



**POLICY STRENGTHENING SMOKING BEHAVIOR SCREENING AND
ACCESS TO YOUTH SMOKING CESSATION SERVICES (UBM) IN SCHOOLS**

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ABSTRACT

The prevalence of smoking among adolescents aged 10-18 years in Indonesia continues to increase every year from 7.2% in 2013 to 9.1% in 2018. SKI data in 2023 shows that the number of active smokers is estimated to reach 70 million people, with 7.4% of them smokers aged 10-18 years. On the other hand, e-cigarette users among adolescents have increased in the last 4 years, rising from 0.3% in 2019 to 3% in 2021. The 2029 RPJMN mandates that the target prevalence of smokers aged 10-21 years is 6.9%. Meanwhile, Bappenas projects that the prevalence of adolescent smoking in Indonesia in 2030 can reach 16.96% if efforts to prevent and control smoking in adolescents are not carried out optimally. The impact of smoking behavior is not only on individual health, but also public health, potentially triggering chronic diseases, increasing health costs, and threatening the welfare of future generations, especially the Golden Indonesia in 2045. The purpose of this research is as an effort to plan a follow-up to the development of screening and efforts to quit adolescent smoking in schools that are more innovative and attractive to adolescents. This type of research is qualitative research with a case study research design using a policy alternative analysis matrix. There are 17 references used. The stages of the Systematic Literature Review are divided into 4 stages, namely Planning (designing review questions and planning methods), Data Collection (keyword search, title and abstract screening, filtering & assessment, data extraction), Analysis Stage (descriptive and thematic analysis), then ending with Synthesis (discussion). By synthesizing research results through a systematic review approach and presenting them in the form of actionable messages (policy brief and policy paper), more conclusive, comprehensive and balanced facts can be conveyed to stakeholders.

Keywords: adolescents; efforts; police; screening; smoking behavior; smoking cessation

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INTRODUCTION

Nationally, the prevalence of smoking among Indonesians aged > 10 years is quite high, reaching around 28.8% (Riskesdas, 2018). Indonesia ranks third as the most smokers after China and India (Tobacco Atlas, 2020). The increase in the prevalence of smoking mentioned above is accompanied by an increase in smoking behavior in adolescents aged 10-18 years (Elon, 2019). There has been a significant increase in the prevalence of smoking among adolescents aged 10-18 years, from 7.2% in 2013 to 9.1% in 2018 (Riskesdas 2013, 2018). SKI data in 2023 shows that the number of active smokers is estimated to reach 70 million people, with 7.4% of them smokers aged 10-18 years. Meanwhile, e-cigarette use among adolescents has increased in the last 4 years, rising from 0.3% in 2019 to 3% in 2021 (GATS 2021). Bappenas estimates that by 2030 it can reach 16.96% if efforts to prevent and control

smoking in adolescents are not carried out optimally. Smoking behavior among adolescents (ages 10-18 years) is a serious challenge that is faced not only in Indonesia, but also around the world. According to the World Health Organization (WHO), more than 90% of adult smokers have started smoking before the age of 18. Meanwhile, surveys conducted in various countries show that about 1 in 10 adolescents aged 13-15 years have smoked tobacco. Meanwhile, smoking behavior is a very bad behavior of a person seen from a good perspective for oneself and others (Putri, 2021).

The increase in cigarette consumption, both conventional cigarettes and e-cigarettes, is a serious threat to the health and quality of human resources because it tends to be seen more in children and adolescents (Gunawan, 2024). The majority of smokers in developed and developing countries are men reaching 50% and 35%, respectively. Meanwhile, female smokers in developed countries are 22% higher than in developing countries (Jatmika, 2018). The age group of children and adolescents is a priority development policy target in the context of preparing for Golden Indonesia 2045, children as the foundation of the future need to be protected from any threat, to prepare quality human resources, including the dangers of cigarettes. Therefore, there is a need to improve the protection of the younger generation from the dangers of smoking, so that all impacts due to smoking can be reduced (Hidayat, 2021).

