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Original Article



Advertising Blocking and Restricting Cigarette Purchases as a Solution for Reducing Smoking Prevalence in Indonesia

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Abstract

Global Adult Tobacco Survey (GATS) in 2021 reported that Indonesia has the highest number of male smokers and the third largest number of smokers worldwide after India and China. From 2012-2022, the Indonesian government increased the import duty on tobacco products and tried to reduce smokers' growth rate yearly in addition to providing income to the country. However, that has yet to work due to the health care costs of smoking exceeding the national 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 study employs ethnography, where observations are made on social media, YouTube, and during field research in Semarang. It also conducts online interviews via WhatsApp with cigarette vendors in Semarang who serve as informants. Supplementary to secondary data sources found in journals, e-books, and other online resources. This study demonstrates the significant role that cigarette advertising plays in the rise of smokers, particularly among young people. Government Regulation No. 109/2012 on Safeguarding Substances Containing Addictive Tobacco Products for Health forbids smoking, which is considered less desirable. The ramifications of this discovery necessitate and motivate the government to enact laws that immediately prevent commercials while also rigorously regulating and limiting the sale of cigarettes to children and youth, for example, by deploying the PeduliLindungi application, which would be presumed to have been highly successful in containing the COVID-19 in the past 2020–2021.

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1. Introduction

As a worldwide agenda for sustainable development, the 2030 Agenda builds on the Millennium Development Goals. The Goals/SDGs are intended to be a new development pact that encourages change toward sustainable development based on equality and human rights to promote social, economic, and environmental progress. It includes points from SDGs 3, which are health and well-being. Cigarettes are an essential issue faced not only by Indonesia but also by the world community. This is indicator 3a, which is tobacco control. Smoking-related issues arise and 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. Many elements damage health in cigarettes, such as hydrogen

cyanide. This element can harm the brain, heart, blood vessels, and lungs. Other compounds such as tar and carbon monoxide are also dangerous, such as cancer triggers (causing fatigue and decreased muscle and heart function), nicotine, benzene, formaldehyde, cadmium, and ammonia (Dirjen Yankes, 2022). The contents are not harmful to the body directly.

Many studies show that cigarettes containing small amounts of this substance are not dangerous enough and are not directly related to death. Even research by Choi et al. (2015) has justified that smoking can benefit health, primarily mental, because it can release stress. On the other hand, research against smoking has been carried out quite intensively, including by Dai et al. (2022), 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 et al. (2022) 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 related to smoking, smoking habits, and its implications. Prevalence is the proportion of a population with specific characteristics in a certain period. In the medical world, the attributes in question include diseases or risk factors. Indonesia is the only Asian country 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 requiring Parties to adopt comprehensive measures to reduce tobacco's health and economic impact. According to WHO data, the FCTC was first signed by 168 countries 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 nine 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. However, according to Juwana (2016), ratifying the FCTC alone will not impact what is regulated. To see the effectiveness of the law and where it should be kept from regulations. Another critical dimension to pay attention to so that the law can function is the reliability of law enforcement officers and the public's attitude toward the direction.

The 2022 Global Adult Tobacco Survey/GATS results reveal that Indonesia has the highest number of male smokers worldwide (Kementerian Kesehatan, 2022c). GATS strengthen 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 after India and China. During the last ten years, there has been a significant increase in adult smokers by 8.8 million people, from 60.3 million in 2011 to 69.1 million 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 undoubtedly increase the consumption of cigarette products, which will also increase state income. However, 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 annually, used for smoking-related diseases. This amount is almost 10% of cigarette excise revenue 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.

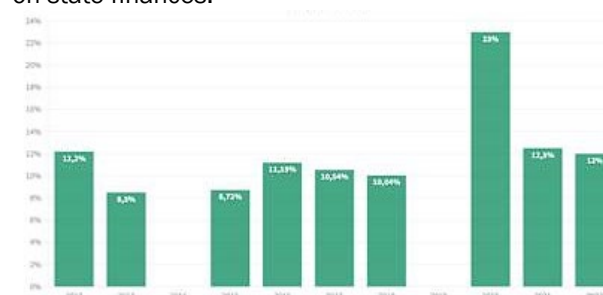


Figure 1. The average increase in CHT during 2012-2022

The central government has not remained silent and has tried to suppress and reduce the number of smokers in Indonesia. As shown in Figure 1, from 2012 to 2022, the government continued to increase excise on tobacco products (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, ultimately reducing or stopping these cigarettes' consumption. This policy considers health issues and the issue of protecting workers, farmers, and the cigarette industry (Indonesian data, 2022).

