



SNAPSHOTS OF PERCEPTIONS  
FROM THE GENERAL PUBLIC AND POLICY MAKERS ON

# STUNTING AND TOBACCO



# ***Snapshots of Perceptions from the General Public and Policy Makers on Stunting and Tobacco***

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# **Snapshots of Perception from the General Public and Policy Makers on Stunting and Tobacco**

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# Foreword

It is known that Indonesia is one of the countries with the highest smoking rates, with a quarter of the population being smokers. One of the effective strategies to reduce Cigarette consumption as recommended by WHO is to increase excise duty tobacco. Studies show a 10% increase in cigarette excise will reduce cigarettes consumption of 0.9% to 3%.

In an effort to reduce the prevalence of stunting and promote public health through use of the Tobacco Excise Revenue Sharing Fund (DBHCHT), SEAMEO RECFON supported by the International Union Against Tuberculosis and Lung Disease (The Union) Indonesia, compiled the Stunting and Tobacco Book: "Portrait of Public Perceptions and Policy Makers regarding Stunting Eradication and Tobacco Control".

It is hoped that this report book can provide education to the public and become a referral until these mechanisms can be adopted at the national level and integrated in stunting convergence agenda at the planning and evaluation stages.

Jakarta, February 2022



Prof. dr. Muchtaruddin Mansyur, PhD  
Director SEAMEO RECFON

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# Glossary

ASI	: Air Susu Ibu
BKKBN	: Badan Kependudukan dan Keluarga Berencana Nasional
BPJS Kesehatan	: Badan Penyelenggara Jaminan Sosial Kesehatan
DBH-CHT	: Dana Bagi Hasil Cukai Hasil Tembakau
GENRE	: Generasi yang punya Rencana
HJE	: Harga Jual Eceran
IDI	: In-depth Interview
IBangga	: Indeks pembangunan keluarga
IPA	: Indeks Perlindungan Anak
IUGR	: Intra Uterine Growth Retardation
JKN	: Jaminan Kesehatan Nasional
Nakes	: Tenaga Kesehatan
PKJS	: Pusat Kajian Jaminan Sosial
PDB	: Produk Domestik Bruto
RPJMN	: Rencana Pembangunan Jangka Menengah Nasional
Riskesdas	: Riset kesehatan dasar nasional
SDGs	: Sustainable Development Goals
SEAMEO RECFON	: Southeast Asian Ministers of Education Organization Regional Center for Food and Nutrition
WHO	: World Health Organization

# Why this book



Stories are often crafted to convey memories, knowledge and actions done, as a part of history they can also be passed down and be a mover or a legacy. For this reason, after more than two years of working in the world of tobacco control, we at SEAMEO RECFON decided to put all the knowledge we have explored so far about tobacco control and its impact on stunting to this book.

This book was prepared to emphasize that tobacco control should be an integrated part of the Indonesian human resources development agenda especially as part of food and nutrition interventions in early childhood. In addition, this book also documents lessons learned and information extracted from the implementation of a series of activities “Analysis of Public Perceptions and Policy Makers regarding Stunting and Excise on Tobacco Products” conducted by SEAMEO RECFON, so that they can be disseminated wider.

This book will systematically review the arguments for the relationship between cigarette consumption and malnutrition, especially stunting. It will also highlight the importance of tobacco excise in controlling cigarette consumption. Stunting has been part of the mainstream policy discussion regarding human development in Indonesia. It characterized by non-optimal linear growth measured by relatively short height compared to the average of their peers. Ironically, stunting is also a marker of stunted growth of other organs including the brain

that affects school performance and work productivity. In addition, stunting also increases the risk of chronic diseases such as diabetes and cardiovascular problems.

Unlike underweight which occurs due to acute malnutrition, stunting occurs due to chronic prolonged malnutrition during important periods of growth and development. Sometimes it is also difficult to identify especially if most of the children in the community are also short. Therefore, the problem might not be visible for the community, despite the fact that the number of stunting cases in Indonesia is quite high. About a third of Indonesian children or a total of nine million children suffer from it.

There have been many evidences in Indonesia showing that the father's smoking habit is closely related to the household food insecurity and malnutrition, especially stunting in both urban and rural areas.<sup>5,6,7,8,9</sup> A recent study by the Centre for Social Security Studies (PKJS), University of Indonesia shows that families of smokers in Indonesia are 5.4 times more likely to have stunted children, because these families divert a portion of their income from nutritious food and health to buying cigarettes.<sup>10</sup> With these evidences, it is clear that cigarettes smoking negatively associated with household food security and children nutritional status. Thus, tobacco control should be an integral part of the agenda for early childhood food and nutrition intervention strategies.

This book will not argue that tobacco is the main cause of stunting in children but rather focuses on how smoking habits, especially in fathers and exposure to cigarette smoke at home contribute significantly to food insecurity and nutritional problems in children so that their negative consequences can no longer be ignored. On the other hand, this book also explores how tobacco excise mechanism can help improves tobacco control and public health services. We also try to portray and curate the opinions of stakeholders and the general



public on this issue to add perspectives for readers regarding the important link between tobacco control and the development agenda in the field of food and nutrition, especially for Indonesian children. The sections presented in this book are based on a series of webinars and research conducted by SEAMEO RECFON.

This book is structured as follows: the first chapter will present information on stunting in Indonesia, the second chapter will discuss stunting and its relation with smoking and the last chapter will discuss Government policy on Stunting and Tobacco Control.

We hope this book can give a better understanding for its readers on stunting and tobacco control in Indonesia.

# Chapter 1

# Stunting in Indonesia



# What is stunting?

---

Stunting is a condition of impaired growth and development defined through height measurements, where **the child's height is shorter than the median height standard set by the World Health Organization (WHO) for the height of children their age**. This WHO height standard is developed based on research in more than 80 countries. This imply that, it is possible for the child in various countries to achieve the ideal height standard when they are provided with optimal environment to grow and develop, this including good nutrition.

There are 161 million children in the world who suffer from stunting and half of them is in Asia while another third is in Africa.<sup>11</sup> In contrast to wasting or underweight, which are easier to spot visually, stunting often goes unnoticed, especially in communities where the average height tends to be short. Thus, this problem may actually affect more children than it currently estimated.



# How big is the problem in Indonesia?



**One in three children under five years old in Indonesia is stunted.** The prevalence based on the National Health Survey (Riskesdas) were 37.2% and 30.8% respectively in 2013 and 2018.<sup>12,13</sup> Riskesdas 2018 data also shows that stunting is more common in boys (31.7%) than girls (29.7%) and more often found in rural areas (34.9%) than in urban areas (27.3%).<sup>15</sup>

The latest data through the Indonesia Nutrition Survey for Under Five Years Old Children (SSGBI) in 2019 shows a declining prevalence of 27.7%. Despite the decrease, this figure is still far from the target set in the Indonesian National Medium Term Development Plan (RPJMN) which is 14% in 2024.<sup>15</sup>

