

2021 OPINION POLL

National Views on Sugar Sweetened Beverages in Pakistan



**2021 OPINION POLL
NATIONAL VIEWS ON SUGAR
SWEETENED BEVERAGES IN
PAKISTAN**

COLLABORATING ORGANIZATIONS:

Ministry of National Health Services, Regulations and Coordination (NHSR &C)

Islamabad, Pakistan

Pakistan Health Research Council (PHRC)

Islamabad, Pakistan

Pakistan National Heart Association (PANAHA)

Rawalpindi, Pakistan

The Solutions Pakistan- Contract Research Organization (SP-CRO)

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**2021 OPINION POLL: NATIONAL VIEWS ON SUGAR SWEETENED BEVERAGES
IN PAKISTAN**

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CONTRIBUTORS

Poll Lead

Dr. Syed Ata-ur Rehman, Additional Secretary (Ministry of NHR&C)/Executive Director (PHRC)

Technical Lead

Dr. Muhammad Arif Nadeem Saqib, Senior Research Officer, PHRC

Co-Lead

Dr. Nighat Murad, Research Director, PHRC

Ms. Sumera Naz, Research Officer, PHRC

Mr. Ibrar Rafique, Research Officer, PHRC

Data Analyst

Mr. Muhammad Qasim, Lecturer, UVAS, Lahore

Ms. Tayyaba Rahat, Statistical Officer, PHRC

Reviewer

Mr. Munawar Hussain, Consultant, Global Health Advocacy Incubator

FOREWORD

Pakistan has a high prevalence of non-communicable diseases (NCD) including 26.4%¹ of adults with type 2 diabetes and 37% with hypertension². As per the International Diabetes Federation, Pakistan has the 4th highest burden of diabetes worldwide with approximately 19.4 million cases³. According to the NCD Steps survey, 41.3% of Pakistanis are overweight or obese. Major risk factors for non-communicable diseases include physical inactivity, obesity and unhealthy diet². High intake of sugar-sweetened beverages (SSBs), like sodas, is a major source of excessive consumption of sugar and has been associated with increased risk of obesity and non-communicable diseases. These SSBs have high caloric content and limited nutritional value.

The excessive consumption of SSBs results in increased healthcare costs and productivity losses, which ultimately impacts the economy. Taxing these beverages is an evidence-based strategy that is already implemented in more than 40 countries. In Pakistan, there was a need to assess the public support for imposing taxes and/or levies on SSBs.

To achieve the above goal, Pakistan Health Research Council (PHRC), together with Pakistan National Heart Association (PANAHA), carried out an opinion Poll to gauge public support for taxes on SSBs. The Poll was conducted in all four Provinces of Pakistan (Punjab, Sindh, Khyber Pakhtunkhwa and Baluchistan) to provide national level data using CATI (computer assisted telephone interviews).

I congratulate the research teams of PHRC and PANAHA for successfully completing the opinion Poll and this report, which I believe will be highly beneficial to policy makers in planning for policies that can prevent and control non-communicable diseases, including implementing taxes and levies on SSBs in Pakistan. I am confident that academics, policy makers, healthcare experts and all stakeholders will make optimal use of this report to understand how Pakistanis feel about SSB taxes.

Dr. Syed Ata-ur-Rehman
Additional Secretary/Executive Director
Ministry of NHR&C/PHRC

¹Basit, A., et al., Prevalence of diabetes, pre-diabetes and associated risk factors: second National Diabetes Survey of Pakistan (NDSP), 2016-2017. *BMJ Open*, 2018. 8(8): p. e020961

²Rafique, I., et al., Prevalence of risk factors for non-communicable diseases in adults: key findings from the Pakistan STEPS survey. *East Mediterr Health J*, 2018. 24(1): p. 33-41.

³ International Diabetes Federation (IDF) Atlas, 9th edn. Brussels, Belgium: 2019. Available at: <https://www.diabetesatlas.org/data/en/indicators/1/>

ACKNOWLEDGEMENTS

The Opinion Poll on SSBs in Pakistan 2021 was successfully completed with the efforts and involvement of numerous organizations and individuals at different stages of the Poll. We would like to thank everyone who participated and made this Poll a success.

First of all, we are grateful to the Ministry of National Health Services, Regulations and Coordination (NHSR&C) for its support.

We wish to express our special thanks to Global Health Advocacy Incubator (GHAI) and Pakistan National Heart Association (PANAHA) for their support and facilitation in this Poll. We are thankful to Pakistan Telecommunication Authority (PTA) for supporting in this national Poll. In addition, the untiring efforts of data collectors in the current COVID-19 situation are highly acknowledged.

Last but not least, we would like to express our sincere thanks and gratitude to the Poll Coordinators, Poll team members, data entry operators, and above all, the household members/community who participated in this Poll.

