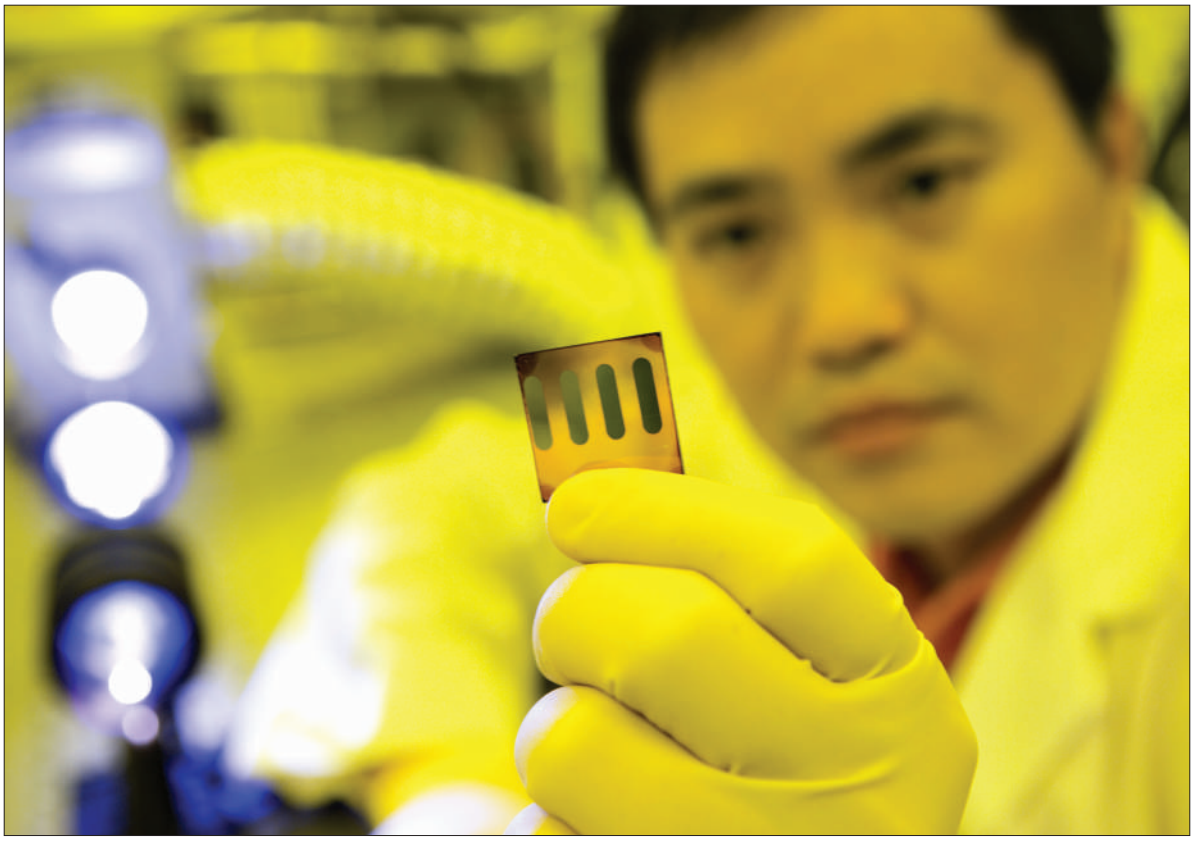

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Perspective
Using Culturally Based Model to Help Tackling the Effect of Passive Smoking as an Asthma Trigger in Public Places in Jordan

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Abstract
Asthma is a major chronic illness and highly prevalent worldwide. The prevalence and severity of the illness are rising in the developing countries. Passive smoking as an asthma trigger is highly prevalent as well. This is of particular concern to Jordan. Although legislations that counter passive smoking are in place, they are rarely applied. As is often the case in new legislations and investigations, conceptual clarification is needed to help advance theory and practice in this increasingly important health matter. This discussion paper explored the legislations of passive smoking in Jordan and emphasized the need for different approaches to foster the application of the established legislations. The recommendation includes setting new regulations/legislations to help make the established not-functioning legislations become functional. The author anecdotally examined the practical implications arising from their views of adopting innovative evidence based model in fostering passive smoking legislations in Jordan. The intention behind this discussion paper is to stimulate fruitful dialogue and debate about what such models could and should be.

