

Tahap 1: Submit Artikel : 31 Mei 2024

UNIVERSITAS
AHMAD DAHLAN

Heni Trisnowati <heni.trisnowati@pascakesmas.uad.ac.id>

ARTICLE SUBMISSION CFP TOBACCO 2024

19 pesan

Jurnal Promkes <jurnal.promkes@gmail.com>

31 Mei 2024 pukul 14.17

Kepada: Heni Trisnowati <heni.trisnowati@pascakesmas.uad.ac.id>

Dear Author,

Kami dari Jurnal Promkes hendak menyampaikan hasil screening awal atas naskah Anda (yang Anda submit melalui ICTOH)

Silakan melakukan perbaikan

Proses revisi kami tunggu hingga Jumat, 7 Juni 2024 dengan melakukan submission secara resmi pada website kami [Jurnal Promkes: The Indonesian Journal of Health Promotion and Health Education \(unair.ac.id\)](#) serta memilih section/issue Special Issue Tobacco

Mohon juga pada submission tersebut Anda melampirkan hasil **Turnitin naskah maksimal 25%**

Terima kasih

--

Best Regards,

EDITORIAL TEAM JURNAL PROMKES

Faculty of Public Health, Universitas Airlangga

Campus C Universitas Airlangga

Jl. Mulyorejo Campus C UNAIR, Surabaya 60115, Indonesia.

E-mail: jurnal.promkes@gmail.com / jpromkes@fkm.unair.ac.id

Phone: +62813-9351-4414



21. ICTOH_Screening_Heni Trisnowati (2).docx

720K

Heni Trisnowati <heni.trisnowati@pascakesmas.uad.ac.id>

31 Mei 2024 pukul 15.35

Kepada: Jurnal Promkes <jurnal.promkes@gmail.com>

Baik

[Kutipan teks disembunyikan]

Tahap 2 : Hasil Review dari Tim Reviewer : 24 Juni 2024

Jurnal Promkes <jurnal.promkes@gmail.com>
Kepada: Heni Trisnowati <heni.trisnowati@pascakesmas.uad.ac.id>

24 Juni 2024 pukul 10.17

Dear Author,

Berikut kami lampirkan hasil pembacaan oleh reviewer

Silakan melakukan perbaikan sesuai saran dan masukan yang tersedia

Proses revisi kami tunggu hingga Jumat, 28 Juni 2024

Terima kasih

UNIVERSITAS AHMAD DAHLAN

Kampus 1: Jln. Kapas No. 9 Yogyakarta

Kampus 2: Jl. Pramuka 42, Sidikan, Umbulharjo, Yogyakarta 55161

Kampus 3: Jl. Prof. Dr. Soepomo, S.H., Janturan, Warungboto, Umbulharjo, Yogyakarta 55164

Kampus 4: Jl. Ringroad Selatan, Yogyakarta

Kampus 5: Jl. Ki Ageng Pemanahan 19, Yogyakarta

Kontak

Email: info@uad.ac.id

Telp. : (0274) 563515, 511830, 379418, 371120

Fax. : (0274) 564604

[Kutipan teks disembunyikan]

 21. REVIEW.docx
691K

Innovation to Control Cigarette Consumption and Stunting Through the Kabar Besti Program (Smoke and Stunting Free Families)

Abstract

Background : Cigarette consumption causes economic and health losses to smokers and their families. The main determinant of stunting in toddlers in Sleman Regency is cigarette consumption by family members. The research objective is to develop innovations to control cigarette consumption and toddler stunting through the Kabar Besti program.

Method : This research uses an action research approach which includes: 1) innovation development, 2) innovation dissemination, 3) program adoption, and 4) program evaluation. The research was conducted in Sumberan Hamlet, Candibinangun Village, Pakem District, Yogyakarta for 6 months starting from August 2023 to January 2024. The program targets were mothers of toddlers, the fathers' community, and the youth community.

Result : The development of the Kabar Besti program was successfully initiated with the following phases: 1) needs assessment, namely gathering support, exposing the program, and looking for opportunities and challenges in implementing the program; 2) dissemination of innovation in the community, namely socialization of the program to hamlet heads, toddler posyandu, youth groups, and youth and youth communities; measuring lung capacity and collecting data on cigarette consumption patterns in the community of fathers and teenagers; 3) program adoption is proven by a declaration of joint commitment to implementing the Kabar Besti program; 4) program evaluation: there was a decrease in the number of fathers who smoked from 70.1% before the intervention to 68.6% after the intervention. Cigarette consumption patterns showed positive results, namely not smoking at home and not smoking near toddlers at 86.3%; switching cigarette spending and saving from cigarette money by 45.1% and 41.2%; The number of stunting among children under five has decreased from 25% in 2022 to 11.11% at the beginning of 2024.

Conclusion: The Kabar Besti program has been successfully developed and proven to increase community and stakeholder commitment to controlling cigarette consumption and stunting. The

implementation of the Kabar Besti program needs to be disseminated as a strategy to control cigarette consumption patterns and stunting in toddlers.

Keywords: Cigarette consumption; Smoking behavior; Stunting; Kabar Besti program.

BACKGROUND

The impact of cigarette consumption is multidimensional, starting from the family economy to the health of smokers and their families, including the incidence of stunting of children under five in smoking parents (Simanjuntak, 2022). Cigarette consumption in poor families causes low access to nutritious food, low intake of vitamins and minerals, and poor food diversity and sources of animal protein. Mothers whose teenage years lack nutrition, even during pregnancy and lactation, will greatly affect the growth of the child's body and brain (Agustina, 2022). Children living in households with chronic smoking parents as well as those with transient smokers tend to have slower growth in weight and height than those living in households without smoking parents. Children whose parents are chronic smokers have a 5.5% higher probability of experiencing stunting compared to children of non-smoking parents.

Stunting is a condition where a child has a height below the age standard. Stunting is an indicator of failure to thrive in toddlers due to a chronic lack of nutritional intake in the first 1,000 days of life. Stunting is one of the health problems in Indonesia which is a priority for the Indonesian government to reduce its prevalence (Bayu, 2022). The prevalence of stunting in Indonesia fell from 24.4% in 2021 to 21.6% in 2022 (Indonesian Ministry of Health, n.d.). Thus, almost a quarter of toddlers in the country experience stunting. The government targets the prevalence of stunting in Indonesia to fall below 14% by 2024 (Bayu, 2022).

This stunting condition will cause a decrease in children's intelligence/cognition (Sari & Ni Komang Ayu Resiyanthi, 2020). The father's smoking behavior at home is significantly related to the incidence of stunting ($p < 0.05$) (Muchlis et al., 2023; Zubaidi, 2021). The new findings of this research are support for the implementation of Smoke-Free Zones by implementing tobacco-free living behavior. Early childhood children who live in this environment have better growth (Hasyim et al., 2022; Muchlis et al., 2023).

A preliminary study reported that the main determining factor for stunting among toddlers in Sleman Regency was the smoking behavior of family members (64%). Stunting prevention is a strategic issue for the Sleman District Health Service and Candi Binangun Village, Pakem District is one of the stunting locus areas. Previous research explains that programs to reduce exposure to passive smoke at home basically start from policies at the population level to reduce mortality, morbidity and widen health disparities (Alwan et al., 2011). Children's health is a major theme in families that implement a smoke-free home policy (Bleakley et al., 2013).

The results of discussions with the promotion sector of the Sleman Regency Health Service (Dinkes) agreed that the Pakem Community Health Center was the technical implementation unit of the Sleman Regency Health Office for the stunting prevention program through the smoke-free family program. This location was chosen as a pilot project for the implementation of the KaBar Besti program, not only because it is a stunting locus but also because it has support from the Community Health Center, community leaders, and local health cadres.

The smoke and stunting-free family innovation (KaBar BesTi) is a follow-up program carried out by researchers, namely the smoke-free home program in several areas in Yogyakarta which has succeeded in changing people's smoking patterns. (H Trisnowati et al., 2020; Heni Trisnowati, 2017). As a further innovation, the KaBar BestTi program emphasizes the importance of not smoking in families with stunted children under five years old (toddlers) and diverting cigarette shopping with side dishes or other nutritional needs for toddlers. This research aims to develop the Kabar Besti program as an innovation to control cigarette consumption and stunting in Sleman-Yogyakarta Regency.

METHOD

Comment [Ma1]: Note:
When it was done...?

Comment [Ma2]: Note:
What kind of innovation in Kabar Besti
News? The media/the messages/others

This research uses an action research (AR) approach, namely a type of research that uses a participatory approach to targets (Smith et al., 2010), carries out interventions for improvement, some activities are educational, focus on the problem, the context is specific, and there is collaboration between researchers and those studied (Montgomery et al., 2015; Morton & Montgomery, 2013), (Coghlan & Brannick, 2014), (Green & Thorogood, 2009). The applied research stage of the Besti News program includes 1) innovation development, 2) innovation dissemination, 3) program adoption, and 4) evaluation of the structured interview program in the community of fathers, mothers of toddlers, and health cadres regarding the implementation of Besti News. The research was conducted in Sumberan Hamlet, Candibinangun Village, Pakem District, Yogyakarta for 6 months starting from August 2023 to January 2024. The program targets were mothers of toddlers, the fathers' community, and the youth community. The research team consisted of lecturers, health workers, health cadres, and students. The role of lecturers is as program initiators, educational resources, and providing assistance during research implementation. Research data collection through structured interviews was carried out by lecturers and public health students carried out by a team of students. Health promotion staff at the community health center provided guidance before the research took place and opened communication with the hamlet. Health cadres act as field coordinators for the implementation of the Kabar Besti program whose duties include determining the implementation day, inviting targets who will attend, and coordinating with each RT head in their area to prepare the place and prepare for activities. This research protocol has received an ethical certificate from Ahmad Dahlan University with the number 012308180.

RESULTS AND DISCUSSION

Steps for Innovating The Kabar Besti Programme

The Kabar Besti Programme has effectively implemented many stages to control cigarette smoking and address stunting, including innovation development, innovation dissemination, program adoption, and program assessment. Table 1 displays the comprehensive study stages, while Figure 1 presents the outcomes of the agreement to execute The Kabar Besti Programme in the form of a proclamation.

Table 1 Outlines The Various Stages of The Kabar Besti Innovation Research Conducted In Dusun Sumberan, Desa Candi Binangun, Pakem Sleman In 2023.

