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PROMOTING A HEALTHY LIFESTYLE THROUGH THE CIGARETTE SMOKE-FREE HOME MOVEMENT

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ABSTRACT: Smoking and secondhand exposure provide significant health and economic issues in environments where indoor smoking is prevalent. This Community Service-Oriented (PkM) research aims to: 1) identify the level of knowledge, attitudes, and commitment in Dusun Ngargosoko Wetan concerning smoking hazards before and after the implementation of a cigarette smoke-free home PkM program; and 2) investigate how the initiative can enhance family health, fortify socio-religious cohesion, and alleviate economic burdens in low-income households. This community service-oriented research utilized a defined Participatory Action Research (PAR) cycle (planning → action → reflection → revision) to collaboratively create and implement a full-day intervention for 40 intentionally selected residents (25 adult men, predominantly fathers/young adults, 15 adolescents). The majority of participating homes had children and reported low to moderate incomes. Pre/post questionnaires assessed knowledge, attitudes, and household regulations; enabled small-group conversations incorporating socio-religious messages and generated family commitments. Quantitative analyses (SPSS v26; R v4.2) employed paired t-tests for continuous variables. A community-led three-month follow-up was scheduled to evaluate enduring change. The results indicate that the average knowledge improved from 62.5 to 81.3, reflecting a 30% relative improvement (paired t-test, $p < .01$). Post-event commitments: 65% embraced smoke-free household promises, 25% aimed to decrease smoking, 10% remained unchanged. The implementation of PAR cycles and socio-religious framing yielded immediate, substantial benefits and created local monitoring systems to facilitate long-term sustainability and policy adoption.

Keywords: Cigarette Smoke-Free Home, Family Economy, Health Education, Public Health, Smoking.

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INTRODUCTION

Smoking continues to be a significant public health concern in Indonesia. World Health Organization (2024) indicates that the smoking rate among adult males in Indonesia is among the highest globally, while Riskesdas (2022) observes that the smoking prevalence among teenagers aged 10-18 years rose from 7.2% in 2013 to 9.1% in 2018. The Indonesian Ministry of Health (2021) highlights that adolescents represent the most susceptible demographic, since their exposure to smoking arises not just from personal use but also from the smoking behaviors of family members inside the household. This problem demonstrates that smoking has evolved into a transgenerational health hazard.

In addition to adversely affecting health, smoking exacerbates the economic circumstances of impoverished families. Swarnata et al. (2024a) identified a crowding-out effect, indicating that expenditures on cigarettes diminish the budgetary allocation for food, education, and healthcare. The research by Djutaharta et al. (2022) indicates that the average family expenditure on cigarettes (about Rp12,956 daily) is adequate to address children's nutritional deficiencies. Setiyani & Kristiyanto (2024) argue that cigarette usage adds 11-12% to the poverty rate on the island of Java. This fact corresponds with findings from Zheng et al. (2018) and Sari (2023), indicating that cigarettes constitute the second-largest expenditure for impoverished households, behind rice. Consequently, cigarettes can be identified as a contributing element to the perpetuation of poverty in Indonesia.

This issue is become more intricate as the literature reveals constraints in the efficacy of macroeconomic policy. Djutaharta et al. (2021) determined that both price and non-price measures regarding cigarettes have been insufficient to reduce consumption, as the demand elasticity for cigarettes in Indonesia is very low. Consequently, despite fiscal measures like increasing excise taxes, cigarette use persists at elevated levels (Auliya, 2025). This underscores the significance of community-oriented strategies and participatory education in altering public behavior.

Numerous studies indicate the beneficial effects of education from a public health standpoint. Ambarwati et al. (2024) showed that education can enhance passive smokers' understanding on measures to mitigate exposure to cigarette smoke. Consistent with this, Kuncara et al. (2025) underscored that empowering health cadres enhances the family's capacity to mitigate the risks associated with smoking. Likewise, Santi & Candra (2022) discovered that cigarette smoke-free home counseling might diminish the incidence of smoking inside the household. This study demonstrates that an educational approach can serve as an effective technique for safeguarding families, particularly children and women, from the hazards of smoking.

