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Myanmar became the eleventh Party to the Framework Convention on Tobacco Control on the 20th of April 2004.

Tobacco Free Initiative in Myanmar

The current and prospects of Tobacco in Myanmar



Among the sampled population of 4721, 37.3% of males and 4.7% of females were reported as current users. About 21.3% of students were currently smoking at the time of survey. More than 20% were using smokeless tobacco. The majority of current smokers who bought any form of smoking tobacco in a store were not refused purchase because of their age. More than half of the total population was exposed to tobacco smoke at homes and outside places.

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"They said: Myanmar artists are skilful."

An interview with a Myanmar lady-owner of Myanmar art gallery abroad



Myanmar artists are skilful. Myanmar paintings are better than those of Thais'. These are the points, expatriates at Thailand told me. Myanmar paintings are better than those of the paintings from Laos and Cambodia.

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SMOKING MAY CAUSE
GUMS CANCER, TONGUE CANCER.



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"Tobacco Free Initiative in Myanmar"

The current and prospects of Tobacco in Myanmar

Dr. Nyo Nyo Kyaing

1. Background Information

Cultural as well as religious views in Myanmar do not regard tobacco use as immoral or sinful. Tobacco use has been widely accepted as a social norm for many years. It is used as well-wishing gift at various ceremonies and is usually served with green tea to house guests. It is also included among the three essential things that should be offered to monks and guests; namely tobacco, betel quid and green tea leaf (hsey, kwan and lephet)

The tobacco industry in Myanmar is mainly comprised of factories and cottage industries that produce cheroots. These cheroot industries hire women who took the material to their homes to roll. It was estimated that they make up approximately 60% of the workforce engaged in the tobacco industry.

There are two state owned cigarette factories one in Yangon and the other in Pakokku; the number of people employed at state-owned cigarette factories was 1690 in 2000. There was no information on people employed in private domestic companies that produced cigarettes with imported raw material. Production of cigarettes by these factories has fluctuated considerably.

Several surveys with limited coverage provide smoking prevalence data, but there is no nationally representative survey. Surveys in 1999 and 2000 found male prevalence of 60% and more. Surveys conducted in 2001 for Study on Tobacco Economics ¹and Myanmar Sentinel Prevalence Study ² recorded much lower prevalence rates for males as 31% and 42.9% respectively. Survey findings for female prevalence differ even more widely, finding rates from 7% to 50%. Most survey findings reported female prevalence around 20%. The majority of women smokers are from rural areas.

Different types of tobacco are used in Myanmar. The most common form of tobacco smoked are cheroots which are thin and long and usually wrapped with " thanatphet", a special form of leaf mainly used for making cheroots and grown in northern part of hilly region. Other smoking forms include hand-rolled cheroots, cigarettes, cigars, pipes and watery tobacco in some parts of Myanmar. Myanmar tobacco leaves are sun-cured and ground; their stems are baked and chopped; and these are mixed with tamarind and wrapped with thanatphet leaves to roll into cheroots. All cheroots are hand-rolled. Cheroots can be classified into two types, "cheroots" made by cottage industries and "hand-rolled cheroots" rolled by the users themselves.



Myanmar's Thanatphet-leave cheroot

Hand-rolled cheroots are larger from of cheroots rolled at home usually wrapped in a corn(maize) tusk (pyang phoo phet); they may also be rolled in smaller and longer forms wrapped by thanatphet (put chun).

According to all studies ever conducted on tobacco in Myanmar, the most common form of tobacco product used in Myanmar is cheroots, either produced by cottage industries or by domestic companies. Cheroots are more widely used in rural areas. Cigarette smoking was higher in urban areas and among males, and smoking of hand-rolled tobacco was more common among females.



Tea, Chinese-dumpling, cheroot and chewing betel

Use of smokeless tobacco is also common in Myanmar. Smokeless forms of tobacco use include chewing of betel quid with raw tobacco and chewing of raw tobacco. The Sentinel Prevalence Study in Myanmar 2001², reported prevalence of current smokeless tobacco as (14.9%) of population above 15 years of age, 23.8% of males and 8.0% of females. According to this survey, among current tobacco users, two third reported smoking and one third chewing. Among chewers mostly chewed tobacco with betel and only chewed raw tobacco. Among smokers, mostly either smoked marketed cheroots or hand-rolled cheroots. Cigarette smoking was only reported by 3%. Cigar and pipe smoking was reported after the age of 55 years. In other words, these products are vanishing from the society.