No	Stages	Date of Implementation	Results
1	Innovation Development		
	a. <i>Need Assessment</i> : Securing endorsement from relevant parties and delivering a programme presentation to the team of Pakem Primary Health Care and stakeholders at Candi Binangun, Pakem.	August 26, 2023	The programme received a positive response from PHC and stakeholders at Desa Candibinangun. This presents a favourable occasion for the programme to persist.
	b. Need Assessment : secondary data collection from Pakem PHC	August 27-28, 2023	We collected data on clean and healthy living behaviour, home smoking behavior, toddler stunting, and water quality at Desa Candibinangun.
	c. Examining programme potential and challenges: the enforcement of	August 29-30, 2023	Sleman is currently engaged in the expansion and enhancement of the implementation of GERMAS, with a specific focus on rural populations. One of the methods used is the establishment

	smoking-free area legislation, the implementation of GERMAS (Healthy Living Movement), and the enhancement of community social capital		of No-Smoking Areas at the local level. The community's social capital, including values such as mutual collaboration, openness, regular meetings, and toddler Posyandu, is utilized to implement the programme.
	d. A focus group discussion was held with the PHC staff to present secondary data and develop a plan of action for The Kabar Besti programme.	2 September 2023	The study site was selected as Dusun Sumberan due to its representation of 25% of the overall population of stunted toddlers, as indicated by the data from The Pakem PHC in 2022.
2.	Dissemination of Innovation		
	a. The Kabar Besti Programme in Dusun Sumberan Hamlet is being socialized among the health cadres through advocacy and cooperation.	September 4-9, 2023	Data was acquired regarding the timetable for toddler Posyandu activities, youth (karangtaruna) activities, and community activities. Analyzing potential avenues and obstacles to the execution of a programme: Most males are smokers. Health cadres are responsible for coordinating operations with the community, including implementing and locating initiatives.
	b. Integration of The Kabar Besti dissemination and educational initiatives with Posyandu gatherings: Investigating the Impact of Cigarette Smoke on Growth Retardation in Young Children; Assessing Maternal Lung Function with a Spirometer	October 14, 2023	Health education topic: Promoting the integration of the Kabar Besti Programme: Substituting cigarette purchases with eggs for toddlers: Empowering moms to become leaders of healthy households Agreement: Prioritise purchasing cigarettes for the dietary requirements of toddlers, refrain from smoking within the house, avoid smoking close to infants and young children, and dispose of cigarette butts responsibly. Health promotion media: Leaflets and Posters (represented by Figure 1 and Figure 2)
	c. The socialisation of The Kabar Besti and health education programmes at youth Posyandu meetings: The significance of healthy teenagers in reducing stunting	October 14, 2023	"Promoting adolescent engagement as proactive youth volunteers; disrupting the cycle of tobacco dependency and educating families on healthy lifestyles." Health promotion media: Leaflets and Posters
	d. Socialization of The Kabar Besti	October 13 -15, 2023	The Kabar Besti programme highlighted the significance of fathers' involvement in addressing toddler stunting during

<p>programme and providing health education in the father's forum</p> <p>e. Assessment of pulmonary capacity and gathering of data on cigarette usage</p> <p>f. The dissemination of health promotion media through the distribution of leaflets, posters, and Kabar Besti money box.</p>	<p>Locations: Third, fourth, and fifth neighbourhoods (toddlers' addresses are spread across these three neighborhoods)</p>	<p>socialisation.</p> <p>"Promoting Fathers as Kabar Besti Heroes": fostering a robust family unit by cultivating physically and mentally fit family members, devoid of any exposure to tobacco smoke and devoid of any impediments to growth and development." Encouraging fathers to allocate income previously used for purchasing cigarettes towards providing their children with essential nourishment, such as eggs, meat, fish, tofu, tempeh, vegetables, and fruit.</p>
---	---	--

3 Programme Adoption

<p>a. Organising the Kabar Besti declaration in collaboration with the community and stakeholders</p>	<p>November 2-3, 2023</p>	<p>The outcome of the agreement between the leader of the dusun and health cadres is to pledge a collective dedication to The Kabar besti movement. The Kabar besti movement was endorsed by community representatives and stakeholders.</p>
<p>b. Agreement on The Kabar Besti Movement in Dusun Sumberan</p>	<p>November 14-16, 2023</p>	<p>The Kabar Besti programme was well received by the community and stakeholders.</p> <p>All participants have unanimously agreed to execute The Kabar Besti movement.</p> <p>The proclamation event coincided with a social gathering for fathers in each respective neighbourhood, specifically in the third, fourth, and fifth neighbourhoods. The initiative commenced with a presentation of the study's findings, reinforcing the dedication of the community and disseminating health promotion materials in the shape of the "Kabar Besti Money Box" (Figure 3). Fathers should promptly transition to purchasing cigarettes in order to allocate funds towards meeting the nutritional requirements of toddlers. Simultaneously, declarations were made to groups of mothers of toddlers during posyandu exercises for toddlers. The document contains the details of the Kabar Besti movement agreement.</p> <ol style="list-style-type: none"> 1. Instead of purchasing cigarettes to meet the dietary requirements of young children 2. Allocate the funds previously spent on cigarettes towards fulfilling the dietary requirements of toddlers. 3. Refrain from smoking within your residence. 4. Avoid smoking in close proximity to infants and young children. 5. Refrain from carelessly discarding cigarette butts (Figure 4)

4 Programme

evaluation		
a. Evaluation of The Kabar Besti movement program and lung capacity measurements in the fathers community	December 9-16, 2023 Locations: Third, fourth, and fifth neighbourhoods	An assessment of The Kabar Besti movement was conducted by conducting brief interviews with each father simultaneously during the dads' meeting/social gathering.
b. Signing of Implementing Agreement with Pakem PHC	December 14, 2023 Locations: Third, fourth, and fifth neighbourhoods	An Implementing Agreement was made between the Faculty of Public Health and the Pakem PHC to ensure the continuation of The Kabar Besti programme.
c. Evaluation of The Kabar Besti movement at toddler posyandu	December 15-16, 2023	A concurrent focus group discussion will be held for mothers of toddlers and health cadres during the posyandu event. The purpose of the discussion is to address the implementation of The Kabar Besti

The Kabar Besti programme utilises health promotion media, such as leaflets (figure 1) and posters (figure 2), to facilitate the socialisation process and enhance the comprehension of the presented material among the target audience. All attendees at the socialisation event received leaflets, while the leaders of their particular neighbourhoods

were handed posters. Subsequently, it should be positioned in a conspicuous area, preferably a patrol post, to provide maximum visibility for the general public.



Figure 1. Leaflet of Stunting dan The Kabar Besti

Figure 2. Poster of The Kabar Besti

The Kabar Besti money box (figure 3) has been delivered to all the fathers in attendance at the socialisation event, as well as to mothers of toddlers whose husbands have yet to receive the money box. The provision of health promotion media in the form of a money box is intended to incentivize and facilitate fathers in initiating a shift in their cigarette consumption habits by transitioning to purchasing cigarettes. Instead of purchasing smokes, consider using those funds towards saving or investing in toddler's nutritional requirements. Figure 4 displays the outcomes of the implementation of The Kabar Besti programme, which was agreed upon and documented in the form of a statement.



Figure 3. The Kabar Besti Money Box

Figure 4. Declaration of The Kabar Besti

This declaration serves the purpose of guaranteeing the long-term viability of the programme and bolstering the dedication of community leaders to maintain oversight of The Kabar Besti programme. Moreover, the announcement of The Kabar Besti programme holds significance as it provides a chance to elucidate to all inhabitants that refraining from smoking in the presence of infants and young children, rather than purchasing cigarettes, is a novel societal standard and a constituent of a communal initiative. It demonstrates that the execution of The Kabar Besti movement is a collaborative strategy that commences at the domestic level.

The declaration is an integral component of the development process for a community-based health programme that incorporates an empowerment method, whereby the community is directly engaged in all stages of the programme, from planning to evaluation (Heni Trisnowati, 2021). Prior researchers have made declarations about the implementation of a smoke-free household programme in the city of Yogyakarta (Padmawati et al., 2018) and the objective is to establish and implement a smoke-free household initiative in rural regions within Bantul Regency, Yogyakarta (H Trisnowati et al., 2019). The smoke-free home declaration encompasses guidelines such as refraining from smoking in close proximity to pregnant women and children, as well as affixing a smoke-free home sticker on the exterior of the residence (H Trisnowati et al., 2019).

Socio-economic Factors, Cigarette Consumption Patterns, and Acceptance of the Kabar Besti Programme

The Kabar Besti Programme was introduced and data was collected through social gatherings in the father's community. The study findings indicated that a significant proportion of the participants were smokers, specifically 70.7%. Among these smokers, the majority (32.8%) reported smoking between 11 and 20 cigarettes per day. The respondents unanimously agreed to the implementation of The Kabar Besti programme, with a 100% acceptance rate. Additionally, a significant majority of respondents, amounting to 60.3%, expressed their desire to quit smoking. However, a small percentage of respondents, namely 7.0%, still showed reluctance about quitting smoking. For a more comprehensive explanation, please refer to Table 2 below.

Table 2. The Frequency Distribution of Variables Among The Group of Fathers in Dusun Sumberan, Desa Candibinangun Hamlet, Pakem, Sleman (n=58)

Variables	Frequency & Percent.			Total
	3 Neighborhoods (n=24)	4 Neighborhoods (n=12)	5 neighborhoods (n=22)	
Age of fathers (years)				
<50	13(54.1)	8(66.6)	10(45.5)	31(53.4)
=50	1(4.2)	2(16.7)	12(54.5)	15(25.9)
>50	10(41.7)	2(16.7)	0(0)	12(20.7)
Total	24 (100.0)	12 (100.0)	22(100.0)	58(100.0)
Type of occupation				
No/Not yet working	0(0)	1(8.3)	0(0)	1(1.7)
Educational staff	0(0)	1(8.3)	0(0)	1(1.7)
Self-employed	3(12.5)	0	7(31.8)	10(17.2)
Laborer	4(16.7)	3(25.0)	4(18.2)	11(19.0)
Farmers	17(70.8)	7(58.4)	11(50.0)	35(60.4)

Variables	Frequency & Percent.			Total
	3 Neighborhoods (n=24)	4 Neighborhoods (n=12)	5 neighborhoods (n=22)	
Total	24(100.0)	12(100.0)	22(100.0)	58(100.0)
Smoker status				
Yes	16(66.6)	10(83.3)	15(68.2)	41(70.7)
No	7(29.2)	2(16.7)	7(31.8)	16(27.6)
Never tried	1(4.2)	0(0)	0(0)	1(1.7)
Total	24(100.0)	12(100.0)	22(100.0)	58(100.0)
Smoking location				
No smoking	7(29.2)	2(16.7)	7(31.8)	16(27.6)
Outdoor	14(58.3)	1(8.3)	8(36.4)	23(39.6)
Indoor	0(0.0)	1(8.3)	0(0)	1(1.7)
Outdoor & indoor	3(12.5)	8(66.7)	0(0)	11(19.0)
Others	0(0.0)	0(0)	7(0)	7(12.1)
Total	24(100.0)	12(100.0)	22(100.0)	58(100.0)
Total of cigarette consumption				
No smoker	7(29.2)	2(16.7)	7(31.8)	16(27.6)
1-10 stick	9(37.5)	1(8.3)	7(31.6)	17(29.3)
11-20 stick	5(20.8)	6(50.0)	8(36.4)	19(32.8)
21-30 stick	2(8.3)	3(25.0)	0(0)	5(8.6)
>30 stick	1(4.2)	0(0)	0(0)	1(1.7)
Total	24(100.0)	12(100.0)	22(100.0)	58(100.0)
Expenditures for buying cigarettes per day				
No smoker	8(33.3)	2(16.7)	7(31.8)	17(29.3)
<20.000	8(33.3)	4(33.3)	12(54.5)	24(41.4)
20.000-35.000	6(25.0)	5(41.7)	3(13.6)	14(24.1)
>35.000	2(8.3)	1(8.3)	0(0)	3(5.2)
Total	24(100.0)	12(100.0)	22(100.0)	58(100.0)
Toddler ownership				
Yes	10(41.7)	5(41.7)	6(27.3)	21(36.2)
No	14(58.7)	7(58.3)	16(72.7)	37(63.8)
Total	24(100.0)	12(100.0)	22(100.0)	58(100.0)
Acceptance of The Kabar Besti Programme				
Agree	24(100.0)	12(100.0)	22(100)	58(100.0)
Disagree	0(0.0)	0(0)	0(0)	0(0.0)
Total	24(100.0)	12(100.0)	22(100.0)	58(100.0)
Intention to stop smoking				
No smoker	8(33.3)	2(16.7)	7(31.8)	17(29.3)
Yes	15(62.5)	9(75.0)	11(50.0)	35(60.3)
No intention	1(4.2)	1(8.3)	0(0)	2(3.4)
doubtful	0(0.0)	0(0)	4(18.2)	4(7.0)
Total	24(100.0)	12(100.0)	22(100.0)	58(100.0)

According to the data in Table 2, the percentage of male smokers at the study location is 70.7%. This prevalence is higher than The National data, which shows that 62.9% of men in 2018 consumed tobacco (via smoking and chewing) (*ATLAS TEMBAKAU INDONESIA 2020*, n.d.). Moreover, Indonesian men have the greatest smoking rate among ASEAN countries, namely at 66%, while Singapore has the lowest incidence at 21.1%. The prevalence of smoking among women in Indonesia, Laos, Myanmar, and the Philippines is notably high, ranging from 5.8% to 8.4% (Tan & Dorotheo, 2021). The elevated proportion of male smokers in the study area can be attributed to the prevailing perception among men that smoking is a socially acceptable behaviour and a perceived necessity.

