



REDUCING THE PREVALENCE OF SMOKING AMONG STREET CHILDREN TO MAINTAIN THE SUSTAINABILITY OF A HEALTHY CITY IN THE URBAN AREA OF JAKARTA, INDONESIA

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Abstract

Street children in urban community need protection against several risk factors easily affecting them, one of which is smoking habit. Interventions targeting their smoking habits will improve public health and healthy social life to maintain the sustainability of a healthy city. This study aims to provide an overview and evidence of street children's condition as a driving force for more comprehensive government policies to reduce the smoking prevalence among street children. This qualitative study was conducted through focused group discussions with 38 street children in Jakarta and greater areas. Availability of affordable, cheaper and accessible cigarettes at points of sale, also ineffective education on smoking are factors making the street children difficult to stop smoking. The government needs to implement policies to address these challenges, such as raising cigarette prices and strictly banning cigarette sales to children. Therefore, it is crucial to strengthen policies supporting the tobacco control while also supporting the implementation of sustainable healthy city policy. An integrated intervention program involving all stakeholders is essential. This study lays the foundation for comprehensive policies addressing the child smoking prevalence and maintaining the sustainability of a healthy city.

Keywords: Street Children Smoker, The Sustainability, Healthy City, Urban Area, Jakarta

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INTRODUCTION

Addressing challenges faced by vulnerable groups, including street children, is pivotal to achieve the sustainability of healthy city development. Street children in urban areas require special protection due to higher exposure to risk factors (Raj & Jayanth, 2023). Conditions surrounding street children, such as emotional problems and peers, can influence them to engage in risky behaviour (Sulaiman et al., 2023). Although street child protection programs exist, they remain vulnerable to risky behaviours, such as taking drugs and drinking alcohol, which often begin with the habit of smoking (Dejman et al., 2015; Islam et al., 2014). Cigarette is a substance first used by most street children (Amiruddin et al., 2015).

Furthermore, efforts to reduce the prevalence of smoking among street children can be in line with the vision of sustainable healthy city by creating a supportive environment for people to have a healthy lifestyle (Kaufman et al., 2010). For urban areas aiming for sustainable healthy city development, focusing on the health of street children is crucial (Abro et al., 2013; Thapa et al., 2009). While, empirical problems in the field have found that many street children are still found smoking due to inadequate parental supervision and the promiscuity. In this regard, a holistic approach should be applied, which not only focuses on solving health problems, but also considers social and economic aspects (Gupta, 2012).

The Joint Regulation of the Indonesian Minister of Home Affairs and Minister of Health No. 34 of 2005 on the Implementation of Healthy Districts/Cities emphasises that the concept of a healthy city encompasses efforts to create an urban environment that supports the health and well-being of citizens. A criterion to be met is none of family members smoking. In the context of the prevalence of child smokers, a healthy city strives to reduce the number of children falling into the habit of smoking, since the impacts are not only limited to individuals, but also the quality of life and sustainability of the city as a whole, including the street child population. Preventing smoking among street children should be a priority in a healthy city initiative.

Therefore, this study aims to analyse the issue of affordable cigarette products among street children in urban areas of Indonesia and challenges that need to be addressed, also provide sustainable policy solutions to safeguard the health and future prospects of street children. Not only does a healthy city aim to improve individual health, but also to reduce the prevalence of child smokers and create an environment that supports a healthy lifestyle for all the residents.

METHODOLOGY

This qualitative study used a case study approach, which aimed to provide an overview and evidence of the street children's conditions as a driving force for

more comprehensive government policies to reduce the prevalence of smoking among street children. Data was collected through focus group discussions (FGDs) in Jakarta and greater areas: Depok, Tangerang, and Bekasi cities, which were selected due to the increasing number of street children.

The informants were street children selected by applying two methods: 1) a purposive approach to determine street children living in shelters, 2) snowball sampling technique to collect data from street children who did not have shelters. The inclusion criteria for this study were street children spending at least 4 hours earning a living on the street or in public places in the past month, aged 10-17 years, being active smokers, and willing to be informants.

