

Tobacco Cessation through Community Interventions

**Indonesia
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Community Cessation Activities Jakarta – Indonesia

I. INTRODUCTION

Every 10 seconds someone dies of tobacco related diseases. According to World Health Organization (WHO) data, 4.9 million people worldwide died in the year of 2000 as a result of their addiction to nicotine, about half of them prematurely. This huge death toll is rising rapidly, especially in low and middle income countries where most of the world's 1.2 billion tobacco users lives. On the other hand, WHO considers tobacco the single most important cause of preventable death worldwide.

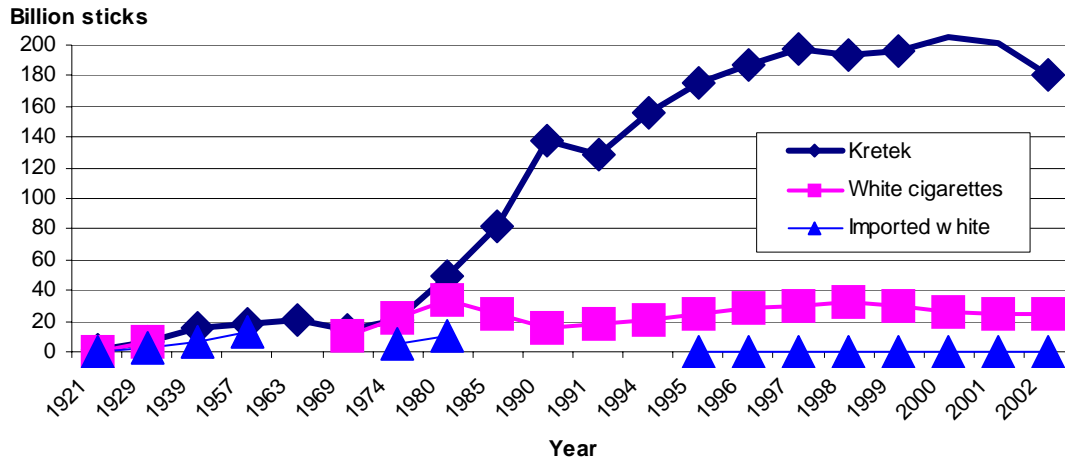
Smoking is an important public health problem in Indonesia. There were 215 billion cigarettes consumed every year in Indonesia, which put Indonesia as the 5th top rank cigarette consumption country in the world. Socio economic survey 2001 found that 62% per cent of Indonesian male and about 1.3% per cent of Indonesian female are smokers. However, smoking among women are increasing, especially in big cities. These figures contributing to a growing burden of non-communicable diseases and enormous demands on the health care system. Tobacco control policies, however, have remained low on the political and public health agenda for many years. One reason was the contribution of tobacco to government revenues and employment, particularly in the industrial sector. But tobacco's importance in manufacturing employment has fallen significantly since the 1970s from 38% of total manufacturing employment compared with 5.6% today. This has given rise to a more balanced view of the costs and benefits of tobacco production and use in more recent years, leading to the passage of the first tobacco control legislation in 1999. Yet, the domestic industry promoted two successive amendments in 2001 and 2003 that gradually weakened the 1999 legislation. Today, few restrictions exist on tobacco industry conduct, advertising, and promotion in Indonesia.

The Spanish introduced tobacco into Indonesia as early as the 1500s. Following a longstanding habit to flavor most consumables, cloves were mixed with tobacco cigarettes in the late 1800s, to create the uniquely Indonesian *kreteks*, or clove cigarettes. Nowadays about 80% cigarettes consumed in Indonesia are *kreteks*. *Kreteks* are comprised of 30-40% cloves, unusual among spices because they contain eugenol used as a local anesthetic in dentistry. Eugenol is considered a possible human carcinogen, and it is closely related to safrole, a weak hepatic carcinogen. Eugenol numbs the throat and allows for deeper inhalation; behaviors associated with smoking *kreteks* include slower smoking and more puffs because the rods of the clove are firmly packed. *Kreteks* sold in Indonesia have between 1.7 and 2.5 mg per stick of nicotine. In addition to eugenol, a single brand of *kreteks* can have hundreds of different additives in its "sauce". The "sauce" makes the tobacco less harsh while maintaining the flavor of a particular brand of cigarettes over time given large variations in leaf quality. Normally during the manufacturing process, hundreds of other chemicals are added to tobacco to ease inhalation and also reduce the amount of tobacco in each stick. In addition to flavorings that enhance taste, additives can include ammonia to increase nicotine absorption and cocoa to dilute airways. While such additives may be safe when ingested, the health effects of inhaling them are not known.

