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Foreword

Implementation of MPOWER policy package has been approved by the Regional Committee. MPOWER recommends periodic monitoring on tobacco control indicators. Monitoring tobacco control through a standard mechanism is the milestone for understanding the trends in tobacco use, and thus providing better opportunity for strengthening tobacco control policy and programmes in countries.

The recognition of the need for a standardized survey to monitor adult tobacco use led WHO and its partners, in particular Centers for Disease Control and Prevention, Atlanta, USA , and Centers for Disease Control and Prevention Foundation, USA, to launch the Global Adult Tobacco Survey (GATS) , 2011 in Indonesia under the Bloomberg Initiative. The survey is designed to produce nationally representative estimates on tobacco control indicators that are comparable over time and across nations using a standard protocol.

The report would serve as an authoritative reference source for policy-makers, health professionals and all other stakeholders of tobacco control in Indonesia. Findings of this report give renewed emphasis to the need for far-reaching policy response to the challenges posed by deaths and disability due to tobacco use in the country.

I would like to congratulate the Ministry of Health, the implementing agencies and all those involved for having completed the survey successfully, which I am sure has contributed substantially to capacity building of the country to conduct large and standardized surveys. Most importantly, the findings mentioned in this report will be useful in designing and strengthening effective tobacco control interventions in Indonesia.

Dr Samlee Plianbangchang
Regional Director

MINISTER OF HEALTH
REPUBLIC OF INDONESIA

FOREWORD

Tobacco consumption in Indonesia has increased significantly in the last two decades due to several factors, such as the growth of the population, the relatively cheap price of cigarettes, and aggressive marketing of tobacco industries. Community Based Surveys such as National Socioeconomic Survey, Baseline Health Research and Global Adult Tobacco Survey show significant increase of active male cigarette smokers in Indonesia, that is from 53.9 % in 1995 to 67.0 % in 2011.

This alarming situation prompted us to improve public policy, to plan a comprehensive tobacco control program and to propose more strict laws and regulations. Several efforts have been implemented in Indonesia in the last 15 years, including: periodic increase of tobacco tax, expansion of smoke free areas and working places, public transport facilities; requirement to put the health warning on cigarette packaging and restriction on broadcasting time of electronic advertisement.

The Global Adult Tobacco Survey complements efforts of the National Institute of Health Research and Development Minister of Health in monitoring the tobacco problem periodically and provides comprehensive evidence and information for tobacco control planning, appropriate intervention and evaluation as well as to establish the national tobacco surveillance system. The results should also lead to identification of more appropriate interventions, improve implementation of existing programs and establish improved laws and regulations on tobacco control.

The survey has been a collaborative activity of national institutions, namely: Statistics Indonesia/BPS and National Institute of Health Research & Development, MoH; international organizations that include: CDC Foundation and U.S. Centers for Disease Control and Prevention, Bloomberg Philanthropies, Tobacco Free Initiative WHO HQ, WHO SEARO and WHO Indonesia; to all of whom I'd like to express my gratitude and high appreciation.

Hopefully, these nationally representative findings will significantly contribute to our efforts in prevention of health hazards due to tobacco use in Indonesia.

Nafsiah Mboi, M.D. (Ped.), M.P.H.
Minister of Health of the Republic of Indonesia

BPS-Statistics Indonesia

Foreword

The Indonesian Law Act number 16, year 1997 about Statistics the BPS-Statistics Indonesia (BPS) shall collect, process, analyze, and disseminate information relating to basic to basic Statistics. However, the required information assembled by the World Health Organization (WHO) for tobacco use in Indonesia was collected by BPS whit collaborating whit the National Institute for Health Research and Development of Ministry of Health (NIHRD-MOH) Indonesia, and the centers for Disease Control and Prevention (CDC) Atlanta USA through the 2011 Indonesia Global Adult Tobacco Surey (IGATS)

The results of the 2011 IGATS have been analyzed and published in this report. BPS is grateful to all who have involved to conduct the survey and to prepare this publication, especially staffs of BPS, NIHRD-MOH, CDC, abd WHO'S experts who have introduced the data collecttion system by using hand held devices in the survey.

Hopefully, this publication will be be used strongly for health policies and other purposes.