The increase needed to be more effective, as evidenced by the increased number of smokers. Increasing CHT is the government's solution for the next few years (bisnis.com, 2022b). For this reason, this research was conducted to find the root causes of the significant increase in the number of smokers, find several alternative solutions, and then provide 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 act immediately to reduce the number of smokers in Indonesia.

This action should be done so that the number of smokers remains unchanged. These recommendations are expected to become part of policies protecting the Indonesian people's health. Researchers hope to be able to contribute ideas, suggestions, and recommendations on policies that have been and may be pursued.

2. Materials and Methods

This study is policy analysis research and should have been taken by the government on the smoking issue. The research was conducted using qualitative methods and ethnographic methods. Sugiyono (2013) said that qualitative research methods 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 ethnographic method (Bakry, 2017), which is a way to conduct anthropological research via the internet, using publicly available information that everyone is free to share via social media. Ethnography covers multiple disciplines

online, such as content analysis, "text mining" from new anonymous knowledge, creating stories by "word of mouth," ethnography, and observational research. Compared to traditional ethnography, ethnography tries to bring the human element back into a highly delocalized and intangible experience, including indirect human-to-human digital communication.

3. Results and Discussions

In order to find the leading root causes of the significant increase in the number of smokers in Indonesia, researchers need a systematic analysis. Five whys (or 5 'why') is a repetitive interrogative technique used to explore the cause-and-effect relationships that underline specific problems introduced by Taiichi Ohno in the 1980s (Serrat & Serat, 2017). 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 leading root cause of the problem.

In practice, although often used in root cause search, it is a reasonably poor root cause analysis tool because root cause analysis is rarely linear, there is seldom one root cause, and there are rarely exactly five problems leading to the root cause. The first five whys that need to be asked are: "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. According to the GATS Survey, over the past ten 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 NGA by comparing five countries with a total population close to the total population of Indonesia, namely the United States, Pakistan, Nigeria, and Brazil.






	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%

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

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 yearly, in contrast to Indonesia, which tends to increase.

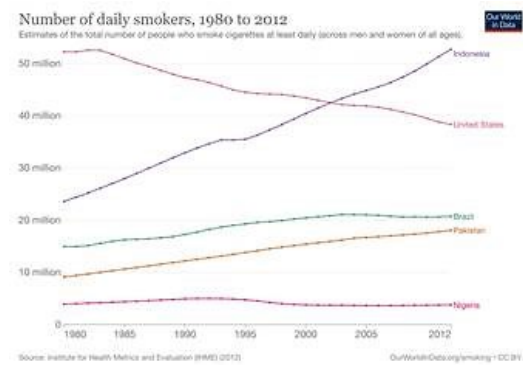


Figure 3. Number of smokers in United States, Indonesia, Pakistan, Nigeria, and Brazil (1980-2012)

The Indonesian population census 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 (Badan Pusat Statistik, 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 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 that 4 out of 10 children smoked. This aligns 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 Ministry of Health also acknowledged the same thing 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 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, a study from the University of Indonesia shows that

children can easily buy cigarettes, and even 25 percent of street children's income is used to buy cigarettes (Republika Online, 2022).

This study seeks to identify the root cause of Indonesia's increasing number of smokers from the previous three five whys. 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 18 have been prohibited from buying cigarettes through Government Regulation 109 of 2012 concerning Control of Materials Containing Addictive Substances in the Form of Tobacco Products for Health.

3.1. 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 little money buys more cigarettes. From the researcher's 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 quickly from stalls or other small traders. Increased cigarette prices have reduced the number and intensity of purchases, sometimes switching to cheaper cigarette products. This aligns with the GYTS survey in 2019 (Centers for Disease Control, 2019), which revealed that 3 out of 4 child smokers could buy cigarettes from stalls or street sellers.

The significant difference in tobacco product excise rates (CHT) between groups in the CHT tariff structure results in low-priced cigarettes. Consumers, including child smokers, can choose cheap cigarettes according to their means. 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 does not 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 primary 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 prices rise". Children can still buy cigarettes even though the excise rate is increased yearly. Therefore, Risky

recommended that the government review the current tobacco excise tariff structure to prevent more cheap cigarettes from circulating, including accelerating the CHT tariff structure layer reduction.

The September 2022 study (ProTC, 2022) concluded that cigarettes are still easily accessible to street children (children who are 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.

