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Renny Nurhasana
Universitas Indonesia, rennynurhasana@ui.ac.id

Suci Puspita Ratih
Universitas Negeri Malang, puspita.ratih.fik@um.ac.id

Rara Warih Gayatri
Universitas Negeri Malang, rara.warih.fik@um.ac.id

Tika Dwi Tama
Universitas Negeri Malang, tika.dwi.fik@um.ac.id

Ni Made Shellasih
Universitas Indonesia, nmshellasih@gmail.com

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Cover Page Footnote

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Authors

Renny Nurhasana, Suci Puspita Ratih, Rara Warih Gayatri, Tika Dwi Tama, Ni Made Shellasih, Aryana Satrya, Fadhilah Rizky Ningtyas, and Nurul Muhafilah

Smoking Behaviour and Its Impact on the Quality of Life of the Beneficiary Families of Social Assistance Funds in East Java, Indonesia

Renny Nurhasana^{1&2*}, Suci Puspita Ratih³, Rara Warih Gayatri³, Tika Dwi Tama³, Ni Made Shellasih¹, Aryana Satrya^{1&4}, Fadhilah Rizky Ningtyas¹, Nurul Muhafilah¹

¹ Center for Social Security Studies, School of Strategic and Global Studies, Universitas Indonesia, 10320, Jakarta, Indonesia

² Urban Studies Program, School of Strategic and Global Studies, Universitas Indonesia, 10430, Jakarta, Indonesia

³ Department of Public Health, Faculty of Sports Sciences, Universitas Negeri Malang, 65145, Malang, Indonesia

⁴ Department of Management, Faculty of Economics and Business, Universitas Indonesia, 16424, Depok, Indonesia

ABSTRACT

The government implements social assistance programs for poor families and vulnerable groups. Therefore, the implementation is still facing various challenges. One of the toughest challenges is smoking behaviour. As the income has been increasing, the cigarette's expense is also high. Cigarette's expenditure substitutes other basic needs, such as nutritional foods, health, and education expenses. This study analyses smoking behaviour in social assistance recipients and its impact on quality of life. By using qualitative method, particularly the Rapid Assessment Procedure, data were obtained through in-depth interviews. The study uses purposive method to collect samples in East Java, both Malang City and Kediri Regency. Results show that all the informants have family members who were heavy smokers. The daily cigarette's expenditure of social assistance's recipients was significant compared to their daily expenses. It substitutes basic needs expenses and affects their quality of life specifically for nutritional, health, and child's education status. Furthermore, due to nicotine addiction, it is very difficult for smokers to reduce the number of cigarette consumption, even though at difficult economies. Smoking behaviour also leads to family conflicts. It is important to regulate social assistance recipients who still disburse their budget for temptation goods such as cigarette. In addition, government must inform the negative impacts of smoking, as well as promote the healthy life behaviour using the existing program, Family Capacity Building Meeting/Pertemuan Peningkatan Kemampuan Keluarga (P2K2). As part of effective solutions to reduce smoking prevalence, unaffordable cigarette price is important due to lowering the consumption of addictive product.

Keywords: Smoking Behaviour; Quality of Life; Social Assistance; and East Java-Indonesia.

* Corresponding author:

E-mail: rennynurhasana@ui.ac.id

Affiliation: School of Strategic and Global Studies, Universitas Indonesia

1. Introduction

The Indonesian government implements social assistance programs for the poor and vulnerable groups to improve their welfare. Indonesia has various programs that are distributed under the Government to Person (G2P) scheme, some of which are social assistance and government assistance (TNP2K, 2018). The social assistance program is inseparable from various challenges, one of the toughest challenges faced is smoking behaviour in the families of social assistance recipients. The temptation good's consumption, such as cigarettes, in families receiving social assistance will impact the effectiveness of the program's objectives. Social assistance recipients who smoke will have lower socioeconomic indicators compared to non-smokers social assistance recipients (Dartanto et al., 2018, 2021). Cigarette consumption is significantly associated with poverty because a percentage increase in cigarette spending increases the chance of poverty by 6 percentage point.

