

Smoke-Free Home and Support City Health Department in Yogyakarta

Septian Emma Dwi Jatmika
Public Health Faculty
Ahmad Dahlan University
Yogyakarta, Indonesia
septianemma@ikm.uad.ac.id

Muchsin Maulana
Public Health Faculty
Ahmad Dahlan University
Yogyakarta, Indonesia
muchsin.maulana@ikm.uad.ac.id

Kuntoro
Public Health Faculty
Airlangga University
Surabaya, Indonesia
kuntoro@yahoo.com

Santi Martini
Public Health Faculty
Airlangga University
Surabaya, Indonesia
santi-m@fkm.unair.ac.id

Sri Widiarti
Public Health Faculty
Airlangga University
Surabaya, Indonesia
widatisantos@gmail.com

Sifra Chintia Mella Aprila
Public Health Faculty
Ahmad Dahlan University
Yogyakarta, Indonesia

Abstract—This research was conducted in two pillars of citizens who first implemented a smoke-free home policy in the city of Yogyakarta. Qualitative research with the method of in-depth interviews with respondents' approval. Results obtained by Yogyakarta City Health Office are a motivator and facilitator in implementing a smoke-free home. While the Public Health Center is the technical implementation of the Yogyakarta city health office in the formation of RBAR. Besides, there was support from Quite Tobacco Indonesia during socialization and assistance in the formation of Smoke-free Home.

Keywords—*smoke-free home, declaration*

I. INTRODUCTION

Smoking is one of the bad habits of people whose number of consumers increases every year. The number of active smokers in the world reaches 1.2 billion people, (15.2%) of the world's population today. As many as 80% of smokers in the world come from developing countries. Five-point eight trillion cigarettes are consumed in the world every year. Nearly 50,000 Americans die each year from lung and heart cancer due to exposure to other people's smoke [1].

In ASEAN countries, Indonesia occupies the largest percentage of smokers, namely (46.16%) followed by the Philippines (16.62%); Vietnam (14.11%); Myanmar (8.73%); Thailand (7.76%); Malaysia (2.9%); Cambodia (2.07%); Laos (1.23%); Singapore (0.39%); and Brunei (0.04%). The survey conducted by the Ministry of Health of the Republic of Indonesia in 2013 in Indonesia revealed that the prevalence of 15-year-old smokers tended to increase, namely (36.3%) compared to 2010 [2].

Other people's smoke (ARL) is indoor pollution, which is very dangerous because more than 90% of people spend time inside the room. More than two-thirds of Indonesia's population has been exposed to cigarette smoke since birth, both men and women. The highest prevalence of passive smoking is in children under five and women of reproductive age 15 - 49 years [3] 53.4% - 58.9%. Surveys from the DIY Health Service in 2006 and 2008 showed that around 56% of households were exposed to cigarette smoke. Husbands or heads of households dominate household smokers [2]. Cigarette smoke that is inhaled by pregnant women and has a

history of asthma will tend to have an increased risk for uncontrolled asthma. Also, children who become passive smokers are at risk of developing lower respiratory disease, chronic respiratory symptoms, and inhibiting the development of lung function [4].

II. METHOD

The prevalence of passive smoking in Yogyakarta is between This qualitative study used the in-depth interview method with the respondent's approval, held in RW 04, Pakuncen Village and RW 02 Semaki Village, which first implemented the Non-Smoking House policy in Yogyakarta city.

III. RESULT AND DISCUSSION

A. Smoke-free House (RBAR) in Yogyakarta city

This declaration of smoke-free homes stems from shared concern about the adverse effects of cigarette smoke on active smokers and passive smokers. The RBAR Declaration carried out by RW 04, Pakuncen Sub-district, originated from the participation of the region in a banned smoking ban contest and won the race. Quit Tobacco Indonesia welcomed this and socialized about smoke-free houses. In 2009 RW 04, the Pakuncen village held a declaration of smoke-free houses. Furthermore, the declaration of RBAR in RW 02 Semaki Urban Village was carried out in 2010.

