rate attributed to tobacco use is higher than malaria, tuberculosis and maternal and child diseases combined [3]. Use of alcohol and other drugs are strongly linked to unintentional injuries, physical fights, academic and occupational problems and illegal behavior [4]. If a person uses alcohol for an extended period of time, he or she is more likely to experience liver disease, cancer, cardiovascular disease, and neurological damage as well as psychiatric problems such as depression, anxiety, and antisocial personality disorders [5].

In Bangladesh 44.7% of men are tobacco smokers and 26.4% use smokeless tobacco. Despite 96.8% of men believing tobacco causes serious illness [6], Bangladesh has the highest prevalence of men who smoke in the South Asian region [7]. Concerning drug use, it is estimated that between 500,000 and 1,000,000 Bangladeshi residents are addicted to some sort of drug [8]. This is made more problematic by the fact that Bangladesh is geographically surrounded by a large area of opiate producers, sometimes referred to as the "Golden Crescent" [8], which provides relatively easy access to opiates and other drugs. Bangladesh is a predominantly Muslim country and alcohol or most substance use is socially and legally prohibited. Yet there is data on urban alcohol abuse [9] as well as

in rural areas where fermented sugar-cane, rice and molasses are distilled for homemade alcoholic products [10].

Some studies have already been conducted to understand the prevalence of smoking and substance use. There are quantitative studies that use statistical analysis to try to relate smoking with substance use like in a study of addicted patients admitted to a Dhaka hospital, which found 100% of cases smoked tobacco. Another study found that men in Bangladesh who smoked cigarettes were 10 times more likely to use *ganja*/*charas* (cannabis) than non-smokers [11, 8]. Although tobacco and substance use are well documented worldwide, there is little Bangladesh-specific qualitative information on tobacco and substance perceptions and practices, which are needed to craft appropriate, effective interventions in the future.

This study addressed a portion of this information gap with a display of men's histories behind their smoking and substance use to explore the perceptions and practices concerning tobacco and other substances among men in a Bangladeshi village. The study looked at their current smoking practices and substance use, their perceptions of smoking and substance use**,** their physical, mental, social and economic consequences of use and their perceived relationships between tobacco and substance use. Exploring men's emic perspective (personal understanding) was an important way to gain insight into their perceptions and context of use. The study was specific to a small village in a peri-urban area called Bagnibari near Savar. This was an exploratory research study, without a priori assumptions, as per the guidelines of grounded theory. To collect our data we used in-depth interviews (IDI's), focus group discussion (FGD), participatory rural appraisal (PRA), observations and informaldiscussions. We included men with a range of demographic features in order to capture a wider picture of the community.

II. METHODOLOGY

A. Context Setting

Bagnibari is a small village of 4000-5000 persons located in Savar, Bangladesh. Excepting a few, most of the people of Bagnibari are middle class or poor. The village is near a marketplace called Akran in the union of Savar. Savar is a suburb of urban Dhaka characterized by recent urbanization and development of factories and land.

B. Study Design and Conceptual Framework

The study lasted for a short period with one and half weeks with data collection and analysis from March 8 to March 14, 2010 and further analysis and writing from the March 15 to March 20, 2010. It was an exploratory qualitative study to establish perceptions and practices of men's tobacco and substance use, which looked at the emic experience of tobacco and substance use in men, rather than its prevalence.

The research team created an initial conceptual model of factors concerning men's history of use, knowledge or beliefs of use, their social environment, and the economic accessibility of substances to guide our initial findings. The conceptual framework was to sort potential themes and influences. A modified conceptual framework was later created based on the findings.