Cigarettes consistently contribute to the second largest expenses in families after rice in urban (11.07%) and rural (10.21%) communities (Central Bureau of Statistics, 2018). The prevalence of tobacco consumption (sucking and chewing) at the age of more than 15 years in Indonesia in 2018 reached 62.9% (men) and 4.8% (women). Meanwhile, the prevalence of smoking in the population aged 10-18 years continues to increase, namely 7.2% in 2013 and increased to 9.1% in 2018 (Health Research and Development Agency, 2018). Some of the factors causing the increased consumption of cigarettes are low education resulting in lack of information, nicotine addiction, and very affordable cigarette prices (Milcarz et al., 2017; Nurhasana et al., 2020; West, 2017). Those who come from low-income families dominate smoking behaviour. This of course will cause a double burden to be borne because smoking will interfere with health so that more costs will be incurred to treat the disease (Masbah, 2012).

According to Dartanto et al. (2021), the highest percentage of smoking behaviour in social assistance recipient families occurred in the recipients of the Family Hope Program or *Program Keluarga Harapan* (PKH). PKH distributed in cash directly increases household income. PKH recipients have an 11 percent higher chance of smoking than non-PKH recipients. This pattern is consistent for each category of social assistance, income group, and data from the 2016 National Socio-Economic Survey (SUSENAS). PKH recipients consume 3.5 cigarette sticks/capita per week higher than non-PKH recipients, while families receiving

the Rice Welfare Program (known as *Beras Sejahtera* or *Rastra*) consume 4.5 sticks/capita/week compared to families who are not the recipients of *Rastra*.

Therefore, an in-depth analysis of smoking behaviour, especially among the poor who receive assistance, needs to be carried out. This paper analyses smoking behaviour, cigarette spending, and its impact on the quality of life of families receiving social assistance. The research area is limited to survey informants who come from Malang City and Kediri Regency, East Java, Indonesia. East Java is one of the provinces with the highest number of recipients of social assistance in Indonesia. In addition, East Java Province also has a fairly high poverty rate, around 11% in September (BPS of East Java, 2018). On the other hand, the prevalence of smoking in East Java is high at 28.11% in 2018 (Health Research and Development Agency, 2018). This rate is close to the national prevalence of smokers >10 years, 28.8%. It becomes important to analyse in-depth smoking behaviour and its impact on the quality of life of families receiving social assistance to make further recommendations for the Government of Indonesia on the development of policies related to tobacco control.

2. Research Methodology

This research used qualitative method, particularly the Rapid Assessment Procedure (RAP). Data were collected using in-depth interviews for 2-3 meetings per family with a duration of approximately 2-3 hours per meeting. All information submitted was recorded and written by the interviewer. To ensure the truth of the information submitted by the informants, the triangulation method was used in this study. The triangulation carried out for the Family Hope Program (PKH) companion and neighbours or colleagues in the PKH recipient group.

The population in this study was all families receiving social assistance divided into two regional categories, namely urban and rural areas. Purposively, Malang been representing urban, while Kediri been representing rural East Java. The sample in this study was taken based on the purposive sampling method with the criteria of families receiving social assistance, preferably more than one type of social assistance, the family is living in Malang City or Kediri Regency, and the family has a household head or wife who smoke.

Families who were not willing to be interviewed and were not at home when data collection took place were excluded. Based on the inclusion and exclusion criteria, ten families were obtained as research informants. In Malang, there were five families from two sub-districts.

Similarly, in Kediri district there were also five families from two sub-districts. The data collection was conducted in July-August 2018.

