978-602-9420-29-6

mtcc
Muhammadiyah Tobacco Control Center

JOHNS HOPKINS
SCHOOL of PUBLIC HEALTH

UNIVERSITAS MUHAMMADIYAH YOGYAKARTA
PERPUSTAKAAN

PROCEEDING

conference and exhibition

Addressing Tobacco Problems n Developing Countries

conomic Impact of Tobacco Use
ocial Determinants of Tobacco Use and Demand Reduction Interventions
ulture, Employment and Agriculture: Between Tobacco Myth and Reality
obacco Use and Health
outh, Cigarettes, and Drugs

Wednesday-Thursday, December, 5-6, 2012

niversity of Muhammadiyah Yogyakarta

conference and exhibition

Addressing Tobacco Problems In Developing Countries

CONTENT

STUDENTSHIP GRANT

ABSTRACT:

FULL PAPER:

SEED RESEARCH GRANT

ABSTRACT:

FULL PAPER:

CALL FOR PAPERS PRESENTATION

ABSTRACT:

FULL PAPER:

CALL FOR PAPERS
PRESENTATION

Abstract

SHORT PAPER:
YOUTH AND CIGARETTES: THE URGENCY OF TOBACCO CONTROL POLICY AT SCHOOL

Dwi Amalia

BBTKL-PP Yogyakarta
Email: liamuchtar@yahoo.com

ABSTRACT

The prevalence of youth smoking in Indonesia has increased in the last three decades accompanied by a younger initiation age of smoking. The youth has been exposed to early socialization to smoking and false perception of health risk due to smoking and has been the target of aggressive cigarette promotions by manufacturers. Controlling youth smoking is a critical point in the overall control of tobacco smoking, but the current tobacco control strategy barely targeting the youth, as health promotion campaigns are delivered as a part of house-hold based PHBS (Clean and Healthy Life Standard). School, on the other hand, represents a suitable environment for youth smoking prevention campaigns. Cognitive process for behavioral changes may be expected to take place in school. In addition, school may act as a supportive social environment for those wanting to quit smoking, not only the students, but their staffs and teachers as well. School tobacco control policy is a range of norms and regulations to create a school as a smoking free zone, which are based on agreements amongst all stakeholders within the school. The smoking policy applies to the whole school community and utilizes all aspects of school including its physical environment, curriculum, communication media, and fundraising activities to create a supporting environment for youth tobacco smoking prevention.

Keywords: youth smoking, school tobacco control policy, smoke free zone.

Full Paper

SHORT PAPER: YOUTH AND CIGARETTES: THE URGENCY OF TOBACCO CONTROL POLICY AT SCHOOL

Dwi Amalia

BBTKL-PP Yogyakarta
Email: liamuchtar@yahoo.com

A. Youth smoking in Indonesia

The prevalence of youth smoking in Indonesia is increasing from time to time. According to the Ministry of Health (2004), smoking prevalence amongst the age group of 10-15 years old was 0.3% in 1995, and was 0.4% in 2001. By 2007, the smoking prevalence amongst the same age group was as high as 0.7% (Health Department of Indonesia 2008). The increased prevalence of youth smokers is also supported by data from the Global Youth Tobacco Survey (GYTS), which shows that the prevalence of active smokers amongst students aged 13-15 years old had increased from 12.6% in 2006 (Aditama et al 2006) to 20.3% in 2009 (World Health Organization 2009). The increased prevalence of youth smoking is accompanied by a younger age of smoking initiation amongst adults. According to Ministry of Health (2004), the average smoking initiation age was 19 years old in 1995, but by 2010, the average initiation age of smoking has gone down to 17.6 years old (Health Department of Indonesia 2010). It is also reported that the majority of adult smokers became daily smokers before they turned 20.

Early socialization to smoking, role model behavior, and misperception on the effects of smoking are some of the risk factors that contribute to the high prevalence of youth smoking in Indonesia. Approximately 1% of active smokers in Indonesia start smoking daily before they turn 10 (Kemenkes RI 2010). Socialization to smoking behavior may take place at such a young age in Indonesia, because smoking is an acceptable social behavior amongst Indonesian adults and is a culturally internalized habit of Indonesian society (Nawi, Weinehall, and Ohman 2006). Studies conducted in Indonesia showed that student attitudes towards smoking and their decisions to initiate smoking was influenced by parental and teacher smoking behaviors' (Sartini and Sulistyowati 2005; Nawi, Weinehall, and Ohman 2006). In addition, the youth are exposed to false perceptions about smoking. Sartini and Sulistyowati (2005) stated that the youth was not aware about the health risk of tobacco smoking to their own health. They perceived the health risk of smoking was low, as they only smoke a few cigarettes and were healthy. Another important risk factor of youth smoking in Indonesia is the availability and affordability of cigarettes (Sartini and Sulistyowati 2005). Currently, the regulation on tobacco control does not specify age limit for cigarette distribution and purchase (WHO 2007), thus cigarettes are accessible to young people. Sartini and Sulistyorini (2005) reported that cigarettes were available in small vendors around school areas. The price of cigarettes in Indonesia is the lowest compared to other countries in the region, and as they are also sold by single sticks, the price is quite affordable for students (Achadi et al 2005). The availability of cigarettes is also related to cigarette promotions by companies. Offering free samples of cigarette are prohibited by the government regulation, but somehow, 7.7% students reported being offered free samples by cigarette company representatives (WHO 2009). Sponsoring youth music and sport events is a main strategy used by cigarette companies to introduce their products to students, and during