Given its large population and smoking prevalence, Indonesia consumed 182 billion sticks annually. Consumption has increased rapidly since the 1960s, with a 159 %

increase between 1970 and 1980, which coincides with the mechanization of the clove cigarette industry in addition to the extension of national transmigration programs, which shifted large populations from Java island (the most populated island) to the outer islands. Graph 1 below showed cigarette production in Indonesia which increase year by year, especially *kretek*.

Graph 1. Cigarette Production in Indonesia (billion sticks), 1921-2002



Cessation program has not been seriously implemented in Indonesia. The GYTS 2000 data revealed that 80% out of the 24% school children aged 13-15 years in Jakarta who were active smokers expressed their intention to quit, even 91% had ever tried to stop smoking but failed.

In this regard, WHO SEARO had initiated community cessation program activities in several member countries including Indonesia. For Indonesia the activities were held in 2 big hospitals, i.e. Persahabatan (in East Jakarta) and Fatmawati (in South Jakarta), each supervising a number of high schools that are located nearby the hospital, firstly it was planned 5 high schools for every hospitals. Both hospitals are public government own hospital with about 500 beds and 1500 employees located in Jakarta, the capital city of Indonesia. Jakarta metropolitan are divided into 5 cities, i.e North, South, East, West and Central Jakarta

The program in the hospital were held base on belief that , because of its expertise and status, the health personnel has a crucial role to play in influencing health choices. Health personnel's attitude and behavior can make a strong impression on patients and their relatives regarding their smoking habit. Health personnel's advice to stop smoking will get some smokers to at least think about stopping and will prompt others to stop.

II. METHODOLOGY

1. Location of study: East and South Jakarta municipalities

2. Respondents:

- Two state owned hospitals are involved: Persahabatan hospital in East Jakarta and Fatmawati Hospital in South Jakarta

- Hospital respondents are patients and their relatives who come to the hospital as well as families visiting the patients
- It was plan that the two hospital supervises a total of 10 surrounding high schools, 5 under the Persahabatan and 5 under the Fatmawati hospitals
- The school respondents are the whole students community in the particular school, that is class 1 , 2 and 3 in each school, students in age range of 15 to 18 years old.

3. Activities

A. Hospitals

The activities will be carried out by hospital personnel's. There is one field coordinator assigned in each hospital who will report to the principal investigator. The field coordinator is a pulmonologist (lung specialist) in the hospital , assisted by the hospital's health educator and hospital's Chief of Nursing Department.

Activities in each hospital cover :

- a. Preparation meetings
- b. Gain commitment from the hospital's director
- c. Data collection of smoking habit (by questionnaire) and smoking pattern in hospital area
- d. Health education to hospital staff as well as to hospital visitors
- e. Health education activities in hospital area (poster hanging, sound system announcement, banner, brochures dissemination etc.)
- f. Direct counseling to patients and their relatives by hospital nurses.
- g. Monthly monitoring

B. Schools

In the school activities will be carried out by a Non Smoking Students' Task force under supervision of 1 teacher , that is "consulting teacher" or "*Guru BK*". In every school there is 1 teacher who act as a consultant if students have problems in their daily live.

Activities in schools cover :

- a. Preparation meetings
- b. Gain commitment from school masters
- c. Health education to students
- d. Health education activities in hospital area (poster hanging, poster producing competition, banner, brochures dissemination etc.)
- e. Establishing Non Smoking Students' Task Force.
- f. Include parents' organization in these activities
- g. Regular monitoring

III. RESULT

1. Process indicators

Communities who were exposed in the cessation program in the hospital are patients treated in Persahabatan and Fatmawati hospital and their relatives. We also perform a

survey in out patient department hospital visitor (see attachment 1), with total sample at Persahabatan hospital of 108 participants on August 2003 and 88 participants on March 2004, and 54 participants on August 2003 and 57 participants on February 2004 at Fatmawati hospital. The follow up data revealed that there was no difference in percentage of smokers in this 2 occasion times.

