

# **Perceptions of Health Warning Labels on Cigarette Packages: A Study of Bangladesh Smokers**

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*Health warnings on cigarette packages are among the major sources of information on the negative consequences of smoking. Such labels are especially important for developing countries as there are large populations of smokers in those countries. Effective tobacco warning labels could help reduce tobacco use among smokers and improve their health. The objective of the study is to identify the effects of tobacco warning labels on cigarette packages among adult smokers in Bangladesh, one of the most populous developing countries. Our research indicates that most smokers understand the harmfulness of smoking, more than 90% of them have knowledge about health-related illnesses caused by smoking, and package labels are the second most cited information source after mass media. However, the effectiveness of the warning labels is somewhat lacking. The findings have implications about improving warning labels for the purpose of reducing smoking habits in developing countries.*

*Keyword: health warning labels, cigarette packages, perception of warning labels, Bangladesh*

## **INTRODUCTION**

Tobacco use has been identified by the World Health Organization as a leading cause of death and disability (World Health Organization, 2023). More than 24 different smoking-related diseases have been identified, including cardiovascular disease, respiratory disease, and 10 different forms of cancer (US Department of Health and Human Services, 2014). There is evidence that about half of all continuing smokers will die prematurely as a result of this addiction because of their inadequate knowledge of the

negative effects of smoking (Jha, 2009). This especially is a pressing issue in developing countries with large populations. In Bangladesh, for example, there are approximately 22 million smokers (Driezen et al., 2016). These countries are facing a tremendous challenge in curbing the smoking habits of the large numbers of smokers in order to improve the general health of their populations.

Tobacco warning labels are messages that appear on the packaging of cigarettes and other tobacco products concerning the health effects of those products. They have been implemented in an effort to enhance the public's awareness of the harmful effects of smoking. Such warnings have been required in tobacco advertising for many years. Health warning labels explain the damaging effects of tobacco products using text and/or pictures. The messages in the labels are intended to describe the harmful physical and psychosocial effects of using tobacco products (Hammond et al., 2003). Since the intervention happens at the time of smoking, nearly all smokers are exposed to warning labels, and a-pack-a-day smokers could be exposed to the warnings more than 7,000 times per year (Hammond et al., 2003).

Warning labels serve two main roles. First, the warnings give health information on the dangers of utilizing tobacco products. Although it is widely known that tobacco products are harmful, many people are not aware of the full range of negative effects they have on health. Second, warning labels on tobacco products aim to affect tobacco use. This includes reducing use or encouraging quitting among users, preventing non-users from initiating smoking behavior, and preventing former users from relapse. To be effective, package warnings must be noticeable, relevant and memorable. They should also address the concerns of smokers and potential smokers alike (Stranhan et al., 2002).

Australia, Sri Lanka, and Uruguay require warnings to cover as much as 80 percent of the package surface. Warning labels must be large enough to be easily noticed and read and should be as large as possible. Forty-six countries, including Bangladesh, now require warning messages to comprise at least 50% of the overall package surface. In Bangladesh, since 2006, the Tobacco Control Act (TCA) has mandated text-based health warnings on tobacco products. The warnings should clearly state that smoking causes stroke, heart disease, lung cancer, breathing, or even death, and cover 30% of the front and back of the package surface. There are six different messages required to be rotated. However, at any given time, there is only message, which changes to another message every six months. Smokeless tobacco products are not covered by the law. An amendment to the TCA was initiated in 2009, but, to this day, is still in the works. Pictorial warnings that meet the Article 11 Guidelines of the Framework Convention on Tobacco Control (FCTC) have been recommended in the proposed amendment. Table 1 illustrates that the current health warnings do not meet the FCTC Guideline in five key areas. The International Tobacco Control (ITC) Policy Evaluation Project in Bangladesh demonstrated the strong need to enhance warning labels on cigarette packs in Bangladesh to meet FCTC Article 11 Guidelines by introducing rotating, larger-sized warnings, and messages including graphic images of diseases caused by tobacco use (ITC, 2011).

**TABLE 1**  
**CURRENT BANGLADESH HEALTH WARNINGS AND ARTICLE 11 GUIDELINES**

Guideline	Yes	No
1 Labels should appear on both front and back of the package	√	
2 Labels should be at the TOP of the package		√
3 Labels should be as large as possible (at least 50% of the package)		√
4 Labels should include full colour pictures		√
5 Labels should rotate multiple messages	√ *	
6 Labels should include a range of warnings and messages	√	
7 Labels should include information on harms of tobacco smoke	√	
8 Labels should provide advice about cessation		√
9 Labels should list constituents without numbers		√

\*Guideline number 5 is accompanied by a question mark because the same message appears on packs for six months.