Jakarta, Agustus 2012

BPS-Statistics Indonesia

DR. Suryamin
Chief Statistic

Preface

Evidence based policy development on tobacco control at national and local levels is needed at various administrative levels. Indonesia is currently one of the countries with the highest level of smoking prevalence. This condition will lead to increase incidence of non-communicable diseases and will threaten the community health and economic security of lower and middle income countries like Indonesia as well as causes negative impact to health systems, households and individuals.

The challenge is Indonesia will face higher levels of Non Communicable Diseases at earlier stages of economic development compared with developed countries and having less time to respond effectively.

This report presents results of the 2011 Indonesian Global Adult Tobacco Survey Thailand and provides opportunities for national and international tobacco control partners to use in improving the tobacco control strategies and activities.

The Report is presented in ten Chapters as follows:

Chapter 1: Introduction—provides an overview of Burden of Tobacco in Indonesia, Current Tobacco Control Policies and Survey Objectives

Chapter 2: Methodology—describes the survey methods and provides information on the study population, sampling design, questionnaires, data collection and statistical analysis.

Chapter 3: Sample and Population Characteristics—describes the Indonesian population aged 15 years and above.

The following six chapters address key survey findings by topic area found in the survey that include: Chapter 4: Tobacco Use; Chapter 5: Cessation; Chapter 6: Secondhand Smoke; Chapter 7: Economics; Chapter 8: Media and Chapter 9: Knowledge, Attitudes and Perceptions. Chapter 10: Conclusion; summarizes the conclusion of the 2011 Indonesian GATS.

Hopefully this effort will contribute to the sustainable tobacco control programs in Indonesia and in designing more effective interventions.

Soewarta Kosen
EDITOR

Acknowledgements

The 2011–2012 Global Adult Tobacco Survey (GATS) in Indonesia was successfully completed due to the efforts and involvement of numerous organizations and individuals at different stages of the survey. We would like to thank everyone who helped to make the survey a success.

First of all, we are grateful to the Ministry of Health in Indonesia for its leadership, vision and support. We would like to express our thanks to the Ministry of Health, Indonesia, for nominating the Badan Pusat Statistik (BPS)/Statistics Indonesia and the National Institute of Health Research and Development (NIHRD) as the implementing agencies for GATS in Indonesia, and for providing guidance and support throughout the process.

At the BPS/Statistics Indonesia, we gratefully acknowledge Dr. Happy Hardjo, former Director for Population & Labour Statistics, for effective supervision and coordination of the project tasks related to GATS implementation that were carried out, Mr. Kadarmanto, for providing technical oversight and inputs during the sample design, selection and implementation of the survey and for expertise during sample weighting and country report writing; Mr. Guntjang Amanulla, for ongoing management of these tasks, especially for his dedicated work in preparing the country-specific version of the GATS questionnaire, data collection, implementation and quality assurance during the fieldwork. We would also like to thank Mr. Dwino Daries, Ms. Nila Nurmala, and Mr. Indra Cahyono, for IT administration, support and management throughout implementation of the survey.

At the NIHRD, we express our gratitude to Dr. Soewarta Kosen, Senior Researcher and Ms. Ingan Tarigan, for their leadership in coordinating all the tasks related to GATS pretest implementation, data analysis and report writing.

We would like to express our thanks to the World Health Organization (WHO), the US Centers for Disease Control and Prevention (CDC) and the CDC Foundation for their technical support and collaboration. We acknowledge the help and cooperation from the members of the GATS Questionnaire Review Committee, Sample Review Committee (SRC) and Analysis Review Committee for their technical reviews to ensure that the country report is internationally acceptable and comparable to other countries implementing GATS.

We are grateful for the support we received from WHO Headquarters and Regional and Country Offices, especially from Dr. Dhirendra N. Sinha, Regional Advisor, Surveillance (Tobacco control), WHO SEARO, and Dr. Widyastuti Wibisana WR Indonesia Office, who were responsible for coordinating this survey. Their efforts and support enabled the smooth collaboration of all implementing agencies at all crucial stages of study realization. We would like to acknowledge the contributions of Mr Sameer Pujari from WHO Geneva, who provided technical support and coordination, especially questionnaire programming, staff training and data aggregation.

