Addressing Tobacco Problems in Developing Countries

Economic Impact of Tobacco Use
Social Determinants of Tobacco Use and Demand Reduction Interventions
Culture, Employment and Agriculture: Between Tobacco Myth and Reality
Tobacco Use and Health
Youth, Cigarettes, and Drugs

Wednesday-Thursday, December 5-6, 2012
University of Muhammadiyah Yogyakarta
conference and exhibition

Addressing Tobacco Problems In Developing Countries
STUDENTSHIP GRANT

ABSTRACT:

Peer Education to Increase Junior High School Teenagers Involvement in Preventing Smoking Behaviour in Bantul District
  Heni Trisnowati, Supriyati

Lozonges Formulation from Extract Miracle Fruit with Freeze Dryer Method: Improvement Herbal Dosage from Addiction Smoker therapy
  Yosi Febrianti, Mutiara Herawati, Chyntia Paradhita

The Effect of Larkspur (Delphinium) Inhalation to Decrease Nicotine Withdrawal Syndrome in Intravenous Nicotine Induced Sprague Dawley Rats
  Nurvita Risdiana, S.Kep., Ns

The Effect Of Disease Picture Printed-Cigarette Package To Active Smokers of High School Student in Yogyakarta
  Munawir Saragih, S.Ked

Analysis of Ratio 3-Hydroxycoctinine: Cotinine: Phenotyping Study of Cytochrome P450 2A6 on Indonesian Smoker
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FULL PAPER:

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Abstract
PARTICIPATORY LEARNING ACTION (PLA) TO INCREASE FAMILY INVOLVEMENT IN REDUCING CIGARETTE CONSUMPTION FOR POOR FAMILIES IN YOGYAKARTA

Tri Hastuti Nur Rochimah,M.Si, Salmah Orbayinah,M.Kes.,Apt

1. Department of Communication Universitas Muhammadiyah Yogyakarta
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ABSTRACT

According to the Basic Health Research (Riskesdas) (2010), Indonesia is one of developing countries with high cigarette consumption and production. Based on the number of smokers, Indonesia is a country which ranked as the third largest number of smokers in the world after China and India (the Global Tobacco Epidemic, 2008). Smoking creates burden of health, social, economic and environment issues not only for smokers but also for other people. The rights of passive smokers especially infants and children need to be protected from the harm of exposure of cigarette smoke.

Participatory Learning Action (PLA) is a new step in the socialization process of handling social and health problems in Indonesia, particularly in Yogyakarta. PLA is a participatory approach learning method. The socialization process of social or health messages can be a social health product, but it has been less effective as it is considered less able to affect any change in people’s behavior in accordance with the message. Title of this study is Participatory Learning Action (PLA) to Improve Family Involvement in Reducing Cigarette Consumption for Poor Families in Yogyakarta.

Purposes of this study are: 1) to know how the smoking behavior of active smokers and how passive smokers respond to the poor, 2) to know how active and passive smokers interpret the meaning of smoking and smoking behavior, 3) to determine factors which influence smokers to smoke continuously, 4) to know the values hold by passive smokers on healthy family and family economic contribution, 5) to know the relationship between passive and active smokers. The type of research used is qualitative while research method being used is phenomenology.

Data collection techniques include in-depth interviews, observation, focus group discussion (FGD), and PLA. Subjects are consist of active and passive smokers who are coming from poor families in Bumijo Yogyakarta and Sedayu Bantul.

Results show that by using PLA approach, both active and passive smokers can communicate problems and solutions related to cigarettes properly. The data obtained show that most smokers start smoking at a young age (17,5 years in Bumijo and 20 years in Sedayu), smoking is a part of daily life for poor communities, generally, active and passive smokers do not know in detail about the dangers of smoking as they have lack of information about this issue. The man is dominant in the family. Thus, the man as a husband and leader of the household cannot accept when his wife suggest to reduce tobacco consumption.

