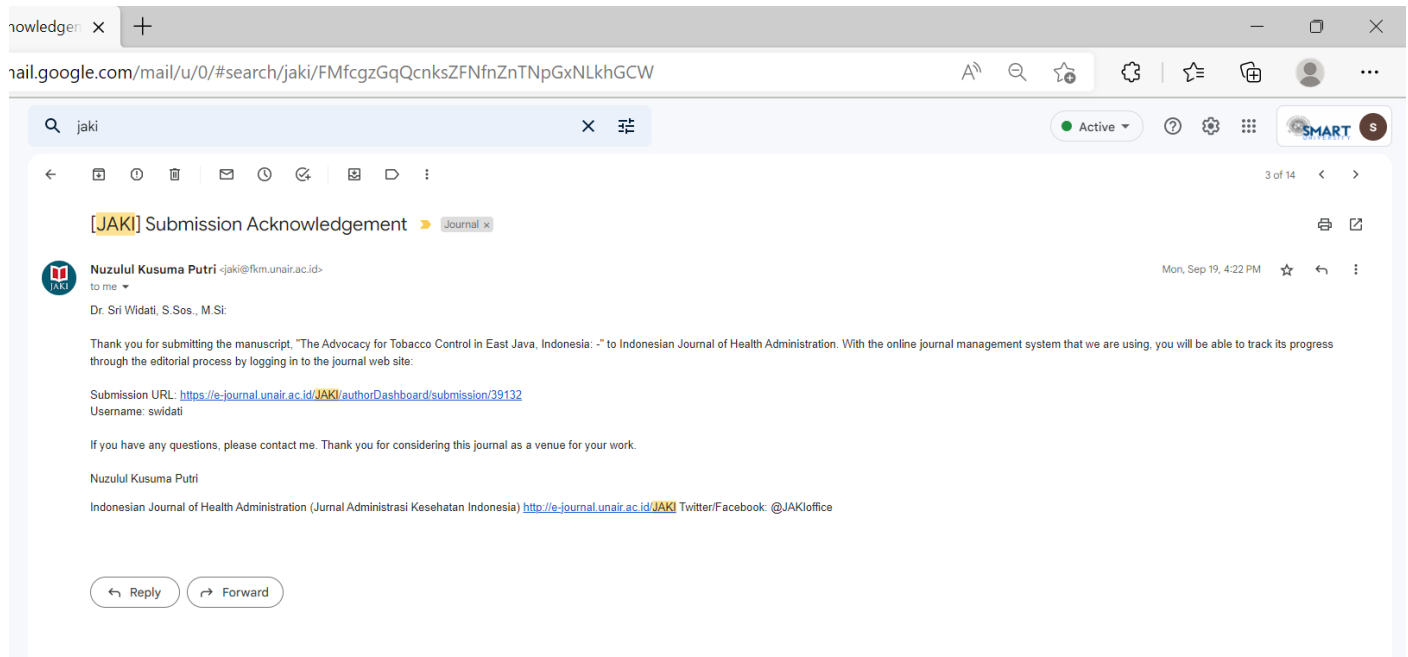


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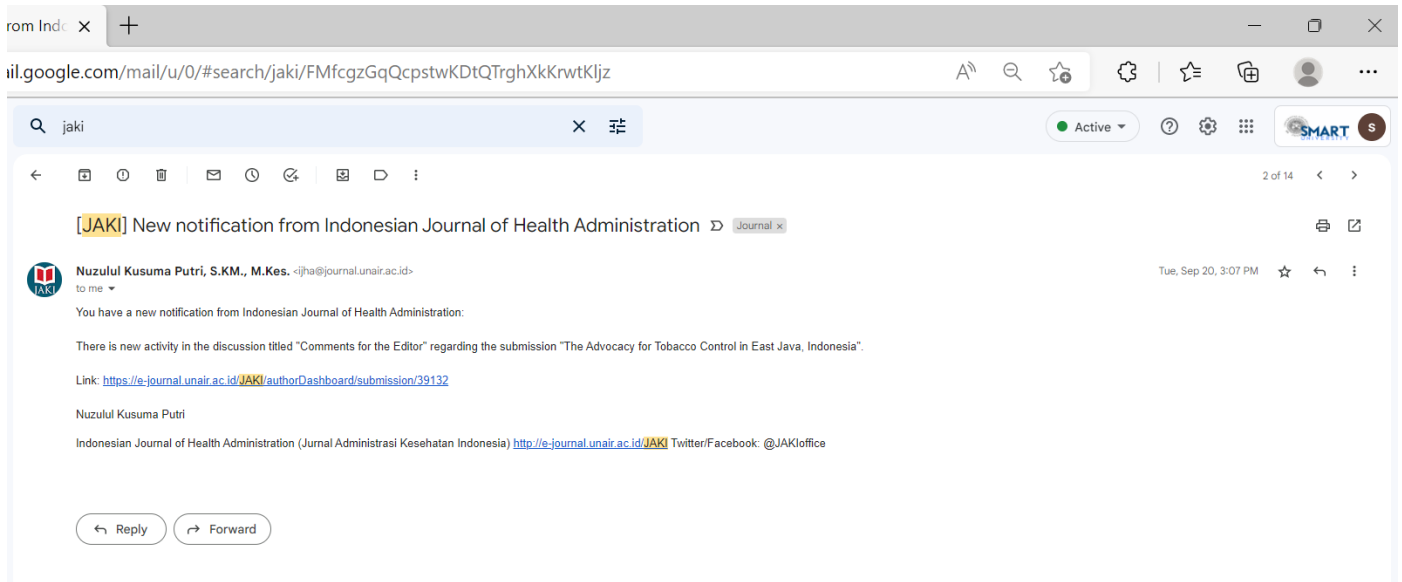
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## Introduction

### Author

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Recent evidence suggests that annually, over 8 million deaths can be attributed to tobacco use, with 7 million of those directly linked to tobacco use and an additional 1.2 million as a result of exposure to second-hand smoke (World Health Organization, 2020). Despite being a leading cause of death, there are an estimated 1.3 billion tobacco smokers worldwide (WHO, 2019). Tobacco smoke exposes users to more than 7000 toxicants and up to 70 carcinogens which are damaging to the human body (Tobacco Atlas, 2022). Smoking tobacco increases risks of multiple cancers, stroke, and respiratory diseases (Tobacco Atlas, 2022). The health consequences of tobacco are far reaching, with those exposed to second-hand smoke also at risk of various serious cardiovascular and respiratory conditions (World Health Organization, 2020). Given the negative health consequences associated with tobacco, especially among those exposed to second-hand smoke, it is imperative to introduce tobacco control measures in order to help protect the health and wellbeing of the general public (Tobacco Atlas, 2022).

Tobacco kills approximately 225,720 Indonesians annually (Tobacco Atlas, 2022) and is a prevalent health risk behaviour. Recently published data suggests that in 2015 there was approximately fifty four million daily smokers in Indonesia comprising 49.8 million males and 3.9 million females over ten years of age (Tobacco Atlas | Tobacco Atlas, no date). Further, overall smoking incidence and cigarette consumption have remained relatively stable over the past thirty years (Kemenkes, 2013). Of particular concern is the rising number of young smokers in Indonesia with a recent report showing an increase in youth smokers (10-18 years old) from 7.2 % in 2013 to 9.1% in 2018 (Riskesmas, 2013)(Riskesmas, 2018). Despite the prevalence of smoking within the Indonesian population, Indonesia is not a signatory to the WHO Framework Convention on Tobacco Control (FCTC): a global treaty to protect present and future generations from the health impacts of tobacco use that has been agreed to by 168 countries (FCTC, 2005).

