



# “Quitting like a Turk:” How political priority developed for tobacco control in Turkey



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## ABSTRACT

In recent years, tobacco control emerged as a political priority in Turkey and today the country is widely regarded as one of the global leaders in tackling tobacco use. Although political priority is considered a facilitating factor to the success of addressing public health issues, there is a paucity of research to help us understand how it is developed in middle-income countries. The primary aim of this study is to understand the process and determinants of how tobacco control became a political priority in Turkey using the *Multiple Streams Framework*. A mixed-methods case study approach was used whereby data were gathered from three different sources: in-depth interviews (N = 19), document reviews (N = 216), and online self-administered surveys (N = 61). Qualitative data were collected for the purpose of understanding the processes and determinants that led to political prioritization of tobacco control and were analyzed using deductive and inductive coding. Quantitative data were collected to examine the actors and were analyzed using descriptive statistics and network nominations. Data were triangulated. Findings revealed that tobacco control achieved political priority in Turkey as a result of the development and convergence of multiple streams, including a fourth, separate global stream. Findings also shed light on the importance of Turkey's foreign policy in the transformation of the political stream. The country's desire for European Union accession and global visibility helped generate a political environment that was receptive to global norms for tobacco control. A diverse but cohesive network of actors joined forces with global allies to capitalize on this opportunity. Results suggest (1) the importance of global-agenda setting activities on political priority development, (2) the utility of aligning public health and foreign policy goals and (3) the need to build a strong global incentive structure to help entice governments to take action on public health issues.

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## 1. Introduction

Tobacco use is a grave public health concern in Turkey, causing an estimated 100,000 deaths per year (Bilir et al., 2009). The severity of this issue is illustrated by the phrase “smoke like a Turk,” which is used in Europe to describe a person who smokes excessively (Butler, 2009). In recent years, Turkey has emerged as a global leader in tobacco control challenging this popular perception. In 2008, it became the third country in Europe to introduce a comprehensive smoke-free ban, and in 2013 it succeeded in being the only country in the world to have implemented all WHO MPOWER (Monitor, Protect, Offer help, Warn, Enforce and Raise

taxes) measures, which were developed to help countries implement tobacco control interventions (Bilir and Özcebe, 2012; WHO, 2013). Between 2006 and 2013, smoking prevalence also decreased from 33.8% to 27.1% (Ünüvar et al., 2006; MoH, 2013). These accomplishments are highly significant to Turkey given the perceived importance of tobacco to the country.

Political priority pertains to the agenda setting phase of the policy process (Shiffman and Ved, 2007). Although prioritization does not guarantee successful implementation, it is considered a facilitating factor to the success of addressing public health issues (Catford, 2006; Shiffman, 2007). Political priority has been operationalized by Shiffman (2007) and Fox et al. (2011) as:

“(1) *Expressed commitment* or verbal declarations of support for an issue by high level, influential political leaders; (2) *Institutional commitment* or specific policies and organizational infrastructure in support of an issue; and (3) *Budgetary commitment*

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or earmarked allocations of resources towards a specific issue relative to a particular benchmark (Fox et al., 2013, p.6)."

Currently, there is limited empirical work to help us understand how it is developed for public health issues in low-and middle-income countries (LMICs) (Shiffman and Ved, 2007; Shiffman, 2007; Shiffman and Okonofua, 2007; Gilson and Raphely, 2008; Pelletier et al., 2012; Jat et al., 2013; Walt and Gilson, 2014). Bump and Reich (2013) also highlighted the dearth of research that focuses on the political and economic dynamics of tobacco control policies in LMICs. Existing studies point to an array of contributing factors but rarely discuss the influence of foreign policy (Jat et al., 2013) despite increasing attention on global health diplomacy (Michaud and Kates, 2013). Moreover, the majority of the existing studies have largely used qualitative methods; few have investigated this topic using quantitative or quantitative and qualitative mixed-method approaches (Bor, 2007).

In light of these gaps, the overall aim of this study was to understand the process and determinants of how tobacco control became a political priority in Turkey over a 30-year timeframe. Data were gathered from 19 key informant interviews, 216 documents and 61 surveys under the guidance of the Multiple Streams Framework. Lessons generated from this case could assist those striving to generate priority for other public health issues in LMICs.

