



BLOKIR IKLAN DAN PEMBATASAN PEMBELIAN ROKOK SEBAGAI SOLUSI PENURUNAN PREVALENSI MEROKOK DI INDONESIA

Alfonsus Dion Sukmadi¹, Augustin Rina Herawati², Ida Hayu Dwimawanti³

¹Master of Public Administration, Faculty of Social and Political Sciences, Diponegoro University, Semarang, Indonesia

²Master of Public Administration Departement, Faculty of Social and Political Sciences, Diponegoro University, Semarang, Indonesia

E-mail: alfonsus.dion.sukmadi@gmail.com

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Abstract: Results of the Global Adult Tobacco Survey (GATS) in 2021 shows that Indonesia has the highest number of male smokers in the world and the third largest number of smokers in the world after India and China. During 2012-2022 Indonesian government will increase the Tobacco Products Duty almost every year to reduce the growth rate of smokers as well as provide income to the state treasury. However, the suppress still not optimal enough as a result of estimated state spending, especially for health care due to smoking, which exceeds state income from cigarettes and tobacco. This paper examines ad blocking and restrictions on purchasing cigarettes as a solution to reducing smoking prevalence in Indonesia. This paper applies descriptive qualitative methods and netnography methods that the researchers carried out by means of observations on YouTube social media as well as field observations in the city of Semarang, as well as online interviews using the WhatsApp application media with cigarette sellers in the city of Semarang as informants. This paper shows that cigarette advertising is very influential in increasing the number of smokers, especially among child smokers. The implementation of the smoking ban which has been regulated in Government Regulation Number 109/2012 concerning Safeguarding Substances Containing Addictive Tobacco Products for Health is also considered less than optimal. The implications of this finding both demand and encourage the government to be able to immediately issue regulations in order to block advertisements and at the same time control and limit the sale of cigarettes to children and/or youth in a systematic way, for example by utilizing the PeduliLindungi application which is considered quite successful in controlling the COVID-19 pandemic. in the past 2020-2021.

INTRODUCTION

The Millennium Development Goals/MDGs that have been jointly set by the nations of the world have been considered successful in halving extreme poverty in the world. The 2030 Agenda for Sustainable Development Goals/SDGs, as a continuation of the MDGs has 17 goals/main objectives of the new development agreement which encourages changes that shift towards sustainable development based on human rights and equity to promote social development, economy and environment. Cigarette is the crucial issue that is faced not only by Indonesia, but also by the world community, which is mainly reflected in goal number 3, namely health-related goals and further details elaborated in indicator 3a, namely tobacco control. Issues related to smoking also arise and are spread across several indicators in 16 of the 17 objectives of the SDGs 2030 Agenda.

The issue of smoking is considered crucial because a cigarette contains many deadly compounds. Call it hydrogen cyanide, can prevent the body from using oxygen properly and can harm the brain, heart, blood vessels, and lungs. There are also other compounds that are no less dangerous, starting from those identified as triggering cancer (which are carcinogenic), such as tar (can trigger lung cancer, oral cancer, and emphysema) and arsenic (trigger skin cancer, lung cancer, urinary tract cancer, cancer kidney, and liver cancer) as well as other harmful compounds such as carbon monoxide (causing fatigue, decreased muscle and heart function), nicotine, benzene, formaldehyde, cadmium, and ammonia (Dirjen Yankes, 2022). The content of these hazardous substances is proven not to be directly harmful to the body. There have been many studies that show that cigarettes containing very small amounts of these substances are not dangerous enough and are not directly related to death. Even research by (Choi et al., 2015) has justified that smoking can be beneficial for health, especially mental because it can release stress. On the other hand, research against smoking has been carried out quite intensively, including by Dai Xiaochen et al which is a tertiary study on a systematic review of literature circulating until May 2022 (Dai et al., 2022) which revealed that smoking is more detrimental to health, especially in the long term. Dai Xiaochen et al also said that the current increasing burden of disease is strongly suspected to be caused by smoking, especially in low- and middle-income countries. The term prevalence is widely used and is found in articles related to smoking, smoking habits and their implications. According to the scientific definition, prevalence is the proportion of the population that has certain characteristics in a certain period of time. In the world of medicine, the characteristics referred to include disease or risk factors.