Smoking is not only a matter of health and economics but also significantly impacts social and religious aspects. According to Desfitri et al. (2024), community-based religious education plays a vital role in fostering social awareness among teenagers, especially in relation to public health issues. Fathoni et al. (2024), Nurhasanah (2023), and Satriyadi et al. (2025) assert that practical religious instruction, such as *fardhu kifayah*, may cultivate a communal consciousness in society about the welfare of others. Jamil et al. (2023) and

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Nuruzzaman & Iksan (2024) affirm that community-based Islamic education may enhance social cohesion and promote altruistic conduct towards the environment.

The circumstances of Dusun Ngargosoko Wetan, where the community service implementation occurs, exemplify this dilemma on a local level. Preliminary findings suggest that the majority of households continue to smoke inside, so subjecting children and women to everyday exposure to cigarette smoke. Furthermore, impoverished households in the community encounter economic stagnation as a significant portion of their regular expenditures is devoted to purchasing cigarettes. The initial knowledge score of inhabitants concerning the hazards of smoking was 62.5 (moderate category), reflecting inadequate health awareness, while societal customs rendered smoking appear as an essential necessity.

The cigarette smoke-free household PkM initiative seeks to enhance health awareness, promote social cohesion rooted on religious principles, and improve familial economic circumstances. Consequently, this PkM holds strategic significance in tackling the multifaceted challenges encountered by society: health, economy, and socio-religious dimensions. From this fact, the subsequent thought-provoking inquiry is presented: 1) what is the extent of knowledge, attitudes, and commitment of the Dusun Ngargosoko Wetan community regarding the hazards of smoking before and after the execution of the cigarette smoke-free home PkM program?; and 2) in what ways can the cigarette smoke-free home initiative enhance familial health, bolster socio-religious cohesion, and concurrently mitigate economic stagnation in impoverished homes in Dusun Ngargosoko Wetan?

Focused on the community service, this research seeks to: 1) identify the knowledge, attitudes, and commitment of the Dusun Ngargosoko Wetan community regarding the dangers of smoking before and after the introduction of a smoke-free home program; and 2) investigate how this initiative can improve family health, strengthen socio-religious bonds, and reduce economic pressures in low-income families.

METHOD

Framework and Preparation

This study used a Participatory Action Research (PAR) framework to collaboratively design, implement, and continuously improve a community service intervention aimed at promoting cigarette smoke-free homes in Dusun Ngargosoko Wetan (Shamrova & Cummings, 2017; Soedarwo et al., 2022). The process of PAR was carried out through clear cycles of planning, action, reflection, and revision, as outlined below.

Participant Selection and Recruitment

In collaboration with village leaders and hamlet facilitators, we recruited a purposeful sample of 40 residents to ensure a balanced representation of the community while maintaining feasibility for small-group work. The criteria for inclusion were as follows: participants needed to reside in Dusun Ngargosoko Wetan, be at least 13 years old (with parental consent required for those under 18), show a willingness to attend the full-day event and subsequent follow-up assessment, and have the capability to complete the questionnaires. Individuals

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were excluded if they were unable to provide informed consent or if they experienced significant cognitive impairment. The sample included 25 adult men, mostly fathers and young adults, along with 15 adolescents. We shared the recruitment procedures and inclusion criteria with community leaders who helped with outreach. All interested individuals who met the criteria were invited until we reached the target numbers for group facilitation.

Implementing the Cycles of Participatory Action Research

Planning

In the planning phase (Kemmis et al., 2014), we held three preparatory meetings that brought together village government representatives, hamlet leaders, local health workers, and selected residents. These discussions helped us establish priorities, collaboratively design materials such as slides, short videos, discussion guides, and pledge templates, and organize the necessary logistics. Observations of household smoking habits and shared spaces provided valuable insights for customizing our approach to the context.

Action

As an integral part of action (Kemmis et al., 2014), the intervention on August 10, 2025, included a blend of brief presentations, educational videos, and small-group discussions, all guided by trained community facilitators and health workers. Facilitators employed open-ended questions, role-playing activities, and pledge templates to assist in practical household planning.

