

Sosyoloji Derneđi, Türkiye

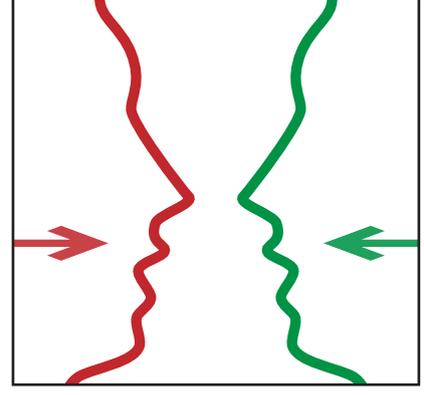
Sosyoloji Arařtırmaları Dergisi

Cilt: 15 Sayı: 2 - Güz 2012

Sociological Association, Turkey

Journal of Sociological Research

Vol.: 15 Nr.: 2 - Fall 2012



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“Gecekondu” Neighborhoods

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MICRO, MESO, AND MACRO LEVEL FACTORS AFFECTING SMOKING BEHAVIOR AMONG TURKISH WOMEN IN “GECEKONDU” NEIGHBORHOODS*

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ABSTRACT

We explored factors that influence smoking behavior and its perception by Turkish women living in impoverished gecekondu (“built overnight”) neighborhoods near Ankara, Turkey. We organize and discuss our findings in micro, meso, and macro social levels of analysis. The data were collected from 2007 to 2008 through field observations and semi-structured in-depth interviews with a convenience sample of fifty married women smokers who lived in gecekondu neighborhoods in Yükseltepe in Ankara. Women were between 20 and 60 years of age, and had lived in gecekondu for 15 years or longer. Data were analyzed using content analysis techniques, and then open coding followed by axial coding. Emergent themes were classified into six categories of: (1) traditional/rural culture; (2) socio-ecological safeguards; (3) urban life attributes; (4) socio-ecological disconnect; (5) media influence; and (6) cognitive conflict. We constructed a post hoc model based on these emergent categories. We conclude with recommendation of programs to address gecekondu women smoking behavior at multiple levels.

Key Words: Smoking behavior of women, gecekondu, rural culture, urban life, ecological principals.

* The primary data discussed in this paper were collected as part of Sibel Turgut’s master’s thesis

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GECEKONDUDA YAŞAYAN KADINLARIN SIGARA İÇME DAVRANIŞINI ETKİLEYEN MİKRO, MEZZO, VE MAKRO DÜZEY FAKTÖRLER

ÖZ

Ankara'nın yoksul gecekondu bölgesinde yaşayan kadınların sigara davranışını etkileyen faktörler ve kadınların sigaraya yönelik algıları araştırıldı. Araştırma bulguları mikro, mezzo ve makro sosyal analiz seviyesinde tartışıldı. Ankara'nın Yükseltepe gecekondu bölgesinde yaşayan kadınlardan, kolayda örnekleme yoluyla seçilen 50 evli kadına, 2007-2008 yılları arasında uygulanan yarı-yapılandırılmış derinlemesine görüşmeler ve alan da yapılan gözlemler aracılığı ile veriler toplandı. Gecekondu'da 15 yıl ve üzerinde yaşayan kadınların yaşları 20 ile 60 yaşları arasında değişiyordu. Verilerin analizi sırasıyla, içerik analizi, açık kodlama, ve aksiyal kodlama teknikleri ile yapıldı. Ortaya çıkan temalar altı kategoride sınıflandı: (1) geleneksel/kırsal kültür; (2) sosyo-ekolojik koruyucu faktörler; (3) kent ortamı; (4) sosyo-ekolojik kopuş; (5) medya etkileri; (6) sosyal bilişsel uyumsuzluk. Ortaya çıkan bu kategoriler çerçevesinde post hoc model oluşturuldu. Sonuç olarak, gecekondu kadının sigara içme davranışını çok yönlü bir şekilde ele alan programlar önerildi.

Anahtar Kelimeler: Kadının sigara içme davranışı, gecekondu, kırsal kültür, kent yaşamı, ekolojik prensipler

INTRODUCTION

Societies depend on a healthy balance between providing for people's physical and social needs and making prudent uses of finite resources (Moran *et al.*, 2007). Those societies that are developed based on sustainable ecosystems (OECD, 2010) are significantly different than those in which individual/corporate short-term interests are served without significant attention to ecological impacts (Székely, 2005). Decisions about how, why, and exactly which development paths to take and factors that influence such decisions from small family units to large-scale socio-political levels all fall within the realm of sociology and require critical examination. In the area of health, correct understanding of the problems at each social level also helps with developing the most appropriate and ecologically sound intervention programs.

Programs that are designed, for example, to explore and address unhealthy behaviors (such as those related to tobacco) through a disease management approach—by disease management approach, we mean to focus on managing the disease once it occurs rather than preventing the from developing in the first place—tend to be quite costly and unsustainable, and gives rise to disparities among the populations now jeopardize healthy potentials for the future generations (Mattke *et al.*, 2006; Brunner *et al.*, 2001). On the other hand, if a more ecologically sustainable orientations guide our approaches, then the intervention programs to address people's concerns at all social levels would offer a more sound and sustainable path. Given a global recognition about the scarcity of the resources and global ecosystem crisis, the latter approach (i.e. ecological sustainability approach) has begun to gain momentum (Harvie, 2006; UNMEA, 2005).