Indonesia is the only country in Asia that has neither ratified nor signed the World Health Organization Framework Convention on Tobacco Control (WHO FCTC). The WHO FCTC is the world's first modern global public health treaty that requires Parties to adopt a comprehensive set of measures designed to reduce the health and economic impact of tobacco. According to WHO data, since the signing of the FCTC was first carried out by 168 countries in the period between 2003-2004. As of the end of 2021, 177 countries have declared that they are parties to the FCTC through the FCTC ratification or accession mechanism, plus 9 countries that have signed but have not yet ratified the FCTC. Meanwhile, there are only 8 WHO member countries that have not signed and have not acceded to the FCTC, namely: Andorra, Liechtenstein, and Monaco (Europe); Zimbabwe, Malawi, Somalia, and Eritrea (Africa) and Indonesia (Asia). It can be interpreted that smoking prevalence is a crucial matter that needs to be addressed by the Government of Indonesia, although according to Hikmahanto (Hikmahanto Juwana, 2016) ratifying the

FCTC alone will not have an impact on what is regulated. To see the effectiveness of law, law should not be reduced to rules. There is another dimension that is important to pay attention to so that the law can work effectively, namely the reliability of law enforcement officers and the attitude of society towards the law.

The results of the 2022 Global Adult Tobacco Survey/GATS reveal that Indonesia has the highest number of male smokers in the world (Kementerian Kesehatan, 2022c). GATS strengthens countries capacity to design, implement, and evaluate tobacco control programs.

Besides being the highest male smoker in the world, Indonesia is also the third largest in the world after India and China. During the last 10 years there has been a significant increase in the number of adult smokers by 8.8 million people, from 60.3 million in 2011 to 69.1 million smokers in 2021 (Kementerian Kesehatan, 2022a).

These results are not encouraging achievements or figures. On the one hand, an increase in the number of smokers will certainly increase the consumption of cigarette products which will also increase state income, but the Minister of Finance Sri Mulyani stated that the country still suffers losses caused by smoking (CNBC Indonesia, 2022). The first loss is IDR 15 trillion per year which is used for smoking-related diseases. This amount is almost 10% of cigarette excise revenue in 2020 of IDR 170 trillion. The second loss is from the projected economic cost of losing productive years due to smoking-related diseases reaching IDR 374 trillion in 2015 (CNBC Indonesia, 2022). If this continues, it is feared that the increase in the number of smokers will become a burden on state finances.

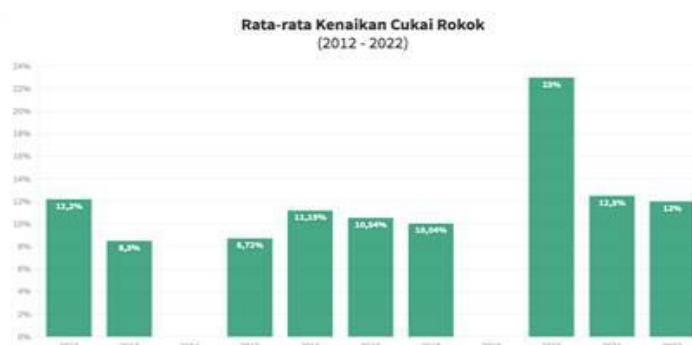


Figure 1. The average increase in CHT during 2012-2022 (Data Indonesia, 2022).

The central government does not remain silent and has made efforts to suppress and reduce the number of smokers in Indonesia. As shown in Figure 1, during the period 2012 to 2022 the government continues to increase excise on tobacco products (Cukai Hasil Tembakau/CHT). The increase in CHT aims to control cigarette consumption, with an increase in CHT it is expected to increase the selling price of cigarette products which will ultimately reduce or stop consumption of these cigarettes. This policy does not only consider health issues, but also the issue of protecting workers, farmers and the cigarette industry (Indonesian data, 2022).

The increase was not effective enough as evidenced by the continued increase in the number of smokers. Increasing CHT seems to be the government's solution for the next few years (Bisnis Com, 2022b). For this reason, this research was conducted with the aim of finding the root causes of the significant increase in the number of smokers, finding several alternative solutions and then providing recommendations to stakeholders of the Central Government of the Republic of Indonesia to reduce the number of smokers in

Indonesia. We should be vigilant and need to take action immediately in order to reduce the number of smokers in Indonesia. This action should be done so that the number of smokers does not continue to increase. These policy recommendations are expected to become part of policies that are protective of the health of the Indonesian people. Researchers hope to be able to contribute ideas, suggestions, and recommendations on policies that have been and may be pursued.

