

Health Communication to Support Policy Advocacy of Non-Smoking Area (KTR) in the Special Region of Yogyakarta, Indonesia

Adhianty Nurjanah^{1*}, Dianita Sugiyo², Dyah Mutiarin³

Communication Science - Universitas Muhammadiyah Yogyakarta, Indonesia¹,
Public Health - Universitas Muhammadiyah Yogyakarta, Indonesia²,
Government Affairs and Administration – Universitas Muhammadiyah Yogyakarta, Indonesia³

Corresponding Author: *



Abstract— As social beings, communication is an essential issue to do in each of their activities. One of the most significant communications in human life is health communication. The purpose of health communication is as a way of delivering information or messages regarding health to the community. This study employed a qualitative case study method with primary and secondary data. Primary data were obtained through in-depth interviews, while secondary data were taken from document reviews. The results of the research revealed that the Special Region of Yogyakarta (DIY) carried out health communication in an effort to support advocacy for the Non-Smoking Area (KTR) through three ways: advocacy run by socializing KTR policies, social support performed through cooperation with all elements of society, and community empowerment implemented through health education regarding the dangers of smoking to health for all aspects of society in the area.

Keywords— *health communication, cigarette, Non-Smoking Area (KTR).*

1. Introduction

As social beings, communication is noteworthy in their daily activities. One of the foremost necessary communications in human life is health communication. According to the Health Act No.23 of 1992, health is a state of physical, mental, and social well-being that allows every person to live a productive life, socially, and economically. This so-called health includes four aspects, namely physical (body), mental (soul), social, and economic [9]. Health communication aims to deliver information or messages about health to the community. Hence, it is practically useful for health promotion and disease prevention in a particular area.

In this study, the health message in question is related to the dangers of smoking to people in the Non-Smoking Area (KTR). The Special Region of Yogyakarta (DIY), which consists of four regencies and one city, has possessed rules regarding the KTR. Furthermore, two regencies have KTR rules in the form of Regent Regulation (Perbup), and the other three regions own rules in the form of Regional Regulation (Perda) of KTR.

2. Literature Review

a. *Communication and Health Communication*

Communication can be interpreted as the transfer of a message from one source to the recipient so that it can be understood [5]. The communication process usually involves two parties, both between individuals with individuals, individuals with groups, or groups with groups interacting with mutually agreed rules. The functions of communication are:

1. To convey or disseminate messages (information) to recipients in the hope that they will find out what they want to know
2. To convey or disseminate educational messages (information) to recipients aiming to increase their knowledge regarding something they want to know
3. To give instructions to the recipients
4. To influence and change the attitude of the recipients

Health communication is part of human communication focusing on how an individual in a group/community faces issues related to health and seeks to maintain their health [1]. It is a systematic effort to positively influence the health behavior of individuals and the community using various principles and methods of communication, both interpersonal communication and mass communication. In addition, health communication is also understood as a study on how to use communication strategies to disseminate health information that can affect individuals and communities to make the right decisions related to health management [2]. Health communication includes information about disease prevention, health promotion, health care policies, business regulations in the health sector that, as far as possible, change and renew the quality of individuals in a community by considering aspects of science and ethics.

Health communication aims to convey information or messages regarding health to the community. It is essentially valuable for health promotion, as well as disease prevention in a particular area. Thus, the main objective of health communication is to enhance health behavior in order to rectify the health of society.

b. Health Communication for Society

Health communication for the community is more directed at the form of health promotion. Health promotion is not only a process of awareness of the community in terms of providing and increasing knowledge in the health sector. However, it is also a health program designed to bring improvements in the form of behavioral changes, both in society and in the organizational environment. The realization of health promotion requires a good strategy. According to Mubarak and Chayatin [7], this strategy consisting of three steps is crucial in realizing health promotion:

1. Advocacy

It is an activity to provide health information assistance to the public through decision-makers and policymakers in the health sector.

2. Social support

Health promotion will be easy to do if various elements in the community support society. Community support includes informal elements (religious and traditional leaders) and formal elements (health workers and government officials).

3. Community empowerment

maintain and improve their health. This effort can be carried out through health education.

c. Smoking and Perception of Smoking

The number of active smokers is estimated at 1.3 billion worldwide. In 2013, the percentage of active smokers aged over ten years in DIY was 21.2%. The increasing prevalence causes smoking a part of people's lives because it has become a common habit that can be found in everyday life. From a health standpoint, no decision says smoking has benefits Bustan: 2007). Socio-economic status affects the initiation of smoking in

the adult population due to stressful conditions resulted from unfavorable situations. Adolescents born to families with economic pressures tend not to be closely monitored and usually get quicker autonomy approval [2].

Teenage smokers tend to smoke as a part of seeking sensation. Finding sensations is closely related to risky behavior, but not all behaviors are at risk, including seeking sensation. Therefore, it is used by various cigarette industries to market their products to adolescents having the desire to fulfill psychological and social needs quickly by advertising through various media [4].

