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## **Engaging Community Participation for a Sustainable Smoke Free Initiative**

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### **ABSTRACT**

Smoking prevalence in Indonesia remains high, and the percentage of young smokers increases by year, currently reaching 9.1% of the total youth in Indonesia. This global health problem is a severe non-communicable disease, which specifically targets adolescents. This observative research aims to investigate community involvement and multi-discipline coordination in intensifying the smoke-free village and campus, in order to support smoke-free policy. Multi-approach context was proven to deliver a significant impact on the implementation of the policy, which further provided the broad sectors with supports towards the same goal. Meanwhile, the community involvement gave an impression of the program to fasten the tie of social responsibility to succeed in the program. Multi-sector approach and the power of people empowerment have brought a powerful effect to public health. Thus, the same approach and system are essential to be introduced to the community and higher education institutions.

**Keywords** : Community Participation, Non-Communicable Diseases, Smoke-Free Campus, Smoke-Free Village, Smoking Prevalence

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**BACKGROUND**

Non-communicable disease (NCDs) are the primary causes of 36 million (63%) mortality worldwide, 29 million (80%) of which occurred in developed countries (FIP Working Group on the Role of Pharmacists in Non-Communicable Diseases, 2019). The NCDs are also responsible for 54% of the lost of the disability-adjusted life year (DALY), including cancer, cardiovascular diseases, diabetes, neurologic, mental and behavioral conditions, and other health defects (Kruk, et. al., 2015). This condition arises as a result of changes in human behavior, and the unhealthy environment frequently appearing in low-middle income countries (FIP Working Group on the Role of Pharmacists in Non-Communicable Diseases, 2019; Nissinen, et. al., 2001).

The national health survey reflected that the prevalence of NCDs increased over the years, such as the prevalence of PTM increased by 0.4 %, the incidence of stroke increased by 3.9 %, the chronic renal failure cases also increased by 1.8%. In contrast, the prevalence of diabetes mellitus and hypertension decreased by 1.6% and 8.3%, respectively (Kementerian Kesehatan Republik Indonesia, 2018). Moreover, the statistic shows the high increase in smoking prevalence in 10 to 18-year old youth from 7.4% in 2017 to 9.1% in 2019 (Kementerian Kesehatan Republik Indonesia, 2018).

Community empowerment and participation are two of the effective and efficient NCDs control strategies (Kruk, et. al., 2015). It can be carried out through the implementation of NCDs Integrated Health Post (Hastuti, 2019). This community-support based program resonates with the role of the community in overseeing the early detection and monitoring of significant NCDs risk factors carried out in an integrated, routine, and periodic manner (Kementerian Kesehatan Republik Indonesia, 2012). NCDs cases can be prevented by controlling risk factors, namely lifestyles, which include smoking habits, unhealthy diets, lack of physical activity, and consumption of alcoholic drinks (Nissinen, et. al., 2001). One effort to control NCDs is the empowerment and enhancement of community participation through NCDs Integrated Health Post (Kementerian Kesehatan Republik Indonesia, 2012).

**METHODS**

This study used observational research towards two kinds of policy enforcement for smoke-free policy in Bantul Regency, Yogyakarta, Indonesia. The Regency has developed a local smoke-free policy in protecting people from the secondhand smoke, which regulates nine different places assigned as smoke-free areas, such as houses, health service centers, education institutions, playgrounds, religious buildings, public transportations, working offices, public spaces, and meeting or conference points (Pemerintah Kabupaten Bantul 2016). Two different projects have been observed, namely, a multi-sectoral approach and community empowerment projects to enforce a smoke-free policy implementation.

**RESULTS**

The series of enforcement activities for the smoke-free village initiative consisted of three main programs, such as focus group discussion for the village stakeholders, health education to the village community, and non-communicable primary health post. The main outcome for the focus group discussion emphasized in the concept of the smoke-free policy that most of the villagers were still misunderstood on this concept. The villagers perceived smoke-free policy as a prohibition for smokers to smoke, and it somehow

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resulted in insisting people to obey the regulation on the smoke-free policy. By identifying this misconception, the second program for health education was carried out, aiming to gather people from a small group in the village to attend a meeting and receive an educational session for smoke-free policy. Besides, the small community discussion forum was also conducted digitally through formatting a whatsapp group to enhance people communication. Prior to a whatsapp group forum, a small group people was explained on the importance of health digital literacy skills, ranging from filtering, analyzing, critical thinking, applying, the health information. The third program of the smoke-free village was conducted by organizing a communal health activity, called primary health post for non-communicable diseases. The activities ranged from holding a mass physical activity, health checks (cholesterol, uric acid, and blood glucose level), and health education on non-communicable diseases.