Dr. Nighat Murad
Research Director
Pakistan Health Research Council

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Executive Summary

EXECUTIVE SUMMARY

Background

Pakistan has a huge burden of overweight (26.3%) and obesity (14.9%) which is major public health issue in the country¹. Sugar Sweetened Beverages (SSBs) are a source of excessive consumption of daily sugar. These SSBs have high calorie content and limited nutritional value. There is a strong nexus between consumption of sugary drinks and obesity, overweight and non-communicable diseases (NCDs).

Methodology

This Poll was designed to gauge the public's support for imposing fiscal measures on SSBs and to assess the public awareness of the harmful health effects of SSBs. This Poll was conducted in the Capital territory of Islamabad and in four provinces (Punjab, Sindh, Khyber Pakhtunkhwa, and Baluchistan) of Pakistan. A hybrid approach of computer assisted telephone interviews and face to face interviews was used for data collection. Ethical approval was taken from National Bioethics Committee, Pakistan and all participants gave their consent prior to participation.

Findings:

A total of 6,824 adults participated in the Poll. Of the total, 85.6% of the adults are concerned about obesity, and 60% households include at least one member with at least one non-communicable disease or obesity. Nine out of ten adults were unable to identify the correct quantity of sugar in a regular 250 ml bottle of soda. Approximately one in 3 adults consumes SSBs weekly and 17% on daily basis. Over 85% believe that the Pakistani Government should take steps to discourage the consumption of sugary drinks, while approximately 78% support implementing taxes on SSBs. More than 8 in 10 Pakistanis support using tax revenue for health programs.

Recommendations:

This opinion poll shows strong public support for the Pakistani Government to enact immediate fiscal measures to reduce consumption of SSBs and subsequently, the burden of NCDs.

¹Rafique, I., et al., Prevalence of risk factors for non-communicable diseases in adults: key findings from the Pakistan STEPS survey. *East Mediterr Health J*, 2018. 24(1): p. 33-41.

1. INTRODUCTION

1.1 Public Health Burden of Non-communicable Diseases

NCDs are a major threat to health systems globally. In 2016, 58% of the total deaths in Pakistan were due to NCDs and among these, 77.5% were from cancers, cardiovascular diseases, chronic respiratory diseases and diabetes [1]. In Pakistan, the burden of NCDs is on the rise. The 2nd National Survey on Diabetes showed that every 4th adult in Pakistan is suffering from type 2 diabetes [2]. According to the NCD Steps Survey, prevalence of overweight among the population is 26.3%, and 14.9% are obese, while 37% have hypertension [3]. Cardiovascular disease is a major contributor to morbidity and mortality in the country [4].

1.2 Role of SSBs

SSBs are any liquids that are sweetened with various forms of added sugars like brown sugar, corn sweetener, corn syrup, dextrose, fructose, glucose, high-fructose corn syrup, honey, lactose, malt syrup, maltose, molasses, raw sugar, and sucrose. SSBs can include products ranging from sodas to flavored milk. Consumption of SSBs is associated with increased risk of developing obesity [5, 6] type 2 diabetes, tooth decay [7, 8] and cardiovascular diseases [9].

In Pakistan, consumption of SSBs is on the rise; a study from Karachi found that unhealthy diet, especially consumption of SSBs, is associated with overweight and obesity in school children [10, 11].

1.3 Evidence-based Policy Solutions

Tax increases have been proven to lower consumption of SSBs [12-14]. When the tax is passed along to consumers (pass-through) and is noticeable enough to yield a higher priced beverage, SSB taxes encourage consumers to choose healthier beverages, such as water or unsweetened tea. A tax on SSBs in Pakistan has the potential to reduce sugar and calorie intake from Pakistani diets [15].

2. POLL INFORMATION

2.1 Poll Objectives

As previously reported in global research on SSB taxes, implementing SSB taxes is associated with decline in consumption of these beverages. The Opinion Poll on SSBs was used to systematically collect information from adults about their consumption of SSBs, awareness of the health harms of SSBs, and their opinion about imposing taxes on these products. The Poll was conducted using a nationally representative household sample (Appendix A).