3. Results

3.1 Informant Demographic Conditions

All research informants are females, represents the households. They are wives or mothers in the interviewed families. Informants work as sellers/traders, housewives, odd jobs/uncertain work, housemaid, tailor, and ticket guards. Most of the informants' husbands work for odd jobs, others work as laborers, pedicab driver, seller, farm worker, and parking attendant. Some of the informants have an uncertain average income. Most of the informants' education is low, as same as the informants' husbands. The households mostly have more than 2 (two) children. Table 1 shows social and economics' conditions in the families. Most the families' incomes are below the minimum wages of Malang City and Kediri Regency in 2018. Several informants' families are under the lower-middle income class poverty line (IDR17,755.4 in 2018 or USD3.20 (2011 Purchasing Power Parity/PPP per day per capita) referring to the World Bank Data (2020).

3.2 Social Assistance and Family Hope Program/Program Keluarga Harapan (PKH) Facilitators

In the sampling area, most people receive social assistance, both cash and non-cash. All informants in this study were recipients of Family Hope Program and Non-Cash Food Assistance/*Bantuan Pangan Non-Tunai* (BPNT) of 10 kilograms rice per month. Most of the informants received educational assistance under Smart Indonesia Program/*Program Indonesia Pintar* (PIP) which scheduled to be received every new academic year or every three months. Most of the informants also received another full government health assistance called Non-Contributory Health Insurance/*Penerima Bantuan Iuran* (PBI) under the Social Security Agency for Health (SSAH)/*Badan Penyelenggara Jaminan Sosial* (BPJS) *Kesehatan*.

PKH cash assistance received by informants every three months with varying amounts depending on the burden of each family's dependents. PKH recipient families forms a group to facilitate coordination and exchange of information. Funds are disbursed through Automated Teller Machines (ATMs). Most of the informants took the money themselves.

Based on the interview, informants said that the social assistance funds were prioritized for children's school needs, then for daily needs.

Table 1 Demographic Condition of Informant

Informant	Age (Years)	Area of Residence	Education	Occupation of Wife	Work of Husband	Family Income Range (Per Month)	Number of Children
Informant No.1	41	Malang, East Java	Vocational School	Seller (Stall)	Odd Job	IDR1,500,000 (USD104)	4
Informant No.2	34	Malang, East Java	High school (dropped out)	Ticket Guard	Odd Job	IDR600,000 (USD42)	5
Informant No.3	51	Malang, East Java	Uneducated	Odd Job	Pedicab Driver & Scavenger	< IDR400,000 (USD28), uncertain	3
Informant No.4	39	Malang, East Java	Elementary School	Housemaid	Parking Attendant	< IDR400,000 (USD28), uncertain	3
Informant No.5	37	Malang, East Java	Elementary School	Ticket Guard	Laborer	< IDR400,000 (USD28), uncertain	3
Informant No.6	39	Kediri, East Java	Senior High School	Housewife	Small Merchant Seller	IDR1,200,000 (USD83)	3
Informant No.7	48	Kediri, East Java	Elementary School	Tailor	Laborer	IDR2,000,000 (USD139)	3
Informant No.8	47	Kediri, East Java	Elementary School	Food Seller	Odd Job	IDR600,000 (USD42)	2
Informant No.9	45	Kediri, East Java	Elementary School	Food Seller	Farm Worker	< IDR400,000 (USD28)	3
Informant No.10	49	Kediri, East Java	Junior High School	Housewife	Odd Job	IDR1,200,000 (USD83)	2

Source: Author, Primary Data, 2019.

PKH has facilitators to monitor the effectiveness of cash disbursement and improvements of the social assistance's fund. The informants have the obligation to attend regular meetings with PKH facilitators which called Family Capacity Building Meeting. If the PKH recipient does not attend 3 (three) times in a row at the meeting, a sanction will be imposed in the form of revocation of assistance.

Based on the interview, this study found that PKH facilitators never socialize about health or direct warnings that cash assistance should not be used for temptation goods such as

cigarettes. The facilitators never explain the impact of smoking. In addition, several informants said their PKH facilitators were smokers and had smoked in front of them.