Smoking behavior in adolescents not only has an impact on individual health, but also has long-term consequences on public health (Seko, 2020). The implications of smoking at a young age have the potential to pose a risk of chronic diseases that can threaten the well-being of future generations. Therefore, a deep understanding and concrete steps taken by the government, health institutions, and the entire community are crucial in handling the problem of adolescent smoking, both locally and globally. The purpose of this research is as an effort to plan a follow-up to the development of screening and efforts to quit adolescent smoking in schools that are more innovative and attractive to adolescents.

METHOD

This type of research is qualitative research with a case study research design using a policy alternative analysis matrix. There are 17 references used. The stages of the Systematic Literature Review are divided into 4 stages, namely Planning (designing review questions and planning methods), Data Collection (keyword search, title and abstract screening, filtering & assessment, data extraction), Analysis Stage (descriptive and thematic analysis), then ending with Synthesis (discussion). By synthesizing research results through a systematic review approach and presenting them in the form of actionable messages (policy brief and policy paper), more conclusive, comprehensive and balanced facts can be conveyed to stakeholders.

Table 1.
Policy Alternative Analysis Matrix

Alternatif	Acceptance	Effectiveness	Acceptability	Legal Suitability	Total
	15%	25%	50%	10%	
Improving smoking behavior screening and access to adolescent smoking cessation efforts (UBM) services in educational institutions	8 (1,2)	9 (2,25)	9 (4,5)	9 (0,9)	8,85
Optimizing the role of school health enterprises in educational institutions both in schools and madrasas	8 (1,2)	7 (1,75)	8 (4)	8 (0,8)	7,75
Implementing sanctions against adolescents who smoke in educational institutions	7 (1,05)	7 (1,75)	7 (3,5)	8 (0,8)	7,1

RESULT

Through the evaluation process using a matrix of alternative policy analysis, namely: acceptance, effectiveness, accessibility, and legal suitability. Offered 3 alternative policies, as follows:

1. Improve smoking behavior screening and access to adolescent Smoking Cessation Efforts (UBM) services in educational institutions.
2. Optimizing the role of School Health Enterprises (UKS) in efforts to prevent and control adolescent smoking in schools.
3. Apply sanctions to adolescents who smoke in educational institutions through the application of rules related to the criteria of requirements and the revocation (sanction) of social assistance of education funds.

DISCUSSION

The problem of the prevalence of smoking in adolescents in Indonesia is a concerning issue that requires serious attention from the government and the public. Some of the factors that cause the high prevalence of smoking in adolescence include the role of educational institutions that are still not optimal, peer pressure, lack of supervision from parents, and aggressive promotion from the cigarette industry. The government has implemented several policies to address this problem. One of them is the ban on smoking in public places which aims to protect the public from the dangers of cigarette smoke. In addition, the government has also conducted anti-smoking campaigns and provided counseling and rehabilitation services for active smokers. However, the current situation shows that the prevalence of smoking in adolescence is still quite high. Data and facts show that there are still many teenagers who start smoking at a very young age. SKI data in 2023 shows that the number of active smokers is estimated to reach 70 million people, with 7.4% of them smokers aged 10-18 years. Meanwhile, e-cigarette use among adolescents has increased in the last 4 years, rising from 0.3% in 2019 to 3% in 2021 (GATS 2021). This shows that existing policies are not effective enough in reducing the number of smoking in adolescents.

By considering the analysis of the situation and the relationship between government policies and the conditions that occur, and considering that healthy and intelligent children and adolescents are a large state investment in achieving a Golden Indonesia in 2045, an appropriate, measurable policy is needed in the implementation of efforts to prevent smoking behavior in adolescents by focusing on the problem of "The Role of Educational Institutions in Efforts to Prevent Adolescent Smoking Behavior in Indonesia" is not optimal. Based on the root of the problem analysis, it was identified that there are 4 (four) interrelated problems that cause the Not Optimal Role of Educational Institutions in Efforts to Prevent and Control Adolescent Smoking Behavior in Indonesia, namely (Manan *et al*,2020):

1. Screening of adolescent smoking behavior in educational institutions has not been carried out optimally
2. The access service for Smoking Cessation Efforts (UBM) in educational institutions has not run optimally
3. Sanctions for adolescent smoking behavior in educational institutions have not been optimally applied.
4. The role of School Health Enterprises in educational institutions in efforts to prevent and control adolescent smoking behavior has not been implemented optimally.

