

RINGKASAN KORESPONDENSI NASKAH ARTIKEL

Legal Education for a Tobacco-Free Lifestyle in Muslim Communities

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The Implications of Legal Education in Tobacco Control

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ABSTRACT: Purpose: This research examines the implications of legal education in strengthening a lifestyle without tobacco among religious communities in areas inhabited entirely by Muslims. Legal education is directed towards compliance based on awareness, legal culture, and Islamic values integrated into community life.

Study design/methodology/approach: The research design is qualitative. The research took place in the village of Bone-Bone, an exotic area in the Latimojong mountain region of Indonesia that successfully implements a tobacco-free lifestyle in all its dimensions due to legal education. The informants were 135 residents who understood the research objectives and voluntarily agreed to participate. Data was collected through interviews and focus group discussions. Data analysis was conducted using nVivo Basic 12.00 x32 for Windows.

Findings: The village regulations from 2009 served as the foundation for the community's legal education process. The community's acceptance of the smoke-free area rules through legal education was very good. Several factors, including 1 supported it) Actors played a significant role in implementing the lifestyle without tobacco culture, with the village head (34.78%), traditional leaders (26.09%), religious leaders (21.74%), educators (13.04%), and youth leaders (4.35%) playing key roles. The village head played a dominant role as an initiator, communicator, and dynamo. 2) Culture and awareness of a healthy lifestyle in the community were conveyed by community leaders (bottom-up) and executed by actors with a top-down approach. Mutual respect was a legal education value derived from the local wisdom of the community (42.86%), and the village residents obeyed the actors. The behavior of a tobacco-free lifestyle was supported by an awareness of maintaining a healthy environment (24.71%) and continued education considerations for children in the village. Actors, culture, and community behavior supported the community's legal compliance and awareness.

Originality/value: This research has implications for a legal education model that involves actors, culture, and the religious values embraced by the community.

Keywords: Legal education, actors, culture, behavior.

I. INTRODUCTION

The consumption of tobacco products and electronic cigarettes (e-cigarettes) throughout the world continues to rise [1]. Tobacco consumption can lead to various detrimental issues for society. The health impacts of tobacco consumption result in various non-communicable diseases or catastrophic illnesses that incur high healthcare costs and reduce productivity. The high prevalence of tobacco consumption impacts poverty and unresolved stunting issues in Indonesia. Nevertheless, tobacco can have adverse effects as a potential cause of health damage. Ongoing risks are associated with various harmful tobacco and nicotine products for health [2], [3].

Previous studies have found that tobacco control is an important issue locally, nationally, and internationally. Among adults, taking pride in smoking more frequently has become a norm and behavior among adults in rural Uganda [4]. In the United States, sociodemographics, cigarette taxes, and tobacco advertising exposure are significant predictors of adolescent tobacco use, and e-cigarettes rapidly change traditional tobacco use patterns, especially in urban areas [5]. Regulations that can change societal behavior are needed, as a study suggests that no-smoking area signs without regulations will not impact smoking behavior; installing no-smoking area signs is essential [6]. Studies in several countries support tobacco control restrictions and the provision of health warning signs due to smoking behavior [7], and collaboration is seen as strategically crucial for policy influence [8].

Various regulations or policies have been implemented by countries worldwide in efforts to control tobacco prevalence. The Tobacco Control Act and the Family Smoking Prevention and Tobacco Control Act were enacted (Tobacco Control Legal Consortium, 2009). In Indonesia, there is Republic of Indonesia Law Number 36 of 2009 concerning Health (Law Number 36, 2009), and the Minister of Health of the Republic of Indonesia Regulation Number 40 of 2013 concerning the Roadmap for Controlling the Health Impact of Cigarette Consumption (Minister of Health Regulation Number 40, 2013).

Tobacco control in rural areas in various countries poses challenges; even in advanced countries like the United States, rural healthcare infrastructure also challenges tobacco control efforts [9]. At the same time, in China, tobacco control in rural areas is rarely implemented [10], despite rural communities often sharing cigarettes in their daily activities. Even in rural Madagascar, more smokers chew and smoke tobacco at alarming rates [11]. Tobacco control in rural areas of India has shown strong involvement of local leaders, program ownership, and commitment, which can help control tobacco, especially in resource-limited settings [12]. Some countries that have succeeded in tobacco control efforts include Afghanistan, Cambodia, El Salvador, Laos, Romania, and Uganda. Through Smoke-Free Area laws, which cover all indoor spaces, both public and workplaces, these six countries became the sixth-highest smoke-free countries (WHO, 2017).

