Misconceptions About Smoking-related Health Risks Among Youth in Jakarta, Indonesia

Lisa Lagasse, PhD; Marela Kay Minosa, MSPH; Meghan Moran, PhD; Joanna Cohen, PhD

**Background**
- Despite reductions in youth smoking rates, adolescents remain susceptible to tobacco use.
- Cigarette smoking and use of other tobacco products is increasing among youth in many low- and middle-income countries (LMIC) due to population growth and aggressive tobacco marketing.
- Perceived harm from tobacco is strongly associated with smoking behavior.
- Exposure to tobacco-related media can alter risk perceptions among youth.

**STUDY AIM:** Examine perceptions of tobacco advertising and tobacco-related harms among youth in Jakarta, Indonesia.

**Methods**
- Secondary analysis of seven focus groups discussions (FGD’s) with youth ages 13-17 years.
- FGD’s were heterogeneous by sex (male and female) and smoking status (non- and current smoker), and homogeneous by socioeconomic status (low, mid, high).
- Participants were exposed to television advertising for two brands of kretek, cigarettes that blend tobacco with clove and other aromatics.
- All groups were audio-recorded, transcribed in Bahasa Indonesia, translated into English, and subjected to thematic analysis.

**Results**
- Participants in mid- and high-SES FGD’s described the cigarette ads more negatively, compared to participants in low-SES FGD’s who noted more positive elements of the ads.
- Across all FGD’s, participants were aware of a variety of harms associated with smoking.
- Participants in low-SES FGD’s indicated misconceptions about the causes of and ways to mitigate tobacco-related morbidity.

**Conclusions**
- Indonesian adolescents were aware of the health risks associated with tobacco use.
- Low-SES youth, in particular, indicated misconceptions related to the causes of tobacco-related illness and ways to reduce these harms.
- Future research may investigate how advertising relates to tobacco-related misconceptions.
- Efforts to prevent youth smoking should communicate accurate health risks and directly counteract fallacies.

**Acknowledgements:** This work was supported with funding from Bloomberg Philanthropies’ Bloomberg Initiative to Reduce Tobacco Use (Bloomberg.org)

www.globaltobaccocontrol.org