



THE HASHEMITE KINGDOM OF JORDAN

# Jordan Population and Family Health Survey 2007

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Amman, Jordan

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Calverton, Maryland, USA

August 2008



### 3.5 SMOKING TOBACCO

Tobacco use is widely regarded as the most preventable cause of death and disease among adults. In general, chronic exposure to nicotine may cause an acceleration of coronary artery disease, peptic ulcer disease, reproductive disturbances, esophageal reflux and hypertension. Tobacco and its various components have been associated with an increased risk of cancer of various body organs. Smoking is the most important contributor to the development of chronic bronchitis and chronic obstructive pulmonary disease, which are characterized by chronic cough, phlegm and airflow obstruction. Smoking is well established as the cause of the majority of pulmonary emphysema. Smoking among women also creates particular risks for their offspring. Poor pregnancy outcomes, including low birth weight and intra-uterine growth retardation, are more frequent among women who smoke than among those who do not smoke.

Table 3.6 shows the percentage of women who use tobacco for smoking. Overall, 11 percent of women smoke cigarettes and 5 percent smoke nargila, a slight increase since 2002 when 10 percent of women reported smoking cigarettes and 4 percent nargila. The data also indicate that older women are more likely to smoke cigarettes and nargila than younger women. Women living in urban areas are more likely to smoke cigarettes (11 percent) than women living in rural areas (6 percent). Also, women in the Central region are more likely to smoke cigarettes compared with women from the other regions.

The data indicate that there are significant differences in regard to women who smoke cigarettes and nargila according to governorates and residence in Badia area; women living in Amman and Aqaba governorates and in non-Badia areas are more likely to smoke cigarettes than other women. Differences are also significant among governorates: 4 percent of women in Tafila smoke cigarettes compared to 14 percent of those living in Amman. Women living in Badia areas are less likely to smoke nargila (2 percent) than women in non-Badia areas (6 percent).

Table 3.6 indicates that there is an evident and significant variation in woman smoking cigarettes and nargila according to the wealth index. Women in the lowest wealth quintile are less likely to smoke cigarettes and nargila than woman in the highest quintile (8 and 3 percent, respectively in the lowest wealth quintile, compared to 17 and 12 percent in the highest wealth quintile).

Background characteristic	Cigarettes	Nargila	Number of women
<b>Percentage of ever-married women who smoke cigarettes or a nargila, according to background characteristics, Jordan 2007</b>			
<b>Age</b>			
15-19	0.4	3.1	236
20-24	5.7	4.3	1,276
25-29	7.6	4.8	1,977
30-34	9.5	5.4	2,213
35-39	12.6	6.5	2,052
40-44	13.9	6.1	1,884
45-49	15.7	4.9	1,239
<b>Residence</b>			
Urban	11.3	6.0	9,249
Rural	6.4	1.7	1,627
<b>Governorate</b>			
Amman	14.3	8.7	4,442
Balqa	8.2	3.6	645
Zarqa	8.5	3.2	1,645
Madaba	5.8	2.3	262
Irbid	8.7	3.8	1,993
Mafraq	6.9	1.5	460
Jarash	6.9	2.5	293
Ajloun	4.3	2.0	228
Karak	7.0	2.2	378
Tafiela	4.4	0.7	146
Ma'an	7.7	1.7	164
Aqaba	11.5	3.0	221
<b>Region</b>			
Central	12.0	6.7	6,993
North	7.9	3.2	2,975
South	7.8	2.1	908
<b>Badia area</b>			
Badia	7.9	1.8	823
Other	10.8	5.7	10,053
<b>Education</b>			
No education	15.8	0.9	416
Elementary	13.3	2.9	813
Preparatory	12.0	4.7	1,681
Secondary	9.1	5.9	4,788
Higher	10.7	6.2	3,179
<b>Maternity status</b>			
Pregnant	4.1	2.6	1,315
Breastfeeding (not pregnant)	5.2	3.4	2,117
Neither	13.2	6.4	7,444
<b>Wealth quintile</b>			
Lowest	8.3	2.8	2,211
Second	7.4	2.6	2,296
Middle	9.8	3.3	2,206
Fourth	10.5	6.7	2,135
Highest	17.4	12.1	2,028
Total	10.6	5.4	10,876