# Why is Stunting bad?

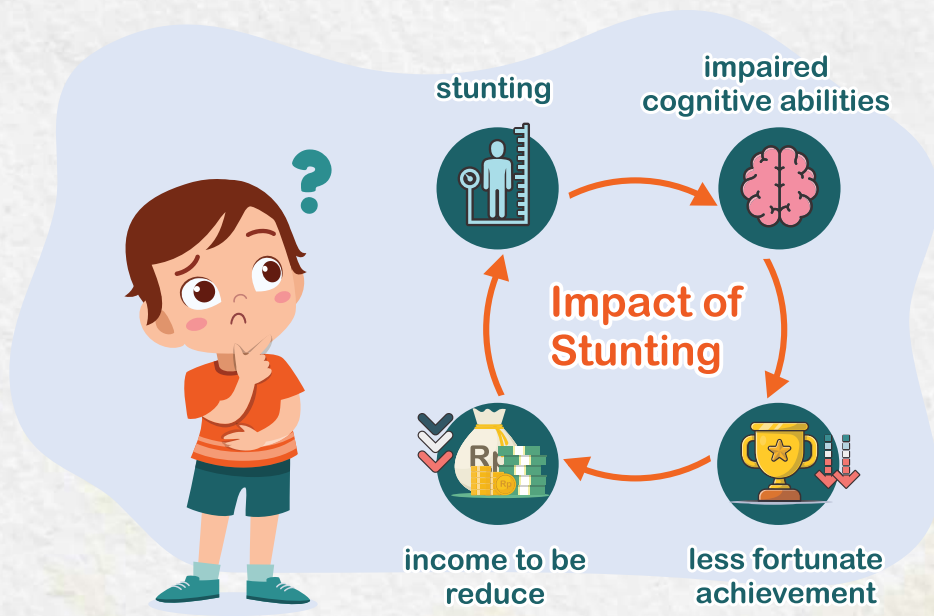
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Problem in Stunting is beyond being short stature, it signals impairment in growth and development in various organs. This leads to childhood death as well as poor health that will continue into adulthood. Stunting causes loss of potential for optimal physical growth, decreased cognitive function and neurodevelopment, as well as an increased risk of having chronic non communicable diseases as adults.<sup>16</sup>

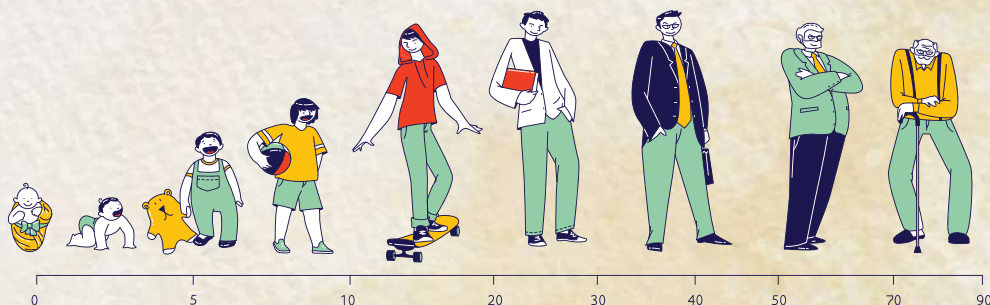
In childhood, stunting is associated with increased morbidity and mortality from infections, particularly pneumonia and diarrhoea. It has also been associated with cognitive impairment that affects school achievement.<sup>21</sup> In addition, there is ample evidence to suggest an association between short stature and lower income and productivity in adults.<sup>18</sup>

Furthermore, the impact of stunting does not end at the person suffering from it. Women who experience stunting during her childhood will tend to give birth to children who are stunted. Moreover, parents with stunting tend to have lower productivity and income thus their ability to meet their family's health and nutritional needs will also be inadequate. These are the two paths how stunting contributes to the intergenerational poverty.





It is clear that the negative impact of stunting from an economic perspective is devastating. Both, directly for the individuals and their families through the increased incidence of illness, the burden of medical costs and the decrease in human productivity. These negative impacts are also be passed on to the next generation. Therefore, it is important for Indonesia to solve stunting problem in order to break the cycle of intergenerational poverty and economic inequality.



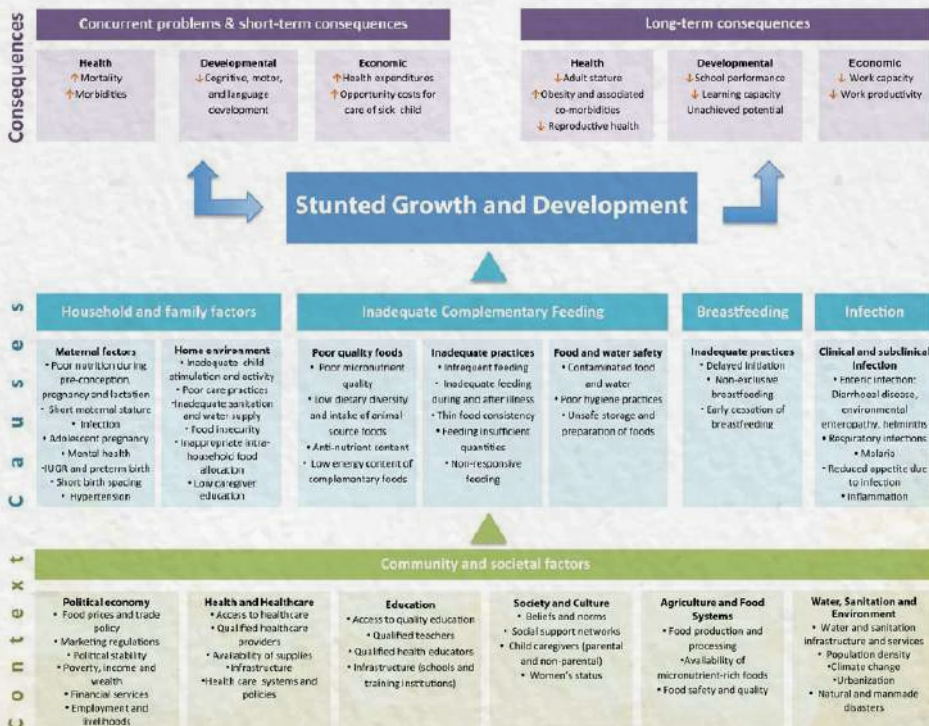
# How does it happen?

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The impaired linear growth in stunting is the result of a complex interaction between the individual, household and community factors as well as the state policies. Stunting is a reflection of inequality in human resource development. It has caused millions of children fail to reach their potential due to poor environmental and health conditions along with prolong malnutrition and inadequate parenting.

An evidence reviews showed that childhood stunting in Indonesia is associated with male sex, premature birth, short birth length, lack of exclusive breastfeeding for 6 months, maternal height, low maternal education, low household socioeconomic status, living in poor households, living in households without latrines and untreated drinking water sources, poor access to health care, and living in rural areas. <sup>19</sup> Childhood stunting in Indonesia is also associated with parental height, birth weight and household food security which is reflected in the frequency of eating two or less meals a day. <sup>20,21</sup> Another undeniable important risk factor for childhood stunting in Indonesia is exposure to cigarette smoking, mainly from paternal smoking.

*"In the conceptual framework on childhood stunting by the WHO, smoking is part of the family factor, but it has not been specifically listed, even though various studies have found a strong relationship between smoking in the family and stunting."* said Grace Wangge, a public health expert from SEAMEO RECFON in the webinar "Smoking and Increase Risk of Stunting among Children" March 20, 2021.



Conceptual Framework on Childhood Stunting WHO 2013. Source: WHO, Childhood Stunting; Challenges and opportunities. Report of a promoting Healthy Growth and Preventing Childhood Stunting colloquium. Geneva, World Health Organization; 2014



# Why stunting is an important indicator for national development?

Due to continuous strong advocacy, we currently hear more about stunting. Stunting is an important indicator for national development which can reflect chronic inequality which negatively affects the quality of human resources. Stunting is a sustainable human development indicator due to several reasons:

01

Stunting is a big issue because one in three Indonesian children under five years old is stunted.

03

Stunting is caused by many factors including chronic inadequate nutritional intake, poor health condition and parenting practice. Thus, efforts to reduce the prevalence of stunting require cross-sectoral collaboration. Hence, stunting can become a locomotive to draw multi-sectoral involvements for convergence actions.

02

Stunting causes devastating short-term and long-term impacts on health, educational attainment and work productivity. Furthermore, stunting can lead to cycle of intergenerational poverty and income inequality.

04

Stunting can be measured objectively with objective standardized methods and measuring instruments so it is easily be monitor and evaluate.

