

Situation Analysis of Smoking Behavior and Tobacco Control in Blitar City

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ABSTRACT

Background: The problem of smoking is still a national problem that is continuously being addressed, because it involves various aspects of problems in life, namely economic, social, political aspects, especially health aspects. The death rate from smoking is still very high. Tobacco abuse is a preventable cause of death but there are still many people who are difficult to escape from the bondage of the dangers of smoking.

Purpose: The City of Blitar has committed to implementing a tobacco control program through the Regional Regulation (perda) of the City of Blitar Number 1 of 2019 concerning Smoking Free Areas. The implementation of these local regulations requires data as a basis for developing strategies to achieve goals.

Methods: This study uses a mix method approach (quantitative and qualitative). The approach is used to facilitate a variety of specific research objectives. Research on smoking behavior and attitudes of tobacco workers towards tobacco control uses a quantitative approach. While research on regional income from the cigarette industry and the condition of cigarette advertisements in public places uses a quantitative approach.

Results: Teenage respondents 300 respondents were dominated by male gender, smoking status there were 221 respondents who stated that they were smokers. Most of the respondents' ages were in the range of 17-20 years and at the junior and senior high school levels. With the results of this study it can be concluded that the incidence of smoking in adolescents is still high with a percentage (70.3%) of smoking status which is dominated by men. Adult respondents note that all male respondents have a tendency to smoke. Most of the respondents were in the range of 19-23 years with the most education at the high school level.

Conclusion: The type of cigarettes consumed by adolescents is white cigarettes, consuming at least less than 5 cigarettes and at most more than 15 cigarettes per day. Most of the costs spent by teenagers to shop for cigarettes range from IDR 50,000 to IDR 100,000 and above. Among the 189 smokers respondents, only 83 of them had the desire to quit smoking. It is known that most of the adult respondents at the age of 15 years were the age when they first smoked.

Keywords: stop smoking, tobacco, tobacco control

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BACKGROUND

Cigarettes are an addictive substance that contains approximately 4000 chemicals, of which 200 are toxic and 43 other types can cause cancer in the body so that when used it can result in health hazards for the smoker himself and other people around him who are not smokers. The high consumption of cigarettes in Indonesian society is believed to have very broad negative implications, not only for the quality of health but also regarding social and economic life in Indonesia (Fernando & Marom, 2018).

The problem of smoking is still a national problem that is continuously being addressed, because it involves various aspects of problems in life, namely economic, social, political aspects, especially health aspects. Therefore, the government seeks to overcome the dangers of smoking by limiting the movement of smokers in various places and public facilities. Furthermore, the government gives authority to local governments to place restrictions on smokers through the policies of their respective regional governments (Dolly et al., 2020). The death rate from smoking is still very high. Tobacco abuse is a preventable cause of death but there are still many

people who are difficult to escape from the bondage of the dangers of smoking. According to data from the World Health Organization (WHO) the percentage of world smokers in 2013 reached 1.2 billion people and 800 million of them were in developing countries. Meanwhile, WHO data in 2014 where the tobacco epidemic killed around 6 million people per year, 600 thousand of whom were passive smokers (Mua et al., 2018).

The smoking behavior of the population 15 years and over has not decreased from 2007 to 2013 because it tends to increase from 34.2 percent in 2007. to 36.3 percent in 2013. As many as 64.9 percent of men and 2.1 percent of women still smoked cigarettes in 2013. According to Riskesdas, it was stated that the population aged more than 10 years who smoked was 29.2% and this figure increased by 34.7 percent in 2010 for the age group over 15 years (Ministry of Health RI, 2011). Data from the 2013 Riskesdas stated that there was an increase in the smoking prevalence of the population aged 10 years from 28.8 percent in 2013 to 29.3 percent in 2018. At the present time, smoking is not only a problem in adults, but is also increasing rampant among children and adolescents. This is evidenced by the increasing prevalence of smoking in the population aged 10-18 years, namely by 1.9 percent from 2013 as much as 7.2 percent to 2018 up to 9.1 percent. The 2018 Basic Health Research (Riskesdas) data shows that the prevalence of smoking nationally is 24.3 percent. The prevalence of smoking by sex, where the prevalence in men is 47.3 percent and 1.2 percent in women. By age group, the highest prevalence was at the age of 30-34 years at 32.2 percent, while at the age of young/novice smokers (≤ 19 years) at 13.4 percent. According to place of residence, the prevalence of smoking in rural and urban areas is not too different, however, in rural areas it is slightly higher, 25.8 percent compared to urban areas, 23 percent (Ministry of Health RI, 2018).

