Title
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Jordan: Mass Media Campaign Combating Smoking Requires Serious Commitment and Not Just Words
Introduction

Tobacco use is a growing problem in Jordan, a developing country with a population of 5.3 million (1). Each year, cardiovascular diseases are responsible for about 42% of all deaths in Jordan and cancer is responsible for 13% (2). Smoking has been found to be the main factor contributing to these health problems.

In 2000, Jordan’s National Cancer Registry recorded an average of 3,360 new cancer cases. Lung cancer was the most prevalent type, with 223 cases. Of these cases, 185 lung cancer patients were smokers.

Smoking is highly prevalent among adolescents. Jordan’s Global Youth Tobacco Survey (GYTS) conducted in 1999 showed that 19.3% of students between the ages of 13 and 15 (25% of male students and 14.5% of female students) are smokers. This is primarily due to their imitating adults, peer pressure and easy access to cigarettes. This is a high percentage in a country where half of the population is under the age of 18 (1).

Another study on morbidity, conducted in 1996, revealed that the prevalence of smoking among Jordanian adults over 25 years was 26.9% (4). Almost 48% of males and 10.2% of females smoked daily. However, only 9.7% of the adult population was able to quit.

National figures reveal that smokers in the Kingdom spend an estimated JD 250 million (2) annually on tobacco products, or some 4% of the country’s national gross domestic product. Smoking the water pipe or Argileh is also becoming a very popular practice in tobacco use.

Policy intervention

In November 2001, the Ministry of Health (MOH), through its tobacco control programme, started a three-month media campaign to fight tobacco use in the country. The campaign sought to counter the influence of pro-tobacco marketing and advertising by promoting health awareness of the hazards of smoking, exposure to second-hand smoke and the existing tobacco-related legislation. In fact, Jordan was one of the first countries in the region to introduce an anti-smoking regulation in 1977 by slapping a ban on smoking in public places and on public transport. Counter-advertising in print included free-of-charge ads, which continuously appeared in official newspapers emphasizing the antismoking regulation via ‘No smoking’ signs or text.

Another part of the media campaign comprised posters and brochures illustrating the health risks of tobacco use. They were distributed to university students, sports clubs, maternity and child health-care centres as well as women’s societies. Posters focused on presenting toxic and carcinogenic effects of tobacco use. One such poster detailed over 400 poisonous substances contained in a cigarette. Another poster sought to promote a smoke-free culture, urging smokers to “Break Free” by choosing to breathe.

Despite these efforts, no studies were conducted on the ratio of pro- to counter-advertising to assess whether the media campaign promoted cessation and decreased the likelihood of initiation. However, data available in the global youth tobacco survey (GYTS) included a survey on pro-cigarette advertising in 1999.

The GYTS found that 81% of 7th to 9th graders were exposed to indirect pro-cigarette marketing and advertising. Of the 3,912 students surveyed, 61% of them saw pro-cigarette ads in newspapers and magazines, 59% saw pro-cigarette commercials during sport shows, 33% possessed an object with a cigarette brand logo and 27% were offered cigarettes by a tobacco company representative.

The target group was the adult population. The first of November was designated as a ‘Jordanian No-Tobacco Day’, as part of a smoke-free Arab week, an idea developed by the Arab League. This theme was highlighted in State radio and TV. Both radio and TV hosted experts for an entire week, promoting cessation. Talk shows and discussions made reference to the health consequences arising from consuming different types of tobacco in cigarettes, the hisheh, the pipe and the ‘hubbly bubbly,’ known as ‘argileh’. Addressing the problem of disease caused by second hand smoke, Jordan TV repeatedly aired an ad showing a healthy young woman turning into a sickly person with decaying teeth.

Part of the counter-marketing efforts included leasing 60 billboards that were set up in different parts of the capital for three months. They highlighted the 1977 anti-smoking regulation that restricts smoking in public places and on public transport. Counter-advertising in print included free-of-charge ads, which continuously appeared in official newspapers emphasizing the antismoking regulation via ‘No smoking’ signs or text.

The campaign was carried out through paid television ads, radio, official newspapers, billboards and publications.

1 The Jordan dinar is equivalent to about $US 1.42.
Other tobacco control measures included imposing restrictions on tobacco sale for minors as part of a Juvenile Monitoring Legislation, effective as of 1 November 2001. Penalties for minors include a JD 20 fine for a first-time violation, which would double if the offence were to be repeated. The vendor would face a JD 100 fine and a jail sentence of up to one year. The legislation was announced on radio and TV and published in Official Gazette one month before it became official.

At the grassroots level, a school-based pilot project that involved peer education on tobacco control was applied in 28 schools during the scholastic year 2002–2003. Seventh to ninth graders were provided with anti-smoking educational kits comprising thought-provoking exercises, puzzles and an evaluation form to assess their comprehension. The project, dubbed “Rising Generation without Smoking” was first introduced by the United Nations Children’s Fund (UNICEF) and the Jordanian Anti Smoking Society (JASS) in cooperation with Ministry of Education. It was implemented in 17 schools throughout 2002–2003. As a result of its popularity, the Health Ministry and UNICEF ran a parallel project adopting the theme “Smoke Free Schools” using the same educational material and covered 11 schools. Plans are under way to expand the school programme to include an additional 50 schools for the scholastic year 2003–2004.