In large, developing countries such as Bangladesh, research on the efficacy of tobacco warnings on cigarette packages is needed for the purpose of increasing their effectiveness and further improvement. One of the possible reasons of high smoking prevalence in Bangladesh is that many people have inadequate knowledge about the harmful effects of tobacco use. This knowledge is more lacking among people with low income and fewer years of education or no education because of limited access to information. For these consumers, tobacco warning labels could quickly provide information in a cost-effective manner. Hence, the aim of this research is to study the effects of tobacco warning labels on cigarette packages in Bangladesh. Warning labels have the potential to have a significant impact on smoking behaviour due to their high frequency of exposure. Further, warning labels on the package as an important source of information and knowledge about harmfulness of tobacco products is strongly associated with the intention to quit smoking (Hammond et al., 2006). It is possible that, especially in developing countries, smokers and potential smokers do not fully understand either the nature of the risks or the magnitude of the dangers of tobacco products.

The purpose of this study is to help improve our understanding of the public's perception of warning labels on cigarette packages in Bangladesh. We also examine the extent to which smokers understand the magnitude of the health risks based on the warning labels and whether the warning labels influence their smoking habits.

## **KEY TOBACCO WARNING LABEL STUDIES**

There are several important studies that focused on warning labels and their impact on smoker behaviour. After new, large pictorial warnings were introduced in 2000, ninety-one percent of Canadian smokers surveyed reported having read the warning labels and demonstrated a thorough knowledge of their content. Further, smokers who read, thought about, and discussed the warning labels in greater depth at baseline were significantly more likely to either quit, attempt to quit, or reduce their smoking at follow-up (Riordan, 2013). Smokers who perceive greater health risk from smoking are more likely to intend to quit and to quit smoking successfully. The health risks of smoking are also the most common motivations to quit cited by current and former smokers, as well as the best predictors of long-term abstinence among reasons for quitting (Riordan, 2013).

Hammond et al. (2003) studied adult smokers from the United States, the United Kingdom, Canada, and Australia from the International Tobacco Control Four Country Survey (ITC-4) to examine variations in smokers' knowledge about tobacco risks and the impact of package warnings. Smokers who noticed the warnings were significantly more likely to be concerned about health risks, including lung cancer and heart disease. But smokers in the four countries exhibited significant gaps in their knowledge about the risks of smoking. In each instance where labelling policies differed between countries, smokers living in countries with government-mandated warnings reported greater health knowledge. For example, in Canada, where package warnings include information about the risks of impotence, smokers were 2.68 times more likely to agree that smoking causes impotence compared to smokers from the other three countries.

Hammond et al. (2004) did another study on cigarette warning labels in Canada. Specifically, they assessed the impact of graphic warning labels. A telephone survey of 616 adult smokers led to the finding that one fifth of the smokers smoked less due to the labels. Negative emotional responses including fear and disgust as a result of those labels increase the tendency to quit smoking and reduce smoking 3 months later. Only 1% of the smokers exposed to graphic warning labels reported smoking more. Those who tried to avoid the warnings were no less likely to think about the warnings or cessation at follow-up. Similar findings regarding the Canadian market were also reported by Azagba and Sharaf (2013).

Another study on the impact and acceptability of Canadian-style cigarette warning labels among U.S. smokers and non-smokers found that more graphic and salient warning labels on cigarette packs as used in Canada may help reduce smoking initiation and increase quitting attempts (Peters et al., 2007). Compared with current U.S. labels, Canadian labels produced more negative affective reactions to smoking cues and to the smoker image among both smokers and non-smokers without signs of defensive reactions from smokers. A majority of both smokers and non-smokers supported the use of Canadian labels in the United

States. The study concluded with the finding that Canadian-style warnings should be adopted in the United States as part of the country's overall tobacco control strategy to reduce mortality and medical costs associated with smoking.

In a study conducted in India, Raute (et al., 2009) found positive attitude of the general public toward implementation of pictorial warnings on tobacco products. The majority of the people surveyed strongly favoured pictorial warnings. Almost 90 percent of the respondents were aware of health warning messages on cigarettes packs. An almost equal percentage of people also favoured strengthening the pictorial warning labels. Strong pictorial health warnings would make 23.2% male tobacco users consider quitting smoking and 33.1% non-tobacco users think twice before starting smoking.

After introducing pictorial warning (of second-hand smoking) labels in Singapore (2004), a Health Promotion Board survey found that 14% of the smokers surveyed said that they made it a point to avoid smoking in front of children; Twelve percent said that they avoided smoking in front of pregnant women; and 8% said that they smoked less at home (Riordan, 2013). According to GATS Bangladesh Report-2009, the vast majority (93.4%) of respondents believe that exposure to second hand smoking causes serious illness in non-smokers (World Health Organization, 2009).

