Health Promotion Action by Primary Health Care for Smoking Prevention

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Abstract

Context: Tobacco use has been proven to be detrimental to health. Health promotion offered by Primary Health Care (PHC) for smoking prevention has not shown any satisfactory results. The issues of tobacco use were always identified every year. This study aimed to explore the health promotion (HP) actions for smoking prevention in PHC as a material to inform smoking prevention efforts in PHC.

Qualitative research was conducted on 35 participants from two PHCs in Surabaya. In-depth interviews were conducted on 25 PHC workers followed by observation and document tracking. Triangulation of sources obtained from stakeholders and patients.

Although, in practice, health promotion in a certain sense adopted the WHO strategy, PHC workers viewed the concept of health and health promotion traditionally. There were a number of efforts of smoking prevention which still required some improvements including the promotion and supervision of local regulations, raising awareness and the ability of people to live healthy, and creating a conducive environment.

PHC health promotion action for smoking prevention adapted the strategy of WHO even though it tended to develop personal skills. More effective and efficient smoking prevention efforts required professionals who understand health promotion and a combination of strategies. The government as a policy maker occupied a key and central position in supporting the efforts.

Keywords: *smoking prevention, The Ottawa Charter, health promotion*

Introduction

Tobacco is the only legal product that kills many users. The current use of tobacco has an impact on premature deaths of around 8 million people worldwide each year. The total includes about 600,000 people who presumably died from the effects of being passive smokers[(1)]. The deaths related to tobacco use frequently occur in lower middle income countries which become the targets of intensive marketing of the tobacco industry. The total economic cost of smoking is estimated at around 1.4 trillion USD per year, equal to 1.8% of the world's domestic products[(2)].

Indonesia is the country with the highest number of smokers among other ASEAN countries, which is 65.19 million. This number is equal to 34% of the total population of Indonesia[(3)]. The number of smokers does not immediately decrease due to the efforts to stop smoking that has not been effective while a number of novice smokers like teenagers are constantly increasing. The proportion of the population aged ≥15 years who

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smoke and chew tobacco tends to increase(4). The prevalence of smoking in the population aged 10-18 years also experienced an upward trend. The 2013 RKD was 7.2%, the 2016 National Health Indicator Survey was 8.8%, and the 2018 RKD was 9.1%(5).

Surabaya is the second largest metropolitan city in Indonesia.Surabaya has become a strategic, potential, and prospective target for the cigarette industries to market their products. Disease trends attributed to smoking behavior which include chronic diseases such as hypertension, heart disease, stroke, asthma, COPD and lung cancer show an upward trend in the last three years(6). Considering the increasing trend of the chronic diseases, the efforts to control the effects of tobacco require more serious concern. Meanwhile, the indicators of smoking in the house are still becoming the issues every year(7).

HP has a fundamental role in realizing the overall Sustainability Development Goals agenda(8). HP is an effort closely related to the principle and development of PHCas a first-rate health service. Accessibility, follow-up and continuity of basic services and their presence in the community are the ideal contexts offered in an integrated and focused manner to concern on and implement HP activities(9).The efforts of HP in PHC should be implemented so that people are able to promote clean and healthy life behavior (PHBS) as a form of solving the health problems they experience(10).

The complexity of the problem of smoking requires a systematic and comprehensive strategy. The strategy or action of coaching of PHBS in PHC refers to The Ottawa Charter from the results of the First International HP Conference initiated by WHO(11),(12). The strategies that can be used include advocate (advocacy), mediate (community development) and enable (empowerment) which are implemented through five actions.

Meanwhile, in practice, the integration of HP interventions in PHC presents a challenge or obstacle in the form of a heavy workload, time constraints, and professionals and patient belief in HP(13),(14). The implementation of HP in Indonesia still faces some obstacles(15). The purpose of this study is to explore the actions of HP for the smoking prevention in PHC. The researchers consider this indispensable knowledge to inform the prevention of smoking by PHC.

Method

Research Design: This research is a qualitative research with a phenomenological approach. The phenomenological approach in this research is to understand and explore the reality experienced by professionals and the underlying aspects(16).