In schools, for East Jakarta –under Persahabatan Hospital- we only could cover 3 schools (*SMU 21*-1100 students, *SMU 103* – 600 students and *SMK 26* – 1100 students). On the other hand, in South Jakarta we could cover 4 schools (*SMU 34* – 1200 students, *SMU 66* – 600 students, *SMU Widuri* -420 students and *SMK Pancasakti* – 260 students). Actually we invite 5 schools at the first meeting in each hospitals, but only 3 in East Jakarta and 4 in South Jakarta really participated actively. In East Jakarta, the head of Education office collaborate quite well and perform a meeting with senior high schools in this area on smoking or health with the principal investigator of this project become a speaker.

A. Process

The facilitators in the hospital consist of the pulmonologist working at the hospitals, hospital health educators and nurses. The activities carried out primarily by hospital nurses who work in in-patient wards, each under the supervision of the chief of the respective ward. Before it was planned to include medical doctors as the core team, but during the program run it was found that it is better to use nurses due to several reason :

- nurses were having more frequent contacts with patients
- doctors are usually very busy and do not that interested to this program
- nurses mostly were non smokers

The important feature of this program was the key message that all hospital nurses are requested to:

1. Ask every patients they meet whether they smoke and record their smoking habit
2. Ask every smokers (patients as well as their relatives who come to the hospital) to stop smoking by direct consultation using IEC materials
3. If possible doing follow up whether the patients are still not smoking after returning home.

Kindly inform that ,before this program implemented, this kind of activities were not practiced by our nurses in the hospital in Indonesia.

The process were as follows :

- At the beginning of the program all the supervisors of hospital wards in each hospital (32 in Persahabatan hospital and 35 in Fatmawati hospital) attended a half - day orientation training on smoking problem and cessation technique. During that time IEC material and book also distributed to the nurses to be used in their respective wards.
- The message was further disseminated to their subordinates –i.e. nurses in the ward. In this sense actual activities were taking place where nurses record patient’s smoking habit, ask the smokers to stop smoking and if possible do some follow up
- Monitoring were established through monthly meeting for progress report. Monthly meeting were headed by hospital’s Chief of Nursing Department. During this meeting the program were reviewed and data were collected.

The school cessation program established Non Smoking Students' Task force of 20 students in each school that serve as the core group to influence their peers to stop smoking.

The process were as follows :

- The “consultant teacher” –with a discussion with school’s master- choose 20 students to become a member of No Smoking Task Force students. The criteria include :
 - Not smoking
 - Good relationship with friends
 - If possible they are a quite popular students as well
 - Some of them are the member of student body or young red cross organization in school
- Each task force member received a special training in the hospital including a hospital tour to see patients with smoking related diseases and a special pin as a member
- Monitoring were established through 3 monthly meeting in the hospitals and / or on the occasion of seminar on smoking or health in the respective hospital as well as 1 occasion of focused group discussion (FGD)

At the school level, the responsible “consultant teacher” monitored the compliance of non smoking school regulation, carried out counseling , record the data and activated the non smoking task force. The non smoking task force played the role model of non smokers and persuaded their friends not to initiate smoking and to stop smoking. They also conducted a number of smoke free related activities such as poster contest etc.

B. Health education session

In each hospital there were regular health education session , given by the pulmonologist, to hospital visitors . Similar activities were also held in schools.

List of the activities are as follows :

- 28 August 2003 , health education session at Persahabatan hospital
- 9 September 2003 , health education session at SMU 21
- 10 September 2003 , health education session at SMU 103
- 22 October 2003 , seminar on stop smoking during ramadhan with participant from hospital visitor, teacher and students from schools as well as general population
- 4 November 2003, health education session at SMU Widuri
- 6 November 2003 , health education session at SMK Panca Sakti
- 14 November 2003, health education session at SMU 34
- 14 November 2003 , health education session at SMK 26
- 15 November 2003, health education session at SMU 66
- 17 November 2003, health education session at Out Patient Department (OPD) Fatmawati Hospital
- 20 November 2003, health education session at Wards, Fatmawati hospital
- 7 January 2004, health education session at Persahabatan hospital
- 8 January 2004, health education session at Fatmawati hospital
- 4 February 2004 , health education session at OPD Persahabatan hospital

- 4 February 2004, FGD with No Smoking Task Force
- 5 February 2004 , health education session at Fatmawati hospital
- 3 March 2004, health education session at Persahabatan hospital
- 4 March 2004, health education session at Fatmawati hospital

