



Report on Tobacco Use Prevention Project Questionnaire

Perspectives on Tobacco Use Prevention Amongst Leaders in the Lautem District of Timor-Leste

Author: Mr Thomas Lopes (Health Promotion, Deakin University) Health Promotion Officer (Tobacco Prevention), Many Hands International,

Date: 26th November 2015

Summary: The report that follows summarises the findings of a questionnaire implemented in Timor-Leste from July to October 2014 to investigate the attitudes of leaders and community members regarding the issue of tobacco use prevention in Timor Leste, focussing specifically on the Lautem District (in the east). A total of 50 people who were considered opinion leaders were approached and all agreed to provide confidential responses. The findings revealed high levels of leadership support for tobacco use prevention. Although a range of priority actions were described by the leaders, their responses suggest that they may benefit by receiving training and information on evidence-based approaches to tobacco control. In conclusion the leadership of Timor-Leste appears highly ready to prioritise tobacco prevention. Initial activities should include a focus on informing leaders of effective prevention approaches.

Introduction: Timor-Leste as one of the newest nations internationally faces a range of development challenges. In recent years as part of the challenges facing the new nation, tobacco use has become a more prominent issue. Timor-Leste has been shown in World Health Organisation (WHO) sponsored surveys to have one of the highest rates of male tobacco use in the world (Chandrashekhar, Pranil, Imtiyaz and Shwe, 2014). Health promotion theories argue that in order to encourage reduced tobacco use within a specified community, capacity and support must first be built amongst community leaders (Lew, Tanjasiri, Kagawa-Singer & Yu, 2001). To assess community capacity and support in 2014 Many Hands International (based in Lospalos Timor-Leste) established a Health Promotion (Tobacco Prevention) Officer position in partnership with Deakin University Australia and Mr Thomas Lopes was appointed as the first officer in this role. Many Hands International (MHI: www.manyhands.org.au) is an Australian registered not-for-profit organisation seeking to improve the lives of those who live in some of the world's most disadvantaged communities. The organisation works from a cultural assets based approach and uses community development to increase economic, health and social opportunities.

In order to scope national capacity and support for tobacco prevention the Health Promotion Officer (HPO) conducted the survey of opinion leaders described in the present report. The report focusses specifically on the Lautem District in the Eastern part of Timor-Leste. Guidance on conducting the project was provided by Professor Toumbourou and other staff in the School of Psychology at Deakin University Geelong, Australia where the HPO attended for training from March to May 2014.

Method: A list of 50 opinion leaders was developed based on identifying the main people in leadership positions in the Lautem District and those visiting the district in national leadership roles. Respondents were invited to complete a confidential questionnaire in face-to-face interviews with the HPO. All respondents that were approached completed the questionnaire and there were no refusals. The Tables that follow summarise frequencies of major responses. Table 1 describes the participant's organisational positions.

Participant Characteristics

Table 1 Participant organisational role

Response Options	N	%
Officer in Government or NGO	11	22%
Director/ Senior Government Leader	7	14%
Community Leader	6	12%
Village Chief	5	10%
Manager in NGO or Private Sector	6	12%
Student Leader	3	6%
Staff Member in NGO or Government	3	6%
Administrator in Government	2	4%
Other	7	14%

Other referred to: Leading citizens (2) Program Coordinators (2); District police commander (1); Priest (1); and Other unspecified (1)

The above information reveals the sample were mainly employed in positions of leadership and influence.

Of the 50 respondents: 43 (86%) were male and 7 (14%) female; all except 2 (4%) were Timorese nationals.

Table 2 below describes the participant's employment status. The majority of respondents were in full-time employment (84%).

Table 2: Participant employment status

Response Options	N	%
Employed Full Time	42	84%
Employed Part Time	5	10%
Working in Voluntary Capacity	3	6%

Table 3 below describes the types of organisations participants worked for. The respondents worked in a range of different organisations that have a potential influence on tobacco prevention.

Table 3: Organisational characteristics

Response Options	N	%
Village Community Leadership	12	24%
NGO	7	14%
Education Department	7	14%
District Government	5	10%
Local Health Officer	5	10%
Civil Society Organisation	4	8%
National Government	3	6%
University	1	2%
Other	6	12%

Table 4 below describes the participant's educational level. The respondents were relatively well educated in the Timor-Leste context; 34% had completed secondary school while 50% had tertiary qualifications.

Table 4: Educational level

Response Options	N	%
Masters, PhD or Equivalent	2	4%
Bachelor, Diploma or Equivalent	23	46%
Secondary School Completion	17	34%
Up to 11 Years Secondary School	2	4%
Below 10 Years Secondary School	6	12%

Respondents were asked "in answering the following question, please indicate the specific District (local government area) or sub-district in Timor Leste that you will be commenting on". Table 5 below summarises the responses.

Table 5: Geographic Areas Respondents Commented on.

Response Options	N	%
Timor-Leste (More than 1 district)	8	16%
Dili (Capital)	6	12%
Lautem District	13	26%
Lospalos Sub-District	18	36%
Luro Sub-District	1	2%
Tutuala Sub-District	2	4%
Lautem/Moru Sub-District	2	4%

The majority of respondents answered the study based on their familiarity with the Lautem District and with sub-districts within Lautem. Respondents were then asked "How many years have you been working in this area" and responses are presented below in Table 6. The results show the respondents were very experienced with 70% having worked for more than five years in the area.