The RBAR declaration in the two regions is almost the same as the smoke-free area policy in RW 3, Keparakon Yogyakarta that the regulation of smoking areas is essential to increase awareness among the public so that the community can carry out smoking control, and is expected to support the smoking area regulation program. Which aims to reduce the number of smokers. The agreement is a local policy that can complement other policies implemented by the government [5]. The process of this declaration, RW administrators and community leaders, community health centers and urban villages have tried to make the policy communicated to the community so that it can be agreed upon. The process of making declarations is visualized as a series of interdependent stages arranged in a sequence of time such as agenda-setting, formulation of declarations,

implementation, and evaluation of declarations [6]. Associated with the results of the study, in the agenda of the declaration of smoke-free houses, administrators and community leaders in RW 02 Semaki Village and RW 04 Pakuncen Urban Village which was encouraged by QTI, community, and urban village health centers. Placing the problem of smoking is a public agenda because smoking habits that do not recognize the time and place can lead to diseases for smokers and passive smokers. Furthermore, in the policy formulation, RW management has formulated an alternative policy by involving all elements of the community to address the problem of smoking behavior jointly.

B. The Form of the Agreement of Smoke Free Home

The agreement in the declaration of smoke-free houses in RW 02 Semaki Village and RW 04 Pakuncen Village has the same form. First, do not smoke when meeting residents. Do not smoke inside the house; do not smoke near children, pregnant women, and the elderly. The points in the declaration of smoke-free houses cannot be fully implemented by all residents. It was proven that there were still smoking in the house and smoking close to children. Regulation of Yogyakarta City Number 2 of 2017 concerning the area without cigarettes, states that community participation can be carried out in the form of setting a non-smoking environment in the home and neighborhood. Increase public awareness and alertness to the dangers of smoking and the benefits of living without smoking and protect people's health from other people's smoke [7].

C. Community, Government, and Health Service Support

Support in the implementation of the declaration of smoke-free houses originated from various parties. RW 02 Village of Semaki and RW 04 in Pakuncen Urban Village supported the declaration of smoke-free houses by not smoking at community meetings, not smoking inside the house, not smoking near children, pregnant women and the elderly and putting up "cecegan" (cigarette-killing containers) in self-supporting homes. Village supports the declaration of this smoke-free house by not smoking in the ward office and the proposed budget for RBAR information renewal socialization for 2019. Support from the Yogyakarta City Health Office is as a motivator and facilitator in implementing RBAR. Support from the Puskesmas is a technical implementation unit from the Yogyakarta city health office in the establishment of RBAR. Besides, there is support from Quite Tobacco Indonesia, namely when conducting socialization and assistance in the formation of RBAR. Community support, in this case, is the declaration of smoke-free homes will increase if they actively take part in the decision-making process. The declaration of smoke-free houses is the result of deliberations involving the community so that there are ideas from the community in this declaration [8]. The Department of Public Health and the Philippine Department of Parks and Recreation involving civil leaders, agency staff, and community stakeholders make the following cigarette control measures: 1) determine policy cases, 2) choose policies involving stakeholders, and 3) implement policies. The result is more than 220 recreational centers, playgrounds, and outdoor swimming pools to be

smoke-free due to the mayor's executive policies and the regulation of the combined institutions [9]. This proves that the role of all government elements both from the executive, legislative and other institutions is needed in creating right policy products.

IV. CONCLUSION

Yogyakarta City Health Office is a motivator and facilitator in implementing RBAR. While the Puskesmas is the technical implementation unit of the Yogyakarta city health office in the formation of RBAR. In addition, there was support from Quite Tobacco Indonesia when conducting socialization and assistance in the formation of Smoke free Home.

