

“You do not See an Interesting Ads, You See a Cowboy Killers”: A Comprehensive Public Health Communication Approach on Smoke-Free Policy Enforcement

Dianita Sugiyo^{1,5}, Adhianty Nurjanah², Dyah Mutiarin², Enrico Aditjondro³, Agus Samsudin⁴, Faudyan Eka Satria¹, Afriansyah Tanjung⁵, Noven Tri Wandasari⁵

¹School of Nursing, Faculty of Medicine and Health Sciences, Universitas Muhammadiyah Yogyakarta

²Faculty of Social and Politics, Universitas Muhammadiyah Yogyakarta

³Southeast Asia Vital Strategies, Vital strategies

⁴Majelis Pembina Kesehatan Umum, Pimpinan Pusat Muhammadiyah

⁵Muhammadiyah Steps, Universitas Muhammadiyah Yogyakarta

*Corresponding author: dianita.sugiyo@umy.ac.id

ABSTRACT

Objectives: While smoke-free policies aiming to protect passive smokers have been identified, some works need to be carried out to implement the policy into stronger regulation. This policy transformation, as the key to policy implementation success, should be considered by researchers and public health advocates to elaborate an effective way of delivering the policy messages. **Study Design:** This article describes the way Muhammadiyah Tobacco Control Center (MTCC) of Universitas Muhammadiyah Yogyakarta assisted the local government to transform smoke-free policy and its relevant accomplishing measurement into an intense enforcement action by involving a multi-sectoral approach and community. **Methods:** This research is an independent study, reflecting an evaluation of smoke-free project assisted by Muhammadiyah Tobacco Control Center to the Local Government of Yogyakarta City. **Results:** We discussed the role of multi-sector of the local government upon their policy interpretation and collaboration to reach our vast community in understanding and further implementing the smoke-free policy by their awareness. In addition, we provide a model of community engagement to support policy implementation and evaluation (monitoring process). **Conclusion:** As the conclusion, a comprehensive public health communication can enhance the program of policy enforcement and gain support from policy-oriented audiences.

Keywords: Comprehensive public health; Local government; Multi-sectoral collaboration; Policy enforcement; Smoke-free policy

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INTRODUCTION

The use of tobacco correlates to mortality and morbidity, yet it is a preventable factor for those problems.¹ There was a wide array of research in the area of health sciences explaining the adverse effects of using cigarettes towards lung health, respiratory tract diseases, cardiovascular system, and other illnesses.^{12, 3, 4} The tobacco smoke as a toxic mixture, with more than 5000 dangerous substances, is believed as the most poisonous thing exposed to the human and as the mediating chemical substance diseases related to human.⁵ Globally, the death toll rises to 1.220 million people annually, half of which around 1.091 cases happened in low and middle-income countries.^{6, 1} In relation to this, Indonesian prevalence of smoking significantly increased from 7.4 % in 2013 to 9.1 % in 2019, especially among those between 10 and 18 years old.⁷

There were 172 countries by 2011 ratifying The Framework of Convention on Tobacco Control (FCTC) of the World Health Organization (WHO). It is a global instrument to transform evidence into a policy that regulates those ratifying countries to implement and to measure achievement criteria for tobacco control policy.⁸ This global policy implementation leads to positive growth in public health by the increasing rate of smoke-free policy implementation, especially in protecting second-hand smoking (SHS) workers both at the national and subnational level.⁹ Indonesia is one of the nations that has not ratified FCTC, due to social and economic impact concerns, such as losing revenue from tobacco taxes and negative impact on the cigarette workers¹⁰ although it has been revealed in many studies that the implementation of a smoke-free policy does not have any correlation to the revenue decrease in the country or sub-national level of economic status.⁶

Smoking as an unhealthy lifestyle has a strong relation with behavioral risk factors. It is scientifically proved to have a significant role leading to morbidity and mortality caused by chronic medical conditions.¹¹ In the global policy, the World Health Organization (WHO) has introduced a policy protocol, which incorporated these following MPOWER elements (interventions). **M**onitor tobacco use and prevention policy, **P**rotect people from tobacco smoke, **O**ffer help to quit tobacco use, **W**arn the dangers of tobacco, **E**nforce bans on tobacco advertising, promotion, and sponsorship, and **R**aise taxes on tobacco.