There are other study results supporting pictorial warning labels. For example, in Brazil, after the introduction of new pictorial warnings, 73% of smokers approved of them, 54% had changed their opinion on the health consequences of smoking, and 67% said the new warnings made them want to quit. The impact was particularly strong among less educated, lower income people. After Singapore introduced their pictorial warning labels in 2004, a Health Promotion Board survey found that 28 % of the smokers surveyed reported smoking fewer cigarettes because of the warnings. A European Union directive gives its 27 member countries the option of adding pictures to warnings as a way to educate smokers about the risks of continuing to smoke (Riordan, 2013). These actions reflect the growing consensus that warning labels are effective in communicating the harms of smoking cigarettes and discouraging tobacco use.

## METHODOLOGY

Dhaka is a large city with a significant smoker population. The sample consists of adult smokers from two administrative area of Dhaka – the northern part and the southern part.

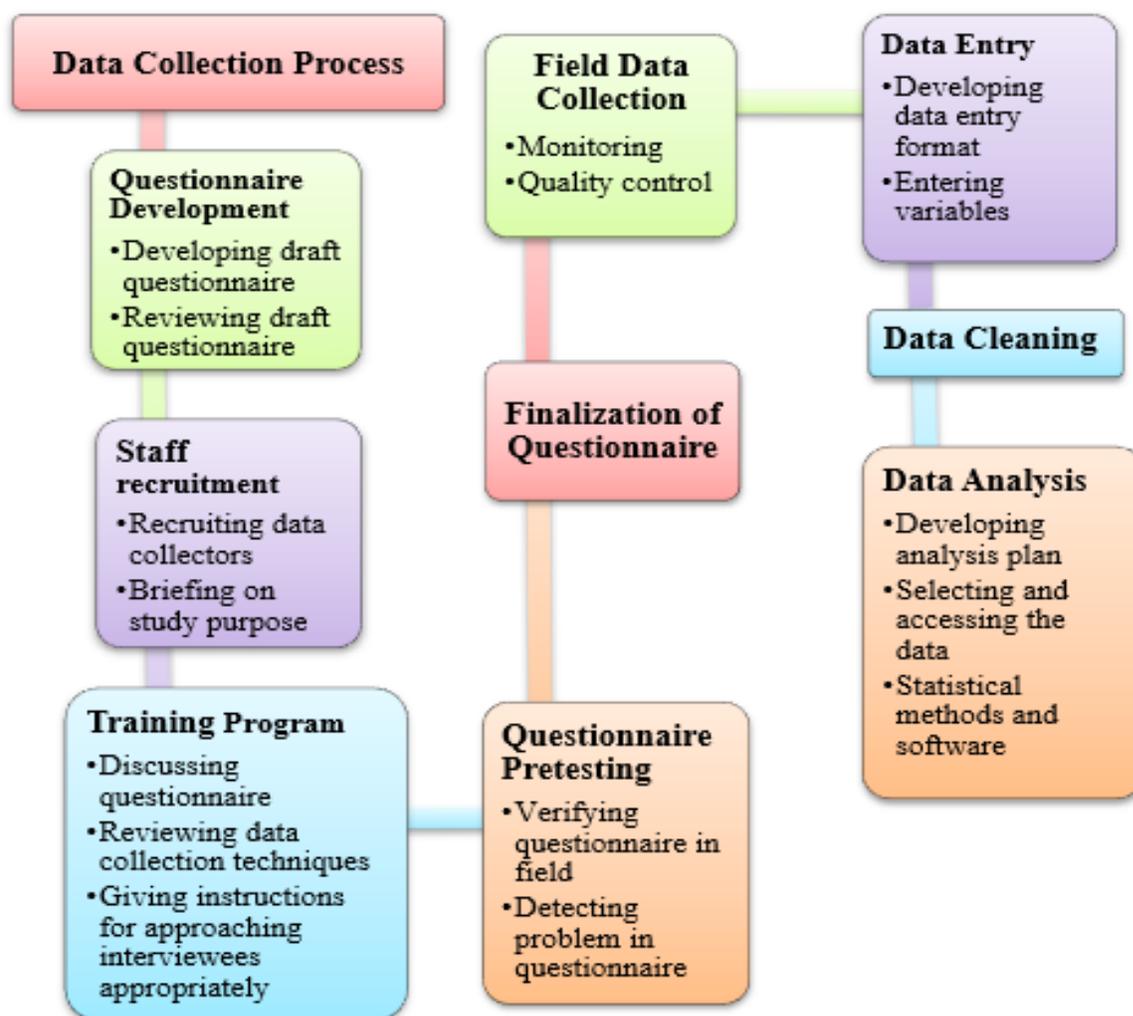
**TABLE 2**  
**DISTRIBUTION OF SELECTED THANAS BY ADMINISTRATIVE AREAS OF DHAKA CITY**