## Key Messages



Children with stunting are shorter than the median height of their peers



Stunting happens due to prolonged inadequate nutrition intake, poor health condition and parenting practice



Smoking is an important factor which negatively affects household's physical environment as well as nutrition intakes and food consumption





## Chapter 2

# Stunting and Cigarette Smoking





# Is there any evidence stating that cigarette smoking relates to stunting?

---

The prevalence of stunting in Indonesia is higher in rural areas than in urban areas. Nearly 75% of poor rural households have a smoking father and an analysis of Indonesia's national nutrition surveillance data involving around 27 thousand households shows that paternal smoking is strongly associated with household food insecurity.<sup>5</sup>

Similarly, analysis of Indonesia's national nutrition surveillance data for urban poor families also found that the paternal smoking prevalence in urban poor households is very high. Consequently, the incidence of childhood stunting and other nutritional problems is higher in the households with smoking fathers.<sup>10</sup> Two cross-sectional studies conducted in Gorontalo and in rural Surakarta also highlighted similar results that paternal smoking is associated with an increased risk of stunting in their children.<sup>7,8</sup> This significant relationship is not limited in younger children, another Indonesian study found paternal smoking is also strongly associated with increased incidence of stunting in school-age children.<sup>9</sup>

*"A cohort study involving 9000 subjects in the UK which observed the growth of subjects over 10 years, from pregnancy to adolescence showed that smoking mothers had an increased chance of having a shorter baby. The height of girls with smoking mothers when they reached the age of 10 or above is about 1.11cm shorter than those whose mothers are non-smokers. A systematic review study also showed the similar findings, children with smoking mothers were 0.43cm shorter in height."* said Grace Wangge when explaining the evidence of a negative consequences of cigarettes smoking on stunting in a webinar about smoking and the increased risk of stunting in children, in late March 2021.

Grace Wangge further added that this negative impact also depends on the time when the mother stops smoking, the number of cigarettes she consumed as well as the length of exposure to the cigarette smoke *“If a mother stop smoking during her early pregnancy, the height of her child will be close to normal but if she only reduces the number of cigarettes she smokes, her child will still be shorter. In addition, the dose of exposure also plays a role. If the mother smokes more than 10 cigarettes per day then her child is about 0.51 cm shorter. Research in Indonesia also shows that duration of exposure to cigarette smoke for more than 3 hours per day increases the risk of stunting by more than 10 times in children aged 25 to 29 months old”*.



# How does cigarette smoking increase the risk for stunting?

here are two paths on how smoking can increase the risk of stunting, the first is the biological pathway and the second is through the economic pathway.

Exposure to harmful substances in tobacco products and their smoke either primary, secondary or tertiary can cause intrauterine growth retardation (IUGR). This happened due to maternal anemia and decreased placental blood flow because of constricted blood vessels and impaired function of vascular perfusion. This process causes damage to the placenta and can lead to placenta detachment which also decreases the oxygen and nutrients supply for the growing foetus. In addition, tobacco smoking also disrupts the immune system of the mother and baby as well as the maternal hormones and metabolism balance in both the mother and baby. These pathological processes can cause babies to be born with low body length and weight,



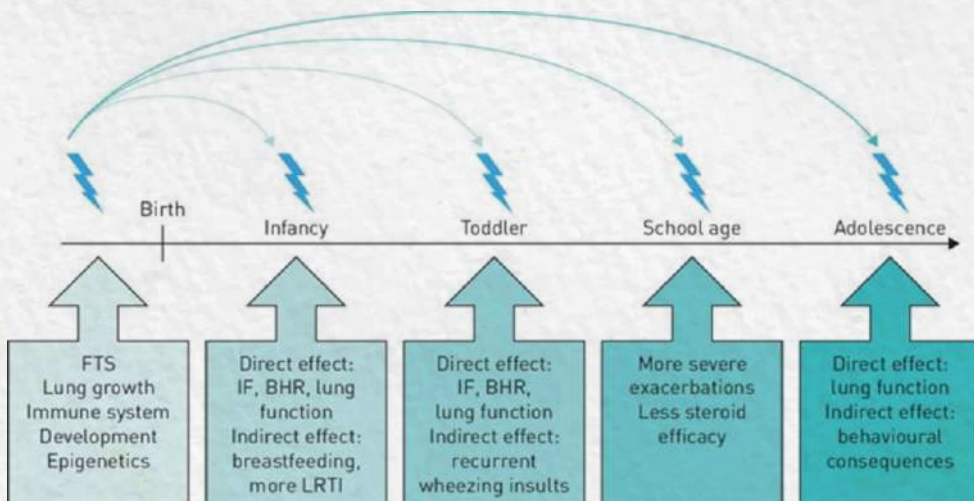
Exposure to harmful substances in cigarettes can cause inhibition of fetal growth in the womb, anemia in the mother and decreased placental blood flow due to constriction of blood vessels and impaired blood perfusion function

smoking interferes with the immune system, hormones and metabolism in mother and baby, can cause the baby to be born with low height & weight, respiratory disorders, premature birth or birth defects.

exposure to tobacco after delivery also lowers immunity infectious diseases, especially asthma and respiratory tract and metabolic disorders that interferes with growth child development to adolescence.



respiratory system disorders, premature births and births with congenital defects such as palatal and lip cleft.<sup>25,26</sup> All of these factors can increase the risk of stunting in toddlers.



Exposure to cigarette smoke and the harmful substances it contains also causes fertility problems in men and women by damaging the quality of sperm and egg cells as well as the biological function of the female reproductive organs, recurrent upper respiratory tract infections as well as metabolic disorders that can interfere with the child's growth and development.<sup>27</sup> Therefore, it is important for parents and other family members to prevent or stop smoking as early as possible, starting from the time they are preparing for pregnancy until the child reached their adolescent.

As it is also explained by Dr. dr Hasto Wardoyo SpOG(K) the head of the BKKBN who is an obstetrician "When I was still practicing as an obstetrician, if we want the IVF program, for the fathers if he smokes, he must stop smoking at least 75 days before the IVF. This is because of smoking impairs the sperm quality" at the end of July 2021 in the webinar "Developing Leadership as Part of Advocacy for Stunting Prevention and Tobacco Control" held by SEAMEO RECFON.



The second path is the economic pathway, through competition in households' expenditures for nutritious food and optimal parenting. Data from the Statistics Indonesia shows that spending on tobacco was the third highest expenditure per capita in 2014, it comes after ready-to-eat food and rice. The figure also illustrates that spending on tobacco is higher than spending on meat, fruits, vegetables and fish as important sources of nutrition for children.<sup>22</sup> Data from Statistics Indonesia in 2020 also shows that cigarette is one of the most consumed items for Indonesian households, it only placed second after rice.

Prof, drh. Rizal M Damanik, the BKKBN deputy for research and development who is also a senior nutritionist said in the webinar "Smoking and Increased Risk of Stunting Among Children" held by SEAMEO RECFON at the end of March 2021; *"Over the last two decades, cigarette consumption in Indonesia has actually increased. Expenditure on cigarettes is placed third just after rice and groceries. This means that children's nutrition and education must compete with cigarettes, this is ironic and sad"*.

# How does the general public perceived the association between cigarette smoking and stunting?



Qualitative interviews conducted with an educated groups showed that respondents were able to conclude the relationship between parental smoking habits, in both fathers and mothers with the risk of stunting in children. Respondents from the health care workers group have also been able to observe the relationship between smoking and its impact on stunting from their personal experience in the field, as illustrated in the following interview excerpt:

*"What we see in person, it is common to find a child whose height visibly does not match their age is on average, their father especially is often a smoker."* (IDI – R3, Women, Healthcare Workers, South Sulawesi)

Some respondents highlighted the economic mechanism, where smokers prefer to buy cigarettes rather than buying nutritious food, which results in stunting.

