

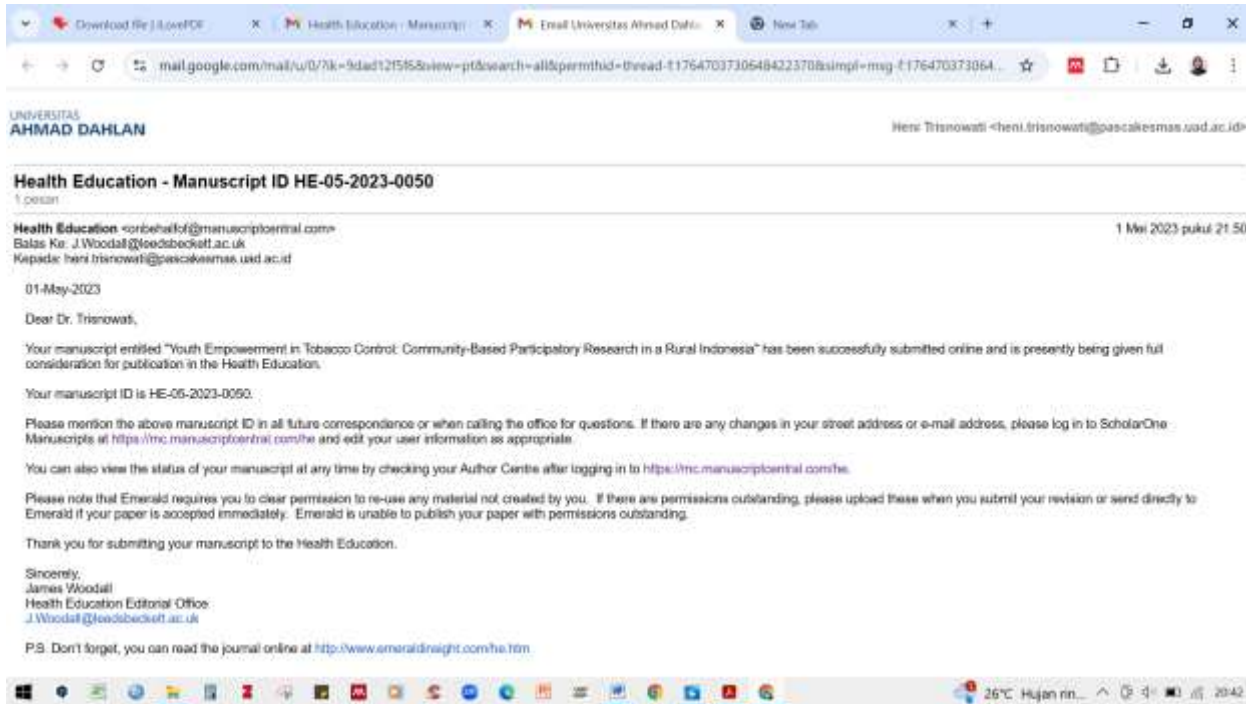
Outline Korespondensi

Jurnal : Health Education- Scopus Q2

Judul Artikel : Youth Empowerment in Tobacco Control:
Community-Based Participatory Research in a Rural Indonesia

- Tahap 1. Submit Artikel : 1 Mei 2023
- Tahap 2. Proses ReSubmitted Artikel : 9 Mei 2023
- Tahap 3. Menanyakan Progres Artikel Kepada Editor in Chief : 30 Agustus 2023
- Tahap 4. Balasan Email dari editor In Chief : 1 Oktober 2023
- Tahap 5. Mengirimkan Kembali Hasil Revisi : 7 November 2023
- Tahap 6. Artikel Diterima : 19 April 2024
- Tahap 7. Artikel Published : 4 Juni 2024

Tahap 1 : Submit Artikel : 1Mei 2023



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

Health Education - HE-05-2023-0050 has been unsubmitted

6 pesan

Health Education <onbehalf@manuscriptcentral.com>

6 Mei 2023 pukul 13.19

Balas Ke: J.Woodall@leedsbeckett.ac.uk

Kepada: heni.trisnowati@pascakesmas.uad.ac.id

06-May-2023

Dear Dr. Trisnowati

Your manuscript, HE-05-2023-0050, entitled "Youth Empowerment in Tobacco Control: Community-Based Participatory Research in a Rural Indonesia" has been unsubmitted from the Health Education.

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Sincerely,
James Woodall
Health Education Editorial Office
J.Woodall@leedsbeckett.ac.uk

Heni Trisnowati <heni.trisnowati@pascakesmas.uad.ac.id>
Kepada: J.Woodall@leedsbeckett.ac.uk

7 Mei 2023 pukul 04.40

Thank you for your email, I would like to revised tha paper and submmited again.

Best Regards,
Dr. Heni Trisnowati, SKM., MPH
Program Studi Magister Kesehatan Masyarakat
Fakultas Kesehatan Masyarakat Universitas Ahmad Dahlan (UAD)
Jl. Prof. DR. Soepomo Sh, Umbulharjo Yogyakarta 55164

[Kutipan teks disembunyikan]

Heni Trisnowati <heni.trisnowati@pascakesmas.uad.ac.id>
Kepada: J.Woodall@leedsbeckett.ac.uk

7 Mei 2023 pukul 05.20

Dear James Woodal,
I am sorry, would you like to inform me how to add 3 reviewers to this process? Thank you for helping

Best Regards,
Heni T

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

Pada tanggal Sab, 6 Mei 2023 pukul 13.19 Health Education <onbehalf@manuscriptcentral.com> menulis:

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7 Mei 2023 pukul 05.56

Dear James Woodall,

From the 5 steps of the submission process, in which step we can add the suggested reviewer?

I am sorry, I haven't found a section to be able to add the suggested reviewer.