Table 6: Time working in the area

Response Options	N	%
Less than three years	8	16%
Three to five years	7	14%
More than five years	35	70%

Attitudes to Tobacco Use Prevention

Respondents were asked "Do you agree that tobacco use has become one of the main priority issues in the district or region you listed in question no 5?" Response options for this question ranged from Strongly Agree to Strongly Disagree and responses are listed in Table 7. The responses revealed 60% of respondents strongly agreed with the need to place priority on this issue and none disagreed.

Table 7: Tobacco use is a priority issue

Response Options	N	%
Strongly Agree	30	60%
Agree	14	28%
Slight Agreement	6	12%
Disagree – Strongly Disagree	0	0%

Respondents were asked: "What has influenced your identification of this main priority issue...?" Of the 50 respondents the majority stated their view was evidence-based (58%) while 14 (28%) considered their position was knowledge-based and 6 (12%) based on experience.

Respondents were asked "How important do you think it is to encourage tobacco use prevention?" Responses are summarised in Table 8 below.

Table 8: How important ... to encourage tobacco use prevention?

Response Options	N	%
Very important	40	80%
Quite important	9	18%
A little important	1	2%

The majority of respondents (80%) considered tobacco use prevention to be very important.

Strategies and resources needed to address tobacco use prevention

Respondents were asked "What action needs to be taken to address this priority?" Responses are summarised below in Table 10. Strategies tended to emphasise the need for Health Education / Mass media campaigns with 74% responding in this way.

Table 10: What action needs to be taken to address this priority?

Response Options	N	%
Stop Importing or producing tobacco	3	6%
Government Laws/ Fines	8	16%
Health Education / Mass media	37	74%
Ban or Restrict Advertising	1	2%
Smoke free areas	7	14%
Taxes/ Increase Price	4	8%
Restrict Sales	2	4%
Nicotine medical intervention	2	4%
Parent education	2	4%
Local Tobacco	1	2%

Respondents were then asked “What capacity do you have within your organization to support the above mentioned actions? Responses are summarised in Table 11.

Table 11: What capacity do you have within your organization to support the above mentioned actions?

Response Options	N	%
Advocacy	2	4%
Village Committee	1	2%
Good Capacity	2	4%
Coordination Capacity	3	6%
Low Capacity	3	6%
Traditional Tobacco Not a problem	1	2%
Education	20	40%
Human Resources	2	4%
Smoke free areas	8	16%
Refusing to sell	2	4%
Government networks/ leaders	6	12%
Radio/ Media	2	4%
Sanctions for minors	2	4%

Responses to Table 11 revealed that 40% considered they had capacity to play a role in tobacco prevention education while 16% considered they were in a position to implement tobacco free zones. Respondents were next asked “What capacity do you think you will need to support the above mentioned action?” Responses are summarised below in Table 12.

Table 12: What capacity do you think you will need to support the above mentioned action?

Response Options	N	%
Health Education Skills Resources	29	58%
Partnerships	4	8%
Smoke free zones	3	6%
Government coordination	3	6%
Price increase	2	4%
Information / Prevention Campaigns	8	16%
Funding and resources	4	8%
Laws/ Regulations	3	6%

Responses to Table 12 revealed once again the respondents emphasis on the requirement for health education information and resources to be made available with 58% emphasising this need.

Discussion

The present report summarises the first survey of stake holder attitudes to tobacco use prevention in the developing nation of Timor Leste. The 50 respondents were mostly well educated and in community leadership positions in the eastern regions. The results showed for the first time that a clear majority (88%) of community leaders agreed that tobacco use is a priority issue and considered tobacco prevention to be important (98%) in Timor Leste.

When asked to describe the main actions to be taken to achieve tobacco use prevention the respondents were mostly in favour of health education and mass media approaches (74%). A relatively small minority of respondents described actions that the WHO (van Walbeek, Blecher, Gilmore & Ross, 2013) has described to have high evidence for effectiveness including: smoke free areas (14%); taxes and increased prices (8%); and restricting sales (4%).

Taken together these findings suggest that there is likely to be good support from Timor Leste leaders to progress tobacco control. However further efforts will need to be made to increase knowledge of effective strategies to progress tobacco prevention.

Strengths of the current study are that it was able to survey a cross section of community leaders on an important health promotion topic. The survey had a high response rate with no refusals. Weaknesses of the study are that it was mainly focused on the Lautem District and may not represent the views of national leaders more widely in Timor-Leste.

In conclusion this is the first study to investigate the attitude of leaders in Timor Leste regarding the important issue of tobacco control. The findings suggest that there is likely to be strong support and low resistance from Timor Leste leaders to progress tobacco control. The findings suggest that well organised tobacco prevention efforts are likely to be well-received by the Timor Leste leaders. The first efforts of the tobacco prevention movement will need to include actions to increase knowledge amongst the leaders of how to effectively prevent and reduce tobacco use in Timor Leste.

References

Chandrashekhar, T. S., Pranil, M. S. P., Imtiyaz, A. M. and Shwe, S. (2014) Smoking and smokeless tobacco use in nine South and Southeast Asian countries: prevalence estimates and social determinants from Demographic and Health Surveys. *Population Health Metrics*, 12:22 doi:10.1186/s12963-014-0022-0.

Lew, R., Tanjasiri, S. P., Kagawa-Singer, M. & Yu, J. H. (2001) Using a stages of readiness model to address community capacity on tobacco control in the Asian American and Pacific Islander community. *Asian American and Pacific Islander Journal of Health*, 9, 66-73.

van Walbeek, C., Blecher, E., Gilmore, A., Ross, H. (2013) Price and Tax Measures and Illicit Trade in the Framework Convention on Tobacco Control: What We Know and What Research Is Required. *Nicotine and Tobacco Research*. 15(4): 767–776. doi: 10.1093/ntr/nts170.