*"If the parents work in the fields, the most important thing (for them) is smoking over their children's nutrition, right?"* (IDI – R1, Female, Government Officials, Simalungun)

Other respondents underlined the biological process by which toxins from cigarette smoke cause respiratory problems and impaired nutrient absorption. Respondents also understand that the negative impact of smoking is not only for active smokers but also for children who are often passive smokers. As illustrated in the following quotes:

*"So, when a family member smokes, of course there are the other family members are passive cigarettes smokers, even though the children don't smoke they are also a passive smoker, right? So, it (smoking) also causes negative effect on their growth."* (IDI – R4, Female, Government Officials, South Kalimantan)

*"Well, the chemicals in cigarette smoke are carcinogenic substances, those might cause many health problems, maybe not just limited to respiratory problems for example, it can also cause nutrient absorption problem in children, which in the end, If the nutrients are difficult to absorb, it will automatically be the beginning of stunting."* (IDI – R2, Female, Government Officials, Purworejo)



# Key Messages



Both, maternal and paternal smoking habit are associated with an increased risk of stunting in children from families with the same socioeconomic background



Parental smoking habit increases the risk of stunting through biological and economic pathways



Biological pathways: exposure to harmful substances in tobacco products and their smoke, either primary, secondary or tertiary, can cause IUGR, impaired immune system, metabolism and hormones. Parental smoking increases the risk of babies being born with low body length and weight, premature births and births with congenital defects and increases the risk for recurrent respiratory tract infections. These intra and extra uterine factors caused by parental smoking increase the risk of stunting.



Economic pathway: spending on cigarettes among families in low-income households competes with spending for adequate, diverse and nutritious food



## Chapter 3

# Government Policy on Stunting and Tobacco Control



# Is stunting prevention part of the national development strategy?

Yes, it is. Given the importance food as human rights and its role in improving the quality of human resources, indicators related to food and nutrition have become part of global and national development strategies. Globally, the right to health and optimal growth and development for children and efforts to ensure the achievement of good nutritional status have been listed in the Sustainable Development Goals (SDGs).<sup>2</sup>

## SUSTAINABLE DEVELOPMENT GOALS





The goals related to food and nutrition are explicitly stated in the second and third objectives. The second goal, no hunger, emphasizes that one of the indicators is a world free from malnutrition by 2030. This includes nutritional problems in children under five years old such as wasting and stunting as well as nutritional fulfilling the nutrition needs for adolescent girls, pregnant and lactating women. While the third goal, good health and wellbeing includes to stop premature death in new-borns and young children.

Meanwhile, at the national level, this global development strategy is also reflected in the 2020-2024 National Medium-Term Development Plan (RPJMN), which is the starting point for achieving the Indonesia 2045 vision "Indonesia Maju" or developed and prosperous Indonesia.<sup>3</sup> This vision is realized through nine missions well known as the second term *Nawacita*. One of the missions is to improve the quality of Indonesian human resources by improving the health care services. In this strategy, child nutrition as an important component is clearly stated as an indicator for achievement through the Child Protection Index (IPA) and the Family Development Index (IBangga).

In the IPA, especially in the domain of basic health and welfare, there is a target for reducing the prevalence of stunting in under five children. In addition, in the IBangga, in the self-reliance dimension one of the indicators is the household food security which is reflected in the consumption of diverse food groups consisting of staple foods, vegetables and fruit as well as protein source at least twice a day for the last six months.<sup>4</sup> Of course, these commitments in stunting prevention stated in the national government development strategy should also be adopted by local governments.



# What are the government strategies in lowering stunting prevalence?

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The government's latest strategy to reduce stunting is currently stated in the Presidential Regulation of the Republic of Indonesia number 72, year 2021 Concerning Acceleration of Stunting Reduction. The Presidential Regulation states that the intermediate target for stunting prevalence in 2024 is 14%, this means we need to accelerate current decline rate from 0.3% per year to 2.7% per year.

The National Strategy has five strategic pillars, namely:

1. Increasing the commitment and vision of leadership from ministries/national agencies, Provincial Governments, District/City Governments, and Village Governments
2. Improving communication for behavior change and community empowerment
3. Increasing the convergence of Specific Interventions and Sensitive Interventions in the ministries/national agencies, Provincial Governments, District/City Governments, and Village Governments level
4. Increasing food and nutrition security at the individual, family and community levels
5. Strengthening and developing reliable systems for data, information, research, and innovation.

Meanwhile, the priority activities consist of:

1. Provision of data regarding family at risk of Stunting
2. Assistance for families at risk of Stunting
3. Assistance for all prospective brides and prospective couples of childbearing age (*Pasangan Usia Subur - PUS*)
4. Surveillance of families at risk of Stunting
5. Stunting case audit.

The implementation of these strategies and priority activities is coordinated by the Head of the National Population and Family Planning Board or BKKBN as the chief executive, and assisted by ministers from various ministries involved in the strategy.



# Is there any specific strategy related to tobacco control for stunting prevention?

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Currently, there are no specific strategies or activities that link tobacco control to lowering stunting prevalence. Tobacco control has not been explicitly included as part of stunting reduction strategies and activities. Thus, the decrease in cigarette consumption or decrease in exposure to cigarette smoke has not been utilized as explicit indicator of activity outcomes in stunting prevention program. However, tobacco control can currently be embedded in the pillars of improving communication and behaviour change as well as in the increasing convergence of interventions. Health messages about the dangers of smoking on foetal growth and development thus causing increasing risk of stunting can be included in the support program for families at risk of stunting, prospective brides and prospective couples of childbearing ages.

As stated by Prof. Rizal Damanik from BKKBN *"At the village level we have three family support programs, for families with toddlers, families with teenagers and families with elderly members...through these three approaches, field officers or assistants can promote and educate the families on the dangers and negative impacts of smoking"* he also continued that BKKBN does not directly has a special role in tobacco control but can integrate the no smoking message for the adolescents through their existing programs *"The BKKBN does not directly have a special program regarding tobacco control, but in the GENRE (Generation with Plan) program there are three "NO" messages, one of which is no to drugs, now this of course includes saying no to cigarettes."* Webinar "Smoking and Increased Risk of Stunting Among Children" - 30 March 2021.



**One of the main reasons why cigarette consumption in Indonesia has not decreased is because of its low price.** This leads to easy access by vulnerable groups such as the poor with low education and youth as novice smokers. **Thus, to make the cigarettes expensive and therefore difficult to access, especially by the children and vulnerable, excise tax regulation needs to be implemented correctly.**

# Why Excise Tax?

Excise tax is one of the oldest types of tax in the world which aims to regulate, control or limit the consumption of goods subject to collection. As regulated in Article 2 of Law No. 39 year 2007<sup>1</sup>, excise is imposed on products with negative externalities, this includes tobacco products.

**"So don't twist it, the purpose of excise is to control consumption, unlike other tax which aims to generate state revenue."**

Revenues derived from excise on products that have a negative impact can be allocated to finance national and local development agenda. The distribution of excise funds on tobacco products to local governments producing tobacco products in Indonesia is known as the 'Tobacco Excise Revenue Sharing Fund' or DBH-CHT.



# Can excise control tobacco consumption?

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**One of the main reasons why cigarette consumption in Indonesia has not decreased is because of its low price.** This leads to easy access by vulnerable groups such as the poor with low education and youth as novice smokers.  
**Excise tax makes cigarettes expensive and therefore difficult to access, especially by the vulnerable.**

According to Evan Blecher, PhD, an expert on fiscal policy for health from the WHO, "There are three main arguments that the opposition usually uses to oppose the imposition of excise, firstly, excise taxes will not reduce consumption, secondly, excise taxes have a regressive impact by hurting the vulnerable and marginalized groups and third, excise is bad for business."

Evan continued by pointing out the experience in South Africa regarding tobacco excise and excise tax on food products to refute this anti-excise argument. "The experience of imposing high excise taxes in South Africa shows that cigarette consumption decreases as excise rates increase while at the same time cigarette excise revenues increase. In addition, the impact of excise is actually progressive, because it can prevent catastrophic expenditures for vulnerable groups due to the adverse effects of consumption of these products. In addition, for food and beverage products, the imposition of excise actually encourages the industry to innovate and produce healthier product formulas. So, the three opposition arguments can clearly be refuted." This was conveyed by Evan Blecher in the "Sin Tax as Public Health Measure" webinar held by SEAMEO RECFON.