C. Observation in hospital area

This activities were done by hospital educator to find out smoking pattern among people visiting the hospital. She went to out patient department unit as well as other public places in the hospital in the morning time ,between 9 – 11 am, to see and record patients pattern on smoking habit, based on day to day random observation. The results are as follows :

1. Persahabatan Hospital

20 and 21 August 2003

- Out of 146 hospital visitors recorded in that days there are 30 (20.5%) smoking in the hospital area

7 and 8 January 2004

- Out of 107 hospital visitors recorded in that days there are 23 (21.4%) smoking in the hospital area

8 and 9 March 2004

- Out of 125 hospital visitors recorded in that days there are 28 (22.4%) smoking in the hospital area

2. Fatmawati hospitals

20 and 21 August 2003

- Out of 176 hospital visitors recorded in that days there are 32 (18.2%) smoking in the hospital area

7 and 8 January 2004

- Out of 142 hospital visitors recorded in that days there are 18 (12.6%) smoking in the hospital area

8 and 9 March 2004

- Out of 120 hospital visitors recorded in that days there are 18 (15%) smoking in the hospital area

Based on day to day observation reflected in the above data it was found that there was no difference in percentage of smoking habit among people visiting hospital. This somewhat indicated that even in hospital with no smoking regulation and regular announcement did not seem to work, partly because there was no strict law enforcement. Sometimes even the hospital's security guard also smoke in the hospital area.

D. Distribution of IEC materials

During this project we produced several IEC material , such as :

- Big Banner mentioning that this hospital / school is a non smoking area. These banner were displayed in hospitals as well as all schools participated in this project

- Posters of Stop Smoking during Ramadhan , 1000 exemplar, which distributed to 2 hospital and 7 schools participated in this projects as well as other hospitals / clinics in Jakarta and Ministry of Health office
- There are also posters, brochures and newsletter produced by Indonesian Smoking Control Foundation (LM 3) that are also distributed during this project
- 1 book entitle “*Masalah Merokok dan Penanggulangannya*”(Smoking Problem and it’s Control) also distributed to hospital and schools.

E. Respondent interest

The number that took up the subject with adequate interest is reflected in the number of patients who reduced the use of cigarette that ranged from 34-49% of respondents in in-patient hospital wards, while the actual commitment was shown by patients who totally stopped smoking that ranged from 9.7-29% during the period of September 2003 – February 2004. (see table 1 and table 2 below). It is difficult to say at this point of whether the reason for stop smoking was due to self motivation or influenced by the program.

In the case of schools things are more difficult to asses. Respondent who took up the subject with adequate interest include the member of Non Smoking Student’s Task Force and some of the teachers, usually female teachers. In fact all of the consultant teachers in the schools participated in this project are non smokers, but 4 out of 7 school master’ are smokers and quite a number of teachers are smokers as well. In SMK 26 there are 5 teachers who really are a heavy smokers and smoke in school’s public area, and in fact they don’t want to quit smoking .

2. Final Impact

A. Hospital program

Table 1 and 2 show the impact related to the ultimate objectives that is the success level represented by the number of people in the hospital community who quit or reduced their smoking consumption. There has been no information gathered on the extent of reduction (how much they have reduced) or for how long they have been stable off tobacco because the observation period was relatively short (during the hospital stay of 7 days on average). All of the data showed in table 1 and 2 are compiled from monthly report of chief ward nurse.

It is showed that by this project intervention there are on average 14.8% of smokers in the hospital stop smoking and 43.15 % reduced their cigarettes consumption during this project implementation.

**Table 1. Impact on smoking habit
In-patient of Persahabatan Hospital, September 2003 - February 2004**

Number of smokers	Totally stop	Reduced use	No impact
1530	192	582	756
100%	12.50%	38%	49.40%

**Table 2. Impact on smoking habit
In-patient of Fatmawati Hospital, , September 2003 - February 2004**

Number of smokers	Totally stop	Reduced use	No impact
1440	246	696	498
100%	17.10%	48.30%	34.60%

B. School-based program

Table 3 show the impact related to the ultimate objectives that is the success level represented by the number of students quit smoking in East Jakarta area, while table 4 show the smoking pattern of students in South Jakarta area . As an overall, intervention in schools makes 3.5% of smokers students stop smoking in East Jakarta. There are no exact figure for South Jakarta, but the impression from “consultant teacher” in each school mentioning that about 5% of their smokers student are able to stop smoking totally..

