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# OIC OUTLOOK

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## TOBACCO USE IN OIC COUNTRIES: PROSPECTS AND CHALLENGES

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# OIC OUTLOOK

## TOBACCO USE IN OIC COUNTRIES: PROSPECTS AND CHALLENGES

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### INTRODUCTION

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Tobacco epidemic is becoming an important issue to be tackled nationally in many countries with its growing use across the world and global efforts to prevent tobacco use. Currently, tobacco use mainly consists of cigarettes. Yet, there are many other consumable products made from tobacco. These include chewing tobacco, cigars, dipping tobacco and dissolvable tobacco among others. Although using cigarettes is widely recognized to cause serious damage to human health, impact of using other tobacco products cannot be neglected in the same way, thus should also be given consideration for making an analysis about use of tobacco products in general whether it be for a country or a region.

Generally speaking, tobacco use is a common social problem globally although its prevalence may vary from one region to another. Thus, it continues to be serious threat for many countries around the world as most of them have not been able to prevent it through traditionally known measures such as restriction of tobacco to young people or measures which proved to be insufficient such as restrictions on its advertisement. Nevertheless, its use by people has been proven to endanger their health, thus it has received much attention globally and global efforts to prevent tobacco use are underway with the WHO Framework Convention on Tobacco Control (FCTC) in the forefront. The FCTC process is expected to accelerate the implementation of effective programs and policies to reduce and monitor tobacco use.

This report presents an overview on the prevalence of tobacco use among adults in the OIC countries in 2006. In addition to that, a detailed overview is also provided for its use gender wise for the same year. It also compares the prevalence of smoking in OIC countries by their income levels. Furthermore, this report compares smoking prevalence in OIC countries with other regions to assess the challenges that lie ahead for policy makers in the OIC countries and to help them formulate policy responses which may likely prove to be useful in the wake of global and regional efforts in preventing the use of tobacco at the national level.

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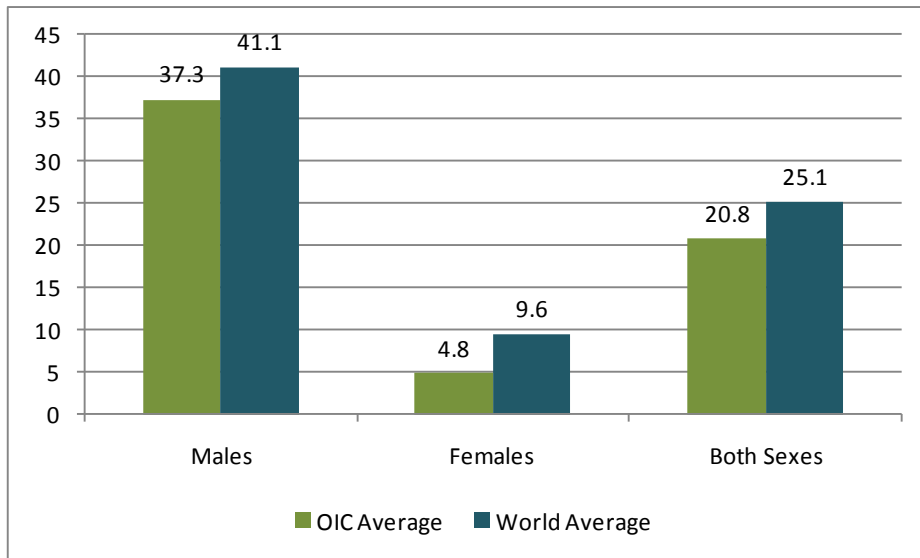
### TOBACCO USE IN OIC COUNTRIES

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In 2006, prevalence of tobacco use among adults in the OIC countries was 20.8 percent with tobacco use being more common among men (37.3 percent) compared to women (4.8 percent) (Figure 1). Tobacco use among women ranges from less than 1 percent in Azerbaijan, Algeria and Morocco to 20 percent in Turkey. Among men, prevalence ranges from less than 15 percent in Côte d'Ivoire, Cameroon, and Nigeria, to around 62 percent in Indonesia.

In 2006, among adult population, prevalence of smoking or percentage of the population smoking tobacco in the OIC countries (20.8 percent) was below world average (25.1 percent). Likewise, a similar situation also existed in the case of male and female smokers in the OIC countries as the world average for male smokers (41.1 percent) remained relatively higher than in OIC countries (37.3 percent) among female smokers the world average (9.6 percent) was comparatively high when compared to that in OIC countries (4.8 percent). In figure 1 below, it can be observed that the burden of tobacco use for men smokers is greater than it is for women smokers both in the OIC countries and throughout the world.