"I saw him (the PKH facilitator) smoking in front of us" (Informant No.3)

3.3 Family Smoking Behaviour

All informants have family members who smoke, such as their husbands, fathers and sons. Most of the husbands of the informants are heavy smokers. Most of the informants' families spend between IDR5,500 to 30,000 (USD0.4-2.1) per day on cigarettes. Their husbands always buy cigarettes continuously, even though the price is high. If the price of cigarettes increases, they will look for cheaper cigarette brands. However, the smoking behaviour of the informant's husband or family cannot be stopped.

"...yes, look for cheap cigarettes. I don't know, he can't (reduce). If it reaches more than IDR10,000, (USD0.7) then he looked for the one below it" (Informant No.10)

One of the informants once experienced shortness of breath due to the smoke of her husband's cigarette. Most of the informant's families allocated certain money specifically to buy cigarettes and it becomes daily necessities. Most of the informants admitted that their husbands had difficulty quitting smoking even though their wife requested them politely.

"...yes, if he coughs, he stops smoking. But he can't stop completely, maybe one to two sticks a day. He just can't leave a day without cigarettes" (Informant No.10)

3.4 The Impact of Cigarettes on Family Daily Needs

Most of the informants admitted that they were basically very limited to meet their daily needs after receiving social assistance. The types of food most often consumed by the informants are rice, eggs, tempeh, and tofu. In Indonesia, tempeh and tofu are made from soya bean, known as a good source of protein with low prices. However, most of the informants admitted that they rarely eat fish, meat, chicken, vegetables, and fruits. One informant even explains that sometimes he had to warm the dinner's menu to be consumed on the next day.

“...we rarely eat fruit. Perhaps once in a month? It is uncertain. If the Lodeh (vegetable stew) is still there, I will warm it up again for tomorrow’s menu” (Informant No.10)

Almost all the informants said that their daily needs were used for groceries, school pocket money, cigarettes, and gasoline. The need for daily cigarette shopping for the informant's family is indeed quite large. Most of the informants declare that the need for shopping for cigarettes is a husband's business. The daily cigarette's expenditure was significant compared to their daily expenses. They agree that spending on cigarettes also has an impact on their daily needs. One of the informants said that if she was experiencing economic difficulties, her husband was reluctant to give money to buy eggs. But the husband still bought the cigarettes.

Due to nicotine addiction, it is very difficult for smokers to reduce the number of cigarette consumption, even though at difficult economies. Another informant said that she preferred to go into debt when she had difficulty on daily needs rather than ask for her husband's. She avoids arguments with her husband about debating the importance of daily needs versus cigarette's expenses. Smoking behaviour also leads to family conflicts. The smoking behaviour worsening the household's economic difficulties.

3.5 Health Conditions and Living Environment

The social assistance recipient's health status also affected by smoking behaviour. An informant informed that her husband had Tuberculosis (TB) in 2018 and had been undergoing routine treatment for six months. One of the informants admitted that their children often do not go to school because they are often sick. He said that when his first child was one year old, he had been hospitalized because he was sick due to being often carried by his father while smoking. Another informant claimed that her child has a history of bronchitis and another child malnourished.

"The child has inflammation, sore throat. Well...it was exposed to cigarette smoke. Because in the past, he (his father) often carried him while smoking” (Informant No.2)

Most of the informants have easy access to clean water. But, based on the observations, almost all informants' home does not meet the criteria for a healthy home. All informants in Malang City live in environment that do not have adequate ventilation and live in densely populated areas. One of the informants even has a non-permanent house using only

cardboards and very near to public toilet. The sanitation and hygiene behaviours are also low. Some of the informants admit that they throw the trash in the river at night. Based on observations, some of the informants did not have a latrine at home. They must use public latrines and have to pay a fee monthly to be able to use the latrine and bathroom.