The main instrument of this study was a semi-structured questionnaire to conduct FGDs with street children. The questionnaire was developed based on variables and literature studies that support the problem of this study. Aspects of the questionnaire included demographic, social, economic, and educational factors, also the street children's perspectives, the government or NGO support, and potential positive and negative impacts of smoking behaviour. The question instrument was developed and tested on 15 street children in Jakarta to ensure street child informants could understand each question item. Data from FGDs with informants was transcribed verbatim.

Data analysis was carried out with thematic content by comparing excerpts of informants' answers. Content analysis was used to answer orientation methodologically. Furthermore, the results of FGDs in the field were reviewed and compared with government policies relevant to the factors asked in the FGDs, and analysed the problem gaps. The main output of this study was to prove the causes and impacts of affordable cigarette products among street children, requiring more comprehensive policies to contribute to maintain the sustainable healthy city. This study could observe the street children's perspectives, including their reasons they started smoking and their smoking behaviour. This qualitative data analysis was carried out using the Atlas-TI application.

RESULTS

Table 1 shows that most street child informants are male (33 children); while, five female informants are active smokers. Characteristics based on the street jobs indicate that the informants are mostly busker, scavenger, and umbrella rental. In contrast, other informants are parking attendant, tissue seller, '*ondel-ondel*' (a large puppet figure featured in the Betawi folk performance in Jakarta) busker, and beggar with a silver-painted body.

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Table 1: Characteristics of Street Child Informants

IF	Sex	Age (Year)	Most Frequent Job	The Last Level of Education
1	Male	17	Busker	Senior High School
2	Male	17	Busker	Senior High School
3	Male	17	Umbrella rental	Senior High School
4	Male	17	Parking attendant	Not Going to School
5	Male	15	Parking attendant	Junior High School
6	Male	17	Parking attendant	Senior High School
7	Male	17	'Ondel-ondel' busker	Senior High School
8	Male	17	Busker	Senior High School
9	Male	16	Parking attendant	Senior High School
10	Male	16	Busker	Senior High School
11	Male	13	Umbrella rental	Junior High School
12	Male	17	Parking attendant	Senior High School
13	Male	17	Parking attendant	Senior High School
14	Male	15	Parking assistant	Junior High School
15	Male	17	'Ondel-ondel' busker	Senior High School
16	Male	17	Parking attendant	Senior High School
17	Female	17	Busker	Senior High School
18	Female	16	Busker	Senior High School
19	Male	17	Silver beggar	Elementary School
20	Male	13	Silver beggar	Dropped Out in the 5 th Grade of Elementary School
21	Female	12	Busker	Not Going to School
22	Male	16	Parking attendant	Junior High School
23	Male	17	Parking attendant	Senior High School
24	Male	16	Busker	Dropped Out in the 2 nd Grade of Junior High School
25	Female	16	Busker	Dropped Out in the 3 rd Grade of Junior High School
26	Male	11	Busker	Not Going to School
27	Male	17	Scavenger	Senior High School
28	Male	17	Scavenger	Senior High School
29	Male	13	Tissue seller	Junior High School
30	Female	13	Used bottle scavenger	Junior High School
31	Female	14	Scavenger	Junior High School
32	Male	16	Tissue seller	Junior High School
33	Male	12	Scavenger	Junior High School
34	Male	13	Scavenger	Junior High School
35	Male	13	Scavenger	Junior High School
36	Male	12	Tissue seller	Elementary School
37	Male	16	Scavenger	Junior High school
38	Male	12	Scavenger	Junior High School

Source: Author's Analysis

Most of the street child informants were still students, but their families were poor; therefore, they had got to do their jobs on the streets to help support their families or just to earn extra pocket money.

"I have become a busker since dropping out of school because I want to help my parents to support the family income." (IF 25)
"[I] just spend my free time with friends, so I can get extra pocket money." (IF 20)
"After school, I follow my mother to scavenge [used bottles] on the streets." (IF 30)

The street children earned money ranging from IDR50,000/\$3.30 to IDR300,000/\$19.77 per day and set aside some of their income to give some to their parents at home. They also said that they spent money on food, cigarettes, other necessities, and entertainment. The following is statements of some street child informants.