Smoking exerts a substantial influence on health due to its correlation with illness, reduced lifespan, and diminished quality of life. Furthermore, smokers incur greater healthcare costs compared to individuals who do not smoke. Smoking not only detrimentally affects personal health, but also harms the household finances (Ginting & Maulana, 2020). Tobacco consumption in low- and middle-income nations is inversely linked to household spending on education and healthcare, underscoring the potential adverse effects of tobacco use on investment in the development of human capital (Chowdhury & Chakraborty, 2019).

In addition, when examining expenditure on cigarettes, it is shown that 41.4% of fathers allocated less than IDR 20,000 for this purpose. This demonstrates that obtaining cigarettes remains very uncomplicated, except for their availability in retail stores. The accessibility of purchasing cigarettes has a significant impact on individuals' smoking habits (Mulyana & Thaha, 2013; Muslim et al., 2023). According to Lawrence Green's concept, the availability of cigarettes is considered one of the elements that can impact smoking behaviour (Glanz et al., 2008; H Trisnowati, 2018). The accessibility of cigarettes in society is directly correlated with the price of cigarettes in Indonesia. Unlike Malaysia, Myanmar, Singapore, and Brunei Darussalam, the cost of cigarettes in Indonesia is about 1.6-1.9 USD, making it comparatively inexpensive and within reach for most people (Alliance Southeast Asia Tobacco Control, 2021) As cigarette prices climb, the occurrence of smoking declines (Dartanto et al., 2018). An additional study conducted in Indonesia indicates that up to 74% of those who smoke would cease purchasing cigarettes if the cost of cigarettes were set at IDR 70,000 or 5 USD (Nurhasana et al., 2022).

The results reveal a noteworthy fact: there is a significant level of public knowledge on the importance of safeguarding infants and young children from the harmful effects of cigarette smoke. This is evidenced by the complete approval of The Kabar Besti programme by the public. They exhibit strong support and enthusiasm in actively engaging in all aspects of The Kabar Besti programme activities. Aside from the significant contributions of health cadres and community leaders, particularly the leader of Dusun, this is an influential aspect in the success of The Kabar Besti programme. In addition, your strong determination to quit smoking presents a favourable occasion to implement diverse interventions aimed at assisting you in quitting or decreasing your cigarette intake.

Evaluation of The Kabar Besti Programme

The evaluation of the Kabar Besti programme is to assess the program's influence on alterations in the cigarette consumption patterns of parents, with a particular focus on fathers. The evaluation was conducted utilising quantitative methodologies, specifically through organised interviews with participants, where questionnaires were administered directly. The evaluation was conducted one month following the announcement of the Kabar Besti programme. The focus of the assessment is the cohort of dads. A total of 51 father participants took part in the evaluation from all neighborhoods.

The evaluation results indicated that a significant proportion of respondents (82.4%) had undergone socialisation regarding the Kabar Besti programme. One month after the implementation of the Kabar Besti programme, the majority of men, precisely 35 individuals, continued to smoke, accounting for 68.6% of the total. However, among these smokers, 23 people (45.1%) had redirected their cigarette expenses towards meeting their nutritional needs, while 21 people (41.2%) had saved money by refraining from purchasing cigarettes. Additionally, 86.3% of respondents reported not smoking at home or in the presence of infants or young children. During the implementation of the programme evaluation, it was discovered that 19 individuals, accounting for 37.3% of the participants, expressed a wish to quit smoking. The prevalence of paternal smoking fell from 70.1% prior to the intervention (August 2023) to 68.1% following the intervention (December 2023). Thus, it can be inferred that the Kabar Besti Programme has effectively influenced the smoking habits of dads, particularly those who had infants and/or young children (Table 3).

Table 3. The Evaluation Result of The Kabar Besti Programme among fathers (n=51)

Variables	Freq. & Percent.	Total (%)
-----------	------------------	-----------

	3 Neighborhoods (n=24)	4 neighborhoods (n=12)	5 neighborhoods (n=22)	
Age of fathers (years)				
<50	5 (27.8)	4(44.4)	9(37.5)	18(35.3)
=50	2 (11.1)	2(22.2)	15(62.5)	19(37.3)
>50	11 (61.1)	3(33.3)	0(0.0)	14(27.4)
Total	18 (100.0)	9(100.0)	24(100.0)	51(100.0)
Toddlers ownership				
Ya	5 (27.8)	4(44.4)	7(29.2)	16(31.4)
Tidak	13 (72.2)	5(55.6)	17(70.8)	35(68.6)
Total	18 (100.0)	9(100.0)	24(100.0)	51(100.0)
Experience in getting socialization of The Kabar Besti programme				
Yes	15 (83.3)	7(77.8)	20(83.3)	42(82.4)
No	3 (16.7)	2(22.2)	4(16.7)	9(17.6)
Total	18 (100.0)	9(100.0)	24(100.0)	51(100.0)
Smoking status after The Kabar Besti programme				
Yes	10 (55.6)	8(88.9)	17(70.8)	35(68.6)
No	8 (44.4)	1(11.1)	7(29.2)	16(31.4)
Total	18 (100.0)	9(100.0)	24(100.0)	51(100.0)
Redirect income allocated for purchasing cigarettes				
Yes	7 (38.9)	3(33.3)	13(54.2)	23(45.1)
No	11 (61.1)	6(66.7)	11(45.8)	28(54.9)
Total	18 (100.0)	9(100.0)	24(100.0)	51(100.0)
Refrain from purchasing cigarettes to save money				
Yes	7 (38.9)	3(33.3)	11(45.8)	21(41.2)
No	11 (61.1)	6(66.7)	13(54.8)	30(58.8)
Total	18 (100.0)	9(100.0)	24(100.0)	51(100.0)
No smoking within indoor area				
Yes	15 (83.3)	8(88.8)	21(87.5)	44(86.3)
No	3 (16.7)	1(11.2)	3(12.5)	7(13.7)
Total	18 (100.0)	9(100.0)	24(100.0)	51(100.0)
Avoid smoking close to infants or young children				
Yes	15 (83.3)	8(88.8)	21(87.5)	44(86.3)
No	3 (16.7)	1(11.2)	3(12.5)	7(13.7)
Total	18 (100.0)	9(100.0)	24(100.0)	51(100.0)
Intention to stop smoking				
No skomer	8 (44.4)	1(11.1)	7(29.2)	14(27.4)
Yes	7 (38.9)	7(77.8)	5(20.8)	19(37.3)
No	1 (5.6)	1(11.1)	5(20.8)	7(13.7)
doubtful	2 (11.1)	0(0.0)	7(29.2)	9(17.6)
Total	18 (100.0)	9(100.0)	24(100.0)	51(100.0)

The KaBar Besti programme is an innovative initiative promoting smoke-free and stunting-free environments within families. It is a continuation of the smoke-free home programme implemented by researchers in various parts of Yogyakarta. The programme has effectively transformed people's smoking habits. The Kabar Besti programme introduces a new approach by highlighting the significance of abstaining from smoking within families that have children under the age of five who are experiencing stunted growth. In the Kabar Besti programme, each family is encouraged to establish a commitment to refrain from smoking inside the household. In addition, in order to mitigate stunting, it is recommended that each household prioritise purchasing nutritious side dishes or other essential nutritional items for young children instead of spending money on cigarettes. The relationship between cigarette usage and stunting is inseparable, as stunting typically affects young children who are exposed to cigarette smoke within their own families. The primary objective of the KaBar Besti programme is to diminish the prevalence of those who engage in smoking, deter the initiation of new smokers, minimise exposure to cigarette smoke, and regulate the occurrence of growth impairment in young children. The Kabar Besti programme is a grassroots initiative that promotes specific commitments and agreements at the family or household level. These include 1) Redirecting funds that would have been spent on cigarettes towards meeting the nutritional needs of toddlers; 2) Saving money that would have been spent on cigarettes to meet the nutritional needs of toddlers; 3) Prohibiting smoking within the home; 4) Avoiding smoking close to babies and toddlers; 5) Ensuring responsible disposal of cigarette butts.

In December 2023, the monitoring data indicated seven male toddlers, accounting for 36.8% of the total, and 12 female toddlers, accounting for 63.2%. In November 2023, the data from monitoring the nutritional status of toddlers showed that the percentage of toddlers experiencing stunting reduced to 11.11%, which means that 2 out of 18 toddlers were affected. In addition, in the stunting data for 2022 and 2023, there has been a significant decline in the percentage of stunted toddlers, from 25% to 11.11%. The decline is substantial, amounting to 13.89% over one year. The incidence of stunting in Desa Candibinangun, Pakem, Sleman by the end of 2023 is highly promising as it has successfully reached the national goal of less than 14%. This data aligns with the Indonesian government's objective of decreasing the prevalence of stunting in Indonesia to less than 14% by 2024 (Bayu, 2022; Peraturan Presiden Republik Indonesia & Kementerian PPN/Bappenas, 2019).

The decrease in the prevalence of stunting among toddlers can be attributed to various factors, such as the diligent participation of mothers in toddler posyandu, where the health of toddlers is monitored every month. Additionally, fathers who smoke refrain from doing so at home, thereby minimising direct exposure of toddlers to cigarette smoke. The Kabar Besti programme serves as a means of support and reinforcement for families with toddlers, encouraging them to adopt healthy lifestyles. This includes refraining from smoking in the house and near babies and toddlers, as well as making a shift in cigarette shopping habits. These changes have a positive impact on smoking patterns in society as a whole, particularly among parents of toddlers. The rate of change in cigarette consumption patterns is gradually aligning with the growing consciousness among parents of young children to prioritise the dietary requirements of their sons and daughters who are under the age of five.

Conclusion

The Kabar Besti programme has been established and demonstrated to enhance community and stakeholder dedication to regulating cigarette consumption and stunting. The Kabar Besti programme should be disseminated as a strategic measure to regulate cigarette use habits and address stunting in toddlers. The programme's success relies heavily on the collective dedication of the health service, PHC, and stakeholders at the Dusun and Desa.

Acknowledgement

Thanks to The Institute of Research and Community Service of Universitas Ahmad Dahlan (UAD) has provided funding for a research project under contract number PT-278/SP3/LPPM/UAD/VIII/2023. Furthermore, Thanks to the Pakem Primary Health Care for their collaboration as a study partner, as well as to the Head of Desa Candibinangun, Head of Dusun Sumberan, Health Cadres, and the entire Dusun Sumberan community for their active engagement and unwavering support.