2.5 Characteristics of Participants

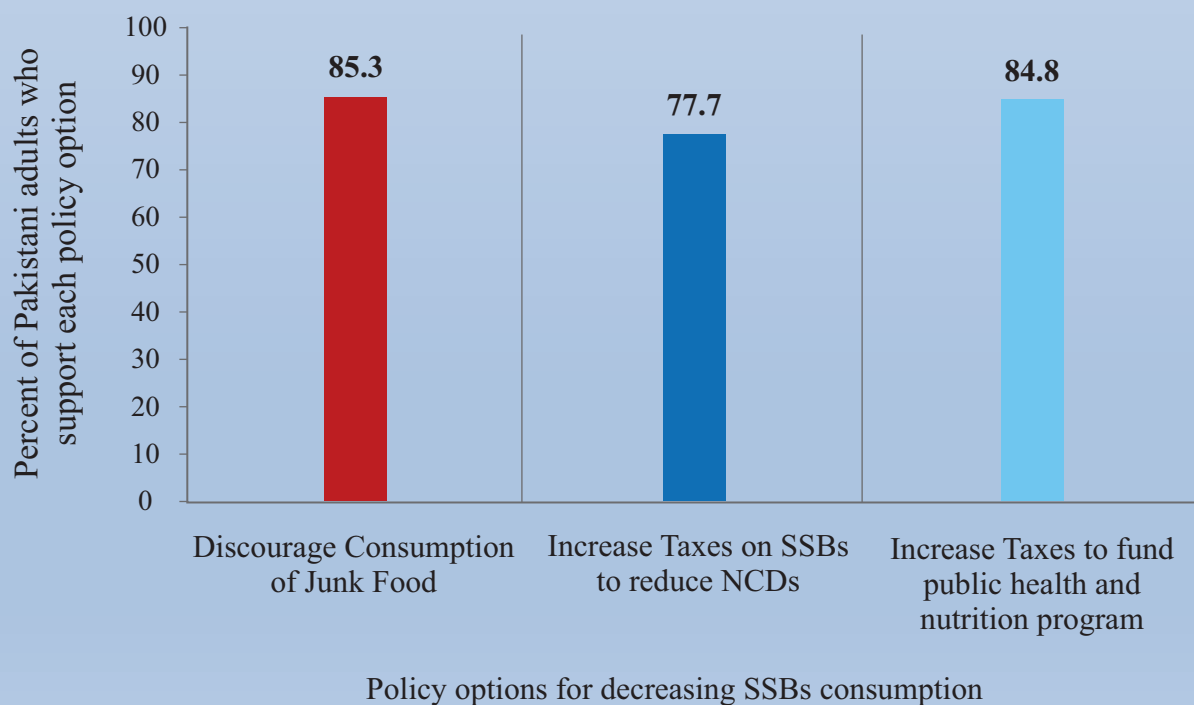
The unweighted and weighted demographic characteristics of the participants enrolled in the Poll are given in table 1. Of the total, 6824 enrolled participants, 4226 were males and 2598 were females which constitute a population estimate of 76.0 million adult males and 73.3 million females (Table 1).

Table 1: Weighted and unweighted sample population characteristics

Demographic	Percent (%)	95% CI (lower, upper)		Number of adults (millions) Represented (weighted estimate)	Unweighted sample
Overall				149.4	6824
Male	50.9	49.4	52.4	76.0	4226
Female	49.1	47.2	51.1	73.3	2598
Age Range					
18-24	31.5	29.29	33.86	45.0	1634
25-54	56.7	55.18	58.22	81.0	4163
55-64	4.4	2.35	7.70	6.4	269
65+	7.3	2.74	15.05	10.3	84

Nearly 78% Pakistani adults support increasing tax on Sugar Sweetened Beverages

RESULTS



3. RESULTS

3.1 Public Health Burden

3.1.1. Views on Overweight/Obesity

Poll results show that 85.6% Pakistani adults are concerned about rising rates of obesity, while 14.4% did not think that obesity is an issue in Pakistan (Figure 1).