While in Indonesian context, Dr Abdillah Hasan, an economist from the University of Indonesia said that in 2019, there was no increase in cigarette

excise and this resulted in an increase in cigarette production of 7.3% and cigarette consumption increased by more than 24 billion sticks compared to the previous year. Meanwhile, in 2020 when there was a 23% increase in excise and 35% retail selling price (HJE) the cigarette sales dropped drastically. Hence, increasing cigarette excise is one effective way to reduce cigarette consumption in Indonesia.

Responding to the plan to increase cigarette excise in 2021, he added, "In 2021 there will be an average increase in excise of 12.5%, considering the low inflation rate, this increase is actually quite good. The projected decline in production due to the increase in excise is ranging from 2.2% – 3.3%, the affordability index also increases from 12.2% to around 13.7% – 14%. This is expected to reduce the prevalence of smoking in adolescent aged 10-18 years old down to 8.8%-8.9%," add Hasan.



# How is the current tobacco excise policy in Indonesia?

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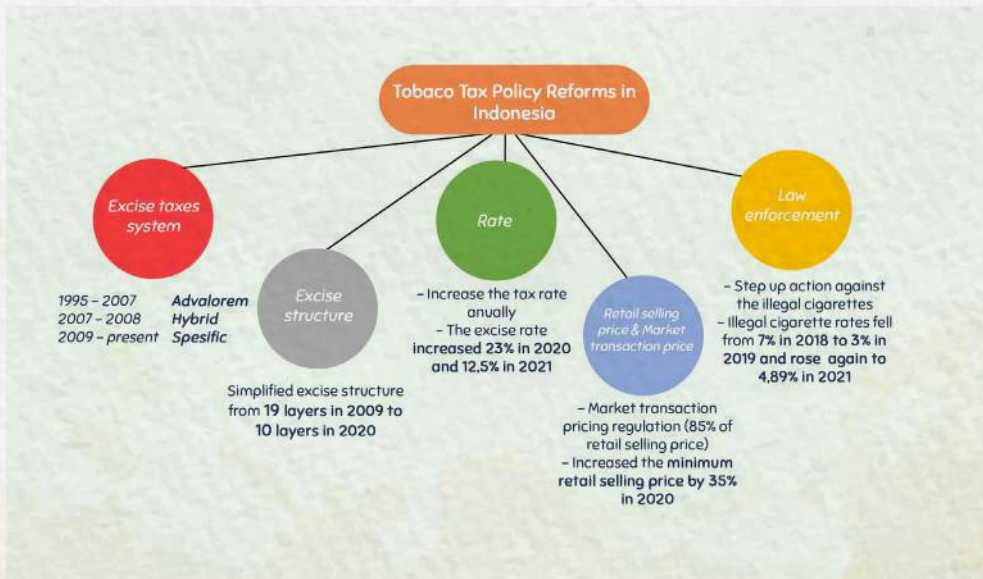
There have been several excise policies reforms in Indonesia over the last two decades. The excise policy reforms are related to five things, namely the excise system, excise structure, excise rate, law enforcement as well as determining retail selling prices and market transaction prices.

There are two types of excise taxes system, the first is specific or standard excise and the second is the ad voleram or value-based excise. For tobacco products whose negative impact is not based on dosage and the production cost is cheap, a simple and uniform excise tax system that is adjusted to inflation rate is the best choice for controlling tobacco consumption.<sup>24</sup> In Indonesia, the excise tax system has been reformed three times, in 1995 – 2007 it used the ad – voleram system, in 2007 – 2009 it used a hybrid system that combines ad-voleram and specific systems, while since 2009 until now it has used a specific excise tax system.

The excise structure is also very important, because the complex and multi-layered excise structure will have many loop holes and weaknesses that can be used to avoid its imposition. The current Indonesian tobacco excise structure is complex and multi-layered. This is designed to protect small-scale cigarette producers, but this complex and multi-layered regulation actually opens the gap for industries to avoid or cut its excise duty by shifting to produce products with lower excise specifications. This in fact invalidates the main purpose of imposing a cigarette excise tax which is to control its consumption in order to reduce the negative impact. But there have been indications of simplification despite keeping the layered structure, in 2009 there were 19 layers of the excise structure however, since 2020 it has been streamlined to only 10 layers.



In addition to the complex multi layered structure, the cigarette excise rate in Indonesia is still low, although it has increased by around 10% annually. However, this increase was still below the inflation rate, so that paradoxically the price of tobacco products in 2016 was even more affordable than in 2002 despite the price increase.<sup>23</sup>



Tobacco Excise Policy Reforms in Indonesia, source Presentation from Dr Abdillah Hasan at Webinar “Sin Tax as Public Health Measure” – 27 May 2021

# Can tobacco excise revenue be utilized for stunting prevention?

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Revenue derived from excise on products with negative externalities can basically be utilized to finance national or local development program. The distribution of excise funds on tobacco products to local governments producing tobacco products in Indonesia is known as the 'Tobacco Excise Revenue Sharing Fund' (DBH-CHT). There are two DBH-CHT mechanisms, and based on the regulations governing the allocation of their utilization, these two sources can be used for stunting prevention program.

The two mechanisms are as follow; first is through the distribution of tobacco excise obtained by the central government of 2% which is distributed to tobacco and cigarette-producing provinces. This is regulated in Law No. 39 of 2007 concerning excise. There are five affairs that can be financed from this revenue sharing; improving the quality of tobacco leaves, monitoring the tobacco industry, public welfare including health, socializing excise policies and law enforcement for illegal cigarettes. Based on Minister of Finance Regulation No. 206/PMK 07/2020 article 10, there are three main allocations for the health sector, namely stunting and health services related to COVID 19, development of health infrastructure and payment of national health insurance or BPJS kesehatan.

The second mechanism is through a 10% local cigarette excise which is obtained directly by the province. The use of this revenue for public health services is regulated in the Minister of Health Regulation (PMK) no 40 of 2016 and no 53, year 2017 which is an amendment to PMK no 40, year 2016. In both PMKs it is stated that the utilization of cigarette excise revenue for funding public health services can be used for activities related to improving food and nutrition security. However, in the PMK no 53, year 2017 it is emphasized that

75% of the revenue should be allocated for financing the national health insurance program.

However, not all regions have appropriate DBH-CHT budgeting and allocation policies. A study conducted by SEAMEO RECFON in 2019 showed that in several areas in West Java, the DBH-CHT was mostly used to build health facilities, such as Neonatal Intensive Care Unit (NICU), which of course is not directly related to stunting.

University of Indonesia economist, Abilah Hasan again emphasized the benefits of increasing cigarette excise in the webinar "Sin Tax as Public Health Measure" at the end of May 2021 *"Raising cigarette excise means we gain four wins, first for the public health, second for national revenue, third for regional revenue and fourth is the decrease in the cost spent by the national health insurance,"* he then added regarding the proportion of allocations in the PMK *"If the JKN is no longer in deficit, of course more funds can be allocated for stunting"*

The response from stakeholders from tobacco-producing areas is also positive, as revealed by the East Lombok government represented by the Head of the District Health Office Dr H Patlurrahman *"We are always ready if there are regulations that explicitly mandate the allocation of cigarette excise revenue for stunting prevention. In order for stunting to get a budget from various sources, first, stunting must be included as a priority in the district government development agenda, that is how the budget politics is like in the fields."* As stated in the webinar "Developing Leadership as Part of Advocacy for Stunting Prevention and Tobacco Control " at the end of July 2021.