Reference

- Agustina, N. (2022). *Direktorat Jenderal Pelayanan Kesehatan*. Kemenkes RI. https://yankes.kemkes.go.id/view_artikel/1529/faktor-faktor-penyebab-kejadian-stunting-pada-balita
- Alliance Southeast Asia Tobacco Control. (2021). SEATCA Tobacco Tax Index: Implementation of WHO Framework Convention on Tobacco Control Article 6 in ASEAN Countries. *SEATCA Tobacco Tax Index 2019*, 1-28.
- Alwan, N., Siddiqi, K., Thomson, H., Lane, J., & Cameron, I. (2011). Can a community-based "smoke-free homes" intervention persuade families to apply smoking restrictions at homes? *Journal of Public Health*, 33(1), 48-54. <https://doi.org/10.1093/pubmed/fdq073>
- ATLAS TEMBAKAU INDONESIA 2020. (n.d.). Retrieved May 31, 2022, from www.tcsc-Indonesia.org
- Bayu, D. (2022). *Prevalensi Stunting di Indonesia Capai 24,4% pada 2021*. Data Indonesia. <https://dataindonesia.id/ragam/detail/prevalensi-stunting-di-indonesia-capai-244-pada-2021>
- Bleakley, A., Hennessy, M., Mallya, G., & Romer, D. (2013). *Home smoking policies in urban households with children and smokers*. <https://doi.org/10.1016/j.yjmed.2013.12.015>
- Chowdhury, S., & Chakraborty, P. pratim. (2019). Expenditure on health care, tobacco, and alcohol: Evidence from household surveys in rural Puducherry. *Journal of Family Medicine and Primary Care*, 6(2), 169-170. <https://doi.org/10.4103/jfmpc.jfmpc>
- Coghlan, D., & Brannick, T. (2014). *Doing Action Research in Your Own Organization* | SAGE

- Publications Ltd.* SAGE Publications. <https://uk.sagepub.com/en-gb/eur/doing-action-research-in-your-own-organization/book240933>
- Dartanto, T., Nasrudin, R., Hasibuan, J., & Nurhasana, R. (2018). Tingkat Prevalensi Merokok pada Anak di Indonesia : Efek Harga dan Efek Teman Sebaya. *Pkjs Ui*, 1-5.
- Ginting, I. R., & Maulana, R. (2020). Dampak Kebiasaan Merokok pada Pengeluaran Rumah Tangga. *Jurnal Kebijakan Kesehatan Indonesia : JKKI*, 9(2), 77-82. <https://jurnal.ugm.ac.id/jkki/article/view/55879>
- Glanz, K., Rimer, B. k., & Viswanath, K. (2008). *Health Behavior and Health Promotion* (T. C. Orleans (Ed.)). Jossey Bass.
- Green, J., & Thorogood, N. (2009). Qualitative methods for health research. *Choice Reviews Online*, 47(02), 47-0901-47-0901. <https://doi.org/10.5860/choice.47-0901>
- Hasyim, F. A., Pajariantio, H., Ramli, S. A., Umrah, A. S., & Amri, S. R. (2022). Hubungan Perilaku Lifestyle Without Tobacco dengan Pertumbuhan Anak Usia Dini. *Jurnal Obsesi : Jurnal Pendidikan Anak Usia Dini*, 6(4), 3314-3325. <https://doi.org/10.31004/obsesi.v6i4.2362>
- Heni Trisnowati. (2021). Pemberdayaan Remaja Dalam Program Pencegahan Dan Pengendalian Perilaku Merokok Di Daerah Perdesaan Bantul Daerah Istimewa Yogyakarta. In *Ugm*. <https://etd.repository.ugm.ac.id/penelitian/detail/205778>
- Kementrian Kesehatan RI. (n.d.). *Prevalensi Stunting di Indonesia Turun ke 21,6% dari 24,4%*. Kementrian Kesehatan RI.
- Montgomery, A., Doulougeri, K., & Panagopoulou, E. (2015). Implementing action research in hospital settings: a systematic review. In *Journal of Health, Organisation and Management* (Vol. 29, Issue 6, pp. 729-749). <https://doi.org/10.1108/JHOM-09-2013-0203>
- Morton, M. H., & Montgomery, P. (2013). Youth Empowerment Programs for Improving Adolescents' Self-Efficacy and Self-Esteem: A Systematic Review. *Research on Social Work Practice*, 23(1), 22-33. <https://doi.org/10.1177/1049731512459967>
- Muchlis, N., Yusuf, R. A., Rusydi, A. R., Mahmud, N. U., Hikmah, N., Qanitha, A., & Ahsan, A. (2023). *Cigarette Smoke Exposure and Stunting Among Under- five Children in Rural and Poor Families in Indonesia. December 2022*. <https://doi.org/10.1177/11786302231185210>
- Muliyana, D., & Thaha, I. L. M. (2013). Faktor Yang Berhubungan Dengan Tindakan Merokok Pada Mahasiswa Universitas Hasanuddin Makassar. *Media Kesehatan Masyarakat Indonesia Universitas Hasanuddin*, 9(2), 109-119.
- Muslim, N. A., Adi, S., Ratih, S. P., & Ulfah, N. H. (2023). Determinan Perilaku Merokok Remaja SMA/Sederajat di Kecamatan Lowokwaru Kota Malang. *Perilaku Dan Promosi Kesehatan: Indonesian Journal of Health Promotion and Behavior*, 5(1), 20. <https://doi.org/10.47034/ppk.v5i1.6781>
- Nurhasana, R., Ratih, S. P., Dartanto, T., Moeis, F. R., Hartono, R. K., Satrya, A., & Thabrany, H. (2022). Public support for cigarette price increase in Indonesia. *Tobacco Control*, 31(3), 483-486. <https://doi.org/10.1136/TOBACCOCONTROL-2019-055554>
- Padmawati, R., Prabandari, Y., Istiyani, T., Nichter, M., & Nichter, M. (2018). Establishing a community-based smoke-free homes movement in Indonesia. *Tobacco Prevention & Cessation*, 4(November). <https://doi.org/10.18332/tpc/99506>
- Peraturan Presiden Republik Indonesia, & Kementerian PPN/Bappenas. (2019). Rencana Pembangunan Jangka Menengah Nasional. In *Peraturan Presiden Republik Indonesia Nomor 18 Tahun 2020*.
- Sari, N. A. M. E., & Ni Komang Ayu Resiyanthi. (2020). Kejadian Stunting Berkaitan Dengan Perilaku Merokok Orang Tua mengetahui “ Kejadian Stunting Berkaitan kuantitatif yang menggunakan desain orangtua balita di Wilayah kerja Puskesmas 57 orang . Penelitian ini menggunakan univariat data yang diperoleh dari. *Jurnal Ilmu Keperawatan Anak*, 3(2), 24-30.
- Simanjuntak, J. (2022). *Jackson Simanjuntak*. Prohealth.
- Smith, L., Rosenzweig, L., & Schmidt, M. (2010). Best Practices in the Reporting of Participatory Action Research: Embracing Both the Forest and the Trees. *The Counseling Psychologist*, 38(8), 1115-1138. <https://doi.org/10.1177/0011000010376416>
- Tan, Y. L., & Dorotheo, U. (2021). The Tobacco Control Atlas ASEAN Region, Fifth Edition. In *Southeast Asia Tobacco Control Alliance* (Issue December).
- Trisnowati, H. (2018). *Perencanaan Program Promosi Kesehatan* (1st ed.). Penerbit Andi.
- Trisnowati, H, Ismail, D., Padmawati, R. S., & Utarini, A. (2020). Developing a framework for youth empowerment to prevent smoking behavior in a rural setting: study protocol for a participatory

action research. *Health Education, ahead-of-p*(ahead-of-print). <https://doi.org/10.1108/HE-06-2020-0045>

Trisnowati, H, Kusuma, D., Ahsan, A., Kurniasih, D., & Padmawati, R. (2019). Smoke-free home initiative in Bantul, Indonesia: Development and preliminary evaluation. *Tobacco Prevention & Cessation*, 5(November), 1-5. <https://doi.org/10.18332/tpc/113357>

Trisnowati, Heni. (2017). *Pengembangan rumah bebas asap rokok sebagai upaya perlindungan terhadap perokok pasif di kutu dukuh kabupaten sleman yogyakarta*. May.

Zubaidi, H. A. K. (2021). Tinggi Badan dan Perilaku Merokok Orangtua Berpotensi Terjadinya Stunting pada Balita. *Jurnal Penelitian Perawat Profesional*, 3(2), 279-286. <https://doi.org/10.37287/jppp.v3i2.414>

Tahap 3. Revisi Artikel : 27 Juni 2024

Heni Trisnowati <heni.trisnowati@pascakesmas.uad.ac.id>
Kepada: Jurnal Promkes <jurnal.promkes@gmail.com>

27 Juni 2024 pukul 11.13

Dear Editor Jurnal Promkes,
Berikut kami kirimkan revisi perbaikan paper berdasarkan masukan dari reviewer. Judul paper "Innovation to Control Cigarette Consumption and Stunting Through the Kabar Besti Program (Smoke and Stunting Free Families)".
Semoga berkenan.

Best regards,

Dr. Heni Trisnowati, SKM., MPH
Postgraduate Program of Public Health
Faculty of Public Health Universitas Ahmad Dahlan (UAD)
Jl. Prof. DR. Soepomo Sh, Umbulharjo Yogyakarta Indonesia

----- Forwarded message -----

Dari: **Jurnal Promkes** <jurnal.promkes@gmail.com>

Date: Sen, 24 Jun 2024 pukul 10.17

Subject: Re: ARTICLE SUBMISSION CFP TOBACCO 2024

To: Heni Trisnowati <heni.trisnowati@pascakesmas.uad.ac.id>

[Kutipan teks disembunyikan]

2 lampiran

 **21. REVIEW.docx**
691K

 **21. REVIEW-revised-2.docx**
722K

Innovation to Control Cigarette Consumption and Stunting Through the Kabar Besti Program (Smoke and Stunting Free Families)

Abstract

Background : Cigarette consumption causes economic and health losses to smokers and their families. The main determinant of stunting in toddlers in Sleman Regency is cigarette consumption by family members. The research objective is to develop innovations to control cigarette consumption and toddler stunting through the Kabar Besti (*Keluarga Bebas Asap Rokok dan Bebas Stunting*) program or Smoke and Stunting Free Families Program.

Method : This research uses an action research approach which includes: 1) innovation development, 2) innovation dissemination, 3) program adoption, and 4) program evaluation. The research was conducted in Sumberan Hamlet, Candibinangun Village, Pakem District, Yogyakarta for 6 months starting from August 2023 to January 2024. The program targets were mothers of toddlers, the fathers' community, and the youth community.

Result : The development of the Kabar Besti program was successfully initiated with the following phases: 1) needs assessment, namely gathering support, exposing the program, and looking for opportunities and challenges in implementing the program; 2) dissemination of innovation in the community, namely socialization of the program to hamlet heads, toddler posyandu, youth groups, and youth and youth communities; measuring lung capacity and collecting data on cigarette consumption patterns in the community of fathers and teenagers; 3) program adoption is proven by a declaration of joint commitment to implementing the Kabar Besti program; 4) program evaluation: there was a decrease in the number of fathers who smoked from 70.1% before the intervention to 68.6% after the intervention. Cigarette consumption patterns showed positive results, namely not smoking at home and not smoking near toddlers at 86.3%; switching cigarette spending and saving from cigarette money by 45.1% and 41.2%; The number of stunting among children under five has decreased from 25% in 2022 to 11.11% at the beginning of 2024.

Conclusion: The Kabar Besti program has been successfully developed and proven to increase community and stakeholder commitment to controlling cigarette consumption and stunting. The implementation of the Kabar Besti program needs to be disseminated as a strategy to control cigarette consumption patterns and stunting in toddlers.

Keywords: Cigarette consumption; Smoking behavior; Stunting; Kabar Besti program.