"My daily income ranges from IDR 200,000/\$13.03 to IDR 300,000/\$19.55 with various types of job like guarding the parking lot to being a field coordinator at the market." (IF 15)
"I usually earn IDR90,000/\$58.65 each day from the job of guarding the parking lot and taking children to school." (IF 12)
"The amount of my daily income depends on the [length of] time on the street. Usually, I earn IDR50,000/\$3.30 to IDR100,000/\$6.5." (IF 19)

The number of cigarettes purchased varied, ranging from only three cigarettes to one and a half packs daily.

"I usually smoke three cigarettes. Last year, I could smoke three cigarettes for only IDR5,000, but at the [same] price, now I only get two cigarettes." (IF 2)
"I also experienced the same thing. I used to buy half a pack of cigarettes because the price per stick was only IDR 1,500/\$0.1 before, but it costs IDR2,000/\$0.13 to IDR25,000/\$16.29 per stick now" (IF 6)
"I usually finish one and a half packs [of cigarettes] or as many as 18 cigarettes each day." (IF 1)

One reason is that cigarette is sold in one stick, making it easier for children to buy cigarette products. The following describes that almost all street child informants secretly bought more cigarettes

"I buy more cigarettes by the stick since the packaged price has started to rise." (IF 6)
"I sometimes buy cigarettes by the stick and sometimes buy cigarettes in packs, but I often buy cigarettes by the stick more." (IF 1)
We buy cigarettes more on sticks than in packs (IF 2, 4, and 6)

If I have more income, I usually buy cigarettes per pack, but I buy more cigarettes on sticks because it is only IDR 2,000/\$0.13 (IF 24)

Table 2 shows that 16 street child informants still remember the first time they started smoking at an early age. On the other hand, other answers are forgetting, not knowing, and remaining silent when asked about the early age of starting smoking. Most street informants start smoking in elementary school, with the earliest age start from the 3rd grade of elementary school.

Table 2: Street Child Informants Remembering the Age of First Smoking

Age (Years)	School Age	N	Percent
9	Elementary School Grade 3	3	18.75 %
10	Elementary School Grade 4	3	18.75 %
11	Elementary School Grade 5	2	12.50 %
12	Elementary School Grade 6	2	12.50 %
13	Junior High School Grade 1	2	12.50 %
14	Junior High School Grade 2	2	12.50 %
15	Junior High School Grade 3	2	12.50 %
TOTAL (N and Percent)		16	100 %

Source: Author's Analysis

Some children have been smokers since they became street children at elementary school age. In addition, some of them began to smoke in secret. The following is the statement of the street child informant.

"I started smoking when I was a street child, at [the age of] around 9 or 10 years." (IF 6)

"I smoked since the 5th grade [of elementary school] and started smoking in secret." (IF 22)

The curiosity of minors arises from often buying cigarettes for a family member, or seeing their father, grandfather, and brother smoking, thus affecting them to try it. The following is an excerpt from an interview the author conducted with the informant.

"I smoke since I see my father smoking." (IF 1,2)

"I saw my brother smoking, so I wanted to try smoking." (IF 3, 13)

"I smoke because I imitate my grandfather smoking." (IF 8)

The price of cigarettes has raised in Indonesia, but still feels cheap to some street children. There were street children saying that the raise in the price of cigarette was only IDR1,000/\$0.07, then they had no difficulty buying

cigarettes. The price of cigarettes in Indonesia is still relatively lower than in developed countries. Here is the informant's full statement.

"The price of cigarettes is still low, there has been an increase, but the increase is only IDR1,000/\$0.07. Previously, half a pack cost IDR10,000/\$0.67, now it is IDR11,000/\$0.73; so, it is not difficult [to buy cigarettes] if [the price] only increases by a thousand." (IF 32)

Most street children preferred to stop buying cigarettes if the price was expensive. The following is statements of informants who intend to stop smoking if the price of cigarettes gets more expensive:

"If the price of a cigarette raises from IDR2,000/\$0.13 to IDR10,000/\$0.65, I will not buy cigarettes because the money is better spent on buying food." (IF 24)
"I will stop [smoking], [I do] not need to buy cigarettes anymore." (IF 37)

Several informants had other ways if the price of cigarettes was higher: buying cigarettes per stick, switching to cheaper products, or smoking cigarette less often. The following is the informants' full statements.