C. Sampling

The research team sampled men varying in age to capture a variety of views in the community. Males younger than 14 were excluded because their experiences and narratives would not be as extensive as men who had been smoking for longer periods. But when sampling, the team managed to obtain consent for interviews with men between the age of 20 to 70 with most of the men being in their 30s and had an informal discussion with only one 14-year-old. Men were not chosen based on use-status so as to gain the perspective of users and non-users alike. Women were not interviewed although they are an important set of informants as they were considered to be non-smokers and would not have a first hand, emic understanding of men's perceptions and practices concerning substance use. The samples were collected through purposive, snowball and opportunistic sampling for research as needed to collect relevant data. These types of sampling allowed for the team to interview available participants in the community (via purposive and opportunistic methods) as well as the difficult-to-identify groups of substance users (through snowball). One informant led the team to the key informant, who suggested the team meet with individuals he knew to be substance users (purposively) and he helped organize our focus group discussion. In order to improve triangulation, the team also interviewed other individuals separate from the key informant so as to gain other perspectives. These men were chosen opportunistically by the research team as they

traveled by bicycle on the road and in tea stalls throughout Bagnibari village.

D. Data Collection

On the first day of data collection, the team went to a tea stall in the village and found an older man named Salim. He has been working with the community police for the last 30 years. After a half hour conversation, Salim introduced us to his nephew, Rajib. Eventually Rajib became our key informant and helped us arrange our focus group discussion (FGD).

The team spent time observing people along the roads, sat at tea stalls and interviewed individuals in Bagnibari—while attempting to create rapport and manage the impressions we may have projected to the community. The researchers wanted to collect data until reaching saturation (no new data), but there is a possibility this was not achieved in the small amount of time in which the study was conducted. Snacks were provided during the FGD for participants and occasionally tea was provided if we were in a tea stall to facilitate conversation.

In all encounters, individuals were first informed about the research purpose before verbal consent was taken. There were not always, however, positive responses. There were moments when people refused to give interviews. These complications may have affected our sampling during the short period of data collection. Despite all these impediments, the research team conducted five in-depth interviews (IDI), one focus group discussion (FGD), one participatory rural appraisal (PRA), several observations and two informal discussions. These several methods were used to triangulate the data and ensure a more in-depth understanding of the data.

The team formulated guidelines for FGD and checklist for IDIs, observations and PRA to ensure the tools were enacted properly. One interview was set up through a snowball approach—when a community policy officer was interviewed purposefully (as he was smoking in a tea shop). He led the team to a new informant, as mentioned above, who helped arrange the FGD. In FGDs, the team used open-ended question to elicit emic perspectives. The PRA conducted was free listing, in which the team asked individuals and groups to identify words and phrases they associated with tobacco or substance use and finally ranked the responses to understand what they associated most with substance use. The group said that they were illiterate so the research team wrote down the words or phrases they said, repeated them, and asked them which of these were more important and ranked them verbally.

Interviews were selected by purposive and opportunistic sampling. Interviews were conducted in semi-private areas (corners of shops or in fields) to ensure that the participants spoke freely on sucha sensitive topic. The FGD consisted of male smokers we found through our key informant. FGD was used to identify common perceptions and practices in tobacco and substance use for individuals and the community. It was focused on general perceptions and practices. Individuals were not encouraged to describe personal experience. This was done to reduce the risk of identifying them as users of illegal or unacceptable practices within the group setting. Observations took place in public places chosen purposively to observe men's practice of tobacco use (actual use/purchasing of products). The team also observed substance use practices (in the middle of a field and within a tea stall).

E. Data Analysis

While in the field, interviews were facilitated in Bengali by one team member and translated to English. Notes were confidential with pseudonyms throughout all processes and transcribed within 24 hours to ensure accuracy. For analysis, the team coded according to a code list created together based on specific objectives and research questions. The notes and manuscripts were then coded manually through Microsoft Excel with color-coding. This was done separately to ensure rigor of analysis and the separate findings were eventually merged to establish themes, choose core quotations, and create memos to provide the presented findings with adequate context.

F. Ethics

The team was aware that each member came to the process with different backgrounds, which might have influenced research or analysis—but recognized that they might not be completely devoid of their own emic perspectives. All names were changed into pseudonyms. However the real names were kept for reference by the research team in a confidential file in an effort to protect the participants from any seen or unforeseen risk associated with answering questions.

