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Application of Community Models in an Effort to Control Smoking Behavior

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ABSTRACT

Smoking is a serious threat to global health, around 1.3 billion tobacco users have nearly 6 million people who die each year due to diseases that arise from tobacco use. Smoking behavior not only can trigger NCDs (*Non-Communicable Disease*) but it also has an effect on economic problems, the more cigarettes consumed, the higher the costs that will be incurred due to health care and the cost of death due to diseases that arise from smoking behavior. Comprehensive smoking behavior problems which are caused not only by psychological and pharmacological factors but also social and environmental needs a community approach to control these behaviors.

This study aims to collect and analyze articles related to the application of community models in an effort to control smoking behavior. The design used is the *literature review*, articles are collected using search engines such as *ProQuest*, BMC Public Health, Google Scholar and *Plos One*. Criteria article used was published in 2007 -2017. Based on the collected articles, the result is found that the community-based approach can be applied in the context of controlling smoking behavior as an effort to move the community and to modify the social environment that can support the creation of behavioral changes and to control smoking behavior.

Keywords: *Smoking Behavior, Community Approach, Control smoking*

Introduction

Smoking behavior has become a people's lifestyle, compared to rural areas, smokers in urban areas are more numerous, this is because urban residents or communities have very high social movements¹. Smoking remains a serious threat to global health, around 1.3 billion tobacco users, nearly 6 million people die each year from diseases arising from tobacco use^{2,3}. Tobacco use causes excessive health costs and loss of one's productivity³. About 80% of the 1.3 billion smokers worldwide live in low and middle income countries,

where the burden of disease and death from tobacco use are the biggest problem in the country³.

Based on data from the Global Adult Tobacco Survey (GATS) in 2015 from 22 countries there were 879 million smokers with a total of 721 men who smoked and 158 women who smoked². If there is no serious prevention in inhibiting the growth of smoking behavior, in the 21st century, there will be 1 billion people die of illness due to smoking. It can be concluded that, the higher the consumption of cigarettes the higher the mortality rate⁴.

The problem given of smoking behavior is a comprehensive problem because it is caused not only by psychological factors such as the presence of comfort when smoking, and addiction due to addictive substances contained in cigarettes, but also there are social and environmental factors that have an important role in shaping a person's smoking behavior, so what is done is not enough to approach individually but in a community.

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Handling community-based smoking behavior has been carried out in various countries starting from the implementation of non-smoking regional policies, interventions by providing counseling, and various smoking cessation programs^{5,6}. Nierkens (2013) revealed that community-based interventions to overcome the problem of tobacco use are more effective by combining family values⁷. Helping smokers to quit without creating an environment that supports them to quit will be difficult for a smoker and can cause them to relapse. Whereas community-based intervention has a framework that shows that individuals, interpersonal, community, organization and government have an influence on individual health status and can overcome several factors that form smoking behavior simultaneously⁸. Therefore, the handling of community-based smoking behavior is considered effective in overcoming the problem of smoking behavior. Based on the background above, the authors are interested in discussing “community model applications in an effort to control smoking behavior”.

Method

The method used in writing this article is a literature review. That is a search for literature conducted using an online database that provides free journal articles in PDF format: ProQuest, BMC Public Health, Google scholar and Plos One. In the initial stages of searching for journal articles, around 400 articles from the Year 2007 to 2017 were obtained. Exploration and identification of articles that have relevance will be compiled. Of these, only about 95 articles are considered relevant.

Results

Based on the results of the articles collected and the analysis of the authors, it was found that smoking behavior was caused by things that were multi cause. Smoking does not necessarily become a person's daily activities. There are various kinds of factors that influence a person to become a smoker that is starting from lack of knowledge related to the dangers of smoking to health, low education, weak economy, influence of parents, influence of friends, influence of advertising, influence of substances in cigarettes, psychological influences and cultural influences⁹⁻²⁰.

The most important thing on a problem of smoking behavior that their exposure to smoke by people around

who do not smoke, especially mothers and children are usually known as SHS (Secondhand Smoker). The higher the number of active smokers, the higher the SHS (Second Hand Smoker) will be. This prompted the Government to issue a policy related to the protection of SHS such as prohibiting smoking in certain places and in vehicles with children²¹⁻²⁴. Therefore, to handle and control the behavior of smoke, which is quite alarming, many countries implementing strategies that can touch the biggest factor causing the increase of smoking behavior that social environmental factors by implementing a strategy based on community.