RESEARCH METHODS

This research is a policy analysis research that has been, has not been and should have been taken by the government on the smoking issue that has occurred. The research was conducted using qualitative methods and netnographic methods. Sugiyono (Sugiyono, 2013) said that qualitative research methods are research methods used to examine natural object conditions, where researchers are key instruments, data analysis is inductive, and qualitative research results emphasize meaning rather than generalization.






In addition, this research also uses the netnographic method (Bakry, 2017), which is a way to conduct anthropological research via the internet, using publicly available information which everyone is free to share via social media. Netnography covers multiple disciplines online; such as content analysis, "text mining" from unexplored anonymous knowledge, creating stories by "word of mouth", ethnography and observational research. Compared to traditional ethnography, netnography tries to bring the human element back into a highly delocalized and intangible experience, which includes indirect human-to-human communication through digital means.

RESULT AND DISCUSSION

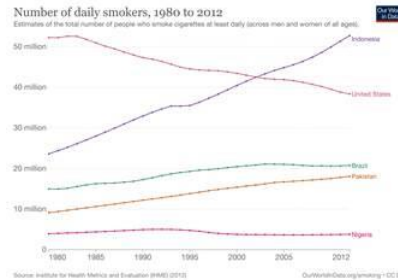
In order to find the main root causes of the significant increase in the number of smokers in Indonesia, researchers need a set of systematic analysis. Five whys (or 5 'why') is a repetitive interrogative technique used to explore the cause-and-effect relationships that underlie certain problems introduced by Taiichi Ohno in the 1980s (Serrat, 2009). The main goal of this technique is to determine the root cause of a problem by repeating the question "why?" five times. The fifth answer should be able to reveal the main root cause of the problem. In practice, although often used in root cause search, it is a fairly poor root cause analysis tool, because root cause analysis is very rarely linear, there is seldom one root cause, and rarely there are exactly five problems leading to the root cause.

The first five whys that need to be asked is "why is the number of smokers in Indonesia increasing?". In order to answer this question, the author needs to look at data on the development of the number of smokers in Indonesia. From the GATS Survey over the past 10 years there has been a significant increase in the number of adult smokers by 8.8 million people, from 60.3 million in 2011 to 69.1 million smokers in 2021 (Kementerian Kesehatan, 2022c). For the previous year's data, the researcher used data from the Our World In Data website <https://ourworldindata.org/grapher/number-of-total-daily-smokers?time=1980..2012&country=IDN~USA~PAK~BRA~NGA> by comparing 5 countries with a total population close to the total population of Indonesia, namely the United States, Pakistan, Nigeria, and Brazil.

Figure 3 shows a sharp contrast between the United States and Indonesia graphs, where the number of smokers in the United States tends to decrease from year to year, in contrast to Indonesia which tends to increase.

 United States of America (USA)	337,004,918	4.20%
 Indonesia	281,876,078	3.51%
 Pakistan	231,795,291	2.89%
 Nigeria	219,052,696	2.73%
 Brazil	217,218,939	2.71%

Gambar 2. United States, Indonesia, Pakistan, Nigeria, and Brazil Total Population Projection (Oktober 2022)



Gambar 3. Numer of smokers in United States, Indonesia, Pakistan, Nigeria, and Brazil (1980-2012)

From the Indonesian population census, it was recorded that population growth per year during 2010-2020 averaged 1.25 percent, slowing compared to the 2000-2010 period which was 1.49 percent (BPS, 2021). However, from the data on the number of smokers, the annual average increase is 1.32 percent, there is a 0.07 percent difference which is quite striking between population growth which is 1.25 percent and the annual average increase in the number of smokers of 1.32 percent.

