

### **3 Lifestyle**

Only smoking and alcohol subjects have been covered since subjects of nutrition, exercise, alcohol and substance usage which should be included by the lifestyle section could not be reviewed due to time constraints

Smoking and exposure to tobacco smoke is a preventable public health problem which may cause death, diseases and injuries and brings along serious burden on the national health system.<sup>101</sup> Each cigarette contains more than 4,000 chemicals. Sixty of these chemicals has been determined to cause cancer.<sup>102</sup>

#### **3.1 Smoking Prevalance and the Health Impact of Smoking**

Smoking prevalance in Turkey was reported as 33.6% (13.5% in females, 57.8% in males) among individuals aged 18 years and over in the research conducted by the Ministry of Health in 1993; 32.93% (19.20% in females, 51.19% in males) in 2003 NBD-CE Project and 33.4% (16.6% in females, 50.6% in males) in 2006 Family Structure Survey.<sup>83, 103, 104</sup> According to the 2003 TDHS, the frequency of smoking was 28% in females aged 15-49 years, 1% in pregnant women and in 20% breastfeeding women.<sup>74</sup> In the community-based survey carried out between 2002-2003 in IMM-9 as a part of the project named 'Ege University – Identifying Priority Health Issues for Developing Medical Curriculum', 45.6% (1,136 individuals) of 2,489 individuals over the age of 14 interviewed, declared to smoke at least one cigarette a day for a minimum of 1 month in their lifetime and 38.7% (962 individuals) was smoking at least 1 cigarette a day during the interviewing period. Out of 962 smokers, 39.4% smoked 20–29 cigarettes per day (mean cigarettes smoked per day:  $16.56 \pm 10.43$ ), 50.2% started smoking between the ages of 15–19, 30.5% started between the ages of 20–29, and 12.3% started at the age of 14 or before (the median age at start of smoking:  $19.19 \pm 6.22$ ). Smokers were present at homes of 63.7% of the interviewees.<sup>81</sup>

Table 20 presents the percentage of primary, secondary and high school students who tried tobacco at least once in İzmir and Turkey, based on the surveys conducted in 1998, 2001 and 2003.<sup>105, 106, 107</sup>

**Table 20:** Use of tobacco products at least once among primary, secondary and high school students in İzmir and Turkey (%)

Year	Survey sample			Use of tobacco at least once (%)			
	Provinces (number)	Students (number)	Grade (age group)	Turkey*			İzmir
				During lifetime	Within the past one year	Within the past one month	During lifetime
1998 <sup>105</sup>	15	20,247**	High school 2 <sup>nd</sup> Grade (aged 15–17 years)	63.9	48.6	31,7	63,6***
2001 <sup>106</sup>	9	12,270	Primary & Secondary Schools 6 <sup>th</sup> grade (aged 10–12 years)	15.9****	9.9	4,8	11,4
		11,989	High school 2 <sup>nd</sup> Grade (aged 15–17 years)	56.3*****	42.9	27,0	58,5
2003 <sup>107</sup>	61	15,957 (202 school)	Primary & Secondary Schools 7–8 <sup>th</sup> grades, High School 1 <sup>st</sup> grade and prep year (aged 13–15 years)	29.3 Male: 34.9 Female: 21.5	Not available		

\* Provinces selected from different geographical regions of Turkey constitutes the Turkey data.

\*\* 22% of students in Turkey smoked every day, 3.9% smoked 11–20 cigarettes per day, and 2.7% smoked more than one pack of cigarettes per day.

\*\*\* Tobacco use at least once within the past one year is 49.1%, and within the past one month is 32.6%.

\*\*\*\* Boy/girl odds ratio: 2.4 (2.1–2.6)

\*\*\*\*\* Boy/girl odds ratio: 1.5 (1.4–1.6)

9.1% (male: 11.9%, female: 5%) of 15,957 students who participated in the 2003 Turkey Global Youth Tobacco Survey were smokers thereat, 29.5% (male: 33.1%, female: 22.3%) of the smokers started smoking before the age of 10, and 62.8% wanted to quit. 89% of the students interviewed affirmed presence of smokers at home, and 91.1% were exposed to cigarette smoke in public places.<sup>107</sup>