Cheroot and hand-rolled cheroot smoking decreased with increased level of education whereas cigarette smoking increased with increasing level of education. Smoking of cheroots and use of smokeless tobacco products is most commonly reported among the low income group and low education group. Studies show a strong association between current paternal use of tobacco and all types of tobacco users.

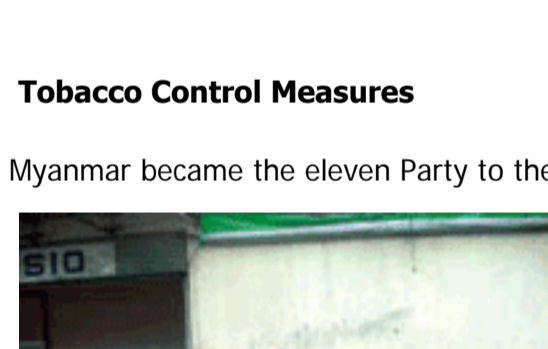
The majority of current smokers who bought any form of their age.

The Global Youth Tobacco Study in Myanmar was conducted in 2001³ to study the knowledge, attitudes and behaviour of 8th, 9th and 10th students in Myanmar regarding to tobacco use, their exposure to environmental tobacco smoke, their access to tobacco products and the extent to which they receive anti-tobacco information in schools and from media.

Among the sampled population of 4721, 37.3% of males and 4.7% of females were reported as current users. About 21.3% of students were currently smoking at the time of survey. More than 20% were using smokeless tobacco. The majority of current smokers who bought any form of smoking tobacco in a store were not refused purchase because of their age. More than half of the total population was exposed to tobacco smoke at homes and outside places.

Tobacco Control Measures

Myanmar became the eleven Party to the Framework Convention on Tobacco Control on the 20th of April 2004.



Chewing betel or cigarette, or both?

Myanmar had been implementing tobacco control measures for many years, mostly through providing health education to the public via all forms of media and health talks. Myanmar officially launched the National Tobacco Control Programme in the year 2000. Strong political commitment became more evident when the Office of the State Peace and Development Council officially formed the National Tobacco Control Committee in March 2002 which is headed by the Minister for Health and includes heads of departments and local NGOs as members. This Committee set guidelines for the tobacco control measures to be implemented in the country.

The Ministry of Information had **prohibited advertisement** of tobacco on television, radio and all electronic media since 1997. Following the guidelines set by the National Health Committee and National Tobacco Control Committee, tobacco advertising billboards had been banned from the vicinity of schools, hospitals, health facilities, sports stadiums and maternity homes since May 2002 and after the completion of contracts between the tobacco industry and the city development committees, all tobacco advertisements had been banned from all over the country since April 2003. According to the instructions issued by the General Administration Department of the Ministry of Home, tobacco advertisement had also been banned from the newspapers, journals and magazines since early 2003.

a standing order that prohibited smoking at all hos

The Ministry of Health is in the process of endorsing the Control of Smoking Law which is mainly concerned with protection of non-smokers' health from exposure to tobacco smoke. In the mean time, on the 21st of May, 2001, the Director General of the Department of Health issued a **standing order** that prohibited smoking at all hospitals and health departments in the entire country, in commemoration of World No-Tobacco Day, 2001. The order clearly stated that all hospitals and health departments should be tobacco-free. Since then, reports from the hospitals all over the country had reached the Tobacco Free Initiative Project of the Department of Health, stating the date on which they had declared their hospitals to be tobacco free. Some of the hospitals put up billboards of Tobacco Free Hospital and ceremoniously erected the billboards, where not only the hospital staff but also members of the local authority and members of local NGOs attended. Measures have been undertaken to ensure that health care workers and institutions set a good example by not smoking themselves, make their institutions smoke free and through their own training, counseling and advocacy activities emphasize the benefits of a smoke free life.

The joint collaboration between Tobacco Free Initiative Project and School Health Project of the Ministry of Health and the Ministry of Education had also achieved most of the basic education schools in Myanmar to be tobacco free. The fact on dangers of tobacco is already in the school curriculum and the life skills education training for students. Frequent essay and quiz competitions on tobacco among the students were held which increased their knowledge on tobacco.

the Ministry of Sports declared all its sports stadium prohibit smoking among athletes.

In commemoration of the World No-tobacco Day 2002, the Ministry of Sports declared all its sports stadiums and sports fields tobacco free and issued standing orders that prohibit smoking among athletes.