Conclusion from this study is that PLA still needs to be developed as a method that is considered able to increase people's awareness and understanding about the dangers of smoking and, by involving citizens in the process of determining the program which suits your needs, sociocultural and environmental, thus Participatory Learning Action (PLA) to Improve Family Involvement in Reducing Cigarette Consumption for Poor Families in Yogyakarta can be met.

Keywords: cigarettes, PLA, poor families
Full Paper
PARTICIPATORY LEARNING ACTION (PLA) TO INCREASE FAMILY INVOLVEMENT IN REDUCING CIGARETTE CONSUMPTION FOR POOR FAMILIES IN YOGYAKARTA

Tri Hastuti Nur Rochimah, M.Si ¹, Salmah Orbayinah, M.Kes., Apt ²

A. BACKGROUND

World Health Organization (WHO) (2011) has issued a program called MPOWER, the program includes the monitoring of tobacco use and tobacco use prevention policies, protecting people from tobacco smoke, offering help to quit tobacco use, protecting people from tobacco smoke, enforcing bans on tobacco advertising, promotion and sponsorship, and raising taxes on tobacco. The above programs aim to address the impact of the current cigarette.

Indonesia is one of developing countries with high cigarette consumption and production. Based on the number of smokers, Indonesia is a country which ranked as the third largest number of smokers in the world after China and India. ¹

As many as 91 million of Indonesia’s population exposed to smoke in the house and 40 million of them are children. Cigarette smoke is dangerous for nonsmokers as well as smokers themselves (TCSC-IAKMI, 2009). Cigarette smoke contains many toxins which are harmful to health; more than 4,000 kinds of toxins, 69 of which are carcinogenic (cancer causing substances) for humans. It is estimated that in a single puff of a cigarette there are 1014 free radical molecules. Cigarette smoke can also trigger the formation of free radicals in the body. ²

Smoking creates health, social, economic and environmental burden not only for smokers but also for other people. The rights of passive smokers especially infants and children need to be protected from harm caused by exposure of cigarette smoke. Poor families are powerless against the effects of cigarettes dependence. They who cannot divert their daily family spending, school fees and their children education’s fees to buy cigarettes need governments’ attention. Not to mention burden of smoking households, cost of illness due to tobacco-related diseases, loss of productivity and the livelihood of the family because of early death.

Participatory Learning Action (PLA) method is a new step in the socialization process of handling social and health problems in Indonesia, particularly in Yogyakarta. PLA is a participatory approach learning method. The socialization process of social or health messages can be either social health product, but it has been less effective as it is considered less able to affect any change in people’s behavior in accordance with the message. It is from the above background, investigators to conduct research

B. PROBLEM DEFINITION:

From the background above, problems can be formulated as follows:

1. How are the smoking patterns of active and passive smokers in poor families?
2. How do the active and passive smokers define smoking?
3. How are the attitudes and smoking behavior from the perspectives of active and passive smokers?
4. What are the factors that shape pathological smoking habits?
5. How are the attitudes of active smokers towards the impact of second-hand smoke on family health and economic welfare?
6. How are the social relationship between active and passive smokers?
C. THE OBJECTIVE OF RESEARCH

The objectives of this study are:
1. To identify the smoking patterns of active and passive smokers in poor families;
2. To understand how active and passive smokers define smoking;
3. To determine the attitudes and smoking behavior from the perspectives of active and passive smokers;
4. To identify the factors that shape pathological smoking habits;
5. To understand the attitudes of active smokers towards the impact of second-hand smoke on family health and economic welfare;

D. THEORETICAL FRAMEWORK

1. Tobacco

Tobacco is dried leaves processed from Nicotiana genus; these dried leaves contain various alkaloids, with the main one is nicotine, narcotic sedative properties as well as emetics and diuretics, as well as a cardiac depressant and antispasmodic.

