

The Impoverishment Due to Direct Tobacco Expenditure in Malaysia

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ABSTRACT

INTRODUCTION: Tobacco-smoking does not only incur adverse health-related financial impacts but also non-health financial and welfare impacts. One of the non-health impacts is impoverishment attributed to direct tobacco expenditure. Hence, this study examined the impoverishment attributed to direct tobacco expenditure in Malaysia from 1993 to 2014. **METHODS** This study utilised five series of nationally representative data from the Household Expenditure Survey (HES) and poverty line index (PLI) officially released by Malaysian Economic Planning Unit to classify the poverty status of households. Individual PLI was used to determine number of household members impoverished due to direct tobacco expenditure. **RESULTS** Overall, the impoverishment from direct tobacco expenditure is persistently present at five points of time in Malaysia, however, increases in the estimate of impoverishment had reduced from 1.08% in 1993 to 0.01% in 2014. By the number of individuals per se, there were 184,240 persons affected in 1993 which gradually reduced to 3,443 persons in 2014. A declining trend in impoverishment due to direct tobacco expenditure was also observed in all three regions, both urban and rural strata and all ethnicities in Malaysia. **CONCLUSION:** In conclusion, the increases in the estimation of impoverishment due to direct tobacco expenditure have been reducing from 1993 to 2014. If this finding is interpreted along with the persistently high prevalence of tobacco-smoking in Malaysia especially the adult male complemented with the gradual increasing tobacco taxes, we postulated that the tobacco could be still affordable, or the rate of income growth has exceeded the price increase of tobacco products.

KEYWORDS: Impoverishment, tobacco expenditure, tobacco-smoking

The Prevention of TB-MDR Risk for Newly Diagnosed Tuberculosis Patient Using Face to Face Health Education

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ABSTRACT

INTRODUCTION: The high incidence of MDR-TB in the community is due to the lack of socialization or provision of health education about MDR-TB. So far, health education has only focused on TB generally. The purpose of this study was to determine the effect of health education on the preventive behavior of MDR-TB in pulmonary TB patients in the Padang Health Center. **METHODS:** The design of this study was quasi-experiment with the design of pre and posttest without a control group. The sample in this study were 29 people with TB who are at the beginning of the treatment phase, using a purposive sampling technique. Data collection use questionnaires, and the health education was provided in 2 sessions using a face-to-face with flipchart, booklets, and videos as media. Analysis of data in this study using the T-Test statistical test. **RESULTS:** The results showed the significance of knowledge $p\text{-value} = 0,000$ ($p \leq 0.05$), attitude $p\text{-value} = 0,000$ ($p \leq 0.05$), and the action of taking medicine more than most (65.5%) regularly took TB medication, indicating that there was an effect of providing health education on the prevention behavior of MDR-TB in pulmonary TB patients. **DISCUSSION:** It is expected that the provision of health education on the prevention behavior of MDR-TB is more emphasized by the motivation and self-efficacy of pulmonary TB sufferers, and in the provision of health education it is expected to be able to involve PMO and health workers actively.

KEYWORDS: Drug-resistant TB, Knowledge, Attitude, preventive measure