# How does the local stakeholders perceive the issue of tobacco excise revenue share allocation for stunting prevention?

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The respondents' opinions interviewed in a study conducted by SEAMEO RECFON in 2021 showed a largely positive response regarding the use of cigarette excise funds to improve the health and welfare of the community. They reacted positively because the funds mainly allocated for poor families who are directly affected by cigarette consumption. The respondents also agreed to use these funds for stunting prevention in their respective regions, as revealed in the following interview excerpt:

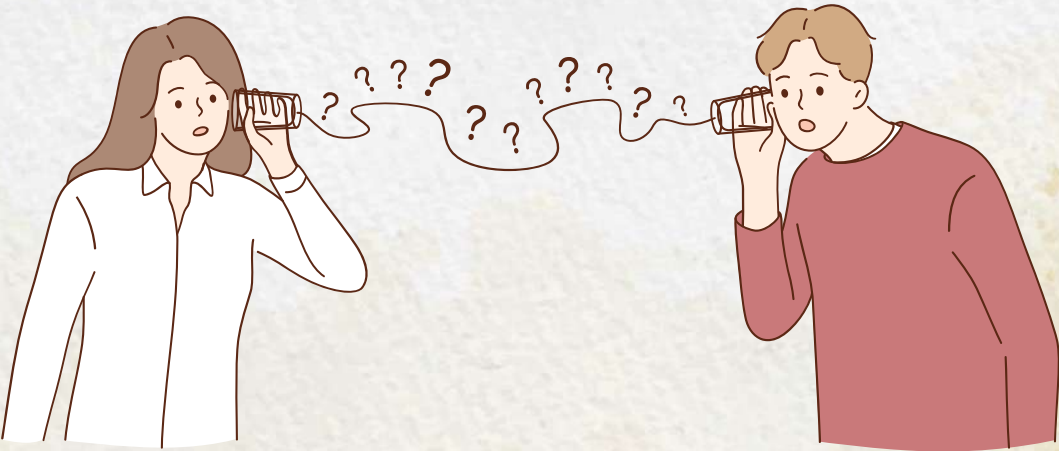
*"Yeah, that's how it should be. Yes, because it (tobacco smoking) has an important role as a risk factor of stunting, so it should be used for stunting prevention." (IDI – R3, Women, Healthcare Workers, South Sulawesi)*

*"Allocated for stunting? Yes, I agree. So, as we know the trend of consumption, is increasing again, the trend of tobacco consumption by Indonesian children and adolescents is also increasing. So, when it increases, the burden of disease caused by smoking will also increases. When everything increases like that, the national achievement in health decreases. Therefore, I think that the burden of disease caused by smoking is directly or indirectly reduced by increasing the excise. For the region, in the end when it (excise) rises, I hope the stunting is also will go down." (IDI – R2, Female, Government Officials, Purworejo)*



Some health workers at the district level have already received funds allocated for stunting prevention program and activities in their regions.

*"Since I worked here, we have received an allocation for the purchase of supplemental food (PMT). Yes, PMT this year. In 2021 it is targeted for toddlers and pregnant women. So, it may be in accordance with the regulation from the minister of finance as well. There is an allocation for health. So, we do really gain benefits from DBH-CHT revenue."* (IDI – R5, Female, Healthcare Worker, Sibolga)



# Key Messages



Stunting prevention and management is part of global and national development strategies



The government's strategy for accelerating stunting prevention is stated in the Presidential Regulation No. 72 year 2021



Currently, there are no specific government strategies or activities that link tobacco control with lowering stunting prevalence



Revenue derived from excise on products negative externalities can basically be used to finance development



The distribution of tobacco excise revenue to local governments producing tobacco products is known as the 'Tobacco Excise Revenue Sharing Fund' (DBH-CHT)



There are two DBH-CHT mechanisms, and based on the regulations governing the allocation of their utilization, funds derived from both mechanisms can be used for stunting prevention



Local government and stakeholders agree that DBH-CHT can be allocated for stunting prevention and management



A close-up photograph of a wooden door, split vertically by a dark hinge. The wood has a warm, brown tone with visible grain. Two silver-colored handles are mounted on the door, one on each side of the hinge. Below the left handle is a circular keyhole with a silver-colored cover. The word "Closing" is written in a large, white, sans-serif font across the lower half of the door.

# Closing



Lowering stunting prevalence is an important agenda for human resource development in Indonesia. Consumption of cigarettes in the household is one of the risk factors for childhood stunting, so efforts to reduce stunting prevalence is strongly connected to the tobacco control agenda. One such effective instrument for controlling cigarette consumption is excise increase which makes cigarettes less affordable for the vulnerable.

The philosophy of excise is to control the consumption of products negative externalities. The revenue generated from the imposition of the excise tax can be utilized to finance efforts to promote health and prevent disease, including improving food and nutrition security. This could be an opportunity to use tobacco excise revenue to address the problems caused by cigarette consumption such as stunting. Our series of webinars and interview have shown that stakeholders and the general public, although still limited, responded positively to this. Therefore, expanding the reach of messages and campaign regarding the theme that cigarette consumption can increase the risk of stunting is very important. The next theme is the importance of making cigarettes expensive to prevent stunting through increasing cigarette excise and the use of excise revenue to finance stunting prevention programs. Of course, it is a big challenge to design an appropriate communication strategy because it is not easy but yet not impossible. Hence, this is an opportunity for those of us who are concerned about this issue to be able to negotiate, collaborate and work together.

We are often drowned in empathetic messages designed to defend the tobacco industry. Marginal groups are often only used as mascots or shields to defend the interests of the capitals from the tobacco industry. The excerpts of the arguments from experts, stakeholders and the general public presented in this book are expected to encourage smokers to quit smoking, to prevent those who have not started smoking from smoking and to clarify our stand to those who initially sceptical on the key role played by the tobacco industry in orchestrating misinformation and disinformation of health messages. Thus, anyone who reads this book can at least pass on some information about the importance of tobacco control through increasing excise taxes to prevent stunting as a form of intergenerational investment in human resources.

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# Appendix 1

The Union

## Webinar series on TOBACCO CONTROL

### Smoking and Increased Risks of Stunting among Children

Monday, 24 March 2020  
09:00 - 12:00 UTC+7

**Speakers:**  
 Dr. Siti Nurhasanah, PhD  
 Dr. Siti Nurhasanah, PhD  
 Dr. Siti Nurhasanah, PhD

**REGISTRASI ONLINE**  
[bit.ly/REC-CON\\_SeminarRegForm](http://bit.ly/REC-CON_SeminarRegForm)

### Webinar on Nutrition and Disease Sin Tax as Public Health Measure

Thursday, 27 May 2020  
09:00 - 12:00 UTC+7

**Speakers:**  
 Dr. Siti Nurhasanah, PhD  
 Dr. Siti Nurhasanah, PhD  
 Dr. Siti Nurhasanah, PhD

**REGISTRASI ONLINE**  
[bit.ly/REC-CON\\_SeminarRegForm](http://bit.ly/REC-CON_SeminarRegForm)

### Webinar Leadership and Advocacy Pengembangan Pemikiran Kepemimpinan sebagai Bagian Aktif dari Penegakan Stunting dan Pengendalian Rokok dan Tembakau

Friday, 19 July 2020  
13:00 - 16:00 UTC+7

**Speakers:**  
 Dr. Siti Nurhasanah, PhD  
 Dr. Siti Nurhasanah, PhD  
 Dr. Siti Nurhasanah, PhD

**REGISTRASI ONLINE**  
[bit.ly/REC-CON\\_SeminarRegForm](http://bit.ly/REC-CON_SeminarRegForm)

### Press Conference: Rencanasi Cakupan Hasil Tembakau Tahun 2022 "Mengurangi Kematian Akibat Hasil Tembakau sebagai Upaya Peningkatan Kapasitas Kesehatan Masyarakat"