BACKGROUND

The impact of cigarette consumption is multidimensional, starting from the family economy to the health of smokers and their families, including the incidence of stunting of children under five in smoking parents (Simanjuntak, 2022). Cigarette consumption in poor families causes low access to nutritious food, low intake of vitamins and minerals, and poor food diversity and sources of animal protein. Mothers whose teenage years lack nutrition, even during pregnancy and lactation, will greatly affect the growth of the child's body and brain (Agustina, 2022). Children living in households with chronic smoking parents as well as those with transient smokers tend to have slower growth in weight and height than those living in households without smoking parents.

Children whose parents are chronic smokers have a 5.5% higher probability of experiencing stunting compared to children of non-smoking parents.

Stunting is a condition where a child has a height below the age standard. Stunting is an indicator of failure to thrive in toddlers due to a chronic lack of nutritional intake in the first 1,000 days of life. Stunting is one of the health problems in Indonesia which is a priority for the Indonesian government to reduce its prevalence (Bayu, 2022). The prevalence of stunting in Indonesia fell from 24.4% in 2021 to 21.6% in 2022 (Indonesian Ministry of Health, n.d.). Thus, almost a quarter of toddlers in the country experience stunting. The government targets the prevalence of stunting in Indonesia to fall below 14% by 2024 (Bayu, 2022).

This stunting condition will cause a decrease in children's intelligence/cognition (Sari & Ni Komang Ayu Resiyanthi, 2020). The father's smoking behavior at home is significantly related to the incidence of stunting ($p < 0.05$) (Muchlis et al., 2023; Zubaidi, 2021). The new findings of this research are support for the implementation of Smoke-Free Zones by implementing tobacco-free living behavior. Early childhood children who live in this environment have better growth (Hasyim et al., 2022; Muchlis et al., 2023).

A preliminary study in March 2023 reported that the main determinant of stunting among under-fives in Sleman Regency was the smoking behavior of family members (64%). Stunting prevention is a strategic issue for the Sleman District Health Service and Candi Binangun Village, Pakem District is one of the stunting locus areas. Previous research explains that programs to reduce exposure to passive smoke at home basically start from policies at the population level to reduce mortality, morbidity and widen health disparities (Alwan et al., 2011). Children's health is a major theme in families that implement a smoke-free home policy (Bleakley et al., 2013).

The results of discussions with the promotion sector of the Sleman Regency Health Service (Dinkes) agreed that the Pakem Community Health Center was the technical implementation unit of the Sleman Regency Health Office for the stunting prevention program through the smoke-free family program. This location was chosen as a pilot project for the implementation of the KaBar Besti program, not only because it is a stunting locus but also because it has support from the Community Health Center, community leaders, and local health cadres.

The smoke and stunting-free family innovation (KaBar Besti) is a follow-up program carried out by researchers, namely the smoke-free home program in several areas in Yogyakarta which has succeeded in changing people's smoking patterns. (H Trisnowati et al., 2020; Heni Trisnowati, 2017). As a further innovation, the KaBar Besti program emphasizes the importance of not smoking in families with stunted children under five years old (toddlers) and diverting cigarette shopping with side dishes or other nutritional needs for toddlers. The innovation in this study is in the form of a community-based model of controlling cigarette consumption and stunting of toddlers with the agreement of the besti news movement from the community as one of the program outputs. The Kabar besti movement is a family or household level movement with several commitments namely: Furthermore, the existence of health promotion media in the form of besti news piggy banks, besti news posters and besti news leaflets is a tool in educational interventions. This research aims to develop the Kabar Besti program as an innovation to control cigarette consumption and stunting in Sleman-Yogyakarta Regency.

METHOD

This research uses an action research (AR) approach, namely a type of research that uses a participatory approach to targets (Smith et al., 2010), carries out interventions for improvement, some activities are educational, focus on the problem, the context is specific, and there is collaboration between researchers and those studied (Montgomery et al., 2015; Morton & Montgomery, 2013), (Coghlan & Brannick, 2014), (Green & Thorogood, 2009). The applied research stage of the Besti News program includes 1) innovation development, 2) innovation dissemination, 3) program adoption, and 4) evaluation of the structured interview program in the community of

Comment [Ma3]: Note:
When it was done...?

Comment [R4]: In March 2023

Comment [Ma5]: Note:
What kind of innovation in Kabar Besti News? The media/the messages/others

Comment [R6]: Innovation kabar bes
have added in introduction and result in
yellow highlight

fathers, mothers of toddlers, and health cadres regarding the implementation of Besti News. The research was conducted in Sumberan Hamlet, Candibinangun Village, Pakem District, Yogyakarta for 6 months starting from August 2023 to January 2024. The program targets were mothers of toddlers, the fathers' community, and the youth community. The research team consisted of lecturers, health workers, health cadres, and students. The role of lecturers is as program initiators, educational resources, and providing assistance during research implementation. Research data collection through structured interviews was carried out by lecturers and public health students carried out by a team of students. Health promotion staff at the community health center provided guidance before the research took place and opened communication with the hamlet. Health cadres act as field coordinators for the implementation of the Kabar Besti program whose duties include determining the implementation day, inviting targets who will attend, and coordinating with each RT head in their area to prepare the place and prepare for activities. This research protocol has received an ethical certificate from Ahmad Dahlan University with the number 012308180.

RESULTS AND DISCUSSION

Steps for Innovating The Kabar Besti Programme

The Kabar Besti Programme has effectively implemented many stages to control cigarette smoking and address stunting, including innovation development, innovation dissemination, program adoption, and program assessment. Table 1 displays the comprehensive study stages, while Figure 1 presents the outcomes of the agreement to execute The Kabar Besti Programme in the form of a proclamation.

Table 1 Outlines The Various Stages of The Kabar Besti Innovation Research Conducted In Dusun Sumberan, Desa Candi Binangun, Pakem Sleman In 2023.

No	Stages	Date of Implementation	Results
1	Innovation Development		
	e. <i>Need Assessment:</i> Securing endorsement from relevant parties and delivering a programme presentation to the team of Pakem Primary Health Care and stakeholders at Candi Binangun, Pakem.	August 26, 2023	The programme received a positive response from PHC and stakeholders at Desa Candibinangun. This presents a favourable occasion for the programme to persist.
	f. Need Assessment : secondary data collection from Pakem PHC	August 27-28, 2023	We collected data on clean and healthy living behaviour, home smoking behavior, toddler stunting, and water quality at Desa Candibinangun.
	g. Examining programme potential and challenges: the enforcement of smoking-free area legislation, the implementation of GERMAS (Healthy Living	August 29-30, 2023	Sleman is currently engaged in the expansion and enhancement of the implementation of GERMAS, with a specific focus on rural populations. One of the methods used is the establishment of No-Smoking Areas at the local level. The community's social capital, including values such as mutual collaboration, openness, regular meetings, and toddler Posyandu, is utilized to implement the programme.

	Movement), and the enhancement of community social capital		
	h. A focus group discussion was held with the PHC staff to present secondary data and develop a plan of action for The Kabar Besti programme.	2 September 2023	The study site was selected as Dusun Sumberan due to its representation of 25% of the overall population of stunted toddlers, as indicated by the data from The Pakem PHC in 2022.
2.	Dissemination of Innovation		
	g. The Kabar Besti Programme in Dusun Sumberan Hamlet is being socialized among the health cadres through advocacy and cooperation.	September 4-9, 2023	Data was acquired regarding the timetable for toddler Posyandu activities, youth (karangtaruna) activities, and community activities. Analyzing potential avenues and obstacles to the execution of a programme: Most males are smokers. Health cadres are responsible for coordinating operations with the community, including implementing and locating initiatives.
	h. Integration of The Kabar Besti dissemination and educational initiatives with Posyandu gatherings: Investigating the Impact of Cigarette Smoke on Growth Retardation in Young Children; Assessing Maternal Lung Function with a Spirometer	October 14, 2023	<p>Health education topic: Promoting the integration of the Kabar Besti Programme: Substituting cigarette purchases with eggs for toddlers: Empowering moms to become leaders of healthy households</p> <p>Agreement: Prioritise purchasing cigarettes for the dietary requirements of toddlers, refrain from smoking within the house, avoid smoking close to infants and young children, and dispose of cigarette butts responsibly.</p> <p>Health promotion media: Leaflets and Posters (represented by Figure 1 and Figure 2)</p>
	i. The socialisation of The Kabar Besti and health education programmes at youth Posyandu meetings: The significance of healthy teenagers in reducing stunting	October 14, 2023	<p>"Promoting adolescent engagement as proactive youth volunteers; disrupting the cycle of tobacco dependency and educating families on healthy lifestyles."</p> <p>Health promotion media: Leaflets and Posters</p>
	j. Socialization of The Kabar Besti programme and providing health education in the father's forum	October 13 -15, 2023	The Kabar Besti programme highlighted the significance of fathers' involvement in addressing toddler stunting during socialisation.
	k. Assessment of	Locations: Third, fourth, and fifth neighbourhoods	"Promoting Fathers as Kabar Besti Heroes": fostering a robust family unit by cultivating physically and mentally fit

	pulmonary capacity and gathering of data on cigarette usage	(toddlers' addresses across these three neighborhoods)	family members, devoid of any exposure to tobacco smoke and devoid of any impediments to growth and development." Encouraging fathers to allocate income previously used for purchasing cigarettes towards providing their children with essential nourishment, such as eggs, meat, fish, tofu, tempeh, vegetables, and fruit.
l.	The dissemination of health promotion media through the distribution of leaflets, posters, and Kabar Besti money box.		

3 Programme Adoption

c.	Organising the Kabar Besti declaration in collaboration with the community and stakeholders	November 2-3, 2023	<p>The outcome of the agreement between the leader of the dusun and health cadres is to pledge a collective dedication to The Kabar besti movement. The Kabar besti movement was endorsed by community representatives and stakeholders.</p> <p>The Kabar Besti programme was well received by the community and stakeholders. All participants have unanimously agreed to execute The Kabar Besti movement.</p>
----	---	--------------------	--

d.	Agreement on The Kabar Besti Movement in Dusun Sumberan	November 14-16, 2023	<p>The proclamation event coincided with a social gathering for fathers in each respective neighbourhood, specifically in the third, fourth, and fifth neighbourhoods. The initiative commenced with a presentation of the study's findings, reinforcing the dedication of the community and disseminating health promotion materials in the shape of the "Kabar Besti Money Box" (Figure 3). Fathers should promptly transition to purchasing cigarettes in order to allocate funds towards meeting the nutritional requirements of toddlers. Simultaneously, declarations were made to groups of mothers of toddlers during posyandu exercises for toddlers.</p> <p>The document contains the details of the Kabar Besti movement agreement.</p> <p>6. Instead of purchasing cigarettes to meet the dietary requirements of young children</p> <p>7. Allocate the funds previously spent on cigarettes towards fulfilling the dietary requirements of toddlers.</p> <p>8. Refrain from smoking within your residence.</p> <p>9. Avoid smoking in close proximity to infants and young children.</p> <p>10. Refrain from carelessly discarding cigarette butts (Figure 4)</p>
----	---	----------------------	--

4 Programme evaluation

d.	Evaluation of The Kabar Besti movement	December 9-16, 2023	An assessment of The Kabar Besti movement was conducted by conducting brief interviews with each father
----	--	---------------------	---

program and lung capacity measurements in the fathers community	Locations: Third, fourth, and fifth neighbourhoods	simultaneously during the dads' meeting/social gathering.
e. Signing of Implementing Agreement with Pakem PHC	December 14, 2023 Locations: Third, fourth, and fifth neighbourhoods	An Implementing Agreement was made between the Faculty of Public Health and the Pakem PHC to ensure the continuation of The Kabar Besti programme.
f. Evaluation of The Kabar Besti movement at toddler posyandu	December 15-16, 2023	A concurrent focus group discussion will be held for mothers of toddlers and health cadres during the posyandu event. The purpose of the discussion is to address the implementation of The Kabar Besti

The Kabar Besti programme utilises health promotion media, such as leaflets (figure 1) and posters (figure 2), to facilitate the socialisation process and enhance the comprehension of the presented material among the target audience. All attendees at the socialisation event

received leaflets, while the leaders of their particular neighbourhoods were handed posters. Subsequently, it should be positioned in a conspicuous area, preferably a patrol post, to provide maximum visibility for the general public.