2. Content of Tobacco

The main ingredient of cigarettes is tobacco, and once burned, cigarette smoke contains more than 4,000 substances which harmful to health. The main contents in tobacco are tar, nicotine, and carbon monoxide. In addition, one cigarette also contains other chemicals that are also highly toxic.

3. Type of Smoker

There are two types of smokers in general:
1) Active smokers are individuals who have smoking habit. Smoking has been parts of their life until he feels uncomfortable if a day is not permitted. Therefore, they will try to get it.
2) Passive smokers are individuals who do not have smoking habit of, but was forced to smoke cigarettes which are exhaled by others nearby. In everyday life, they are not interested and do not have the habit of smoking.

Based on the number of cigarettes smoked, smoker categories can be divided into:
1) Light Smokers, someone is called light smokers if smoking less than 10 cigarettes per day.
2) Moderate smokers, someone is called moderate smokers if sucking 10-20 cigarettes per day.
3) Heavy smokers, someone is called heavy smokers when smoke more than 20 cigarettes per day.

4. PLA (Participatory Learning And Action)

Participatory Learning and Action (PLA) is an approach for learning about and engaging with communities. It combines an ever-growing toolkit of participatory and visual methods with natural interviewing techniques and is intended to facilitate a process of collective analysis and learning. The approach can be used in identifying needs, planning, monitoring or evaluating projects and programs. As a powerful consultation tool, it offers the opportunity to go beyond mere consultation and promote the active participation of communities in the issues and interventions that shape their lives.

The approach has been used, traditionally, with rural communities in the developing world. There it has been found extremely effective in tapping into the unique perspectives of
the rural poor, helping to unlock their ideas not only on the nature and causes of the issues that affect them, but also on realistic solutions. It enables local people to share their perceptions and identify, prioritize and appraise issues from their knowledge of local conditions. More traditional, extractive research tends to ‘consult’ communities and then take away the findings for analysis, with no assurance that they will be acted on. In contrast, PLA tools combine the sharing of insights with analysis and, as such, provide a catalyst for the community themselves to act on what is uncovered.

In the UK, PLA approaches are increasingly used in a range of community-based poverty and regeneration projects - whenever the active participation of the community is prioritized. By utilizing visual methods and analytical tools, PLA enables all community members to participate, regardless of their age, ethnicity or literacy capabilities.

How is it conducted?

The repertoire of PLA tools is large and ever-growing and practitioners of the approach are constantly adapting and adding to the toolkit to meet their needs. What follows therefore are merely descriptions and examples of some of the more commonly used tools intended to give a flavor of the approach.

1. Maps

Mapping activities are often used as introductory activities. They allow the community to show and talk about how they see the area where they live, the resources/facilities available and what is important to them in their environment. They enable ‘outsiders’ to begin to see a community through the eyes of the local people.

2. Time Lines

Time lines are a type of diagram that helps to record changes in a community/household/life of a community member over time. They are a way of noting the important historical markers and milestones of a community or individual, giving a wider historical content to issues being discussed. They can also enable participants to draw out trends.

3. Transect Walks

Transect Walks are a type of mapping activity, but they involve actually walking across an area with a community member/group of community members, observing, asking questions and listening as you go. This information is then represented visually in a transect sketch/diagram.

4. Problem Trees

A ‘Problem Tree’ or ‘issue tree’ is a type of diagram which enables community members to analyze the causes and effects of a particular problem, and how they relate to one another.

5. Ranking Activities

Ranking/scoring activities provide a way for community members to weigh up/rate/prioritize items or issues either relative to one another or according to criteria.

6. Venn / Chapati Diagrams

These are two similar types of diagrams that can be used to explore the roles and relationships of individuals, groups and individuals and the links between them.

These are just some of the tools that are used as part of the PLA approach. The approach itself is dynamic and flexible but is underpinned by some key principles:

1) Roles are reversed such that local people are seen as the ‘experts’
2) ‘Handing over the pen’ - the community members themselves do the drawing, mapping, modelling, diagramming; the facilitators build rapport, listen, question and learn.