Southern Dhaka	Northern Dhaka
Dhanmondi	Uttara
Ramna	Mirpur
Lalbag	Tejgoan
Damra	Gulshan

Eight Thanas out of 22 Thanas of Dhaka city were selected for this study. These Thanas were selected based on population density and the sizes of the respective geographical areas. In southern part of Dhaka city, Dhanmondi, Ramna, Demra, and Lalbag have larger geographical areas as well as higher population densities than the others, so these Thanas were selected purposively as they would provide a better representation of the smoker population in the southern part of the city. In the northern part, Uttara, Mirpur, Tejgoan, and Gulshan were selected with the same considerations. The target population were adult

smokers aged 18 years or older. Data collection was conducted by four trained interviewers in areas like tea stalls, shops, college campuses, and parks where smokers were often present. The questionnaire includes questions on the respondent’s smoking habit, age, gender, education attainment, occupation, knowledge, and perception of harmfulness of smoking and their thoughts on warning labels. The data collection process followed the plan outlined in Figure 2.

**FIGURE 1  
DATA COLLECTION PROCESS**



Consent with each participant was obtained before each interview. Participation was voluntary, anonymous, and confidential. The consent form was attached to every questionnaire to inform participants. The participant had the right to withdraw himself/herself from the study at any time during the process. Once a participant filled out the questionnaire, it was thoroughly checked for any mistake in the presence of the data collectors. All ethical issues related to the research were addressed according to the guidelines of Bangladesh Medical Research Council (BMRC).

## RESULTS

### Smoker Behaviour Based on Cigarette Warning Labels

We collected data from 424 respondents. Tables 4 and 5 show summary statistics of the sample. Our sample has a substantial number of young smokers and an overall educational attainment higher than that of the general population. Most did not appear to be heavy smokers but there still were a number of people smoking more than 10 cigarettes a day. There is a relatively even distribution in terms of lengths of smoking history.

**TABLE 3**  
**THE SAMPLE**

<b>Demographics</b>	<b>Number of Respondents</b>	<b>Percent (%)</b>
<i>Age range (years)</i>		
18-25	177	41.7
26-35	137	32.3
36-45	52	12.3
> 45	58	13.7
<b>Total</b>	<b>424</b>	<b>100</b>
<i>Educational attainment</i>		
No Formal Schooling	29	6.8
Primary School	62	14.6
Middle School	51	12.0
High school	182	42.9
College and above	100	23.6
<b>Total</b>	<b>424</b>	<b>100.0</b>

**TABLE 4**  
**SMOKING HABIT OF RESPONDENTS**

<b>Smoking Habit (Adult Smokers)</b>	<b>Number of Responses (n = 424)</b>	<b>Percent (%)</b>
<i>Type of smoker</i>		
Occasional Smoker	89	21.0
Regular Smoker	335	79.0
<b>Total</b>	<b>424</b>	<b>100.0</b>
<i>Duration of smoking (In years)</i>		
< 5	174	41.0
5-15	143	33.7
> 15	107	25.2

<b>Total</b>	<b>424</b>	<b>100.0</b>
<b>Daily cigarettes consumption</b>		
1-10	290	68.4
11-20	101	23.8
> 20	33	7.8
<b>Total</b>	<b>424</b>	<b>100.0</b>

We asked several questions regarding the impact of cigarette warning labels on smokers' behaviour. First, warning labels were not the most cited sources of smokers' knowledge about harms of smoking. Mass media, especially radio and television, were mentioned by 83% of the respondents. Cigarette warning labels was a distant second with 26.2% of the respondents mentioning them. Second, the vast majority of the respondents (97.4%) were aware of the warning labels on cigarette packs. As discussed earlier, there are 6 selected warning messages assigned by the tobacco control law of 2013, and they have to be displayed in rotation. Half of the smokers noticed 1 or 2 of the messages, and about one third of the smokers noticed 3 or 4 messages. However, only a small minority (3.5%) of the smokers noticed 5 or 6 warning messages.