Wednesday, 22 September 2020  
13:00 - 15:00 UTC+7

**Speakers:**  
 Dr. Siti Nurhasanah, PhD  
 Dr. Siti Nurhasanah, PhD  
 Dr. Siti Nurhasanah, PhD

**REGISTRASI ONLINE**  
[bit.ly/PressConfRegForm](http://bit.ly/PressConfRegForm)

### Webinar on Health Promotion and Media Social "Efektivitas Media Sosial untuk Kampanye Kesehatan" Studi Kasus: Pengendalian Tembakau dan Stunting

Friday, 14 September 2020  
13:00 - 15:00 UTC+7

**Speakers:**  
 Dr. Siti Nurhasanah, PhD  
 Dr. Siti Nurhasanah, PhD  
 Dr. Siti Nurhasanah, PhD

**REGISTRASI ONLINE**  
[bit.ly/SeminarRegForm](http://bit.ly/SeminarRegForm)

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## **Appendix 2**

# Strengthening The National Campaign Strategy and Local Stewardship on Stunting Reduction and Utilization of Tobacco Excise Revenue Sharing Fund (DBHCHT) for Public Health

SEAMEO RECFON in collaboration with Department Ilmu Kedokteran Komunitas (Community Medicine), Faculty of Medicine University of Indonesia

## Key Messages

- Tobacco consumption in the households increases the risk for childhood stunting in Indonesia
- Stunting reduction needs cross sectoral collaboration from the central level and local governments this should also involve collaboration with community-based organizations and the private sectors
- The awareness and understanding of the general public and local stakeholders about stunting are lacking, thus they often overlook the root problem
- There is other source of funds that has not been utilized optimally that can be allocated for stunting reduction program

## Stunting Alleviation and Tobacco Control

Stunting is a condition of impaired growth and development defined through height measurements, where the child's height is shorter than the median height standard for their peers. Stunting is beyond being short, it signals impairment in growth and development in various organs. Stunting causes loss of potential for optimal physical growth as well as decreased in cognitive function manifest in school performance and productivity during adulthood.

In recent years, proof on the relationship between stunting and the consumption of tobacco and its products has become increasingly prominent. Many Indonesian studies have shown that paternal smoking habit is closely related to household food insecurity and childhood malnutrition, especially stunting, both in urban and rural areas. In a review conducted by Beal T. et.al, based on various cross-sectional studies in Indonesia, the risk of childhood stunting increased 8 – 17% in the household smoking parents, especially fathers.<sup>1</sup> Another study involving 482 young children from low socioeconomic status, found that 62.2% of stunted children have a smoking father, less than half (49.6%) of non-stunted children have smoking fathers.<sup>2</sup>

Research from the Centre for Social Security Studies (Pusat Kajian Jaminan Sosial - PKJS) University of Indonesia shows that families of smokers in Indonesia have a 5.4 times higher chance of having stunted children because these families shift the share of income for nutritious food and health to the purchase of cigarettes.<sup>3</sup> This evidence highlights that consumption of tobacco products increases the risk for childhood stunting through both the biological and economic pathways by affecting the households' food and nutrition security among the vulnerable groups. Hence, tobacco control strategy should be an integral part in the stunting alleviation in Indonesia.

## Stunting Alleviation Is Beyond the Health Sector

Referring to the World Health Organization (WHO) conceptual framework for childhood stunting<sup>4</sup>, implied the need for cross-sectoral coordination, both at the central and regional levels as well as collaboration with community-based organizations and the private sectors.

This has been realized by the Central Government by issuing the National Strategy for the Stunting Prevention's Acceleration for the period 2018-2024. In addition, the latest Presidential Regulation, No. 72 of 2021 concerning the Acceleration of Stunting Reduction<sup>5</sup> also emphasizes the importance of coordination and cooperation between Stakeholders. In the National Strategy Guidelines, various stakeholders have been identified. The responsibilities of each government element are specifically detailed in the national strategy for accelerating stunting 2024. The strategic implementation is under the leadership of the National Population and Family Planning Board (BKKBN). The Ministry of Health focuses on implementation of nutrition specific interventions. While for the implementation of nutrition sensitive interventions, is actively supported by other ministries.

However, in reality, there are gap between these excellent plans and its implementation and the quality of its implementation also varies between regions. One of the staff from the Education Office in a region interviewed by SEAMEO RECFON<sup>6</sup> in mid-November 2021 stated that so far health affairs have only been carried out by the Health Office and has not involved other parties.

*"For the Education Office, we don't really attend to health problem. But there are some budgets allocated for the school health program (UKS) from the BOS (the school operational assistance fund). I think only on that direction, for other program specific for health, I don't think there is any."*

This condition is also experienced by Health Care Workers in other areas, however the perspective somehow has begun to shift

*"Before 2020, stunting is the health sector, so stunting is equal to health sector. All activities and affairs all are in the health sector, no other sectors involved. Nah, starting in 2021, other sectors have been emerged, realizing that stunting is not only belong to the health sector but it belongs to all of us together. This is not only limited to the government agencies. Like some CSR from private sectors have already taking a glance at stunting, asking what can we help for stunting?"*

This implies there is ambiguity between the implementers and the need to strengthen cross-sectoral coordination in the regions in translating the regulations set by the central government.

## Limited literacy and access to information on stunting, tobacco control and DBHCHT utilization

The term "stunting" is often mentioned in mass media and social media, and has been echoed by the President and in various public advertisements. The aim of such campaign is to increase public awareness on stunting and why it is important to prevent stunting. A survey conducted by SEAMEO RECFON on 43 respondents, who are staff of the local government organizations (Organisasi Perangkat Daerah - OPD) shows that around 30% of respondents still think that stunting is a hereditary.

The relationship between cigarettes and the incidence of stunting in children is also often misunderstood. Including by those who are implementers at the regional level. As many as 23% of OPD staff think that cigarettes and tobacco products are not a risk factor for stunting, and around 46% even consider stunting a problem in limited for the health sector only. Such as shown in this excerpt from an interview with a staff from the regional tourism office.

*"Stunting is about the children, so for cigarette I don't think it is related, But I don't think I really understand it either."*

This is certainly a concerning condition because Indonesia implement regional autonomy which is a transfer of authority to local government. Thus, the staffs from the local government are expected to hold better understanding than the general public regarding this issue. Certainly, the staffs from the District Health Office have had better understanding than those outside the health sector.

The low literacy among the local government staffs regarding stunting and its relationship to tobacco consumption occur partly because the narrative of the national health campaign. The national campaign for stunting reduction led by the Ministry of Communication and Information (Kominfo), since 2018 targets at millennials and generation Z, especially young mothers and female adolescents. Hence, the campaign has a blind spot for the role of other households' member in preventing stunting. In fact, increasing the knowledge of other family members, especially fathers and young men is also needed, especially if we look at the close relationship between stunting and tobacco consumption patterns in the family.

SEAMEO RECFON's report on monitoring public conversations about stunting and tobacco control and the use of DBHCHT in 2019-2021, found that there were only 244 uploads on Facebook and 80 on Instagram related to "cigarettes and stunting". It is lower compared with uploads for three other issues such as stunting, cigarette excise, cigarettes and nutrition. Facebook uploads related to cigarettes and stunting are only around 0.59% and on Instagram are around 0.58%. This means that in general the low literacy rate of the regional government staff is in par with the lack of narrative circulating linking the relationship between stunting and tobacco control.

In the Perpres 72/2021, the second pillar of the national strategy pillar is improving communication on behaviour change and community empowerment. It is the responsibility of the Regional Government with support from the Ministry of Health, Ministry of Communications and Information and the BKKBN. Furthermore, activities in the second pillar also include strengthening institutional capacity and strengthening the role of religious organizations in behaviour change communication to reduce stunting. This cross- sector collaboration requires support from the Ministry of Education and Culture, Research and Technology and the Ministry of Religion. These five ministries, with the support of the Ministry of Home Affairs as a local government assistant, can review of the national campaign strategy on stunting by expanding the scope of targets, updating the narrative built on stunting in the national campaign strategy, as well as updating more comprehensive resources for mentoring and stewardship on stunting alleviation for regional government organizations involved.