Policy Brief

The main recommendations that need to be made are to Improve Screening of Smoking Behavior and Adolescent Smoking Cessation Efforts Services in Educational Institutions. This recommendation was given to the Ministry of Health, the Ministry of Primary and Secondary Education, the Ministry of Religion and the Ministry of Home Affairs.

The follow-up plans that need to be carried out are:

A. Strengthening Screening of Adolescent Smoking Behavior in Schools (Lorincz *et al*,2020):

1. Conducting educational movements on the impact of the dangers of conventional smoking and e-cigarettes to students
2. Provide strict sanctions for students who are known to smoke
3. Support of teachers to identify parents of students who smoke to conduct non-smoking interventions indoors
4. Preparing Teachers as Smoking Cessation Counselors
5. Prepare a CO Analyzer or saliva kit to screen students at school, whether they smoke or do not smoke
6. Carry out smoking behavior screening in collaboration with health centers in their areas
7. Create a smoking cessation app/chatbot
8. Distribute no-smoking stickers at home to parents or families of students who smoke

B. Strengthening Access to Adolescent Smoking Cessation Efforts (UBM) Services in Schools (Ardhianto *et al*,2024):

1. Forming anti-smoking ambassadors in schools as liaison agents to get smoking cessation services
2. Prepare flyers or educational media to quit smoking
3. Creating a Podcast on social media about the adverse effects of cigarettes on health and the existence of UBM services
4. Schools and health centers collaborate in the implementation of Smoking Cessation Efforts services
5. Support for parents whose children are smokers to participate in smoking cessation efforts services

C. Develop a model for the implementation of smoking behavior screening and smoking cessation efforts services in schools that are more attractive, so that they are more in demand by adolescents (Galor *et al*,2023).

D.The ranks of the Puskesmas and the School cooperate in the development of the implementation of smoking behavior screening and Smoking cessation efforts services for adolescents who smoke (Boyce *et al*,2021):

1. Screening of smoking behavior can be done in schools facilitated by health center staff and educators
2. smoking cessation efforts services can not be carried out at the Puskesmas, but also can be encouraged in schools with guidance from Puskesmas staff to educators in schools
3. Health education related to smoking prevention and control can be carried out in schools with the guidance of Puskesmas personnel. Attractively packaged according to the goals of school teenagers.

E. Integrating screening and UBM services for adolescents in healthy school programs, KTR in schools, PHBS in schools, Trias UKS, scouts creatively so as to attract the interest of teenagers.

CONCLUSION

Efforts to Prevent Smoking Behavior in adolescents are carried out by increasing Smoking Behavior Screening and access to Smoking Cessation Efforts (UBM) services in schools, by emphasizing follow-up plans to the development of Screening and UBM for adolescents in schools that are more innovative that can attract adolescents. Suggested alternative policies are: (1) Increasing screening and efforts to stop adolescent smoking in educational institutions, (2) Optimizing UKS in the prevention and control of smoking in schools and (3) Implementing sanctions for adolescents smoking in educational institutions. The policy recommendations chosen are Improving Screening and Efforts to Quit Adolescent Smoking in Educational Institutions. Recommendations were submitted to the Ministry of Education and

Culture, the Ministry of Religion and the Ministry of Home Affairs, emphasizing follow-up plans to develop screening and efforts to stop adolescent smoking in schools that are more innovative and attractive to adolescents.

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<https://link.kemkes.go.id/multi/Links/lists/SKRININGANAKSEKOLAH2023>

Juknis UBM:
<https://drive.google.com/file/d/19v1lwJYTRY70Bm9atcFkWO9akt3WKtv/view?usp=drivesdk>