To reduce the negative impacts of tobacco use on the health and wellbeing of the Indonesian population, the Indonesian Government issued National Law Number 36/2009 and Government Regulation 109/2012 (Undang-Undang Kesehatan No 36, 2009)(Kemenkes, 2012). Written into the mandates of both were strategies to promote tobacco control within Indonesia. Strategies included the inclusion of pictures on cigarette advertisements and packaging to visualise the negative health consequences of tobacco, together with districts taking responsibility for formulating and implementing tobacco regulation suitable to the local context in seven smoke-free settings. These smoke free settings: health facilities, education institutions, places of worship, workplaces, play areas for children, public transport and public places were named to limit tobacco use in public places.

Within these seven settings, the sale, advertisement and consumption of tobacco products were prohibited. This national government regulatory measure was met with opposition from stakeholders within the tobacco industry including tobacco companies and lobby groups. Tobacco companies had paid advertisements across all seven named settings and supported education scholarships and sporting competitions. Banning the presence of tobacco products in the seven settings led many government executives and legislators to believe this would result in the collapse of the tobacco industry thus leaving many jobless, as well as greatly reducing opportunities for children in school and sport.

All provinces within Indonesia were encouraged to enact smoke-free regulations. However, East Java was identified as a priority for regulation as it is one of the largest provinces, comprising 38 districts with a total population of 40.67 million people (Riskesmas, 2018) and tobacco identified as the second highest risk factor for death and disability in the province after high blood pressure (IHME, 2019). East Java provincial data reveals that of the eleven most common diseases in the province, seven are related to tobacco consumption: stroke, ischemic heart disease, cirrhosis of the liver, chronic obstructive pulmonary disease, lower respiratory infection, hypertensive heart disease, and lung cancer (IHME, 2019).

## Method

### Author

Please add information about how data be analyzed

This research is action research. The research did together with the organisation namely The Tobacco Control Support Centre (TCSC). TCSC was formed in 2008 under the directive of the Indonesian Public Health Association with the mandate to reduce tobacco consumption to improve population health (TCSC East Java, no date). Action research starting in 2008 until 2021. The action research to be conducted in line with the central

Untuk mewujudkan itu maka diperlukan action research.

**Tujuan:** Untuk meneliti dan mengintervensi pembuatan Perda KTR melalui cara advokasi dan komunikasi

**Metode:** merupakan study action research tentang proses advokasi dan komunikasi untuk menginisiasi dan menegakkan peraturan daerah Kawasan Tanpa Rokok di 12 kabupate/kotan di Provinsi Jawa Timur Indonesia. Metode yang digunakan adalah FGD, one on one meeting, indepth interview, public speaking, press conference, dan press release.

**Hasil:** Advokasi dan komunikasi intensif membuahkan **hasil hasil** nyata. Dari 12 kabupaten kota yang diintervensi, melahirkan Perda KTR di 8 kabupaten/kota di Jawa Timur.

**Kesimpulan:** Keberhasilan sebuah advokasi harus didukung dengan komunikasi dan networking yang bagus dan kuat di antara para stakeholder dari berbagai sektor dan disiplin keilmuan.

**Kata Kunci:** Advokasi, Komunikasi, Rokok, Jawa Timur

**Introduction**

Recent evidence suggests that annually, over 8 million deaths can be attributed to tobacco use, with 7 million of those directly linked to tobacco use and an additional 1.2 million as a result of exposure to second-hand smoke (World Health Organization, 2020). Despite being a leading cause of death, there are an estimated 1.3 billion tobacco smokers worldwide (WHO, 2019). Tobacco smoke exposes users to more than 7000 toxicants and up to 70 carcinogens which are damaging to the human body (Tobacco Atlas, 2022). Smoking tobacco increases risks of multiple cancers, stroke, and respiratory diseases (Tobacco Atlas, 2022). The health consequences of tobacco are far reaching, with those exposed to second-hand smoke also at risk of various serious cardiovascular and respiratory conditions (World Health Organization, 2020). Given the negative health consequences associated with tobacco, especially among those exposed to second-hand smoke, it is imperative to introduce tobacco control measures in order to help protect the health and wellbeing of the general public (Tobacco Atlas, 2022).