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

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591K

Woodall, James <J.Woodall@leedsbeckett.ac.uk>
Kepada: Heni Trisnowati <heni.trisnowati@pascakesmas.uad.ac.id>

8 Mei 2023 pukul 01.14

Please don't worry about reviewers. Thank you



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Dr James Woodall

**Reader and Head of Subject (Health Promotion and Health,
Nutrition and Environment)**

School of Health

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Tahap 2. Proses ReSubmitted Artikel : 9 Mei 2023

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Health Education - Manuscript ID HE-05-2023-0050

2 pesan

Health Education <onbehalfof@manuscriptcentral.com>

9 Mei 2023 pukul 15.30

Balas Ke: J.Woodall@leedsbeckett.ac.uk

Kepada: heni.trisnowati@pascakesmas.uad.ac.id

09-May-2023

Dear Dr. Trisnowati,

Your manuscript entitled "Youth Empowerment in Tobacco Control: Community-Based Participatory Research in a Rural Indonesia" has been successfully submitted online and is presently being given full consideration for publication in the Health Education.

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Tahap 3. Menanyakan Progres Artikel Kepada Editor in Chief : 30 Agustus 2023

Heni Trisnowati <heni.trisnowati@pascakesmas.uad.ac.id>
Kepada: J.Woodall@leedsbeckett.ac.uk

30 Agustus 2023 pukul 09.15

30 August 2023
Dear James Woodall
Editor in Chief of The Health Education

Greetings from Indonesia and I wish you a great day with happiness and healthy condition

First of all, We would like to thank you for considering our paper entitled "Youth Empowerment in Tobacco Control: Community-Based Participatory Research in Rural Indonesia" for publication in the Health Education with Manuscript Number "HE-05-2023-0050."

Furthermore, we haven't gotten any news about the progress of the manuscript review. If you don't mind, please give us information about the paper.

Once again, thank you very much for your cooperation, help, and kindness. We really appreciate your time and look forward to seeing your response.

Best wishes,
Dr. Heni Trisnowati, SKM., MPH

Tahap 4. Balasan Email dari editor In Chief : 1 Oktober 2023

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

Health Education - Manuscript ID HE-05-2023-0050.R1

2 pesan

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Kepada: henitrisknowati@pascakesmas.uad.ac.id

1 Oktober 2023 pukul 15.48

01-Oct-2023

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Thank you for submitting your manuscript to the Health Education.

Sincerely,
James Woodall
Health Education Editorial Office
J.Woodall@leedsbeckett.ac.uk

Tahap 5. Mengirimkan Kembali Hasil Revisi : 7 November 2023

Heni Trisnowati <heni.trisnowati@pascakesmas.uad.ac.id>
Kepada: J.Woodall@leedsbeckett.ac.uk

7 November 2023 pukul 09.07

07 November 2023
Dear Dr. James Woodall
Editor, Health Education

Greetings from Indonesia and wishing you a great day with happiness and healthy condition,

Firstly, we are pleased to inform you that we have submitted our revised manuscript titled "Youth Empowerment in Tobacco Control: Community-Based Participatory Research in Rural Indonesia" with Manuscript Number "ID HE-05-2023-0050" to "Health Education" on 1st October 2023. We hope that the improvements we make can meet the expectations of reviewers.

We kindly ask you to inform us about the current status of the paper. We are also sending a revised cover letter and paper submitted on 1 October 2023.

Thank you in advance for your cooperation

Best Wishes,


Dr. Heni Trisnowati, SKM, MPH
Post Graduate Program of Public Health
Faculty of Public Health


Universitas Ahmad Dahlan
Email: heni.trisnowati@pascakesmas.uad.ac.id
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[Kutipan teks disembunyikan]

2 lampiran

 **Revise 1-ID HE-05-2023-0050_Submitted-01 Oct 23.pdf**
421K

 **Cover Letter Revise 1 _ID HE-05-2023-0050.pdf**
126K

Cover Letter

01 October 2023

Dear Dr. James Woodall
Editor, Health Education

Greetings from Indonesia and wishing you a great day with happiness and healthy condition,

First of all, I would like to thank you for allowing me to submit our revised manuscript entitled “Youth Empowerment in Tobacco Control: Community-Based Participatory Research in a Rural Indonesia” with Manuscript Number “ID HE-05-2023-0050” to “Health Education”. We really appreciate the time and effort that you and the reviewers have dedicated to providing your valuable feedback on my manuscript. We are grateful to the reviewers for their insightful comments on my paper.

We appreciate the reviewers for the valuable comments. Here we address their concerns point by point and describe, where applicable, how we have been able to incorporate their suggestions into our revision. All revisions are highlighted in **blue text** and the reviewers’ original comments in **red text**. The author's response to the reviewer(s) is included in the attachment.

We hope that the improvements we make can meet the expectations of reviewers.

Please contact me if you need further information regarding the paper.

Thank you in advance for your cooperation

Best Wishes,

Dr. Heni Trisnowati, SKM, MPH
Post Graduate Program of Public Health
Faculty of Public Health
Universitas Ahmad Dahlan
Email: heni.trisnowati@pascakesmas.uad.ac.id
Scopus ID: 57219968664
Orchid ID: 0000-0002-4621-5205

Reviewer(s)' Comments to Author:

Reviewer: 1

Recommendation: Minor Revision

Comments:

Good job. Please, add the exit strategy to ensure program sustainability

Response: Thank you for the encouraging comments. We have added the exit strategy to ensure program sustainability in the last paragraph of the discussion section.