III. FINDINGS

A. Smoking Histories

Participants varied in age when they started smoking, from 8 to 45, and it was common that they began smoking when surrounded by smokers (peers or coworkers) who persuaded them to start. One older gentleman, Salim, a member of the community police force, said that he had started smoking 25 years earlier. He said, "I started when I was working with these policemen…they all smoke, and their pressure encouraged me to smoke." Men's smoking trends changed over time. Most admitted to smoking more but some mentioned less as they grew older. In a focus group discussion (FGD) of men mostly in their 30s and 40s, all six men reported an increase in smoking over time and attributed this to the power of addiction.

B. Current Tobacco Smoking Practices

There were a variety of responses concerning the practices and perceptions of tobacco and substance use (which can be seen in Table I). Of those who smoked, only one reported smoking fewer than 10 times a day (he smoked four cigarettes during his interview and he reported two-to-three per day) and one as many as 60. Concerning their current practices, the fact that men smoked "when they wanted to," or "anytime" were repeatedly mentioned but they also referred to some social situations in which they smoked, such as while drinking tea or playing cards. During our observations in tea stalls, a common place where men can buy cigarettes and other tobacco products, men rarely bought a cup of tea without buying a *pan* (betel leaf) or smoking a cigarette while they sat and chatted quietly, watched television or the street. At all times during observations of tea stalls there was at least one person purchasing or using tobacco.

Observations also found men smoking on the street, in the fields, at home, while talking with us and while lounging on their rickshaws. They were able to buy cigarettes at any tea stall, market, and small vendor in single sticks or by the pack or borrow from each other (often sharing a match to light each other's cigarette). The interviewees said that at no time was it inappropriate to smoke—but during Ramadan and while being in the office were the two times individuals knew it was prohibited. A non-smoker claimed that it was inappropriate to smoke in front of mosques and family members.

A. Perceptions of Smoking

Why Use: In the FGD, while ranking the major reasons why they smoked, addiction was pointed out as their driving factor. Only one man mentioned that he thought he could quit in a week if he wanted to but another retorted that the same individual would not quit even during Ramadan, the holy month for Muslims. Although everyone agreed that addiction was not a good thing, few wanted to quit. Besides addiction, common reasons why participants wanted to smoke were to deal with stress, to relax or reflect, and also because they had the freedom to do so. A 24-year-old mechanic informed the team, "Smoking helps me relax. It makes the time pass fine. I can sit, smoke, and think and remember about some beautiful memories to pass the time" as he and a friend enjoyed a cigarette in the corner of a field during sunset. A non-smoker made a similar assertion that smokers liked cigarettes in spite of their addiction.

Physical Health: All participants said that smoking had negative health effects yet few smokers were able to name any specific problems. When asked which health effects they associated with smoking, men in the FGD mentioned health issues not necessarily associated with smoking, but eventually enumerated coughing, tuberculosis and gastric problems as made worse by tobacco. Few smokers admitted that they themselves suffered from any health problem. One interviewee, 20-year-old Lohit, a factory worker, implied a dose-effect of smoking, saying that he knew his friend Bitan experienced coughs, but that he himself did not smoke too much to experience such problems. In an interview, a 36-year-old smoker said he would not smoke around his small daughter, as she needed the oxygen (he added that adults need oxygen too but he was not as concerned with their wellbeing as much as he was concerned about his daughters). Non-smokers mentioned cancer, lung diseases, tuberculosis, ulcers, and some of them said that those who smoked needed "operations".
Participants focused on some positive aspects of smoking that it was essential for relieving constipation and that cigarettes were a type of "medicine" (although no one was able to elaborate on this point, but implied the context of mental health for relieving tension or "to relax" mentioned above, rather than physical health). In a particular case, a 70-year-old man explained that he started smoking at the advice of a traditional healer to solve a distended stomach problem in which it was "like a pregnant lady's" and the condition went

away after a month of smoking. He did not know why, but he knew that he had stomach troubles during Ramadan when he tries to abstain from smoking.