Forms of community-based smoking behavior control are carried out by various countries, namely the application of assessed smoke-free policies can decrease my smoking prevalence, exposure to SHS and health issues that arise from smoking²⁴. Brazil is one of the success stories that has succeeded in reducing deaths arising from tobacco. A policy strategy called «The Sim Smoker Policy Simulation Model» developed in Brazil has succeeded in overcoming the problem of smoking. The policy model adopted is starting with raising the price of cigarettes, strict restrictions on cigarette advertisements and health warnings, the existence of laws or rules for non-smoking air and increasing smoking cessation programs²⁵.

Other policies in the form of increasing tobacco tax, intervention in packaging tobacco products, campaigns through mass media and prohibitions on cigarette advertising at the point of sale, can effect smoking attitudes and behavior^{24,26}. In America, various media lift issue related dangers of smoking on health, the efforts of the media to support the advocacy process and help policy makers easily to employ the new area without smoke and to shape public opinion in order to pro-restaurant and non-smoking bar²⁷.

Along with the development of the times, increasingly developing technology is used as a medium for delivering information to a broad audience. In New Zealand, using a social media program is called «Online Smoking Cessation Social Network». The program helps the wider community to obtain information regarding the dangers caused by smoking and guide smokers to stop smoking²⁸.

In Indonesia one form of community-based intervention that has been proven to be able to control

smoking behavior, namely being in a bone-bone village. Bone-bone Village in Enrekang District, South Sulawesi Province is a clear proof of the success of overcoming the problem of smoking with a community-based approach. The information obtained related to the dangers of smoking for themselves and surrounding people, aroused the heart of one of the Public Figure, namely the Village Head to deal with smoking behavior in his village. The strategy used by conducting a survey previously was related to the community's opinion about cigarettes and then together with other community leaders, they drew up a plan and invited the community to participate to jointly determine the area of smoke-free Bone-bone Village²⁹.

Discussion

Smoking behavior has become the lifestyle of today's society from a variety of elements either old, young, poor or rich. Smoking has a major impact on the environment that is unhealthy and has a worse impact on the overall health of the community³⁰. Smoking behavior is not only detrimental to the health of the smoker itself but also the people around him. Viewed from any angle the cigarette remains negative. The more a person smoked the more death and the emergence of the risk of disease NCD's (Non-Communicable Disease).

The World Health Organization in the Ottawa Charter through the International Conference on Health Promotion in 1986 has provided a framework clearly as an approach to changing people's behavior towards better public health by developing health-minded public policies, create an enabling environment, strengthen community action or movement, develop individual skills, and reorient the health care system^{30,31}.

Given the smoking behavior of the world community is very alarming, one of the efforts of the WHO (World Health Organization) to overcome the current tobacco problem is to invite each country to implement the MPOWER strategy¹. The strategy MPOWER question are: **M**onitoring of tobacco use and prevention policies, **P**rotect from tobacco Smoker, **O**ffer help to quit tobacco use, **W**arn about the dangers of tobacco, **E**nforce bans on tobacco advertising, promotion and sponsorship, **R**aising taxes on tobacco. Referring to this MPOWER strategy, several countries make community-based smoking behavior control programs.

Community refers to a group of people who share a sense of social identity, general norms, values, goals, and institutions³². A community is based on geographical boundaries (environment, city, or other place), social identity and interests (ethnic groups), or sharing political responsibility^{33,34}. Various studies reveal that the handling of community-based smoking behavior is effective in dealing with smoking behavior in certain groups^{7,35}. Community -based interventions not only take place in society, but also important in guiding into a characteristic.

The following are three principles in community-based interventions; Community-based interventions are guided by an ecological framework, where individuals, interpersonal, community, organization, and government factors are believed to influence individual health status, efforts by community-based programs to overcome several factors, either simultaneously or sequentially⁸. Community-based interventions are designed to meet community desires and membership-based interventions. Communities usually begin with needs assessment and developing relationships with community leaders who understand the strengths and problems of the community. The third characteristic of community-based interventions is community participation. Community participation refers to the process by which individuals and families take an active part in discussions and activities to improve people's lives, services, or resources.

Community-based intervention by relying on community participation is considered capable of overcoming multi-causes health problems. The community-based approach recognizes that health problems have several causes, requiring several interventions to influence individual behavior and simultaneously changing the social, political and economic environment based on local health conditions⁸. Applying a community-based approach shows that the role of family or community leaders influences smokers to stop smoking and reduce exposure to Secondhand Smoker (SHS). In this case, community participation in an environment where a smoker is located can influence a smoker to quit³⁵.