The second five whys come from the answers to the previous questions that still need to be refined, namely what needs to be asked next is "why is the average increase in the number of smokers in Indonesia greater than the average increase in Indonesia's population growth?". To answer this, it is very possible to increase the number of smokers, not only adults, but also children. Research in 2018 in Surakarta (Huda, 2018) of school children aged 14-16 years found 4 out of 10 children who smoked, this is in line with the Global Youth Tobacco Survey (GYTS) from WHO in 2019 which released 19 percent of children in Indonesia smoke (Center for Disease Control, 2019). The same thing was also acknowledged by the Ministry of Health that the prevalence of child smokers continues to increase every year, in 2013 the prevalence of child smokers reached 7.20%, then rose to 8.80% in 2016, 9.10% in 2018, 10.70% in 2019. If not controlled, the prevalence of child smoking will increase to 16% in 2030 (Kementerian Kesehatan, 2022b). The Central Statistics Agency/BPS in 2021 released Indonesia's Dependency Ratio Figure for children 0-14 years in 2021 of 35.4 percent, which means there are around 9 million people (Badan Pusat Statistik, 2021a). In addition, according to the results of the 2021 Susenas, the estimated number of youth (aged 15-30 years) is 64.92 million people or almost a quarter of the total population of Indonesia (23.90 percent) (Badan Pusat Statistik, 2021b).

The third five whys that need to be asked as a series of root cause searches is "why is the number of child smokers in Indonesia increasing?". To answer this, there has been a study from the University of Indonesia that children can easily buy cigarettes, and even 25 percent of street children's income is used up to buy cigarettes (Republika Online, 2022).

From the previous three five whys, researchers have started to get a vision on the root cause of the increasing number of smokers in Indonesia. So the fourth thing that needs to

be asked next is "why can children in Indonesia buy cigarettes?" Presumably this question needs to be looked at from several aspects and contexts, bearing in mind that children under the age of 18 have been prohibited from buying cigarettes through Government Regulation Number 109 of 2012 concerning Control of Materials Containing Addictive Substances in the Form of Tobacco Products for Health.

No Restrictions on Purchasing Children's Cigarettes

The absence of restrictions on buying cigarettes for children is the first source of problems, even now the price of cigarettes is getting more expensive with the increase in CHT which is prepared to be a barrier to entry that can be easily manipulated by buying only one cigarette rather than one box/pack which makes it easier for children with limited money buys more cigarettes. From the researchers observations and online interviews with cigarette sellers in the city of Semarang, it was found that children of primary and secondary school age still buy cigarettes in retail easily from stalls or other small traders. The increase in cigarette prices has indeed reduced the number and intensity of purchases, and sometimes switching to cheaper cigarette products. This is in line with the GYTS survey in 2019 (Center for Disease Control, 2019) which revealed that 3 out of 4 child smokers have access to buying cigarettes from stalls or street sellers.

The large difference in tobacco product excise rates (CHT) between groups in the CHT tariff structure results in low-priced cigarettes. Consumers are also free to choose to buy cheap cigarettes according to their means, including child smokers. Researcher at the Center for Social Security Studies (PKJS) at the University of Indonesia (UI) Risky Kusuma Hartono (Bisnis Com, 2022a) gave an example, the difference in excise rates between group 1 and below for machine-rolled kretek cigarettes is still wide. "The difference between the two rates is IDR 385 per stick. If there are 16 sticks in 1 pack of cigarettes, then the difference in excise rates is (Rp. 385 X 16 sticks) Rp. 6,160. This doesn't include VAT, so the range of price differences is even higher," Not to mention, this product is also subject to a 10 percent cigarette tax for the region, so that the total difference in tax can reach IDR 8,000/pack. Risky said that the CHT policy which fostered the phenomenon of cheap cigarettes was not in line with the spirit of the main goal of excise, namely controlling cigarette consumption. If we look further, at the consumer level, variations in the price of these cigarettes can reach Rp. 10,000. "Smokers can still freely buy cheaper cigarette products even when cigarette prices rise,". In essence, children are still able to buy cigarettes even though the excise rate is increased every year. Therefore, Risky recommended the government to review the current tobacco excise tariff structure to prevent more cheap cigarettes from circulating in the market, including accelerating the reduction of the CHT tariff structure layer.

In the September 2022 study (ProTC, 2022) concluded that cigarettes are still easily accessible to street children (children living in the street/homeless) accompanied by various detrimental consequences. Among them, part of the street children's income is used up to buy cigarettes, there are alternative cheap cigarette products when the price of cigarettes goes up which makes some children decide not to quit smoking, and education on controlling smoking behavior in children becomes less effective due to the low price of cigarettes. In addition, there is a decline in health, economic losses, and poverty traps for street children due to smoking behavior.