Tobacco kills approximately 225,720 Indonesians annually (Tobacco Atlas, 2022) and is a prevalent health risk behaviour. Recently published data suggests that in 2015 there was approximately fifty four million daily smokers in Indonesia comprising 49.8 million males and 3.9 million females over ten years of age (Tobacco Atlas | Tobacco Atlas, no date). Further, overall smoking incidence and cigarette consumption have remained relatively stable over the past thirty years (Kemenkes, 2013). Of particular concern is the rising number of young smokers in Indonesia with a recent report showing an increase in youth smokers (10-18 years old) from 7.2% in 2013 to 9.1% in 2018 (Risikesdas, 2013)(Risikesdas, 2018). Despite the prevalence of smoking within the Indonesian population, Indonesia is not a signatory to the WHO Framework Convention on Tobacco Control (FCTC): a global treaty to protect present and future generations from the health impacts of tobacco use that has been agreed to by 168 countries (FCTC, 2005).

**Author**

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Dr. Sri Widati, S.Sos., M.Si (swidati)

### Messages

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<p>Dear Author,</p> <p>this is our editor feedback.</p> <p> 39132-GFA01.docx</p>	<p>nuzulul_editor 2022-09-20 08:03 AM</p>
<p>▶ dear editor</p> <p>thank you for your respons. i have revised the manuscript as your comments. please check it out</p>	<p>swidati 2022-09-24 01:14 AM</p>

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**The Advocacy for Tobacco Control in East Java, Indonesia**  
*Sri Widati<sup>1</sup>, Santi Martini<sup>2</sup>, Kurnia Dwi Artanti<sup>2</sup>, Hario Megatsari<sup>1</sup>, Nicola Wiseman<sup>3</sup>, Neil Harris<sup>1,3</sup>*

<sup>1</sup>Health Promotion and Behavioral Science Division, Airlangga University, Indonesia  
<sup>2</sup>Department of Epidemiology, Faculty of Public Health, Airlangga University, Indonesia  
<sup>3</sup>School of Medicine, Griffith University, Australia  
\*Email : [sri-widati@fkm.unair.ac.id](mailto:sri-widati@fkm.unair.ac.id)

**Abstract**

**Introduction:** The negative health consequences associated with tobacco, especially among those exposed to second-hand smoke, it is imperative to introduce tobacco control measures in order to help protect the health and wellbeing of the general public. Recently published data suggeststhat there was approximately fifty four million daily smokers in Indonesia comprising 49.8 million males and 3.9 million females over ten years of age. East Java provincial data reveals that of the eleven most common diseases in the province, seven are related to tobacco consumption: stroke, ischemic heart disease, cirrhosis of the liver, chronic obstructive pulmonary disease, lower respiratory infection, hypertensive heart disease, and lung cancer. To reduce smoking behavior,theTobacco Control Support Centre lobbiedlocal government to introduce smoke-free regulation. To introduce the regulation, we need advocacy. **Methods:** this article is action research about the advocacy and communication process that set out to introduce local regulation for smoke-free settings within these 12 districts in the Province of East Java Indonesia. The method are FGD, one on one meeting, indepth interview, public speaking, press conference, and press release. **Results:** Intensive advocacy and communication work came to fruition, with eight districts in East Java implementing local regulation for smoke-free areas (8 district). **Conclusion:** Success demonstrates the potential of both advocacy and networking in bringing around positive social change, whilst also highlighting the importance of working withmulti-disciplinary stakeholders.

**Keywords:** Advocacy, Communication, Tobacco Control, East Java Indonesia

**1. BACKGROUND**

Recent evidence suggests that annually, over 8 million deaths can be attributed to tobacco use, with 7 million of those directly linked to tobacco use and an additional 1.2 million as a result of exposure to second-hand smoke(1). Despite being a leading cause of death, there are an estimated 1.3 billion tobacco smokers worldwide(2). Tobacco smoke exposes users to more than 7000 toxicants and up to 70 carcinogens which are damaging to the human body(3). Smoking tobacco increases risks of multiple cancers, stroke, and

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of working with multi-disciplinary stakeholders. The advocacy have to do in any method of communication, such as one on one meeting, Focus Group Discussion, Indepth Interview, Press Conference, Press Release, and public speaking. The advocacy have to do with many organization to encourage every parties in the regulation. The good networking is the main key of the succes of advocacy. The networking could be done with non governmental organization, health school, and local interest group communities.

