

# ***ROLES OF NURSES AND OTHER HEALTH PROFESSIONALS IN THE TOBACCO EPIDEMIC: EXPERIENCE OF INDONESIA\****

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**\*PRESENTED AT THE 10TH APACT CONFERENCE,  
CHIBA-JAPAN, 18-21 AUGUST 2013**

# BACKGROUND

- Nurses, midwives and physicians are the largest number of health professionals with direct patient contact
- The Indonesian health professionals indicate that they are not confident in their involvement in tobacco control & their ability to advise patients about smoking cessation ( the current nursing, midwife and medical curricula fail to address this)
- All health professionals should be aware of scientific-based information and knowledge to implement tobacco control measures

# SITUATIONAL ANALYSIS OF TOBACCO USE IN INDONESIA

- Indonesia has the third largest smokers in the world, after China & India (WHO, 2008)
- Indonesia is the fourth-largest cigarette consuming country, after China, Russia, and US (Tobacco Atlas, 2007)
- In 2010, cigarette consumption in Indonesia: 230 billion sticks
- In 2010, about 190,260 Indonesians died due to tobacco attributed diseases (12.7 % from total deaths)
- Total Macroeconomic loss in 2010: 28.52 Billion US Dollars

# PREVALENCE OF ACTIVE SMOKERS AGED 15 YEARS AND ABOVE BY SEX IN INDONESIA, 1995 - 2011

<b>Year</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>	<b>Source</b>
1995	53.9	1.7	27.2	Susenas
2001	62.9	1.4	31.8	Susenas
2004	63.0	5.0	35.0	Susenas
2007	65.3	5.6	33.4	Baseline Health Research
2010	65.9	4.2	34.7	Baseline Health Research
2011	67.0	2.7	34.8	GATS

# WHAT'S THE EXPECTING ROLE OF HEALTH PROFESSIONALS IN TOBACCO CONTROL

- Advocacy, creating mass /popular movements
  - Monitoring or watchdog role
  - Providing education and training
  - Research
  - Service provision for smoking cessation efforts
  - Health promotion and prevention interventions
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# QUALITIES OF AN EFFECTIVE HEALTH PROFESSIONAL ADVOCATE

- Has an important, relevant, personal or professional story to tell
  - Knows the scientific facts (data) and where to find them
  - Leverages expertise—theirs and others
  - Networks—with other advocates and with decision-makers
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# ROLES OF NURSES, MIDWIVES AND PHYSICIANS IN TOBACCO CONTROL

Health professionals are in direct contact with

- Patients at the health care settings
- Primary care centers
- Communities (while implementing public goods activities)

Levels of Involvement in Tobacco Control

- Individual
- Local
- National

# INDIVIDUAL LEVEL:

Article # 14 FCTC

Each party shall endeavour to:

- design and implement effective programs aimed at promoting the cessation of tobacco use at educational institutions, health care facilities, workplaces and sporting environments
- establish in health care facilities and rehabilitation centres programs for diagnosing, counselling, preventing and treating tobacco dependence



# LOCAL AND NATIONAL LEVEL

- Establish network between health institutions/organizations and other national institutions/organizations (e.g. Consumer organization) that are involved in tobacco control to strengthen the tobacco control efforts
  - Be involved in developing and maintaining a systematic approach in tobacco control including creating smoke free public places and treating tobacco dependence
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# THE REALITY

- Health professional is **aware of the health consequences** of tobacco use, more than any professional in a different field.
  - Knowing the health hazards of tobacco is **not enough** to overcome tobacco addiction
  - Using their professional and popular respect,
    - they **could change** current smoking trends
    - **spread head** a national anti-tobacco movement.
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# The Reality

## *If THEY ARE SMOKERS*

- ◆ This will create **conflict**
- ◆ It affects their **image**
- ◆ **credibility** as a spokes-person on tobacco
- ◆ They are **less**
  - To promote smoking cessation
  - To engage in tobacco control.

# IMPROVEMENT OF HEALTH PROFESSIONAL CURRICULA

Tobacco control can be taught as

- a separate matter or
- be a part of existing content:
  - epidemiology,
  - health promotion,
  - prevention and treatment, etc.

**Training time** is also an ideal opportunity to offer support to students who are tobacco users and are trying to quit

# ROLE OF HEALTH PROFESSIONAL ORGANIZATIONS

- Encourage their members to be **role models**
  - by not using tobacco
  - by promoting a tobacco-free culture.
- Assess & **address the tobacco consumption patterns** and tobacco-control attitudes of their members through
  - surveys
  - Introduction of appropriate policies.
- Make the **organizations' events** tobacco-free
- Include tobacco control in the **agenda** of all relevant health-related congresses & conferences
- Participate in the tobacco-control activities of the networks.
- Support campaigns for tobacco-free public places.

# ALLIANCE-BUILDER

- Health is important for
  - all health professionals
  - other groups.

Public health is no one's domain but everyone's arena.

- Sometimes a health professional organization should
  - act by itself; however
  - cooperation with **others** should be considered carefully
- Tobacco control cut across a vast range of health disciplines
- To ensure that all of those, **support in one way or another** tobacco control activities

# CURRENT ROLES OF INDONESIAN PROFESSIONAL ORGANIZATIONS

- Founding and Active Members of National Commission on Tobacco Control (Since 1997):
  - Indonesian Nurses Association
  - Indonesian Midwife Association
  - Indonesian Medical Association
- Implementing Code of Practice on Tobacco Control:
  - Promoting a tobacco-free culture of their members
  - Provide advice on how to quit smoking
  - Support the inclusion of tobacco control in the health professionals' curricula
  - Prohibit the sale or promotion of tobacco products in the organizations' events
  - Lobbying the national parliament and support the government regulation on tobacco control
  - Support the accession of FCTC
  - Support the national campaign for tobacco free public places

# NURSES OF INDONESIAN HEALTH CENTER WERE TRAINED TO CARRY OUT SMOKE FREE PUBLIC PLACES AND VILLAGE BASED CESSATION COUNSELLING

*Arigatou gozaimasu*