Following the guidelines on tobacco control set by the National Health Committee; delegates from the Ministry of Health and office of the Attorney General had participated in the inter-sectional meetings as well as the inter-governmental negotiating bodies and had strongly supported the convention. Along with other SEAR countries, Myanmar had expressed its strong commitment towards comprehensive tobacco control measures and had voiced for the need of a comprehensive ban of all forms of tobacco advertisement including cross-border advertising. Myanmar delegates had also asked for the mechanisms of financial resources and technical assistance from developed countries. Myanmar proudly hosted the 4th Inter-country Consultation Meeting on Framework Convention on Tobacco Control in August 2002, where the countries of South-East Asia Region had issued the "Yangon Declaration". Myanmar became a proud signatory to the FCTC on the 23rd of October 2003 and has ratified the Convention on the 20th of April 2004.

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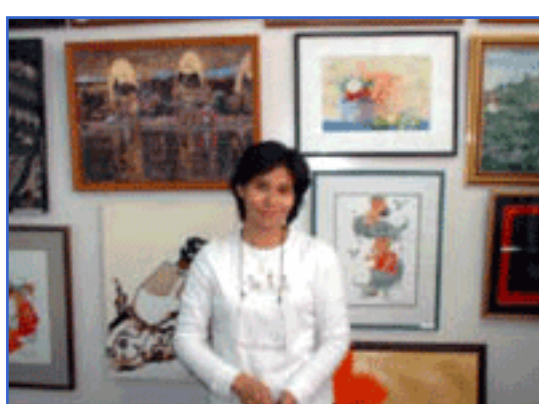
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"They said: Myanmar artists are skilful."

An interview with a Myanmar lady-owner of Myanmar art gallery abroad

Lutha Kyaw



Miss Mar Mar, owner of SUBANNABHUMI

GALLERY at Maesai

I got a chance to visit Tachilek in the last week March. When I reached there the sun was almost set. The next morning we walked across the border bridge to visit Maesai of Thailand, at the other side of a small stream.

At Maesai, after a few minutes' walk from the border bridge we turned into a street. There are many shops selling souvenirs and handicrafts on both sides along the street (actually it is the way to Wang Thoung Hotel).

Then I saw an art gallery unexpectedly. All the paintings on view are the creative works of Myanmar artists. I was surprised to know that the owner of the gallery is a Myanmar lady called Ma Mar Mar, who lives in Tachilek. Her gallery has been named "Suvannabhumi Art Gallery". The paintings of (Saya U) Khin Maung Yin, Pe Nyunt Way, Win Pe Myint, Nay Myo Say, Maung Maung Aung, Sai Wai Lyan, Maung Di, Nyein Chan Su etc. are on display at the gallery. Before leaving Tachilek I got a good chance to meet Ma Mar Mar. Follows the excerpts from our talk.

How did you become interested to open the Suvannabhumi Gallery?

I love paintings and I began to have my private collection. In 1994 I have collected around 100 paintings. Then I thought it would be better to open the gallery so that the visitors can enjoy the paintings. If there is any visitor interested to buy then I will sell. That's how I started to open this gallery.

Where did you open the gallery?

First it was opened near Shwedagon Pagoda of Tachilek. Then it was named "Cupid Gallery". Later I thought this name represented just an ideology and I tried to change it. My friends and Sayas suggested me to consult a former history professor Dr Than Tun. They said Dr Than Tun is smart in giving names. Saya Than Tun named my gallery "Suvannabhumi." He said Thai also has its own "Suvannabhumi" meaning the Golden Land. Cambodia, Laos and Myanmar also have their own golden land. That's why he likes to give this name to my shop opening at the border line.

Did you open in 1994?

I began to collect the paintings in 1994 though actually I could open on 1 January 1999. Later I expanded to open another gallery at Maesai (Thailand) in 2000. I have one gallery at Tachilek and another at Thai.

Who are the majority of your customers?

Mostly Americans and Thais. I could sell most of the paintings at my gallery to American guests and Thai people.

There are art collectors and dealers. Who buy more paintings?

It is balanced. Last year an American professor bought 21 paintings from me. When I asked why he bought that many, he said that he had two daughters and two houses for them. These paintings are to be placed in the houses as decorative works. The paintings will become family heritage for his daughters. I frequently heard such kind of unusual story. Not many art dealers come to me. An art dealer from Chiang Mai regularly comes to me once in a year.