From a sociological perspective, it is therefore important to alternate our focus at various levels of social processes. That is, we maintain a micro-level focus, which emphasizes individual agency and face-to-face interaction and personal relationships and how they are related to people's motivation and behavior (Johnson, 2008). At the same time, we explore large-scale social systems (macro-level focus) and any intermediary factors (meso-level focus) and how they influence lower level relationships as well as how they interact and are inter related with an increasingly globalized world.

Through these multi-level lenses, we discuss, in this paper, the results of a series of in-depth interviews conducted between 2007 to 2008 with a convenience sample of fifty women living in *gecekondu* areas of Yükseltepe near Ankara, Turkey. *Gecekondu* areas are impoverished areas in the outskirts of large Turkish cities that exemplify an ad hoc ‘transitional’ life of rural-to-urban immigrants. We interpret our findings using sustainable ecological principles as manifested at micro, meso, and macro levels and propose recommendations based on each of those levels as appropriate based on sustainability principles.

BACKGROUND

Tobacco, Smoking, and Health

The World Health Organization (WHO) report on the global tobacco epidemic (2008) notes that nearly two thirds of the world’s smokers live in 10 countries, with Turkey in 10th place among 192 countries. Worldwide, tobacco kills more than 5 million people annually. It is projected to kill more than 8 million people each year by the year 2030, with 80% of the deaths occurring in low- and middle-income countries typified by Turkey (WHO, 2009).

Traditionally, smoking was not a socially acceptable behavior for women in Turkey (Dagli, 1999), but that attitude appears to have changed. Based on the most recent Turkish Statistical Institute (2008) report, for example, of the approximately 16 million smokers ages 15 and older, 4 million of them (or 15.2% of the total population of women aged 15 and older) smoked. While the prevalence of smoking among women (15 and older) is much less than men (12 million or 47.9% of the males ages 15 and older), this is still an alarmingly high prevalence. Reports from earlier studies, too, indicate that, among women 15 years and older, 15.2-19.2% were smokers (Mackay et al., 2006; Official Gazette, 2006). Smoking prevalence among women living in urban areas is more than double that in rural areas—18.7% and 7.2% respectively (Official Gazette, 2006). The latest report, released by Turkish Ministry of Health in December 2010, though shows an overall 4.1% decline in adult smoking prevalence in both men and women compared to that in 2008. In adult women, 13.8% of women smoked. This success has been attributed to the comprehensive tobacco ban in public

places and enclosed areas including restaurant, bars and coffee houses which has been in effect since July 19, 2002 (Yeni Şafak, 2011).

Historically, urban professional women were more likely to smoke than women in rural areas (Bilir and Onder, 2000; Fırat , 1996). For example, 41% of female physicians in Antalya (Dedeoglu *et al.*, 1994) use tobacco. Compared to 10.9% of women in the general population, 34.9% of female final-year medical students are smokers (Kocabas *et al.*, 1994). Among teachers, the prevalence of smoking was even higher: 44.3% (Bilir *et al.*, 2000). A 1996 study of 538 randomly selected women in Istanbul found an overall smoking prevalence of 48% among women (Daglı, 1999). A recent study in Burhaniye found that 22.7% of Turkish mothers under 20 years of age smoked and 74.1% were daily smokers (Ergin *et al.*, 2008).

Most investigations have focused on smoking behavior among either rural or urban women. Studies that examine the smoking behavior of women living in *gecekondu* areas are sorely lacking. In these neighborhoods, women in transition from traditional, rural life to modern, urban life exhibit significant changes in smoking behaviors. The present study aims to explain this dynamic.

Women as Targets

Women are important targets of transnational tobacco companies (WHO, 1999). Most tobacco advertisements depict women who smoke as sophisticated and urbane, subtly associating cigarette use with liberalization and modernization (WHO, 2010). In Turkey, economic independence, marital status, education level, and place of residence (Erten & Aslan, 2008, p.100) all appear to be associated with smoking.

Study Setting

Turkey has a population of 72 million, of which 75.5% live in urban and 24.5% live in rural areas (TUIK, 2009). Since early 1950s and with a surge in industrialization, migration from rural to urban areas has occurred at a rapid pace (Alpar & Yener, 1991). In the 1960s,

27.4% of people lived in cities with a population of one million or more. By 1985, that share of the population increased to 40.9% (Alpar & Yener, 1991).

In 1998, Turkey signed an agreement with the European Union to integrate its agriculture into Europe’s markets. In exchange, Turkey was promised European Union membership, which has yet to materialize. The agreement, however, forced a cut in subsidies for agricultural production from 7% of GDP in 1998 to 2.93% of GDP in 2006. With the dramatic loss in rural income, migration from the countryside to the cities intensified (Övgün, 2010). Urban areas are not adequately equipped to deal with mass influxes of rural settlers, so most newcomers were relegated to the outskirts (Alpar & Yener, 1991; Tatlıdil, 1992). Impoverished newcomers tend to build houses, often without required permits, on public or government-owned lands on the fringes of the metropolises. These settlements are called *gecekondu*, meaning “built-overnight” (Alpar & Yener, 1991, p.4-8; Sevgi, 1988, p.76-80).