In terms of cigarette consumption, Turkey ranks third amongst European countries, and seventh in the world.<sup>101</sup> According to TURKSTAT Household Consumption Expenditures Survey, Turkey's expenditure on alcoholic drinks, cigarettes and tobacco was 512,130,041 YTL in 2003, and 881,543,375 YTL in 2006. In İzmir, cigarette and tobacco spending in 2003–2004 was 39,830,058 YTL. In 2003, the share of expenditure on alcoholic drinks, cigarettes and tobacco in total expenditure was 4.14% in Turkey and 4.27% in İzmir.<sup>108</sup> According to the 2007 data of Tobacco, Tobacco Products and Alcohol Beverages Market Regulatory Authority (TAPDK), 32.25% of 207,051 producers, 67.12% of 144,904 hectares of total cultivation area in Turkey are based in the Aegean region, where İzmir is situated and 62.69% of 117,883 tons of the predicted production comes from the Aegean region.<sup>109</sup>

Based on the data of World Health Organisation (WHO), it is estimated that the deaths resulting from diseases caused by smoking will raise approximately to 10 million (7

million in underdeveloped countries and 3 million in developed countries) in 2025-2030, which was 4.2 million (male: 3.4 million, female: 0.8 million) in 2000, and 5 million in 2005.<sup>102</sup> In Turkey, 100,000 people lost their lives from diseases related to smoking in 2005, and it is estimated that this figure will rise to 240,000 individuals in 2030.<sup>110</sup>

### **3.2 Tobacco Control**

Compulsory legal regulations have an important role concerning the prevention of smoking in the society. With the Law on Prevention of Hazards of Tobacco and Tobacco Products, No. 4207, which came into force in 1996 in Turkey, indoor smoking (in places that provide healthcare, education-training and cultural services, indoor sports centres, public transport vehicles and waiting lounges, and in the offices of public organisations and institutions where 5 or more people work), selling tobacco and tobacco products to minors aged under 18 years, and all kinds of advertising, promotion and campaigns are forbidden. It has also become mandatory to print health warnings on cigarette packs and to broadcast cautionary and educative programmes about the harms of habitual use of tobacco products on television channels for at least ninety minutes in one month.<sup>103, 111</sup>

Framework Convention on Tobacco Control -the first international covenant about tobacco adopted by WHO member countries at the 56<sup>th</sup> World Health Assembly held in 2003- was signed by Turkey in April 2004 and promulgated in 2005 with the ratification of Law No. 5261. The signing of this agreement enabled to combat smoking on a stronger and sounder platform.<sup>112, 113, 114</sup> The ‘National Tobacco Control Programme’ covering the period of 2006-2010 was prepared by the collaboration of the relevant ministries, universities and non-governmental organisations, with the purpose of planning the future activities within the context of the agreement and controlling cigarette consumption and issued as a Prime Minister’s Circular in October 2006. The primary goal of the programme is to increase the percentage of non-smokers above 80% among the individuals aged over 15 years and to ensure that it remains close to 100% for the under-15 age group.<sup>110, 112</sup> Within the framework of this programme, a National Tobacco Control Committee was established in 2007 and the National Tobacco Control Action Plan was prepared for 2008-2012. In conformance with the Circular of the Ministry of Health issued in 2007, Tobacco Control Boards are being established in provinces in order to implement the National Tobacco Control Programme, to coordinate and monitor accomplishment of the actions set out in the plan, and to execute combat and control activities on hazards of tobacco and tobacco products.<sup>103, 110</sup> Prior to the promulgation of this circular, the first Provincial Tobacco Control Board of Turkey was established in 2005 within İzmir Provincial Directorate of Health with the collaboration of Dokuz Eylül University Faculty of Medicine-Department of Pulmonary Diseases, Ege University Faculty of Medicine- Department of Pulmonary Diseases, Dr. Suat Seren Chest Diseases and Thoracic Surgery Training and Research Hospital and İzmir Office of the Turkish Thoracic Society. The aim of the Board is to develop a concerted stance against tobacco consumption by consolidating the potency of all organisations and institutions against tobacco in İzmir, and to mitigate the adverse effects of tobacco on human health and on the economy. Accordingly, smoking cessation polyclinics were opened in June 2005, within 5 health centers that are the part of the

primary healthcare system, and situated in Buca, Bornova, Cigli, Karsiyaka and Konak districts of IMM-19.<sup>103</sup> Table 21 presents the number of individuals who received education and quit smoking between June 2005 and November 2006, as a result of the services provided to the applicants by smoking cessation polyclinics within health centers.<sup>77</sup>