Informants / Research Subjects: The determination of informant number is until theinformation variations are no longer found. The key informants in this study include 23 PHC workers which cover the Head of PHC, and PHC workers who have a role in carrying out the HP action to prevent smoking. There are additional informants outside the PHC as a PHC triangulation consisting of 6 patients and 5 stakeholders. One other informant is the Head of the Disease Prevention and Control Division to obtain information about the Surabaya City Government's policy regarding smoking prevention. All informants have stated their willingness to be interviewed by first signing an informed consent.

Data Collection: Data collection is done by conducting in-depth interviews, observation and analysis of documents.The instruments in this study are the main researcher as a master program student and two lecturers inPublic Health Faculty of Airlangga University. Supporting equipment in gathering information includes in-depth interview guides, observation sheets, document study sheets, smartphones and stationery.A semi-structure topic guide contains questions about HP's action for smoking prevention.

Research Location and Time: The researchers choose two PHCs in Surabaya as the location of the research based on the value of the no-smoking indicator inside the house in 2016-2018.The two PHCs chosen are Tembok Dukuh PHC with a positive trend indicator valueand Simomulyo PHC with a negative trend.The data collection is carried out in September to October 2019.

Data Analysis and Validity: Data as a result of field notes is transcribed, coded and analyzed using domain analysis. The analysis is carried out as soon as possible after each data collection in the field is completed. The researchers begin with an overall picture of the phenomena that have been collected. The entire data is read and marked with margin notes in the data that are considered important, then the data is coded.Findings in the form of statements experienced by informants are grouped. Irrelevant and repeated statements are

reduced.The findings of each statement are collected in units of meaning. The researchers develop an overall description of these findings to find the essence of the phenomenon[17].

Data validation is done through source triangulation and method triangulation. Source triangulation is done by confirming data from the key informants to other informants, while method triangulation is done by confirming data from in-depth interviews with observations and document searches.

Results

The informants who have participated in this study consisted of 23 PHC workers, 1 Head of Disease Control and Prevention, 5 stakeholders, and 6 patients. The majority of informants from PHC were women (n = 22/23). The average service life was 6.54 years. PHC workers consisted of 5 general practitioners, 2 dentists, 4 public health, 7 midwives, 3 nurses, and 2 psychologists. Other informants consisted of 5 stakeholders with undergraduate education, and 6 patients with high school and undergraduate education.

The findings from the analysis were divided into 4 main categories: HP workers' perceptions, HP's actions and the results for smoking prevention.

PHC Workers' Perception: The theme related to the perception of PHC workers in the HP of prevention smoking identified covered the healthy concept and HP.The healthy concept was identified from PHC workers' answers that healthy was interpreted as a physical and mental condition that was not sick so that individuals were able to do their activity.

"..it is considered healthy if someone does not hurt, both the body and ... the soul "(AM/31/Physician).

There are few of them who defined healthy holistically; including behavioral and environmental (physical, economic and social) aspects.

The PHC workers interpreted HP as a medium to inform, the efforts to inform healthy ways of life, prevention efforts, socialization, and counseling. HP has not been widely understood. The focus of the intervention is on the individual.

"inform the importance of health. We promote a message to the community to be able to maintain their health."(HS/56/Head of Community Health Center).

"…media used to provide information to the wider community "(IS/33/Health Promotor).

Action and Results of HP for Smoking Prevention: The HP actions to prevent smoking identified from the informants included building healthy policies, creating supportive environments, strengthening community actions, developing personal skills, and reorienting health services.

Building Healthy Policy: The Surabaya City Government has issued a regional regulation on non-smoking and smoking-restricted areas in Surabaya since 2008 and was revised in 2019 to be a non-smoking area (KTR). This regulation became the basis in regulating the rights of smokers and non-smokers in reducing health risks. PHC has socialized the new regulation to several institutions, especially health service facilities, schools, children's activity arenas, places of worship, public transportation, workplaces, etc. PHC advocated institutions in (KTR) to issue regulations or decrees on the formation of a development and supervision team.

"We already have ... regulations on KTR. That's number one, so we use it as a reference for any spots."(FS/35/Health Promotor).