The data showed in table 3 and 4 are derived from “consultant teacher” of each respective schools, based on their observation in their school as well as information from the member of Non Smoking Student’ Task Force.

**Table 3. Impact on smoking habit
School under Persahabatan hospital supervision , September 2003 - February 2004**

School	Number of student	Smokers	Totally stop
SMU 103	600	75 (12.5%)	2 (2.7%)
SMU 21	1100	40 (3.6%)	2 (5%)
SMK 26	1000	35 (3.5%)	1 (2.8%)

Addition:

- 1 teacher of “SMU 103” quit smoking
- 1 parent of Non Smoking Students’ Task force quit
- 1 teacher of “SMU 21” quit
- 2 teachers of “SMK 26” quit

**Table 4. Smoking habit
School under Fatmawati hospital supervision**

School	Number of student	Smokers
SMU 34	1200	30 (2.5%)
SMU 66	600	70 (11.7%)
SMU Widuri	420	100 (23.8%)
SMK Pancasakti	260	50 (19.2%)

C. Other results

a. East Jakarta

The stop smoking activities are continued at Persahabatan hospital with activities as follows :

- Regular announcement through hospital sound system twice a day
- Nurses actively advocate smokers to stop, and report the result monthly
- Posters and no smoking sign are hanging in all places in the hospital

The activities are also continued in school as follows:

- Every school has Non smoking Student's Task Force
- All of the schools apply No Smoking Area

b. South Jakarta

The stop smoking activities are continued at Fatmawati hospital with activities as follows

- More strict no smoking rule in hospital area
- Nurses actively advocate smokers to stop, and report the result regularly
- Advocacy from hospitals managers to ask doctors to stop smoking
- Posters and no smoking sign are hanging in all places in the hospital

The activities are also continued in school, as follows :

- Every school now have No Smoking student task force
- All of the school now No Smoking Area
- Some schools asking for further collaboration with the hospital

3. Illustrative examples

Cessation is not easy to procure, particularly in high prevalence country like Indonesia. The relatively short period of program implementation, the unavailability of means to monitor the progress, the tempting situation and high environmental influence are enough a reason for uncertainties about their stable off tobacco even after they were able to quit.

Repetition of messages to wider audiences taking the right momentum is critical. Among which is the Ramadhan fasting period. The program carried out additional activities during the Ramadhan as follows:

Stop Smoking Campaign during Ramadhan targeted at both schools and the hospital community as well as large community as a whole. The activities consisted of:

- a. Preparation meeting
- b. Performed intensive health education during Ramadhan time, including evening time at “Moslem boarding school” (special activities in the evening where students stayed in schools receiving information about religion). We used the session to add with information about the danger of smoking.
- c. Distribution of special posters on stop smoking during and after Ramadhan with messages that basically encouraged to continue stop smoking after the Ramadhan as they were able to do so during the fasting hours
- d. Published articles in the newspapers on stop smoking (Kompas, the biggest newspaper in Indonesia) as well as press release in various newspapers & magazine (Suara Pembaruan, Media Indonesia, Republika, Tempo etc)
- e. Performing TV and radio interviews on stop smoking during Ramadhan

This activities during Ramadhan were received quite good attention. The Principal Investigator even received official letter from Indonesian Minister of Health (No 1575/Menkes/XI/2003 – 11 November 2003) mentioning that he fully support this kind of activities as a part of WHO Pilot Project on Community Based Tobacco Cessation Intervention. Journalists (newspaper, magazines, radio and TV) also very enthusiastic in disseminating this information that we made on stop smoking during Ramadhan. In the future the Stop Smoking during Ramadhan campaign should and will be continued, hopefully in a bigger scheme.

IV. LESSONS LEARNED

- Health professionals are potential to help people stop smoking. In fact there were missed opportunities because many do not aware of their strengths.
- In relatively short time period within the hospital’s tight schedule and multiple tasks, the study showed that nurses tend to perform better than doctors in providing health education in group as well as individually.
- The most constraint is the nurses’ limited capacity to follow through sustained commitment of the patients to quit once they get home, because cessation is not the only program the hospital nurses have to handle.
- The school-based cessation program seemed more challenging because of the outer environment that we cannot control and the relatively longer exposure of students with their peers, the smoking norms in the community and the tobacco advertising and promotion.