The study site, Yükseltepe neighborhood, was formed by migrants from villages in central and eastern Turkey [Muhtar Kayıtları (2007)— *elected government official who holds neighborhood records for census and elections*]. From our field observations in 2007 and 2008, many Yükseltepe residents had lived in the area for more than 15 years. Some had managed to obtain titles to their houses and received some basic public services (Tatlıdil, 1992). Overall, urbanization exerts tremendous pressures on environmental, social, and public health infrastructures at the sources and the destinations of migrants. The pressures manifest themselves differently depending on the socio-ecological context of a particular dwelling type. This study increases our understanding of contexts and pressures of *gecekondu* life surrounding women’s smoking behavior.

THEORETICAL FRAMEWORK

Sustainable Ecology Principles

Ecology investigates the interactions between and among organisms and their environment (Putman & Wratten, 1984, p.13). The interconnectedness of *all life forms* is a fundamental

ecological principle that underlies the survival of life itself, to the extent that changes within one system affect that system and all other systems to which it is connected. Integration of by-products generated by one organism's activity into another's is also an important ecological principle. For example, oxygen, a by-product of photosynthesis in plants, is essential to the respiration cycle of aerobic organisms, including humans. Discarded cigarette butts, on the other hand, are non-biodegradable wastes hazardous to humans and the environment (Novotny *et al.*, 2009).

Rooted in ecological principles is the concept of sustainable development defined as development that meets the needs of the present without compromising future generations' ability to do the same (UNWCED, 1987, 1). Development, therefore, is achieved through conservation and renewal of natural resources on which life and quality of life depend, now and in the future (UN Agenda 21, 1992, 1).

Examining tobacco through the lens of ecological sustainability, we observe that globally 4.2 million hectares of land (FAO, 2003), 340 to 639 million metric tons of wood (Clay, 2010, p.359), 300,000 metric tons of nicotine waste (Novotny and Zhao, 1999), 2.26 million metric tons of manufacturing waste, and 210 billion metric tons of chemical waste (Clay, 2010, p.361) are used and produced annually to cultivate, cure, wrap, and package 7 million tons of a product that, when used as directed, is unnecessary to human sustenance and can be lethal.

However, the predominant paradigm within which tobacco research is conducted is individual behavior change (micro level) to affect consumption rather than an ecological framework (meso and macro levels) to rein in production. In 1997 alone, the U.S spent about \$500 million on "tobacco control" research (mostly on individual cessation and media advocacy programs) while, in the same year, it spent \$680 million on research in tobacco farming (WHO, 1999). Globally, "tobacco control" research was approximately \$15 million a year (WHO, 1999) with none used to research curbing production.

STUDY DESIGN AND METHOD

A phenomenological approach was used to explore factors that affected smoking behavior. This approach is rooted in a paradigm of personal knowledge and subjectivity (Miller & Crabtree, 1992, p.24), rather than cultural assumptions and conventional wisdom. Our finding indicates that *gecekondu* women’s lifestyles do not fit into the usual rural-urban dichotomy as described in the literature. Rather, it shows a mix of the rural-urban lifestyles plus some behaviors that have allowed these women to adjust to the structure of their *gecekondu* environments that, for most part, lack typical amenities of the rural and urban areas.

Interviews probed the impacts of urbanization, socio-cultural factors, smoking knowledge and attitudes about smoking. We inquired about age, income, education, home towns as well as the participants’ personal, interpersonal, and social experiences. Field observations documented the women’s social and physical environments. Table 1 has a summary of categories and sample questions.

Table 1: Question categories with sample examples

Category	Purpose	Questions
Context	Explore social/physical environment	Describe your life in village. Describe your life here; likes/dislikes Others around you who smoke See information about smoking? [What/where]
Smoking Behavior	Explore smoking behaviors/habits	How often do you smoke When/how started smoking
Smoking Experiences/ Meanings	Explore beliefs and attitudes toward smoking	Why do women smoke? How do other people react to your smoking? What do you think about smoking?
Health Impacts	Explore potential health impacts of smoking	Any health problems from smoking? Smoked while pregnant or around children?

The questions were derived from prior tobacco research. After an iterative analysis of the first few interviews, several questions were added. For example, in the initial semi-structured interview guide, we did not ask whether women worked from home, which revealed the researchers’ bias that “real work” occurs outside of the home. It emerged, however, that most women were generating income through domestic handicraft such as crocheting and knitting.

Therefore, appropriate prompts were added to the questions.

Content analysis techniques were used to analyze the data. During the initial analysis, interview transcripts were thoroughly read and passages were open coded and an evolving list of codes was developed by two research team members. Initial codes were categorized according to the research questions to create a code book. Open coding involves forming initial categories of information and assigning codes by segmenting the text. Axial coding involves assembly of data based on specific coding paradigms. We returned to six participants who were the most forthcoming and agreed to discuss the formulated descriptions and categories of themes for initial validation. The six women were presented with the codes and the transcription of their statements that corresponded with those codes. They were then asked to verify whether or not the codes accurately depicted what they had said during their in-depth interviews. The codes were reviewed again and finalized after the validation step.