“Various efforts are needed to ensure the sustainability of the empowerment program (JayaStar). Strengthen collaboration with local health institutions such as Public Health Centers and District Health Offices. The involvement of the health promotion section from Pleret Health Office since the beginning of program planning can ensure the continuity of program Jayastar. Commitment from local stakeholders such as hamlet heads and the youth organization to continue the program is also an opportunity for program sustainability. Moreover, the sustainability of the program can also be carried out through collaboration with universities on practical field learning programs for public health students. Students can carry out community assistance activities to continue the programs that have been implemented. Finally, dissemination of research results at the local and national level is also needed to influence the government and stakeholders in supporting the program” (Line 359-369)

Additional Questions:

I am not connected with this paper, nor with the work it represents in any way, and I have not recently worked closely with any of the authors:

1. Originality: Does the paper contain new and significant information adequate to justify publication?: **yes**

Response : Thank you for your positive feedback

2. Relationship to Literature: Does the paper demonstrate an adequate understanding of the relevant literature in the field and cite an appropriate range of literature sources? Is any significant work ignored?: **yes**

Response: Thank you for your positive feedback

3. Methodology: Is the paper's argument built on an appropriate base of theory, concepts, or other ideas? Has the research or equivalent intellectual work on which the paper is based been well designed? Are the methods employed appropriate?: **yes, CBPR theory is a high valued in social sciences, the methods are equivalent and well design**

Response: Thank you for your positive feedback

4. Results: Are results presented clearly and analysed appropriately? Do the conclusions adequately tie together the other elements of the paper?: **yes**

Response: Thank you for your positive feedback

5. Implications for research, practice and/or society: Does the paper identify clearly any implications for research, practice and/or society? Does the paper bridge the gap between theory and practice? How can the research be used in practice (economic and commercial impact), in teaching, to influence public policy, in research (contributing to the body of knowledge)? What is the impact upon society (influencing public attitudes, affecting quality of life)? Are these implications consistent with the findings and conclusions of the paper?: **yes, smoke is the big problem for the teenager in Indonesia, the finding of this research can give contribution to public policy, and intervention to the youth.. the impact to economic is not directly but it can protect the future of Indonesian young generation..**

I found the statement of contribution in last sentence of abstract, but the statement need to reappeared in the last part of the introduction

Response: Thank you for the encouraging comments, We have added the statement of contribution in the last part of the introduction.

6. Quality of Communication: Does the paper clearly express its case, measured against the technical language of the field and the expected knowledge of the journal's readership? Has attention been paid to the clarity of expression and readability, such as sentence structure, jargon use, acronyms, etc.: **yes**

Response : Thank you for your positive feedback

Reviewer: 2

Recommendation: Major Revision

Comments:

This research article is very interesting. It presents methods to solve the problem of youth smoking that can be applied in various countries, especially in the ASEAN region. Thank you for trying to present guidelines for solving problems that arise among youth.

Response : Thank you for the encouraging comment to our manuscript.

Additional Questions:

I am not connected with this paper, nor with the work it represents in any way, and I have not recently worked closely with any of the authors:

1. Originality: Does the paper contain new and significant information adequate to justify publication?: **This article is interesting to consider for publication. Because it allows all stakeholders in the community to participate in research to solve the problem of youth smoking in the community. The important factors affecting youth smoking are: Mental condition and social environment such as groups of friends, groups of people in the family. I think solving the problem of youth smoking by involving everyone in the community in solving the problem is a very interesting method.**

Response : Thank you for the positive feedback to our manuscript

2. Relationship to Literature: Does the paper demonstrate an adequate understanding of the relevant literature in the field and cite an appropriate range of literature sources? Is any significant work ignored?: **This article contains few reviews of relevant literature. There should be a greater review of the literature on healthy life skills and community-based participatory research (CBPR), especially on issues related to smoking or health behaviors.**

Response: Thank you for the positive feedback on our manuscript

3. Methodology: Is the paper's argument built on an appropriate base of theory, concepts, or other ideas? Has the research or equivalent intellectual work on which the paper is based been well designed? Are the methods employed appropriate?: **The research methodology used was appropriate, but the researcher should explain how the 33 subjects were obtained. How to do the training? Please be more detailed than this.**

Response: The research participants or subjects are a community of young people who are members of the organization "Karangtaruna". Participants are voluntary, by signing informed consent before the research is carried out. The timing of the research is adjusted to youth community activities(Lines 135-138).

Description of the training we present on line 186-243

4. Results: Are results presented clearly and analysed appropriately? Do the conclusions adequately tie together the other elements of the paper?: **In this paper the results are clear and the analysis is appropriate. The results are consistent with the research objectives.**

Response: Thank you for the positive feedback on our manuscript

This paper has been proofread by natives who are part of the writing team

5. Implications for research, practice and/or society: Does the paper identify clearly any implications for research, practice and/or society? Does the paper bridge the gap between theory and practice? How can the research be used in practice (economic and commercial impact), in teaching, to influence public policy, in

research (contributing to the body of knowledge)? What is the impact upon society (influencing public attitudes, affecting quality of life)? Are these implications consistent with the findings and conclusions of the paper?:

This article clearly identifies the social impact of Indonesia's growing problem of youth smoking, which will affect the quality of life of the people in the future. The findings of this research can be used to shape public policies to support community involvement in youth smoking prevention. It could also be used to promote training in a youth tobacco control capacity building project in Indonesia or could lead to trials of this project in other countries in the ASEAN region.

Response: Thank you for the valuable feedback on our manuscript

6. Quality of Communication: Does the paper clearly express its case, measured against the technical language of the field and the expected knowledge of the journal's readership? Has attention been paid to the clarity of expression and readability, such as sentence structure, jargon use, acronyms, etc.: I don't feel eligible to evaluate the quality of writing.

Response: Thank you for the positive feedback. This paper has been proofread by natives who are part of the writing team

1 **Youth Empowerment in Tobacco Control: Community-Based Participatory Research in**
2 **a Rural Indonesia**

3 **ABSTRACT**

4
5 **Purpose**

6
7 This paper describes the planning and implementation program of *Remaja Berdaya Sehat*
8 *Tanpa Rokok* (JayaStar) or Empower Youth Healthy without Smoking (EYHWS). This is a
9 pilot tobacco control program for smoking behavior with a community-based participatory
10 research (CBPR) approach in a rural area of Indonesia.

11 **Design/methodology/approach**

12
13 This research used the participatory rural appraisal (PRA) method. The paper would describe
14 three stages of the JayaStar program that started from diagnosis, planning action and taking
15 action. Participants in this research were all youths aged 17-25 years as many as 33 people.
16 The key informants were the village head, the hamlet head, the hamlet head's wife, the youth
17 leader, health promotion officers at the Pleret Health Center, and the Health Promotion Section
18 of the Bantul Health Office.