Tobacco control policy is not just about formal legality but requires social legitimacy. Social legitimacy takes the form of community acceptance of the rules being enforced. The community requires clear information for law implementation in society to work effectively. Legal education is one of the appropriate ways to increase public knowledge. Law can only be learned by first studying the community and the culture where the community resides [13]. Legal education in the community involves providing information about the enforced rules, the reasons for their implementation, binding sanctions, legal awareness, and compliance [14], [15].

This research examines the implications of legal education in strengthening a lifestyle without tobacco among religious communities in areas inhabited entirely by Muslims. Legal education is directed towards compliance based on awareness, legal culture, and Islamic values integrated into community life. The research is located at the foot of Mount Latimojong, a rural area that still upholds a strong sense of community. This village has successfully implemented a lifestyle without tobacco with a prevalence rate of zero percent, with 70% of active smokers gradually quitting, while 30% are willing to quit immediately. Through Village Regulations, this village has successfully banned smoking activities, production, sale, advertising, and promotion of cigarettes in the village. Innovations arising from rural communities should be developed as models in other areas with similar characteristics, strengthening the administrative role of community leaders. The village surrounding the city can begin with a remote village that lacks access to information centers, but its community has a healthy culture aligned with religious and cultural values.

II. METHOD

This research is descriptive and qualitative. Qualitative research is a model based on postpositivism philosophy, used to study natural object conditions. The informants are residents in rural areas who have successfully implemented the Lifestyle Without Tobacco, totaling 135 people selected purposively, with the main characteristic of not smoking. Data collection methods are observation, in-depth interviews, and discussions that require a long time, making it impossible to take a large sample. In addition, qualitative research has three main observed components. First, place, or the place where social interactions occur in the village of Bone-Bone Enrekang. Second, actors or individuals who participate in implementing Lifestyle Without Tobacco. In the context of this research, actors are community figures who contribute mutually to implementing a tobacco-free lifestyle. Third is activity [16], or activities supporting existing culture to foster interactions in rural settings.

Data was collected through observation, in-depth interviews, and documentation from November 2021 to March 2022 in rural areas near Mount Latimojong. The observation method used was participant observation. The details of the observation activities included: (i) observing the activities of residents, especially tobacco-free behavior; (ii) observing economic centers such as stores to ensure there were no cigarette buying and selling activities; and (iv) observing religious activities in other social activities. The researcher used observation guidelines to record these activities. Field notes [17], commonly referred to as field notebooks, were used to maintain the validity of observations. Field notes were used to record various events related to informant activities in this study.

The approach used in the Discovering Cultural Themes model is to collect various themes, cultural focuses, values, and cultural symbols in each domain [18]. Data analysis was carried out using qualitative software, which was needed to manage data found from the field, in this case, nVivo Basic 10.00 for Windows. NVivo is qualitative data analysis software Qualitative Solution and Research (QSR) International developed. NVivo is a tool for processing qualitative data through highlighting, taking notes, and linking ideas [19]. Data analyzed was based on triangulation data [19] through three stages: data reduction, data display, and conclusion and verification.

III. RESULT AND DISCUSSION

Solid data and findings must drive regulations and policies for tobacco control to ensure that government policies are targeted correctly. Various institutions have researched and studied tobacco control to understand its impact from various development aspects. Evidence obtained from research can significantly contribute to formulating public policies that will have a meaningful impact on society. This research was conducted in rural communities that comprise a significant portion of Indonesia's population. In some surveys, within low-income households, cigarette expenses rank second after rice [20]. The findings of this research are presented as an effort to provide data-based inputs and findings related to the tobacco control situation in Indonesia's rural areas within the scope of Sustainable Development Goals for a healthy Indonesia. The implications of legal education influenced by the role and strength of actors and culture in shaping the lifestyle without tobacco behavior can be seen in Table 1.