such events, cigarettes are sold on discounted price (WHO 2007).

Controlling youth smoking represents a critical point in the overall control of tobacco smoking. Youth smoking behavior is known to be associated with adult smoking behavior and is recognized to measure the nicotine dependence (Jefferis et al. 2003). Cigarette is also known as a gateway drug to illicit drugs use, because cigarette smokers are known to have increased risks of consuming illicit drugs, including marijuana, cocaine, and heroin (Lai et al. 2000). Apart from being associated with nicotine dependence and illicit drugs use, youth smoking also means a longer duration of smoking, which is associated with an increased risk of chronic diseases in later life (MoH 2004). Thus, there is an urgency to prevent youth from smoking in order to control the adverse health impacts of tobacco, particularly cigarettes.

School is the most suitable setting for youth smoking prevention programs, as youth spend most of their time at schools. School is the place where students interact with each other and with teachers as their role models, and, at schools, education on smoking prevention and health consequences can be delivered formally within the curriculum. In order to accomplish a supportive environment to prevent youth from smoking, a clear smoking policy with the whole school approach should be established. School smoking policy consists of clearly articulated rules which prohibit the use, distribution, and promotion of any tobacco products on school premises and during any school events and standards on how it should be implemented (Center for Disease Control and Prevention 1994).

B. Current smoking restrictions and health promotion in Indonesia

Smoking restrictions, which are established to protect non-smokers from the exposure of other's tobacco smoke, have been one of the articles in Indonesia's tobacco control regulation. Since the first tobacco control regulation was signed by President Habibie in 1999, smoking has been banned in some public places, including health facilities, religious facilities, workplaces for teaching and children activities, and public transports. In the current health constitution (UU 36/2009), apart from those facilities mentioned previously, it is also banned at workplaces. The constitution gives a mandate to local governments to produce smoking restriction regulations for these purposes. The passing of these regulations at local levels is one of the main output indicators of the Ministry of Health. It is targeted that all provinces and thirty percents (30%) of all districts in Indonesia will have to pass local regulations on smoke free zone by 2014 (Kemenkes RI 2011a). Many provincial and district governments have positively responded to this mandate by producing smoke free regulations. But, there is an indication that the enforcement of and the compliance to the regulation is still low, particularly in public transports and workplace settings (Adisasmito 2008).

Health promotion is another main strategy of the Ministry of Health to control the prevalence of tobacco smoking in the community. Behavioral changing is facilitated through conducting Healthy and Clean Behavior Program (Pembinaan Perilaku Hidup Bersih dan Sehat/ PHBS) which includes the promotion of non-smoking behavior at home. PHBS coverage is one of the main output indicators of the Ministry of Health, and in 2014, it is targeted that at least seventy percent (70%) of all households in Indonesia will have practiced PHBS, which means that majority of Indonesian houses will be smoke free. However, achieving this target is still far from reality, as it was reported that only approximately 38.7% of all households practiced PHBS in 2007 (Aditama 2008). More recent data shows that majority (76.6%) of adult smokers are smoking inside the house in the presence of other house members (Kemenkes RI 2010), and According to GYTS data (WHO 2009), approximately 68.8% of youth live with active smokers

who smoke inside the house. Thus, to accelerate the accomplishment of the target, PHBS is also promoted at other settings, including workplaces, education facilities, health facilities, and public places (Kemenkes RI 2011b). At school, PHBS is delivered through School Health Promotion Program (Usaha Kesehatan Sekolah/UKS) and the curriculum. Prohibition of smoking at school ground is promoted through PHBS, while information on the adverse health effects of smoking is delivered through Physical and Health Education. However, according to GYTS data (WHO 2009), the danger of smoking was taught in class of only 65.3% of the respondents.