Figure 1. Leaflet of Stunting dan The Kabar Besti Figure 2. Poster of The Kabar Besti

The Kabar Besti money box (figure 3) has been delivered to all the fathers in attendance at the socialisation event, as well as to mothers of toddlers whose husbands have yet to receive the money box. The provision of health promotion media in the form of a money box is intended to incentivize and facilitate fathers in initiating a shift in their cigarette consumption habits by transitioning to purchasing cigarettes. Instead of purchasing smokes, consider using those funds towards saving or investing in toddler's nutritional requirements. Figure 4 displays the outcomes of the implementation of The Kabar Besti programme, which was agreed upon and documented in the form of a statement.



Figure 3. The Kabar Besti Money Box

Figure 4. Declaration of The Kabar Besti

This declaration serves the purpose of guaranteeing the long-term viability of the programme and bolstering the dedication of community leaders to maintain oversight of The Kabar Besti programme. Moreover, the announcement of The Kabar Besti programme holds significance as it provides a chance to elucidate to all inhabitants that refraining from smoking in the presence of infants and young children, rather than purchasing cigarettes, is a novel societal standard and a constituent of a communal initiative. It demonstrates that the execution of The Kabar Besti movement is a collaborative strategy that commences at the domestic level.

The declaration is an integral component of the development process for a community-based health programme that incorporates an empowerment method, whereby the community is directly engaged in all stages of the programme, from planning to evaluation (Heni Trisnowati, 2021). Prior researchers have made declarations about the implementation of a smoke-free household programme in the city of Yogyakarta (Padmawati et al., 2018) and the objective is to establish and implement a smoke-free household initiative in rural regions within Bantul Regency, Yogyakarta (H Trisnowati et al., 2019). The smoke-free home declaration encompasses guidelines such as refraining from smoking in close proximity to pregnant women and children, as well as affixing a smoke-free home sticker on the exterior of the residence (H Trisnowati et al., 2019).

Socio-economic Factors, Cigarette Consumption Patterns, and Acceptance of the Kabar Besti Programme

The Kabar Besti Programme was introduced and data was collected through social gatherings in the father's community. The study findings indicated that a significant proportion of the participants were smokers, specifically 70.7%. Among these smokers, the majority (32.8%) reported smoking between 11 and 20 cigarettes per day. The respondents unanimously agreed to the implementation of The Kabar Besti programme, with a 100% acceptance rate. Additionally, a significant majority of respondents, amounting to 60.3%, expressed their desire to quit smoking. However, a small percentage of respondents, namely 7.0%, still showed reluctance about quitting smoking. For a more comprehensive explanation, please refer to Table 2 below.

Table 2. The Frequency Distribution of Variables Among The Group of Fathers in Dusun Sumberan, Desa Candibinangun Hamlet, Pakem, Sleman (n=58)

Variables	Frequency & Percent.			Total
	3 Neighborhoods (n=24)	4 Neighborhoods (n=12)	5 neighborhoods (n=22)	
Age of fathers (years)				
<50	13(54.1)	8(66.6)	10(45.5)	31(53.4)
=50	1(4.2)	2(16.7)	12(54.5)	15(25.9)
>50	10(41.7)	2(16.7)	0(0)	12(20.7)
Total	24 (100.0)	12 (100.0)	22(100.0)	58(100.0)
Type of occupation				
No/Not yet working	0(0)	1(8.3)	0(0)	1(1.7)
Educational staff	0(0)	1(8.3)	0(0)	1(1.7)
Self-employed	3(12.5)	0	7(31.8)	10(17.2)
Laborer	4(16.7)	3(25.0)	4(18.2)	11(19.0)
Farmers	17(70.8)	7(58.4)	11(50.0)	35(60.4)
Total	24(100.0)	12(100.0)	22(100.0)	58(100.0)
Smoker status				
Yes	16(66.6)	10(83.3)	15(68.2)	41(70.7)

Variables	Frequency & Percent.			Total
	3	4	5	
	Neighborhoods (n=24)	Neighborhoods (n=12)	neighborhoods (n=22)	
No	7(29.2)	2(16.7)	7(31.8)	16(27.6)
Never tried	1(4.2)	0(0)	0(0)	1(1.7)
Total	24(100.0)	12(100.0)	22(100.0)	58(100.0)
Smoking location				
No smoking	7(29.2)	2(16.7)	7(31.8)	16(27.6)
Outdoor	14(58.3)	1(8.3)	8(36.4)	23(39.6)
Indoor	0(0.0)	1(8.3)	0(0)	1(1.7)
Outdoor & indoor	3(12.5)	8(66.7)	0(0)	11(19.0)
Others	0(0.0)	0(0)	7(0)	7(12.1)
Total	24(100.0)	12(100.0)	22(100.0)	58(100.0)
Total of cigarette consumption				
No smoker	7(29.2)	2(16.7)	7(31.8)	16(27.6)
1-10 stick	9(37.5)	1(8.3)	7(31.6)	17(29.3)
11-20 stick	5(20.8)	6(50.0)	8(36.4)	19(32.8)
21-30 stick	2(8.3)	3(25.0)	0(0)	5(8.6)
>30 stick	1(4.2)	0(0)	0(0)	1(1.7)
Total	24(100.0)	12(100.0)	22(100.0)	58(100.0)
Expenditures for buying cigarettes per day				
No smoker	8(33.3)	2(16.7)	7(31.8)	17(29.3)
<20.000	8(33.3)	4(33.3)	12(54.5)	24(41.4)
20.000-35.000	6(25.0)	5(41.7)	3(13.6)	14(24.1)
>35.000	2(8.3)	1(8.3)	0(0)	3(5.2)
Total	24(100.0)	12(100.0)	22(100.0)	58(100.0)
Toddler ownership				
Yes	10(41.7)	5(41.7)	6(27.3)	21(36.2)
No	14(58.7)	7(58.3)	16(72.7)	37(63.8)
Total	24(100.0)	12(100.0)	22(100.0)	58(100.0)
Acceptance of The Kabar Besti Programme				
Agree	24(100.0)	12(100.0)	22(100)	58(100.0)
Disagree	0(0.0)	0(0)	0(0)	0(0.0)
Total	24(100.0)	12(100.0)	22(100.0)	58(100.0)
Intention to stop smoking				
No smoker	8(33.3)	2(16.7)	7(31.8)	17(29.3)
Yes	15(62.5)	9(75.0)	11(50.0)	35(60.3)
No intention	1(4.2)	1(8.3)	0(0)	2(3.4)
doubtful	0(0.0)	0(0)	4(18.2)	4(7.0)
Total	24(100.0)	12(100.0)	22(100.0)	58(100.0)

According to the data in Table 2, the percentage of male smokers at the study location is 70.7%. This prevalence is higher than The National data, which shows that 62.9% of men in 2018 consumed tobacco (via smoking and chewing) (*ATLAS TEMBAKAU INDONESIA 2020*, n.d.). Moreover, Indonesian men have the greatest smoking rate among ASEAN countries, namely at 66%, while Singapore has the lowest incidence at 21.1%. The prevalence of smoking among women in Indonesia, Laos, Myanmar, and the Philippines is notably high, ranging from 5.8% to 8.4% (Tan & Dorotheo, 2021). The elevated proportion of male smokers in the study area can be attributed to the prevailing perception among men that smoking is a socially acceptable behaviour and a perceived necessity.

Smoking exerts a substantial influence on health due to its correlation with illness, reduced lifespan, and diminished quality of life. Furthermore, smokers incur greater healthcare costs compared to individuals who do not smoke. Smoking not only detrimentally affects personal health, but also harms the household finances (Ginting & Maulana, 2020). Tobacco consumption in low- and middle-income nations is inversely linked to household spending on education and healthcare, underscoring the potential adverse effects of tobacco use on investment in the development of human capital (Chowdhury & Chakraborty, 2019).

In addition, when examining expenditure on cigarettes, it is shown that 41.4% of fathers allocated less than IDR 20,000 for this purpose. This demonstrates that obtaining cigarettes remains very

uncomplicated, except for their availability in retail stores. The accessibility of purchasing cigarettes has a significant impact on individuals' smoking habits (Muliyana & Thaha, 2013; Muslim et al., 2023). According to Lawrence Green's concept, the availability of cigarettes is considered one of the elements that can impact smoking behaviour (Glanz et al., 2008; H Trisnowati, 2018). The accessibility of cigarettes in society is directly correlated with the price of cigarettes in Indonesia. Unlike Malaysia, Myanmar, Singapore, and Brunei Darussalam, the cost of cigarettes in Indonesia is about 1.6-1.9 USD, making it comparatively inexpensive and within reach for most people (Alliance Southeast Asia Tobacco Control, 2021) As cigarette prices climb, the occurrence of smoking declines (Dartanto et al., 2018). An additional study conducted in Indonesia indicates that up to 74% of those who smoke would cease purchasing cigarettes if the cost of cigarettes were set at IDR 70,000 or 5 USD (Nurhasana et al., 2022).

The results reveal a noteworthy fact: there is a significant level of public knowledge on the importance of safeguarding infants and young children from the harmful effects of cigarette smoke. This is evidenced by the complete approval of The Kabar Besti programme by the public. They exhibit strong support and enthusiasm in actively engaging in all aspects of The Kabar Besti programme activities. Aside from the significant contributions of health cadres and community leaders, particularly the leader of Dusun, this is an influential aspect in the success of The Kabar Besti programme. In addition, your strong determination to quit smoking presents a favourable occasion to implement diverse interventions aimed at assisting you in quitting or decreasing your cigarette intake.

Evaluation of The Kabar Besti Programme

The evaluation of the Kabar Besti programme is to assess the program's influence on alterations in the cigarette consumption patterns of parents, with a particular focus on fathers. The evaluation was conducted utilising quantitative methodologies, specifically through organised interviews with participants, where questionnaires were administered directly. The evaluation was conducted one month following the announcement of the Kabar Besti programme. The focus of the assessment is the cohort of dads. A total of 51 father participants took part in the evaluation from all neighborhoods.

The evaluation results indicated that a significant proportion of respondents (82.4%) had undergone socialisation regarding the Kabar Besti programme. One month after the implementation of the Kabar Besti programme, the majority of men, precisely 35 individuals, continued to smoke, accounting for 68.6% of the total. However, among these smokers, 23 people (45.1%) had redirected their cigarette expenses towards meeting their nutritional needs, while 21 people (41.2%) had saved money by refraining from purchasing cigarettes. Additionally, 86.3% of respondents reported not smoking at home or in the presence of infants or young children. During the implementation of the programme evaluation, it was discovered that 19 individuals, accounting for 37.3% of the participants, expressed a wish to quit smoking. The prevalence of paternal smoking fell from 70.1% prior to the intervention (August 2023) to 68.1% following the intervention (December 2023). Thus, it can be inferred that the Kabar Besti Programme has effectively influenced the smoking habits of dads, particularly those who had infants and/or young children (Table 3).