The implementation of smoke-free legislation has started in a number of low and middle income countries (LMICs), for instance, Uruguay, which commences their policy to impose comprehensive smoke-free policies.⁶ The growing number of countries adopting the regulation reached 92 out of 138 countries by 2016. However, less than half of these countries implemented the comprehensive policies (only 39 countries).⁶ Generally, among those with low economic status, tobacco use is more prevalent. Thus, the cigarette smoking rate decreases among people with high education.¹

A reciprocal work among organizations in bringing the MPOWER interventions is essential to develop a robust tobacco control-related policies.¹³ A comprehensive multi-sectoral approach (MSA) highlights the strategy of the program through a collaborative effort among various stakeholders, such as private and public sectors, university, community groups, etc. as well as government sectors, such as health officials, the juristic and the economic agency, etc.¹⁴ Furthermore, the multi sectors collaborating in the program should not necessarily be outside of the health sectors. It also can involve other agencies that incorporate with the health sector as a subject or related to health outcomes and other health determinants (as objects). It is supposed to have a purpose to change socially and economically to deliver wellbeing and prosperity of the population.¹³ The approach will be elaborated into how those multisectoral groups tie each-other to shape context, content, and strategies in supporting the implementation of a project as well as to achieve goals.¹³

Due to the different roles and contributions that each sector might have, it is essential to discuss how the collaboration will be implemented. Firstly, the social network has to provide critical support and coordination, among the sectors, especially in changing individual behaviors.¹⁵ The sustainable public health program requires a partnership between public and private sectors to further improving the health of the community.¹⁶ The community groups and the groups outside the public areas play an important role in delivering an advocacy movement to sustain and support the government programs.¹⁶ Health communication for advocacy purposes supported by various community elements, such as Religious Leaders, community leaders, an integrated health service agency (Posyandu), and the urban communities, will be able to strengthen the message to the targeted population.¹⁷

Protecting passive smokers from cigarette smoke, strengthening efforts in decreasing smoke consumption, and smoking denormalization are the essential purposes of a smoke-free policy, which may be supported by a media campaign to gain public attention to the policy messages.¹⁸ Moreover, the success of the policy message delivery should also be considered on social marketing strategy by mapping the potential community to be the main target and understanding the characteristic of each group of the population.¹⁹ A well planned social marketing strategy provides the targeted population with visible support to encourage them in behavior change, for instance, by designing a supportive environment that contributes them to make a change of their lifestyle.¹⁹

METHOD

This research is an independent study, reflecting an evaluation of smoke-free project assisted by Muhammadiyah Tobacco Control Center to the Local Government of Yogyakarta City. The design of this study consisted of an in-depth interview with the relevant stakeholders, focus group discussion, collaborative workshop, monitoring, and evaluation phase. The other related information was generated from snowball sampling among departments in the local government office, aiming to connect further each department and groups of their relevant roles in the tobacco control program.

RESULTS

The Local Government of Yogyakarta City has enacted a local policy on smoke-free regulation called The Local Government Bill number 2, 2017. Generally, this bill regulates the smokefree areas and the punishment that will be addressed to those who breach the law. Some places or venues included as the part of the smoke-free regions are such as:

- a. Health services (e.g., Hospital, Clinic, Primary Health Centers)
- b. Educational building (e.g., school, universities, kindergarten)
- c. Children playground
- d. Praying hall (e. g Mosque, Cathedral, Temples)
- e. Public transportation
- f. Working offices
- g. Public places and other designated areas

In the program implementation, the Health Office of Yogyakarta City involved private and public sectors to support the program arrangement. The involved partners were:

- a. The association of Hotel and Restaurant
- b. Vital Strategies
- c. The Municipal Police Units (Satpol PP)
- d. Office of Communication and Information (Kominfo)
- e. Religious Leader
- f. Academician (MTCC), Quit Tobacco Indonesia (QTI)
- g. Youth Organization
- h. The community representatives
- i. Primary Health Centers
- j. The Agency for Regional Development
- k. The Education Authorities
- l. The Legal Department
- m. The Family Welfare Program Association (PKK)

DISCUSSION

Community Engagement

Public involvement in a program or policy, especially family, as part of a social group of the community, remains crucial as smokers typically engage with their family as their social environment.²⁰ The City Health Office has developed communication among village leaders in nextending the smoke-free policy messages to deliver it, particularly to each family and their social circles. This strategy comes in line with the cooperation of the Health Office with other potential

working partners, such as academicians, religious leaders, school principals, tobacco control-concerned community, police officer, the Communication Officer, and women organization. A series of training was conducted to achieve a similar perception transforming the policy into action. The policy was established under the purposes of the public well-being; thus all community elements should be connected into a task force.