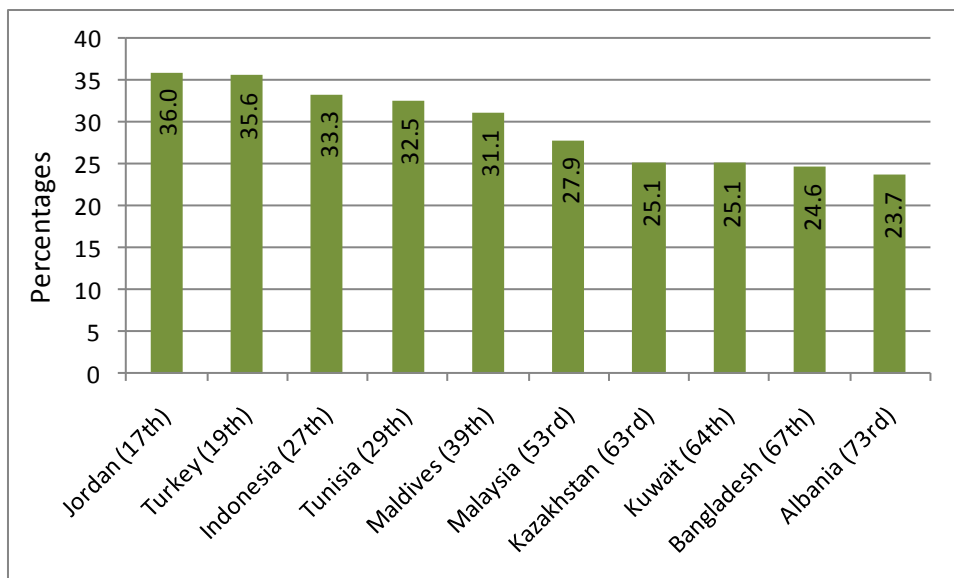
Figure 1: Smoking Prevalence of All Tobacco Products in OIC Countries (Percent), 2006



Source: Table 1 in Annex.

The OIC country with the highest smoking prevalence among adults is Jordan with 36 percent, closely followed by Turkey with 35.6 percent (Figure 2). Jordan and Turkey are the only OIC countries which have a smoking prevalence of above 35 percent. Indonesia ranks 3rd in smoking prevalence in the OIC countries with 33.3 percent. Other OIC countries with prevalence of above 30 percent are Tunisia (32.5) and Maldives (31.1). On the other hand, prevalence ranges between 23 and 26 percent in other top ten OIC countries in smoking prevalence while Albania seems to be the most favored one among them with a 23.7 percent prevalence. Nevertheless, none of these countries are among the top ten countries in the world in smoking prevalence. In 2006, Albania ranks 73<sup>rd</sup> whereas Jordan ranks 17<sup>th</sup> in smoking prevalence in the world.

Figure 2: Top Ten OIC Countries by Smoking Prevalence and their Ranking in World\* (All Tobacco Products, Both Sexes)(Percent), 2006



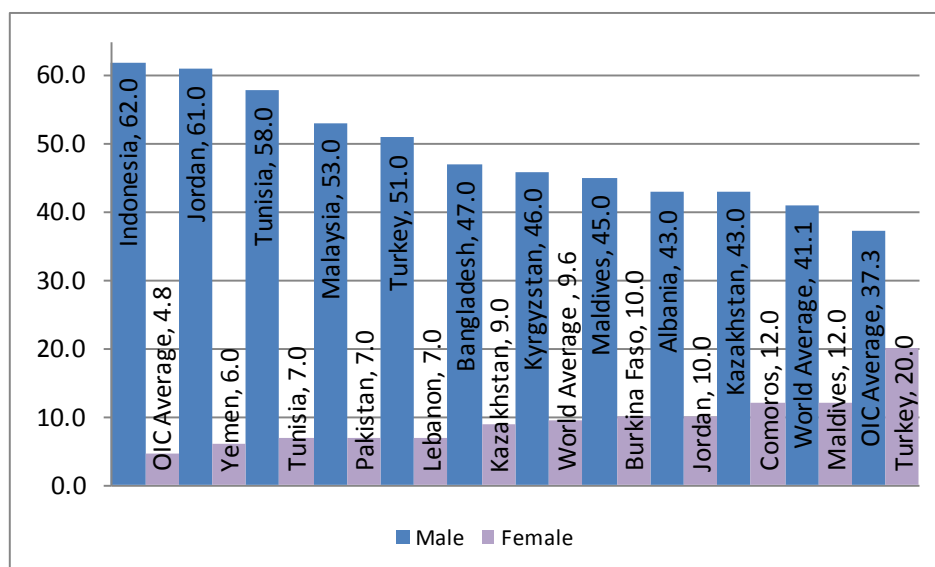
Source: Table 1 in Annex.

\* Numbers in brackets refer to the ranking of the countries in world with respect to adult smoking prevalence.

In 2006, the OIC country with the highest male smokers in its male population is Indonesia with a prevalence of 62 percent closely followed by Jordan with 61 percent (Figure 3). Yet, the tobacco epidemic remains to be a more serious threat for women smokers in Jordan than in Indonesia as it ranks 4<sup>th</sup> in top ten OIC countries in female smoking prevalence. In 2006, with 6 percent of its female population smoking all types of tobacco products, Yemen has the lowest prevalence among the top ten OIC countries in female smoking prevalence (Figure 3).

