

How Harmful is Smoking for Women? A Qualitative Study in Indonesia

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ABSTRACT

Background: In Indonesia, smoking is often perceived as a behavior associated with men, leaving women's perspectives on tobacco use largely unexplored. However, smoking has significant social, economic, health, and political implications for both genders. Despite the low reported smoking rates among women, their participation in tobacco control initiatives remains minimal. Female smokers face heightened social stigma compared to men, with stereotypes labeling them as socially unacceptable. This stigma often discourages quitting rather than deterring women from smoking in the first place, contributing to the underreporting of female smokers and making their numbers appear negligible. **Objectives:** This study aims to explore women's experiences with smoking-related consequences in two locations, Banda Aceh and Jakarta. Findings indicate that both women who smoke and those whose partners are smokers encounter challenges in either starting or attempting to quit smoking. Additionally, beliefs about health and economic consequences serve as a common justification among smokers for not considering quitting. **Methods:** A qualitative study using semi-structured interviews seeks to explore the smoking-related experiences of women in two Indonesian cities, Jakarta and Banda Aceh. **Results:** The findings reveal that both female smokers and women with smoking partners face difficulties in initiating or maintaining cessation attempts. Additionally, perceptions of health and economic consequences often serve as justifications for avoiding efforts to quit smoking. **Conclusion:** The study found that socio-religious factors have a significant influence on women's experiences with smoking. Participants expressed beliefs about smoking tied to health and financial concerns, including the notion that outcomes like illness, death, and financial changes are predestined and beyond individual control (fatalism). This fatalistic perspective, shaped by their social and religious environment, hinders their efforts to quit smoking, making cessation more challenging.

Keywords: Fatalistic Belief, Indonesia, Smoking Experience, Women Job

INTRODUCTION

Indonesia ranks third globally for the highest number of smokers. Data shows that smoking rates continue to rise each year, both worldwide and within the ASEAN region (Seatca, 2021). Indonesia recorded the highest male smoking rate in the world. Over half of the adult male population (70%) smokes, while 41% of young males aged 13-15 are active tobacco users (Martins-da-Silva et al., 2022; Organization, 2021; Seatca, 2021).

While the overall number of female smokers is relatively low compared to male smokers, the rising trend among women points to an increasing concern.

The Global Adult Tobacco Survey (GATS) in Indonesia, conducted by the WHO, along with other relevant studies, shows a significant increase in smoking among women aged 15-19. The rate has risen 15-fold over 12 years, from 0.2% in 2001 to 3.1% in 2013. The rate of adult female smokers aged 20-25 has steadily risen from 1.3% in 2001 to 4.5% in 2011 and reached 6.7% in 2013 (Organization, 2021; Penelitian, 2013). This suggests there may be additional data on smoking trends that surveys have yet to capture.

Cigarettes, as an addictive substance, have been shown to cause harmful effects for everyone—whether male or female, smoker or non-smoker.

Research-based evidence has found that smoking is a leading cause of major preventable non-communicable diseases, including cardiovascular disease, chronic obstructive pulmonary disease, and lung cancer (WHO, 2015c). Every year, tobacco use results in the deaths of roughly one in 10 adults (over six million people), including five million deaths from exposure to second-hand smoke.

In Indonesia, 37% of deaths among men and women aged 30-70 are attributed to cardiovascular issues (Kristina, Endarti, Wiedyaningsih, Fahamsya, & Faizah, 2018; Marthias et al., 2021). Although most Indonesian women are not active smokers, they are frequently exposed to second-hand smoke (52.7%) due to their close proximity to male smokers, including spouses, within their households (Hardesty et al., 2019; Rosemary & Werder, 2023; Seatca, 2021).

The majority of smokers come from low-income households, where spending on tobacco often surpasses essential needs (Consortium, 2018; Ferretti, 2019; Ma et al., 2021). Only a small portion (3.7%) of this group resides in major urban areas like Jakarta (Christiani, Byles, Tavener, & Dugdale, 2015). A recent study by Christiani et al. (2015) found that young adult female smokers, particularly those in urban areas with lower economic status, significantly contribute to the country's depression imbalance (Christiani et al., 2015). Malaysia's Islamic authorities have issued a "fatwa" (Islamic ruling) against smoking, declaring it forbidden due to the harm it causes to individuals and society (Cholil & Sudirman, 2019; Hussain, Walker, & Moon, 2019; Malinakova et al., 2019).