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**E. RESEARCH METHODOLOGY**

1. **Type of Research**

Type of research used in this study is a qualitative study with phenomenological approach. Whereas focuses of the study using a phenomenological approach are 6:

(1) Textual description is what experienced by research subjects on certain phenomenon.

(2) Structural description is how subject experience and define their experiences. *Téknik Pengumpulan Data*

2. **Data Collection Techniques**

Data collection techniques which be performed in this study are: In-depth interview, observation, focus group discussions and PLA.

3. **Subject of the research**

Subject of the research were active and passive smokers from a poor family who lived in Bumijo Yogyakarta and Sedayu Bantul. Active and passive smokers’ criteria are as follows:

**Active Smokers:**

(1) active smokers (father / son) who had smoked at least 2 years

(2) Smoker’s category are light smokers for minimum

(3) Living together in one home with his family (wife, son, family incest minimum)

**Passive Smokers Family Members:**

(1) Living with the passive smokers

(2) Has a family relationship either mother or child

4. **Data analysis**

Stages of data analysis in qualitative research using a phenomenological method is: collecting data of all in-depth interviews data, focus group discussions and observation; reducing data and eliminating redundant and overlapping; entering the data which have been reduced into themes that have been drafted; analyzing using existing theories and it is possible to raise a new theory as the results of this study, and collating conclusions of research analysis 7.

**F. RESULTS AND DISCUSSION**

The result of this study showed that by using PLA approach, both active and passive smokers can communicate problems and solutions related to cigarettes properly. The data obtained showed

1. The smoking behavior of active smokers and the response of passive smokers in poor families in Bumijo and Sedayu Village:

   The age range of the active smokers from Bumijo Yogyakarta and Sedayu Bantul who became the respondents for this research, who mostly worked as private employees and construction workers were 37 and 46.3. These breadwinners had smoked cigarette since their adolescents before they are married. These respondents had smoked cigarette for roughly 17.5 years and 20 years. Cigarettes have caused addiction and consequently, without them, these respondents cannot conduct their activities normally. Based on the number of cigarette smoked, most of the smokers were in the category of moderate smokers with the number of cigarette between 10-18 cigarettes per day, and they smoked the cigarettes in certain times such as when they were not at work, after meals, and in rendezvous with friends. They smoked the cigarette inside and outside the house.
Table 1. Type of job of head family, duration of smoking and amount of cigarette consumption per day in Bumijo, Jetis, Jogja city (Urban community)

<table>
<thead>
<tr>
<th>No</th>
<th>Name</th>
<th>Age (years)</th>
<th>Occupation</th>
<th>Duration of Smoking</th>
<th>Amount of cigarette Consumption per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Puji Artanto</td>
<td>43</td>
<td>Bread Vendor</td>
<td>10 years</td>
<td>12 sticks</td>
</tr>
<tr>
<td>2</td>
<td>Handoyo</td>
<td>58</td>
<td>Former bank officer, laid off, now laborer</td>
<td>42 years</td>
<td>12 sticks</td>
</tr>
<tr>
<td>3</td>
<td>Azro Junaedi</td>
<td>28</td>
<td>Vegetables seller</td>
<td>10 years</td>
<td>10 sticks</td>
</tr>
<tr>
<td>4</td>
<td>Dendy</td>
<td>27</td>
<td>Drawing teacher</td>
<td>10 years</td>
<td>12-18 sticks</td>
</tr>
<tr>
<td>5</td>
<td>Mbendil</td>
<td>30</td>
<td>Private worker</td>
<td>15 years</td>
<td>12-24 sticks</td>
</tr>
<tr>
<td>6</td>
<td>Yanto</td>
<td>35</td>
<td>Workman</td>
<td>13 years</td>
<td>12 sticks</td>
</tr>
<tr>
<td>7</td>
<td>Yudi</td>
<td>38</td>
<td>Private worker</td>
<td>23 years</td>
<td>8-12 sticks</td>
</tr>
</tbody>
</table>