Low Public Awareness of the Dangers of Smoking

Low and lack of public awareness regarding the dangers of smoking is the second source of problems. People feel that they are still ignorant and tend to let people smoke,

according to online interviews between researchers and cigarette traders in Semarang. This is exacerbated by the absence of disciplinary enforcement on smoking bans by the government and related agencies. The GYTS survey in 2019 also revealed the fact that 3 out of 5 buyers under the age of 18 are not prohibited from buying cigarettes (Center for Disease Control, 2019).

Referring to the Child Protection Act Number 35 of 2015, children are defined as those who are in the age range in the womb to 18 years old. In society it is sometimes easier to define children according to school groups, namely pre-school, elementary, junior high and high school children. Sociologist from the United States, Talcott Parson, said that young people cannot be easily categorized biologically and universally because youth entities are the result of social construction that can change depending on the dynamics of space, time and certain situations.

The definition of children and young adolescents is strongly influenced by the prevailing and dominant social constructs. Young people have specific category boundaries, which vary by culture, policy, and country. The social structure of society, political ideology, or the economic system adopted by the state plays a role in the formation of youth subjects. Indonesian society in general defines the age of children differently and sometimes conflicts with legal constructions. For example, in terms of the use of alcohol, our society will strictly prohibit them from consuming it because they think they are still children. However, in the case of, for example, the marriage of children under the age of 18, some people consider this to be normal.

The same thing also happens in the context of smoking (Yayasan Lantera Anak, 2022). Our society does not fight smoking in children. For some Indonesian people, children who smoke are not dangerous. The results of a 2020 Children's Lantera survey of stall sellers found that the majority of respondents stated that they had never sold cigarettes to children in their stall. However, when asked again whether they had ever sold cigarettes to students wearing elementary, junior high and high school uniforms, 96 percent of the respondents answered "yes". This confirms that our society defines the age of children who are not allowed to smoke are children who are at pre-school age. Meanwhile, those who are already at school or attending elementary, junior high, and high school can easily access cigarettes.

This condition is exacerbated by the common sight of many parents ordering their children to buy cigarettes at the shop. In fact, parents who order their children to buy cigarettes are tantamount to introducing cigarettes to their children (inikebumen, 2018).

The family has a major contribution in shaping a child's behavior. Smoking habits in parents can make their children think that smoking is something that is not prohibited. This is further strengthened by the fact that there is no prohibition from parents if their child smokes. Parents are the first education that is natural, and the function of parents is to maintain, care for and protect children in the process of specialization so that children are able to control themselves and have a social spirit. The role of parents here is to educate and protect children from bad influences in their environment, including in this study smoking behavior that can be formed from association with friends, the environment, and advertisements circulating in society. The behavior of both parents will be used as a reflection or description of the child's behavior. When there are family members such as fathers and older siblings who smoke, children will tend to imitate this behavior. Family parenting style is also very influential on children's smoking behavior. Teenagers with smoking parents tend to smoke in the future, this happens at least due to two things, first,

the teenager wants to be like his father who looks dashing and mature when smoking. Second, because these teenagers are used to cigarette smoke at home so they easily switch to becoming active smokers (Machini, 2015).

Effects of Cigarette Advertising

Advertising in the mass media will directly or indirectly influence individuals, from buying interest to mindset. For an adult who is media literate, exposure to advertising in the media may not affect him too much. However, for teenagers who do not have enough knowledge in terms of media literacy or filtering information, it will affect. Cigarette advertisements have been packaged in such a nice, masculine, cheerful, even exclusive way, to impress people that smoking makes them look cool, manly, classy and that is how many people perceive it nowadays. (Lusri Virga, Study Program, Communication, Sunan, & Yogyakarta, 2017)

From the observations of researchers, in order to attract more consumers, cigarette manufacturers have a reliable method. Various advertisements in the form of billboards, posters and advertisements in electronic media are displayed with the intention of stimulating consumers to try the products they are advertising. Apart from playing a role in changing perceptions, advertising can be the main media source for adolescents in obtaining information about smoking.