Reflection

Right after the event, a reflection (Kemmis et al., 2014) session was organized with the facilitators and gathered observational notes along with summaries from group discussions. A meeting was held with village leaders and participants to discuss the initial findings and encourage community input and interpretation.

Revision

After careful consideration, we revised the educational materials and facilitation approaches by simplifying the language and incorporating role-play scenarios. In addition, we created a schedule for a follow-up assessment in three months to evaluate any long-term changes in behavior.

Instruments and Procedures for Collecting Data

We utilized pre- and post-test questionnaires (Marsden & Torgerson, 2012), which contained the same core items, to assess participants' understanding of the harms of smoking, their attitudes towards smoke-free homes, and their self-reported household rules and intentions. The items comprised a variety of formats, including multiple-choice questions to assess knowledge, gauge attitudes, and binary practice questions, such as whether home smoking is permitted (yes/no). Draft instruments were tested with a small external group to ensure clarity and linguistic suitability; items were revised based on their feedback. The templates used for facilitator observation documented key themes, levels of engagement, and contextual challenges encountered. The ethical procedures involved obtaining informed consent, including parental consent for adolescents, ensuring voluntary participation, and de-identifying the data collected. The entire data collection process was carried out consistently in accordance with the research protocol.

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Quantitative Analysis

The quantitative data (Nielbo et al., 2024) were carefully entered into a secure database and subsequently analyzed using SPSS version 26 and R version 4.2. We evaluated the distributions of continuous outcomes. Paired comparisons between the baseline and immediate post-test utilized paired t-tests for scales that followed a normal distribution, providing means, standard deviations, 95% confidence intervals, and Cohen's d. For non-normal distributions, Wilcoxon signed-rank tests were employed, reporting medians, interquartile ranges, and effect size r. The threshold for statistical significance was established at $\alpha = .05$, using a two-tailed approach. In the upcoming 3-month follow-up, we assessed changes over three time points using repeated measures ANOVA.

Qualitative Analysis

In line with the qualitative data analysis (Dahal, 2025), the notes from the facilitator and the summaries of group discussions were analyzed using an inductive thematic approach. Two researchers worked separately to code summaries, utilizing a common codebook that was organized in spreadsheets. Throughout the process, the codes were continuously improved during collaborative team coding meetings. The calculation of intercoder agreement was performed in R utilizing Cohen's kappa, with any disagreements addressed through discussion or by involving a third reviewer. Themes were brought together to clarify the quantitative results and guide the revision stage of the PAR cycle.

Managing and Sharing Data

All data were anonymized and securely stored on encrypted drives, accessible only to authorized personnel (Cunha-Oliveira et al., 2024). Initial findings were presented during community feedback meetings to collaboratively interpret the results and determine the next steps, in line with participatory action research principles and ongoing community engagement.

RESULTS AND DISCUSSION

Result

The bar chart comparing pre-test and post-test scores shows a significant and impactful rise in community awareness regarding the dangers of tobacco. Prior to the educational intervention, residents of Dusun Ngargosoko Wetan had an average knowledge score of 62.5, which falls into the moderate category. This baseline shows that although many residents were somewhat aware of the risks associated with smoking, their understanding was not fully developed and there is potential for further enhancement.

Following the intervention, which included a targeted educational session, a group discussion, and an informational video, the average score increased to 81.3, indicating a high level of understanding. This indicates a clear increase of 18.8 points, reflecting an approximate 30% enhancement in the assessed understanding of the topic at hand, as shown in the following figure. Beyond the numerical improvement, qualitative observations also highlighted a positive shift in community attitudes and practices. Several participants reported stronger commitments to establishing smoke-free household rules, while discussions revealed greater confidence in advocating for healthier environments.