Sources: FGD Active Smokers, In-depth interview in Bumijo, July 2012

Table 2. Type of job of head family, duration of smoking and amount of cigarette consumption per day in Sedayu Bantul (Rural Community)

<table>
<thead>
<tr>
<th>No</th>
<th>Name</th>
<th>Age</th>
<th>Occupation</th>
<th>Duration of Smoking</th>
<th>Amount of cigarette Consumption per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Tumin</td>
<td>34</td>
<td>Bricklayer</td>
<td>16 years</td>
<td>6 sticks</td>
</tr>
<tr>
<td>2</td>
<td>Suwardi</td>
<td>32</td>
<td>Bricklayer</td>
<td>10 years</td>
<td>12 sticks</td>
</tr>
<tr>
<td>3</td>
<td>Ngattijo Hadi Warsito</td>
<td>54</td>
<td>Workman helper</td>
<td>32 years</td>
<td>10 sticks</td>
</tr>
<tr>
<td>4</td>
<td>Dedi</td>
<td>25</td>
<td>Shop Assistant</td>
<td>8 years</td>
<td>6 sticks</td>
</tr>
<tr>
<td>5</td>
<td>Purwadi</td>
<td>38</td>
<td>Handyman</td>
<td>17 years</td>
<td>12 sticks</td>
</tr>
<tr>
<td>6</td>
<td>Sarpan</td>
<td>45</td>
<td>Handyman</td>
<td>20 years</td>
<td>12 sticks</td>
</tr>
<tr>
<td>7</td>
<td>Sarmadi</td>
<td>56</td>
<td>Handyman</td>
<td>37 years</td>
<td>10 sticks</td>
</tr>
<tr>
<td>8</td>
<td>Tugiman</td>
<td>54</td>
<td>Laborer</td>
<td>25 years</td>
<td>6 sticks</td>
</tr>
<tr>
<td>9</td>
<td>Mbah Mardi</td>
<td>79</td>
<td>Laborer</td>
<td>50 years</td>
<td>6 sticks</td>
</tr>
</tbody>
</table>

Sources: FGD Active smoker, in-depth interview in Sedayu, August 2012

2. How the active and passive smokers define smoking and smoking behavior:

   Based on the result from FGD and interview, the passive smokers in Bumijo and Sedayu define smoking behavior done by their husbands as normal conducts for a man, although in fact, some of them add, that for the sake of health, it is better to not smoke. Meanwhile, active smokers define cigarettes as their second wife. Without smoking cigarettes, they feel their life hard and they lack spirit to work. In their opinion, smoking cigarettes does not disturb their health or does not relate to health.
Table 3. Profile of second hand smoker in Bumijo Yogyakarta

<table>
<thead>
<tr>
<th>No</th>
<th>Name</th>
<th>Occupation</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Siti</td>
<td>Housewife</td>
<td>36 years</td>
</tr>
<tr>
<td>2</td>
<td>Tiur Masriningsih</td>
<td>Housewife</td>
<td>35 years</td>
</tr>
<tr>
<td>3</td>
<td>Sri Mardianti</td>
<td>Housewife</td>
<td>30 years</td>
</tr>
<tr>
<td>4</td>
<td>Mimin</td>
<td>Food seller</td>
<td>30 years</td>
</tr>
<tr>
<td>5</td>
<td>Sri Budiyah</td>
<td>Housewife</td>
<td>57 years</td>
</tr>
<tr>
<td>6</td>
<td>Pantes Subur</td>
<td>Massageur</td>
<td>54 years</td>
</tr>
<tr>
<td>7</td>
<td>Supariyah</td>
<td>Housewife</td>
<td>67 years</td>
</tr>
</tbody>
</table>