Exposure to tobacco advertising or marketing greatly influences adolescent attitudes to smoke, attempts of smoking, susceptibility to smoking, initiation of smoking, even daily smoking among adolescents even though control has been carried out for other risk factors clearly influential [8]. Furthermore, Sinha et al. (2014) assert that the possibility of someone smoking is doubled if exposed to cigarette advertising than those who are not.

3. Research Methods

This study is a qualitative case study employing primary and secondary data. Primary data were obtained through in-depth interviews, while secondary data sourced from document reviews. The selection of respondents utilized a purposive sampling technique. The interview technique was a semi-structured approach. The types of questions in this study were open-ended, neutral, singular, and clear, making the speakers able to answer the research questions according to their personal views and understandings [11]. The key informants of this study were the Health Department, non-smoking area managers, and the non-government organization working with local governments.

4. Results and Analysis

4.1 Non-Smoking Area (KTR) Policy of DIY Regional Government

The Regional Government of Yogyakarta has a Non-Smoking Area (KTR) regulation since March 2017, namely the enactment of Regional Regulation No. 2 of 2017 concerning KTR. The smoking behavior survey in the City Regional Government area underlay the KTR stipulation in DIY. Hence, it is considered necessary to implement the rules of KTR and have considerations in the Regional Regulation.

Cigarette consumption for 154 smokers a day amounts to $150.5 + 594 + 611 = 1355.5$ cigarettes. It means that each smoker spends an average of 8.8 (close to 9) stems a day. Therefore, the nine cigarettes will be smoked in two hours per day, meaning that in a day, there will be cigarette smoke for 18 hours. Practically smokers do not smoke when they sleep. If they smoke in a designated smoking room, it will not be a problem for air quality and non-smokers. However, if they smoke inside the house or around the family, then for 18 hours, all family members will be passive smokers due to cigarette smoke. This fact is actually the basis for regulating the behavior of smoking in a designated place far from passive smokers. There is no more reason to allow smokers to smoke anywhere they please, given the content of cigarette smoke, which is very dangerous for the human body.

This study revealed that non-smoker respondents felt highly disturbed by smokers who smoked anywhere, endangering others. As many as 64% of non-smokers said they disagreed with the attitude of the smokers, coupled with 34% of non-smokers who stated that they strongly disagreed with the attitude of smoking everywhere. The data unveiled that strong resistance from non-smokers to smokers increased. Thus, this

condition indicates that health communication regarding the dangers of smoking has begun to be understood by the people in DIY.

4.2 Health Communication of DIY Local Government in Supporting the Policy Advocacy of Non-Smoking Area (KTR)

In supporting advocacy for the policy of the Non-Smoking Area (KTR), the Special Region of Yogyakarta (DIY) Government has conducted health communication on its people. The strategy implemented is reflected in the three-step strategy of health communication carried out by the Government of DIY:

4.2.1 Advocacy

The Government of DIY, in this case, the Health Department, coordinated with all health centers to conduct socialization concerning Regional Regulation Policies of the KTR. As stated by Tri Mardoyo, Head of the Public Health Division of the Yogyakarta City Health Department in the following interview:

The Regional Government, in this case, the Health Department, conducts policy dissemination to the health centers regarding the Regional Regulation on Non-Smoking Areas and the dangers of smoking for health. KTR's policy advocacy was run through socialization to health centers, which were the closest health center to the community. Thus, it is hoped that the Regional Regulation concerning KTR and health messages regarding the dangers of smoking can be conveyed to all communities in DIY. In addition, KTR policy advocacy was also carried out by collaborating with relevant SKPD (Regional Working Unit) such as the Environmental Health Department, Education Department, Tourism Department, Transportation Department, and Satpol PP (Municipal Police) to provide information and support DIY being a KTR. In addition to cooperating with related departments, the DIY Regional Government also cooperated with the Healthy Jogja without Tobacco Forum and Quit Tobacco Indonesia as a forum accommodating community representation.

In this case, the Regional Government of DIY has conducted health communication activities to convey information for its people, aiming to make them aware of the dangers of smoking and to influence their knowledge, attitudes, beliefs about choices, and healthy living behavior, that is living without cigarettes.

4.2.2 Social support

In addition to advocacy, health communication was also carried out by the Government of DIY through social support. In this case, by cooperating with community elements, among others, community leaders starting from the level of RW (community groups), villages, sub-district, kelurahan (urban communities), PKK (Family Welfare Program) mothers, Posyandu (Integrated Service Post) cadres and religious leaders. A possible attempt that could be done concerning social support is by actively communicating and collaborating with takmir (manager) of mosques in several villages in Yogyakarta. As stated by Tri Mardoyo, Head of the Public Health Division of the Yogyakarta City Health Department in the following interview:

We also work with takmir of mosques to convey messages about the dangers of smoking, and we hope it can be conveyed in their sermons to the community around the mosque. Thus, the goal to realize DIY as a KTR could be more easily actualized with the support of all elements of society, primarily through religious leaders.