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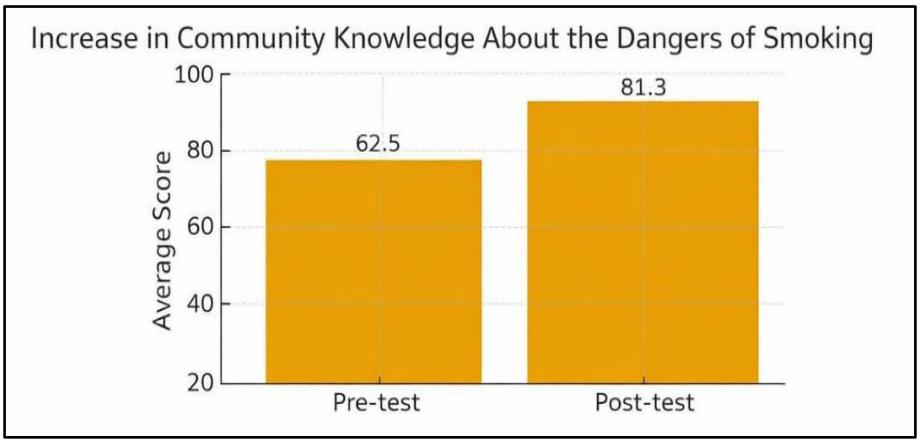

Figure 1. The Community Members' Knowledge about the Dangers of Smoking.

This change indicates that the multi-component intervention successfully communicated important information, addressed misunderstandings, and highlighted the seriousness and extent of the harms associated with tobacco use. The use of visual materials alongside engaging discussions probably helped participants connect more personally with the information, making it easier for them to remember facts and shift their perspectives on smoking and secondhand smoke. The post-test score in the high category shows that a significant number of community members developed a solid, evidence-based understanding of the dangers of tobacco by the conclusion of the activity.

The pie chart illustrating post-education commitments offers valuable insights into how individuals plan to change their behaviors. After the session, 65% of participants expressed their willingness to adopt a cigarette smoke-free home policy. Another 25% expressed a commitment to reducing indoor smoking, while 10% indicated that they have no plans to alter their behavior at this moment. In total, 90% of those surveyed expressed a commitment to reducing smoke exposure in their homes, with almost two-thirds willing to implement complete cigarette smoke-free home policies. These findings underscore the broader social impact of the intervention, as the collective commitments made by participants suggest a potential ripple effect within the community. When households begin to adopt smoke-free policies, the likelihood of influencing neighbors, relatives, and future generations increases, thereby reinforcing healthier norms and reducing exposure to secondhand smoke. This momentum highlights the importance of community-based ongoing education efforts in driving long-term behavior change.

The intentions behind these behaviors correspond positively with the knowledge that has been gained, suggesting an increasing openness within the community to foster healthier home environments. Nonetheless, the existence of a 10% non-committal group and the 25% who intend to make only partial changes underscore persistent challenges. Some residents may hesitate due to long-standing habits, social norms that permit smoking in private areas, or a physical reliance on nicotine. Practical limitations, like the absence of specific outdoor smoking areas or worries about potential interpersonal conflicts when implementing household rules, might also hinder prompt adoption, as indicated in the figure below.

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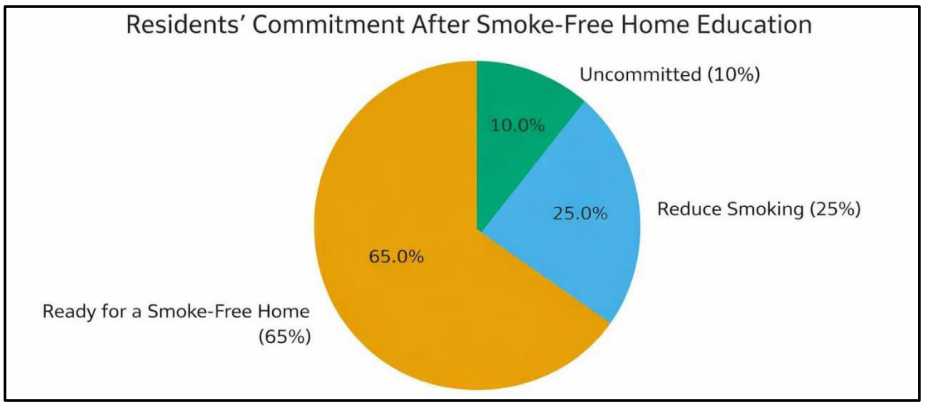

Figure 2. Residents' Commitment After Cigarette Smoke-Free Home Movement Was Applied.