Relationships: Smokers did not mention that smoking directly affected their relationships, either familial or social. The closest they came was to say that a member or so of their family did not approve of them smoking. One man knew of another man who gave up smoking because his daughter had made an ultimatum—yet none of the men we interviewed actively felt this familial pressure. Besides, smokers also perceived positive effects on relationships in a form of communion over a cigarette with other smokers, building stronger bonds while passing time together and smoking collectively. Among the non-smokers, a 21-year-old driver did not approve of his friends smoking and if they were smoking, he said, "It keeps me standing farther away from them, and I would join them only when they are done."

D. History of Other Substance Use

When asked to list other substances participants mentioned *mod* (alcohol), *ganja* (marijuana), *tari* (fermented sap/molasses), heroin (opiate) and phensidyl (cough syrup). Although these questions were asked concerning the community, some men described their individual experiences. One upper-middle class land developer aged 36, said that he used to drink, and that he had done most of his drinking while he was being educated and later working in real estate development in Malaysia. But he was no longer drinking now that he was married and his wife did not approve of it. Three admitted during interviews that they had smoked *ganja* (aged 20, 24, 31). They said that they had started because of the encouragement of their peers. One individual started smoking *ganja* as he started spending time with influential political leaders and he felt a pressure to smoke *ganja* and drink *mod* with them. Another young man insisted that he started using different substances with friends he had been smoking with and eventually started with *ganja*, then moved on to *mod*, and heroin. He said he was able to smoke *ganja* because he was not living with his family and he had a lot of time to himself. This individual, Bitan, said that he had tried "these other things" (meaning heroin) and no longer used them but still smoked *ganja* and drank alcohol.

E. Current Substance Use Practices

Mod, *ganja*, and *tari* were the most common forms of substances our informants used. We were able to witness these three individuals using *ganja*, each time in a social setting—either with each another or in a teastall with about 10 other patrons around. *Ashor* is a gathering of young people where the participants said it was appropriate for each to take *mod* or *tari* together. Another social gathering mentioned was during a game of "three card" (popular gambling).

When asked to speculate about his community's substance use, 21-year-old Noor thought 60-70% of the men in his community used substances excessively, especially *mod*, *tari* and *ganja* (he defined *mod* excess as two to three litres per day). He made note that *mod* and *tari* were produced discreetly and locally, but sold within the village. Through a few informal conversations about how to procure *ganja*, *tari* or *mod*, users were candid about their access to such substances. Users and non-users alike noted that these substances were produced locally by villagers away from the eye of authorities, but that gatekeepers with some forms of authority were involved in the process and were bribed to ensure protection.

F. Perceptions of Substance Use

Why Use: As with tobacco, everyone admitted that there was an element of addiction, but one informant claimed that he ended use before addiction became an issue (in the case of heroin). Other informants who used *ganja*, *mod* or *tari* were not concerned with addiction. They claimed that they liked the feeling and that it was a habit, but not an addiction. An user of *tari* said that it was social and something common in Bagnibari—and when asked about why he used *tari*, one man stated "I know that it is bad for me, but I like it, so I continue to take it. I am not concerned with what other people say of my lifestyle, I do not bother with that. Most of the people here are addicted to similar things—so I have no concern if it is good or bad." For one individual who occasionally drank beer, drinking was a form of relaxation that he often paired with smoking cigarettes. In the case of 31-year-old Rajib, drinking was social, something men did together after dark, and he knew that his friends encouraged each other to consume *mod* or *tari.*

Table I: Results

Practices of Tobacco					
Initial use	*At suggestion of someone else*	*Curiosity*	*Greater social circle were smokers*		
Pattern of use	*More over time*	*With friends*	*While playing cards*	*At tea stalls/with tea*	*Not during Ramadan*
Perceptions of Tobacco					
Why smoke	*To relax/for tension*	*Because I want to*	*To spend time thinking*	*Addiction*	*Accessible monetarily*
Physical health	*Negative in general*	*Lung problems*	*Cancer*	*As medicine*	
Effect on relationships	*Family does not approve/secrecy*	*"Spoiling" of children*	*Spending time with other smokers*		
Practices of Substance					
Initial use	*At suggestion of someone else*	*Greater social circle were users*	*Curiosity*	*With people who were smoking*	
Pattern of use	*More over time*	*With friends*	*While playing cards in group (ashor)*	*At night (mod)/ day (ganja)/anytime (tari, ghul)*	
Perceptions of Substance					
Why use	*To relax/for tension*	*Because I want to*	*With smoking*	*Accessible from key members*	
Physical health		*Negative in general*	*Troubles*	*As medicine*	
Effect on relationships	*Family does not approve/secrecy/ "Spoiling" of children*	*Building relationships with key community members*	*Spending time with other users*	*Violence against family*	*Strain with community that disapproves*