Table 1. Respondents' Responses in Lifestyle Without Tobacco Behavior

| Item/Aspect | Indicator | Dimension | Respond (%) |
|------------------|-----------------|------------------------------------|-------------|
| Actor | Institution | Village Head | 34.78% |
| | | Religious Figure | 21.74% |
| | | Cultural Figure | 26.09% |
| | | Youth Figure | 4.35% |
| | | Education Figure | 13.04% |
| | | Dynamism (47.06%) | |
| | Actor Role | - Reminder | 25.00% |
| | | - Imposition of Sanctions | 31.25% |
| | | - Village Regulation Determination | 43.75% |
| | | Initiator (23.53%) | |
| | | - Bottom up | 37.50% |
| | | - Top down | 62.50% |
| Culture | Dominated Value | Sipakatau | 42.86% |
| | | Sipakalakbi | 9.52% |
| | | Sipakario | 28.57% |
| | | Sipangingaran | 19.05% |
| | Rekigion | <i>Haram</i> | 62.50% |
| | | <i>Makruh</i> | 37.50% |
| Behaviour | Law | Village Regulation Implementation | |
| | | - Gradual | 70.00% |
| | | - Immediate Effectiveness | 30.00% |

| Item/Aspect | Indicator | Dimension | Respond (%) |
|-------------|--|-------------------------------------|-------------|
| | | Citizen Behaviour | |
| | | - Rejecting | 37.50% |
| | | - Supporting | 62.50% |
| | Health (effects of smoking) | Mothers' Complaints | 9.52% |
| | | Health complaints (cough, fatigue) | 57.14% |
| | | Reduced performance | 33.33% |
| | Education (benefits of not smoking) | Children completing their Education | 28.57% |
| | | Continuing college | 39.29% |
| | | School expenses covered | 32.14% |
| | Economy (effects of smoking) | Reduced income | 33.33% |
| | | Budget allocation | 22.22% |
| | | Well-being | 27.78% |
| | | No small shop available | 16.67% |

Actors and culture are significant in strengthening community behavior and compliance with the "lifestyle without tobacco" policy in rural areas. This hypothesis further reinforces the position of rural areas as the locus and Center of Community-Based Tobacco Control Strategy. It is possible because villages have valuable resources, and the residents still respect and obey local figures. It contrasts urban areas with heterogeneous populations, making it quite challenging to implement a tobacco-free lifestyle solely based on values and figures.

Dominance of Actors in Tobacco Control in Villages

In Table 1, actors play a central role in implementing and establishing smoke-free village regulations. The village head has a dominant role (34.78%), followed by traditional figures (26.09%), religious figures (21.74%), educators (13.04%), and youth figures (4.35%). From this perspective, smoke-free village regulations in Bone-Bone Village are initiated and driven by influential figures highly respected by the community (Sipakatau 42.86%). In rural communities, these figures are patrons in every word, attitude, and action. An exciting aspect of this finding is the decisive role of local figures in addressing health issues in Bone-Bone village, which explains why village regulations can be established and implemented. Even the initiators have a top-down approach (62.5%). However, it should be noted that the initial idea of environmental issues originated from village residents, followed by local figures and the village head. Actors are initiators and communicators, and the most dominant role is that of a dynamo (47.06%). It indicates that implementing village regulations must continuously be monitored to prevent the degradation of a healthy, smoke-free lifestyle.

These findings confirm that smoke-free village regulations are an arena where influential figures demonstrate their leadership in the village. Anheir, Gerhards, and

Romo state that the position of various agents or actors in the environment is determined by the quantity and relative weight of the capital they possess. Each actor occupying a particular environment can be used as a strategy and can be employed for specific positions. Meanwhile, quantification based on Bourdieu's theory calculates the influence index of actors based on the capital owned by each actor. The role of actors in the social network of public health can be used to reconcile technical views and integrate intervention processes and effects. Even in Bangladesh, a civil society movement coordinated by actors successfully monitored violations of tobacco use and efforts to enforce tobacco control laws. However, in instilling community compliance with these regulations, the government must clearly define who will enforce sanctions to achieve the goals effectively. Furthermore, the involvement of actors, from the central government to the local level, can support public health in tobacco control and promote individual rights to improve health by leveraging activist traditions (locally). Similarly, according to Crosby, in the context of tobacco control, to bring about social change in society, it is necessary to involve various actors such as communities, stakeholders (government at the national and local levels), private institutions, and Non-Governmental Organizations (NGOs).

Culture Supporting Tobacco Control in Villages

Regarding culture, in the cultural aspect, mutual respect (Sipakatau) dominates the values of implementing the "lifestyle without tobacco" (42.86%), followed by mutual joy (Sipakario) (28.57%), followed by mutual improvement (Sipakalakbi) and mutual reminder (Sipangingaran). Thus, the residents of Bone-Bone Village have a high awareness of health. It can explain the shared values between traditional culture and religion, where traditional figures play a more significant role than religious figures (21.74%). It can also be interpreted as the villagers not rigidly distinguishing figures based on tradition and religion because traditional figures are often influential religious figures as well.