RESULTS

Demographics

Yükseltepe Gecekondu near Ankara has a population of approximately 24,468 people (12,987 male; 11,481 female) according to the neighborhood magistrate office (Muhtar Kayıtları, 2007) and is one of nearly 3,600 *gecekondu*s in the area. Most of the men worked in seasonal jobs such as construction, but were otherwise unemployed. Approximately 6% of the women in our study worked outside the home doing housecleaning or childcare for professional women. Some generated income creating handicrafts. About 65% had migrated to the *gecekondu*s with their husbands right after marriage. Table 2 summarizes the participants' socio-economic and demographic characteristics.

Table 2: Participants’ Socio-demographic Characteristics

	No	%
Age		
Mean	34(yrs.)	
Minimum	20(yrs.)	
Maximum	60(yrs.)	
Education		
No Schooling	6	12
Less than 5 th Grade	15	30
Completed 5 th -Less than 9 th Grade	21	42
Completed 9 th -Less than 12 th	6	12
12 th Grade and Above	2	4
Income		
\$140 to \$340/month	32	64
\$341 to \$680/month	17	34
Over \$681/month	1	2
Origin		
Central Anatolia	18	36
Eastern Anatolia	16	32
Southeastern Anatolia	9	18
Other areas	7	14

Field Observations

Interviews and local neighborhood records attested that sections of the *gecekondu* had been sold to real estate developers to build apartment complexes. Public health and utility infrastructures were inadequate, and access to natural gas, fuels, and public transportation was limited. Quite a few houses appeared dilapidated and unsafe. Open sewers were observed running on the sides of some streets. Some residents were raising chickens in the yard. Women were forthcoming about their preference to live in the newly developed apartments if affordable. Many continued their rural tradition of preparing “winter food” (e.g., fruit preserves, dried

fruits and vegetables, pickles, homemade tomato paste and noodles) many of them baked bread from scratch. While they still covered their hair, they began wearing trousers instead of the more traditional *shalvars* (large baggy pants) and skirts worn in villages.

Women shared other information quite freely, were welcoming and hospitable, and seemed pleased that someone would listen to them. They offered tea and snacks and were more welcoming than ordinary urbanized women who usually do not open their doors to strangers and are often suspicious of researchers.

Themes

Six (6) overarching categories emerged: 1) traditional/rural culture, 2) socio-ecological safeguards, 3) urban life attributes, 4) socio-ecological disconnect, 5) media influence, and 6) cognitive conflict. Table 3 summarizes the themes with sample quotes.

Traditional/Rural Culture	Urban Life Attributes
“When I smoke I feel I do something against my father/brothers. This somehow comforts me”.	I cover my hair when my mother-in-law is around. But my husband doesn’t say anything. He changed after seeing the urban women.”
“Only men smoked. They would say it is good. My brother, father/grandfather smoked. I thought if everyone smoked why can’t I?”	“When moved to the city women feel they can smoke too.”
“I smoke when I have a fight with my mother-in-law; she gets upset when I smoke...so I smoke even more.”	“It is easier to smoke here. In the village it is still shameful. But here nobody cares.” “Here nobody knows each other.”
“In village, women can’t leave the house without husband’s permission.”	“Nowadays everybody has small families no in-law pressure.”
Socio-ecologic Safeguards	Socio-ecologic Disconnect
“It is easier to smoke here. I don’t have my mother-in-law with me.”	“Everything is bad here; economic hardship.”
“Before men even didn’t smoke around their elders. I don’t smoke around my elders but kids nowadays smoke on the streets. There is no respect for elders.”	“It isn’t like the village. Nobody talks to each other here.”
“In the village they would be in your business and shame you.”	“I feel like an urban woman. In the village I wouldn’t be lonely.”
After I got married I smoked more because I could smoke freely with my husband.	“They dream better life in the city. But, when they cannot find it, they feel empty and start smoking.”

Media Influence	Cognitive Conflict
"People see these on TV. Nowadays, women smoking at 40 or 50 seem normal."	"They show smoking women on TV and then they ban smoking."
"Kids imitate TV characters and pretend using their pencils as cigarettes."	"They say it is forbidden to smoke at the hospital but doctors' offices are filled with smoke."
"They show smoking women on TV then ban smoking."	"They are college graduates and still smoke. Let's say we are ignorant uneducated, what's up with them?"
"Women who smoke in the movies seem powerful and sophisticated. They seem confident. Gecekondu women envy them."	"They become professors, teachers and still smoke. So people in Gecekondus are entitled to smoke more."

Close social relationships were diminished in the *gecekondu*. There, most women interacted only with a few neighbors and relatives, while they had had regular social contacts with all relatives and most neighbors in their rural homes. Statements demonstrating "how life used to be" (i.e. rural life) and those conveying attitudes and behaviors that, according to participants, had their roots in rural life were coded as '**traditional/rural culture.**' For example, statements like: "in the village, smoking is considered as manly behavior," and "they [family] wouldn't even let us to go out ourselves," or, "My grandpa when he'd see me next to the door, he would yell at me [to go inside]" were coded as traditional/rural culture. Specific household chores that constituted "village life" were also coded as traditional/rural culture. They included specific food preparation tasks such as "canning, preserving food," "drying and pickling vegetables" and "preparing tomato paste" for winter if they "can find the ingredients." Most women "baked [their] own bread so [they] don't pay money for it."