So most of your customers are art collectors, right?

Yes, of course. They come here and buy the paintings they like, mostly.

Your major customers are Thais and Americans. What kind of paintings do they buy mostly?

Mostly they buy Realism paintings.

Both Americans and Thais buy realism paintings?

Of course, they used to buy paintings depicting Myanmar life and culture, especially paintings of Ayeyarwaddy River, traditional boats and bullock-carts. They like such kind of paintings. I put Modern paintings on display as I like them. However I could sell only a few of them.

Is there any comment from them (foreign visitors) on Myanmar modern paintings?

Most of Myanmar modern paintings at my gallery are the creations of U Khin Maung Yin. They looked the paintings and said they don't understand but they appreciate them.

Myanmar artists are skilful. Myanmar paintings Thailand told me. Myanmar paintings are better

How do the foreigners made comments on Myanmar paintings generally?

Generally all of them praise the Myanmar paintings. They like the paintings. Today a customer said it would be very nice if my gallery could be opened at a place like Chiang Mai. There may be some 100 galleries at Chiang Mai. However none of them is attractive and having prestige like this one, he said. Myanmar artists are skilful. Myanmar paintings are better than those of Thais'. These are the points, expatriates at Thailand told me. Myanmar paintings are better than those of the paintings from Laos and Cambodia. However Vietnamese paintings are outstanding. Some foreign visitors said the prices of my paintings are very cheap because the price tags show 200, 300 and 500 US Dollars.

How about selling without sticking prices?

In Thailand all the prices must be stuck on the merchandise. If not you must pay a fine ranges from Baht 10,000 to 100,000.

Does the stuck price mean fixed price?

No, it's not the fixed price. I observe the status of customers before offering my initial price. Some time ago an old American couple visited my gallery. They liked the paintings of Ko Zaw Win Pe very much. They said they want the painting but they didn't have much money left. When I asked they said they have 950 Baht only. Baht 900 is roughly equivalent to Kyat 20,000. So I told them to take the paintings, and gave back 50 Baht to them as well. Then the old couple was really happy as they could get what they want. If a customer seemed affordable I might raise the price.

What is your plan to expand your business?

I'm trying to open another gallery at Chiang Mai in April. I already have a room there. My Myanmar artist friends encourage me to open it. They said that I don't need to worry to have enough paintings. Actually since 1994 I have made down payments for all my collections. I have no painting bought on credit. Myanmar artists understand me well. So they asked me not to invest more in cash and they will provide paintings to put on display. Don't worry to make down payment and carry on to open the gallery, they said.

How do you envisage your next gallery at Chiang Mai?

I don't have many visions. I just want to pass my life calmly watching the paintings when I'm old. As I'm a single I don't have much worry. I just want peaceful life. I love the paintings. And I love the artists as well. I can feel peace of mind even when I'm sitting alone in my gallery. That's all what I am thinking about my future. I have no concern about financial success. I haven't got financial success yet. Frankly speaking I had to pay rental fees for my gallery at Wang Thong Hotel Maesai out of pocket because I could sell only a few paintings in the last year.

Another point is - my two brothers support me as far as they can. I live at my younger brother's home. I have my lunch at my older brother's home and dinner at my younger brother's home. My brothers are so supportive that I can turn my hobby to become my career. I have nothing to worry about. I only need to earn monthly rental fee for my gallery. That's enough for me.

[The rain fell again when I was leaving after the conversation, and I continued to wait. Thanks to Ma Mar Mar who urged me to borrow her umbrella. Without her enthusiastic participation I couldn't share this conversation.]

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Smoking may cause
Throat Cancer, Stomach Cancer.



Smoking may cause
Heart Disease and Lungs Cancer.



Smoking may cause
Impotence.



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Degrees:

1) MPH(HP&M), 1996, Johns Hopkins School of Hygiene and Public Health, Baltimore, USA

2) M.Med.Sc (PH), 1989, Institute of Medicine, Yangon

3) M.B, B.S; 1980, Institute of Medicine, Mandalay

Designation:

Deputy Director (Primary Health Care), Project Manager of Tobacco Control Programme in Myanmar.

Funded Research:

1) Study on Poverty alleviation and tobacco control in Myanmar (WHO SEARO) on going

2) Situational Analysis of Women and Tobacco in South-East Asia Region, (WHO SEARO) 2003

3) Pilot Global Medical Doctors Survey (WHO) 2003

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