19 **Finding**

20
21 The determinants of the youth empowerment process are divided into a) predisposing factors,
22
23 b) group structure, and c) group climate. Its have an important role in the success of the youth
24 empowerment process in smoking behavior control. The implementation JayaStar program
25 consisted of a) outbound, and training with the theme of increasing self-potential; b) training
26 on the impact of cigarettes/vapors on the health of youths; c) discussion and practice of
27 making health campaign videos; d) parenting program with the theme of the important role of
28 parents in creating a healthy and superior young generation; e) declaration and inauguration of
29 JayaStar volunteers.

30 **Originality/Value**

31
32 This research is an example of a successful community-based youth project that resulted in a
33 demonstrable positive outcome. It demonstrates the importance of good relations between
34 stakeholders. JayaStar movement could be a potential model for youth empowerment projects
35 to control smoking behavior among future generations in Indonesia.

36 **Keywords:** youth empowerment, community-based participatory research, tobacco control,
37 rural area

38 **Paper type:** Research Paper

39
40 **INTRODUCTION**

41
42 Youth smoking rates in Indonesia are comparatively high compared to other middle- income
43 countries. One in four youths (15-30 years) in Indonesia are smokers, and almost half of the
44 young men have smoked in the past month (Badan Pusat Statistik-Central Statistics Agency,
45 2018). Efforts to prevent the uptake of smoking are required to protect young people from the
46 harm associated with tobacco consumption. Part of these efforts includes the development of
47 effective educational programs that promote a healthy lifestyle while also improving
48 awareness of the risks associated with smoking. Integral to this is an empowerment strategy
49 that can contribute to initiating social change (Backinger, Fagan, Matthews, & Grana, 2003).
50 Empowerment as a health promotion strategy can improve the health status of individuals,
51 groups, and communities (Laverack, 2006) and it is the most effective approach to preventing
52 smoking behavior and ensuring program sustainability (Golechha, 2016).

53 Some examples of activities that might be undertaken using empowerment as a health
54 promotion strategy include speaking in front of policymakers, organizing community
55 members, writing articles in newspapers, and distributing petitions (Holden, Messeri, Evans,
56 Crankshaw, & Ben-Davies, 2004). In Indonesia, empowerment strategies have been used to

57 initiate non-communicable disease prevention programs in Yogyakarta, Indonesia (TetraDewi,
58 Stenlund, Utari Marlinawati, Öhman, & Weinehall, 2013). Meanwhile, youth empowerment
59 strategies in the tobacco control program of smoking behavior using participatory action
60 research methods have never been carried out in Indonesia.

61 This paper outlines details and outcomes from a community-based participatory research
62 (CBPR) project undertaken in a rural area of the province of Yogyakarta, Indonesia. CBPR is
63 a long-established research approach that is valued in health education, public health, and
64 other health and social sciences (Wallerstein et al., 2020). Recognizing society as a social and
65 cultural entity with the active involvement and influence of community members in all aspects
66 of the research process (Israel, Schulz, Parker, & Becker, 2001; Lucero et al., 2018). CBPR
67 focuses on environmental, structural, and physical injustice through the active involvement of
68 community members, organizational representatives, and researchers in all aspects of the
69 research process (Israel et al., 2001).

70 This paper aims to: a) describe the determinants of youth participation in the empowerment
71 program for tobacco control; b) describe the planning action for youth empowerment in
72 tobacco control programs; c) describe the implementation of the JayaStar or EYHWS
73 program. Putting into practice the ethos that youth involvement is an important factor in the
74 success of health education and promotion targeting this demographic (Anyon, Bender,
75 Kennedy, & Dechants, 2018). Moreover, this article explores the lessons learned through the
76 project's development and implementation phases. The focus of empowerment throughout
77 these stages facilitates learning about social construction and change in youths to understand
78 their community, think about alternative futures, and plan social action (Jovens, 2010).

79 In the last decade, individual studies on the use of CBPR, as well as systematic reviews, have
80 increasingly documented results in the form of community support, community empowerment,
81 sustainable partnerships, healthier behavior, policy change, and health

82 promotion. However, CBPR partnership pathways that lead to successful outcomes remain
83 poorly understood and there is little research documenting best practices (Wallerstein et al.,
84 2020).. This article aims to broach this lacuna by discussing an example of a CBPR
85 partnership that had positive outcomes. [The paper also demonstrates the importance of good
86 relations between stakeholders. JayaStar movement could be a potential model for youth
87 empowerment projects to control smoking behavior among future generations in Indonesia.](#)

88 **METHOD**

89

90 **Study Context**

91

92 This study was conducted in a rural area of Bantul Regency, Yogyakarta Province, Indonesia.

93 Yogyakarta is bordered by the Indonesian Ocean to the south and otherwise surrounded by the

94 province of Central Java (BPS DIY, 2019). Furthermore, this research was conducted in Karet

95 Hamlet, Pleret District, Bantul Regency, Yogyakarta.

96 Most of the people's livelihoods are agricultural laborers. The number of youth aged 17–25

97 years is 36.2%, and most of the participants attend high school. Generally, they work after

98 graduating from high school, but some participants continue to undergraduate programs. They

99 come from low socioeconomic status so 72.2% of young parents earn less than IDR 1,572,150

100 (Minimum wage in Bantul district) (Trisnowati, Ismail, Padmawati, & Utarini, 2020;

101 Trisnowati, Kusuma, Ahsan, Kurniasih, & Padmawati, 2019).

102 Bantul Regency has regulations about smoke-free areas, namely Regent Regulation No.18 of

103 2016. Moreover, Karet Hamlet is an area in Pleret District that has been declared a smoke-free

104 home. Karet Hamlet has a youth community called Madiska (*Muda Mudi Dusun Karet*) as a

105 driving force for social and religious activities (Trisnowati et al., 2020). It also has leaders

106 who are very supportive of youth activities. A close relationship between a researcher with

107 youth leaders and stakeholders in the Karet Hamlet has facilitated the empowerment process.