Statements reflecting the *norms* in participants' contemporary life in the *gecekondu* and statements that contrasted characteristics of "here" and "now" with how "the life in village" was/is and "back then," were classified as '**urban life attributes.**' They included statements like, "but in the city women can also smoke," and "when I come back to the city I even put on makeup." Direct statements such as "I am urbanized. I am not any less than urbanized women. I even own a washing machine," or, "I even try to put on some makeup when I go out here," were in this category.

'Socio-ecological safeguards' were those factors whose presence or absence would in some way influence the smoking behavior either positively or negatively. For example, following were coded as social safeguards: *"In the village everyone is nosy. Here no one cares so smoking increases."* Or, *"In the past, men even wouldn't smoke around their elders."* And, *"I don't smoke around my elders but now kids smoke on the streets. There is no respect for elders."*

Most participants had limited knowledge [knowledge as a safeguard] about the adverse effects of secondhand smoke on their children or on the fetus. They smoked regularly around their kids and recalled doing so while pregnant. Most participants also had limited understanding of the cumulative exposure to cigarette smoke as evident from statements such as: *"I was being exposed to my husband's smoke anyway, so it didn't matter if I started to smoke"* and were misinformed about the mechanisms of potential harm: *"If you don't inhale, the smoke is not as harmful."*

Economic hardship was a critical concern of most participants. Some received support in the form of food from their families still living in the village and some received food from the mayor's office. Some women also indicated they spent as much as \$170 monthly for cigarettes despite living on severely limited budgets.

Most women expressed loneliness and a sense of isolation compared to their life in the village, which were coded as **socio-ecological disconnect**. Examples include: *"Even stepping out of your house means money. So we don't."* And, *"we make our own bread so we don't pay money for it. But we don't do it with the neighbors,"* or, *"I don't have guests over... in the village everyone would visit each other....we would eat together, work together."*

Media played a significant role in women's smoking behavior. Some women stated they had seen some media messages about the harmful effects of smoking but did not remember specifics. Negative **media influences** were more pronounced: *"In the TV series, women who smoke seem powerful, beautiful, self-confident, sophisticated, and smart."* Or, *"It seems only powerful people with money and free people smoke."*

Participants' statements that expressed mixed and contradictory messages were coded as *cognitive conflict* in statements similar to: "*They show women smoking on TV and then they ban smoking,*" and "*They say it is forbidden to smoke at the hospital but doctors' offices are filled with smoke.*" Participant statements that rationalized smoking were also included in this category. They stated that "*air pollution*" or "*additives in food*" were "*far more harmful than smoking.*"

DISCUSSION

We explored smoking-related perspective of 50 Turkish women smokers living in *gecekondu* neighborhoods. These neighborhoods often serve as temporary "transitional spaces," in rural-to-urban migration of mostly poor people. For many, they hold the key to a better life. In reality, these "*hoped-for*" ephemeral residencies last a lifetime for many. Women discussed how life "used to be in the village" and how it was "now" [at the time of interviews] and they shared their views about smoking, among other issues.