There is quite a lot of evidence that young people can easily accept and perceive tobacco advertisements and when exposed to tobacco advertisements and promotions have a higher tendency to smoke (Nurjanah, 2020). A 2011 Cochrane review concluded that longitudinal studies consistently show that exposure to tobacco advertising is related to the likelihood that teens will start smoking. Further evidence suggests that young children understand that tobacco promotion is promoting smoking rather than branding. Given this well-established link between advertising and smoking, several countries have banned all forms of outdoor tobacco advertising, namely the United States in 1998, the United Kingdom in 2003, and Sri Lanka in 2006.

A study related to cigarette advertisements in Semarang City from Gajahmada University (Nurjanah, 2020) shows that there are quite a lot of advertisements with a 45 percent higher density of outdoor tobacco advertisements in an area 100 m from schools, compared to within 100–300 m of schools in Semarang City. These results are similar to studies from high-income countries such as the United States, which show that outdoor tobacco advertising is most intense in areas close to schools. In addition, these studies demonstrated higher densities of 70% and 51% in an area 100 m from primary schools (usually ages 6-12 years) and high school schools (ages 16-18 years), respectively. Also, advertisements (64% of the total) and 964 advertisements (28%) are within 300 m (i.e., a short walk) of an elementary and high school, respectively.

This finding is important for two reasons. First, primary schools are dominant in number (eg, 562 schools or 57% of the total), indicating a higher potential for exposure to cigarette advertisements for many children. Data shows that smokers in Indonesia are getting younger, including a well-known and viral 2-year-old smoking child from Sukabumi.

Second, high school students are more likely to experiment with smoking cigarettes, which makes them more vulnerable to exposure from tobacco advertisements. Additionally, 3028 ads (87% of the total) were on medium to large sized banners and billboards, which are more likely to be remembered. Also, most of the advertisements come from national tobacco companies, the most prominent being tobacco companies, with

aggressive and attractive marketing strategies, especially towards young people. The results of the study also show a fairly large hotspot in the area where 378 schools (39% of the total) are located. These hotspots are proven to be located in densely populated areas and have higher poverty rates. This could contribute to increased tobacco use among the poor, including young people.

Indonesia is the only country in Southeast Asia that does not have an outdoor tobacco advertising ban. This is most likely due to interference from the biggest corporate lobby in Indonesia. This lobbying can also be felt and cannot be ignored, it happened in the Kanjuruhan Tragedy which killed more than 130 people, which recently became the public spotlight, even the world. The new findings, the Joint Independent Fact-Finding Team (Tim Gabungan Independen Pencari Fakta/TGIPF) reported the suspicion that the Arema Vs Persebaya match was held at night because of cigarette advertising provisions. The Malang Police had previously asked for the match to be brought forward to the afternoon. "We also heard someone say that maybe one of them accommodates cigarette advertisements that only start at 21.30 WIB, for example," said TGIPF member Rhenald Kasali at the Kemenko Polhukam office, Central Jakarta (detik.com, 2022).

Interested Organizations

The government (especially central government) is the organization that has the most interest in increasing the number of smokers in Indonesia. Apart from being predicted to be a burden to the Indonesian economy, the government is the only organization that is seen as having all the necessary resources in order to deal with the increasing number of smokers in Indonesia. The government has human resources spread across all ministries, especially the Ministry of Health and the Ministry of Finance. The government also has the power to regulate through regulation.

In order to change the culture and denormalize smoking, it must start with the existence of socially and structurally strong policies that are strictly implemented and monitored. Indonesia already has a regulation PP 109/2012 concerning Safeguarding Substances Containing Addictive Tobacco Products for Health. However, after 10 years of implementation, the implementation of this regulation still fails to protect children, given the fact that child smokers are increasing. The regulations clearly state that there is a prohibition on selling cigarettes to children and a prohibition on ordering children to buy cigarettes, but this policy positions children as passive agents, with children deemed unable to access cigarettes. In fact, it's still easy for children to buy cigarettes—with many parents still telling their children to buy cigarettes.

PP 109/2012, which should be an umbrella to protect children from becoming smokers, is still leaking because it has not yet regulated the factors that affect child smoking, namely the normalization and toxic masculinity of cigarettes through advertising, promotion and sponsorship of cigarettes, sales of cigarette sticks, and the ease of buying cigarettes by child. If this continues, Indonesia will continue to be a smoker's paradise.

The poll results in the Tempo.co Indicators rubric for the period July 11-July 18 2022 show that the majority of respondents (78 percent) want the government to make strong regulations to protect children who become smokers. This fact shows that public awareness of the protection of children from smoking is still quite high. They hope the government can intervene in the factors that cause children to smoke by making a firm policy to protect children from smoking.