Creating Supportive Environments: The activities to create an environment that strengthened smoking prevention efforts included installing banners, posters, stickers and establishing smoke free villages as a model. The efforts to modify the environment to support HPstill needed to be increased.

"..I have already socialized about the Regional Regulation on KTR. I have distributed leaflets, banners, posters in terms of which areas are not allowed to smoke.."(FS/35/PJP).

Strengthening Community Action: PHC had an Integrated Service Post (posyandu) for youth, a youth-sourced activity. Teenagers could develop skills in providing education to their peers. This strategic activity has not been developed more optimally.

"There are around 30 cadres of adolescent or teenagers posyandu. We hold a roadshow. The posyandu cadres have provided counseling to youth groups (Karang Taruna) in the halls. Their skills also improve." (FN/32/Midwife).

Developing Personal Skills: PHC activities to increase knowledge, awareness, and ability to live

healthy lives away from smoking include socialization of regulations in schools, RT / RW meetings, counseling at Integrated Service Post (posyandu) and Integrated Development Post (posbindu).

"..the material of smoking prohibition has been given to elementary school."(HS/56/Physician).

Reorienting Health Services: were PHC activities to develop health services from the health-illness continuum to be healthy through a preventive promotive approach. PHChas integrated service posts (Posyandu) as a form of service sourced from the community. Posyandu was a health service that can accommodate community participation which makes it a channel to bring community health centers (PHC/ Puskesmas) closer to the community. Indealing with the patients who were indicated smoking, individual health services such as doctors and midwives would give aninformation to control the smoking habits. PHC providedsmoking cessation counseling services for novice smokers.

"If a baby has a cough and flu, I would ask, does anyone smoke at home?"(FN/32/PKPR).

Discussion

PHC workers' understanding of the concept of health affected the orientation of the services they provided[18]. HP was a process of enabling people to improve their health control and determinants in order to improve their health[11].In practice, health services in PHC prioritized curative, disease-centered and focus on problem solving[10].Health professionals had the role of HP, so they were expected to have a holistic view towards the health. Health determinant was also a part of health that required intervention as a promotive and preventive effort. PHC workers needed to understand the concepts and principles of health promotion to be able to support the development of HP practices[19].HP was more than just preventing disease and changing individual behavior. The attitude of PHC workers to HP depended on the concept of health interpreted which could affect the goals of the health services. The framework of the HP effort also depended on the determinants of health targeted[20].The Ottawa Charter emphasized the need for a new understanding of HP. Its definition indicated an important change from the focus of modifying individual behavior factors to the determinants that maintained people's health[21].

HP Interventions using a combination of HP strategies and actions offered by WHO had proven to be effective and cost-effective in preventing and managing chronic diseases and related risk factors[22]. The implementation of health promotion for smoking prevention by PHC covered almost all WHO strategies and actions. The actions were carried out at the structural, social and personal level.However, every action still requires continuous optimization.

The efforts to control the impact of tobacco were strengthened by regulations. Policy wasthe key strategy. Policies and regulations required guidance, supervision and law enforcement. Cross-sectoral collaboration other than health actors was carried out to support the implementation of regulations. Government officials were expected to be able to bethe role modes for healthy living behavior. The pilot area, installation of banners and posters were the efforts of the Puskesmas to create a supportive environment. Creating a supportive environment was an essential strategy to ensure the effectiveness of other strategies. Socialization and education related to tobacco control efforts were carried out. Developing personal skills actions also needed to be combined with other actions, for instance, the government policy in controlling tobacco use could be done by limiting teenagers' access to tobacco products by restricting cigarette shops and raising cigarette taxes. Reorienting health service was a very important strategy to deal with the growing problem of chronic diseases.

Conclusions

PHC health promotion action for smoking prevention has adapted the strategy of WHO even though it tends to develop personal skills. More effective and efficient smoking prevention efforts require professionals who understand health promotion and a combination of strategies. PHC workers need capacity building to achieve the main goals of PHC as a primary health care facility that promotes promotion and prevention. The government as the policy maker occupies a strategic position in supporting the efforts to prevent smoking.

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