## **Utilization of tobacco excise sharing fund (DBHCHT) for stunting alleviation**

Each ministry has provided assistance for stunting alleviation program for their respective regional government office. Secretary General of the Ministry of Health at the National Health Work Pre-Meeting (RAKERKESNAS), February 18, 2020, stated that local government support (PEMDA) is important to improve cross sectoral collaboration and to encourage involvement from private sector as well as community empowerment. The local government's support for health is urgently needed, in encouraging districts/cities to utilize other funding sources such as village fund allocations (Alokasi Dana Desa - ADD), village funds (Dana Desa -DD), Corporate Social Responsibility (CSR), including DBH-CHT for the health sector.

However, within the eight convergence actions for stunting document, the use of these other budget sources for financing stunting program has been not explicitly stated. This is certainly not surprising, the local government performance evaluation report conducted by the Ministry of Home Affairs (Kemendagri)<sup>8</sup>, almost all existing reports only describe information on achievements and challenges at a glance faced by districts/cities government in implementing the program in each government organization. They contain almost no detailed reports on lessons learned and challenges in planning and budgeting for stunting programs by utilizing other sources of financing, especially the DBHCHT. These have not been done by the regional government despite the fact that according to the Instruction of the Minister of Home Affairs NO. 440/1959/SJ concerning Integrated Stunting Reduction Interventions in 2018<sup>9</sup>, the Ministry of Home Affairs needs to facilitate local governments in internalizing Minimum Service Standards (Standar Pelayanan Minimum - SPM) in regional development planning documents (Regional mid-term development plans - RPJMD / Regional

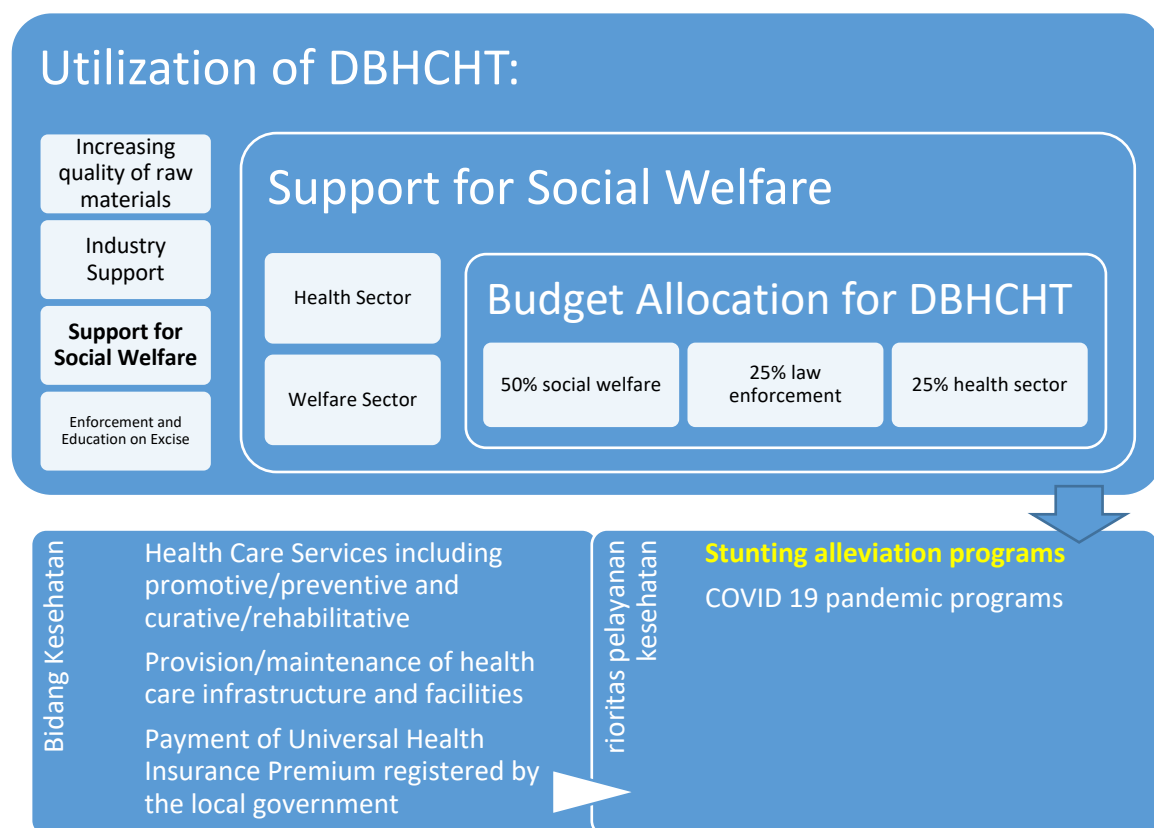


development work plans -RKPD) and facilitate the government of the regions in internalizing SPM in their budgeting documents (Regional Revenue and Expenditure Budget-APBD).

Utilization of DBHCHT for the health sector, particularly for stunting alleviation, has not been clearly stated in the existing derivative regulations at local level. The local government officials staff thought that the funds had been merged, so they did not know whether the budget had come from the DBHCHT or other sources.

In addition, there are about 23% of regional government staff who express objections if their office applies a health-related policy utilizing the DBHCHT. Moreover, 35% are disagree with the use of cigarette excise for implementation of health promotion programs.<sup>6</sup> With the low awareness and understanding among regional government office staff, the dream to eliminate childhood stunting in in Indonesia seems far from reach since cross-sectoral collaboration has not yet been realized.

Tobacco excise revenue-sharing (DBHCHT) is one of the sources of revenue-sharing funds between the central government and local governments. The central government annually allocates and distributes DBHCHT with a certain percentage allocation to excise-producing provinces and/or tobacco-producing provinces. This policy on the use of DBHCHT has been started since 2007 and has undergone several revisions along the way. Regulation from the Minister of Finance of the Republic of Indonesia Number 206/PMK.07/2020 concerning the Use, Monitoring and Evaluation of Tobacco Excise Revenue Sharing Funds<sup>10</sup> contains the latest provisions on the utilization of this DBHCHT and improvements in its monitoring and evaluation activities. Stunting prevention is mentioned as a priority in the use of DBHCHT in the health sector, in addition to handling the COVID-19 pandemic, especially in promotive/preventive and curative/rehabilitative health services. (see Figure 1).



Picture 1. Pathway of DBHCHT utilization for Stunting Alleviation as Priority Program

This fact offers a room for improvement for assistance in the planning and budgeting of stunting alleviation programs by utilizing other non-generic sources, both by the Ministry of Health, the Ministry of Home Affairs, the National/Regional Development Planning Agency (Bappenas/Bappeda) and other ministries involved.

Based on the explanation above, the following are the recommendations that we provide in relation to stunting alleviation and the utilization of the Tobacco Excise Revenue Sharing Fund (DBHCHT) for the Health Sec

## Recommendations

1. The national government should update the national campaign and education strategy regarding stunting by:
  - a. expanding the campaign and education targets to include all family members
  - b. strengthening resources and improving narratives on the conceptual framework regarding causes of stunting up to the root causes which is not limited to direct causes related to infectious diseases and nutritional fulfillment
  - c. strengthening resources and improving narratives about the relationship between stunting and tobacco consumption in the households
2. Increasing cross-ministerial assistance for local government offices in implementing the national health campaigns and education with the emphasis on:
  - a. the importance of cross-sectoral collaboration
  - b. opportunities to use other sources of funds, including DBHCHT in efforts to lower stunting in at the provinces or districts/cities level in Indonesia.
3. The need for more specific and targeted evaluation guidelines for local government organization regarding the implementation of stunting convergence actions, especially to obtain feedback for program planning and budgeting for the following year.

[CITE YOUR SOURCE HERE.]

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