Based on data from the 2020 Indonesian Tobacco Atlas, there has been a shift in the causes of death in Indonesia. In 1990 the highest cause of death due to infectious diseases. Since 2017 the highest contributor to death is non-communicable diseases, whose risk factors are behavior or lifestyle, one of which is smoking. In 1990 around 47.6 percent of the causes of death were non-communicable diseases, while in 2017 the largest cause of death was due to non-communicable diseases reaching 75.5 percent. Then, the proportion of the population consuming tobacco (sucking and chewing) in 2018 for men was 62.9 percent, while for women it was 4.8 percent. Overall, the average sex of the population consuming tobacco (sucking and chewing) in 2018 was 33.8 percent and the national average prevalence of smokers aged 15

years and over was up to 32.2 percent. Almost 50 percent of provinces have a prevalence above the national average. (Indonesian Tobacco Atlas, 2020).

Indonesia is one of the largest tobacco consuming countries in the world. In 2005, Indonesia was ranked as the fifth largest cigarette consumer after China, the United States, Russia and Japan. In 2008 the WHO World Health Organization has determined Indonesia as the third largest country as cigarette users, after China and India (Naiem & Anwar, 2019).

Non-Smoking Areas are rooms and areas with outer fence boundaries that are declared prohibited for smoking activities or activities for producing, selling, advertising, and or promoting Tobacco Products. Based on Law Number 36 of 2009 concerning Health Article 115, the Government of The region is obligated to determine and implement KTR in its territory. To follow up on this policy, Joint Regulations of the Minister of Health and the Minister of Home Affairs Number 188/Menkes/PB/I/2011 and Number 7 of 2011 concerning Guidelines for Implementing Smoke Free Areas have been issued.

The City of Blitar has committed to implementing a tobacco control program through the Regional Regulation (perda) of the City of Blitar Number 1 of 2019 concerning Smoking Free Areas. The implementation of these local regulations requires data as a basis for developing strategies to achieve goals. Therefore, researchers intend to analyze community behavior and tobacco control programs in the city of Blitar.

METHODS

This study uses a mixed approach (quantitative and qualitative). The approach is used to facilitate a variety of specific research objectives. Research on smoking behavior and attitudes of tobacco workers towards tobacco control uses a quantitative approach. While research on regional income from the cigarette industry and the condition of cigarette advertisements in public places uses a quantitative approach.

RESULTS

Overview of Tobacco control

Tobacco control in Blitar City has received attention from the government by issuing a Regional Regulation regarding the 2019 KTR. As for Smoke-Free Places or Areas in Article 5 of the Blitar City Regional Regulation Number 1 of 2019 concerning Smoke-free Areas, these include health service facilities, processing places teaching and learning areas, places for children to play, places of worship, public transportation, workplaces, public places and other designated places.

Thus the control of tobacco in the City of Blitar already has regional regulations which become the legal umbrella. Therefore, places that have been regulated to become smoke-free areas must be a concern for the government and the community. In order to keep the area friendly to the community. Results describe the major findings of the study. It should be clear, concise and can be reported on texts or graphics. Please provide some introduction for the information presented on tables or images.

Overview of respondents

Teenagers Respondents

Table 1. Distribution of the frequency of teenagers respondents

Characteristics	Frequency	Percentage
Age		
11-13 tahun	24	8,0%
14-16 tahun	133	44,3%
17-20 tahun	143	47,7%

Gender		
Man	300	100%
Women	0	0%
Education		
Junior High School	102	34,0%
Senior High School	198	66,0%
Smoking Status		
Smoking	221	70,3%
No Smoking	89	29,7%

Adults Respondents

Table 2. Distribution of the frequency of adults respondents

Characteristics	Frequency	Percentage
Age		
19-23 tahun	158	52,7%
24-28 tahun	101	33,7%
29-33 tahun	18	6,0%
34-48 tahun	15	5,0%
49-53 tahun	5	1,7%
54-58 tahun	0	0%
59-63 tahun	3	1,0%
Gender		
Man	300	100%
Women	0	0%
Income		
≤ Rp 1.000.000	151	50,3%
Rp 1.100.000-Rp 2.000.000	73	24,3%
Rp 2.100.000-Rp 3.000.000	38	12,7%
>Rp 3.000.000	38	12,7%
Education		
Elementary School	15	5,0%
Junior High School	45	15,0%
Senior High School	207	69,0%
College	33	11,0%
Smoking Status		
Smoking	225	75,0%
No Smoking	75	25,0%

DISCUSSION**Teenagers smoking in Blitar are dominated by men**

Based on the diagram related to the age of youth for the first time the graph can be seen that the youngest age is aged 10-11 years and below and the oldest age is aged 16 years and above. Most of the respondents explained that their age when they first smoked was 12-13 years old, namely 78 teenagers or around 37.1%. the majority of Indonesian buyers first smoked at the age of 15-19 years. According to 2018 Basic Health Research data, 52.1% of smokers smoked for the first time at the age of 15-19 years.