We sincerely acknowledge the collaborative exchange and technical support from CDC. We acknowledge the outstanding partnership and support extended to all by Dr Samira Asma, Chief of the Global Tobacco Control Branch. We are also pleased to express our special thanks to Dr Krishna Mohan

Palipudi, CDC focal point for Indonesia, for his continuous technical guidance and valuable support throughout all stages of the survey. Thanks are also due to Dr Linda Andes and Ms Glenda Blutcher-Nelson for their technical and statistical support during analysis and reporting of data. We also appreciate the coordination and support provided by Ms Sophia Song throughout the project. Thanks are due to Mr Edward Rainey and Mr Brian Taitt for their editorial and graphic support for the analytical tables, factsheets and reports.

I am also sincerely grateful to the Bloomberg Philanthropies for their collaboration and financial assistance in successfully conducting GATS in Indonesia. Many thanks are due to CDC Foundation, which provided the most modern electronic equipment for carrying out data collection. Special mention is due to Mr William Parra for his coordination and involvement in the project and Mr Brandon Talley for his guidance with respect to administrative and budget issues.

This acknowledgement would not be complete without expressing appreciation for the hard work put in by the interviewers, supervisors and IT personnel involved in collecting data for GATS in Indonesia. We also gratefully acknowledge the administrative, accounts and other staff of the BPS and NIHRD for their continuous cooperation during the entire project period.

And last but not least, credit goes to all of the men and women who took the time to respond to the lengthy questionnaire with tremendous patience and without any expectation from GATS.

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Executive Summary

The Global Adult Tobacco Survey (GATS), 2011 in Indonesia is a nationally representative household survey of all non-institutionalized men and women aged 15 years and above. It is designed to produce internationally comparable data on tobacco use and tobacco control measures using a standardized questionnaire, sample design, data collection and management procedures.

The survey used a four-stage stratified cluster sampling and was designed to produce key indicators for the country as a whole, and was also stratified by men and women as well as urban and rural areas. In the first stage, 50 urban primary sampling units (PSUs) and 50 rural PSUs were selected, from which a total of 8994 households were selected, of which 8581 completed interviews. One individual was then randomly chosen from among the eligible persons in each of these households using a handheld electronic data collection device. Of them, 8305 completed individual interviews with an overall response rate of 94.3%. Data collected from these individuals provided information on tobacco use, cessation, second-hand smoke, economics, media, and knowledge, attitudes and perceptions.

The GATS was conducted by BPS-Statistics Indonesia, in collaboration with the National Institute of Health Research and Development (NIHRD), Ministry of Health (MOH). Technical assistance was provided by WHO and the United States Centers for Disease Control and Prevention (CDC). Financial support for the survey was provided by the Bloomberg Philanthropies.

Tobacco use: In Indonesia, 67.4% of men and 4.5% of women comprising 36.1% of the population (61.4 million) currently use tobacco in smoked or smokeless form. Tobacco use is more prevalent in rural areas (39.1%) as compared to urban areas (33.0%). In Indonesia, smoking is the main form of tobacco use and 34.8% (59.9 million) of the adult population currently smoke tobacco. The prevalence of smoking is 67.0% (57.6 million) among men and 2.7% (2.3 million) among women. Among the adult population, 56.7% of adult men (57.6 million), 1.8% of adult women (1.6 million) and 29.2% overall (50.3 million) are daily smokers. Currently, smoking is more prevalent in rural areas (37.7%) as compared to urban areas (31.9%).

Among those who are currently tobacco users, the majority (34.6%) consume cigarettes of any kind (kretek, white cigarette or hand-rolled), while only 0.3% consume other smoked tobacco products such as pipe, cigar, *shisha*, etc. Among the types of cigarettes, kretek is the most popular (31.5%), followed by hand-rolled (4.7%) and white cigarette (2.2%). Kretek smoking is more common among men (60.9%) as compared to women (2.3%) and more in rural areas (34.5%) as compared to urban areas (28.6%).

Kretek smoking increased by age ; from 25.2% in age group 15–24 years to 34.6% and 35.2% in age group 25–44 and 45–64 years respectively, however it showed a decline in much older group (65 years and above ,21.5%). The prevalence of hand-rolled cigarette smoking increases with age, and is highest among those aged 65+ years (13.2%) while white cigarette smoking did not show the increasing pattern by age. The prevalence of kretek smoking among college and university-educated people was lowest (25.6%) compared with those who had completed primary school (33.9%).