On the other hand, the only other OIC country whose prevalence among men smokers peaked at about 60 percent is Tunisia (Figure 3). In 2006, among men smokers, prevalence of smoking in Tunisia (58), Malaysia (53), Turkey (51) ranges between 50 to 60 percent, while in more advantaged other top ten OIC countries it ranges between 43 and 48 percent. On the other hand, in 2006, Turkey and Maldives, which ranked 5<sup>th</sup> and 8<sup>th</sup> respectively in male smoking prevalence, ranked 1<sup>st</sup> and 2<sup>nd</sup> respectively in female smoking prevalence in the OIC countries. However, this does not make the tobacco epidemic less challenging for men smokers in Turkey and Maldives since those countries also have almost evenly distributed male and female population like in most of the OIC countries.

Figure 3: Top Ten OIC Countries by Smoking Prevalence (All Tobacco Products, Male and Female) (Percent), 2006



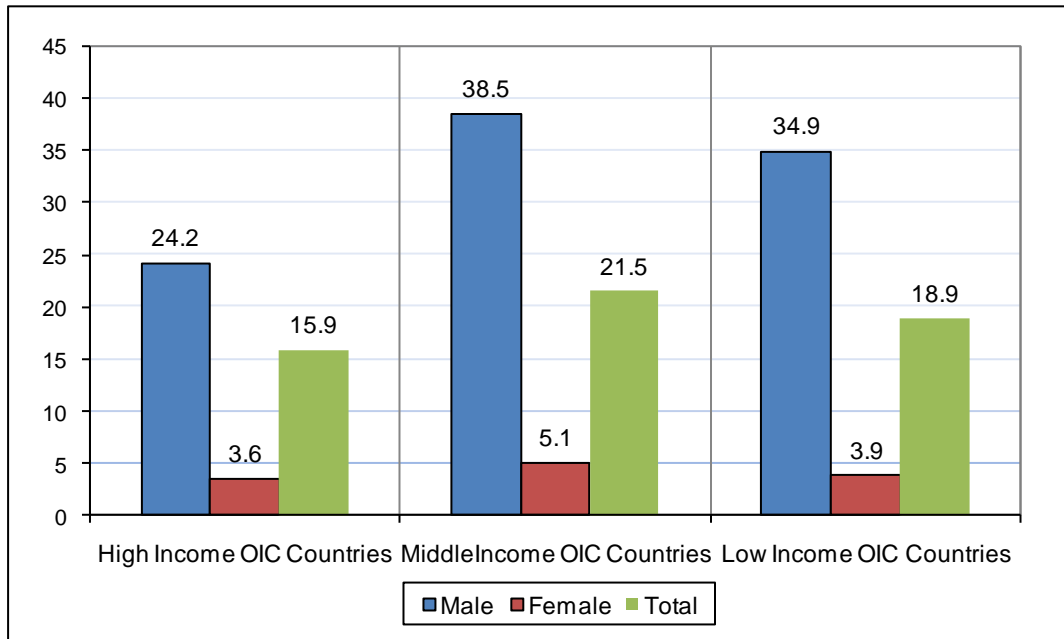
Source: Table 1 in Annex.

In 2006, smoking prevalence among male adults outstripped that of females across High, Middle and Low Income OIC countries (Figure 4). In the same year, smoking prevalence is lowest in High Income OIC countries and highest in Low Income OIC countries. On the other hand, prevalence in Middle Income OIC countries is relatively close to that in Low Income OIC countries. Gender wise, in 2006, smoking epidemic is more visible for male smokers in Middle and Low Income OIC countries.

Tobacco use among High Income OIC countries ranges from 12 percent in Oman to 25.1 percent in Kuwait (Figure 5). Thus, except Kuwait, which has a same prevalence, the High Income OIC countries have a prevalence below world average. Among Middle Income OIC countries, prevalence ranges from less than 10 percent in Suriname, Côte d'Ivoire, Cameroon, and Nigeria, to 36 percent in Jordan. Among Low Income OIC countries, prevalence ranges from less than 10 percent in Senegal, Benin and Chad, to 36 percent in Jordan. Thus, when we compare smoking prevalence in High, Middle and Low Income OIC countries, we observe that prevalence of smoking is highest in Middle Income OIC countries while Low Income OIC countries in general appear to be in a somewhat less favorable situation compared to High