3.6 Children's Education

Most of the informants said that their children's performance in school was mediocre. However, one of the informants said that his son often skipped school because he was sick. Another informant said his son dropped out of school because he helped to raise his sister.

"In the second grade, my son dropped out to help me raise his younger brother. I forced him to go to school, but he still didn't want to. The teacher doesn't want to visit him because the child itself doesn't want to" (Informant No.9)

Most of the informants said that education was their top priority. After receiving PKH assistance, the children's school needs are prioritized to be met. However, due to limited parent's education, they often did not know well about their children's achievements at school. There is an informant said that child's education is important, but still the child must work to help his father after school.

3.7 Relations with Local Residents

Most informants who live in Malang have good relations with residents, but rarely talk or gather because they prefer to work. Most informants socialize with residents when there are associations such as PKH gatherings, neighbourhood *arisan* (rotating savings in Indonesian culture), and *tahlil* (religious event).

To share household's burden, most informants chose relatives as friends to share with. Some of the informants rarely have neighbours who are willing to help when they have difficulties, both economic problems and other things.

"Nope. If I want to borrow the money, I must look first. Look at the person. Most people do have money but said they don't" (Informant No.4)

Informants who live in Kediri Regency stated that relations with residents are very good. Most of informants claimed to have friends to confide in, namely family and close

neighbours. They were also willing to help when experiencing difficulties. All informants in Kediri Regency also stated that most residents around their residences were active smokers.

"Thank God, we are friendly, kind, harmonious. The important thing is harmony. In the village, the common social language is to be gathered" (Informant No.6)

This shows a striking difference between urban life which tends to be individualistic and rural life which tends to be communal, even though all informants receive the same program of social assistance.

4. Discussion

The smoking behaviour of social assistance recipient's families in Malang City and Kediri Regency, East Java, and its impact to quality of life are discussed. In these poor families, cigarettes are a temptation good which listed as their daily shopping. The cigarette's expenditures spend more than half of groceries shopping. The cigarette prices are mostly still affordable in Indonesia, even though for poor families. In addition, the addictive effect of smoking itself makes it difficult for those families to quit smoking. It is worsening their household's economic difficulties.

The smoking behaviour of social assistance recipients also has an impact on their daily consumption. Most of the families consumed only the basic food items which has low price. There is a change in household consumption's structures, where basic food consumption replaced by cigarette consumption. It substitutes basic needs expenses. This fact is similar Dartanto et al., (2019) where resulting to decrease the amount and quality of basic food consumption. This will certainly have an impact on the family's nutritional intake.

According to research conducted by Dartanto et al. (2021), social assistance recipients consume 3.39 cigarettes per capita per week, higher than non-recipients do. Furthermore, based on the regression analysis, the authors found that social assistance programs significantly increase cigarette consumption by 2.8 cigarettes per capita per week. The socioeconomic indicators of social assistance recipients who smoke are also found lower than those of social assistance recipients who do not smoke (Dartanto et al., 2021). This study also examines the previous research conducted by Dartanto et al. (2018), which found that children from chronic smoking families weighed 1.5 kg less and were 0.34 cm shorter than children from non-smoking families. This is also in line with the research of Sari &

Resiyanthi (2020), which shows a relationship between parental smoking behaviour and the incidence of stunting in toddlers aged 2-5 years.

To date, the cigarette excise policy still makes cigarette prices very affordable for the pocket money of children, the younger generation, and the poor. Based on the 2019 Global Youth Tobacco Survey (GYTS), it is known that access and availability to buy cigarettes is still affordable for students. They can buy it in small stalls (per stick) with relatively very cheap cigarette prices (World Health Organization (WHO), 2020). People also view that the price of cigarettes is still reasonable so that they are able to reach it, even most smokers usually consume 1-2 packs of cigarettes per day (Nurhasana et al., 2020). Additionally, adolescents still easily get access to cigarettes, indicated by the increase of smoking prevalence of teenagers aged 10-18 years from 7.2% in 2013 to 9.1% in 2018 (Health Research and Development Agency, 2018). If the price of cigarettes is still affordable for the poor and young people, the control of cigarette consumption will remain slow. As part of effective solutions to reduce smoking prevalence, especially for youth smokers, unaffordable cigarette price is a must. Higher cigarette price can be reached using tobacco taxation, price tools such as high retail price, and review of excise system such as simplifying the layer of tobacco excise at national level.