In their study, *Women and Tobacco*, McKay and Amos identified seven factors that contribute to the increasing number of female smokers, especially in developing countries (Amos, Greaves, Nichter, & Bloch, 2012; Cruz et al., 2019; Mackay & Amos, 2003, p. 152): (1) The significant growth of the female population worldwide; (2) The growing spending power of women; (3) The erosion of social and cultural barriers; (4) Aggressive tobacco advertising aimed specifically at women; (5) Government focus primarily on male smoking cessation and interventions; (6) A lack of recognition that smoking is a women's

issue; and (7) Underdeveloped anti-smoking health campaigns or smoking cessation programs targeted at women smokers. Most of the factors outlined above are relevant to the smoking situation in Indonesia.

The manuscript addresses several important issues within the fields of behavioural science and health promotion, particularly regarding tobacco control. In health promotion, government programs that focus primarily on male smokers tend to neglect the specific needs of women. This gender disparity in health interventions is rooted in traditional approaches that perceive smoking as a behaviour predominantly associated with men. This perception is influenced by long-standing societal norms that link smoking to masculinity. As a result, women are frequently excluded from the development and implementation of smoking cessation programs and anti-smoking campaigns.

Moreover, from a behavioural science perspective, this oversight has important consequences. It ignores the impact of gender-specific social and cultural factors in shaping smoking behaviours and health outcomes among women. For instance, while some public health strategies are geared toward men, they often overlook the unique psychological, social, and emotional factors that influence women's smoking habits. Additionally, societal gendered views of smoking as a "male" activity may discourage women from participating in tobacco-related health campaigns, particularly in cultures where smoking is stigmatized for women. The absence of tailored interventions for women reinforces a cycle of exclusion, leaving women without the proper resources to reduce smoking or fully understand its health risks. Therefore, it is essential to examine how women perceive and respond to this issue to gain a deeper understanding of this gender-specific topic.

The manuscript further distinguishes itself by exploring an under-researched aspect of this issue—the experiences of women in vulnerable social groups, particularly in Indonesia. Although there is a growing body of literature that associates smoking with masculinity and male behaviour (Kodriati, Pursell, & Hayati, 2018; Ng, Weinehall, & Öhman,

2007; Nichter et al., 2009), little attention has been paid to how women, especially from marginalized communities, navigate the social pressures around smoking. These women are often underrepresented in both tobacco control initiatives and research literature, meaning that their unique challenges and needs remain largely unaddressed.

This gap in the literature is particularly relevant in the context of Indonesia, where social constraints that traditionally limit female smoking are weakening. The social environment that once reinforced the notion that smoking was a male activity is changing, yet this shift is not being adequately reflected in tobacco control policies. By focusing on this dynamic and investigating how women perceive and react to smoking, this manuscript provides a more nuanced understanding of smoking as a gender-sensitive issue. It offers new insights into the role of socio-cultural influences and the challenges faced by women, especially those from vulnerable groups, in dealing with smoking. This approach not only enriches the existing literature but also advocates for more inclusive and gender-sensitive health promotion strategies that can better address the needs of all smokers, regardless of gender or social status.

METHODS

This study aimed to explore the experiences of a group that has been largely overlooked in discussions about smoking in Indonesia. Conducted in Banda Aceh and Jakarta—urban centres where a large portion of the population lives—the research captures diverse perspectives due to the cities' variety in cultural, social, and religious values, along with differences in education, religion, age, socio-economic background, and occupations. This diversity supports a more representative view of Indonesia's urban population.

Data collection involved semi-structured interviews, preceded by gathering demographic information such as participants' names, birth dates, educational backgrounds, occupations, and current smoking status. During interviews, women participants shared detailed accounts of their experiences,

focusing on (i) smoking-related issues, including stories of smoking initiation (for smokers), and (ii) experiences related to their partners' smoking habits (for non-smokers). Detailed notes taken during each interview further enriched the data collected. In this study, a thematic analysis was used to identify patterns and themes within the data. This process involved organizing the themes into key categories, and then revising and refining the data to extract the main themes.