Conclusion

Community-based interventions are considered effective in overcoming the problem of smoking

behavior because, the problem of smoking behavior is a comprehensive problem caused not only by psychological factors but also by social or environmental factors. Community-based interventions place more emphasis on community participation which refers to the process by which individuals and families take an active part in discussions and activities to improve people's lives by continuously controlling smoking behavior. With a community approach, we are able to create an environment that supports changes in one's smoking behavior. Further research needs to be done by considering the implementation of community-based smoking behavior control for marginal areas with special characteristics.

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REFERENCES

1. Bahaa-Eldin, E., Mahfouz, M. S., Yagoub, U., Solan, Y. M. & Alsanosy, R. M. 2014. Practice and attitude of cigarette smoking: A community-based study. *PLoS one*, 9, e92939.
2. ATLAS. GTTS (Global Tobacco Surveillance System). Atlanta: CDC Foundation, The GATS Atlas; 2015.
3. WHO. WHO REPORT ON THE GLOBAL TOBACCO EPIDEMIC, 2015: Raising Taxes On Tobacco. WHO Web Site (www.who.int/tobacco).
4. Kumboyono. Analysis of inhibiting factors for smoking cessation based on HBM in Students of Faculty of Engineering of Brawijaya University. *Keperawatan Soedirman*. 2011;6(1).
5. Kruger J, O'Halloran A, Rosenthal AC, Babb SD, Fiore MC. Receipt of Evidence-Based Brief Cessation Interventions by Health Professionals and Use of Cessation Assisted Treatments Among Current Adult Cigarette-Only Smokers: National Adult Tobacco Survey, 2009-2010. *BMC Public Health*. 2016;16:141.
6. Wu L, He Y, Jiang B, et al. Effectiveness of Additional Follow-Up Telephone Counseling in a Smoking Cessation Clinic in Beijing and Predictors of Quitting Among Chinese Male Smokers. *BMC Public Health*. 2016;16:63.
7. Nierkens V, Hartman MA, Nicolaou M, et al. Effectiveness of Cultural Adaptations of Interventions Aimed at Smoking Cessation, Diet, and/or Physical Activity in Ethnic Minorities. A Systematic Review. *Plos One*. 2013;8(10):e73373.
8. Coreil J, A. Bryant C, Henderson JN. Social and Behavioral Foundation of Public Health. New Delhi: Sage Publications; 2000.
9. Ngahane BHM, Ekobo HA, Kuaban C. Prevalence and determinants of cigarette smoking among college students: a Cross-Sectional Study in Douala, Camerook. *BMC (Archives of Public Health)*. 2015;73:47.
10. Spanopoulos D, Britton J, McNeill A, Ratschen E, Szatkowski L. Tobacco Display and Brand Communication at The Point of Sale: Implications for Adolescent Smoking Behaviour. *Tobacco Control*. 2014;23:64-69.
11. Passey ME, Gale JT, Sanson-Fisher RW. "It's almost expected": rural Australian Aboriginal women's reflections on smoking initiation and maintenance: a qualitative study. *BMC women's health*. 2011;11(1):1.
12. Li HCW, Chan SS, Lam TH. Smoking among Hong Kong Chinese women: behavior, attitudes and experience. *BMC public health*. 2015;15(1):1.
13. Schaefer DR, Haas SA, Bishop NJ. A Dynamic Model of US Adolescents' Smoking and Friendship Network. *American Journal of Public Health*. 2012;102(6):e12-e18.
14. Thrul J, Lippermen-Kreda S, Grube JW, B. Friend K. Community-Level Adult Daily Smoking Prevalence Moderates the Association Between Adolescent' Cigarette Smoking and Perceived Smoking by Friends. *Springer*. 2014;43:1527-1535.
15. Cui Y, Ying M, Fan H. Cigarette smoking practice and attitudes, and proposed effective smoking cessation measures among college student smokers in China. *Emerald*. 2012;112(4):365-379.
16. Zaloudikova I, Hrubá D, Samara I. Parental Education and Family status- Association with