"There are cigarettes with cheap and expensive prices in Indonesia, but if it is expensive, we can buy them per stick." (IF 29)
"I will switch to a cheaper cigarette product." (IF 15)
"Even though the price of cigarettes is rising, we can still switch to [cheaper] brands." (IF 37)

This study found that most street child smokers were addict, making it difficult for them to break free from the influence of cigarettes. They felt dizzy if they did not smoke cigarettes. Here is what they said:

"I feel empty when I do not smoke, and my mouth tastes sour." (IF 6)
"I want to try to stop smoking when I am sick, but it is challenging." (IF 21)
"If I do not smoke for a day, I would feel dizzy." (IF 27)

Furthermore, they disclosed short-term economic impacts caused by their smoking behaviour, such as waste, less income, and simply doing an activity of 'burning money'. The following is the informants' explanation.

"I realize that buying cigarettes is wasteful, but I get sleepy quickly when I do not smoke." (IF 4)
"My daily income decreased because I bought cigarettes." (IF 22)
"My money is gone because I buy cigarettes." (IF 37)

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In the short term, the effect of worsening health conditions felt by most street child informants was frequent coughing. This condition was also seen during a 1-hour 30-minute observation in Bekasi City where a street child was found coughing after smoking. In addition, a two-hour observation in Kota Tua, Jakarta, also found the smallest street child coughing without phlegm.

"I feel my throat getting dry." (IF 35)
"My throat is itchy and I have a cough." (IF 12)

Another finding, from the one-hour observation at the Depok Baru Bus Terminal in Depok City, was the condition of the surrounding environment where many tissues and cigarette butts scattered around the area where street children smoked. These cigarette butts certainly pollute public places so that they look dirty. This is confirmed by the informant's explanation that thick cigarette smoke could be detrimental to the surrounding environment.

"The smoke is thick for others." (IF 34)

Further analysis revealed that street children were trapped in poverty due to the low price of cigarettes. Figure 1 shows the lane gap impoverished effects of smoking behaviour on street children. The impact of poverty can be seen from reduced spending on basic needs due to buying cigarettes and the emergence of diseases that several street child informants began to feel. In addition, smoking behaviour results in decreased productivity for life-threatening and costly disease. This cycle will interrupt the actualisation of a better quality of life, such as the family economic improvement, continuity of education, and improved welfare, in individuals and communities, which can have an impact on achieving a healthy city.

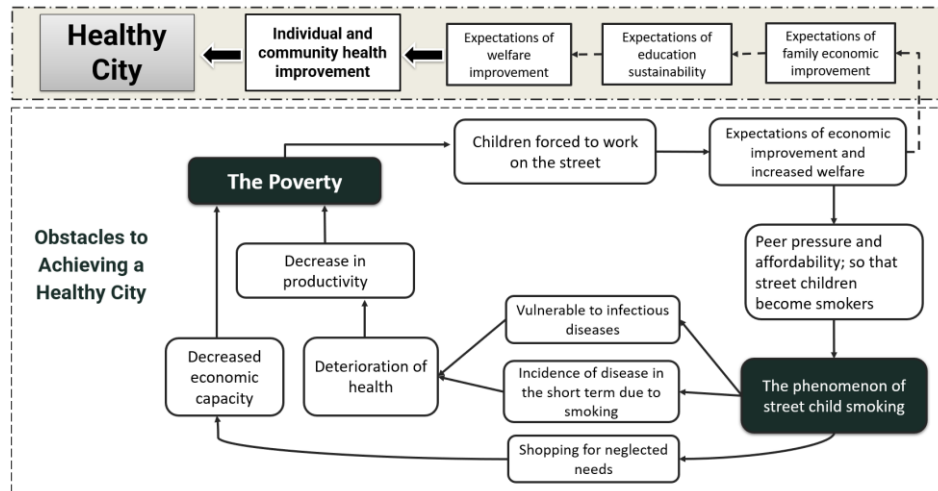


Figure 1: Poverty Gap and Obstacles to Achieving a Healthy City Due to the Smoking Behaviour of Street Children

Source: Author's Analysis

DISCUSSION

According to the Joint Regulation of the Indonesian Minister of Home Affairs and Minister of Health No. 34 of 2005 on the Implementation of Healthy Districts/Cities, a criterion to achieve by the cities/districts is independent and healthy community life (Indonesian Minister of Home Affairs and Minister of Health, 2005). The seventh variable indicates the components of family health, one indicator of which is none of family members smoking. Unfortunately, street children often found themselves living in environments with high social, economic, and emotional pressures, increasing their risk of engaging in smoking behaviour.