**Table 21:** Number of applications to primary healthcare polyclinics, number of people who quit smoking and the number of individuals who received education, June 2005–November 2006

District	Individuals (number)												Education sessions (number)	
	Polyclinic applications		First-time applications		Control applications		Quit smoking by the end of 6 months		Quit smoking by the end of 1 year		Education attendees			
	2005	2006	2005	2006	2005	2006	2005	2006	2005	2006	2005	2006	2005	2006
Bornova	76	834	55	357	29	477	-	127	-	40	62	700	5	10
Buca	295	2,179	216	646	86	1,533	8	447	-	-	195	803	4	43
Cigli	60	194	33	129	27	65	-	106	-	57	60	172	26	135
Karsiyaka	163	187	59	78	104	109	5	225	-	205	138	208	26	22
Konak	99	331	53	112	46	219	-	43	-	10	75	193	9	15
<b>Total</b>	<b>693</b>	<b>3,725</b>	<b>416</b>	<b>1,322</b>	<b>292</b>	<b>2,403</b>	<b>13</b>	<b>948</b>	<b>-</b>	<b>312</b>	<b>530</b>	<b>2,076</b>	<b>70</b>	<b>225</b>

İzmir Provincial Tobacco Control Board, which was restructured upon the Circular of Ministry of Health issued in 2007, is formed of 13 members participating from Ege and Dokuz Eylül Universities, Provincial Directorate of Health, Provincial Directorate of National Education, Provincial Directorate of Youth and Sports, İzmir Police Department, Dr. Suat Seren Chest Diseases and Thoracic Surgery Training and Research Hospital, IMM Esrefpasa Hospital, IMM Department of Environmental Protection and Control, Turkish Thoracic Society and Dogan News Agency. This Board aims at appraising the current situation, increasing the number of smoking cessation polyclinics, carrying out informative work (devoted to public servants and the public) for effective implementation of the Law and conveying related banners and brochures to the public through family physicians.<sup>103, 115</sup> With the purpose of assessing the current situation, a ‘Tobacco Use Assessment Questionnaire’ was implemented in the respective institutions of Tobacco Control Board members (Provincial Directorate of Health, Provincial Directorate of National Education, İzmir Police Department, Provincial Directorate of Youth and Sports and IMM) between the months of January and March 2007. 3,014 employees in these organisations voluntarily participated in the survey.

Table 22 shows smoking, passive smoking, and smoking cessation status of the participants.<sup>103</sup>

**Table 22:** Results of the Tobacco Use Assessment Questionnaire, January-March 2007

	Institutions				
	Provincial Directorate of Health	Provincial Directorate of National Education	IMM	İzmir Police Department	Provincial Directorate of Youth and Sports
Survey participants (number)	223	197	1,221	1,179	194
Smoking rate (%)	34	32	42	41	31
Rate of exposure to second-hand smoke in the working environment (passive smoking) (%)	14	51	57	72	49
Annoyance due to passive smoking (%)	68	92	76	75	85
Desire to work in a smoke-free indoor environment (%)	85	80	77	78	77
Desire to quit smoking (%)	59	59	60	68	67
Desire to receive professional support for smoking cessation (%)	38	43	47	49	46

Among the participants, IMM was the organisation with the highest rate of smoking and the Directorate of National Education was the organisation with the highest rate of annoyance due to passive smoking. The desire to quit smoking ranged between 59% and 68% among smokers in all these organisations.