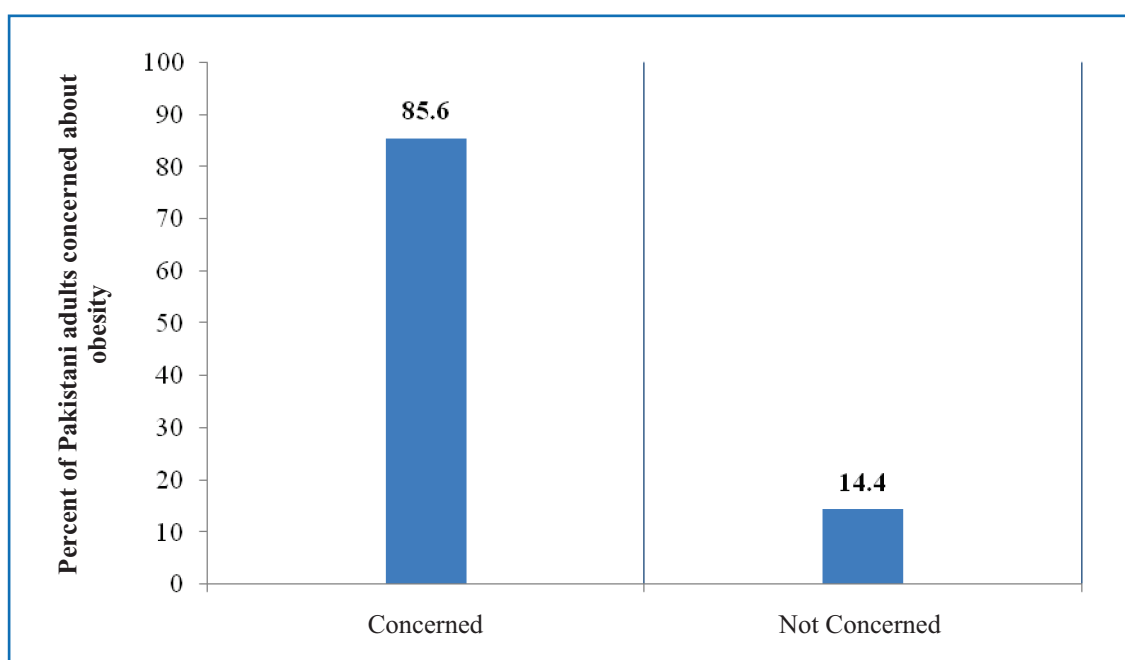


Figure 1: Percent of Pakistanis who are concerned about obesity in Pakistan

3.1.2 Household Burden

About 60% of the households have at least one person suffering from any form of NCDs like type 2 diabetes, CVDs, etc and obesity (Figure 2). One in four household have ≥ 2 persons suffering from any NCDs/obesity. Similarly, one in four adults has type 2 diabetes. About 13% households have at least one person with obesity (Figure 3).

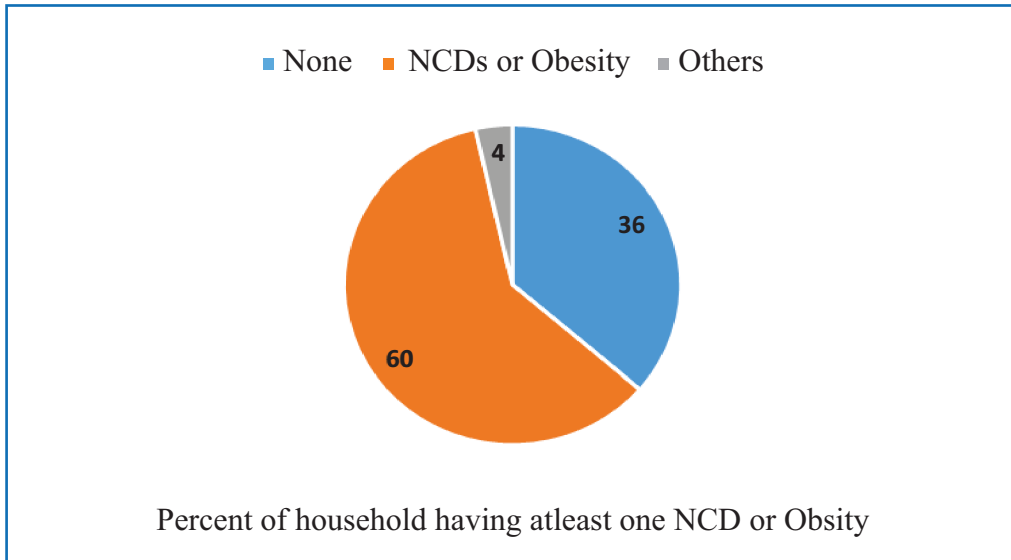


Figure 2: Percent of Household having at least one household member living with diet-related health conditions

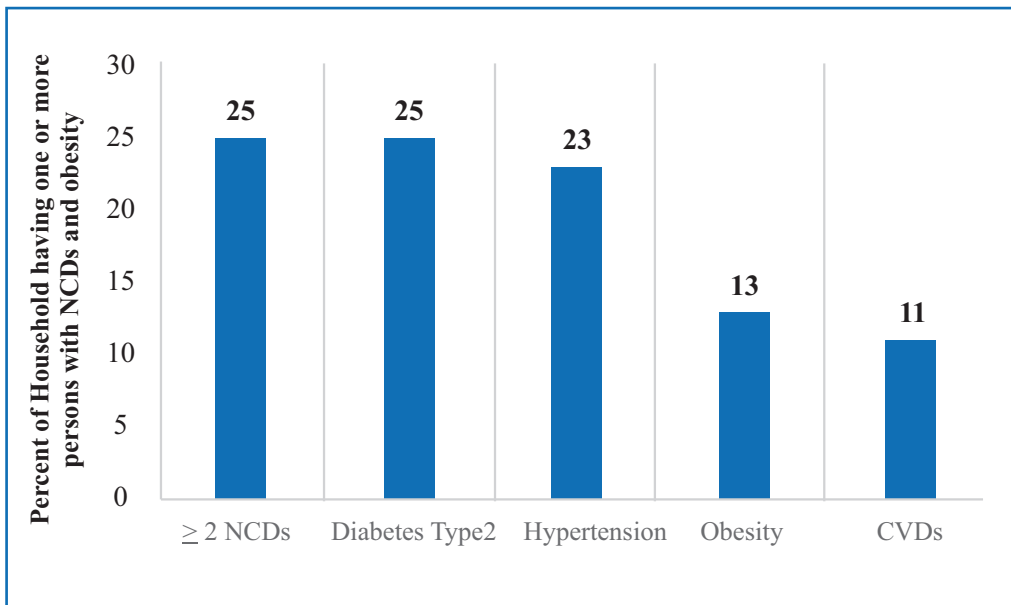


Figure 3: Percent of Pakistani adults who have at least one household member living with diet-related health conditions