The overall average numbers of cigarettes smoked per day is 12 sticks (13 sticks for men and eight sticks for women). The average age at initiation of daily smoking is 17 years; this is the same for urban and rural areas. Overall, 29.2% are daily smokers and 5.6% are occasional smokers. The prevalence of daily smoking is highest in the 45–64 years age group (33.5%) and among those who are self-employed (43.4%). Daily smoking is higher in rural than in urban areas (26.3% and 32.2%, respectively), while occasional smoking is the same in both areas. Occasional smoking is highest among those in the 15–24 years age group, and those who were unemployed (7%) and self-employed (6.9%).

The average age overall at initiation of daily smoking is 17.6 years. There is no difference in age at initiation of smoking among urban and rural areas (17.7 and 17.5 years, respectively), and those who are college or university educated had a slightly higher age at initiation (19.5 years).

Cessation: Nearly 50% of current smokers plan or are thinking about quitting; however, only 10% plan to quit within 12 months. More than a quarter of smokers (30.4%) made an attempt to quit in the past 12 months. Among those who visited a health-care facility, 40.5% were asked about their history of tobacco smoking and 34.6% were advised to quit smoking. Of those who attempted to quit during the past 12 months, 7.0% had counseling and 70.7% quit without assistance.

Second-hand smoke: Among all adults, 51.3% (14.6 million) were exposed to tobacco smoke at the workplace. Men (58.0%) were exposed more often than women (41.4%). At home, 78.4% of adults (133.3 million) were exposed to tobacco smoke. Among people who visited restaurants, 85.4% were exposed to tobacco smoke, while among those who used public transportation, 70% were exposed.

Economics: Among kretek cigarette smokers, 79.8% bought their last cigarette in a kiosk. Average cigarette expenditure per month among kretek cigarette smokers was IDR 369 948. The average price per 20 sticks paid by kretek cigarette smokers was IDR 12 719. The price paid was higher in urban areas (IDR 14 095) as compared to only IDR 11 615 in rural areas. *Gudang garam* was the most popular brand purchased by current kretek cigarette smokers (21.8%). The second most popular brand was *Djarum* (18.8%). *Sampoerna*, *Dji Sam Soe*, and *Tali Jagad* with 15.4%, 6% and 5.3%, respectively were the third, fourth and fifth most popular brands.

Media: Nearly one quarter of the adult population (23.1%) noticed anti-white cigarette smoking information, mostly on television or radio. The number was much higher for anti-kretek cigarette smoking on the same media (40.3%). Cigarette marketing in stores where cigarettes are sold was noticed by nearly half of the adult population (47.6%).Nearly four in five people (82.5%) noticed any cigarette advertisement and promotion (other than in stores or sporting events sponsorships). Among current smokers, 72.2% noticed health warnings on cigarette packages; 27.1% of them thought about quitting smoking because of those warnings.

Knowledge, attitude and perceptions: Overall, four in five people (86.0%) believe that smoking causes serious illness such as heart attack (81.5%) and lung cancer (84.7%). However, fewer people know that smoking causes other specific illnesses – premature birth (49.5%), stroke (45.5%) and chronic obstructive pulmonary disease (36%). Overall, 23.9% of adults believe that smokeless tobacco use causes serious illness, whereas 73.7% believe that exposure to second-hand smoke causes serious illness in non-smokers.

Policy implications: GATS provides critical information on key indicators of tobacco control by sociodemographic characteristics and creates an opportunity for policy-makers and the tobacco control community at different levels to make or modify targeted interventions in different areas of tobacco control. Overall, findings from GATS indicate that there is a positive environment for tobacco control. Based on the findings and the MPOWER framework, the specific recommendations are:

- Tobacco control awareness programs be designed to cover all types of tobacco products and in such a way that all subpopulations have equal access to the interventions and information.
- Periodic monitoring of tobacco use be continued to implement the MPOWER policy package.
- Build capacity among health-care providers and create cessation facilities in health care settings as well as in local communities.
- Implement 100% smoke-free policies that cover all public places and workplaces to fully protect nonsmokers from exposure to secondhand smoke.
- Utilize effective anti-smoking media messages and pictorial health warnings on all tobacco products.
- Implement advertising restrictions with effective enforcement which are shown to have a significant impact on reducing tobacco use.
- Raise the price of tobacco products to make it unaffordable to buy tobacco products for the people at large.