108 The challenge of this study is many young people are already smokers and smoking

109 hoped to overturn this perception and discourage young people from trying cigarettes
110 altogether. However, these leaders had no experience in developing activities to improve youth
111 health awareness. In formulating this project and discussing desired outcomes, these leaders
112 hoped that the empowerment strategies used would both raise awareness of the risks of
113 smoking while also protecting the next generation of the nation.

114 **Study Design**

115
116 This study used the PAR method which is also known as the action research (AR) method.
117 PAR was a type of research that used the perspective of needs and knowledge that was
118 prioritized through collaboration with community members during the research process
119 (Coghlan & Brannick, 2014; Montgomery, Doulougeri, & Panagopoulou, 2015; Smith,
120 Rosenzweig, & Schmidt, 2010). PAR plays a role in various fields such as community
121 development, agricultural expansion, education, health, and organizational management
122 (Lennie, 2005).

123 The PAR cycle is applied in the EYHWS program that includes stages: diagnosis, planning
124 action, taking action, and evaluation action (Coghlan & Brannick, 2014). Empowered youth
125 will be easily achieved by PAR because there was the direct involvement of youths
126 (participants) from the beginning of the research process to the evaluation. This approach is
127 suitable for contextualizing the problems encountered in the process of developing and
128 implementing youth empowerment in tobacco control programs (Trisnowati et al., 2020).
129 This paper will describe three stages of the JayaStar program that start from diagnosis,
130 planning action, and taking action. The stages undertaken as part of the JayaStar program can
131 be seen in **Table.1**

132 *Participants in this research were all youths aged 17-25 years who were willing to be involved*
133 *in the program and voluntarily agreed to sign an informed consent before participating in the*
134 *study. The Participants were members of the “Karangtaruna” organization--*
135 *youth community in the Hamlet. In the early stages, the key informants were the*

136 village head, the hamlet head, the hamlet head's wife, the youth leader, health promotion
137 officers at the Pleret Health Center, and the Health Promotion Section of the Bantul Health
138 Office. The number of youth involved in the study was 33 people. Meanwhile, the research
139 team consisted of the main researcher, two research assistants, and two co-researchers, namely
140 the wife of the village head and youth community leader.

141 The trustworthiness of the research was carried out through three different techniques, namely:
142 through long-term involvement in the community, peer debriefing of research participants, and
143 triangulation of resources with the research team. The main researcher and research assistants
144 were present at regular youth meetings, and youth group activities during the implementation
145 and evaluation of empowerment programs. The main researcher creates a qualitative data
146 matrix to be read criticized and then interpreted. Finally, the research team confirms or
147 modifies the description of the research outcome domain.

148 Qualitative data processing using an open code 4.03 application. The processed qualitative
149 data is the result of the Focus Group Discussion with the youth community. The presentation
150 of qualitative data is in the form of tables of coding results, categories, and research themes
151 to make it easier to understand (Utarini, 2020). At the conclusion and verification stage,
152 the researcher carries out the process of interpreting and determining the meaning of the
153 available data (Ridder, Miles, Michael Huberman, & Saldaña, 2014). This research has
154 received ethical clearance from the Ethics Committee of the Faculty of Medicine, Public
155 Health and Nursing, Universitas Gadjah Mada No.KE/FK/1334/EC/2019.

156 **RESULTS**

157 **Determinants of young people's Engagement in empowerment programs to control** 158 **smoking behavior** 159

160 This study found several determinants that influenced whether young people became involved
161 in the program and the nature of their involvement. These included: a) predisposing factors b)
162 group structure includes, c) group climate. These three factors played an important role in the
163 success of the youth empowerment process in tobacco control programs. To understand the
164 relevance of the data with the researcher's interpretation, the coding table, categories, and
165 themes of the determinants of adolescent empowerment are presented in **Table 2**.

166 **Planning Action of Youth Empowerment in Tobacco Control Program**

167
168 The discussion on empowerment planning with the youth community was attended by 33
169 young men and women. This meeting began with the socialization of youth empowerment
170 programs to create a healthy and excellent generation. The content of the material includes
171 the understanding of youth, an overview of current adolescent health, data on adolescent
172 smokers, and the importance of involving youths in tobacco control programs. The results of
173 the discussion of the empowerment strategy plan can be seen in **Table 3**.

174 All groups emphasized the need to increase the nine empowerment domains so that Madiska's
175 organization (youth community) could be more advanced. Outbound and training are agreed
176 upon as activities programs. Furthermore, the Planning of outbound and training was consulted
177 with psychologists who have experience assisting youths in organizations. The psychologist
178 supported the proposed activities of the youth and gave some input on outbound material.
179 Outbound was chosen as a means of refreshing and increasing the cohesiveness of Madiska
180 members.

181 The outbound and training program was named by JayaStar, which stands for "*Remaja*
182 *Berdaya Sehat Tanpa Rokok*" or Empower Youth to be Healthy without Smoking (EYHWS).
183 This program aimed to increase the capacity of youth as agents of change, such as increasing

184 cohesion, cooperation, leadership, and creativity of participants. Outbound and training
185 materials are as follows:

- 186 a) Healthy life skills for youths was an approach to improving one's psychosocial ability to
187 meet needs and deal effectively with problems in daily life which includes social skills
188 (self-awareness, interpersonal relationships, empathy, and effective communication);
189 thinking skills (creative thinking, critical thinking, problem-solving, and decision
190 making); and emotional skills (overcoming stress and controlling emotions) (Kemenkes
191 RI, 2018).
- 192 b) The impact of smoking on the lives of youths: cigarettes and addiction, the impact of
193 smoking on the economy and health, and how to refuse an invitation to smoke
194 (Kemenkes RI, 2017).
- 195 c) The material on the stages of making videos for healthy living campaigns is delivered
196 through direct discussions with Madiska, then the practice of making videos using
197 PowerPoint.