3.2 Sugar-sweetened Beverages (SSBs)

3.2.1 Knowledge about quantity of sugar in SSBs

Nearly 9 out of 10 adults do not know how much sugar is in a 250 ml regular soda drink (Figure 4).

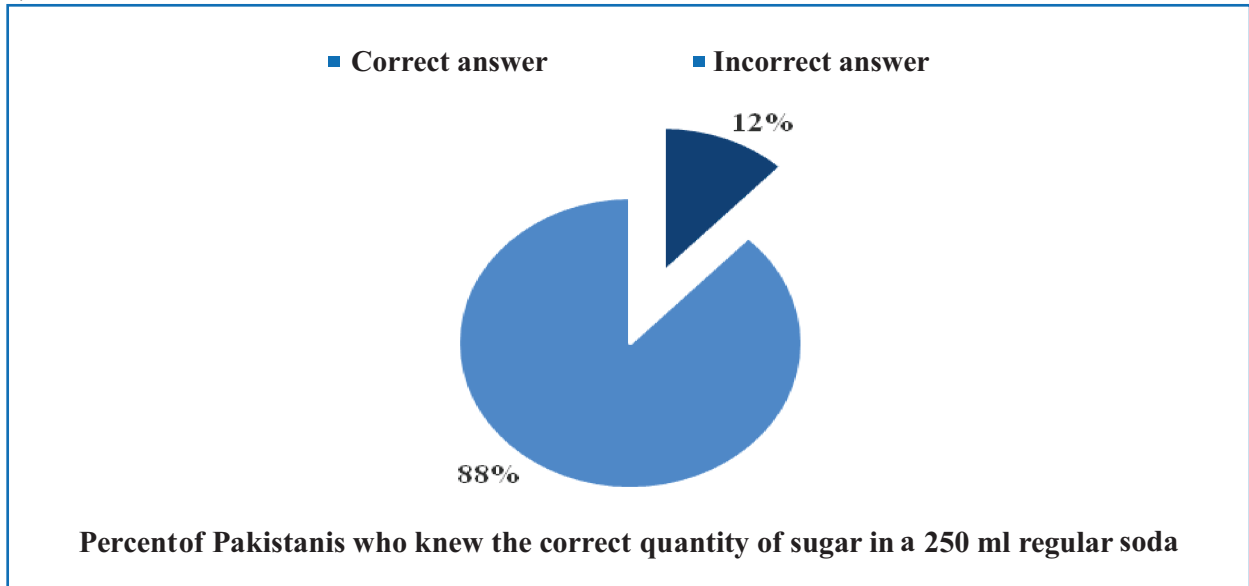


Figure 4: Percent of Pakistanis who knew the correct quantity of sugar in a 250 ml regular soda

3.2.2 Knowledge about harmful effects of SSBs on health

More than 8 out of 10 Pakistani adults reported that SSBs are a major contributor to obesity, source of unnecessary sugars in a person’s daily diet and cause severe health problems (Figure 5).