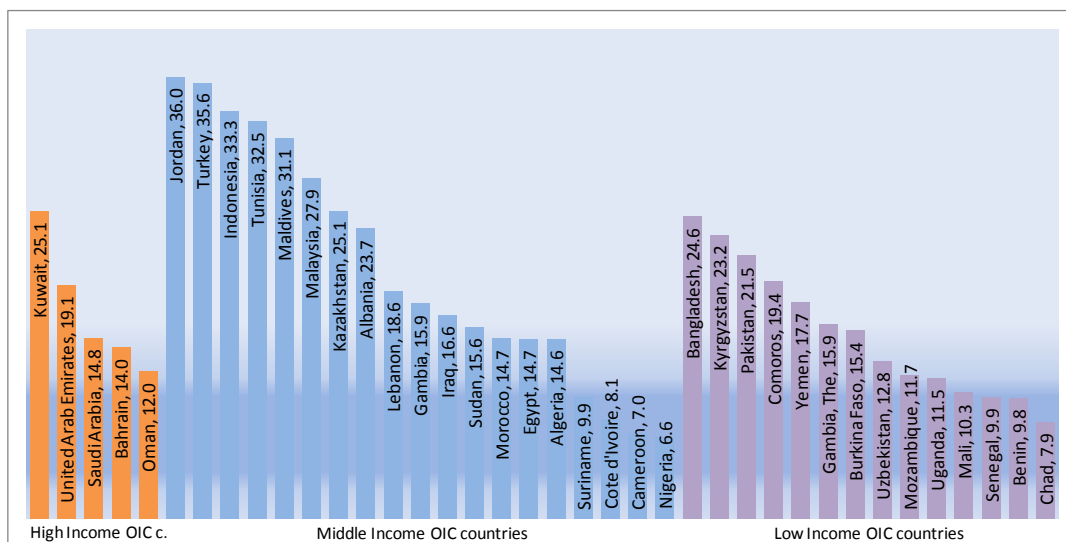
Income OIC countries in smoking prevalence. Interestingly, the smoking epidemic seems to be more of a challenge to OIC Low Income countries such as Bangladesh, Kyrgyzstan, Pakistan, Comoros, Yemen, Gambia, Burkina Faso and Uzbekistan than with the exception of Kuwait to OIC High Income countries but still the expansion of the smoking epidemic is likely to be witnessed in OIC Middle Income countries of Jordan, Turkey, Indonesia, Tunisia, Maldives and Malaysia as tobacco use is more common.

Figure 4: Smoking Prevalence in OIC Countries by Income Levels (All Tobacco Products) (Percent), 2006



Source: Table 1 in Annex.

Figure 5: Smoking Prevalence in High, Middle and Low Income OIC Countries (Percent), 2006



Source: Table 1 in Annex.

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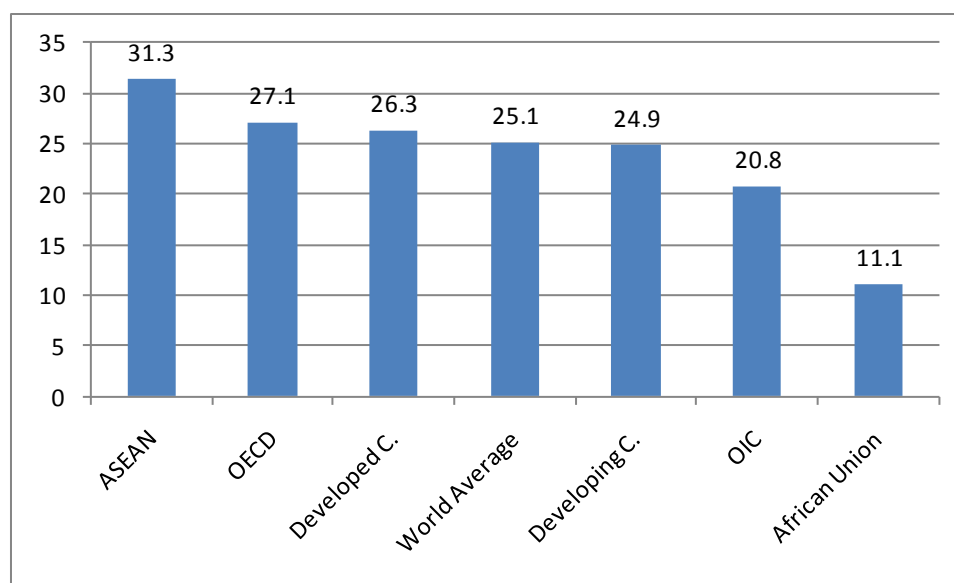
## TOBACCO USE IN OIC COUNTRIES VERSUS OTHER REGIONAL GROUPINGS

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In 2006, smoking prevalence of tobacco products among adults in the world averaged 25.1 percent, equaling to approximately 1.1 billion smokers throughout the world. Gender wise, about 41 percent of men and 9.5 percent of women in the world are smokers according to latest available data. Also in 2006, with about 940 million of the world's estimated 1.1 billion smokers, the vast majority of the world's smokers (82 percent) live in Developing Countries. On the other hand, about 160 million smokers in the world (16 percent) live in OIC countries.