4.3.3 Community empowerment

Maintaining and improving health requires the ability of the community that could be carried out through community empowerment. It explains why community empowerment is essential within health communication. Community empowerment in the implementation could be done through health education, especially regarding the dangers of smoking to health. Health education was carried out by the Health

Department of DIY in collaboration with health centers in the entire Yogyakarta sub-districts. It was stated in the interview with Tri Mardoyo, Head of the Public Health Division of the Yogyakarta City Health Department, as follows:

We hold health education about the dangers of smoking through the health centers, and the results are 185 RWs (citizens association) being KTR in the city of Yogyakarta.

In providing health counseling about the dangers of smoking, the Health Department also cooperated with community elements from the RW (Citizens Association), village, sub-district, kelurahan (urban communities), PKK (Family Welfare Program) mothers, Posyandu (Integrated Service Post) cadres, and religious leaders. Moreover, health education about the dangers of smoking was also carried out through educational institutions from junior high school to university and an appeal to participate in supporting DIY as a KTR.

Therefore, the aim of health communication in realizing DIY as a KTR and emphasizing the importance of changing people's behavior to not smoke has begun to be achieved. It is verified from around 185 RWs (Citizens Association) within the Yogyakarta City area asserting as KTR.

5. Conclusions and Recommendation

Health communication of the Government of Yogyakarta Special Region (DIY) in supporting the policy advocacy of the Non-Smoking Area (KTR) was done by way of advocacy, social support, and community empowerment. Advocacy was carried out by socializing KTR policies, social support was implemented through collaboration with all elements of society, and community empowerment was performed through health education on the dangers of smoking for health to all elements of society in DIY. The purpose of health communication in realizing DIY as a KTR and emphasizing the importance of changing people's behavior to not smoke could already be seen. It is proven by the fact that there have been around 185 RWs (Citizens Association) in Yogyakarta declaring themselves as a KTR.

6. References

- [1] Action on Smoking and Health of United Kingdom. (2013). Smoking and Diseases. Accessed on October 24, 2014, from http://www.ash.org.uk/files/documents/ASH_94.pdf
- [2] Biener, L., Siegel, MB (2012). The Role of Tobacco Advertising and Promotion in Smoking Initiation. Behavioral Research, National Cancer Institutes, 201-212. Accessed on November 18, 2014, from http://cancercontrol.cancer.gov/brp/tcrb/monographs/14/m14_13.pdf
- [3] Bustan, MN (2007). Epidemiology of Non-Communicable Diseases. 2nd Print, Jakarta: Rineka Cipta.
- [4] Hanewinkel, R., Isensee, B., Sargent, J., Morgenstern, M. (2011). Cigarette Advertising and Teen Smoking Initiation. PEDIATRICS, Vol. 127 No. 2, p. e271-e278. Accessed on November 9, 2014, from <http://pediatrics.aappublications.org/content/early/2011/01/17/peds.2010-2934.full.pdf+html>
- [5] Liliweri, Alo. 2008. Fundamentals of Health's Communication. Jakarta: Pustaka Pelajar
- [6] Lovato, C., Watts, A., Stead, LF (2011). Impact of tobacco advertising and promotion on increasing adolescent smoking behaviors [Abstract]. Cochrane Database of Systematic Reviews 2011, Issue 10. Art. No.: CD003439.
- [7] Mubarak and Chayatin, 2008 Public Health Sciences: Theory and Application . Jakarta: Salemba Medika Publisher.

- [8] Ng, M., Freeman, MK, Fleming, TD, Robinson, M., Dwyer-Lindgren, L., Thomson, B., Wollum, A., Sanman, E., Wulf, S., Lopez, AD, Murray CJL, Gakidou, E. (2014). Smoking Prevalence and Cigarette Consumption in 187 Countries, 1980-2012. *JAMA*. 311 (2): 183-192. Accessed on 20 October 2014, from <http://jama.jamanetwork.com/article.aspx?articleid=1812960>
- [9] Notoatmodjo, S. 2007. *Health Promotion: Theory and Application*. Jakarta: Rineka Cipta.
- [10] O'Donohue, WT, Benuto, LT, Tole, LW (2013). *Handbook of Adolescent Health Psychology*, 17-19 [version of Google Books]. Accessed on December 13, 2014, from <https://books.google.com/books?id=KX29BAAAQBAJ&printsec=frontcover#v=onepage&q&f=false>
- [11] Patton, MQ, 2002, *Qualitative Research & Evaluation Methods Third Edition*, California, Sage Publication, Inc.
- [12] US Department of Health and Human Services. (2014). *The Health Consequences of Smoking — 50 Years of Progress. A Report of the Surgeon General*. Atlanta: US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Accessed on October 23, 2014, from <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/exec-summary.pdf>.
- [13] World Health Organization. (2014). *WHO Report on The Global Tobacco Epidemic 2013* [electronic version]. Accessed on October 19, 2014, from http://apps.who.int/iris/bitstream/10665/85380/1/9789241505871_eng.pdf.



This work is licensed under a Creative Commons Attribution Non-Commercial 4.0 International License.