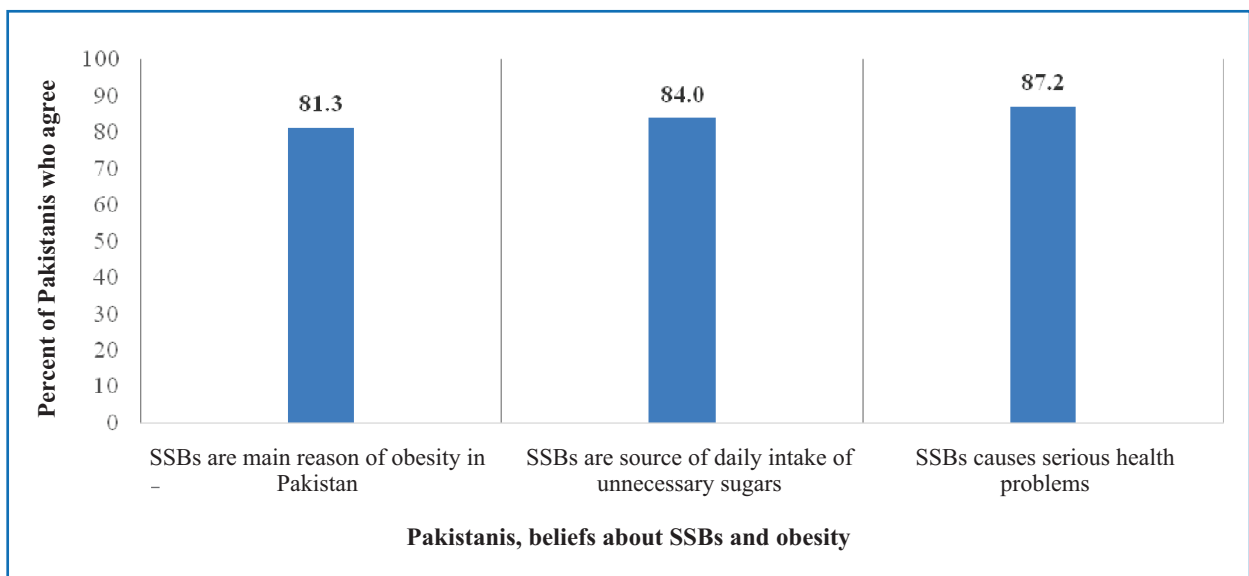


Figure 5 : Pakistanis beliefs about obesity and SSBs causing health harms

3.2.3 Consumption frequency of SSBs

Overall consumption of SSBs is shown in figure 6. Nearly one in five adults consumes SSBs daily, one in three weekly and almost half of the Pakistani adults consume sometimes or occasionally. Comparison of different SSBs including soda, energy and packaged juices showed that 9.2% adults consume packaged juice and 7.8% soda drink daily (Figure 7).

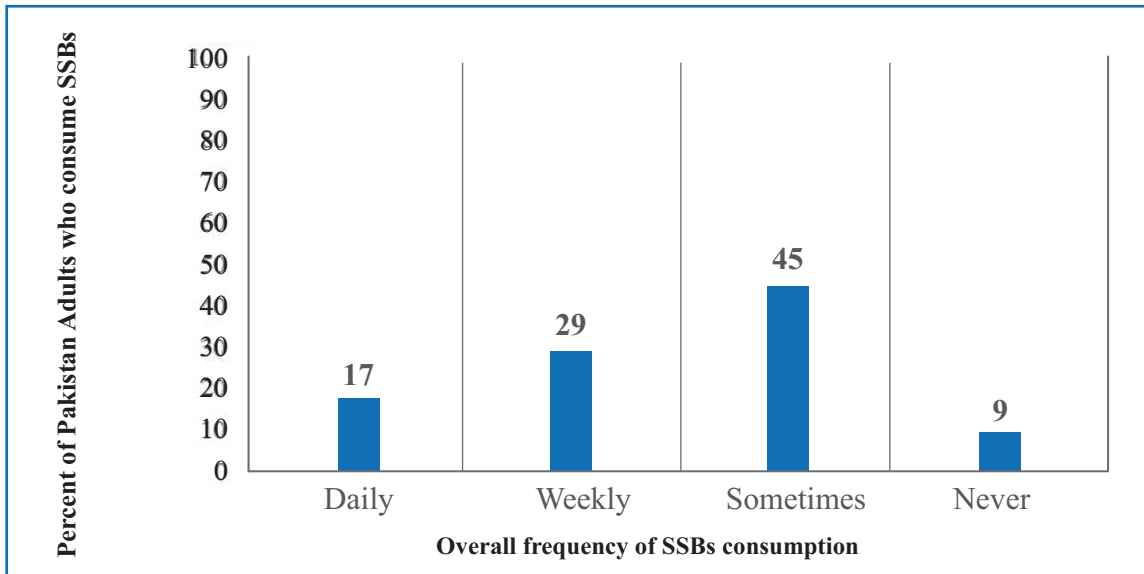


Figure 6 : Percent of adults who drink any SSBs (Soda, energy or packaged juices)