Furthermore, the policy enforcement of smoke-free areas was conducted in an educational organization setting, which was, in this case, at a private university. Universitas Muhammadiyah Yogyakarta (UMY) launched a smoke-free policy campus in 2005, which set the regulation of smoking activities inside the campus. It is strongly prohibited to smoke in campus, as stated in a religious decree (fatwa) of Muhammadiyah in protecting the religious group from the negative impacts of smoking (Auton 2012). The policy was strengthened through a regulation called "Kampus Senyaman Taman", a comprehensive project on healthy campus that covers:

- a. Smoke-free campus
- b. Disability-friendly campus
- c. Has a concern on halal and thoyiban products
- d. Has a concern on emergency medicine
- e. Green campus
- f. Has a concern on non-communicable initiatives

All those initiatives were carried out by different research centers within the University level and involved all University elements, including students, lecturers, academic staff, security, cleaning services, and university guests. Those elements have been accommodated in a platform of healthy campus initiative task force and that the initiatives were fully supported by the Department of non-communicable disease of the Indonesian Ministry of Health. Universitas Muhammadiyah Yogyakarta has become one of four healthy national campuses nominated by the Ministry.

## **DISCUSSION**

In protecting nonsmoking people and workers in the workplace, it is essential to implement smoke-free policies (James F. Thrasher, PhD, Liling Huang, MPH, Rosaura Pe´rez-Herna´ndez, MS, Jeff Niederdeppe, PhD, Edna Arillo-Santilla´n, MA, and Jorge Alday and Smoke-free 2011). The population of young people has already been very familiar with the extensive use of electronic cigarettes or known as electronic nicotine delivery systems (ENDS) (Jankowski et al. 2017). Meanwhile, the smoking behavior itself is a very modifiable factor that resulted in the risk of NCSs, such as cardiovascular diseases, cancer, diabetes, etc. (Thakur et al. 2011). According to the World Health Organization (WHO), Indonesia's summary of MPOWER measures still indicates a low price of cigarettes, which makes them more affordable, especially for young people (WHO 2008).

The population of students in UMY was more than 20.000 students, with more than

600 lecturers and other educational staff. This large number of populations was subject to the internal policy on campus, including smoke-free policy. The project on smoke-free and healthy campus initiative was a platform to monitor the morbidity within those population. The same concept was implemented in Brazil by conducting monitoring on morbidity and mortality to NCDs-related as an essential part of surveillance (Ministry of Health Brasilia-DF 2011). There were several integrated activities to strengthen public health; namely, implementing policy on health promotion, promoting physical activity, preventing tobacco use, providing food program, expanding primary care services, distributing medicine for diabetes and hypertension people, and accessing on cancer center services (Ministry of Health Brasilia-DF 2011). All of those programs should be maintained with good communication, including a campaign on smoking reduction to achieve goals on tobacco control and repress the prevalence of smoking among youth (Andersen et al. 2018). The smoke-free campaign in UMY was implemented through delivering structured information from the stakeholders to the lecturers, students, and all staff by placing information signage, giant information space, and policy that should be signed by the new students to obey the smoke-free policy in the campus.

Former studies have mentioned the strong correlation between tobacco promotion and advertisement with the increase in tobacco consumption, and it was worsened by the emergence of the mass media and social marketing campaigns, which, instead, more encouraged people to smoke (Freeman 2012). The smoke-free policy in UMY included the parameters in the regulation points to prohibit any form of tobacco advertisement in all university events, as well as banning all the sponsorships and promotions related to the tobacco industries.

The project concerned on smoke-free initiative in a village by considering the vital effect on community empowerment. It started from a windshield survey to gather the health data within the village population. The part of the windshield survey involved students taking a broad professional approach to contribute to the community empowerment (Deitch 2012). The subsystems of this survey consisted of physical environment, health and social services, economy, transportation and safety, and politics and government (Deitch 2012). By referring to a windshield survey, focus group discussion (FGD) was performed to approach village stakeholders and to listen to their inputs on public health. Understanding social issues was frequently gained through a depth-interview through a qualitative approach, usually using a focus group discussion (O.Nyumba et al. 2018). Based on the FGD, stakeholders informed that the low compliances on the smoke-free policy were due to unawareness of the village residents toward the existence of the policies. Moreover, they argued that the understanding of smoke-free policy was a prohibition to smoking activities. By concerning the context of this problem, the second program activity was a health education to the village group, through the information presented in pictures as examples. To understand the health information, especially for the illiterate people, it required help to receive the information presented in the written context (Houts et al. 2006). The third activity of the smoke-free village initiative was an NCDs health post by ensuring the participation and support from the whole community.

## CONCLUSION

A smoke-free initiative is a form of an effort to protect people, both in the campus and village community, from the dangers of smoking effect. This initiative required a

multi-dimensional approach and community empowerment to sustain the program for further outcomes

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