Revenue Sharing Fund (DBH) is a fund allocated in the State Revenue and Expenditure Budget (APBN) to regions based on a certain percentage of state revenue to fund regional needs in the context of implementing decentralization. Meanwhile, the Revenue Sharing Fund for Tobacco Products Excise (Dana Bagi Hasil Cukai Hasil Tembakau/DBH CHT) is part of transfers to regions that are distributed to excise-producing provinces and/or tobacco-producing provinces.

DBH CHT is a fund from the State Budget with a certain percentage allocated to excise and/or tobacco-producing regions to support the national health insurance program, especially to increase the quantity and quality of health services and to restore the economy in the regions. DBH CHT is used to fund programs to improve the quality of raw materials, industrial development, social environment development, dissemination of provisions in the excise sector, and/or eradication of illegal excisable goods.

Most of the allocation of DBH CHT is for health purposes. Data from the Ministry of Finance in 2019 DBH CHT worth IDR 3.17 trillion has been budgeted by the local government for the five programs regulated in Law No. 39 of 2007 concerning excise. In 2019, activities in the health sector are still a priority where the regions budget a portion of 59.6% of the total DBH CHT budget allocation. In percentage terms, this amount exceeds the realization of the 2018 DBH CHT for health which reached 59.5%. In 2018, the realization of CHT DBH which was used for the health sector reached 59.5% of the total realization (exceeding the 50 percent requirement). The total realization of the 2018 CHT DBH was IDR 2.9 trillion, which was predominantly used for social environmental development programs (which included programs for health) of 88.4% followed by programs to improve the quality of cigarette and tobacco raw materials by 9.1%. Besides that, the DBH CHT is also used for industrial development, dissemination of provisions in the excise sector and eradicating illegal excisable goods (BKC). Putut explained the mechanism for allocating DBH CHT budgeted from the center. However, the use of DBH CHT is left to the regions and must refer to 5 activity programs that have been regulated in laws and regulations (UU 39 of 2007 and its implementing regulations) (Bisnis Com, 2019).

CONCLUSION

From the discussion and discussion above, the researchers provide suggestions and recommendations to the government to immediately implement a policy to ban cigarette advertisements. According to researchers, cigarette advertisements, especially outdoor cigarette advertisements, are the main things that must be immediately banned nationally. Researchers advocate for an effective national ban on the promotion of all tobacco outdoors so as to reduce the potential exposure to tobacco from advertising among young people. Or at least advertisements around schools and other areas inhabited by young people within a 1km radius.

The next recommendation from the researcher is to limit the purchase of cigarettes. This restriction applies not only to child buyers, but also to adult buyers. The regulations clearly state that there is a prohibition on selling cigarettes to children and a prohibition on ordering children to buy cigarettes, but this policy positions children as passive agents, with children deemed unable to access cigarettes. In fact, it's still easy for children to buy cigarettes—with many parents still telling their children to buy cigarettes. PP 109/2012, which is supposed to be an umbrella to protect children from becoming smokers, is still leaking because it has not yet regulated the factors that affect child smoking, namely the normalization of sales of stick cigarettes, and the ease of buying cigarettes by children.

Researchers suggest that restrictions can be directly integrated with the PeduliLindungi application issued by the Ministry of Health. The use of digital technology in the PeduliLindungi application has started to be effective in monitoring people's movements during the COVID-19 pandemic, but it still needs to be evaluated and improved for its use. Even though the use of the PeduliLindungi application has been implemented in many places such as malls, hotels, tourist attractions, and offices, the number of places that have not implemented this policy is no less. The government also needs to prepare the right solution because Indonesia is still facing problems regarding internet infrastructure. Not all village areas have broadband internet access so that the use of the PeduliLindungi application cannot be maximized. The government needs to provide a method to access applications for users who do not have an internet network and mobile users with 2G technology.

Utilization of the PeduliLindungi application can be combined with a lock on purchasing cigarettes so that buyers who are not allowed to buy, not only children, but adults who should be banned from smoking due to their health conditions, avoid the dangers of smoking because it is no longer possible to buy cigarettes. This is of course also beneficial for the insurance industry, which mostly separates smokers from non-smokers.

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