

Smoking Behavior of High School Students in Jambi City

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ABSTRACT

Cigarettes are addictive substances that, when used, can cause a number of adverse health effects. The objective of this study was to ascertain the proportion of schools that conduct eight assessments of smoke-free area indicators, gain insight into the role of officers, and evaluate the supervision of smoke-free area policies. This study employed a qualitative descriptive approach, utilizing in-depth interviews and focus group discussions (FGDs) as its primary methods of data collection. Purposive sampling strategy used for qualitative research, with a sample size of 17 informants. The qualitative analysis was conducted using the Open Code application. The findings of this study indicate that the majority of the school community is aware of the dangers of smoking and the No Smoking Area policy. However, the role of officers and supervision of the No Smoking Area is still not being carried out effectively. The study findings indicate that schools in Jambi City have not implemented the No Smoking Area policy.

INTRODUCTION

Cigarettes are addictive substances that, when used, can have a number of adverse effects on the health of the user and the community. To date, there is no definitive limit to how long prolonged exposure to cigarette smoke will increase the likelihood of deadly health consequences. More than 85% of people with lung cancer. Smoking has been linked to a number of diseases, including conditions that increase the likelihood of developing other diseases, respiratory problems, oral and dental disorders, throat cancer, and coronary heart disease (CHD) (Juliana Cahya Indah, 2023). It is evident from research findings that cigarettes are one of the other proactive substances. Nicotine produces euphoria, or a pleasant feeling, in its users and can have a negative impact if stopped (Nurjannah Rizkia Wahyuni Putri et al., 2020). People often do not think about the effects of the smoke produced because it is not only risky for our own health but also risky for the health of others such as the habit of smoking in designated non-smoking areas so that some people who do not smoke also feel and breathe in cigarette smoke from these smokers (Budiman et al., 2020).

The World Health Organization (WHO, 2018) says that tobacco products, including exposure to cigarette smoke, account for 7 million deaths each year worldwide. According to estimates, if this continues, 8 million people will die by 2030, and developing countries such as Indonesia account for 70% of these deaths (Organization, 2018). According to data from The Tobacco Atlas Indonesia has the highest percentage of adolescent male smokers (15 years and over) in the world, which is 66% male. Russia comes in second with 60%, followed by Brazil (22%), Malaysia (44%), Vietnam (47%), Philippines (48%), China (53%), and India (24%) (Sawitri et al., 2020). Basic Health Research 2018 findings indicate that 9.1% of adolescents between the ages of 10 and 18 years have engaged in smoking, a trend that commenced in 2013. Furthermore, 62.95% of adolescents over the age of 15 who consumed tobacco were male, while only 4.8% were female. Following China and India, Indonesia is now the third most populous country in the world with the highest number of smokers (Fitria et al., 2023) The 2018 data indicated that Indonesia had the highest prevalence of adolescent smoking in the region. The prevalence of adolescent smoking increased over the previous three years, from 2016 to 2018, with the highest rates observed among adolescents aged 15 to 18 years old (Waworundeng et al., 2019).

With regard to the issue of smoke-free areas in educational establishments, the Indonesian Ministry of Education and Culture (MOEC) has issued a directive, namely Permendikbud number 64 of 2015. The objective of the "No Smoking Area" policy is to establish a smoke-free, hygienic, and clean school environment (Sualang et al., 2019). The implementation of the "No Smoking Area" policy in educational institutions is intended to safeguard the future generation of students from exposure to the harmful effects of cigarette smoke. The objective is to reduce the number of students who smoke as a result of this phenomenon. Indeed, a considerable number of smokers persist in smoking in these areas and contravening the no-smoking policy, particularly in

educational settings. Schools are designated as non-smoking areas due to the detrimental impact of cigarette smoke on learning activities. Despite this, educators, school administrators, and even some teachers engage in smoking activities within school premises, demonstrating a lack of consideration for the adverse effects of such unhealthy behaviour. This practice perpetuates the notion that smoking is an acceptable practice for children to observe, which may potentially encourage some students to engage in smoking behaviour. Currently, there are Indonesian students who regularly engage in smoking activities (Taruna, 2016a).

The smoke-free area regulations that are currently in place have not been implemented in a manner that is consistent with the intended objectives. Moreover, it is imperative that the government and health professionals advocate for the implementation of KTR regulations through the imposition of stringent penalties for those who violate KTR regulations. To safeguard the community from exposure to cigarette smoke, particularly passive smokers, it is imperative that the government enhance cross-sector collaboration. This will enable the relevant institutions to assume a more active role in mitigating the adverse effects of smoking on the community, especially non-smokers. In general, passive smokers are women and children. Therefore, it is necessary to increase public knowledge and awareness through interactive education about the dangers of passive smoking and effective communication efforts to build awareness and prohibit smoking in public areas, especially in homes or other enclosed spaces, educational facilities, health facilities, offices, and public transportation. It is imperative that the community and the government prioritize access to these services. The simultaneous implementation of KTR enforcement, expansion of access to smoking cessation services, and promotion and education of both passive and active smokers will prove more effective. Cross-sector coordination at the central and regional levels is essential for the effective implementation of tobacco control programs and policies, which will ultimately reduce the number of smokers in Indonesia (Tarigan & Yulianti, 2019).