While the burden of tobacco use is greatest in ASEAN region with a smoking prevalence of 31.3 percent, surprisingly the most favored region appears to be the African Union with a prevalence of 11.1 percent as one expects people in Africa to be less educated and not aware of its negative impact on their health thus less likely to give up smoking. Moreover, it appears that smoking is a social habit in ASEAN region whereas the low income earnings in some African countries seem to have a considerable impact in preventing the expansion of the tobacco epidemic in the African region as they lack the means to purchase tobacco products. Furthermore, given that the OIC countries have a strong presence in the African Union it is not surprising that smoking prevalence in OIC countries (20.8 percent) appear to be relatively less than that of world average (25.1 percent). On the other hand, like the ASEAN region, OECD (27.1 percent) and Developed Countries (26.3 percent) and Developing Countries (24.9 percent) also appear to have a smoking prevalence of more than world average in 2006 (Figure 6).

*Figure 6: Smoking Prevalence in OIC Countries and Other Regions  
(All Tobacco Products, Both Sexes)(Percent), 2006*

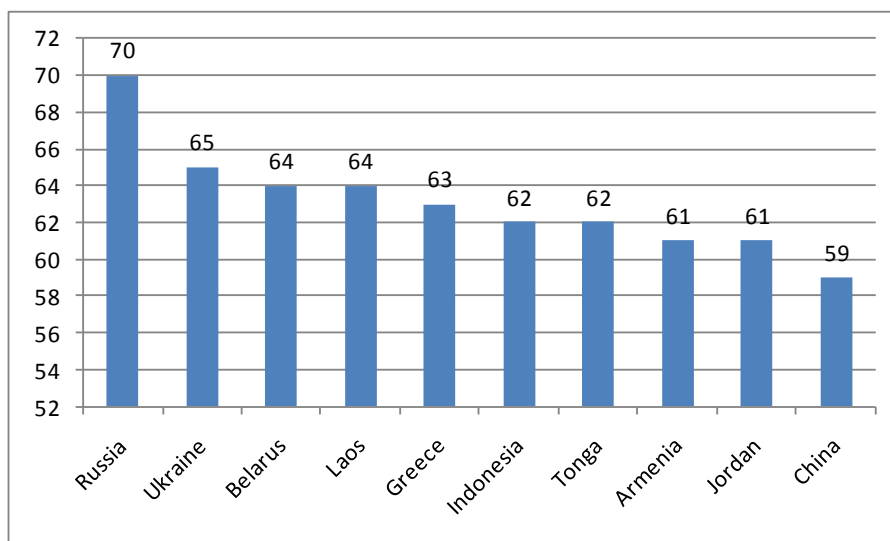


*Source: Table 1 in Annex.*

With a prevalence of 70 percent in 2006, Russia has the highest smoking prevalence among male smokers in the world, followed by Ukraine. In the same year, China, on the other hand, is the most favored country among the top ten countries in world in male smoking prevalence with a prevalence of 59 percent. On the other hand, Indonesia which ranked 1st with 62 percent and Jordan which ranked 2<sup>nd</sup> with 61 percent among male smokers in the OIC countries, ranked 6<sup>th</sup> and 9<sup>th</sup> respectively in 2006 among the top ten countries in the world in male smoking prevalence.

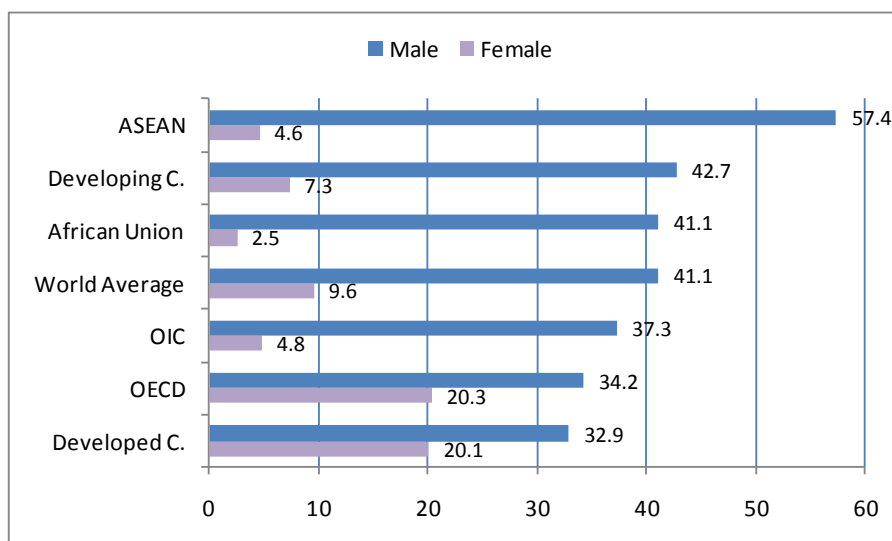
Male smoking prevalence is highest in ASEAN region whereas female smoking prevalence in that region is the second lowest after African Union. Therefore, it is not surprising that Indonesia ranks 6<sup>th</sup> in top ten countries in the world in prevalence of male smokers (Figure 8). In fact, not surprisingly too, Laos which is also from the same region, ranks even in more front place among the top ten countries in the world in male smoking prevalence with fourth in line (Figure 7).

Figure 7: Top Ten Smoking Prevalence in World (All Tobacco Products, Male) (Percent), 2006



Source: WHO (2009a): Appendix VII.