- Children's Cigarette Smoking. *European Journal Public Health*. 2012;21(1):38-44.
17. Xu X, Liu L, Sharma M, Zhao Y. Smoking-Related Knowledge, Attitudes, Behaviors, Smoking Cessation Idea and Education Level among Young Adult Male Smokers in Chongqing, China. *International Journal of Environmental Research and Public Health*. 2015;12:2135-2149.
 18. Guo H, Sa Z. Socioeconomic Differentials in Smoking Duration among adult male smokers in China : Result from the 2006 China Health and Nutrition Survey. *Plos One*. 2015;10(1):e0117354.
 19. Babatunde OA, Omowaye Oa, Alawode DA, Omede O, Olomofe CO, Akinyandenu J. Smoking Prevalence, Willingness to Quit and Factors Influencing Smoking Cessation among University Students in a Western Nigerian State. *Asian Social Science*. 2012;8(7):149.
 20. Liao Y-M, Chen Y-T, Kuo L-C, Chen P-L. Factors Associated with Parental Smoking in the Presence of School-aged Children: a Cross-Sectional Study. *BMC Public Health*. 2013;13:819.
 21. Martinez-Sanchez JM, Fernandez E, Fu M, et al. Smoking behaviour, involuntary smoking, attitudes towards smoke-free legislations, and Tobacco Control Activities in the European Union. *Plos One*. 2010;5(11):e13881.
 22. Patterson C, Semple S, Wood K, Duffy S, Hilton S. A Quantitative Content Analysis of UK Newsprint Coverage of Proposed Legislation to Prohibit Smoking in Private Vehicles Carrying Children. *BMC Public Health*. 2015;15:760.
 23. Edwards R, Peace J, Russell M, Gifford H, Thomson G, Wilson N. Qualitative Exploration of Public Health and Smoker Understanding of, and Reactions to, an Endgame Solution to The Tobacco Epidemic. *BMC Public Health*. 2012;12:782.
 24. Hoffman SJ, Tan C. Overview of Systematic Review On The Health-Related Effects of Government Tobacco Control Policies. *BMC Public Health*. 2015;15:744.
 25. Levy D, Almeida LMd, Szklo A. The Brazil SimSmoke policy Simulation Model: The Effect of Strong Tobacco Control Policies on Smoking Prevalence and Smoking-Attributable Deaths in a Middle Income Nation. *Plos One*. 2012;9(11):e1001336.
 26. Haw S, Amos A, Eadie D, et al. Determining the Impact of Smoking Point of Sale Legislation Among Youth (Display) Study : A Protocol for an Evaluation of Public Health Policy. *BMC Public Health*. 2014;14:251.
 27. McDaniel PA, Offen N, Yerger V, Forsyth S, Malone RE. "Tired of Watching Customers Walk Out The Door Because of The Smoke": A Content Analysis of Media Coverage of Voluntarily Smokefree Restaurants and Bars. *BMC Public Health*. 2015;15:761.
 28. Healey B, Hoek J, Edward R. Posting Behaviour Patterns in an Online Smoking Cessation Social Network: Implications for Intervention Design and Development. *Plos One*. 2014;9(9):e106603.
 29. NYORONG, M. 2014. Beneficiary of Quit smoking (case study of Bone-Bone communities). *International Journal of Current Research and Academic Review*, 2(10), pp. 149-156
 30. Palutturi S. *Kesehatan itu Politik*. Vol 1. 1 ed. Semarang: e-Media Solusindo; 2010.
 31. Notoatmodjo S, Krianto T, Hasan A, Mamdi Z. *Promosi Kesehatan, Komitmen Global dari Ottawa-Jakarta-Nairobi Menuju Rakyat Sehat* Jakarta: Pusat Promosi Kesehatan Depkes. RI dan Departemen Pendidikan Kesehatan dan Ilmu Perilaku FKM-UI; 2009.
 32. Israel BA, Schulz AJ, Parker EA, Becker AB. *Key Principles of Community-Based Research*. Vol 19: Annual Review of Public Health; 1998.
 33. Eng E, Parker E. Measuring Community Competence in The Mississippi Delta: The Interface Between Program Evaluation and Empowerment. *Health Education Quarterly*. 1994;21:199-220.
 34. Patrick DL, Wickizer TM. Community and Health. In Amick BC, Levine S, Tarlov AR, Waish DC, eds. *Society and Health*. New York, NY: Oxford University Press; 1995:46-92.
 35. Varcoe C, Bottorff JL, Carey J, Sullivan D, Williams W. Wisdom and Influence of Elders: Possibilities for Health Promotion and Decreasing Tobacco Exposure in First Nations Communities. *Canadian Journal Public Health*. 2010;102(2):154-158.

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Nan Xia, Afsaneh Morteza, Fengyu Yang, Hong Cao, Aiping Wang. "A Review of the Role of Cigarette Smoking in the Diabetic Foot", Journal of Diabetes Investigation, 2018

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Bertrand Hugo Mbatchou Ngahane, Huguette Atangana Ekobo, Christopher Kuaban.

"Prevalence and determinants of cigarette smoking among college students: a cross-sectional study in Douala, Cameroon", Archives of Public Health, 2015

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"Targeted mass media interventions promoting healthy behaviours to reduce risk of non-communicable diseases in adult, ethnic minorities", Cochrane Database of Systematic Reviews, 2015.

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