Based on the diagram regarding the types of cigarettes consumed by teenagers, it is known that 132 teenagers (54.3%) dominate the type of cigarette that is white. There are three types of cigarettes consumed by teenagers including clove, white and vape. Regarding the

number of cigarettes fired per day by teenagers, it is known that on average they spend less than 5 cigarettes a day and at least spend more than 15 cigarettes / day.

From a total of 189 adolescents smoking in the diagram above, from 83 respondents, 43.9% of adolescents had the desire to quit smoking and as many as 12 respondents, 6.3% said they had not smoked in a few days, the rest did not want to quit smoking. Exposure to Cigarette Smoke (Passive Smoke) at Home and Outdoors, the maximum exposure is every day with a proportion of 50%, Indoors many are not exposed to the proportion of 38.3% and Outdoors is most exposed within 7 days with the proportion of 51.3%. the highest diagram as many as 68 (37.2%) teenagers spend from the range of IDR 50,000 to IDR 100,000 to smoke for cigarettes. The range is followed by Rp. 20,000 to Rp. 50,000 with the second highest rating, 49 respondents with a proportion of 26.8%.

From the data related to exposure to smoking cessation information, it can be seen that the most "Not getting information" answers were from newspapers at 79.0%, television at 50.3%, radio 89.3%, internet 51.7%, other places 91.0% . While the most "Yes, get information" answers were from billboards of 58.3% and from warnings on cigarette packs of 88.7%. Of all respondents wanting to quit smoking after seeing the dangers of smoking with a percentage of 59.7% with a total of 179 respondents.

From the data on cigarette advertising, sponsorship and promotion exposure in various media, 300 respondents were frequently exposed to cigarette advertisements, sponsorships and promotions, 144 respondents and around 60 teenagers who had never been exposed to information.

Adolescent knowledge level of smoking. Of the 300 adolescent respondents who "didn't know" smoking-related diseases were more common, including breast cancer 51.3%, stomach cancer 78.3%, fetal disorders 72.0%, early wrinkles 64.0%, cavities 59.7% , Erectile dysfunction 60.7%, Hair loss 74.3%, Calcium loss 69.7%. The rest are those who know the type of disease caused by smoking is Stroke 57.3%, Heart Problems 81.7% and Lung Cancer 99.0%.

The attitude of adolescents towards smoking, some teenagers agree that smoking is cool 49.7%, Makes self-confident 51.0%, Increases association 35.3%, Friends eat 40.0%, Influenced by people around 56.0%. The rest responded with the highest score Neutral including Relieve stress 33.0%, Reward for performance 38.0%, Dangerous m32.7%, Very Dangerous 50.3% and Vain as much as 36.7%.

The attitude of adolescents towards tobacco control shows a neutral attitude towards the statements addressed. Evidenced by the answers to smoking cessation services by 42.7%, not displaying in stores 48.3% and having an impact on the family economy of 60.0%. The answers do not agree to the statement that it is not allowed to put a logo, 34.7% and the price of cigarettes is 27.7% expensive. Furthermore, the answer is Agree from Prohibition of smoking in public places by 37.0%, Not allowed to advertise cigarettes 43.0%, Not allowed to sell to children 41.0%. In particular, the statement "Includes dangerous messages" has an equivalent value between agreeing and disagreeing, which is 34.7%.

Adults smoking in Blitar are dominated by men

The prevalence of smokers is 75.3%, which is higher than BPS data for 2015 which states that the percentage of adult smokers in Blitar is 23.57%. The age of the respondents who smoked for the first time was dominated by the age of 15 years as many as 48 respondents (20.2%). This shows that the respondents who first started smoking were at the age of the elementary school level, followed by the ages of 17 as many as 35 (14.7%) and at the age of 16 as many as 27 (11.3%) admitted that they smoked for the first time.

There are three types of cigarettes consumed, namely kretek, white and vape. Types of

cigarettes were dominated by white cigarettes 52.5% (139 respondents). The number of cigarettes consumed in a day on average reaches more than five cigarettes, namely in the range of 6 to 10 cigarettes. Adult smokers can spend more than IDR 710,000 to buy cigarettes. From the data above, it is known that adult smokers spend the most money in a month, which is IDR 710,000 and above, namely 75 respondents (32.9%) consume cigarettes, followed by an average spending of IDR 110,000 – 300,000 in one month, 63 respondents (27.6%).