Figure 8: Smoking Prevalence in OIC Countries and Other Regions by Gender (All Tobacco Products) (Percent), 2006



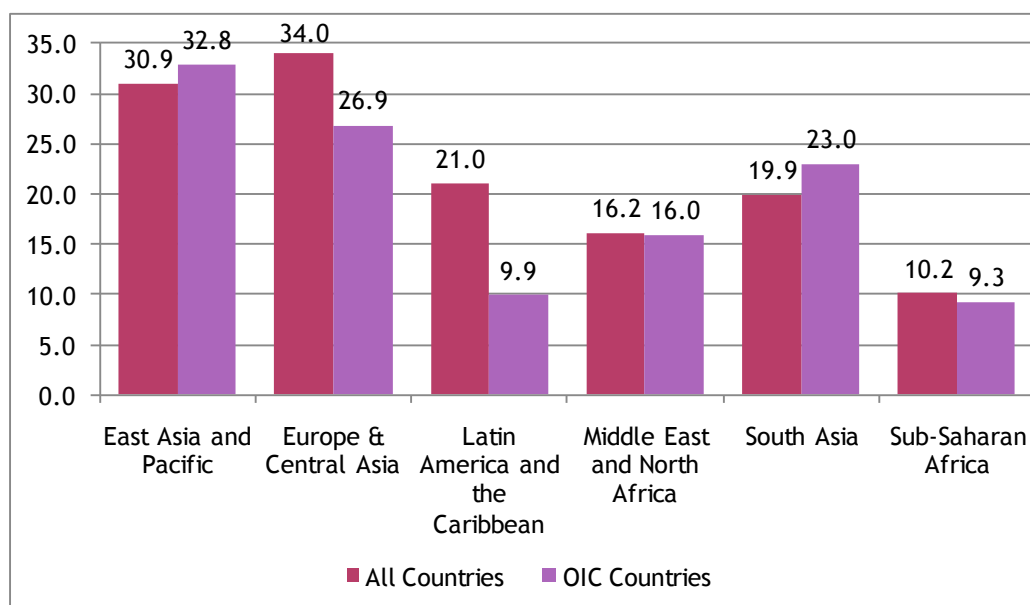
Source: Table 1 in Annex.

Among female smokers, prevalence is highest in OECD (20.3 percent) (Figure 8). In fact, Developed Countries show similarity in smoking rates genderwise with OECD. Greece, which has the highest smoking prevalence in the world, is in both regions and not surprisingly appears to be in the top ten countries in the world in male smoking prevalence. Given this situation, unlike in Developed Countries and OECD where female smoking prevalence is above world

average smoking epidemic seems much less alarming for women in the Developing Countries where female smoking prevalence is relatively below world average in 2006 (Figure 8). The same can be said for OIC Countries but with more optimism as female smoking prevalence in those countries is half of world average. Female smoking prevalence is observed to be considerably lower in the OIC countries than in Developing Countries while its difference with the ASEAN region appears not to be that significant.

Tobacco use ranges widely throughout the world, with the highest prevalence rates among adults in countries of Europe & Central Asia (for example, Greece – 50.7 percent), and the lowest rates found in specific countries in Sub-Saharan Africa (for example, Ethiopia – 4.8 percent). In 2006, the highest smoking prevalence among adults is in Europe & Central Asia with 34 percent. In this region, OIC countries have a prevalence of about 27 percent however the highest prevalence among adults in the OIC countries is seen in East Asia & Pacific (32.8 percent), which is the second highest region in smoking prevalence after Europe & Central Asia with 31 percent. Most of the countries in East Asia & Pacific are middle income economies. Countries in Europe & Central Asia are mostly high and middle income economies.

*Figure 9: Smoking Prevalence in OIC Countries and Other Countries by Regional Classification (All Tobacco Products, Both Sexes) (Percent), 2006*



*Source: Calculated from Table 1 in Annex.*

Prevalence of smoking in South Asia is 19.9 percent, while in OIC countries in the same region (Bangladesh, Maldives and Pakistan) it is relatively higher with 23 percent (Figure 9). In South Asia, countries are mostly middle and low income economies. On other hand, in Latin America & the Caribbean, prevalence of smoking is 21 percent whereas it is almost 10 percent in Suriname which is the only OIC country for which there is only available data. South Asian countries are mostly middle income economies. Prevalence of smoking is quite low both in the MENA region and the OIC countries there as a whole with around 16 percent. Countries in MENA region are mainly composed of high and middle income economies. Smoking prevalence in Sub-Saharan Africa is the lowest with 10.2 percent and similarly the OIC countries in that region also have the lowest prevalence compared to in other regions which is 9.3 percent. Sub-Saharan Africa countries are middle and low income economies.