Considering these findings, it is recommended that a comprehensive follow-up approach be implemented to transform knowledge and intentions into lasting behavior change, while offering tailored support for cessation. First, create a referral system that connects participants to brief behavioral counseling provided by trained local health workers or community facilitators. Offer one-on-one sessions on a weekly or biweekly basis for the first 8 to 12 weeks, and where clinically suitable, introduce Nicotine-Replacement Therapy (NRT) through local health centers or subsidized vouchers. Second, establish continuous follow-up education and peer-support systems: arrange monthly peer-support gatherings led by community champions (such as religious leaders, esteemed elders, or trained former smokers) that integrate practical problem-solving, relapse prevention strategies, and socio-religious reflections that reinforce smoke-free values. Third, offer straightforward and lasting tools for households to implement: standardized household pledge forms, laminated "Smoke-Free Home" signs for doors, and family agreement templates that outline rules, designated smoke-free areas, and consequences. Accompany these materials with brief coaching on how to use them effectively. Fourth, integrate local leadership and health worker advocacy by organizing regular public endorsements, such as sermons and village meetings, while providing training for leaders in concise motivational messaging.

To conclude, it is essential to carry out systematic follow-up assessments at 3 and 6 months to assess adherence and changes in home smoking frequency. This can be achieved through mixed methods, including a brief standardized questionnaire that combines self-reports with a household rule checklist, along with spot observations where appropriate. Moreover, in a selected subsample, testing for exhaled carbon monoxide or salivary cotinine can help validate self-reports. It is important to ensure confidentiality, monitor individual progress in a secure registry, and share results with the community to support ongoing improvements and maintain engagement. Finally, building sustainability into the program is crucial to ensure long-term impact. Establishing partnerships with local schools, youth organizations, and women's groups can help embed smoke-free education into everyday community activities, while integrating tobacco harm prevention into broader health campaigns will reinforce consistent messaging.

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Figure 3. The Residents Participated in a Photo Session Following the Promotion of Cigarette Smoke-Free Homes.

The current assessment highlights that the reported outcomes rely on short-term pre/post measures and self-reported intentions, which might not completely capture long-term behavior change. Future evaluations would be enhanced by incorporating longer-term follow-up and, when possible, objective measures of household smoke exposure. Despite the challenges, the growth in understanding and the strong commitment expressed suggest that the educational intervention represents a hopeful advancement toward creating healthier, cigarette smoke-free homes in Dusun Ngargosoko Wetan.

Figure 4. Before The Cigarette Smoke-Free Homes Activity Took Place, Participants Underwent a Photo Session.

Discussion

The Community Service-oriented (PkM) initiative focused on promoting cigarette smoke-free homes in Dusun Ngargosoko Wetan led to notable improvements in the residents' understanding and perspectives. The pre-test results indicated that the community's average score regarding their awareness of the dangers of smoking was 62.5, placing it within the moderate range. This score suggests that while the public possesses a fundamental awareness of the risks associated with smoking, their comprehension remains somewhat restricted.

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Following the implementation of the educational program through counseling, group discussions, and video screenings, the average score rose to 81.3, placing it in a high category. This rise of about 30% highlights how successful activities can be in enhancing public health literacy. Alongside the growth in knowledge, the evaluation revealed that 65% of respondents expressed their readiness to create cigarette smoke-free homes, 25% showed a commitment to cutting down on indoor smoking habits, while 10% had not yet demonstrated notable changes.