Smoking cessation polyclinics were closed subsequent to the implementation of Family Medicine Pilot Project in İzmir in December 2007. During this period, smoking cessation polyclinics of Dokuz Eylül University in Balçova district, Dr. Suat Seren Chest Diseases and Thoracic Surgery Training and Research Hospital and Ege University Medico-Social Unit in Bornova district, Konak Public Health Centre and IMM Esrefpasa Hospital in Konak district, continued to provide services. After being restructured, primary healthcare smoking cessation polyclinics were reopened in June 2008 within the Public Health Centres in Buca, Bornova, Cigli, Karsiyaka, Konak and Tire.<sup>77, 103</sup>

Numerous panels, conferences, campaigns (Joining Hands Against Smoking in May 2005, Quit and Win Campaign (Stop Smoking Start Living- in May 2006 and April-May 2008, etc.) and projects (Support Point to Quit Smoking Project between May and June 2007, Smoke-free Institutions Project, etc.) were organised against tobacco consumption with the collaboration of public organisations and institutions, non-governmental organisations and municipalities within IMM-19. Within the framework of Smoke-free Institutions Project, 39 institutions in IMM-19 (50 institutions in İzmir) were granted Smoke-free Institution Certificate between 2005 and April 2008.<sup>77- 103</sup>

With the purpose of fulfilling the commitments related to the Framework Convention on Tobacco Control in Turkey, Law on Amending the Law on Prevention of Hazards of Tobacco and Tobacco Products, No. 5727, was published in the Official Gazette in January 2008 and enacted in May 2008. Failure of officials and other public servants to comply with the duties assigned in this Law inflicts a disciplinary action and fine.<sup>116</sup> Legal sanctions are expected to cause a decrease in tobacco consumption, hence a

reduction in the health expenditures that have increased due to tobacco-induced diseases.

### 3.3 Exercise

The content, arrangement and physical infrastructure of the sports activities are crucial determinants of citizens' involvement in sports.

Hosting of the 1971 Mediterranean Games had triggered an increase in the number of sports facilities in İzmir, a pioneering city in terms of sports organisations. During the preparatory phase of Universiade 2005 Summer Games, the existing facilities were renovated and new venues were established.<sup>117</sup>

Within IMM, sports activities take place in sports facilities owned by Provincial Directorate of Youth and Sports, municipalities, universities and other public organisations and institutions.

Sports facilities located within IMM are presented in Table 23.<sup>117, 118, 119, 120, 121, 122, 123, 124, 125</sup>

**Table 23:** Sports facilities within IMM-19 by districts (number), 2007

Sports Facility	Number
Stadium	18
Natural grass football field	53
Synthetic- surfaced football field	83
Dirt football field	51
Sports hall	42
Training hall	31
Outdoor swimming pool	10
Indoor swimming pool	10
Sailing facility	9
Tennis court	97
Chess venue	7
Motor sports racing track	2
Shooting range	2
Table tennis	9
Fitness centre	17
Park with fitness equipment*	119
Outdoor basketball and volleyball field	306
Outdoor tartan track	10
Horse riding venue	2
Public rink	3
Public golf course	1
<b>Total</b>	<b>882</b>

\* 966 fitness equipments exist in these parks.

Football fields account for a major share in total facilities located within IMM boundaries. Atatürk Stadium, HalkaPinarSports Complex, Karsiyaka Sports Hall, Ornekkoy Tennis Complex and Narlidere Swimming Pool are among the large and important sports facilities in Turkey. For example, Ornekkoy Tennis Complex is the biggest tennis centre in the Balkans.<sup>117</sup>

A total of 154 private sports facilities exist within IMM boundaries, which were opened upon contenance by İzmir Provincial Directorate of Youth and Sports. (Table 24).<sup>117</sup> Additionally, in IMM, 66 of 1,084 primary and secondary schools affiliated with İzmir Provincial Directorate of National Education have sports halls.<sup>126</sup>

**Table 24:** Private sports facilities in İzmir and within IMM–19 by sport branches, 2007

Discipline	Private sports facilities	
	IMM-19 (number)	İzmir (number)
Gymnastics	7	10
Snooker	47	51
Synthetic Football Field	46	55
Body Building & Fitness	42	44
Diving Centre	11	13
Taekwondo	1	1
<b>Total</b>	<b>154</b>	<b>173</b>

In 2007 an estimated number of 20,557 individuals participated in courses related to sports disciplines opened by the Provincial Directorate of Youth and Sports, municipalities, public institutions and organisations and private sports facilities. In the analysis of different sports disciplines, it is seen that there is a concentration in football, swimming, gymnastics, basketball, volleyball, tennis and taekwondo, respectively.<sup>117</sup>

Football trainings are provided to children at disadvantageous position having risk of going on the streets within the scope of Street League project and development support modules are implemented (See: Disadvantageous Groups section, Services Provided for Risk Group Children).<sup>121</sup>