- Peer group model of non smokers should help as counter pressure group for students who smoke.
- It is therefore important to maximize every opportunities to create conducive environment through repetitive health education on smoking hazards and the benefits of stop smoking. The Stop Smoking During Ramadhan program was one of the examples. On the other hand, in a country with more than 80% are Moslem like Indonesia, the approach through religion channel will play an important role.

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Attachment 1

Questionnaire to hospital visitor (patients and their relatives, at out patient department of each hospital)

1. Persahabatan Hospital

August 2003

- Number of samples : 108
- Current smoker : 32 (29.6%)
- Ex & Non smoker : 76 (70.4%)
- Number of cigarettes per day
 - o < 10 : 14 (12.9%)
 - o 10 – 20 : 16 (14.8%)
 - o > 20 : 2 (1.8%)
- Duration of smoking
 - o < 5 years : 4 (3.7%)
 - o 5 – 10 years : 8 (7.4%)
 - o 10 – 15 years : 14 (12.9%)
 - o > 15 years : 6 (5.5%)
- Age start smoking
 - o < 15 years : 10 (9.2%)
 - o > 15 years : 11 (10.2%)
- Type of cigarettes
 - o Kretek only : 6 (5.5%)
 - o Kretek & ordinary cigarettes : 26 (24.1%)
- Do you want to stop smoking
 - o Yes : 28 (25.9%)
 - o No : 2 (1.8%)
 - o Not Answer : 2 (1.8%)
- Do you agree if this hospital is a smoke free area
 - o Agree : 90 (83.3%)
 - o Disagree : 14 (12.9%)
 - o Not answered : 4 (3.7%)
- Age
 - o < 20 years old : 2 (1.8%)
 - o 20 – 30 years old : 32 (29.6%)
 - o 31 – 40 years old : 18 (16.7%)
 - o 41 – 50 years old : 14 (12.9%)
 - o > 50 years old : 42 (38.9%)
- Sex
 - o Male : 12 (11.1%)
 - o Female : 96 (88.9%)
- Education
 - o Elementary school : 12 (11.1%)
 - o Junior high school : 10 (9.2%)
 - o Senior high school : 30 (27.8%)
 - o College : 18 (16.7%)
 - o Universities : 38 (35.2%)
- Occupation
 - o Government officer / retired : 30 (27.8%)
 - o Working in a company : 52 (48.1%)
 - o Blue collar worker: 6 (5.5%)
 - o Housewives : 6 (5.5%)
 - o No job : 14 (12.9%)

2nd questionnaire on March 2004

- Number of samples : 88
- Current smoker : 25 (28.4%)
- Ex & Non smoker : 63 (71.6%)
- Number of cigarettes per day
 - o < 10 : 5 (5.7%)
 - o 10 – 20 : 12 (13.6%)
 - o > 20 : -
- Duration of smoking
 - o < 5 years : 2 (2.3%)
 - o 5 – 10 years : 2 (2.3%)
 - o 10 – 15 years : 7 (7.9%)
 - o > 15 years : 6 (6.8%)
- Age start smoking
 - o < 15 years : 6 (6.8%)
 - o > 15 years : 8 (9.1%)
 - o Not answer : 3 (3.4%)
- Type of cigarettes
 - o Kretek only : 5 (5.7%)
 - o Kretek & ordinary cigarettes : 10 (11.4%)
 - o Ordinary cigarettes : 3 (3.4%)
- Do you want to stop smoking
 - o Yes : 10 (11.4%)
 - o No : -
- Do you agree if this hospital is a smoke free area
 - o Agree : 84 (95.4%)
 - o Disagree : 1 (1.1%)
 - o Not answered : 3 (3.4%)
- Age
 - o < 20 years old : 6 (6.8%)
 - o 20 – 30 years old : 25 (28.4%)
 - o 31 – 40 years old : 20 (22.7%)
 - o 41 – 50 years old : 10 (11.4%)
 - o > 50 years old : 27 (30.7%)
- Sex
 - o Male : 25 (28.4%)
 - o Female : 63 (71.6%)
- Education
 - o Elementary school : 10 (11.4%)
 - o Junior high school : 15 (17%)
 - o Senior high school : 48 (54.5%)
 - o College : 8 (9.1%)
 - o Universities : 6 (6.8%)
- Occupation
 - o Government officer / retired : 16 (18.2%)
 - o Working in a company : 40 (45.4%)
 - o Blue collar workers: 7 (7.9%)
 - o Housewives : 10 (11.4%)
 - o No job : 15 (17%)