Sources: FGD secondhand smoker in Bumijo

Table 4. Profile of second hand smoker in Sedayu Bantul

<table>
<thead>
<tr>
<th>No</th>
<th>Name</th>
<th>Occupation</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Suginem</td>
<td>Seller</td>
<td>36 years</td>
</tr>
<tr>
<td>2</td>
<td>Sri Setyowati</td>
<td>Housewife</td>
<td>26 years</td>
</tr>
<tr>
<td>3</td>
<td>Poniem</td>
<td>Housewife</td>
<td>42 years</td>
</tr>
<tr>
<td>4</td>
<td>Tirah</td>
<td>Micro food seller</td>
<td>41 years</td>
</tr>
<tr>
<td>5</td>
<td>Niken</td>
<td>Housewife</td>
<td>32 years</td>
</tr>
<tr>
<td>6</td>
<td>Winarni</td>
<td>Housewife</td>
<td>31 years</td>
</tr>
<tr>
<td>7</td>
<td>Sutiyana</td>
<td>Small shop owner</td>
<td>28 years</td>
</tr>
<tr>
<td>8</td>
<td>Hartini</td>
<td>Helping soup seller</td>
<td>31 years</td>
</tr>
<tr>
<td>9</td>
<td>Ninik</td>
<td>Housewife</td>
<td>31 years</td>
</tr>
</tbody>
</table>

Sources: FGD and in-depth interviews secondhand smoker in Sedayu

3. Factors influencing active smokers in poor families to smoke continuously:
   How long the active smokers have smoked cigarettes becomes one of the indicators that make it difficult for the smokers to release their smoking habit. The data and the fact, found in the community in Bumijo and Sedayu as an urban and rural area in Yogyakarta and Bantul, show that the factors causing the respondents to keep smoking cigarettes, among others, are the idea that smoking gives them the spirit to earn money, the convenience of buying cigarettes in retail and debt, and the environment where smoking cigarettes becomes a social means;

4. The values believed by active and passive smokers concerning healthy family and the contribution of family economy to the poor family.
   Concerning health, passive smokers state that smoking cigarettes can disturb their actively smoking husband's health. Meanwhile, concerning the economy, passive smokers also state that if their husbands do not smoke or smoke fewer cigarettes, their money can be saved for fulfilling other needs that are more useful for the family. These passive smokers state that if their husbands smoke cigarettes, they will disrupt family finance. They believe that smoking cigarettes disturb both health and family financial;

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5. The relationship between passive and active smokers in poor family (dominant or equal):
   There is less equal relationship between husbands and wives. Husbands are more
dominant than their wives. This is what causes the active smokers to keep smoking cigarettes;

6. PLA still needs to be developed to be a method which is considered to be able to increase
   society’s awareness and comprehension of cigarette and its dangers.
   This method will involve the society in the process of deciding the program suitable for
   their needs, their social and cultural condition, and their environment, so that the purpose of
   the program to decrease the smoking habit can be conducted effectively and efficiently, and can aid
   the process of changing into the expected condition.

G. Conclusion
   Conclusion from this study is that PLA still needs to be developed as a method that is
   considered able to increase people’s awareness and understanding about the dangers of smoking
   and, by involving citizens in the process of determining the program which suits your needs,
socio-cultural and environmental, thus Participatory Learning Action (PLA) to Improve Family
   Involvement in Reducing Cigarette Consumption for Poor Families in Yogyakarta can be met

H. Recommendation
   The Recommendations from this research are: To improve the understanding among the
   society, government and non-government institutions to work together to lower the prevalence
   of smoking among the poor society using an effective and suitable approach and building local
   communication and its media, it suggested that: 1) the society keep conducting a more concrete
   follow-up in all levels of society, from the bigger area to the smallest one by adopting the PLA
   method, 2) Dinkes DIY (Yogyakarta Health Department) and Dinkes Kabupaten Bantul (Bantul
   Regency Health Department) really commit to give moral and material support to the follow-up
   activities of the smokers and the society, 3) Build communication and working network between
   PLA participants and government/non-government institutions to be able to share experience
   and synergic social control.

I. List Of References
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