198 **The Taking Action of *Remaja Berdaya Sehat Tanpa Rokok*” (JayaStar) Program.**

199
200 The implementation of JayaStar program stage included six activities, as outlined below:

- 201
202 1. Outbound and healthy life skills training for youths
- 203
204 The role of Madiska's management in this activity is to prepare event locations, facilities, and
205 infrastructure, prepare consumption, ensure the presence of Madiska members, and coordinate
206 with the head of the hamlet and his wife. Participants seemed enthusiastic during outbound
207 and training activities. The results of the evaluation of the outbound and training activity
208 process showed that the average value for the relevance of the training was the highest. The
209 results of the training evaluation are presented in **Appendix 1a**
- 210 2. Raising awareness about the impact of smoking

211 Madiska's management prepares infrastructure, invites participants, and prepares consumption
212 for this activity. There has been some addition of material about Covid-19 because it adjusts to
213 the conditions of the Covid-19 pandemic which is currently a hot issue in the community. This
214 is also following the request of Madiska's management. The material in this session contains,
215 among others: why youths are the target of marketing cigarettes and vapors, the content of
216 cigarettes/vapors and their effects on the body, cigarettes (vapor) and Covid 19, how to refuse
217 an invitation to smoke & how to stop smoking (Kemenkes RI, 2017; Samidi, 2020). The
218 results of the evaluation of the activity process show that the topics presented are by the needs
219 of the participants. It can be seen in **Appendix 1b**

220 3. Health campaign video-making training

221
222 The topic presented in this training is how to create and edit videos simply. Most of the
223 participants are familiar with making videos so the practice process can be done
224 independently. The video is made in a team consisting of a maximum of three people and each
225 team is free to determine their group members. There are five videos that Madiska made and
226 the five videos were uploaded on the social media of the Madiska organization as a tool of
227 education for youths (Appendix 2).

228 4. Activities with parents

229
230 Topics discussed included tips for assisting children and adolescents during the COVID-19
231 pandemic to stay healthy and productive. Parenting activities are called “Ngobrol Santai
232 (Ngobras) or Informal sharing. The event consists of two sessions and lasts 60 minutes. The
233 first session presented the concept of holistic health, the causes of COVID-19, and how to
234 prevent it by health promoters. Meanwhile, in the second session, it was explained the
235 development of the youths, as well as tips for assisting youths apsyhologist

236 5. Follow-up planning for the JayaStar program

237
238 This discussion aims to explore the opinions of youths regarding the video produced by
239 Madiska and discuss the continuation of the JayaStar program. The Madiska group did self-
240 reflection, explained lessons learned during the JayaStar program, and made a group follow-up
241 planning. The matrix of the results of the discussion of the follow-up planning with Madiska
242 can be seen in **Table 4**.

243 6. Inauguration of volunteers and declaration of the JayaStar movement

244
245 All Madiska administrators and members who actively participated in the JayaStar program
246 from beginning to end were confirmed as JayaStar volunteers. JayaStar volunteers should be
247 role models in healthy living behavior. The JayaStar declaration was led by the head of
248 Madiska and followed by all participants. After the declaration, the JayaStar movement
249 agreement was signed. The contents of the JayaStar declaration can be seen in Figure 1

250
251 Figure 1. Declaration of the JayaStar movement (created of Trisnowati,



252 **Henri, 2021)**
253 DISCUSSION

254 The organizations that the participants participate in are not specifically tobacco control
255 organizations, so participant motivation for becoming involved is varied. Most youths have
256 never had experience in a smoking prevention program. Although most of the participants had
257 never been involved in a smoking prevention program, they had a positive motivation in
258 organizing. This motivation has an impact on the sincerity in participating in every activity
259 organized by Madiska. Motivation is one of the important predisposing factors for adolescents
260 that influence their participation in smoking prevention and control programs as stated by
261 previous researchers (Holden et al., 2004). The seriousness of being involved in the program
262 will be different between adolescents who have the motivation to want to change the
263 environment where have experiences of family members dying from smoking-related diseases
264 compared to youths whose motivation is just to spend time hanging out with friends (Hajjar et
265 al., 2020; Ken-Opurum, Darbshire, Miller, & Savaiano, 2020; McMillin, 2020).

266 The environmental conditions around majority of participants are smokers, from the home
267 environment to school. These environmental conditions are an obstacle for adolescents to be
268 involved in smoking prevention programs (Cortés et al., 2021; Suen et al., 2020). However,
269 the involvement of participants in smoking prevention and control programs is quite good as
270 indicated by an attendance rate of more than 75%, and engagement of participants in each
271 activity such as discussions, meetings, etc.

272 The nature of the group structure encouraged participation and strengthened the empowerment
273 process. Group structures that affect the youth empowerment process include: whether or not
274 incentives are provided for participants who participate in organizational programs
275 (Butterfoss, 2006; McMillin, 2020), whether or not youth are involved in the decision-making
276 process (Butterfoss, Goodman, & Wandersman, 1996), the existence of better support from
277 adult groups can increase youth participation, there are opportunities for youths to be
278 involved or act as decision-makers, as well as the availability of resources

279 needed in the empowerment process (Holden et al., 2004; Kirk et al., 2017; Rachmawatie,
280 Rustiadi, Fauzi, & Juanda, 2020).

281 Group climate factors also affect the empowerment process. Group resilience is the extent to
282 which groups can survive when experiencing failure to achieve goals, their confidence in
283 working when facing problems as a group that affects group climate based on reports of
284 youths in the group (Holden et al., 2004; Laddu, Paluch, & LaMonte, 2021). This can be seen
285 from the enthusiasm and confidence of the management to continue to rise from the failures
286 that have been experienced.