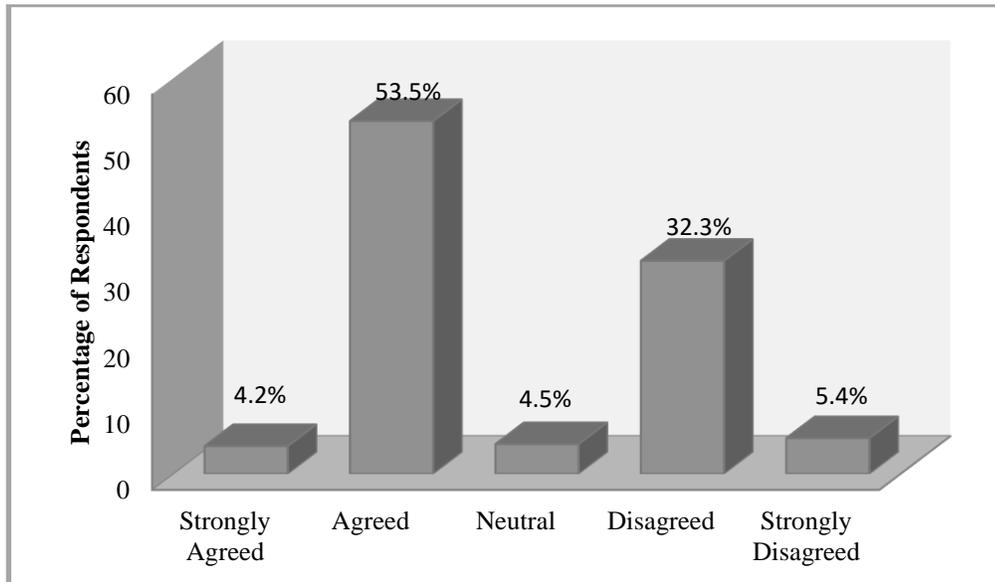
Among the government-approved warnings messages, the majority of the respondents (more than 60%) knew "Smoking causes stroke" and "Smoking causes respiratory problems". Two messages, "Smoking causes heart disease" and "Smoking causes throat and lung cancers" were understood by 46.5% and 35.6% of the respondents, respectively. Only a very small fraction (less than 5%) knew the other two messages ("Second-hand smoke causes harms to the fetus" and "Smoking causes harms to the fetus").

The majority of the smokers (66.7%) noticed government-approved health warning messages on cigarette packets. In contrast, thirty-three percent of smokers still noticed warning labels not assigned by law and in violation of the tobacco control law. Some examples of unapproved messages are shown in Figure 4.

**FIGURE 2  
UNAPPROVED LABELS SEEN BY RESPONDENTS**

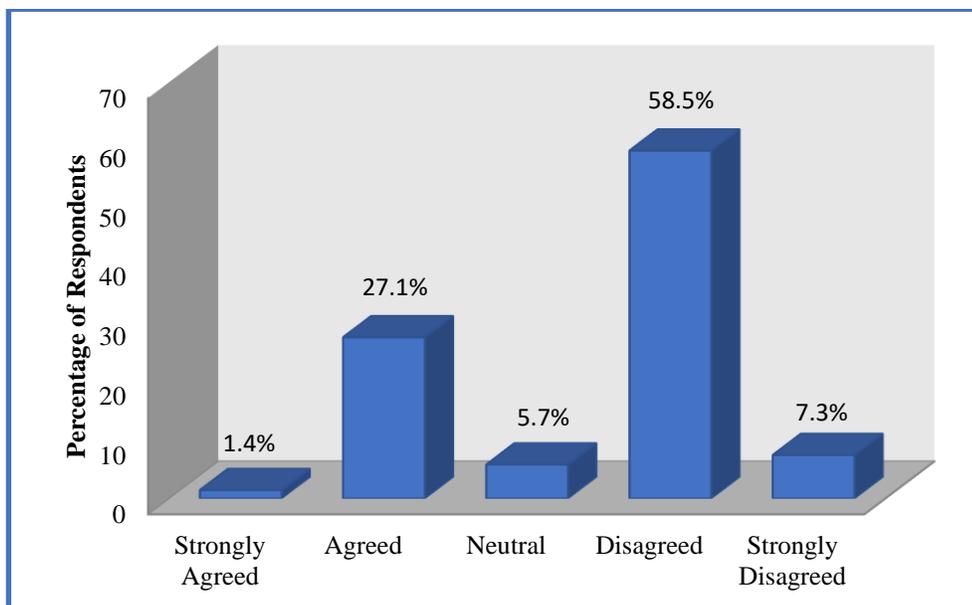


**FIGURE 3**  
**EXISTING WARNING LABELS ARE EASILY NOTICEABLE**



As shown in Figure 5, a little more than half of the respondents agreed that the warning messages were easily noticeable. A substantial number of them (almost 40%) either disagreed or strongly disagreed. In addition, the majority of the smokers either disagreed or strongly disagreed with the view that current warning labels provide sufficient information about health risks, while only 28.5% of smokers thought existing warning labels provided sufficient information about health risk (Figure 6).