These findings are consistent with other research, which recommends that culture and community networks supporting tobacco control enhance network cohesion and embrace other community groups to increase engagement and communication with policymakers. Some countries have found that cultural values influence perceptions of tobacco production and smoking behavior. External influences will not influence cultural values and aspects ingrained in a region. Culture is a set of unique values/beliefs in society. Cultural values have shaped and justified the beliefs of individuals and groups in taking action to create a healthy and prosperous society. In line with previous studies in Greece and Australia, it was revealed that the approach to reducing and inhibiting smoking behavior is through social and cultural support planning. This planning focuses on social norms, including those arising from social interactions. For example, a non-smoking family is hindered by the presence of children and partners. Additionally, according to the Theory of Driven Change, materialist approaches dominate health transitions in smoking behavior among the public, Bourdieu's class-based culture, and disseminating norms and emotions within social networks. In this context, cultural values play a role in tobacco control. Furthermore, physical health improvement is a priority for a community with strong traditions, connecting physical, psychological, social, and spiritual health. With this culture, the community must reject nicotine addiction among the people and unite against the industry. The health and well-being of a community with dominant traditions and culture are essential for future generations. Even in the United States, there is a misuse of marketing tactics aimed at

utilizing native culture and counter-marketing tactics that increase awareness of the difference between commercial and traditional tobacco use. The culture of rural communities that is still authentic and preserved is a social capital that must be preserved in promoting awareness of the importance of maintaining a healthy environment to ensure the balance of humans and nature and provide physical and spiritual well-being.

Lifestyle Without Tobacco Behavior in Villages

In terms of behavior, the community places environmental or health issues as the dominant aspect of "lifestyle without tobacco" (24.71%). However, motivation for education is stronger than aspects of religion, law, and economics. From the researcher's observations, the health or healthy environment aspect is the initial consideration behind the birth of smoke-free village regulations, considering the continuity of education for children in the village. Then, considerations of religion, law, and economics reinforce this program. So, from a health perspective, it subsequently affects the mindset of the sustainability of children's education, which aligns with previous research stating that education is a way for humans to develop their potential through formal, informal, and non-formal education processes in community life. The increased community education will influence human resources (HR). In line with the traditional approach, HR is viewed as one of the inputs in the factors of production, alongside capital and other resources, to improve the economy and impact regional development. Additionally, the religious aspect is also one of the values held by the community, indicating that smoking is an action that can harm oneself and others. Therefore, it should be prohibited or at least controlled (Interview: MI, MH, RH, ST). The Bone-Bone area has also been designated as a law-conscious village. Hence, the "lifestyle without tobacco" behavior is one form of compliance with regulations made by the government at various levels. Meanwhile, the economic aspect also supports this with a simple way of thinking that smoking can increase expenses that should be allocated for children's education or family welfare.

Correlation and Interaction of Actors, Culture/Kultur, and Behavior in Supporting Community Acceptance of Tobacco Control Law Education

One of the critical aspects of social capital that is influential today is trust-based social capital, which can play a significant role in community economic development. Social bonds within a community must be built on trust. The essential capital of solid social bonds is collaboration among group members or organizations; village communities will be built with collaboration among all community members. Collaboration will work well when based on trust among its members. So, how is the correlation and interaction of actors, culture, and "lifestyle without tobacco" behavior? The social capital of Bone-Bone village residents for a healthy lifestyle fosters collaboration and interaction among actors, culture, and "lifestyle without tobacco" behavior, as mapped in the Venn diagram in Figure 1.