287 The group cohesiveness was demonstrated through various activities organized by Madiska.
288 For example, the youth prayed for the success of the activity with a spirit of togetherness. As
289 the theory states group cohesiveness includes a situation when the group is united in achieving
290 its goals or not and commits to achieving program goals. In addition, the length of time group
291 members spend together at formal meetings will also strengthen group cohesiveness (Cortés et
292 al., 2021; Vetter, Schreiner, McIntosh, Learning, & Dugan, 2019).

293 Participants have the confidence to achieve success in every activity. On the other hand, the
294 outcome efficacy was shown that participants lacked confidence in the organization's ability to
295 influence views about smoking. This condition becomes a common challenge and even
296 becomes an opportunity for youth empowerment programs to prevent and control smoking
297 behavior among youths. Collective efficacy is the belief of group members to be able to work
298 together to achieve goals (Hajjar et al., 2020). Meanwhile, collective efficacy and outcome
299 efficacy have a positive role in the youth empowerment process in the context of tobacco
300 control and prevention as the theory that has been described by previous researchers (Holden
301 et al., 2004; Macharia, Ng'Ang'A, & Njenga, 2016).

302 The development of youth empowerment strategies in smoking behavior prevention programs
303 is carried out by making a list of activation programs to increase the empowerment

304 domain. The agreed youth activation program aims to encourage youth who are members of
305 the Madiska organization to become agents of change and role models in practicing a healthy
306 lifestyle. Outbound material containing fun games has collaborated with healthy life skills
307 education (HLSE) material for adolescent health cadres (Kemenkes RI, 2018). This material
308 was mixed in outbound activities for prospective JayaStar volunteers.

309 Outbound activities and healthy life skills training for participants were well implemented.
310 Outbound was carried out in an open space with experiential learning as its basis. This method
311 is more effective because the participants directly practice (Ashshiddiqi, 2019; Buchori,
312 Ibrahim, & Saman, 2016; Diana, Salasiah, & Fatah, 2020; Hakim & Kumala, 2016; Susanta,
313 2010). A relaxed and pleasant atmosphere when outbound allows the creation of fresh ideas so
314 that problem-solving skills are trained (Susanta, 2010). In outbound activities, participants'
315 psychomotor, affective, and cognition abilities can be touched together (Rudianto, 2010;
316 Susanta, 2010). Briefly, youths who are equipped with healthy life skills will be able to
317 prevent adverse effects on their health and avoid various risky behaviors (Kemenkes RI,
318 2018).

319 The material on the dangers of smoking was inserted at the end of the training session through
320 video screenings and testimonials from former smokers so that there would be no rejection of
321 the participants considering that some of the participants were smokers. This is reinforced by
322 previous researchers who stated that health messages that follow community values and beliefs
323 have a stronger impact on changing people's behavior and public policies (Dorfman, Wallack,
324 & Woodruff, 2005). Moreover, moral values function to legitimize public health policies and
325 to motivate public health workers, including healthy volunteers- youth community (Andriyani,
326 2020; Magrath, 2017).

327 Madiska's videos were used as educational media and disseminated through WhatsApp groups
328 and social media such as Instagram, YouTube, and Facebook by Madiska's secretary.

329 These videos are the first works given by Madiska as a contribution to youth tobacco control
330 programs. The results of this study showed relevance to other researchers who explain that
331 interventions in groups of adolescents carried out by adolescents have proven to be effective
332 for prevention programs for smoking behavior and the use of alcohol and marijuana
333 (Macarthur, Sean, Deborah M., Matthew, & Rona, 2016).

334 The JayaStar declaration and the inauguration of JayaStar volunteers were made as a
335 commitment and support for the JayaStar program. The declaration is part of the process of
336 developing a community-based health program with an empowerment strategy. Declarations
337 have been made in other similar projects such as the development of a smoke-free house
338 program in the city of Yogyakarta (Padmawati, Prabandari, Istiyani, Nichter, & Nichter,
339 2018) and the development of a smoke-free house program in rural areas in Bantul Regency,
340 Yogyakarta (Trisnowati et al., 2019).

341 Government policies related to tobacco control in the form of smoke-free areas (SFA) are
342 more top-down, starting from the central to district levels. The reality is that the
343 implementation of the SFA policy has not yet reached the rural level, while the number of
344 smokers in rural areas continues to grow and even exceeds that in urban areas. The JayaStar
345 program is one solution to improve the current SFA policy, while the JayaStar program is
346 bottom-up or community-based. The declaration of the JayaStar movement is an example of a
347 community-based tobacco control policy because the content of the movement is an agreement
348 from the community for public health in general. Furthermore, advocacy efforts are needed
349 to encourage village governments to gradually implement SFA in their areas.

350 Various efforts are needed to ensure the sustainability of the empowerment program
351 (JayaStar). Strengthen collaboration with local health institutions such as Public Health
352 Centers and District Health Offices. The involvement of the health promotion section from
353 Pleret Health Office since the beginning of program planning can ensure the continuity of
354 program Jayastar. Commitment from local stakeholders such as hamlet heads and the youth

355 organization to continue the program is also an opportunity for program sustainability.
356 Moreover, the sustainability of the program can also be carried out through collaboration with
357 universities on practical field learning programs for public health students. Students can carry
358 out community assistance activities to continue the programs that have been implemented.
359 Finally, dissemination of research results at the local and national level is also needed to
360 influence the government and stakeholders in supporting the program.

361 **STRENGTHEN AND LIMITATION**

362 The JayaStar program was born from the need for youths to have a smoking behavior control
363 program. The activation program aims to encourage youth to become agents of change and
364 role models in practicing a healthy lifestyle. The topic of smoking prevention and control is
365 included in the agreed programs. The health message conveyed is not directly about the
366 dangers of smoking or smoking bans but emphasizes the importance of maintaining and
367 improving a healthy lifestyle. Health messages are also conveyed through an approach to
368 moral or religious values that are believed by participants to avoid public debate. This
369 program involves the youth community directly as planners and implementers of the activation
370 program to address the social determinants of smoking behavior to ensure the sustainability of
371 the empowerment program.