It is clear that the mandatory establishment of schools as smoke free areas should be responded by schools by constituting a clear policy on smoking. School tobacco policy integrates rules and health promotion for behavioral change to create school as a smoke free area, improve students' attitude towards smoking, and support those who are willing to quit smoking. With clearly articulated rules and standards, messages of what are expected as well as their consequences can be delivered to the stake holders, and thus, enforcement can be expected to happen. This will further lead to resentment towards and avoidance of smoking behavior. Christakis and Fowler (2008) describes how smoking cessation takes place by clusters within a large social network, and schools may represent the social network within which smoking cessation is expected to take place. Kumar et al. (2005) showed that a strictly monitored implementation of school tobacco control policy reduced the daily use of cigarettes by high school students, while Wakefield et al. (2000) stated that smoking bans at school lower the prevalence of daily smoking by students, if it was strongly enforced. Both studies pointed out that compliance with the policies was the most important to accomplish such outcomes.

C. School tobacco control policy

In general, there are some considerations in developing a tobacco control policy (Manchester Public Health Development n.d.). All stakeholders, including students, teachers, staffs, and parents, should all be involved in the development and approval of the policy, as well as its implementation. The policy should be clearly written, communicated, and understood by all stakeholders. Thus, it is important to utilize all media available to send the messages, not only on the smoking prohibition, but also on the health impacts of smoking in order to educate all stakeholders. Apart from that, school tobacco control policy has to be integrative. Policies that prohibit tobacco use on school properties provide prevention education and access to cessation programs rather than solely instituting punitive measures, are most effective in reducing tobacco use among students (CDC 1994). However, the implementation of the policy has to be completed with a monitoring system and penalty for those who break the rules to ensure reinforcement.

The school tobacco policy regulates some aspects, including prohibition of smoking, selling, purchasing, and advertising of cigarettes at the school area; preventive education of stakeholders, particularly students; communication to all stakeholders; and provision of access to supporting facilities (Manchester Public Health Development n.d). Prohibition of smoking is not only implemented to students, but to all stakeholders, even visitors. To support the smoking ban, the school areas should be free from cigarette sale, including at the cafés, canteens and vendors around school areas, and be free from any cigarette advertisements. This also means that cigarette manufacturers are not allowed to sponsor any school activities.

All stakeholders have to be informed about the tobacco control policy and educated about the adverse health effects of tobacco use. Preventive education for students may be included in Physical and Health Education or may take place as a specific program designed for youth smoking prevention, which includes topics of the short- and long-term negative physiologic

and social consequences of tobacco use, social influences on tobacco use, peer norms regarding tobacco use, and refusal skills (CDC 1994). Apart from educating students, adults may also be educated by given consultations on adverse health effects of smoking and smoking cessation. This can also take place as a one day seminar to raise awareness amongst teachers and parents. To ensure that all stakeholders are aware of the policy, it is suggested that a copy of the policy be put on a place that can easily be seen by public. In addition, no-smoking signs should be put at strategic places inside the school buildings and at school grounds. The policy can also be communicated to parents by sending newsletters or leaflets home with the students.

Schools have to provide access to other programs supporting smoking cessation (CDC 1994), such as smoking cessation clinics, as a support for those who are willing to quit smoking. Providing access to such services can only be achieved with the assistance of local governments and communities. Some local governments have already established smoking cessation clinics within their primary health centers (Puskesmas), and so have some non-government organizations. Another program which can be integrated into school tobacco control policy implementation is the non-communication disease health post (Pos Pembinaan Terpadu Penyakit Tidak Menular). Teachers and school staffs may take advantage of this program for risk factors monitoring. Thus, it is essential to get a support from the local government, so that all resources available in the communities can be explored to establish a supportive school environment.

D. Conclussions

The prevalence of youth smoking is increasing from time to time. Controlling youth smoking is best managed through schools by establishing schools as smoke free areas. In order to do this, schools need to establish school tobacco control policies, which are not only prohibiting smoking at school grounds and events, but also preventing youth smoking by educating students and supporting adult smokers to quit by providing access to smoking cessation services. In the implementation stage, reinforcement of the policy and involvement of all stake holders should be taken care of. It is essential to work with and get a support from the local governments and surrounding communities.

REFERENCES

1. Achadi, A., W. Soerojo, and S. Barber. 2005. The relevance and prospects of advancing tobacco control in Indonesia. *Health Policy* 72(3): 333-349. Science Direct. http://www.sciencedirect.com (accessed March 23, 2010).
2. Adisasmito, W. 2008. *Analisis Tingkat Keseriusan Pemerintah DKI Jakarta dalam Memberlakukan Larangan Merokok di Tempat Umum.* Fakultas Kesehatan Masyarakat Universitas Indonesia. http://staff.blog.ui.ac.id/wiku-a/files/2009/02/tingkat-keseriusan-pemda-dalam-larangan-merokok_edited.pdf (accessed November 20, 2012).
3. Aditama, C.Y., J. Pradono, K. Rahman, C.W. Warren, N.R. Jones, S. Asma, and J. Lee. 2006. Linking Global Youth Tobacco Survey (GYTS) data to the WHO Framework Convention for Tobacco Control: the case of Indonesia. *Preventive Medicine* 47 (supplement 1): S11-S14. Science Direct. http://www.sciencedirect.com (accessed March 23, 2010).
4. Center for Disease Control and Prevention. 1994. Guidelines for school health programs to prevent tobacco use and addiction. *MMWR* 43 (RR-2):1-18. http://www.cdc.gov/mmwr/preview/mmwrhtml/00026213.htm (accessed November 20, 2012).