Table 3. The Evaluation Result of The Kabar Besti Programme among fathers (n=51)

Variables	Freq. & Percent.	Total (%)
-----------	------------------	-----------

	3 Neighborhoods (n=24)	4 neighborhoods (n=12)	5 neighborhoods (n=22)	
Age of fathers (years)				
<50	5 (27.8)	4(44.4)	9(37.5)	18(35.3)
=50	2 (11.1)	2(22.2)	15(62.5)	19(37.3)
>50	11 (61.1)	3(33.3)	0(0.0)	14(27.4)
Total	18 (100.0)	9(100.0)	24(100.0)	51(100.0)
Toddlers ownership				
Ya	5 (27.8)	4(44.4)	7(29.2)	16(31.4)
Tidak	13 (72.2)	5(55.6)	17(70.8)	35(68.6)
Total	18 (100.0)	9(100.0)	24(100.0)	51(100.0)
Experience in getting socialization of The Kabar Besti programme				
Yes	15 (83.3)	7(77.8)	20(83.3)	42(82.4)
No	3 (16.7)	2(22.2)	4(16.7)	9(17.6)
Total	18 (100.0)	9(100.0)	24(100.0)	51(100.0)
Smoking status after The Kabar Besti programme				
Yes	10 (55.6)	8(88.9)	17(70.8)	35(68.6)
No	8 (44.4)	1(11.1)	7(29.2)	16(31.4)
Total	18 (100.0)	9(100.0)	24(100.0)	51(100.0)
Redirect income allocated for purchasing cigarettes				
Yes	7 (38.9)	3(33.3)	13(54.2)	23(45.1)
No	11 (61.1)	6(66.7)	11(45.8)	28(54.9)
Total	18 (100.0)	9(100.0)	24(100.0)	51(100.0)
Refrain from purchasing cigarettes to save money				
Yes	7 (38.9)	3(33.3)	11(45.8)	21(41.2)
No	11 (61.1)	6(66.7)	13(54.8)	30(58.8)
Total	18 (100.0)	9(100.0)	24(100.0)	51(100.0)
No smoking within indoor area				
Yes	15 (83.3)	8(88.8)	21(87.5)	44(86.3)
No	3 (16.7)	1(11.2)	3(12.5)	7(13.7)
Total	18 (100.0)	9(100.0)	24(100.0)	51(100.0)
Avoid smoking close to infants or young children				
Yes	15 (83.3)	8(88.8)	21(87.5)	44(86.3)
No	3 (16.7)	1(11.2)	3(12.5)	7(13.7)
Total	18 (100.0)	9(100.0)	24(100.0)	51(100.0)
Intention to stop smoking				
No skomer	8 (44.4)	1(11.1)	7(29.2)	14(27.4)
Yes	7 (38.9)	7(77.8)	5(20.8)	19(37.3)
No	1 (5.6)	1(11.1)	5(20.8)	7(13.7)
doubtful	2 (11.1)	0(0.0)	7(29.2)	9(17.6)
Total	18 (100.0)	9(100.0)	24(100.0)	51(100.0)

The KaBar Besti programme is an innovative initiative promoting smoke-free and stunting-free environments within families. It is a continuation of the smoke-free home programme implemented by researchers in various parts of Yogyakarta. The programme has effectively transformed people's smoking habits. The Kabar Besti programme introduces a new approach by highlighting the significance of abstaining from smoking within families that have children under the age of five who are experiencing stunted growth. In the Kabar Besti programme, each family is encouraged to establish a commitment to refrain from smoking inside the household. In addition, in order to mitigate stunting, it is recommended that each household prioritise purchasing nutritious side dishes or other essential nutritional items for young children instead of spending money on cigarettes. The relationship between cigarette usage and stunting is inseparable, as stunting typically affects young children who are exposed to cigarette smoke within their own families. The primary objective of the KaBar Besti programme is to diminish the prevalence of those who engage in smoking, deter the initiation of new smokers, minimise exposure to cigarette smoke, and regulate the occurrence of growth impairment in young children. The Kabar Besti programme is a grassroots initiative that promotes specific commitments and agreements at the family or household level. These include 1) Redirecting funds that would have been spent on cigarettes towards meeting the nutritional needs of toddlers; 2) Saving money that would have been spent on cigarettes to meet the nutritional needs of toddlers; 3) Prohibiting smoking within the home; 4) Avoiding smoking

close to babies and toddlers; 5) Ensuring responsible disposal of cigarette butts.

In December 2023, the monitoring data indicated seven male toddlers, accounting for 36.8% of the total, and 12 female toddlers, accounting for 63.2%. In November 2023, the data from monitoring the nutritional status of toddlers showed that the percentage of toddlers experiencing stunting reduced to 11.11%, which means that 2 out of 18 toddlers were affected. In addition, in the stunting data for 2022 and 2023, there has been a significant decline in the percentage of stunted toddlers, from 25% to 11.11%. The decline is substantial, amounting to 13.89% over one year. The incidence of stunting in Desa Candibinangun, Pakem, Sleman by the end of 2023 is highly promising as it has successfully reached the national goal of less than 14%. This data aligns with the Indonesian government's objective of decreasing the prevalence of stunting in Indonesia to less than 14% by 2024 (Bayu, 2022; Peraturan Presiden Republik Indonesia & Kementerian PPN/Bappenas, 2019).

The decrease in the prevalence of stunting among toddlers can be attributed to various factors, such as the diligent participation of mothers in toddler posyandu, where the health of toddlers is monitored every month. Additionally, fathers who smoke refrain from doing so at home, thereby minimising direct exposure of toddlers to cigarette smoke. The Kabar Besti programme serves as a means of support and reinforcement for families with toddlers, encouraging them to adopt healthy lifestyles. This includes refraining from smoking in the house and near babies and toddlers, as well as making a shift in cigarette shopping habits. These changes have a positive impact on smoking patterns in society as a whole, particularly among parents of toddlers. The rate of change in cigarette consumption patterns is gradually aligning with the growing consciousness among parents of young children to prioritise the dietary requirements of their sons and daughters who are under the age of five.

Conclusion

The Kabar Besti programme has been established and demonstrated to enhance community and stakeholder dedication to regulating cigarette consumption and stunting. The Kabar Besti programme should be disseminated as a strategic measure to regulate cigarette use habits and address stunting in toddlers. The programme's success relies heavily on the collective dedication of the health service, PHC, and stakeholders at the Dusun and Desa.

Acknowledgement

Thanks to The Institute of Research and Community Service of Universitas Ahmad Dahlan (UAD) has provided funding for a research project under contract number PT-278/SP3/LPPM/UAD/VIII/2023. Furthermore, Thanks to the Pakem Primary Health Care for their collaboration as a study partner, as well as to the Head of Desa Candibinangun, Head of Dusun Sumberan, Health Cadres, and the entire Dusun Sumberan community for their active engagement and unwavering support.

Reference

- Agustina, N. (2022). *Direktorat Jenderal Pelayanan Kesehatan*. Kemenkes RI. https://yankes.kemkes.go.id/view_artikel/1529/faktor-faktor-penyebab-kejadian-stunting-pada-balita
- Alliance Southeast Asia Tobacco Control. (2021). SEATCA Tobacco Tax Index: Implementation of WHO Framework Convention on Tobacco Control Article 6 in ASEAN Countries. *SEATCA Tobacco Tax Index 2019*, 1-28.
- Alwan, N., Siddiqi, K., Thomson, H., Lane, J., & Cameron, I. (2011). Can a community-based "smoke-free homes" intervention persuade families to apply smoking restrictions at homes? *Journal of Public Health*, 33(1), 48-54. <https://doi.org/10.1093/pubmed/fdq073>
- ATLAS TEMBAKAU INDONESIA 2020. (n.d.). Retrieved May 31, 2022, from www.tcsc-Indonesia.org
- Bayu, D. (2022). *Prevalensi Stunting di Indonesia Capai 24,4% pada 2021*. Data Indonesia. <https://dataindonesia.id/ragam/detail/prevalensi-stunting-di-indonesia-capai-244-pada-2021>
- Bleakley, A., Hennessy, M., Mallya, G., & Romer, D. (2013). *Home smoking policies in urban households with children and smokers*. <https://doi.org/10.1016/j.yjpm.2013.12.015>
- Chowdhury, S., & Chakraborty, P. pratim. (2019). Expenditure on health care, tobacco, and alcohol:

- Evidence from household surveys in rural Puducherry. *Journal of Family Medicine and Primary Care*, 6(2), 169-170. <https://doi.org/10.4103/jfmpc.jfmpc>
- Coghlan, D., & Brannick, T. (2014). *Doing Action Research in Your Own Organization* | SAGE Publications Ltd. SAGE Publications. <https://uk.sagepub.com/en-gb/eur/doing-action-research-in-your-own-organization/book240933>
- Dartanto, T., Nasrudin, R., Hasibuan, J., & Nurhasana, R. (2018). Tingkat Prevalensi Merokok pada Anak di Indonesia : Efek Harga dan Efek Teman Sebaya. *Pkjs Ui*, 1-5.
- Ginting, I. R., & Maulana, R. (2020). Dampak Kebiasaan Merokok pada Pengeluaran Rumah Tangga. *Jurnal Kebijakan Kesehatan Indonesia : JKKI*, 9(2), 77-82. <https://jurnal.ugm.ac.id/jkki/article/view/55879>
- Glanz, K., Rimer, B. k., & Viswanath, K. (2008). *Health Behavior and Health Promotion* (T. C. Orleans (Ed.)). Jossey Bass.
- Green, J., & Thorogood, N. (2009). Qualitative methods for health research. *Choice Reviews Online*, 47(02), 47-0901-47-0901. <https://doi.org/10.5860/choice.47-0901>
- Hasyim, F. A., Pajarianto, H., Ramli, S. A., Umrah, A. S., & Amri, S. R. (2022). Hubungan Perilaku Lifestyle Without Tobacco dengan Pertumbuhan Anak Usia Dini. *Jurnal Obsesi : Jurnal Pendidikan Anak Usia Dini*, 6(4), 3314-3325. <https://doi.org/10.31004/obsesi.v6i4.2362>
- Heni Trisnowati. (2021). Pemberdayaan Remaja Dalam Program Pencegahan Dan Pengendalian Perilaku Merokok Di Daerah Perdesaan Bantul Daerah Istimewa Yogyakarta. In *Ugm*. <https://etd.repository.ugm.ac.id/penelitian/detail/205778>
- Kementerian Kesehatan RI. (n.d.). *Prevalensi Stunting di Indonesia Turun ke 21,6% dari 24,4%*. Kementerian Kesehatan RI.
- Montgomery, A., Doulougeri, K., & Panagopoulou, E. (2015). Implementing action research in hospital settings: a systematic review. In *Journal of Health, Organisation and Management* (Vol. 29, Issue 6, pp. 729-749). <https://doi.org/10.1108/JHOM-09-2013-0203>
- Morton, M. H., & Montgomery, P. (2013). Youth Empowerment Programs for Improving Adolescents' Self-Efficacy and Self-Esteem: A Systematic Review. *Research on Social Work Practice*, 23(1), 22-33. <https://doi.org/10.1177/1049731512459967>
- Muchlis, N., Yusuf, R. A., Rusydi, A. R., Mahmud, N. U., Hikmah, N., Qanitha, A., & Ahsan, A. (2023). *Cigarette Smoke Exposure and Stunting Among Under- five Children in Rural and Poor Families in Indonesia. December 2022*. <https://doi.org/10.1177/11786302231185210>
- Muliyana, D., & Thaha, I. L. M. (2013). Faktor Yang Berhubungan Dengan Tindakan Merokok Pada Mahasiswa Universitas Hasanuddin Makassar. *Media Kesehatan Masyarakat Indonesia Universitas Hasanuddin*, 9(2), 109-119.
- Muslim, N. A., Adi, S., Ratih, S. P., & Ulfah, N. H. (2023). Determinan Perilaku Merokok Remaja SMA/Sederajat di Kecamatan Lowokwaru Kota Malang. *Perilaku Dan Promosi Kesehatan: Indonesian Journal of Health Promotion and Behavior*, 5(1), 20. <https://doi.org/10.47034/ppk.v5i1.6781>
- Nurhasana, R., Ratih, S. P., Dartanto, T., Moeis, F. R., Hartono, R. K., Satrya, A., & Thabrany, H. (2022). Public support for cigarette price increase in Indonesia. *Tobacco Control*, 31(3), 483-486. <https://doi.org/10.1136/TOBACCOCONTROL-2019-055554>
- Padmawati, R., Prabandari, Y., Istiyani, T., Nichter, M., & Nichter, M. (2018). Establishing a community-based smoke-free homes movement in Indonesia. *Tobacco Prevention & Cessation*, 4(November). <https://doi.org/10.18332/tpc/99506>
- Peraturan Presiden Republik Indonesia, & Kementerian PPN/Bappenas. (2019). Rencana Pembangunan Jangka Menengah Nasional. In *Peraturan Presiden Republik Indonesia Nomor 18 Tahun 2020*.
- Sari, N. A. M. E., & Ni Komang Ayu Resiyanthi. (2020). Kejadian Stunting Berkaitan Dengan Perilaku Merokok Orang Tua mengetahui “ Kejadian Stunting Berkaitan kuantitatif yang menggunakan desain orangtua balita di Wilayah kerja Puskesmas 57 orang . Penelitian ini menggunakan univariat data yang diperoleh dari. *Jurnal Ilmu Keperawatan Anak*, 3(2), 24-30.
- Simanjuntak, J. (2022). *Jackson Simanjuntak*. Prohealth.
- Smith, L., Rosenzweig, L., & Schmidt, M. (2010). Best Practices in the Reporting of Participatory Action Research: Embracing Both the Forest and the Trees. *The Counseling Psychologist*, 38(8), 1115-1138. <https://doi.org/10.1177/0011000010376416>
- Tan, Y. L., & Dorotheo, U. (2021). *The Tobacco Control Atlas ASEAN Region, Fifth Edition*. In