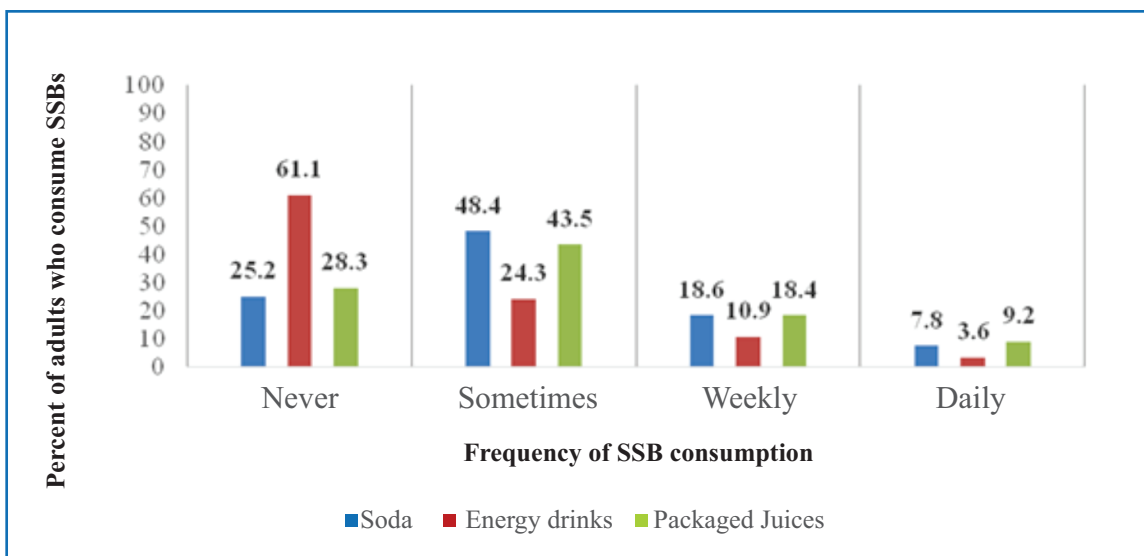


Figure 7 : Percent of adults who drink SSBs by frequency and type

3.2.3 Association of consumption of soda drink with demographic characteristic and poll measures

Analysis of demographic characteristic and Poll measures (policy support, concern about obesity and awareness) by consumption frequency of soda drinks showed that the daily intake of sodas was significantly high among males and the youngest age group (18-25). It was noted that a significant proportion of those consuming soda drinks were concerned about obesity and supported policy measures.

3.3 Support for Public Health Policy Change

3.3.1 Government Action

An impressive 85% of Pakistani adults support government efforts to discourage consumption of SSBs. SSBs taxes are an evidence-based policy approach for reducing consumption, and 78% of Pakistani adults support increasing taxes on SSBs to reduce obesity and non-communicable diseases. This percentage increases to 85% of Pakistani adults if the revenue is used to fund health and nutrition programs (Figure 8).

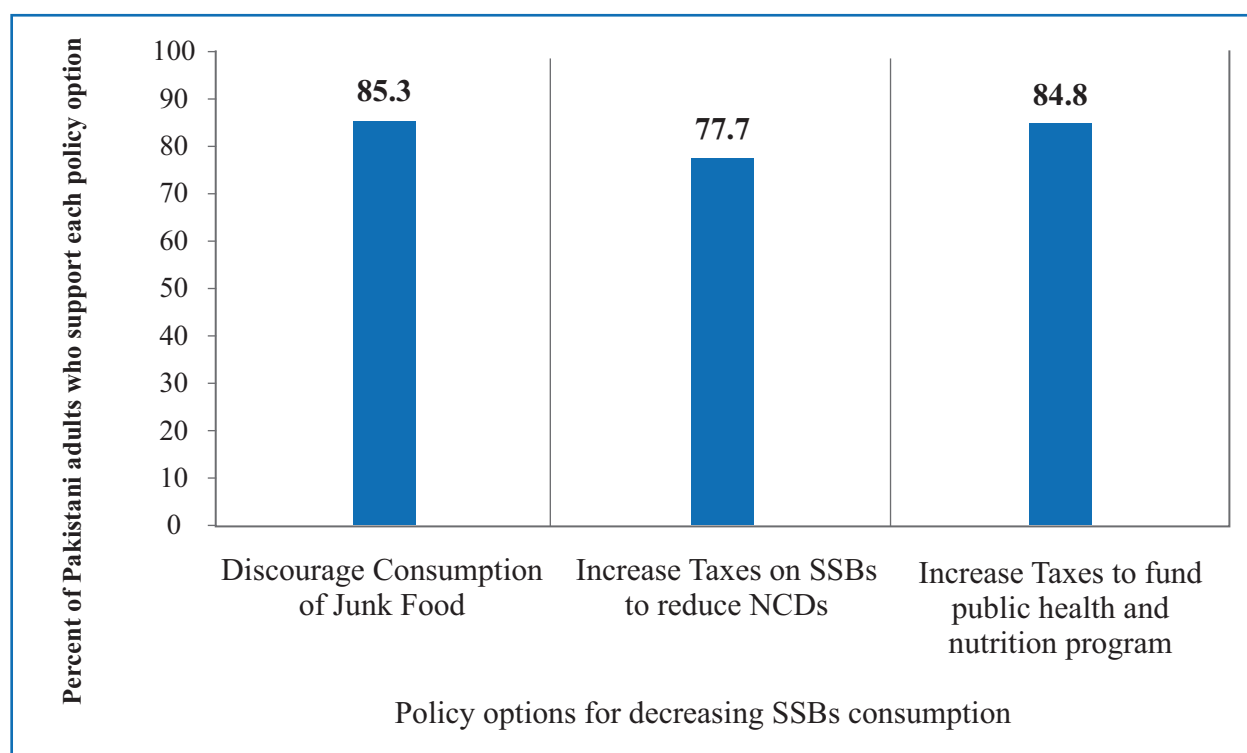


Figure 8: Percent of the Pakistani population supporting several policy change options to reduce SSBs intake

CALL TO ACTION

**TAX
INCREASE**



4. CALL TO ACTION

Mounting evidence shows that SSBs are bad for health and wellbeing. The liquid sugar found in drinks like sodas, flavored milks, many juices, energy drinks, and others can lead to an excess of weight and increased risk for including type 2 diabetes, heart disease, and stroke. SSBs have no nutritional value and add both empty calories and excess sugar to the diet. These drinks are hurting the health of Pakistanis, resulting in rising healthcare costs, premature aging and death, and an unhealthy workforce. However, there are clear, evidence-based steps that can be taken to turn the tide on this public health crisis.