**FIGURE 4**  
**EXISTING WARNING LABELS PROVIDE SUFFICIENT INFORMATION ABOUT HEALTH RISK**



**FIGURE 5**  
**CURRENT WARNING LABELS PROVIDE INFORMATION ON SECOND-HAND SMOKING**

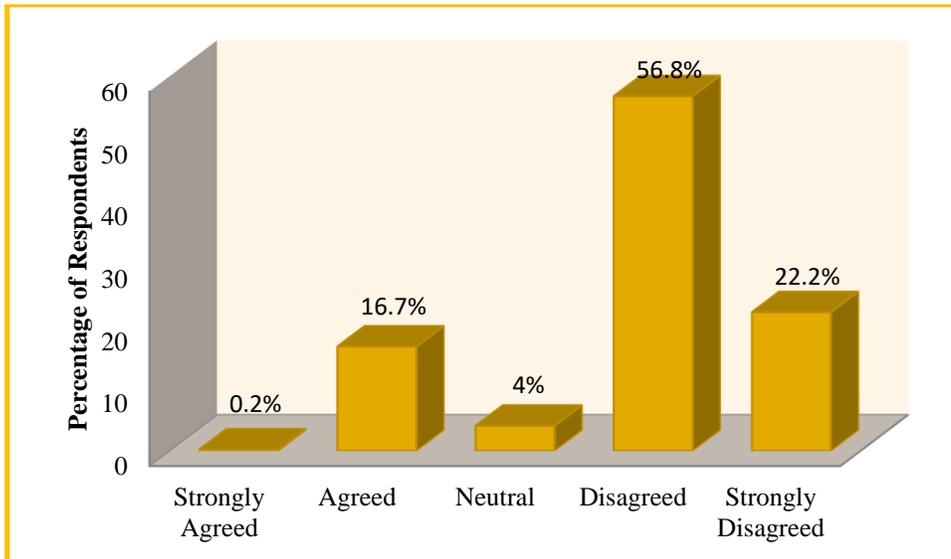


Figure 8 shows that most smokers do not think the warning labels provide sufficient information on the harms of second-hand smoking. Also, most of the smokers (90.4%) were not in agreement with the view that warning labels are understandable for illiterate smokers (Figure 9).

**Effects of Warning Labels on Behavioral Change**

More than half of the smokers (58.5%) said that they noticed warning labels on cigarette packets when they started smoking, whereas 41.5% of the smokers did not notice them. Hence, the current warning labels fail to draw attention of more than one third of smokers when they started smoking. In addition, more than half (59%) of the respondents indicated that they hesitated to smoke after noticing existing warning labels, but the labels did not have this impact on the rest of the respondents. About 55.4 % of smokers wanted to quit smoking after noticing existing warning labels, and 44.6% of smokers did not. About 54.7% of the smokers replied they didn't become aware of harmful effects of smoking by noticing existing warning label, whereas 41% did.

**TABLE 5**  
**EITHER SMOKERS AWARE TO HEALTH RISK OF SMOKING BY ASPIRATION TO QUIT SMOKING WITH NOTICING EXISTING WARNING LABEL**

Aware of health risks of smoking	Intend to quit smoking		Total
	Yes	No	
Yes	130 (74.7%)	44 (25.3%)	<b>174 (100%)</b>
No	98 (42.2%)	134 (57.8%)	<b>232 (100%)</b>
Don't know	7 (38.9%)	11 (61.1%)	<b>18 (100%)</b>

The majority of the smokers (74.7%) who wanted to quit smoking was aware of health risk of smoking from warning labels. Around 25% of the smokers who didn't want to quit smoking were also aware of those risks from warning labels. However, about 42% of the smokers who wanted to quit indicated they were unaware of the health risks of smoking communicated by warning labels. On the other hand, 25.3% of

smokers still did not want to quit smoking despite of being aware of the health risk of smoking after noticing existing warning labels.

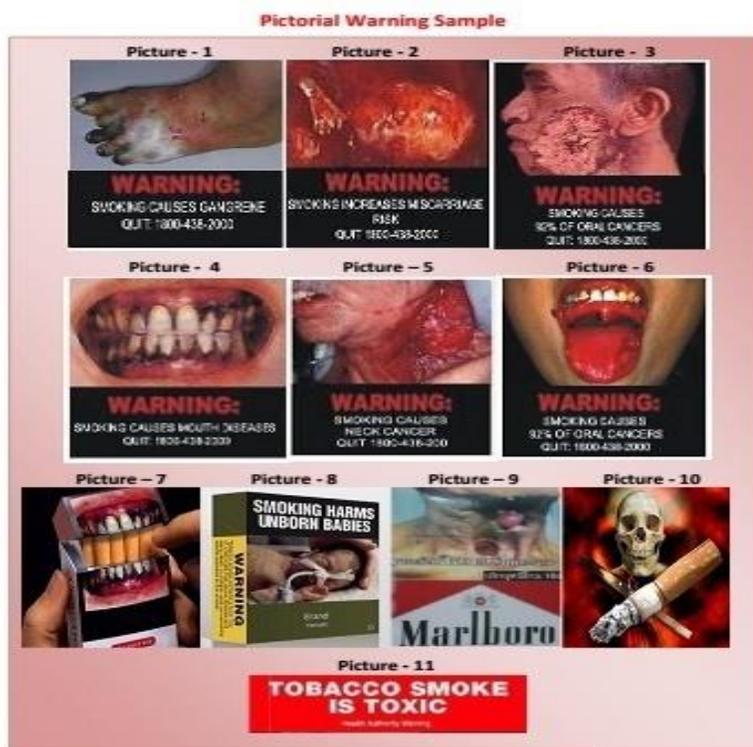
The majority (62%) of the smokers did not think that current warning labels make people less likely to start smoking, whereas only 32.8% of them did. About 68.6% of the smokers directly stated the current health warning labels didn't help motivate healthy behaviour change, and only 23.3% stated that they did.