In addition, an anti smoking clinic was set up in late 2001 to promote cessation among smokers, which is supervised by the tobacco control programme. The clinic offers free-of-charge counselling and nicotine inhalers for those who wish to kick the habit. It will include a hotline as part of its future services. Until last year, the clinic offered counselling for 70 adult patients, 10% of whom quit smoking without resorting to any anti-smoking drugs. There are plans to set up clinics in the country’s 12 governments, once funding is available.

A series of tobacco-related awareness workshops were conducted to educate the media as well as personnel from both the Ministries of Health and Justice about tobacco-related legislation. An annual contest for volunteer workers adopted the negative effects of smoking as its theme in 2002 in an attempt to educate people about the risks of tobacco use.

### Steps toward implementation

Fighting tobacco use in the country was intensified in 2001, the year Jordan began taking part in negotiations for the recently adopted Framework Convention on Tobacco Control (FCTC).

As a first step, the Health Ministry in cooperation with UNICEF and the World Health Organization (WHO) established a multisectoral steering committee, known as the National Committee for Anti-smoking. Its members were drawn from the Ministry of Health and the Ministry of Religious Affairs, UNICEF, JASS, United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) and the Jordan Medical Association, and included a lawyer. The Committee was in charge of supervising tobacco control activities.

Later, the Health Ministry adopted a tobacco control programme and appointed personnel to run it during the second half of 2001. The programme acted as a coordinator between Government ministries and funding organizations to implement anti-tobacco activities. The tobacco control programme then launched a three-month media campaign on 1 November 2001, which was designated as a Jordanian No Tobacco Day.

Subsequently, the steering committee drafted a five-year tobacco control strategy, with eight goals and a plan of action. On 31 May 2002, World No Tobacco Day, the Health Minister endorsed the strategy and it was put into action. The main objectives of the tobacco control strategy were based on elements of the FCTC, which Jordan adopted on 21 May 2003. The strategy was comprehensive and provides for a general ban on tobacco advertising, a raising of public awareness on the hazards of tobacco use, enforcement of legislation, and encouragement of smoking cessation, among others.

Establishing the tobacco control programme and the endorsement of the five-year tobacco control strategy were crucial steps toward reaching the final stage of the intervention policy. This is the first time ever that Jordan has adopted a tobacco control programme that is responsible for overseeing the implementation of the tobacco control strategy.

In addition, securing funds from UNICEF and WHO contributed to the intervention process. A tobacco control programme requires funding, and currently the MOH does not have adequate funds to support the programme.
**Key actors in the process**

Fighting tobacco use in Jordan required partnership between the Health Ministry through the tobacco control programme, UNICEF, WHO, the steering committee and JASS. The Health Ministry’s tobacco control programme played a key role in the intervention policy. Planning activities, training of employees, research and follow-up were among its main responsibilities.

UNICEF and WHO provided technical and financial assistance for the tobacco control programme and helped to establish an anti-smoking clinic. During 2001 and 2002, WHO contributed approximately US$ 40,000 for anti-smoking activities at the national and international level. This included seminars, research and educational material as well as training of staff, and participation in the intergovernmental negotiating body for the FCTC.

UNICEF contributed financial assistance of well over US$ 200,000 over the past two years. It sponsored the media campaign and seminars, and helped the Education Ministry integrate a school-based educational programme in 27 schools. It strengthened the infrastructure of JASS as well as sought to increase awareness of the existing anti-smoking regulation.

However, the intervention policy is facing an uphill challenge from tobacco companies because of their strong financial resources and marketing capabilities. Although tobacco advertising is banned, tobacco is still marketed attractively in tobacco-outlet stores, through offers of cash prizes and a variety of gifts such as T-shirts, watches and sports bags that appeal to adolescents. Female representatives also display different-coloured cigarette packages and encourage shoppers to try cigarettes free-of-charge.

Eye-catching posters are placed on shop fronts, where smoking is seen as a glamorous act. The amount of fines imposed on such violations is low and they do not exceed JD 500. Penalties are also not strictly imposed. As such, tobacco companies are not deterred from attempting to promote tobacco use.

Cross-border advertisements promoting tobacco use on the Internet and on privately owned Arab satellite stations also target a wide range of viewers. Lax law enforcement of the anti-smoking regulation also constitutes another stumbling block in the country’s efforts to fight tobacco use.

Jordan’s anti smoking regulation was part of a public health law issued in 1971. Those who violate the public health law are subject to a jail sentence that does not exceed four months, or a fine ranging from JD 25 to JD 500 or both penalties. The public health law does not include any direct article that deals with violating the anti-tobacco regulation. In other words, there are no clearly defined penalties for those who smoke in public places and on public transport and advertise tobacco use.