Despite the implementation of a No Smoking Area policy, the rate of smoking behavior in schools has remained unaltered due to the lack of commitment from school leaders in implementing and operationalizing local regulations pertaining to the establishment of smoke-free zones. The objective of this study was to ascertain the proportion of schools that have implemented smoke-free policies and to examine the understanding, role of officers, and supervision of these policies in schools. The findings will inform the development of effective policies to regulate smoking behavior in schools.

LITERATURE REVIEW

Smoking Behavior

Any individual activity that involves burning tobacco and then inhaling and exhaling smoke is considered smoking behavior, and its impact can be seen and measured by examining the amount or frequency of smoking (Riska et al., 2022). Behavior can be influenced by environmental and genetic factors. It has also been argued that these elements influence how a person behaves. The

former is a genetic factor, which is the basis of the idea of how human behavior develops, while the environment refers to a person's living circumstances. The formation of behavior is referred to as the learning process. distinguishes between three domains of behavior, namely knowledge, attitudes, and actions (Riska et al., 2022). When someone smokes, they endanger their own health and that of others who accidentally inhale cigarette smoke (Deastri Pratiwi, 2022).

There is a relationship between adolescent smoking behavior and adolescent attitudes. Teenage behavior will be followed by a positive attitude. It is intended that a person's behavior or action can occur due to an internal reaction. (Aulya & Herbawani, 2022) Adolescent smoking behavior offers a comprehensive view of the health epidemiology associated with the use of tobacco products through tobacco control, as outlined in the framework of the framework convention on tobacco control (FCTC). Furthermore, the strategy known as monitor, protect, offer, warn, enforce and raise (MPOWER) is a commitment to implement tobacco control measures on an international scale. The World Health Organization (WHO) is expected to help protect all people around the world from the risks associated with smoking through the implementation of MPOWER and FCTC regulations (Oktania et al., 2023).

Non-Smoking Area

A Smokefree Area (KTR) is a location or space that is prohibited from smoking or conducting any activity related to the manufacture, marketing, distribution, or promotion of tobacco products. The establishment of KTRs is an effort to protect the public from the dangers of health problems due to environmental pollution caused by cigarette smoke. Broadly speaking, the establishment of KTR seeks to reduce morbidity and mortality rates due to smoking. More precisely, the establishment of KTR seeks to create a clean, safe, comfortable, and healthy environment that provides protection for non-smokers, reduces the number of smokers, prevents the use of tobacco products, and protects the next generation from substances such as narcotics, psychotropic substances, and addictive substances (Taruna, 2016b).

The World Health Organization (WHO) has six regulatory components as part of their strategy to address the impact of smoking. One of the births of the establishment of Smokefree Areas (KTR) is the WHO MPOWER. The following are the contents of the six components (Prayogi et al., 2017):

- a. *Monitor tobacco use*
- b. *Protect people from tobacco smoke*
- c. *Offer help to quit tobacco use*
- d. *Warn about the dangers of tobacco*
- e. *Enforce bans on tobacco advertising, promotion and sponsorship*
- f. *Rise taxes on tobacco*

One strategy to reduce tobacco smoke pollution that is harmful to health is to establish Smokefree Areas (KTR). Adolescents can participate in KTR in schools as a way to improve their health in the school environment. Training in a smoke-free school environment cannot prevent the risk factors of becoming a smoker (Marchel, 2019).

The implementation of Smokefree Areas (KTR) in public high schools in Jambi City applies the rules of Smokefree Areas (KTR) as stipulated in the Jambi City Regional Regulation (PERDA) No. 3 of 2017 concerning Smokefree Areas. Article 7 paragraph (2) reads that the No Smoking Area includes (Jambi, 2017):

1. Public places
2. Workplace
3. Places of worship
4. Playgrounds and or gathering places for children
5. Public transportation vehicles
6. The environment where the teaching and learning process takes place
7. Health facilities and
8. Sports facilities