5. Christakis, N.A. and J.H. Fowler. 2008. The collective dynamics of smoking in a large social network. *The New England Journal of Medicine* 358(21): 2249-2258. http://content.nejm.org/cgi/content/short/358/21/2249 (accessed April 24, 2010).
6. Departemen Kesehatan Republik Indonesia. 2008. *Riset Kesehatan Dasar 2007*. Badan Penelitian dan Pengembangan Kesehatan. Jakarta: Departemen Kesehatan Republik Indonesia.
7. Jefferis, B., H. Graham, O. Manor, and C. Power. 2003. Cigarette consumption and socio-economic circumstances in adolescence as predictors of adult smoking. *Addiction* 98(12): 1765-1772. Wiley Interscience. http://www3.interscience.wiley.com (accessed April 23, 2010).
8. Kementerian Kesehatan Republik Indonesia. 2010. Riset Kesehatan Dasar 2010. Badan Penelitian dan Pengembangan Kesehatan. Jakarta: Departemen Kesehatan RI.
9. Kementerian Kesehatan Republik Indonesia. 2011a. Rencana Aksi Program Pengendalian Penyakit dan Penyehatan Lingkungan tahun 2010-2014. Direktorat Jenderal Pengendalian Penyakit dan Penyehatan Lingkungan. Jakarta: Kementerian Kesehatan RI.
10. Kementerian Kesehatan Republik Indonesia. 2011b. Pedoman Pembinaan Perilaku Hidup Bersih dan Sehat. Sekretariat Jenderal. Jakarta: Kementrian Kesehatan RI
11. Kumar, R. 2005. School tobacco control policies related to student's smoking attitudes toward smoking: National survey results, 1999-2000. *Health Education and Behavior* (32)6:780-794. Sage Journals. http://heb.sagepub.com (accessed November 15, 2012)
12. Lai S, H. Lai, J.B. Page, and C.B McCoy. 2000. The association between cigarette smoking and drug abuse in the United State. *Journal of Addictive Disease* (19)4:11-24. Pub Med Central. http://www.ncbi.nlm.nih.gov (accessed November 10, 2012)
13. Manchester Public Health Development. n.d. School Tobacco Control Policy Guidance Document. http://www.manchesterpublichealthdevelopment.org/mphds/download-files/pdf/healthy-schools/Tobacco%20Control%20Guidance.pdf (accessed November 15, 2012)
14. Ministry of Health, Republic of Indonesia. 2004. *The Tobacco Source Book: data to support a National Tobacco Control Strategy.* http://tobaccofreecenter.org/files/pdfs/reports_articles/tobaccosourcebook_indonesia.pdf (accessed April 21, 2010)
15. Nawi, Ng, L. Weinehall, and A. Osman. 2006. 'If I don't smoke, I'm not a real man'-Indonesian teenage boys' views about smoking. *Health Education Research* 22(6): 794-804. Pub Med Central. http://www.ncbi.nlm.nih.gov.au (March 23, 2010)
16. Sartini, S and M. Sulistyowati. 2004. *The determinant of smoking behavior among teenagers in east Java Province, Indonesia.* World Bank. http://siteresources.worldbank.org (March 23, 2010).
17. Wakefield, M.A., F.J. Chalopka, N.J. Kaufman, C.T. Orleans, D.C. Barker, E.E. Ruel. 2000. Effect of restrictions on smoking at home, school, and public places on teenage smoking: cross-sectional study. *British Medical Journals* (321):333-337. BMJ. www.bmj.com (accessed November 15, 2012)
18. World Health Organization. 2007. *Indonesia report card: status of tobacco use and its control control.* World Health Organization, Country Office for Indonesia. http://www.ino.searo.who.int/LinkFiles/Tobacco_Initiative_Indonesia_Country_Profile_ 10_Nov07.pdf (accessed April 23, 2010).
19. World Health Organization. 2009. *Global Youth Tobacco Survey Fact Sheet.* Office of South-East Asia Region. http://www.searo.who.int/LinkFiles/GYTS_IndonesiaFactsheet2009.pdf (accessed March 23, 2010).