Communication Strategy

The smoke-free task force was discussed through scheduled monitoring and evaluation meetings hosted by the City Health Office. Smoke-free monitoring visits were planned randomly in the sampled smoke-free designated areas, such as malls, children's playgrounds, tourism objects, and public servant offices. Prior to the monitoring program, the Municipal Police Units were trained on the basic policy inspection and communication to the active smokers found in the designated smoke-free areas. The second smoke-free strategy applied to the community was a regular monitoring communication with the village and religious leaders. The City Health Office provides recorded health promotion messages that will play regularly on Jumah (Friday) prayers in all mosques and on Sunday prayers in all churches.

Social Media Works

Media play a convincing role in community behavior change. Social media project takes part in the denormalization of smoking through a media campaign which reduces the consumption of one of the famous cigarette brands in the country. One of the cigarette brands has intervened a local community at the Yogyakarta riverbank by painting their roof with their brand marketing colors (see Figure 1). One giant selfie frame was located on one of the bridge sides, giving a clear portrait for everyone taking a selfie to “involuntarily” do marketing on their brand. Meanwhile, the media campaign was conducted in the riverbank by re-branding the industry colors with various cartoon characters representing the messages of the dangerous effect of smoking (see Figure 2). Another media campaign project delivered was a campaign in a well-known tourist destination in Yogyakarta called Malioboro. As the iconic public place representing Yogyakarta, Malioboro has been polluted by cigarette smoke and butts by millions of visitors annually. The campaign provides smoking designated areas in some points of Malioboro street and smoke free signage in different places. This supportive environment was collaborated with assertive communication explaining smoke-free area purposes to all visitors, utilizing a cultural approach by involving Jogo Margo (part of the Transportation Department of Yogyakarta) and Jogoboyo (volunteer-based community). This campaign was carried out on a social media platform by carrying hashtag #UdudOraPatut, indicating that smoking is a negative manner (see Figure 3).

CONCLUSION

Based on the local context above, we revealed that a comprehensive approach in delivering public health is the ultimate standard to achieve smoke-free program implementation and enforcement. The public, without a sense of belonging, will be unlikely to accomplish and motivate others using the key messages in the smoke-free bill. Thus, government and related parties initiating the project should pay more attention to the involvement of multi-sectoral groups.

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Figure 1 “Before” capture, a Sampoerna’s Mild giant selfie frame as a form of cigarette advertisement in Kali Code (Yogyakarta) riverbank housing (Photo credit: Jogja Sehat Tanpa Tembakau-JSTT (In English: Jogja is healthy without tobacco))

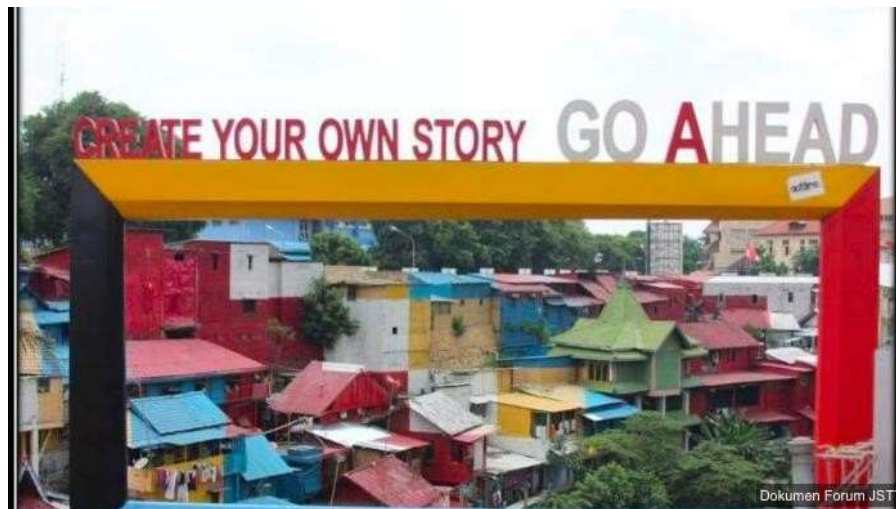


Figure 2 : “After” capture, a light-up painting of cartoon-style effect of smoking (Photo credit: Vital Strategies)



Figure 3 A social media image for the campaign of #UdudOraPatut with the background picture of Malioboro street