Southeast Asia Tobacco Control Alliance (Issue December).

Trisnowati, H. (2018). *Perencanaan Program Promosi Kesehatan* (1st ed.). Penerbit Andi.

Trisnowati, H, Ismail, D., Padmawati, R. S., & Utarini, A. (2020). Developing a framework for youth empowerment to prevent smoking behavior in a rural setting: study protocol for a participatory action research. *Health Education, ahead-of-p*(ahead-of-print). <https://doi.org/10.1108/HE-06-2020-0045>

Trisnowati, H, Kusuma, D., Ahsan, A., Kurniasih, D., & Padmawati, R. (2019). Smoke-free home initiative in Bantul, Indonesia: Development and preliminary evaluation. *Tobacco Prevention & Cessation*, 5(November), 1-5. <https://doi.org/10.18332/tpc/113357>

Trisnowati, Heni. (2017). *Pengembangan rumah bebas asap rokok sebagai upaya perlindungan terhadap perokok pasif di kutu dukuh kabupaten sleman yogyakarta*. May.

Zubaidi, H. A. K. (2021). Tinggi Badan dan Perilaku Merokok Orangtua Berpotensi Terjadinya Stunting pada Balita. *Jurnal Penelitian Perawat Profesional*, 3(2), 279-286. <https://doi.org/10.37287/jppp.v3i2.414>

Tahap 4. Artikel diterima : 27 Juni 2024

Jurnal Promkes <jurnal.promkes@gmail.com>

27 Juni 2024 pukul 15.15

Kepada: Heni Trisnowati <heni.trisnowati@pascakesmas.uad.ac.id>

Dear Author,
Heni Trisnowati

Kami dari **Jurnal Promkes Fakultas Kesehatan Masyarakat Universitas Airlangga** hendak menginformasikan bahwa artikel Anda dengan judul:

Innovation to Control Cigarette Consumption and Stunting Through the Kabar Besti Program (Smoke and Stunting Free Families)

Dinyatakan **DITERIMA** dan akan dipublikasikan pada bulan **Agustus 2024 (Volume 12 Special Issue 2)** mendatang. Untuk itu, kami imbau untuk memenuhi segala bentuk administrasi penerimaan, yakni:

- 1) Membayar uang Article Publication Charge (APC) sebesar Rp 1.000.000 ke Bank Syariah Indonesia (BSI) A.N. JURNAL PROMKES 1111119119
- 2) Menyerahkan dokumen etik dan pernyataan orisinalitas (template dokumen tersedia di laman website kami);
- 3) Menyerahkan dokumen final atas revisi artikel yang telah disesuaikan berdasarkan revisi dari reviewer dan nama serta afiliasi penulis secara lengkap.

Seluruh dokumen termasuk bukti pembayaran dikirimkan kembali ke surel ini paling lambat **Senin, 1 Juli 2024** untuk dapat segera kami proses.

Terima kasih.



Virus-free. www.avast.com

[Kutipan teks disembunyikan]

Heni Trisnowati <heni.trisnowati@pascakesmas.uad.ac.id>

28 Juni 2024 pukul 13.45

Kepada: Khoiriyah Isnri <khoiriyah.isnri@ikm.uad.ac.id>, Ichtiarini Nurullita Santri <ichtiarini.ns@gmail.com>

[Kutipan teks disembunyikan]

Heni Trisnowati <heni.trisnowati@pascakesmas.uad.ac.id>

28 Juni 2024 pukul 15.36

Kepada: Jurnal Promkes <jurnal.promkes@gmail.com>

Dear Editor Jurnal Promkes UNAIR,
Berikut kami kirimkan naskah manuskrip yang dilengkapi dg nama tim penulis dan afiliasinya; bukti pembayaran dan EC

Semoga berkenan.

Best Regards,
Dr. Heni Trisnowati, SKM., MPH
Postgraduate Program of Public Health
Faculty of Public Health Universitas Ahmad Dahlan (UAD)
Jl. Prof. DR. Soepomo Sh, Umbulharjo Yogyakarta Indonesia

[Kutipan teks disembunyikan]

3 lampiran



Bukti transfer-Jurnal promkes-Agustus 24.jpeg
85K

 **21. REVIEW-revised-Final.docx**
723K

 **EC Dr. Heni Trisnowati, S.KM., M.PH (KABAR BESTI).pdf**
415K

Heni Trisnowati <heni.trisnowati@pascakesmas.uad.ac.id>
Kepada: Khoiriyah Isnri <khoiriyah.isnri@ikm.uad.ac.id>
Cc: Ichtiarini Nurullita Santri <ichtiarini.ns@gmail.com>

28 Juni 2024 pukul 17.13

[Kutipan teks disembunyikan]

3 lampiran



Bukti transfer-Jurnal promkes-Agustus 24.jpeg
85K

 **21. REVIEW-revised-Final.docx**
723K

 **EC Dr. Heni Trisnowati, S.KM., M.PH (KABAR BESTI).pdf**
415K

Tahap 4. Bukti LOA

Jurnal Promkes <jurnal.promkes@gmail.com>
Kepada: Heni Trisnowati <heni.trisnowati@pascakesmas.uad.ac.id>

1 Juli 2024 pukul 09.06

Dear Author,

Terima kasih telah mengirimkan dokumen administrasi atas penerimaan naskah Anda

Berikut kami lampirkan Letter of Acceptance

Semoga dapat digunakan sebagaimana mestinya

Terima kasih

[Kutipan teks disembunyikan]

 **21. Heni Trisnowati (2).pdf**
110K

Heni Trisnowati <heni.trisnowati@pascakesmas.uad.ac.id>
Kepada: Jurnal Promkes <jurnal.promkes@gmail.com>

1 Juli 2024 pukul 09.53

Terima kasih

Best Regards,
Dr. Heni Trisnowati, SKM., MPH
Postgraduate Program of Public Health
Faculty of Public Health Universitas Ahmad Dahlan (UAD)
Jl. Prof. DR. Soepomo Sh, Umbulharjo Yogyakarta Indonesia

[Kutipan teks disembunyikan]

Tahap 5. Artikel Terbit : Agustus 2024

Jurnal Promkes <jurnal.promkes@gmail.com>
Kepada: Heni Trisnowati <heni.trisnowati@pascakesmas.uad.ac.id>

16 Juli 2024 pukul 09.39

Dear Author,

Melalui surel ini, kami kirimkan galley proof atas naskah Anda yang akan dipublikasikan di bulan Agustus 2024 mendatang.

Harap melakukan pengecekan terhadap naskah yang kami lampirkan (**khususnya pada bagian nama & afiliasi**)

Proses pengecekan kami tunggu maksimal hingga hari **Jumat, 19 Juli 2024 jam 12.00**.

Jika setelah waktu tersebut tidak ada balasan, maka kami anggap galley proof yang dikirimkan telah sesuai.

Terima kasih
[Kutipan teks disembunyikan]

Jurnal Promkes <jurnal.promkes@gmail.com>
Kepada: Heni Trisnowati <heni.trisnowati@pascakesmas.uad.ac.id>

16 Juli 2024 pukul 09.40

[Kutipan teks disembunyikan]

 **11. Heni Trisnowati 2 (100-112).pdf**
384K

Heni Trisnowati <heni.trisnowati@pascakesmas.uad.ac.id>
Kepada: Jurnal Promkes <jurnal.promkes@gmail.com>

19 Juli 2024 pukul 09.55

Dear Editor Jurnal Promkes,

Ada sedikit perubahan di Afiliasi penulis pertama, : Master of Public Health Study Program

Terima Kasih,
Best Regards,
Dr. Heni Trisnowati, SKM., MPH
Master of Public Health Study Program
Faculty of Public Health Universitas Ahmad Dahlan (UAD)
Jl. Prof. DR. Soepomo Sh, Umbulharjo Yogyakarta Indonesia

[Kutipan teks disembunyikan]

 **11. Heni Trisnowati 2 (100-112)-Revise.pdf**
380K

Jurnal Promkes <jurnal.promkes@gmail.com>

19 Juli 2024 pukul 09.59

Kepada: Heni Trisnowati <heni.trisnowati@pascakesmas.uad.ac.id>

Silakan dicek

[Kutipan teks disembunyikan]



11. Heni Trisnowati 2 (100-112).pdf
384K

Heni Trisnowati <heni.trisnowati@pascakesmas.uad.ac.id>
Kepada: Jurnal Promkes <jurnal.promkes@gmail.com>

19 Juli 2024 pukul 10.34

Baik, sudah oke

[Kutipan teks disembunyikan]

Jurnal Promkes <jurnal.promkes@gmail.com>

19 Juli 2024 pukul 12.30

Kepada: Heni Trisnowati <heni.trisnowati@pascakesmas.uad.ac.id>

Terima kasih Bu

[Kutipan teks disembunyikan]

Heni Trisnowati <heni.trisnowati@pascakesmas.uad.ac.id>
Kepada: Jurnal Promkes <jurnal.promkes@gmail.com>

20 Juli 2024 pukul 09.54

sama2

Dr. Heni Trisnowati, SKM., MPH

Master of Public Health Study Program

Faculty of Public Health Universitas Ahmad Dahlan (UAD)

Jl. Prof. DR. Soepomo Sh, Umbulharjo Yogyakarta Indonesia

[Kutipan teks disembunyikan]