**Funding:** The authors gratefully acknowledge International Union Against Tuberculosis and Lung Disease together with the Bloomberg Philanthropies as the funding partner for their financial support of the advocacy work undertaken on behalf of the Tobacco Control Support Centre in East Java. The advocacy work was partly undertaken by several of the authors. The preparation of the paper to document the impact of the advocacy work was not part of this support.

**Declaration of Interests:** The advocacy work reported in this paper was partly undertaken by several of the authors on behalf of the Tobacco Control Support Centre in East Java. The paper was prepared independently by the authors to document and share the work undertaken.

**5. REFERENCES**

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## The Advocacy and Communication for Tobacco Control in East Java, Indonesia

Sri Widati<sup>1\*</sup>, Santi Martini<sup>2</sup>, Kurnia Dwi Artanti<sup>2</sup>, Hario Megatsari<sup>1</sup>, Nicola Wiseman<sup>3</sup>, Neil Harris<sup>1,3</sup>

<sup>1</sup>Health Promotion and Behavioral Science Division, Airlangga University, Indonesia

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Address: Health Promotion and Behavioral Science Division, Airlangga University, Indonesia  
Kampus C Universitas Airlangga, Jl. Raya Mulyorejo Surabaya

### Abstract

**Introduction:** The negative impact associated with tobacco, especially among those exposed to second-hand smoke, it is imperative to introduce tobacco control measures to help protect the health of general public. Published data suggests that there was approximately fifty four million daily smokers in Indonesia comprising 49.8 million males and 3.9 million females over ten years of age. East Java provincial was the biggest smoker in Indonesia. To reduce smoking behavior, we need advocacion to encourage local government to release and implement smoke free regulation.

**Purpose:** The study aim to do action research about advocacy and communication for tobacco control in East Java

**Methods:** This is action research that set out to introduce local regulation for smoke-free settings within these 12 districts in the Province of East Java Indonesia. The method are FGD, one on one meeting, indepth interview, public speaking, press conference, and press release.

**Results:** Intensive advocacy and communication work came to fruition, witheight districts in East Java implementing local regulation for smoke-free areas (8 district).

**Conclusion:** Success demonstrates the potential of both advocacy, communication, and networking in bringing around positive social change, whilst also highlighting the importance of working with multi-disciplinary stakeholders.

**Keywords:** Advocacy, Communication, Tobacco Control, East Java Indonesia

**Pendahuluan:** Pengendalian tembakau menjadi masalah penting sebagai upaya perlindungan kesehatan masyarakat. Di Indonesia, perokok yang berusia 10 tahun ke atas dan yang merokok setiap hari ada 54 juta orang, dengan rincian 49,8 juta pria dan 3,9 juta wanita. Provinsi Jawa Timur merupakan provinsi dengan prevalensi perokok terbesar. Untuk mengurangi perilaku merokok, maka diperlukan advokasi agar pemerintah daerah mau membuat dan menegakkan Peraturan Daerah tentang Kawasan

They brave for reinforcement of the regulation. They trained the officer to do the reinforcement and to educate people about the regulation. The practice advocacy to make sure public about the effectiveness of the regulation in reducing smking behavior. In the implementation, they did with many partner look like, health school officer, non government organization, and local interest group communities.