Noor, a non-user, had opinions about why men in his community used substances. He asserted that demographic information determined what type of substance men chose: for example men between the age of 15 and 30 were most likely to use*ganja*. "The *Rangbaz* [gangsters], use *mod* and phensidyl. Normal people mostly just take *ganja*" and when asked about why they used, he responded, "Those who do this are not strong enough to work. They are weak…most are illiterate and don't know what is good and what is bad. Therefore they engage themselves in using these substances." Users and non-users alike cited peer pressure as a reason for using substances.

Physical Health: Two mechanics agreed that smoking *ganja* at work made them physically more productive, which is why they smoked it at work, although one admitted that there were probably times when they were not as productive as they could have been because they were not paying attention. But as far as negative effects were concerned, the other mechanic mentioned that he stopped using heroin since it was bad for him but could not give any reason as to why it was bad. Another claimed that his uncle encouraged his drinking habit because he wanted to inherit his land and drinking would make him die more quickly.

Individuals who did not use substances but were willing to share their perceptions about it cited that they were healthy because they did not use substances. In an informal discussion, a 80 year old man walked up to us, took off the shawl he was wearing to cover his shoulders, flexed his arms and said that he was "good and strong" because he did not use these substances. Loss of control was described as a physical health effect, "…and they don't have any idea [when they are using]—they just go here and there. They walk on the streets and

they don't realize they are not wearing clothes. They are out of their own control."

Relationships: When discussing the effects of substance use on personal and familial relationships, users mentioned that their families knew of their use and did not approve but they continued. However, one man said that he stopped drinking when he was married as his wife disapproved and it was her will (but he also associated drinking with his time spent in Malaysia—when he was not married). Asking this man how drinking affected relationships, he answered broadly, "Sometimes when people take these substances, they beat their wives, or misbehave with other family members." Noor said families were affected by substances use because a substance user "beats his wife…misbehaves with family members…when they take *mod* and *ganja* they beat their wives. They shout at them and at other family members." He also believed that users "will take loans from father for business then smoke and drink alcohol to ruin everything [economically]." In case of Rajib, who thought his habit was encouraged by his uncle wanting him to die an early death. This uncle called him "spoiled," explaining that he had been consuming *ganja* and *mod*, etc without having any concern for his family. We also heard the term *spoiled* from a mother who lamented her son's tobacco use.

Concerning extra-familial social ties, users thought communal consumption brought them closer and is a way to pass time together, like the two friends who shared two joints in a field while we interviewed them. Some non-users were indifferent to men in their community using substances, but Noor was adamant that substance suppliers should be aware how they were ruining the community's youth, expressing anger at them.

Smoking and Substance Use: All of the men in our study who smoked cigarettes did so before trying other substances. For those that used both tobacco and other substances, use was initiated in social situations like the aforementioned gatherings, *ashor* and playing cards. Some individuals stated that smoking and substance use were commonly done together, especially in social situations:

> "I smoke more when I sit and drink. Take beers. We always smoke more…now that I do not drink I do not smoke as much."Participants who started using in social settings also starting smoking cigarettes in the same way—as something their friends were doing and they joined upon their encouragement. Participants did not always make assertive comments for smoking and substance use. They said that they had consumed these products "when they wanted to". On one hand they seemed to assert "independence". On the other hand, our observations also imply that they were more cautious in determining times when it was appropriate to use them.