RESULTS AND DISCUSSION

The issue of women smoking is influenced by social and cultural values, judgments, and societal expectations of how both women and men should behave (Heise et al., 2019; Lindqvist, Sendén, & Renström, 2021; Lindsey, 2020; Manandhar, Hawkes, Buse, Nosrati, & Magar, 2018; Ridwan & Susanti, 2019). The study revealed that women's experiences with the impact of smoking are strongly influenced by socio-religious factors. Participants held beliefs about smoking related to health and financial concerns, such as the idea that illness, death, and changes in wealth are predestined and beyond personal control (fatalism). This fatalistic mindset, shaped by social and religious contexts, affects the participants' attempts to quit smoking, making it more difficult for them to stop.

Tobacco uses likely affects how participants perceive the consequences of smoking, particularly in terms of health and finances. Women's perceptions and opinions about these consequences varied. Over half of the participants reported experiencing health issues due to their smoking habits. Contrary to studies suggesting that smoking acts as a poverty trap, particularly for low-income households (Nargis et al., 2019; Sreeramareddy, Harper, & Ernstsén, 2018), the majority of the women interviewed stated that smoking did not affect their financial situation. The study found that participants' views on health and economic impacts were shaped by their fatalistic beliefs, which may be linked to religious influences, as evidenced by the challenges women faced in trying to quit smoking.

Fatalism: Beliefs About Health and Economic Consequences

More than half of the smokers reported experiencing health issues as a result of smoking (72%), ranging from a persistent cough to emphysema. One smoker shared that she experiences a sore throat upon waking up and is bothered by the stains on her teeth and her darkened lips. She explained, "My dentist knows I smoke; he can see it from the tar on my teeth. I know smoking isn't good, but I'm addicted to it. Smoking is a brain disease" (RN, 37, smoker). However, some participants denied that their health problems were related to smoking, insisting that smoking was not the main cause of serious health issues like cancer. For example, one participant, who identified as a vegetarian, controversially stated, "Red meat causes more diseases than cigarettes" (ND, 34, smoker).

Nearly all women with smoking partners acknowledged that their spouse or partner faced health issues related to smoking. However, the partners often refused to admit it, instead claiming that they would become ill if they stopped smoking. One non-smoker shared her husband's health situation, particularly after he suffered a motorcycle accident that required major surgery to reposition his head. Following the surgery, doctors advised him to avoid alcohol and smoking:

"He was able to quit smoking for three months. As the doctor recommended, he needed to stay in a place with fresh air and an unpolluted environment to recover quickly. So, he went to his village in Sidikalang, a highland district in North Sumatera. I thought he would quit for good, but after three months, he started smoking again. I'm so frustrated; I'm the one who struggles to breathe, but I'm not sure if it's due to smoking" (DL, 35, non-smoker).

Another example of a partner's stubbornness was shared by a non-smoker, who described her husband's severe sore throat: "He just won't stop smoking; the best he can do is cut down on how much he smokes" (NR, 35). This story highlights that good health is often viewed as simply the absence of illness, a perception that aligns with previous

research showing that many women in rural Java associate their health (such as with diabetes) with feelings of weakness (*lemas*) and describe their well-being through the concept of *semangat* (spirit).

Interestingly, some smokers justified their behaviour by invoking religious beliefs. Some argued that there is no real difference in health outcomes between smokers and non-smokers, saying, "both will eventually die." This religious fatalism—a belief that sickness and death are beyond human control and determined by God—helped them rationalize their smoking habits. One smoker provided an example:

"Anyone can get sick or die, not just from smoking, but also from eating fast food. We can't say that smoking is the main cause of illness or death; everything is already preordained by God, the Divine" (TS, 40).