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## CONCLUSION AND POLICY IMPLICATIONS

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Preventing tobacco-use remains to be a great challenge for policy makers around the world as it is often hard to talk about a sound policy that prevents using it at the national level in spite of ongoing global efforts such as the FCTC which has obvious positive implications for tobacco control. Nowadays, preventing tobacco use is most challenging in particular for policy makers in the health sector as most of the non-communicable diseases are associated with it. Nonetheless, the FCTC's pending ratification will compel many countries to evaluate their current approaches to tobacco control and consider where improvements are needed.

Interestingly, smoking prevalence in the OIC countries are similar to those around the world given that, like in all other countries, the cost of the smoking epidemic in the OIC countries is higher for men compared to women and male and female adult population are evenly distributed, but variations are wide across regions. Sub-Saharan Africa, for example has the lowest smoking prevalence with 10.2 percent whereas the region with the highest prevalence is ASEAN with 57.4 percent prevalence. As expected, both ASEAN and East Asia & Pacific regions have a similar prevalence of tobacco use which is due mostly to the embodying of same countries. Other regions with above world average smoking prevalence are Europe & Central Asia, OECD and Developed Countries. On the other hand, those with below world average are Latin America & Caribbean, MENA, Developing Countries, and African Union.

Given this picture, OIC countries as a whole are generally in a more favorable situation compared to other regions with respect to the smoking prevalence as they are among the group of regions with below world average. Also, none of the OIC countries are among the top ten countries in the world in smoking prevalence. Another indication which shows that OIC countries are generally in a more favorable situation compared to other regions is the fact that Indonesia, which is a member of ASEAN and also in the East Asia & Pacific region, ranked (6<sup>th</sup>) in the top ten countries in the world in male smoking prevalence with a 62 percent prevalence. The only other OIC country to be ranked in the top ten countries in the world in male smoking prevalence was Jordan with 61 percent, which ranked in 9<sup>th</sup> position. Additionally, it is worth mentioning that despite their low weighted average in general across the world in the calculation of country wide smoking prevalence, women smokers in the OIC countries seem to be more advantaged than other women smokers in the world since none of them are among the top ten countries in the world in female smoking prevalence.

On the other hand, Indonesia and Malaysia, the only OIC countries in the ASEAN and East Asia & Pacific, are ranked 3<sup>rd</sup> and 6<sup>th</sup> respectively among the OIC countries in smoking prevalence. Among men smokers in particular, Malaysia is in a comparatively more advantaged position than Indonesia, as it is ranked after it and taking into account that it is also not among the top ten countries in the world in male smoking prevalence. Nevertheless, not all OIC countries are in a more favorable situation compared to Indonesia or Malaysia at the country level as there are other OIC countries whose prevalence is above that of Indonesia and Malaysia such as Jordan and Turkey.

Knowing that regional initiatives will complement global efforts such the one FCTC foresees and encourages, more countries are likely to take adequate action in preventing tobacco use through a possible network. In this regard, there appears to be an opportunity for the OIC countries in overcoming this challenge if they can take collaborative actions towards controlling tobacco use with measures that encourage people to quit smoking tobacco products. However, this would require strengthening the infrastructure for tobacco control and foreseeing the benefits of it in terms of a healthy living. Most importantly, policy makers need to ban tobacco advertisement.

At the national level, although there may be varying policies in tobacco prevention, FCTC will play an important role in guiding related authorities tobacco control measures. Nonetheless, this is likely to yield a better outcome for all the regions if supported by regional activities as is the

case for OIC countries. The First OIC Health Ministerial Meeting held in Kuala Lumpur, Malaysia on 12-15 June 2007 adopted a resolution on tobacco control. This is a milestone for such collaboration at the OIC level.

Furthermore, tobacco control is increasingly seen as a public health priority, motivating campaigns such as the World Health Organization's Tobacco Free Initiative as well as country-specific tobacco control campaigns. Thus, the OIC Tobacco Free Initiative which is intended to complement tobacco control measures in the OIC countries may promote a healthy living in those countries if the OIC countries can achieve progress in building capacity for smoke-free environments. Tobacco control measures could impact mankind to become more responsible persons to their environment, families and nation as well as future generations through changing their habits and behavior. Yet, we are living in a world where prevention of tobacco use would not alone be a solution to the problems related to health issue if not taken seriously. In order for OIC countries to achieve a good result in this field, the following recommendations may assist them in not getting late in responding to the current challenges in preventing tobacco use:

- Promote research, training, community building, and information dissemination, to reinforce tobacco control in OIC countries.
- Strengthen short-term policies on tobacco control.
- Encourage citizens to participate in activities of related Non-governmental Organizations in tobacco control with a view to promote new initiatives to strengthen national initiatives in preventing tobacco use at the national level.
- Although there are relatively less smokers in the OIC countries when compared on a global scale, there is a need to collaborate with international tobacco control donors as well as other inter-governmental organizations to exploit the potential benefits of greater investments in tobacco control and to accordingly to take strong initiatives realize these investments in due time.