Conceptual Model: These findings led to the creation of a conceptual model delineating factors of perceptions and context of smoking and substance use. As derived from the data, tobacco and substance use are each affected by social environment, history of use, accessibility, and knowledge or beliefs of use. In the social environment social gatherings help to facilitate use, familial views of substance use have an impact, peer groups are a context in which people use, and the social or local environment where people use are important. Concerning individuals' history of use, initiating use, the idea of habit, and trends of life-long use are factors that lead to use. Individuals' access to substances is impacted by socio-economic status (SES), liquidity of assets to procure substances, the elasticity of use, and profession and employment are important. Knowledge and beliefs concerning use were also essential in the usage chain: concerning ideas of physical, mental health, perceptions of addiction, and differing levels of understanding made an impact in use of tobacco or substances as did any other perception concerning the substances or their use. All of these are interconnected tangentially between tobacco and substance use—especially social environment, history of use, knowledge and beliefs of use—but there did not seem to be too much relation between accessibility. There are more macro themes that make a difference in both tobacco and substance use; these are environment, independence, and urbanization which are discussed in the discussion session.

IV. DISCUSSION

A. Smoking and Substance Use

In general, tobacco is considered a "gateway drug" for further substance use [12, 13], and this study's findings were consistent with that hypothesis. The study revealed an overlap between those who use substances other than tobacco and those who already smoked; this is consistent with other

findings in Bangladesh [8] and worldwide [14]. When asked why they began smoking or began using substances they replied similarly for each question. The answers for when they smoked or when they used substances were also similar. Peer pressure was a major motive for initial use in this and in other studies concerning tobacco and substance use in Bangladesh [11, 8].

B. Assertion of Independence

Although they responded that their initial use may have been due to peer pressure and in social settings, and that their current practices are amongst other men, participants were clear that they smoked or used at their own will. Men may be aware of their family members' disapproval, but responded that they smoke or use "when I want to" and "because I want to." This may be a factor of asserting their independence and autonomy; choosing to drink alcohol, or spend a minute smoking a cigarette is a personal choice over which they have control. They consider it time spent on themselves, for themselves.

Concerning their families' condemnation of use, men are usually heads of households and were not willing to quit for their wives (except in one case) and those who were unmarried were no longer dependent on parental ties for support, and therefore were no longer subject to their parents' ideas of acceptability. Some men who had stated that they smoked and used whenever they want to also identified times when they were quitting, reducing their habit, or had identified what was inappropriate to use—but they had internalized these issues as important to themselves (for example, because they did not like being out of control or out of concern for their daughters), not due to pressure from others. Even when the participants considered smoking and substance use as a bad habit they were still proud to report that they had power over when and how they would consume tobacco and other substances.

Literature concerning masculinity explored the idea that men do not want to be seen as "weak" and that they therefore smoke [15, 16]. In this study, men who were more open about their substance use were also attempting to demonstrate their power in the community and freedom from legal or communal norms. When talking at a tea stall with an informant and some of his friends about substance use and when he wants to smoke *ganja*, he stopped talking, produced a cigarette filled with marijuana, and smoked it in front of the people in the stall. He then spoke of the power he held in the community, being able to smoke in front of these people without concern for the consequences.

C. Environment of acceptance

A theme that emerged from the data was the idea that in addition to acting on their personal will to smoke or use, men enjoyed both social and physical environments of acceptance in smoking. Relaxing and passing the time with smoking and substance use were such common answers for use that one might ask how else men would pass their time if these substances were not available to them or how men would gather and spend time with each other without the social context of smoking or use of other substances.

Although all informants were Muslim, no participant who consumed substances or cigarettes expressed concern for the religious prohibition or the illegality of substance use except for a brief mention of Ramadan (during which they had a difficult time adhering to the religious fast and often faltered). Men were more concerned with the questions, such as the places where it was appropriate to smoke or use substances according to their environmental context (i.e. in some social settings, at night or during the day, at one's own home, among whose company and what that company thought about use stigmatized substances like *tari* or *ganja* more). They carefully assessed the research team to see if they held any judgments about the topics being researched. For instance as soon as the team stated a neutral and positive stance on smoking cigarettes, all the members of the FGD pulled out packs and passed cigarettes and matches between them simultaneously before starting to smoke together. When asked about how the community felt about their substance use, men usually answered that it was common and that other men accepted the use within the community and only their immediate families had negative opinions.