### Conclusion

In 2021, the results of ongoing, intensive advocacy communication work came to fruition, witheight districts in East Java implementing local regulation of smoke-free areas (Surabaya City, Blitar District, Ngawi District, Mojokerto District, Madiun City, Madiun District, Lamongan District, and Batu Districts). Such success demonstrates the potential of both advocacy and networking in bringing around positive social change, whilst also highlighting the importance of working with multi-disciplinary stakeholders such as parliament, executive council, law departments, provincial law bureaus, NGOs, and the mass media. Success demonstrates the potential of both advocacy communication and networking in bringing around positive social change, whilst also highlighting the importance of working with multi-disciplinary stakeholders. The advocacy have to do in any method of communication, such us one on one meeting, Focus Group Discussion, Indepth Interview, Press Conference, Press Release, and public speaking. The advocacy have to do with many organization to encourage every parties in the regulation. The good networking is the main key of the succes of advocacy. The networking could be done with non governmental organization, health school, and local interest group communities.

### Declaration

**Conflict of Interests:** The advocacy work reported in this paper was partly undertaken by several of the authors on behalf of the Tobacco Control Support Centre in East Java. The paper was prepared independently by the authors to document and share the work undertaken.

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### References

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FCTC (2005) 'Framework Convention on Tobacco Control (FCTC)', *Prevention and Control* [Preprint].

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### Ethics Approval and Consent Participant

Respondents were addressed before the survey about the survey's objectives and purposes, and verbal consent to participate in the study was taken from them.

### Conflict of Interest

The authors declare that there is no significant competing financial, professional, or personal interests that might have affected the performance.

### Availability of Data and Materials

Data and material research can be provided at open data repository (OSF, Zenodo, Repositori Ilmiah Nasional, Institutional Repository Data and etc.) or by upon request.

### Authors' Contribution

NKP and IAR conceptualized the study; ERN created the methodology; IAR, NKP, and ERN wrote, reviewed, and edited the manuscript; NKP and IAR wrote the original draft.

### Funding Source

Institutions that finance research carried out.