### Modification of Warning Labels

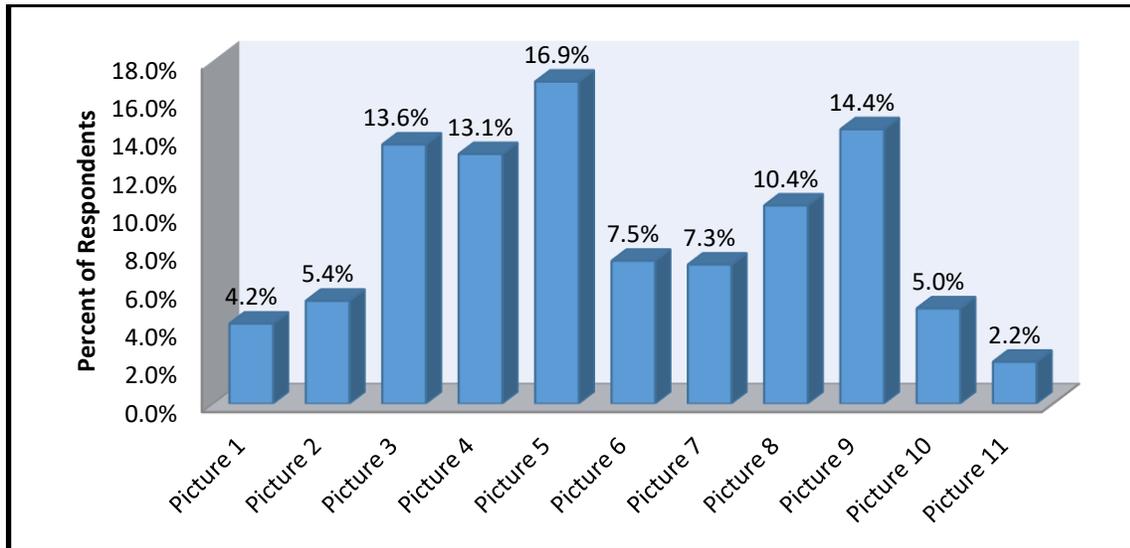
As shown in Figure 14, the majority of smokers (87.5%) agree that warnings about second hand smoking should be added on cigarette packages. Most of the smokers (80%) agreed that, if the colour of textual warning labels is red, then they would be more noticeable. A similar percentage of the smokers agreed that more health warning messages should be given on cigarette packets (79%) and that health warning should be improved and modified to make it more effective, informative, and understandable (87%). In addition, a large majority (87%) of the respondents also agreed that pictorial warning label on cigarette packets can be more effective. An almost identical percentage (86%) agreed that dramatic pictorial health warnings are required to improve the warning label.

Eleven (11) picture samples were presented to the respondents to evaluate their attitude toward pictorial warning messages. Some of these pictures were striking in that they depict the diseases that smoking could lead to in a dramatic way (Figure 22 & 23).

**FIGURE 6  
PICTORIAL WARNING SAMPLES**



**FIGURE 7**  
**PICTORIAL WARNING LABEL SAMPLE IS MORE EFFECTIVE**



Using three open-ended questions, we asked the respondents to express their ideas, opinions, and suggestions on certain issues. Regarding the delay of pictorial warning labels, about 30% of the respondents said early implementation of pictorial labels would be good and 18% thought that new smokers would increase if the pictorial warnings were delayed longer. About 11% of the smokers said lack of government's concerted efforts would be responsible for late implementation of pictorial warning labels.

On the issue regarding improved warnings on cigarette packs (pictorial /danger-emphasized/red color text etc.), about 44% of the smokers said awareness will increase about health hazards of smoking. About 26% presumed that smoker's number will decrease. Another 11% of the smokers thought moderate impact will be created about smoking awareness. About 8.3% believed new smokers would be discouraged by noticing harmful effects of smoking. Only 4.2% said that no impact would be created.