The internalized religious fatalism stems from people's understanding of or assumption about the Quranic verse without fully exploring or comprehending the deeper meaning behind the ayah. For example, neither "smoking" nor "tobacco" is explicitly mentioned in the Quran or the hadith. However, both the Quran and hadith, as narrated by respected companions of the Prophet and scholars, align in the idea that any wasteful (*mubazir*) behaviour is sinful. Tobacco consumption is seen as a futile and wasteful act that harms people's health. The direct interpretation of the Quran (and hadith) regarding the harmful effects of smoking is less widely acknowledged compared to the verse in Surah Al-Furqan that suggests everything is predestined by an external force. Ordinary people tend to recall this verse more readily than the deeper meaning of the ayah:

He, whose is the kingdom of the heavens and the earth, and Who did not take to Himself a son, and Who has no associate in the kingdom, and Who created everything, then ordained for it a measure. (QS 25:2)

Regarding the economic consequences of smoking, both smoking and non-smoking women explained that neither they nor their partners

experienced financial strain due to their smoking habits (82%). Only a few acknowledged that smoking impacted their finances, but they still considered it a minor issue. The concept of religious fatalism also influenced their belief that smoking's financial effects were irrelevant. Some Muslim participants, citing their holy book, the Quran, believed that God had already determined their wealth before their creation. They linked their financial situation to the verse in the Quran (QS: 53:48), *"And that it is He (Allah) Who gives much or a little (of wealth and contentment)."* Some non-smoking women echoed their husbands' or partners' arguments against quitting smoking, stating, "One should not worry too much about the money spent because it has already been predetermined by Allah."

However, nearly all women subtly acknowledged that smoking does have some impact on their financial situation, with many attributing this to the low cost of cigarettes. Cigarette prices in Indonesia remain among the lowest in the Association of Southeast Asian Nations (ASEAN) region and are affordable, even when purchased individually (Seatca, 2021).

One interviewee shared that her husband always bought cigarettes with his own money: "I manage the money he gives me, and he never asks for extra to buy cigarettes. We often talk about how much we could save if he didn't buy cigarettes, but he always defends himself by saying, 'I don't smoke much'" (CD, 34, non-smoker). Similarly, another non-smoker frequently brings up the topic of saving money and smoking with her husband. Although he doesn't respond, she feels irritated whenever he takes money from their daily "saving bowl" without asking or explaining. Another respondent added:

"I am very strict about money because we need to save a lot, especially for the baby on the way" (rubbing her seven-month-old pregnant belly). "My husband would never dare ask me for money, especially to buy cigarettes. However, I can tell when he's out of money and really wants to smoke. I'll find his cigarette pack still with cigarettes left for two or three days. Normally, he smokes one to two packs a day (16-20

cigarettes per pack). I also find different brands of cigarettes he rarely smokes. When he has enough money, he'll buy Djisamsoe or Sampoerna A-Mild, but when he's low on cash, he buys cheaper brands like Panamas" (NM, 33, non-smoker).

The affordability of cigarettes extends even to smokers who are unemployed. One smoker explained, "My smoking friends are very understanding when it comes to buying cigarettes. I never have a problem with it—if I don't have money, they'll buy them for me. It's not like drugs; cigarettes are cheap. If I can't afford a whole pack, I can still buy individual cigarettes" (DV, 32, smoker).

The findings revealed that smokers find ways to manage the cost of cigarettes by either buying fewer cigarettes or switching to cheaper brands. Some heavy smokers admitted that they would prioritize buying cigarettes over food. One smoker shared, "I can't stop smoking. If I have enough money for just one meal, I'll buy a cigarette instead" (DD, 29, smoker).

Quit Smoking: Enduring Hardship

The practices mentioned above highlight the difficulties smokers encounter when trying to quit. Thirty-two participants reported finding it challenging to stop. Some noted that their family members inadvertently reinforced their smoking behaviour. One smoker explained, "My daughter will ask why I'm not smoking and even give me her pocket money to buy a cigarette" (FK, 28, smoker). A pregnant non-smoker also expressed her concerns:

"My husband's extended family lives nearby, and they are all smokers. I've read about the effects of third-hand smoke, but my husband and his family dismiss it, claiming that research on third-hand smoke is a hoax and not true. They constantly deny that smoking is harmful. I'm worried that my sister-in-law might hold or carry my baby after smoking" (MI, 32, non-smoker).