In addition, there is still no education from PKH facilitators regarding the impact of smoking behaviour on welfare. So that family awareness about the impact of smoking behaviour is still low. There is a need to massively educate the negative impacts of smoking, as well as promote the healthy life behaviour, for example using the existing program, Family Capacity Building Meeting/PKH gatherings. In addition, using incentives and disincentives are needed, including punishment and denormalization for social assistance recipients who still persistently smoke.

It is important to regulate social assistance recipients who still disburse their budget for temptation goods such as cigarette. The cigarette's consumption substitutes basic needs expenses and affects their quality of life specifically for nutritional, health, and child's education status. The implementation of strict policies to restrict smoking behaviour, such as signing a non-smoking agreement, eligibility requirements for who is authorized to receive social assistance so as not to smoke, and smoking cessation programs, is expected to be able to effectively prevent the use of social assistance funds for cigarettes and reduce cigarette consumption. The combination of several solutions can make the effort more effective. Some

things to note are the problem of nicotine addiction which is not easy to get rid of in a short time. This happens because, in the brain, nicotine triggers the release of chemicals that make the user feel comfortable. Over time, nicotine changes how the brain works and makes it seem like the user needs nicotine to feel fine. When you quit smoking, the brain becomes irritable. As a result, there may be feelings of anxiety or irritation, difficulty concentrating or sleeping, cravings for cigarettes, or general discomfort. It gets better a few weeks after quitting as the brain returns to the habit of not taking nicotine (Centers for Disease Control and Prevention, 2021). Therefore, the above solutions need to be encouraged by other tobacco control efforts. The increase in excise on tobacco products and the simplification of the layer of excise on cigarettes will push up the price of these products so that the poor cannot easily access cigarettes (Nurhasana et al. (2020), where most smokers intend to stop buying cigarettes if the price of cigarettes rises to IDR60,000 (USD4.17) per pack.

5. Conclusion and Recommendations

Cigarette consumption among families receiving social assistance funds shifts the fulfilment of basic household needs. It affects their quality of life specifically for nutritional, health, and child's education status. In addition, recipients of government social assistance tend to have higher cigarette consumption than non-recipients. This study shows a substitution between basic needs expenses with cigarette expenditures in social assistance recipients' families. Although social assistance recipients are often trapped in economic difficulties, based on the interview, it is very difficult to stop the existing smoking behavior. This led to worsening the economic difficulties that existed in those families. The spouses have the responsibility to warn smokers, mostly their husbands. However, these always end in family conflicts due to sensitive issues between smoking behavior and family budgets.

The cigarette expenses in social assistance recipient's family have impacted the quality of life through the downgrade of daily nutrition consumption leads to impact health (respiratory disorders and malnutrition). They consumed less meat, fish, and fruits. In addition, they prefer to consume only instant noodles or re-heated their last dinner for another day. In addition, it impacted educational sides. Due to poverty and economic difficulties, cigarette consumption worsens their conditions. Children commonly leave school due to illness or work (helping parent's informal work). This even led to school drop-out.

It is important to regulate social assistance recipients who still disburse their budget for temptation goods such as cigarette. Government have to inform the negative impacts of smoking, as well as promote the healthy life behaviour using the existing program, Family Capacity Building Meeting/Pertemuan Peningkatan Kemampuan Keluarga (P2K2). As part of effective solutions to reduce smoking prevalence, unaffordable cigarette price is important due to lowering the consumption of addictive product.

6. Acknowledgement

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