2. Fatmawati Hospital

August 2003

- Number of samples : 54
- Current smoker : 16 (29.6%)
- Ex & Non smoker : 38 (70.3%)
- Number of cigarettes per day
 - o < 10 : 7 (12.9%)
 - o 10 – 20 : 8 (14.8%)
 - o > 20 : 1 (1.8%)
- Duration of smoking
 - o < 5 years : 2 (3.7%)
 - o 5 – 10 years : 4 (7.4%)
 - o 10 – 15 years : 7 (12.9%)
 - o > 15 years : 3 (5.6%)
- Age start smoking
 - o < 15 years : 5 (9.2%)
 - o > 15 years : 11 (20.4%)
- Type of cigarettes
 - o Kretek only : 3 (5.6%)
 - o Kretek & ordinary cigarettes : 13 (24.1%)
 - o Ordinary cigarettes only : -
- Do you want to stop smoking
 - o Yes : 14 (25.9%)
 - o No : 1 (1.8%)
 - o Not answered 1 (1.8%)
- Do you agree if this hospital is a smoke free area
 - o Agree : 45 (83.4%)
 - o Disagree : 7 (12.9%)
 - o Not answered : 2 (3.7%)
- Age
 - o < 20 years old : 1 (1.8%)
 - o 20 – 30 years old : 16 (29.6%)
 - o 31 – 40 years old : 9 (16.7%)
 - o 41 – 50 years old : 7 (12.9%)
 - o > 50 years old : 21 (38.9%)
- Sex
 - o Male : 6 (11.2%)
 - o Female : 48 (88.9%)
- Education
 - o Elementary school : 6 (11.2%)
 - o Junior high school : 5 (9.2%)
 - o Senior high school : 15 (27.8%)
 - o College : 9 (16.7%)
 - o Universities : 19 (35.2%)
- Occupation
 - o Government officer / retired : 15 (27.8%)
 - o Working in a company : 26 (48.1%)
 - o Blue collar workers : 3 (5.6%)
 - o Housewives : 3 (5.6%)
 - o No job : 7 (12.9%)

2nd questionnaire on February 2004

- Number of samples : 57
- Current smoker : 20 (35.1%)
- Ex & Non smoker : 37 (64.9%)
- Number of cigarettes per day
 - o < 10 : 6 (10.5%)
 - o 10 – 20 : 12 (21%)
 - o > 20 : 7 (12.3%)
- Duration of smoking
 - o < 5 years : 2 (3.5%)
 - o 5 – 10 years : 3 (5.3%)
 - o 10 – 15 years : 7 (12.3%)
 - o > 15 years : 8 (14.1%)
- Age start smoking
 - o < 15 years : 12 (21%)
 - o > 15 years : 13 (22.8%)
- Type of cigarettes
 - o Kretek only : 5 (8.8%)
 - o Kretek & ordinary cigarettes : 10 (17.6%)
 - o Ordinary cigarettes : 3 (5.3%)
- Do you want to stop smoking
 - o Yes : 20 (35.1%)
 - o No : 5 (8.8%)
- Do you agree if this hospital is a smoke free area
 - o Agree : 47 (82.5%)
 - o Disagree : 10 (17.6%)
- Age
 - o < 20 years old : 10 (17.6%)
 - o 20 – 30 years old : 12 (21%)
 - o 31 – 40 years old : 18 (31.6%)
 - o 41 – 50 years old : 14 (24.6%)
 - o > 50 years old : 3 (5.3%)
- Sex
 - o Male : 20 (35.1%)
 - o Female : 37 (64.9%)
- Education
 - o Elementary school : 14 (24.6%)
 - o Junior high school : 16 (28.1%)
 - o Senior high school : 17 (29.8%)
 - o College : 3 (5.3%)
 - o Universities : 7 (12.3%)
- Occupation
 - o Government officer / retired : 20 (35.1%)
 - o Working in a company : 10 (17.6%)
 - o Blue collar workers : 7 (12.3%)
 - o Housewives : 18 (31.6%)
 - o No job : 2 (3.5%)