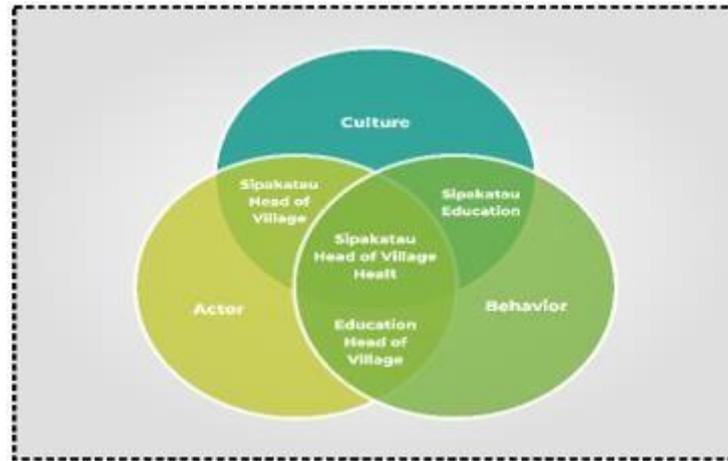


Figure 1. Venn Diagram of Tobacco Control Interaction and Collaboration

Based on the Venn diagram in Figure 1, the role of the village head as a government figure is very central to the issue of Lifestyle Without Tobacco in the Bone-Bone village. The final interaction of the three components involves the culture of Sipakatau, the Village Head, and Health. It means that culturally (Sipakatau-Mutual respect), the people of Bone-Bone village already know the importance of being environmentally friendly. However, the challenge is that this awareness cannot be mitigated to quit smoking. There needs to be an actor who promotes healthy cultural change. The vital role of stakeholders (the village head) makes education a means of communication with the community in maintaining a smoke-free environment. The presence of religious values that uphold health and harmony with nature in the cultural traditions of Bone-Bone Village further convinces the people to live healthy lives without tobacco.

On the one hand, the dominance of the village head's leadership can facilitate the socialization and implementation of Lifestyle Without Tobacco. However, on the other hand, it may disrupt the sustainability of the smoke-free village if the village head is no longer in office. In this situation, what is needed is to accelerate the internalization of community awareness through education and health campaigns so that a tobacco-free lifestyle remains a matter of awareness and becomes a deeply rooted value and ideology of the village community. As early as possible, the dominance of actors in tobacco control should be reduced because to confront the tobacco epidemic, a synergistic, systemic, and participatory approach must be adopted [36]. It aligns with Actor-Network Theory, which suggests that the role of actors in the social networks of public health can be used to reconcile technical perspectives and integrate intervention processes and effects [23]. Therefore, actors must harness the culture and behavior of the community to become a deeply ingrained ideology that the struggle against tobacco is a network effort that must involve all components of society, and it is supported by values that grow from the local wisdom of the community and the religion practiced by the people in Indonesia.

From the previous discussion, it can be concluded that community-based tobacco control, in addition to being influenced by actors who play the roles of initiators, communicators, and dynamizers, is also supported by the culture of the community, which then shapes anti-tobacco behavior. In several countries such as Malaysia, Thailand, Canada, the United States, the United Kingdom, and Australia, attitudes and norms influence the decision to quit smoking. It means that the acceptance and response to tobacco control measures between countries can be explained by cultural values [37],

including influencing perceptions of smoking [38]. Of course, the culture and norms mentioned come from the community's local wisdom and the interpretation of the religion practiced. Based on the findings of this research and previous research results, the following is a community-based tobacco control model explained in Figure 2.

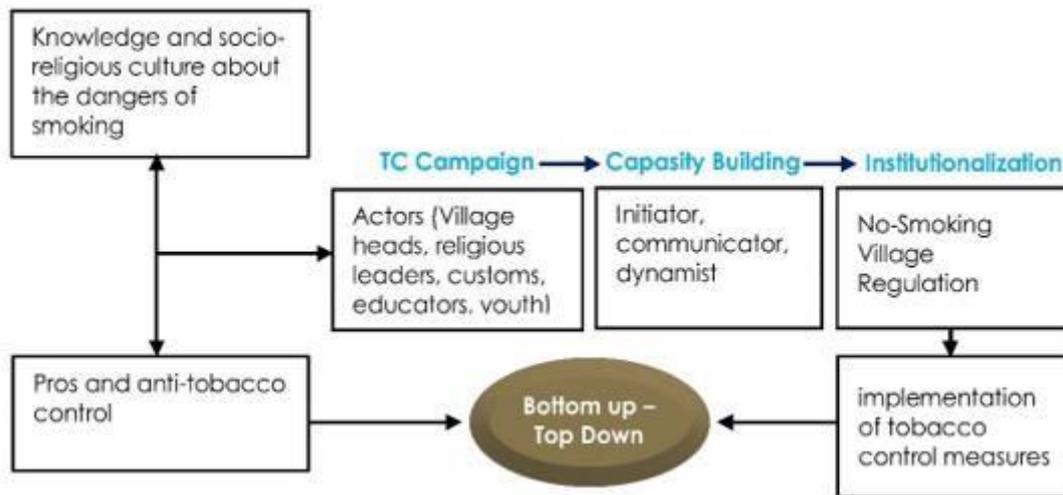


Figure 2. Village-Based Tobacco Control Model

In Figure 2, the Village-Based Tobacco Control Model begins with the village residents' understanding of the dangers of tobacco stemming from their culture and religious values. There may be pros and cons in the initial stages as tobacco has become a primary need for the village community, consumed at every religious and social event. Amidst this debate, actors usually come forward, often including the village head, educators, religious leaders, and youth, to mediate and provide solutions to the debate. It is when the roles of initiator, communicator, and dynamics come into play, marking the beginning of the Tobacco Control Campaign and the capacity-building of village residents to embrace the idea of a tobacco-free village. Subsequently, institutionalization occurs, resulting in tobacco-free village regulations born out of the campaign process and the capacity-building of village residents.