372 The empowerment program can be interpreted as degrading the target (community). A good
373 relationship between program holders and the target needs to be fostered properly so that
374 mutual trust arises. When the target has a sense of trust and a positive view of the program
375 holder, the program will run smoothly. The obstacle encountered in the field is that smoking
376 control programs are prone to rejection from the community because smoking is part of the
377 culture of the local community. Empowerment programs for smoking prevention and control
378 are carried out carefully and do not directly address smoking issues. For example, through the
379 approach of active participation of program holders in every community activity (youth).

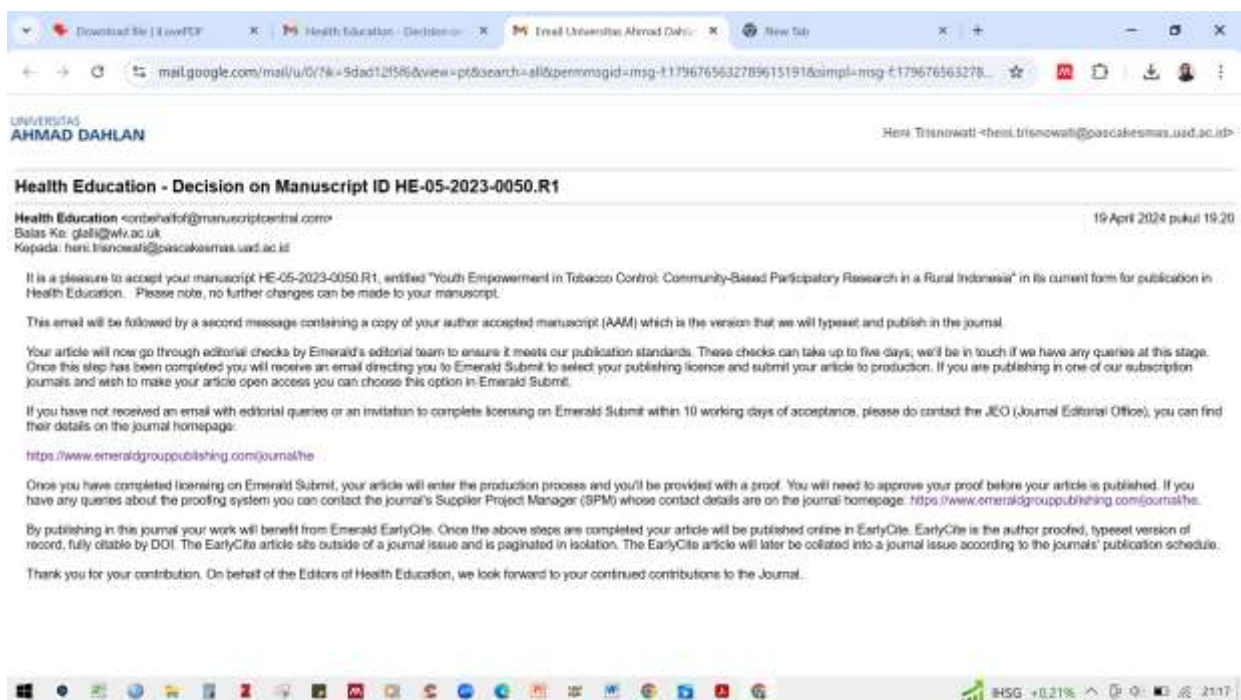
380 **CONCLUSION**

381
382 The determinants of the youth empowerment process are divided into a) predisposing factors,
383 b) group structure, and c) group climate. These three factors have an important role in the
384 success of the youth empowerment process in smoking prevention and control programs. The
385 development of planning avtion in smoking behavior control is carried out by making six of
386 activation programs. The whole series of activities could run smoothly because of good

cooperation between participants and researchers as well as commitment from stakeholders and Madiska's management.

This research is an example of a successful community-based youth project that resulted in a demonstrable positive outcome. It demonstrates the importance of good relations between stakeholders. JayaStar movement could be a potential model for youth empowerment projects to control smoking behavior among future generations in Indonesia

Tahap 6 : Artikel Diterima : 19 April 2024



Tahap 7. Artikel Published : 4 Juni 2024



The current issue and full text archive of this journal is available on Emerald Insight at:
<https://www.emerald.com/insight/0965-4283.htm>

Youth empowerment in tobacco control: community-based participatory research in rural Indonesia

Health Education

221

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Received 9 May 2023
Revised 1 October 2023
Accepted 19 April 2024

Abstract

Purpose – This paper describes the planning and implementation program of Remaja Berdaya Sehat Tanpa Rokok (JayaStar) or Empower Youth Healthy without Smoking (EYHWS). This is a pilot tobacco control program for smoking behavior with a community-based participatory research (CBPR) approach in a rural area of Indonesia.

Design/methodology/approach – This research used the participatory rural appraisal (PRA) method. The paper would describe three stages of the JayaStar program that started from diagnosis, planning action and taking action. Participants in this research were all youths aged 17–26 years including as many as 33 people. The key informants were the village head, the hamlet head, the hamlet head's wife, the youth leader, health promotion officers at the Pleret Health Center and the Health Promotion Section of the Banhal Health Office.

Findings – The determinants of the youth empowerment process are divided into (1) predisposing factors, (2) group structure and (3) group climate. It has an important role in the success of the youth empowerment process in smoking behavior control. The implementation of the JayaStar program consisted of (1) outbound, and training with the theme of increasing self-potential; (2) training on the impact of cigarettes/vapors on the health of youths; (3) discussion and practice of making health campaign videos; (4) parenting program with the theme of the important role of parents in creating a healthy and superior young generation; (5) declaration and inauguration of JayaStar volunteers.

Originality/value – This research is an example of a successful community-based youth project that resulted in a demonstrable positive outcome. It demonstrates the importance of good relations between stakeholders. The JayaStar movement could be a potential model for youth empowerment projects to control smoking behavior among future generations in Indonesia.

Keywords Youth empowerment, Community-based participatory research, Tobacco control, Rural area

Paper type Research paper