This ongoing issue reflects the complex and persistent socio-economic challenges the street children face as a vulnerable group. A major challenge is that cigarettes are easily accessible to the street children in individual and at a cheap price of IDR1,500/\$0.10 per stick (Hartono et al., 2023). The low earnings of street children from their jobs and the cheap price of cigarettes facilitate them to smoke. This is in line with the FGD results showing that most street children bought some cigarettes retail per stick and are not aware that their purchases could reach one pack with repeat purchases.

This problem also occurs due to inadequate regulation and less strict supervision of cigarette purchases by children. A concrete step to take is through a firm policy banning the sale of individual cigarettes and significantly increasing cigarette prices so that cigarettes are not easily accessible to street children.

Mullins et al. (2018) has found that high cigarette prices are a major reason for participants to stop or want to stop smoking. Raising cigarette prices can make them unaffordable for children with financial constraints. Similarly, informants in the FGDs said that when the price of cigarettes was raised fivefold, they did not want to buy cigarettes anymore.

Informants also complained about health problems they experienced as smokers, such as itchy throat and cough. If these problems are not immediately addressed, they can generate various adverse effects, starting with critical health impacts later on. This is relevant to the study by Chowdhury et al. (2017), reporting that most of the street children respondents felt that they were suffering from various illnesses, particularly respiratory and stomach disorders. These health problems are also associated and worsened with longer period of smoking. It becomes a concern because many street child informants admitted to having smoked since elementary school. A study in Europe stated that individuals who started smoking before the age of 16 years were more likely to find it difficult to stop more than those starting at older ages (Pesce et al., 2019). Given many street children are still too young, it could potentially turn them into loyal consumers of cigarette products, contributing to an increase in the number of child smokers in Indonesia and a decreased productivity due to the worsening health conditions in the future.

Another impact of cigarette use is its environmental impact. Smoking does not only worsen individual health, but it also has an impact on the air, soil, and water quality, disrupting ecosystem balance (Nitschke et al., 2023; Pahari, 2022). Harmful substances in cigarettes contribute to the environmental damage. Given the extent of environmental damage, ecosystem and human health will continue to be threatened. Therefore, it is pivotal for the government to create the long-term planning strategy for a healthy city development by prioritizing health elements (Hashim Lim et al., 2023).

Creating cities with long-term health improvements within human and ecological systems is part of sustainable urban development efforts (Wheeler, 1996). Not only does a healthy city aim for health outcomes, but it also focuses on improving human resources by promoting healthy environmental conditions, including physical, social, environmental, economic, cultural, and behavioural aspects that support health (Darmajanti et al., 2019; Notoatmodjo, 2008). Optimal and coordinated endeavours to reduce the prevalence of smoking among the street children are essential both from a public health perspective and in the context of child protection and welfare (Woan et al., 2013).

CONCLUSION

Reducing the prevalence of smoking among the street children faces several challenges to address, which are affordability of cigarettes, imitation of parental or family habit, widespread availability of cigarettes in retail outlets, exacerbated by socio-economic constraints and weak regulatory oversight. To protect street children and promote a sustainable healthy city, comprehensive policies are needed, both fiscal and non-fiscal. The policies should include a raise in cigarette prices through excise taxes, banning the sale of cigarettes per stick to children, intensifying social support programs, providing Smoking Cessation Clinic services, and enforcing local Smoke-Free Area regulations. Integrating these strategies will support governments in protecting the street children from the harms of tobacco, improving their well-being, and advancing the sustainability of healthy cities. It is fundamental to ensure that street children, as part of the urban population, grow into healthy and productive individuals who contribute to the sustainability of healthy cities by avoiding exposure to addictive substances.

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ETHICAL STATEMENT

This research has received Ethical Clearance Approval issued by the Research Ethics Commission of Atma Jaya Catholic University with Number 0006U/III/PPPE.PM.10.05/07/2022. This research has also obtained approval from the respondents (informed consent) before starting the interviews, including data confidentiality through anonymity and the use of information for research publication purposes.

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