The decision to partially commit to reducing smoking may be influenced by deep-rooted social and cultural factors. These include dependence on tobacco, the association of smoking with masculine identity, social connections formed through smoking, hospitality norms that make it hard to refuse a cigarette, and the lack of private or alternative spaces for smoking. All of these elements contribute to the challenges of implementing a complete ban on smoking within households. Furthermore, the challenges posed by economic stress, the dynamics within households where women and children often lack the authority to enforce rules, and the limited availability of cessation support make a gradual reduction a more culturally sensitive and practical initial approach compared to an outright total ban.

This finding aligns with the data observed at the national level. The World Health Organization (2023) highlights that smoking rates among adult men in Indonesia rank among the highest globally. Furthermore, Riskesdas (2022) underscores the persistent exposure to cigarette smoke faced by children and women. The Indonesian Ministry of Health (2021) observed a growing trend of young smokers over the past twenty years. This situation suggests that there is still a significant gap in public health literacy. The pre-test results, showing a score of 62.5 in Dusun Ngargosoko Wetan, highlight a broader national trend: a fundamental understanding of the dangers of smoking alone is inadequate to inspire meaningful behavioral change.

Educational initiatives have shown their ability to enhance awareness. Ambarwati et al. (2024) highlight a positive connection between the awareness of passive smokers and their efforts in prevention. In this context, Kuncara et al. (2025) discovered that educating health cadres about the risks of smoking fostered greater involvement from families in promoting health. The findings from the PkM indicate a rise in knowledge scores from 62.5 to 81.3, highlighting the positive impact of health education interventions.

In addition to knowledge, a shift in attitude serves as a significant indicator. Santi & Candra (2022) demonstrated that counseling for cigarette smoke-free homes could lead to a reduction in indoor smoking prevalence by as much as 40%. In a similar vein, Maulina & Sawitri (2022) highlighted the importance of cigarette smoke-free home guidance in safeguarding children and women from the dangers of smoke exposure. The findings from the PkM results show a clear alignment, as 65% of the residents in Dusun Ngargosoko Wetan expressed their willingness to adopt cigarette smoke-free homes.

Focusing on adolescents is crucial, as their smoking behavior is influenced by both their understanding and the environment surrounding them (Ismayanti et al., 2024). The findings from the PkM in Dusun Ngargosoko Wetan indicate that a small segment of younger respondents remains hesitant to embrace change. Yahya

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et al. (2022) support these findings by demonstrating that providing education to adolescents about the risks associated with smoking can lead to a decrease in the severity of smoking behavior. Therefore, it is essential for PkM interventions to persist in focusing on younger age groups, as they represent the future generation of families.

The consequences of smoking extend beyond health concerns; they also influence the economic challenges faced by underprivileged families. Observed a crowding-out effect, indicating that spending on cigarettes can lead to a decrease in budget allocation for essential areas such as food, education, and healthcare. In Dusun Ngargosoko Wetan, there are families who place a higher importance on cigarettes than on other essential needs. The research conducted by Dartanto et al. (2021) revealed that social assistance frequently ends up being used for cigarette purchases, which means that the intended benefits are not entirely experienced by low-income families. The findings from the PkM indicate that 25% of respondents are dedicated to reducing smoking, offering a sense of optimism that household budget leaks can be minimized.

In addition, Djutaharta et al. (2022) demonstrated that the typical household expenditure on cigarettes, approximately Rp12,956 daily, is adequate to address child nutritional shortfalls. In their study, Djutaharta et al. (2021) highlighted that the pricing and regulatory measures for cigarettes in Indonesia are currently insufficient to effectively reduce consumption, largely because of the relatively low demand elasticity. This fact underscores the significance of community-based interventions such as PkM, as broader policies cannot achieve their full potential without fostering awareness at the family level.

According to Setiyani & Kristiyanto (2024) cigarette consumption plays a significant role in contributing to the poverty rate in Java, accounting for 11-12% of it. This figure illustrates how cigarette consumption affects the economic challenges faced by low-income families. The findings from the PkM (Community Service-oriented Program) indicate that residents are dedicated to reducing smoking, which presents a chance to reallocate household budgets to more beneficial areas, particularly in support of children's education and family health.