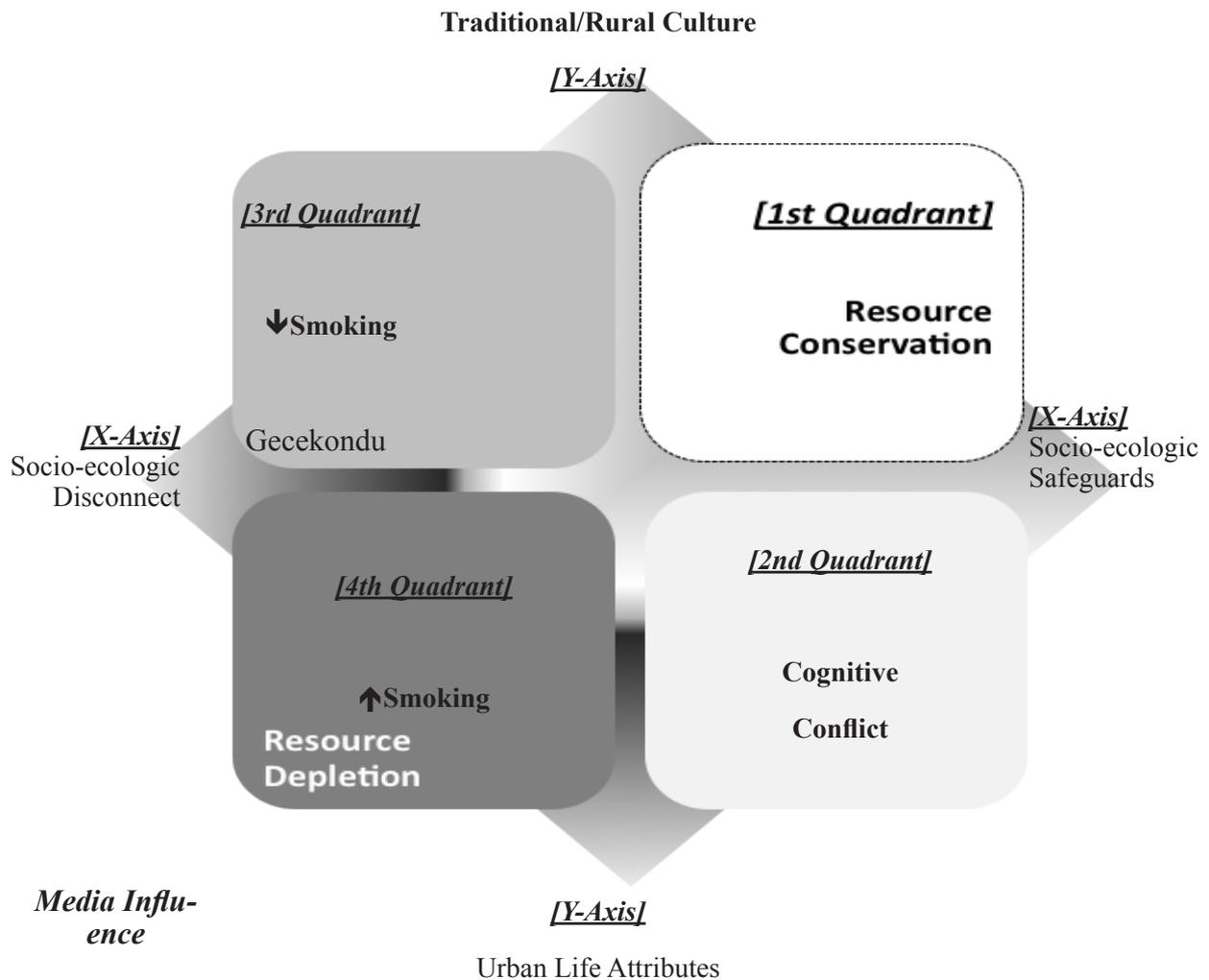
Through a micro-level lens, most participants in our study appear to associate their smoking behavior with a perception of "freedom," "power," and "women's liberation," that they had observed at their meso- and macro-level social environments such as through television programs and interactions with friends and relatives who lived in the urban environment. They used statements like "*it seemed like only powerful, moneyed and free people would smoke,*" or "*so when I started smoking I felt like I was talking to my brothers: 'you don't know but I am powerful and free'*" to express such perception. At this level, village-to-city migration causes adaptation problems (social, financial, and built environment) for women but, in exchange, formal relations afforded by urban settings allow them to have fewer intrusions into day-to-day decision making and behaviors by close relatives. Overall, the social changes brought about by these migrations replace traditional roles and encourages women to change their smoking behavior for the worse. While social pressures on women by immediate social connections had been reduced in semi-urban life, some elements of the rural lifestyle were still present mainly due to poverty, lack of access to basic amenities, and high unemployment rates.

In our study, an urban-rural dichotomy, prevalent in the literature, does not sufficiently focus on *gecekondu* areas that are, characteristically speaking, neither rural nor urban. More significantly also, they lack the necessary infrastructures and social safety nets that could healthfully and sufficiently support and address the challenges of either a rural or an urban life. Quite a few studies have addressed some characteristic lifestyle changes in rural-to-urban transitions (Alpar & Yener, 1991, p.4-8; Çakır, 2007, p.28; Işık & Pınarcıoğlu, 2001; Kıray, 1964, p.9-18; Oskay, 1983, p.83-131; Özen, 1991, p.12-15; Sevgi, 1988, 76-80; Tütengil, 1983, p.9,; for example). However, with respect to women's smoking behavior in *gecekondu* areas, there is a critical gap in the literature and we have very little as a way of comparing our results with any such prior studies. We are, therefore, limited in our discussion and have to draw from the same rural-urban dichotomy in the literature but to expand the scope to include an intermediary (i.e. *gecekondu*) step.

Women in the city appear to have greater access to cigarettes because, unlike in the villages, they do the shopping for the family. Face-to-face close social relationships are reduced in *gecekondu* areas, where there are fewer cultural safeguards which adversely affect women's smoking behavior. Given the alarming levels of smoking-related mortalities and morbidities (as discussed in the introduction), and limitations of protective infrastructures in *gecekondu* areas to mitigate adverse health impacts, multi-level programs and plans must be explored and implemented.

Based on a post hoc modeling of the emergent themes in our study, we organized the micro-, meso-, and macro-level factors affecting our participants' smoking behavior based on socio-ecological principles in a graph that is illustrated in Figure 1.