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ANNEX

**Table 1: Adult Population (Units) and Smoking Prevalence of all Tobacco Products among Adults (%) in OIC and Other Regions**

Country	Population +15			Prevalence of Smoking		
	Total	Male	Female	Male	Female	Both Sexes
Albania	2693698	1362970	1330728	43.0	4.0	23.7
Algeria	23699707	11881594	11818113	29.0	0.2	14.6
Azerbaijan	5942910	2849354	3093556		0.6	
Bahrain	508073	293481	214592	22.0	3.0	14.0
Bangladesh	96169515	46134657	50034858	47.0	4.0	24.6
Benin	4352403	2132674	2219729	18.0	2.0	9.8
Burkina Faso	7658339	3769188	3889151	21.0	10.0	15.4
Cameroon	10321174	5153550	5167624	12.0	2.0	7.0
Chad	5066241	2301891	2764350	15.0	2.0	7.9
Cote d'Ivoire	11288944	5759377	5529567	14.0	2.0	8.1
Egypt	49179165	24885781	24293384	28.0	1.0	14.7
Gambia	914035	454261	459774	29.0	3.0	15.9
Indonesia	164470201	81690997	82779204	62.0	5.0	33.3
Iran	49205046	24827251	24377795	30.0	5.0	17.6
Iraq	16166829	8158567	8008262	30.0	3.0	16.6
Jordan	3530422	1800681	1729741	61.0	10.0	36.0
Kazakhstan	11723265	5560568	6162697	43.0	9.0	25.1
Kuwait	1767811	1129093	638718	37.0	4.0	25.1
Kyrgyzstan	3602235	1734243	1867992	46.0	2.0	23.2
Lebanon	2883264	1390320	1492944	31.0	7.0	18.6
Malaysia	16445932	8177771	8268161	53.0	3.0	27.9
Maldives	251935	145934	106001	45.0	12.0	31.1
Mali	6481899	3150116	3331783	18.0	3.0	10.3
Morocco	21194060	10329828	10864232	30.0	0.2	14.7
Mozambique	11327894	5462364	5865530	21.0	3.0	11.7
Nigeria	81284617	41368270	39916347	12.0	1.0	6.6
Oman	1816941	1054081	762860	20.0	1.0	12.0
Pakistan	101754649	52577557	49177092	35.0	7.0	21.5
Saudi Arabia	16708129	9505884	7202245	23.0	4.0	14.8
Senegal	7210344	3569172	3641172	19.0	1.0	9.9
Sudan	22335276	11257429	11077847	28.0	3.0	15.6
Suriname	332838	164091	168747	17.0	3.0	9.9
Syria	11955964	6051665	5904299	43.0		
Tunisia	7679193	3837207	3841986	58.0	7.0	32.5
Turkey	52894503	26548008	26346495	51.0	20.0	35.6
Uganda	14508501	7226032	7282469	19.0	4.0	11.5
United Arab Emirates	3380983	2474185	906798	25.0	3.0	19.1
Uzbekistan	18504565	9107602	9396963	23.0	3.0	12.8
Yemen	11521529	5851653	5669876	29.0	6.0	17.7
<b>OIC Total</b>	<b>878733029</b>	<b>441129347</b>	<b>437603682</b>	<b>37.3</b>	<b>4.8</b>	<b>20.8</b>
High Income	24181937	14456724	9725213	24.2	3.6	15.9
Middle Income	667233592	335778770	331454822	38.5	5.1	21.5
Low Income	187317500	90893853	96423647	34.9	3.9	18.9
Europe & Central Asia	95361176	47162745	48198431	41.2	12.9	26.9
East Asia & Pacific	180916133	89868768	91047365	61.2	4.8	32.8
Latin America & Caribbean	332838	164091	168747	17.0	3.0	9.9
MENA	221197116	113471271	107725845	30.8	2.8	16.0
South Asia	198176099	98858148	99317951	40.6	5.5	23.0
Sub-Saharan Africa	187749667	91604324	91145343	16.3	2.3	9.3
<b>World</b>	<b>4535061400</b>	<b>2261632316</b>	<b>2273312159</b>	<b>41.1</b>	<b>9.6</b>	<b>25.1</b>
Developing Countries	3759755560	1883691584	1875947051	42.7	7.3	24.9
Developed Countries	775305840	377940732	397365108	32.9	20.1	26.3
African Union	438647602	218213340	220434262	19.8	2.5	11.1
ASEAN	1449379206	733351585	716027621	57.4	4.6	31.3
European Union	411447844	199412583	212035261	35.5	26.5	30.9
OECD	949359264	462582343	486776921	34.2	20.3	27.1
Europe & Central Asia	701162090	335457505	365704585	44.2	24.7	34.0
East Asia & Pacific	1505141337	760739993	744401344	57.3	4.6	30.9
Latin America & Caribbean	327417817	159680172	167620720	27.1	15.3	21.0
Middle East & North Africa	226461382	116084255	110377127	30.8	3.1	16.2
South Asia	988267519	503230474	485037045	34.5	4.7	19.9
Sub-Saharan Africa	379572547	188123557	191448990	17.6	2.8	10.2

Source: US Census Bureau and WHO (2009a): Appendix VII.



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