Effectively, and from a technical point of view, this renders the punishment unconstitutional unless a direct article addresses the issue of penalties related to the anti-tobacco regulation. Ministries in charge are also not enforcing the law, because a mechanism of enforcement requires coordination between various government institutions. Failure to enforce the legislation was not limited to this law and regulation, but in fact many regulations in Jordan were abandoned by the executive authorities for no clear reasons.

The anti-smoking legislation, like many other laws in Jordan, was not put into effect due to financial and budgetary restrictions. In this respect, the Government should issue clear regulations and instructions to specify the process of enforcement. The implementation process is bound by a budget drawn up by the Minister of Finance. As such, the Health Ministry cannot enforce the law on its own, and it does not have an annual budget earmarked for tobacco control policy. It relies heavily on external funding from WHO and UNICEF. In addition to these limitations, there is no serious commitment on the part of policy-makers to enforce existing laws, especially those concerning smokers.

**The intervention’s success**

At this stage, it is too early to determine whether the intervention has had any positive impact on tobacco use. Such policies enforced in developed countries have taken years to bear fruit. In addition, there are no studies available on the knowledge, attitudes and practice of tobacco use. Yet, raising awareness about the anti-smoking legislation through the billboard campaign raised public inquiries.

According to the tobacco control programme, adults over 20 years of age wanted to learn more about the anti-smoking legislation. But it was not known how many calls the programme received during the three-month campaign that started in November 2001. Since the billboards were concentrated in Amman only as a result of limited funds, the message failed to reach the desired target groups, namely the adult population.
Meanwhile, radio listeners and TV viewers who witnessed the campaign learned about the existing anti-smoking regulation, the dangers of passive smoking and the risks inflicted on those consuming the various types of tobacco products. This campaign was also limited to one week due to funding constraints, so that the message did not reach the general public, as it was initially planned.

The intervention’s outcome, although undocumented, was modestly successful in a number of ways that are worth mentioning. Two tribally dominated governorates have announced to their communities that cigarettes are no longer part of a traditional offering at weddings and funerals as well as other social gatherings. A number of private companies, and government institutions declared themselves smoke-free and reserved a special room for smokers. The Ministry of Education has prohibited teachers from smoking in schools. As a result, private schools have restricted smoking during working hours. Public schools, where teachers once shared cigarettes with students, are becoming tough on the practice.

Many supermarkets have placed signs displaying the juvenile law that restricts minors’ access to tobacco. According to the tobacco control programme, shopkeepers often ask buyers whom they suspect are minors for identification before selling them tobacco products.

Yet despite these positive signs, success may have been very limited. School students smoke outside school campus, security personnel and law enforcement officers smoke in public places, including the airport, and despite no-smoking signs, minors can purchase cigarettes from street peddlers.\(^5\)

**Conclusion**

The introduction of legislation restricting tobacco sales to minors and the anti-tobacco peer education project are key steps in the country’s intervention policy. Smoking among minors is a growing problem in Jordan, especially since minors comprise half of the population. These are two primary areas that require the Government’s serious attention.

Enforcement of the law restricting minors’ access to tobacco through random check-ups on retail tobacco outlet shops and on street vendors from whom minors attempt to purchase cigarettes as well as the imposition of penalties on retailers is needed to help implement the law.

The peer education school programme, which targets 13- to 15-year-olds, the typical age when students start smoking, was a successful pilot project. Feedback from JASS and the tobacco control programme suggested that parents, students and teachers perceived it as positive intervention.

Adequate resources should be provided for anti-smoking educational programmes to ensure that this project becomes accessible in all the schools in Jordan. School-based tobacco prevention programmes should be introduced in late elementary grades to prevent the onset of smoking. This project should also be incorporated in school curricula.

The media campaign in newspapers, radio and TV, with their broad spectrum, could have played a major role in offsetting tobacco publicity. Adolescents are more likely to be influenced by advertising since they are the present target group for tobacco companies. However, Jordan cannot limit cross-border marketing on the Internet and privately owned Arabic satellite station.

In this regard, counter-marketing efforts through media advocacy with sufficient reach, frequency and duration are needed to raise public awareness about the risks of tobacco use, and to promote cessation.

Adequate funds and resources, including experienced people are required to ensure that the campaign educates adolescents and adults on the hazards of smoking. In addition, other counter-marketing efforts through a variety of appealing techniques are called for instead of communicating redundant themes.

An annual budget earmarked for a tobacco control programme to carry out its activities is necessary. Jordan needs to double its efforts and show serious commitment to enforcing laws to fight tobacco use. Unfortunately, until now, the mechanism of implementing the anti-smoking legislation is at the legislative bureau and introducing legislation without enforcement is not enough to fight smoking. When such issues are addressed, then it will be possible to generalize the country’s experience.
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