Key words: Passive smoking, asthma, public places, Jordan

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INTRODUCTION

Asthma and tobacco smoking have always been connected. While many studies investigated the effect of tobacco smoking as a cause and a trigger of asthma, others established the harmful effect of passive smoking[1]. Passive smoking increases the frequency and severity of symptoms in children with asthma[2]. Given the growth in the world's smoker population and the ease of getting the substance, there will be -without a doubt- an increase in the number and scale of harm to both smokers and non-smokers. Several bodies started the battle against smoking with many focusing on legislations to protect non-smokers[3]. While these legislations worked to some extent in many developed countries, it made a slight change in a developing country such as Jordan. Smokers are so ignorant to the smoking legislations and continue to smoke in public places. This paper provides some facts about asthma and tobacco smoking in Jordan to pave the way for an answer to the questions: What motivates smokers not to smoke in public places in Jordan? And how to make legislations work better to protect passive smokers particularly children?

Asthma and smoking in Jordan: Many people in Jordan have asthma, especially children. A recent study estimated the number of children with asthma in Jordan to exceed 5.5%, with more than 14% experiencing wheezing[4]. Another study estimated the prevalence of asthma among children aged 6 to 14 years to be 8.8%[5]. A major trigger of asthma is smoking. It is estimated that Jordanians spend more than 600 million Dinar (1U$ Dollar = 0.708 JD (Jordanian Dinar)) a year on smoking[3]. Smoker rates in Jordan is the highest among the Arab countries where the proportion of cigarette smokers aged over 18 years approximated 29% and the proportion of cigarette smokers in the age group of 13-15 years was 13% and the percentage of women who smoke a water pipe was 12%[1]. A report revealed that more than 65% of children are exposed to second hand smoking at public places and homes[1]. Recently, the World Health Organization ranked Jordan the third as the worst state for the prevalence of smoking. The annual loss due to smoking in Jordan exceeded one billion dinars to smoking and treatment for smokers who developed diseases. Like tobacco smoking, environmental tobacco smoke is a major cause of morbidity and mortality among non-smokers. It causes harm across all age groups. Second hand, or passive, smoking affect children more than adults because regulations somehow controlled workplaces but not homes. Many studies showed the positive effect of education and regulations regarding secondhand smoking in institutions and home environments. Studies also showed the importance of interventions to control passive smoking especially among vulnerable populations[6]. Substantial health gains could be made by extending effective public health and clinical interventions to reduce passive smoking worldwide[7].

Legislations of passive smoking in Jordan: Like many other studies, a Jordanian study[8] revealed that the prevalence of smoking among university students was very high (over 28%). Non-smokers in this study had more positive attitudes against smoking than smokers had and were more aware of the adverse effects of smoking. The study also revealed that some smokers disagreed with some criticisms against smoking. Researchers recommended an anti-smoking program and strengthening the policies against smoking. Although Jordan issued the Public Health Act in 2008 that included prohibiting smoking in public areas, it still not fully implemented. The government has recently amended the law to include toughened fines and imprisonment hoping to maintain the health and safety of employees and clients of different institutions. The reason for imposing smoking bans is the fact that inhaling smoke is not optional and non-smokers have the right of a clean atmosphere, hence the law is thought to protect individuals from the effects of passive smoking. The legislation states that anyone who smoke in a public area should be fined not less than one hundred dinars and not more than two hundred dinars, or that they shall be imprisoned for not less than one month and no more than three months for smoking of any tobacco products in public places where smoking is prohibited[3,9]. Public places include any place prepared for the public to receive certain services such as hospitals, health centers, schools, cinemas, theaters, public libraries, museums, government buildings, public transportation, galleries, arrivals and departures at airports, closed sport facilities, lecture halls, restaurants, hotels, Internet cafes and any closed place where air doesn't enter only through outlets. The legislation also stated that a penalty of imprisonment for not less than 3 months and not more than 6 months and a fine of not less than 1000 dinars and not more than 5000 dinars will be imposed on any person smoking any tobacco product in nurseries, kindergartens and schools from public and private sectors. However, smoking is still practiced in workplaces and public places despite the legislation. A lack of commitment by related officials responsible for public places was a main factor. Maybe amendments to the law by strengthening penalties for violators are ineffective and such law does not constitute a deterrent for offenders.