### Acknowledgment

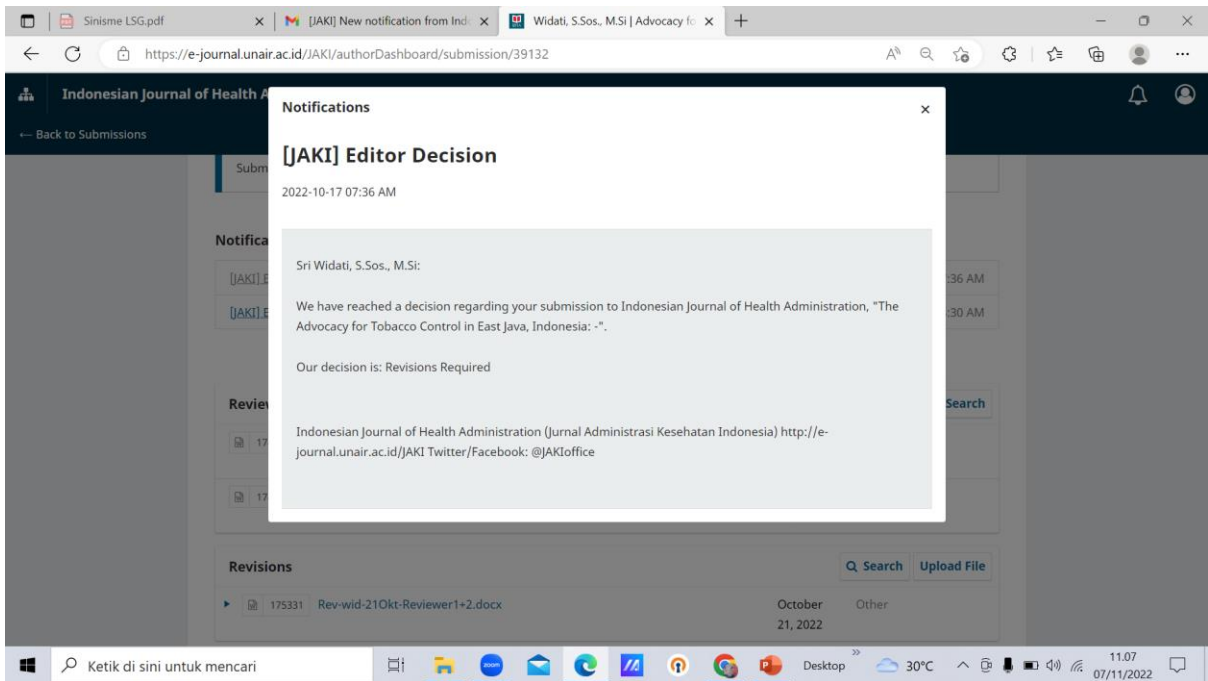
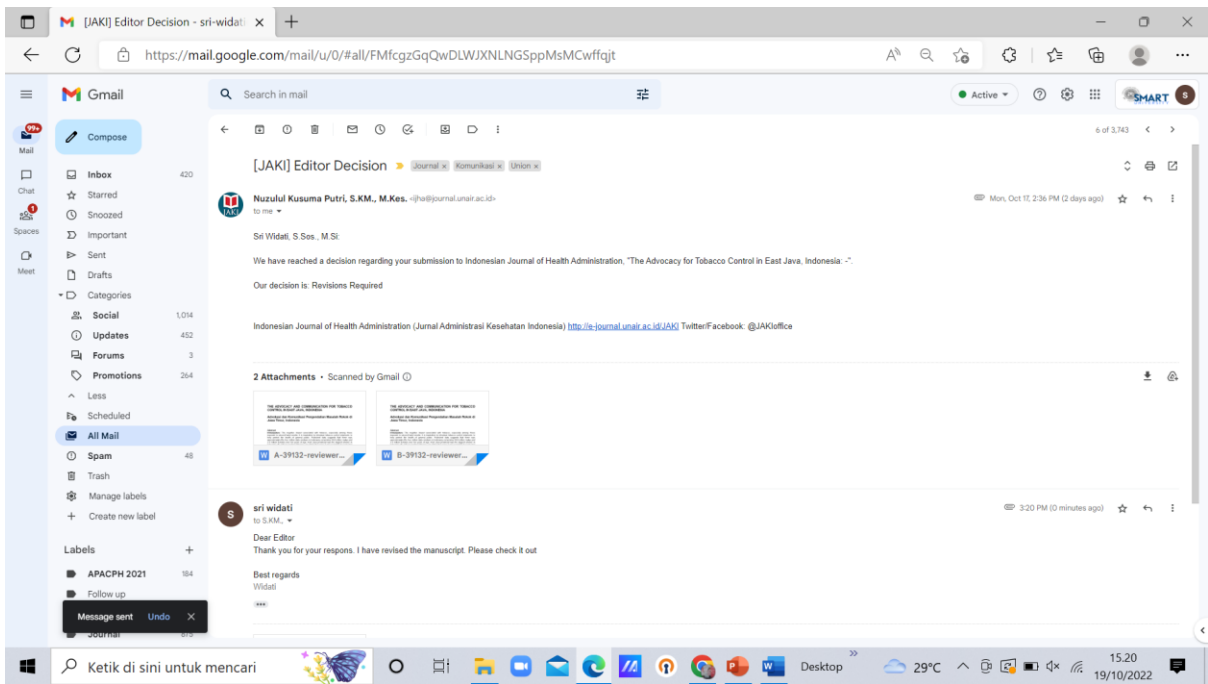
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**LETTER OF ACCEPTANCE (LoA)**

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Stated that the article entitled:

**THE ADVOCACY AND COMMUNICATION OF SMOKE-FREE AREA REGULATION IN EAST JAVA, INDONESIA**

**\*Sri Widati<sup>1</sup>, Santi Martini<sup>2</sup>, Kurnia Dwi Artanti<sup>2</sup>, Hario Megatsari<sup>1</sup>,  
Nicola Wiseman<sup>3</sup>, Neil Harris<sup>1,3</sup>**

<sup>1</sup>Division of Health Promotion and Behavioral Science, Universitas Airlangga, Indonesia

<sup>2</sup>Department of Epidemiology, Faculty of Public Health, Universitas Airlangga, Indonesia

<sup>3</sup>School of Medicine, Griffith University, Australia

**Correspondence\*:**

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