Men alluded that the national laws against substance use were inconsequential, as some local authorities also drank or used drugs and were subject to bribes by local producers. Once an interviewee waited 45 minutes during an IDI before he deemed it safe to smoke *ganja* from an empty cigarette he had been holding since the research team had approached him. In another case, a non-user reported that he felt there was no

community concern for smoking or substance use; it was just accepted especially since he believed the local authorities promoted substance use for profit. A member of a specific legal authority informally bragged to the research team that the law enforcers exerted their authority to serve their vested interest in keeping alcohol and substance use within the community.

D. Urbanization and its Consequences

As Bangladesh is urbanizing beyond the confines of the capital city, Dhaka, accessibility to more substances is also increasing [9, 10]. There is more migration into peri-urban Savar, with several garment factories surrounding the area, and land being partitioned for development. Individuals in Bagnibari look at these changes as affecting their community. Many men in the study mentioned that they perceived that their land was worth more and that they had more access to money (even boys had more access to pocket money) to spend as they wanted. Many of the users did not have education beyond sixth grade, and were working either as farmers or day laborers. They felt that the financial stability attributed to the economic climate of Savar could also contribute to the use. Whereas a non-user educated until 12^{th} grade and employed as a private driver believed that his money was better spent on his family and that substance use or smoking was a waste of limited resources. Also, if more people were moving into the area, the reported corruption concerning illicit substance production and allowance in the area would be exacerbated with an increased demand for these products and more consumers.

Globally, urbanization is an issue related to substance use as poverty remains constant or increases with the influx of migrants to the urbanizing area. Unemployment, low education and lack of social support are all risk factors for substance use [17]. One young man, Bitan, migrated to Bagnibari for work, was away from his family, for economic reasons, and began using *ganja*, *tari* and heroin with his friends where he worked, and did not mind spending TK 300-400 per week on substance use because he felt that there was money to be made in Savar and that substances were readily available. Although he had ended his heroin use, Bitan still smoked frequently and consumed other substances, which he did not considered to be a problem and he was happy how Savar was becoming a more urban place where they could enjoy an easier, more metropolitan lifestyle.

V. LIMITATIONS

This study faced some limitations despite the researchers' efforts to control for them. The study was done in a short period of time, and therefore saturation may not have been reached. The lack of time also might have hindered the quality of data collected in general. Moreover, the interviews were conducted in Bengali and translated and analyzed in English; with these translations some context or data might have been lost. Furthermore, one of the researchers was a woman which might have affected the interviews as they pertained to men's practices. This may have influenced the observations or individual responses. The fact that the topic was sensitive and involved illegal substances could lead to a stigma attached to the informants if they were seen in the presence of the researchers. So this might have had an effect on the validity of the data collected. Additionally, the pattern of questioning usually started with tobacco use and then transitioned into substance use by which time, despite trying to find neutral, private spaces, other people usually stood around and observed. This probably had an effect on the responses as well. The researchers are aware that some aspects of their own etic or personal perspectives concerning the subject may have also influenced their research or analysis.

VI. CONCLUSIONS

Currently, worldwide campaigns to discourage tobacco and substance use are targeted at the cost of substances, making them illegal or constructing a legal component for their consumption, information dissemination concerning negative effects or mitigating the role of peer pressure—but users who participated in this study did not respond that legality, cost, or current social campaigns had impacted their habitual use. Although these may be effective strategies concerning new users, targeting current users would require an understanding of how individuals incorporate smoking and substance use in their daily lives, what they say about their use, and how urbanization is rapidly changing previously isolated, low-income areas with an influx of capital and migration and thereby creating the possibility of ready access to substances. More studies must be done concerning these macro factors influencing tobacco and

substance use to target current users in peri-urban Bangladesh.

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