REFERENCES

- [1] Sudarmi I Popa, Fatwa Sari Tetra Dewi LT. Evaluasi pelaksanaan peraturan kawasan merokok pada perilaku merokok pegawai pemerintah di Boalemo, Gorontalo. BKM J Community Med Public Heal [Internet]. 2016 [cited 2019 Jul 29];32(3):99–104. Available from: <https://www.google.com/search?q=Gafar.+2011.+Evaluasi+Proses+Penerapan+Kebijakan+Kawasan+Tanpa+Rokok+di+Kota+Padang+Pangjang+Sumatera+Barat.+Tesis.+Yogyakarta+%3A+Sekolah+Pascasarjana+Universitas+Gajah+Mada&oq=Gafar.+2011.+Evaluasi+Proses+Penerapan+Kebijakan>
- [2] Ministry of Health. Riset kesehatan dasar (Riskesdas). 2013.
- [3] Pradono J. Kesehatan CK-B penelitian, Undefined. Perokok pasif bencana yang terlupakan. ejournal.litbang.kemkes.go.id [Internet]. 2003 [cited 2018 Dec 14]; Available from: <http://ejournal.litbang.kemkes.go.id/index.php/BPK/article/viewFile/2070/1182>
- [4] Boyle P, Gray N, Henningfield J, Seffrin J, Zatonski W. Tobacco [Internet]. Oxford University Press; 2010 [cited 2019 Jul 29]. Available from: <http://www.oxfordscholarship.com/view/10.1093/acprof:oso/9780199566655.001.0001/acprof-9780199566655>
- [5] Samuel Indriatama, Yayi Suryo P. Evaluasi Penerapan Kebijakan Kawasan Bebas Asap Rokok Di RW 3 Kelurahan Keparakan Yogyakarta. - Google Search [Internet]. ETD Gadjah Mada University. 2017 [cited 2019 Jul 29]. Available from: <https://www.google.com/search?safe=strict&ei=HJU-XbbC8-oyAOpyaIDw&q=Evaluasi+Penerapan+Kebijakan+Kawasan+Bebas+Asap+Rokok+Di+RW+3+Kelurahan+Keparakan+Yogyakarta.+&oq=Evaluasi+Penerapan+Kebijakan+Kawasan+Bebas+Asap+Rokok+Di+RW+3+Kelurahan+Keparakan+Yogya>
- [6] Budi Winarno. Kebijakan Publik Teori dan Proses. Yogyakarta: [Internet]. Revisi. Yogyakarta: Media Presindo; 2012 [cited 2019 Jul 29]. xvi,436 hal.;24 cm. Available from: https://www.google.com/search?safe=strict&ei=TpU-XdGqB4_e9QPB8LmQCw&q=+Kebijakan+Publik+Teori+dan+Proses.+Yogyakarta+%3A+&oq=+Kebijakan+Publik+Teori+dan+Proses.+Yogyakarta+%3A+&gs_l=psy-ab.12...797364.803844..812930...0.0.0.341.697.0j1j1j1.....0....2j1..g
- [7] Pemerintah Kota Yogyakarta. PERATURAN DAERAH KOTA YOGYAKARTA NOMOR 2 TAHUN 2017 KAWASAN TANPA ROKOK [Internet]. 2017. Available from: [https://hukum.jogjakota.go.id/data/Perda No 2 Tahun 2017 ttg Kawasan Tanpa Rokok.pdf](https://hukum.jogjakota.go.id/data/Perda%20No%202%20Tahun%202017%20Kawasan%20Tanpa%20Rokok.pdf)
- [8] Mikkelsen B. Metode penelitian partisipatoris dan upaya pemberdayaan : panduan bagi praktis lapangan. Yayasan Pustaka Obor Indonesia; 2011. 390 p.
- [9] Leung R, Mallya G, Dean LT, Rizvi A, Dignam L, Schwarz DF. Instituting a Smoke-Free Policy for City Recreation Centers and Playgrounds, Philadelphia, Pennsylvania, 2010. Prev Chronic Dis [Internet]. 2013 Jul 11 [cited 2019 Jul 29];10:120294. Available from: http://www.cdc.gov/pcd/issues/2013/12_0294.htm