Research from around the world also backs this up. Balzer et al. (2025) discovered that tobacco use creates differences in how households allocate their spending, while Merkaj et al. (2025) highlighted the twofold effect of smoking, which diminishes crucial household expenditures. The observation that 10% of the residents of Dusun Ngargosoko Wetan have not yet demonstrated any change underscores a persistent challenge: cigarettes continue to be viewed as a priority need that is hard to substitute.

This situation reinforces findings from Sari (2023) and Zheng et al. (2018) indicating that cigarettes rank as the second largest expense for low-income households, following rice. Therefore, the achievement of PkM in motivating 65% of residents to adopt cigarette smoke-free homes presents a significant opportunity to decrease cigarette expenditures and enhance family well-being.

In addition to health and economic factors, the literature highlights the importance of social and religious dimensions. Aminullah & Makinuddin (2025) highlight the role of community-based religious education in nurturing social

awareness among young people. This resonates with the PkM approach, emphasizing the importance of community and shared values. Fathoni et al. (2024), Jamil et al. (2023), Nurhasanah (2023), Satriyadi et al. (2025), and Swarnata et al. (2024a) highlight how essential practical religious training, like *fardhu kifayah*, is for enhancing the collective consciousness of the community. Nuruzzaman & Iksan (2024) and Swarnata et al. (2024b) emphasize that community-based Islamic education has the potential to enhance social care, aligning with the essence of PkM that promotes a collective commitment to health among citizens.

Therefore, the existing body of literature supports the notion that smoking is a complex issue that impacts health, economic factors, and socio-religious dimensions. The PkM intervention in Dusun Ngargosoko Wetan demonstrated its effectiveness in enhancing health literacy, nurturing social solidarity, and creating avenues for economic advancement for underprivileged families. Kolb (2014) in Wadu et al. (2024) highlighted that learning grounded in real-life experiences is more impactful in influencing attitudes and behaviors. Thus, the cigarette smoke-free home PkM can be viewed as a comprehensive intervention model that addresses three interconnected dimensions: health, religiosity, and family economy.

CONCLUSION

The community service scheme focuses on cigarette smoke-free homes in Dusun Ngargosoko Wetan resulted in noticeable enhancements in the residents' understanding, perspectives, and social consciousness. Prior to the program, the community's awareness of the harms of tobacco was moderate. Following counseling, group discussions, and the use of educational videos, this understanding significantly increased to a high level. This change shows that thoughtfully crafted, engaging education can significantly enhance understanding and alter views regarding smoking and secondhand smoke.

As individuals acquired more knowledge, their behavioral intentions evolved accordingly. Many residents showed a willingness to embrace cigarette smoke-free home practices, a significant number planned to cut back on indoor smoking, while a few expressed hesitance to make changes. The responses indicate an increasing readiness within the community to safeguard household health, yet for some, deeply ingrained habits and nicotine dependence continue to pose challenges.

In addition to its health advantages, the initiative holds significant socioeconomic importance. Cutting back on household expenses for cigarettes can create more room in the budget for nutrition, education, and other vital needs, ultimately bolstering the resilience of low-income families. Therefore, the PkM plays a significant role in enhancing health literacy while positively impacting family well-being and fostering the development of healthier cultural practices over time.

SUGGESTIONS

To enhance these outcomes, the program should continue and grow through varied, community-focused methods. Involving religious leaders, health workers, educators, and local institutions can play a crucial role in fostering acceptance of

cigarette smoke-free norms within the community. Establishing support through village-level policies or community agreements can strengthen the shared commitment among members. The support for quitting smoking through counseling, peer support groups, and access to cessation aids will help overcome addiction-related challenges and enhance participation.

Future research and monitoring should adopt longitudinal and mixed-methods designs to assess enduring behavior change, the financial impacts on households, child nutrition outcomes, and the quality of indoor air. Regular follow-up assessments will assist researchers in understanding how knowledge and intentions evolve into future practices. Through the integration of educational support, collaboration across various sectors, strong policy support, and continuous assessment, the community service has the potential to turn initial successes into future enhancements in health, economic prosperity, and community culture in the village.

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