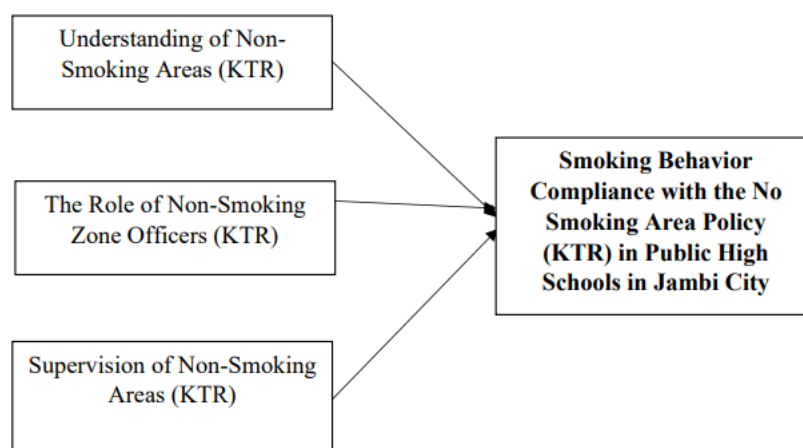


Figure 1. Conceptual Framework

METHODOLOGY

The research was conducted using qualitative methods, specifically a descriptive approach that employed both in-depth interviews and focus group discussions (FGDs). Qualitative research employing the purposive sampling technique yielded a sample of 17 informants. This method entails the selection of a group of individuals or entities deemed to possess knowledge or experience pertinent to the research topic, as opposed to randomly selecting participants (Soegiyono, 2011). Informants in qualitative research are classified as either key informants or supporting informants. This qualitative research employs the use of Open Code Software, which is a systematic process of testing, detailed comparison, conceptualization, and categorization.

RESEARCH RESULT

Understanding of the No Smoking Area

Understanding related to the No Smoking Area (KTR) in schools already has a good understanding and understands the existence of the No Smoking Area (KTR) Regional Regulation and the Code of Conduct for the implementation of the No Smoking Area (KTR) in schools. The students in the schools that the researchers studied generally had an order regarding KTR and

already understood the meaning of the No Smoking Area (KTR). The following is the quote:

"In my opinion, a smoke-free area is a designated space where smoking or any other activities involving tobacco products are prohibited" (R6.f.6).

"The implementation is clear. The first is an order from the whole school to prohibit students from smoking in the school environment. Secondly, teachers and school staff require students not to smoke in school, which is clear in the school law" (R5.e.1).

Based on the results of direct interviews at schools, the researcher concluded that understanding the implementation of Smoke-Free Areas (SFAs) in educational settings greatly influences a person's knowledge and attitude towards smoking.

The Role of Smokefree Area Officers

The role of officers in the implementation of the No Smoking Area (KTR) policy is still not optimally implemented in monitoring the KTR policy in schools. The lack of role of officers in monitoring the No Smoking Area (KTR) policy can hinder the effectiveness of this policy and from the side of the relevant agencies they also continue to socialize about the No Smoking Area (KTR). If officers do not carry out their duties properly, violations of the No Smoking Area (KTR) can occur more frequently without adequate action. Here's the quote:

"...We happen to be entering 2022 but based on information already, but every time in 2018 if I'm not mistaken it collects but it doesn't reach the lower levels, yes, we have gone through the OPD level through the city level, yesterday there was an invitation to the sub-district level scheduled at the health department, it was already, but they should have continued it, we didn't actually mean it already, but whether it reaches the bottom we haven't monitored it until there..." (R1.a.1).

"...There are many schools within our scope of supervision, and they are spread throughout Jambi City. Moreover, if we include high schools, the jurisdiction does not extend beyond junior high schools. As for the personnel conducting the supervision, we have inspectors, but when we visit schools, it's usually temporary or unannounced, not on a continuous basis. Inspectors, however, can monitor their respective educational units more intensively..." (R2.b.1).

Based on the results of the interviews, it can be concluded that the lack of roles for officers in monitoring the Smoke-Free Area (SFA) policy as stated in Regional Regulation No. 3 of 2017 in Jambi City can hinder the effectiveness of this policy. Additionally, the relevant agencies continue to conduct socialization efforts regarding the Smoke-Free Area (SFA).

Supervision of Non-Smoking Areas (KTR)

Supervision of the No Smoking Area (KTR) has not been carried out optimally because there is no budget regarding the No Smoking Area (KTR).

From the results of the interviews, it was found that the role and function of supervision by the Satpol PP have not been well understood, resulting in supervisory actions not being carried out according to the regulations stated in the regional regulations of Jambi City. The implementation of the smoke-free area policy has not been conducted by the leaders responsible for enforcing the regional regulations regarding the smoke-free area policy. Here is the quote:

"...Mostly for supervision and implementation we need to involve other sectors but until now frankly not because there is no budget for KTR" (R1.a.1).

"In the regulation, it does say that for example if an individual is 50 thousand, yes ... if the organization is up to 2 million, it's already... until now there has never been no sanctions" (R1.a.1).