Figure 1: Ecologic modeling of socio-cultural factors influencing smoking behavior



Socio-ecological safeguards are represented on a continuum along the X axis—horizontal arrow— while traditional-rural culture/urban life attributes are represented on an intersecting continuum along the Y axis—vertical arrow. The following four quadrants are formed:

The upper right-hand quadrant, the 1st quadrant, represents high socio-ecological sustainability which would be populated with health promoting themes representing socio-ecological safeguards, prudent interactions between people and the environment, and balanced sustainable production-to-consumption. Significant amounts of finite resources are not allocated to production, marketing and sales of products that pose great harm to peoples and ecosystems (OECD, 2010; UNMEA, 2005). Themes represent health-promoting socio-ecological factors such as high awareness of the negative impacts of unsustainable production and unhealthy behaviors

(e.g., smoking); absence of evidence of direct and indirect media marketing to promote harmful products including tobacco; evidence of health-promoting and healthy social relationships, and evidence of healthy interactions between people and their environment. Health promotion planning within this framework will decidedly include resource conservation and elimination of hazardous wastes, including by-product of tobacco cultivation, pesticide applications, chemical carcinogens, additives and cigarette butts. (Clay, 2010; FAO, 2003; Novotny and Zhao, 1999). Working to design and implement health promotion programs within this framework is our ultimate recommendation for a long-term sustainable solution.

The lower right-hand quadrant, 2nd quadrant, represents themes that promote health and ecological sustainability within an urban setting, though to a lesser degree than in the previous quadrant. Quite a few themes highlighting socio-ecological safeguards are present due to higher levels of awareness and education afforded by urban amenities. However, themes representing healthy people-environment dynamics and production-consumption imbalances that diminish sustainability standards are also present. *Cognitive conflict* themes would be more manifest in this sector. Urban life, by design, is at odds with ecological sustainability due to the disproportionate use of non-renewable resources in the construction and maintenance of urban infrastructures and the transport and feeding of a predominantly consuming populace (Evans, 2003; Nasser, 2003). Notwithstanding, high levels of consciousness and awareness about health, ecological sustainability, and social responsibilities, afforded by easier access to educational/cultural activities and interactions than in rural settings inevitably lead to inner conflicts (Rees, 2002) and thus cognitive conflict.

The upper left-hand quadrant, 3rd quadrant, represents themes of low-level health protection and ecological sustainability factors. These include limited access to education, socio-economic opportunities, and basic public health amenities; unequal distribution of resources between rural and urban areas; energy-intensive industrialized agricultural practices that cause environmental degradation and pollution; production of unhealthy crops (e.g., tobacco), and lack of support for sustainable practices (e.g. small-scale family organic/sustainable farming). Most emergent themes from our study related to women's recollection of how life "used to be"

in the village are clustered in this quadrant. While some socio-ecological safeguards served to inhibit women’s smoking, other factors such as lack of opportunity or access to services and amenities, economic hardship, and severe social restrictions propelled a migration from rural to urban areas.

The lower left-hand quadrant, 4th quadrant, represents themes with the lowest potential to protect health, well-being, and ecological sustainability. Socio-ecologic safeguards, sustainable people-environment interactions, and a balanced ratio of production to consumption are scarce. Factors that promote smoking behaviors are abundant. Because of relatively high levels of education and consciousness-raising through public service announcements in the media, high levels of awareness about the negative impacts of smoking might exist. However, we observed an alarming tolerant attitude toward smoking attributable to unrelenting direct and indirect media marketing to promote smoking. In addition, factors such as easy access to tobacco products, social isolation and lack of social support, and absence of any social restrictions against smoking were present. Combined, these factors encourage unhealthy and unsustainable lifestyles characteristic of this quadrant.

Most emergent themes from our study fall in the 3rd and 4th quadrants of our conceptual model, as shown in Figure 1. They relate to rural life prior to migration and adaptations to *gecekondu* living. The themes encompass social disconnect and isolation, economic hardship, higher risks for smoking, and high levels of exposure to direct and indirect messages that glamorize and encourage smoking (Yuksel & Corbett, 2005). From a public health perspective, these women would be classified as part of a vulnerable population requiring strong public health support. At a more local level, for example, since women living in *gecekondu* areas have practical experiences from rural life with conservation and agricultural production, health promotion planning based on this model could combine health education related to smoking and skill-building programs that engender a more sustainable livelihood through urban agriculture, community and family-based gardens, small-scale food processing, delivery and sales through urban farmers’ markets. This approach would promote public health, encourage a shift from a consuming culture to a producing culture, and introduce a different way of conceptualizing

progress. Women in the *gecekondu* areas could serve as models making a shift from unhealthy, isolated, smoking and consuming “modern” urban women to healthy, empowered, socially connected and progressive women marching toward an ecologically sustainable life. More globally, the energy and resources could be dedicated to pressure to replace tobacco production with alternative sustainable agricultural products.

ÖZET

Dünya Sağlık Örgütü'nün (WHO) raporuna göre, neredeyse dünyada sigara içenlerin üçte ikisi 10 ülkede yaşamaktadır. Türkiye bu ülkeler sıralamasında 192 ülke arasında 10. sırada yer alır(2008). Dünya genelinde her yıl yaklaşık olarak 5 milyon kişi tütün kullanımından kaynaklanan hastalıklardan ölmektedir.Türkiye'nin 72 milyonluk nüfusunun, yaklaşık olarak 16 milyonu sigara içmektedir (KYTA, 2010).