Of the respondents in this study, it was found that 65.9% did not visit, then 16.5% (42 respondents) stated that when they visited health facilities they were not asked by health workers about smoking habits and were not advised to stop smoking. While 17.6% (45 respondents) of them received advice from health workers to stop smoking. Based on the diagram above, it can be seen that 71.4% do not want to quit smoking.

The results of the research above show that around 40.4% (86 respondents) had quit smoking. While those who had never tried to quit smoking were 59.6%. About 36.0% of respondents who were former smokers stated that they had been active smokers before. Respondents stated that they get exposure to cigarette smoke in their homes every day around 70.2% or 177 respondents. they are exposed to cigarette smoke at work around 56.7%.

Information on the dangers of smoking with the most answers "Yes, get information" includes from television 57.7%, billboards 62.0%, and warnings from cigarette packs 96.0%. the rest "Didn't get information" mostly from newspapers 74.0%, radio 86.3%, internet 68.0%, and other places 89.7%. Of all the descriptions from the table above the desire to stop after seeing the dangers of smoking by 53.0% wanted to stop the rest answered no.

The most answers "Yes, I know about the dangers of smoking" from disease statements 58.0%, Fetal disturbances 53.0%, Tooth cavities 51.3%, Addictive effects 98.3%, and Harm to people around 82.7%. The rest answered "Not knowing the dangers of smoking" in the statement Stomach cancer 41.3%, Early wrinkles 66.7%, Erectile dysfunction 56.3%, Hair loss 80.3%, Calcium loss 69.7%, and Smokeless tobacco 50.3%.

Attitudes of respondents towards cigarettes showed the most agreed answers obtained by the statement Cool 49.7%, Increasing association 41.0%, Reducing stress 54.0%, Very Dangerous 37.3% and Endangering people around 30.7%. Furthermore, with the second most answers are Neutral with a statement of Confidence 37.0%, Rewards for performance 47.3%, Friends eating 47.3% and Dangerous 30.7%. Disagreeing answers were obtained from useless statements, namely 23.7%.

The research data above shows that the majority of respondents have a neutral attitude towards tobacco control. Statements that show are Prohibition of smoking in public places 59.0%, Not allowed to put cigarette logos 44.0%, Include dangerous messages 40.7%, Displayed in shops 45.0%, Sold to children 50.0% and Impact in the family economy 38.3%. While respondents disagreed with 28.3% not allowing cigarette advertisements and 35.7% expensive cigarette prices. Adult respondents strongly disagreed with the smoking cessation service statement with a percentage of 35.7%.

CONCLUSION

Based on the results of research on situation analysis of smoking behavior and Tobacco Control in the City of Blitar it can be concluded that in the teenage respondents it is known that most of the ages of 12-13 years are the age when they first started smoking. The youngest age is at the age of 7 years. The type of cigarettes consumed by adolescents is white cigarettes, consuming at least less than 5 cigarettes and at most more than 15 cigarettes per day. Most of the costs spent by teenagers to shop for cigarettes range from IDR 50,000 to IDR 100,000 and above. Among the 189 smokers respondents, only 83 of them had the desire to quit smoking.

In the adult respondents it is known that the majority at the age of 15 years is the age when they first started smoking. The type of cigarette consumed by the most adult respondents was white cigarettes, followed by clove cigarettes. At most more than 10 sticks per day. In a month, adult respondents can spend on smoking a maximum of IDR 710,000. most of the adult respondents still do not want to quit smoking. The biggest exposure to cigarettes for teenagers in 7 consecutive days is from outdoors. Exposure to information related to smoking cessation is rarely obtained by teenagers, most teenagers also do not know about smoking-related diseases. Adults are mostly exposed to smoking from their own homes and also at work. There is also a lot of information about the dangers of smoking that has not been obtained by adults, the desire to stop smoking after obtaining information about the dangers of smoking is 53.0% of the total smokers studied. Adolescent attitudes towards smoking are still mostly neutral, as well as attitudes towards tobacco control among adolescents who still show a neutral attitude. The attitude of adults towards smoking is also neutral because almost the same value is obtained between knowledge and ignorance about smoking. Some adult respondents strongly disagree if smoking is considered a waste. Meanwhile, attitudes towards adult tobacco control show a neutral attitude. The support of health workers for quitting smoking is still not equally distributed, it is known that there are still many respondents who do not visit to obtain information about quitting smoking.

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