Based on the results of the interviews above, it can be concluded that Regional Regulation No. 3 of 2017 in Jambi City has not been effectively implemented due to a lack of supervision and sanctions. This is caused by budget constraints that hinder the enforcement efforts of officers regarding the Smoke-Free Area (SFA) itself, in accordance with Regional Regulation No. 3 of 2017 in Jambi City.

DISCUSSION

This is in line with research by Ahmad (2022) that schools play an important role in changing student behavior to avoid smoking, by providing sufficient knowledge about smoking and creating a smoke-free environment. By establishing schools as Smokefree Areas (KTR) students can avoid smoking (Suhartini & Ahmad, 2019). Mustakim (2022) shows that the information a person has can have an impact on compliance with the No Smoking Area (KTR) policy (Mustakim et al., 2022).

A good understanding of Smokefree Areas (KTR) indicates that people know how important non-smoking areas are for public health and comfort. KTR is a place where smoking is totally prohibited, usually in hospitals, schools, places of worship, public transportation, and other public locations (Robiul Fitri Masithoh et al., 2022). According to Rizalia (2022), that 88.3% of people who answered wanted the government to take strict action to implement Smokefree Areas (KTR) (Wardiah & Thabrany, 2022). The results showed that students generally know about the prohibition of smoking in schools because there are Smoke free Areas (KTR) and rules that explain the prohibition of smoking (Istyarini & Sartika, 2020). If people understand KTR well, they are expected to respect the rules more, avoid smoking in prohibited places, and support efforts to maintain a healthy environment. They should also be more aware of the dangers of smoking for active and passive smokers and the importance of protecting collective health (Afghani et al., 2022).

According to research by Nizwardi (2013) Socialization supported by good guidance and supervision will be very helpful in creating an effective smoke-free environment (Azkha, 2013). This is in line with research conducted by Wasliati (2021) which states that the socialization of the No Smoking Area

(KTR) policy helps smokers understand and support the No Smoking Area (KTR) (Wasliati et al., 2021). The results of this study are in line with previous research that the mobilization and availability of human resources are very important for the implementation itself. In this case, the education office provides support to schools through funding and budgets for the socialization of regulations and supervision of the No Smoking Area (KTR). On the other hand, community health centres function as resource persons for socialization. In addressing Smokefree Areas (KTR) in schools, cross-sectoral cooperation is important because cross-sectoral commitment and cooperation improve implementation (Marchel, 2019).

Local regulation supervision, monitoring and enforcement teams are formed to legalize this type of cross-sectoral workforce. Those responsible for the successful implementation of a policy are known as human resources or personnel. Human resources are the most important for implementing policies (Noviafni & Khaidir, 2019). However, these personnel have not done their job well, especially in terms of implementing KTR, so KTR is developing slowly in various regions. Local governments should form a team that can make a socialization schedule and approach the community so that people can accept KTR properly and support the KTR program, including government and non-government employees (Azkha, 2013).

Budget, the operational fund of Satpol PP, is used to support the implementation of tasks. One important component in supporting the success of an organization is the budget. A budget that can be used efficiently to finance organizational operations is the key to organizational success (Bagou, 2016). In addition, the success of KTR is highly dependent on the availability of funds, facilities, and strong human resources to socialize KTR, as well as community commitment and participation (Saragih & Hidayat, 2015). Sanctions are punitive actions taken by the state due to violations committed by individuals or groups (Trisnowati, 2017).

Research by Dami Y et al (2021) conducted research on schools that have implemented a no smoking policy in schools. It is known that the success of the KTR policy in schools is supported by strict and clear sanctions applied to students who smoke. The rule book uses a point system to provide strict and clear sanctions. Students who smoke inside or outside the school are given 15 points and students who smoke cigarettes outside the school are given 30 points. Sanctions given to students include warnings, parental summons, or an agreement on stamp duty to be expelled from school based on violation points (Yanthi et al., 2021). Another study, Marchel (2019), found that the principal verbally reprimanded teachers who committed violations, and students received written reprimands along with their scores. This helps students understand the rules and policies and not commit violations again. KTR runs well because there are clear rules and sanctions for students, with sanctions ranging from mild to severe (Suaib, 2023).

CONCLUSIONS AND RECOMMENDATIONS

Schools have not implemented the No Smoking Area policy due to the lack of the role of officers and supervision in overseeing the No Smoking Area.

No-smoking area policies are meaningless if there is negligence in their implementation so that they do not have an impact on compliance with smoking behavior according to the No-Smoking Area policy. A commitment from school leaders is needed in implementing and making operational rules from local regulations related to the implementation of the No Smoking Area. It is hoped that future research will conduct similar research with a broader scale of research to obtain the latest, more accurate research results.

ADVANCED RESEARCH

It is hoped that future researchers can expand the scope of respondents and increase the number of variables that have not been studied previously.

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