Proposed model and research agenda: Because legislations of smoking in public places were thought to produce high rates of long-term behavior change was proven unsuccessful, new approaches are needed. According to Rothman[10] the dominant models of health behavior change have operationalized the psychological processes that guide the initiation and maintenance of a new pattern of behavior. It was indicated that decision criteria that lead people to initiate a change in their behavior are different from those that lead them to maintain that behavior. Considering this view, an alternative model is proposed to support the legislations depending on people's perceived satisfaction with the outcomes (smokers' satisfaction towards behavior) and not the public's expectations regarding these outcomes (non-smokers insight). The proposed model is based on a current conceptualization of behavioral theories. The proposed model is proposed to help institutions successfully implement the legislations without the need to punish offenders but with behavioral intention. Although debatable, a promising approach for successful implementation of smoking in public places legislations is the reliance on the deterrence theory. The deterrence theory states that "People choose to obey or violate the law after calculating the gains and consequences of their actions". Although legislation was more efficient than voluntary workplace-specific smoking restrictions in reducing passive smoking and cigarette consumption[11], a pro-legislation approach that convinces smokers to adhere for the sake of protecting others (non-smokers) would be the best approach.

Our research agenda is based on the premise that if we can persuade smokers that they are really harming others and affected people have the right to return the harm at the spot this-in theory-might convince smokers not to smoke close to non-smokers. Previous projects of smoking effects control have focused almost exclusively on risks to the smoker. Using an original set of steps and interventions especially developed to suit the context of the Jordanian population, we provide a promising national project to protect the vulnerable (non-smokers). The target population of this project is all nonsmokers who work, attend or benefit the services of different institutions. Such project will rely on some behavior changing interventions based on the general deterrence theory. Table 1 shows some of the slogans that can be used.

Table 1: Slogans making the backbone of the project

Sr. No.	Slogans
1	If you smoke here we will respond back
2	If you smoke here we will never forgive you now and in the hereafter
3	If you smoke here you don't belong to us
4	If you smoke here we will issue complaints to the institution and we will follow these through
5	If you smoke here, why? Why the harm!
6	If you don't smoke here, thank you
7	If you don't smoke here, we pray for you to quit and not to be harmed by smoking
8	If you don't smoke here we will not harm you

DISCUSSION

The policies adopted worldwide included more taxes, regulations upon smoking in public places and providing information on the harmful effects of smoking. While many studies emerged from the west showed some benefit to these policies, a few studies in the Arab world considered this issue. While focus has been more on smokers we believe policies should focus more on non-smokers as they forcefully getting the harm. It is very important for policy makers to keep in mind that macro health policies are not considered effective solely by economic success but also with social issues such as health and education. Health policies should improve equity, efficiency of health care, general health status and enhance stability[12]. Existing theories of policy making that have originated in developed countries might be able to provide explanation for the dynamics of the policy process but the implication of these theories in case of developing countries is not adequate[13]. Osman[13] thinks that each policy has its own policy network, which varies depending on the contexts in terms of the socio-economic and political conditions. This urges the experts to consider conducting studies to test theories/policies before it is adopted. This fits well with the unsuccessful smoking in public places policies. For a glance one might think that this non-adherence to health related laws is politically based, but with deep digging it looks like policies that have been adopted are not rigor enough or not informative to both policy organizers and the general public.

A new approach which integrates both pro policies acts and a multimedia teaching environment into the different parts of an institution for awareness could develop deeper understanding on the harm of smoking to motivate smokers to adhere to the policies. While smoke free workplaces protect non-smokers from the dangers of passive smoking, they also encourage smokers to quit or to reduce consumption. The results of a systematic review show and confirm that a wide array of effective smoking cessation intervention approaches

and policies can have a large impact on smoking cessation rates[14]. The effects of tobacco control policies on smoking rates are well established, with many studies showing some benefits for each policy[15]. Therefore, instead of trying to figure out why policies that work in some developed countries do no work in some developing countries, combining culturally oriented theory based model can serve as the alternative policy. Smoking in public areas policies may become more effective if they are supported by government agencies and advocacy groups. Active support by these groups may increase public support and compliance with the legislations. An evaluation of the existing policies is proposed and the effect made by them in Jordan to justify their continued existence or growth is required. In addition, a modification of the means of application using some behavior changing approaches based on the general deterrence theory is proposed.

CONCLUSION

This discussion paper explored the legislations of passive smoking in Jordan. It highlighted the importance of adopting various approaches to foster the application of the established legislations. The recommendation includes setting new regulations/legislations to help make the established not-functioning legislations become functional. The author anecdotally examined the practical implications arising from the views of adopting innovative evidence based model in fostering passive smoking legislations in Jordan. The intention behind this discussion paper is to stimulate fruitful dialogue and debate about what such models could and should be.

SIGNIFICANCE STATEMENT

This study discussed the efforts of tackling passive smoking as an asthma trigger in public places in Jordan. The author discussed this issue in the context of related legislations. While the focus has been on smokers, the author believes policies should focus more on non-smokers as they forcefully getting the harm. This paper is designed to stimulate discussion among experts.

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