Ülkemizde, geleneksel olarak sigara içmek, kadınlar arasında kabul edilebilir bir davranış değildi, ancak son çalışmalar bunun değiştiğini göstermektedir. 2003 yılındaki bir çalışmaya göre 20 yaş ve üzeri kadınların %10.9'u sigara içerken; günümüzde bu oran 15 yaş ve üzeri için %15.2'dir. Kırsal alanda kadınların sigara kullanımı %7.2 düzeyindeyken,kentsel alanlarda bu oran öğretmen, doktor gibi mesleklere sahip kadınlar arasında %40'lara ulaşmaktadır. Günümüze kadar kadınların sigara içme davranışı üzerine yapılan çalışmaların çoğu kır-kent ikiliğine odaklanmıştır. Gecekondu bölgelerinde yaşayan kadınların sigara içme davranışını inceleyen çalışmalar bulunmamaktadır. Gecekondu bölgelerinde yaşayan kadınlar geleneksel kır yaşam biçiminden, modern kent yaşamına değişim göstermektedirler. Mevcut çalışma bu dinamikleri açıklamayı amaçlamaktadır.

Kadınlar, sigara satışlarını arttırmak isteyen ulus ötesi şirketlerin hedefi konumundadır. Sigara reklamlarının çoğu sigara içen kadınları sofistike, kentli, liberal ve modern olarak göstermektedir. Eğer kadınların sigara kullanımını azaltmak istiyorsak sigara içmelerine neden olan faktörleri anlamamız gerekmektedir. Bu amaçla, Ankara'nın yoksul gecekondu bölgesinde yaşayan kadınların sigara davranışını etkileyen faktörler ve kadınların sigaraya yönelik algıları araştırmamızın konusunu oluşturdu. Araştırma bulguları mikro, mezo ve makro sosyal ana-

liz seviyesinde tartışıldı. Fenomenolojik yaklaşım sigara içme davranışını etkileyen faktörleri araştırmak için kullanıldı. Bu yaklaşım, kişinin bilgi ve öznelliğine odaklanan bir paradigmada temellenir. Görüşmelerde, kentleşmenin etkisi, sosyo-kültürel faktörler, sigaraya dair bilgi ve tutumları soruldu. Ayrıca, yaş, gelir, eğitim düzeyi, göç ettikleri yerleşim birimleri, kişisel, kişilerarası ve sosyal deneyimlerini öğrenmeyi içeren sorular soruldu. Alanda yapılan gözlemlerle kadınların sosyal ve fiziksel ortamları belgelendi. Yükseltepe gecekondu bölgesinin, altyapı olanaklarının, doğal gaz, ve toplu ulaşım erişiminin sınırlı olduğu görüldü. Evlerin çoğu harap ve bazı sokaklarda kanalizasyon suları akıyordu.

Ankara'nın Yükseltepe gecekondu bölgesinde yaşayan kadınlardan, kolayda örnekleme yoluyla seçilen 50 evli kadından, 2007-2008 yılları arasında yarı-yapılandırılmış derinlemesine görüşmelerle veriler toplandı. Gecekondu'da 15 yıl ve üzerinde yaşayan kadınların yaşları 20 ile 60 yaşları arasında değişiyordu. Kadınların yaş ortalaması 34'dü, %30'u 5 yıldan daha az eğitime sahipken, %40'ı 5-8 yıl arası eğitime sahipti. Aylık hane gelirine baktığımızda, kadınların %64'ü 200-500 TL arasında değişen bir gelir oranına sahipti. Verilerin analizi sırasıyla, içerik analizi, açık kodlama, ve aksiyal kodlama teknikleri ile yapıldı. Ortaya çıkan temalar altı kategoride sınıflandı: (1) Geleneksel/kırsal kültür: “Köyde kadınlar kocalarına sormadan evden bile çıkamaz.” (2) Sosyo-ekolojik koruyucu faktörler: “Burada sigara içmek daha kolay çünkü kayınvalidem benimle oturmuyor.” (3) Kent ortamı: “Kadınlar şehre taşınca sigara içebileceklerini düşünüyorlar.” (4) Sosyo-ekolojik bağlantıyı koparmak: “Burası köy gibi değil kimse kimseyle konuşmuyor.” (5) Medya etkileri: “Televizyonda sigara içen kadınları gösteriyorlar sonrada yasak getiriyorlar,” “fimlerde sigara içerken gördüğüm kadınlar kendine güvenen, güçlü, bilgili kadınlar. Gecekondu kadını onlara imreniyor.” (6) Sosyal bilişsel uyumsuzluk: “Hastanede sigara içmek yasak diyorlar. Doktorların odası leş gibi sigara kokuyor. Onlar kaç üniversite bitirmiş hala içiyorlar. Hadi biz cahiliz ya onlar... Profesör olmuş, öğretmen olmuş içiyorlar; o zaman gecekondudaki hayli hayli içer.”

Ortaya çıkan bu kategoriler çerçevesinde post hoc model oluşturuldu. Sonuç olarak, gecekondu kadının sigara içme davranışını çok yönlü bir şekilde ele alan programlar önerildi.

ACKNOWLEDGEMENT

We would like to extend our deep appreciation to Joe Cahn for his thorough and critical editing of our manuscript and Dr. Nilgün Çelebi for the review of our manuscript and her valuable inputs. Our heartfelt thanks also go to Gecekonu women who opened their hearts and homes to us and graciously agreed to participate in this study.

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