## 2. Conceptual framework

The *Multiple Streams Framework* was used to guide the study's data collection and analysis as it is one of the most influential and well-established agenda-setting theories; it has also been used by some researchers to explore political prioritization of public health issues in other LMICs (Shiffman and Ved, 2007; Daniels et al., 2008; Balarajan, 2014). *Multiple Streams* explains that an issue moves onto the political agenda as a result of the development and convergence of three largely separate streams – problem, policy, and political (Kingdon, 2011). The *problem stream* pertains to the process of convincing decision makers to pay attention to one problem over another and can be facilitated by the presence of indicators, focusing events, and/or feedbacks from existing programs. The *policy stream* represents the process by which a policy solution emerges and is considered meaningfully by decision makers. This stream can be influenced by the presence of an acceptable and feasible solution as well as the level of integration of the policy community. The *political stream* includes favorable macro-level political conditions such as national mood and events within the government that can have powerful effects on the agenda-setting process (Kingdon, 2011).

These three streams need to come together when a *policy window*, a brief moment in time when the "target planets are in proper alignment" (Kingdon, 2011, p.166), opens for the issue. Once this window is opened, *policy entrepreneurs* need to seize the opportunity to join the streams. These individuals are those who are willing "to invest their resources in hope of a future return" (Kingdon, 2011, p.122). Although *policy entrepreneurs* can be found in any location, those with greater access to policy makers, more resources, and better skills at coupling the streams tend to be more successful.

Kingdon's framework was developed in the United States and its applicability to the LMIC context needs to be explored further. Studies that have used other frameworks have noted the importance of *transnational influence* (Shiffman, 2007; Smith et al., 2014) and *global health networks* (Gneiting and Schmitz, 2016; Shiffman et al., 2016). Keck and Sikkink also shed light on the significant role *transnational advocacy networks* can play in policy discussions.

These networks of activists coalesce around similar values to "promote causes, principled ideas and norms" (Keck and Sikkink, 1998, p. 9).

## 3. Methods

This exploratory study used a mixed methods case study design to draw on the strengths of both qualitative and quantitative methods. Qualitative data were first collected from documents and in-depth interviews to explore the process and determinants affecting political priority development over a span of 30 years. Drawing from these findings, quantitative data were collected from surveys to examine the relationships within the tobacco control community in Turkey, and to identify leaders and powerful positions from the perspective of participants at one point in time. Qualitative and quantitative data were then triangulated to ensure convergence (Yin, 2008). The primary purpose for using mixed methods was to provide support for some of the qualitative data collected and to corroborate results. Variation in data collection can help enhance the credibility of the study (Shenton, 2004; Schutt, 2009). This study received ethical approval from the ethical review boards of the authors' institutions in the United States and Turkey. Data were collected between May 2013 and March 2014.

## 4. Qualitative data

Documents including published literature, news articles, legislations, government reports and project documents were purposively sampled based on their relevance to the issue of political priority development for tobacco control in Turkey (Schutt, 2009). A total of 216 documents were reviewed of which 169 were newspaper articles (79%), 27 were from relevant organizations (13%), 19 were published literature (9%) and one was a website that included all of Turkey's national tobacco control laws (0.1%). Based on this document review and input from local partners, individuals who participated in the political priority development process and/or possessed extensive knowledge of tobacco control in Turkey were identified as potential key informants and contacted for the study. Except for two individuals, all agreed to participate.

A total of 19 interviews were conducted with 18 key informants of which four (22%) were affiliated with Turkish governmental organizations, six (33) worked for international organizations, and eight (44%) belonged to Turkish non-governmental organization (NGO) and/or universities. Interview commenced with a general introduction to the topic followed by a thorough review of the verbal consent form. All interviews lasted between 30 and 90 min and were audio recorded if permission was granted (recorded interviews = 12/19). Recorded interviews were transcribed and notes were converted into textual form. Subsequently, both transcripts and notes were coded deductively with the use of the framework and inductively to allow for themes to emerge. The inductive coding process involved several steps: line-by-line coding by hand on a limited portion of data followed by focused coding by hand on a larger portion of data (Charmaz, 2006). The codes that emerged were compared and contrasted to the framework and memos were written throughout the process (Charmaz, 2006). Finally, a new set of codes was developed and all transcripts were reviewed and re-coded with the qualitative assisted tool HyperRESEARCH 3.5.2. computer software (ResearchWare Inc., 2013).

## 5. Quantitative data

Survey participants included researchers, advocates and other professionals who were working for tobacco control projects/programs/organizations in Turkey in 2013. As there was no existing list

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