3.2. 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. According to online interviews between researchers and cigarette traders in Semarang, people feel they are still ignorant and tend to let people smoke. This is exacerbated by the government and related agencies' absence of disciplinary enforcement on smoking bans. The GYTS survey 2019 also revealed that 3 out of 5 buyers under the age of 18 are not prohibited from buying cigarettes (Centers 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. A sociologist from the United States, Talcott Parson, said that young people cannot be easily categorized biologically and universally because youth entities result from social construction that can change depending on the dynamics of space, time, and specific situations.

The prevailing and dominant social constructs strongly influence the definition of children and young adolescents. 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 generally defines children's age differently and sometimes conflicts with legal constructions. For example, in terms of the use of alcohol, our community 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 18, some people consider this 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 most respondents stated that they had never sold cigarettes to children in their stalls. 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 preschool age. Meanwhile, those already at school or attending elementary, junior high, and high school can easily access cigarettes.

This condition is exacerbated by many parents ordering their children to buy cigarettes at the shop. 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 natural education, and the function of parents is to maintain, care for and protect children in the process of specialization so that children can 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. Children tend to imitate this behavior when family members such as fathers and older siblings smoke. Family parenting style is also very influential on children's smoking behavior. Teenagers with smoking parents will 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 smoking at home, they quickly become active smokers (Machini, 2015).

3.3. *The 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 need more knowledge in terms of media literacy or filtering information, it will affect them. Cigarette advertisements have been packaged in such a lovely, masculine, cheerful, and exclusive way to impress people that smoking makes them look cool, manly, and classy. That is how many people perceive it nowadays (Virga, 2017).

From researchers' observations, cigarette manufacturers have a reliable method to attract more consumers. Various advertisements on billboards, posters, and advertisements in electronic media are

displayed to stimulate consumers to try the products they are advertising. Apart from playing a role in changing perceptions, advertising can be the primary media source for adolescents to obtain 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 et al., 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 promotes smoking rather than branding. Given this well-established link between advertising and smoking, several countries have banned all forms of outdoor tobacco advertising: 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 et al., 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 (e.g., 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 to tobacco advertisements. Additionally, 3028 ads (87% of the total) were on medium to large banners and billboards, which are more likely to be remembered. Also, most advertisements come from national tobacco companies, the most prominent being tobacco companies, with aggressive and attractive marketing strategies, especially towards young people. The study results also show a relatively large hotspot where 378 schools (39% of the total) are located. These hotspots are proven to be in densely populated areas and have higher poverty rates. This could increase 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 likely due to interference from Indonesia's most powerful corporate lobby. This lobbying can also be felt and cannot be ignored; it happened in the Kanjuruhan Tragedy, which killed more than 130 people and recently became the public spotlight, even the world. The new findings, the Joint Independent Fact-Finding Team (Tim Gabungan Independent 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).

3.4. Interested organizations

The government (especially the central government) is the most interested in increasing the number of smokers in Indonesia. Apart from being predicted to burden the Indonesian economy, the government is the only organization with all the necessary resources 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 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 PP 109/2012 regulation concerning Safeguarding Substances Containing Addictive Tobacco Products for Health. However, after ten years of implementation, this regulation still fails to protect children, given that the number of smokers is increasing. The regulations clearly state a prohibition on selling cigarettes to children and ordering children to buy cigarettes. However, this policy positions children as passive agents, with children deemed unable to access cigarettes. It is still easy for children to buy cigarettes—many parents tell 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 a child. If this continues, Indonesia will continue to be a smoker's paradise.

The poll results in the Tempo.co Indicators rubric for July 11-July 18, 2022, shows that most 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 relatively 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 (DBH CHT) is part of transfers to regions that are distributed to excise-producing and tobacco-producing provinces.

DBH CHT is a fund from the State Budget with a certain percentage allocated to excise and tobacco-producing regions to support the national health insurance program, significantly increase the quantity and quality of health services, and restore the economy in the regions. DBH CHT funds programs to improve the quality of raw materials, industrial development, social environment development, dissemination of provisions in the excise sector, 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 the local government has budgeted IDR 3.17 trillion 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 region budgets 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, reaching 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. It must refer to 5 activity programs regulated in laws and regulations (UU 39 of 2007 and its implementing regulations) (Bisnis.com, 2019).

4. Conclusions

This study provides 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 promoting all tobacco outdoors 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 following 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 a prohibition on selling cigarettes to children and ordering children to buy cigarettes. However, this policy positions children as passive agents, with children deemed unable to access cigarettes. It is still accessible 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. However, it still needs to be evaluated and improved for its use. Even though 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 still faces problems regarding internet infrastructure. Not all village areas have broadband internet access, so 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 also benefits the insurance industry, which mostly separates smokers from non-smokers.

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