Policymakers must pass evidence-based legislation and regulations that support the public's health and ensure that the healthy choice is the easy choice. SSB taxes have been implemented in over 40 countries and have been proven to reduce consumption of these unhealthy beverages, thereby reducing overweight/obesity and related NCDs. Taxes can also serve as an important source of revenue generation for the government, which can be reinvested into health programs or other areas to benefit societies most vulnerable. Other dangerous products, like alcohol, are taxed at high rates in Pakistan, so why should SSBs be any different?

Policymakers should immediately act on the following measures;

1. Pass and implement the **HEALTH LEVY BILL** : Approved by Cabinet in 2019 and yet to be passed by Parliament; carbonated beverages levied at Rs. 1/250 ml
2. Increase the **FEDERAL EXCISE DUTY (FED)** on SSBs from 11.5% to at least 20% and expand the definition of SSBs to include sugary drinks beyond carbonated beverages (e.g., juices, flavored milks, energy drinks, etc.)

Policymakers have a pressing opportunity to ensure both of these measures are passed in tandem to optimize impact. The health levy bill can be passed independently or as part of the June 2021 finance bill. The FED can be increased as part of the June 2021 finance bill. Both of these measures should be passed to keep away both adults and children from SSBs that are proven to harm health and contribute to both morbidity and early mortality.

Pakistanis deserve better!

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Appendix A: Methodology

Population and Sample Size

The Poll population was adults aged 18 years and above living in the four Provinces (Punjab, Sindh, Khyber Pakhtunkhwa (KPK), and Baluchistan) and Federal Capital (Islamabad). The eligibility was defined based on the age reported at the time of the interview. The lower cut off (18 years) was decided because this is the legal age of those who qualify to vote in general elections. Participation in the poll was voluntary, and consent was asked of each participant before starting the interview.

The sample size was calculated using the prevalence of beverage consumption in Pakistan (estimated using the Pakistan Household Integrated Economic Survey) and 2017 census data in which 53.35% of the national population is between the ages of 18 and 64 years.

After adjusting by age-sex estimates desired for each Province and Islamabad, the total sample size for a nationally representative household poll was 7821 individuals.

Design and Questionnaire

A three-stage clustered sample design was employed. In the first stage, all districts in the province and district of Islamabad were used as the Primary Sampling Units (PSUs) and a total of 26 districts were selected randomly. In the second stage, the household was randomly selected and treated as the Secondary Sampling Unit (SSU) while in third stage; the individual was selected randomly from the contact list systematically to reach the desired sample.

The questionnaire was adapted for the local context from previously conducted questionnaires from the Food Policy Program of the Global Health Advocacy Incubator and translated into Urdu language. The questionnaire was pretested in cognitive interviews for wording, pattern, sequence, comprehension, and timing and revised as per the input received.

Data Collection, Processing, and Analysis

The participants in the Poll were enrolled from four provinces and Federal area (Islamabad). Initially computer-assisted telephone interviews (CATI) approach was employed to enroll the participants. However due to low response rate especially of females, we used a hybrid approach of both CATI and face to face interviews. The CATI approach was conducted by collecting active mobile number in each selected district from Pakistan Telecommunication Authority (PTA) in Islamabad. From the contact list, the participants were selected randomly. For face-to-face interviews, the specific areas were randomly identified from selected districts. From the selected areas, the participants were randomly enrolled with help from community leaders including religious leaders, nazims and teachers.

For uniform data collection, 45 interviewers were trained in all four provincial and federal capitals i.e., Lahore, Islamabad, Peshawar, Quetta, and Karachi. Training included lectures as well as physical practice on understanding the contents of the questionnaire, how to complete questionnaires using computer-assisted telephone interviews (CATI). Four trained researchers supervised the entire process of data collection. The data was entered in an excel sheet and analyzed to obtain population estimates and 95% confidence intervals. Computations of estimates and analysis were performed using SPSS 21.



Pakistan Health Research Council

Sector, G-5/2, Shahrah-e-Jamhuriat, Constitution Avenue, Islamabad.

Phone: 051-9207368, Fax: 051-9216774

Email: rdc.phrc@gmail.com