Another smoker viewed her attempts to quit smoking in a positive light. She had tried to stop several times and, despite having strong intentions, she

was never able to overcome her smoking addiction.

"I can't stop smoking, but I feel better knowing that my pack is still full or at least half-full. I tell my friends that I'll quit smoking when I get married and wear a veil because I want to have healthy children. I don't mind if my husband smokes, but I won't smoke anymore" (CM, 35, smoker).

CM's statement aligns with studies on the challenges of smoking cessation, such as stress, exposure to smoking triggers, and intense withdrawal symptoms, which often lead to early relapses. This highlights the struggles faced by smokers and their loved ones when attempting to quit smoking (Abrams, Kalousova, & Fleischer, 2020; Chinwong, Mookmanee, Chongpornchai, & Chinwong, 2018; Nakagawa et al., 2022).

Seven women smokers reported that they had no trouble temporarily quitting the habit, especially when they were ill or during pregnancy. One said, "I always stop smoking when I get sick, and it's not a problem for me. I read that quitting suddenly can lead to serious health issues, so I try to quit gradually" (DV, 32, smoker).

Another smoker mentioned that quitting smoking relies on self-control, stating, "When I got pregnant, I could stop smoking easily" (CH, 48, smoker). The women smokers in this study indicated that they were able to quit smoking or reduce their tobacco use during pregnancy without external help. However, they acknowledged that their cessation during pregnancy was only temporary, and they resumed smoking after giving birth. One smoker shared her experience:

"I feel terrible; I quit smoking during my first pregnancy, but after the baby was born, I started again. When I got pregnant the second time, I didn't quit and kept smoking. I gave birth to a premature baby. Every year, I promise myself I'll quit, but I can never last more than two hours. My husband feels sorry for me when he sees me frustrated with smoking, so he ends up encouraging me to keep smoking" (VL, 36, smoker).

The participants' views on health issues related to smoking align with a study that discussed women's understanding of the costs and benefits of smoking, particularly among pregnant women smokers. Smokers often focus more on the stress they place on themselves rather than the direct negative impact of smoking on their baby, using it as an excuse to continue smoking (Havard, Chandran, & Oei, 2022; Tod, 2003).

The difficulties married women face in quitting smoking in this study reflect the findings of a systematic review, which showed that pregnant women were less motivated to quit smoking despite knowing the health risks to their babies. This lack of motivation is influenced by several factors, including willpower, roles, the personal significance of smoking, issues with cessation support, changes in relationships, understanding of the facts, alterations in smell and taste, and the influence of family and friends (Feeny et al., 2021; Havard et al., 2022; Tod, 2003).

In addition to the factors mentioned above, the impact of globalization and technological advancements also contributes to the increasing consumption of cigarettes and e-cigarettes among Indonesian women, including both adolescents and adult women (Hardesty et al., 2019; Organization, 2021). Cultural and religious influences play a role as well, particularly in areas with colder climates such as Dieng in Central Java, Gayo Highlands in Aceh, and other regions of Indonesia (Martiana, Wardhana, & Pratiwi, 2017; Ridwan & Susanti, 2019; Widiyaningsih & Suharyanta, 2020).

There is a need for regulation at the district and regent levels to prevent smoking among both men and women. Such regulations should be based on thorough research that considers the region's social and cultural dynamics, as well as the health, legal, and sociological contexts.

CONCLUSION

This study explored the experiences of smoking and non-smoking women in Indonesia, focusing on their perceptions of tobacco-related issues within the

context of existing social norms and societal constraints surrounding female smokers. Both women smokers and non-smokers, particularly those whose partners smoked, faced challenges related to starting or attempting to quit smoking.

Most interview participants denied the health problems they experienced due to smoking. Similarly, while some acknowledged that smoking did not significantly impact their finances, others admitted to experiencing financial strain due to their cigarette purchases. This mixed perception and attitude were linked to their fatalistic beliefs, often rooted in religiosity. The study found that these fatalistic views contributed to the difficulty of quitting smoking, reinforcing the challenges women face in overcoming the habit.

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