Respondents also gave additional suggestions on ways to improve warning labels. About 26% of the respondents desired early implementation of pictorial labels. About 13% suggested implementation of other promotional activities (e.g., mass media, commercials, billboards, etc.). About 7.5% suggested that both pictorial and written labels should be added on the cigarette pack. Higher cigarette prices were mentioned by 7.3% of the respondents. Around 4.7% of the respondents recommended that cigarette promotion should be banned in mass media. A small number of them (3.5%) recommended that warning labels size should be increased. Furthermore, 2.4% respondents suggested that warning with pictorial labels should be changed rotationally with higher frequencies.

## **DISCUSSIONS AND CONCLUSION**

The purpose of the study is to evaluate various effects of warning labels on cigarette packages in the context of a developing country with a large population of smokers. In the past, the majority of the research in this area has been conducted in developed countries with a relatively smaller smoker population (e.g., Hammond et al., 2004). As the results show, most smokers in Bangladesh know smoking can cause various illnesses like lung cancer, heart attack, and stroke. However, most of the participants got the information from mass media, especially radio and television, rather than from warning labels on cigarette packages. As such, warning labels do not serve as a major information source but still are a cost-effective way of providing anti-tobacco information, as most of the respondents were familiar with health warning messages on cigarette packs. However, there are several aspects of current warning labels that are deemed

unsatisfactory. Most respondents did not believe that current warning labels provide information on second-hand smoking. One third of smokers thought current warning labels are not easily noticeable. The majority of the smokers stated that the current labels do not provide sufficient information on health risk of smoking. Most also do not think current text-only warning labels are understandable for illiterate smokers. We also note that warning labels do have positive impact on smoker behavior. Hesitation regarding smoking is an important behavioral measure of the effects of health warning labels because it is a significant predictor for subsequent motivation to quit smoking. More than half of the respondents expressed that they hesitated to smoke after noticing warning labels, but there are still many smokers who did not want to quit smoking even after noticing warning labels, showing the limitations of the current labels. Most of the respondents also indicated that current textual warning labels have moderate effect, and some even said they had no effect on smokers.

The majority of the smokers hoped to see warning messages modified to make it more effective, in terms of being both informative and understandable. Red warning labels, information on second-hand smoking, more information on health risk of smoking, and more graphic warning messages could be used to elicit more healthy habits. These could be highly effective because smokers already demonstrated a high level of awareness of the text-only labels. Policy makers in Bangladesh and elsewhere should consider these options to combat smoking in their smoker population.

The strong potential of picture-based warning labels should be given serious consideration. The level of awareness in Bangladesh is lower than in countries with strong graphic warnings such as Mauritius and Thailand (ITC Project, 2011). Modification can be done in several ways including strong, meaningful, and understandable pictorial warnings with text. The message should convey very serious diseases like cancer caused by tobacco use. According to ITC Bangladesh report on tobacco warnings, some cigarette smokers (25%) stated that the text-based warnings made them want to quit smoking a lot. Although this study found a higher percentage of smokers' desire to quit smoking after noticing existing warning labels, still around half of the smokers are not motivated enough to quit smoking by noticing those labels. In contrast, when Thailand introduced their second set of pictorial labels in 2006, 53% of smokers there said the pictorial warning labels made them think "a lot" about the health risks and 44 % said the warning labels made them "a lot" more likely to quit over the next month, compared with 59% of smokers having no plan to quit smoking previously. In addition, when strong pictorial warning labels were replaced with text-only warning labels in Mauritius, the number of smokers noticing warning labels was increased by 26.4% (ITC Mauritius project, 2009). Evidence from the ITC Mauritius Survey demonstrated that Mauritius' new set of eight pictorial health warnings, which are among the largest in the world were highly effective in comparison with the former text-only labels. After large graphic warnings (70% of back and 60% of front of the pack) were implemented in Mauritius, the percentage of smokers reporting that they had taken steps to avoid seeing the health warnings increased from 13% to 40%, indicating an increase in consumers negative attitude toward smoking cigarettes.

We also should emphasize several other findings. Red-colour text can be an effective way of modifying the existing warning label because red text is normally used to make a warning or caution stand out and invite attention. So red text can make the warning label more noticeable and make people pay attention to the harmful effects of smoking. Information about various harmful contents amount like nicotine, tar, heavy metals, and toxic chemicals of the cigarette can be very much effective for health behavior change. There is evidence that the majority of Bangladeshi smokers (81%) want more information about the health risks of tobacco use on cigarette packages (ITC Project, 2011). Similarly, our results indicate the majority of consumers want more information about the health risks of tobacco use on cigarette packages.

Besides those considerations, the study has several other implications for policies governing cigarette warning labels. These include reinforcing the rotation of the warning label messages per instructions given in the tobacco control law, increasing information on second-hand smoking, creating labels that can be understood by the illiterate, using large label sizes, and putting labels on both the front and the back of the package.

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