This model aligns with the findings of this research, where 70 percent reported quitting smoking immediately, and 30 percent quit gradually. Tobacco control policy implementation intervention programs must be consistently maintained to achieve long-term success gradually [39]. The stages of tobacco control will be practical if supported by the understanding of the community and sustained efforts from consistent actors, along with mass media campaigns [40]. Finally, tobacco control should continue beyond the creation of policies alone; there must be a widespread willingness to implement them, even on a small and limited scale.

IV. CONCLUSION

This research has found that actor, culture, and behavior factors greatly support community legal education. These three factors have correlations and interactions in maintaining the tradition of a lifestyle without tobacco. Actors, represented by the village head, traditional leaders, religious leaders, educators, and youth leaders, capture the awareness of protecting the environment from tobacco smoke (bottom-up) and follow up by formulating and establishing village regulations without tobacco smoke.

Actors play roles as initiators, communicators, and dynamizers. Although actors dominate, the community is also supported by the noble value of Sipakatau, mutual respect, which is in harmony with religious teachings. Tobacco-free behavior is also supported by an understanding of health issues, which then shifts towards the continuity of the education of village children, legal compliance, and economic considerations. These relationships and interactions give rise to a rural area free from tobacco smoke with zero percent prevalence, creating social balance within the village community.

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BUKTI KORESPONDENSI PROSES REVIEW ARTIKEL

**The Implications of Legal Education for Lifestyle without Tobacco Culture
in Muslim Communities**

1. Submission Acknowledgement

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Thank you for submitting the manuscript, "The Implications of **Legal Education** in Tobacco Control" to Al-Hayat: Journal of Islamic **Education**. With the online journal management system that we are using, you will be able to track its progress through the editorial process by logging in to the journal web site:

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The Implications of Legal Education in Tobacco Control

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ABSTRACT: Purpose: This research examines the implications of legal education in strengthening a lifestyle without tobacco among religious communities in areas inhabited entirely by Muslims. Legal education is directed towards compliance based on awareness, legal culture, and Islamic values integrated into community life.

Study design/methodology/approach: The research design is qualitative. The research took place in the village of Bone-Bone, an exotic area in the Latimojong mountain region of Indonesia that successfully implements a tobacco-free lifestyle in all its dimensions due to legal education. The informants were 135 residents who understood the research objectives and voluntarily agreed to participate. Data was collected through interviews and focus group discussions. Data analysis was conducted using nVivo Basic 12.00 x32 for Windows.

Findings: The village regulations from 2009 served as the foundation for the community's legal education process. The community's acceptance of the smoke-free area rules through legal education was very good. Several factors, including 1 supported it) Actors played a significant role in implementing the lifestyle without tobacco culture, with the village head (34.78%), traditional leaders (26.09%), religious leaders (21.74%), educators (13.04%), and youth leaders (4.35%) playing key roles. The village head played a dominant role as an initiator, communicator, and dynamo. 2) Culture and awareness of a healthy lifestyle in the community were conveyed by community leaders (bottom-up) and executed by actors with a top-down approach. Mutual respect was a legal education value derived from the local wisdom of the community (42.86%), and the village residents obeyed the actors. The behavior of a tobacco-free lifestyle was supported by an awareness of maintaining a healthy environment (24.71%) and continued education considerations for children in the village. Actors, culture, and community behavior supported the community's legal compliance and awareness.

Originality/value: This research has implications for a legal education model that involves actors, culture, and the religious values embraced by the community.

Keywords: Legal education, actors, culture, behavior.

I. INTRODUCTION

The consumption of tobacco products and electronic cigarettes (e-cigarettes) throughout the world continues to rise [1]. Tobacco consumption can lead to various detrimental issues for society. The health impacts of tobacco consumption result in various non-communicable diseases or catastrophic illnesses that incur high healthcare costs and reduce productivity. The high prevalence of tobacco consumption impacts poverty and unresolved stunting issues in Indonesia. Nevertheless, tobacco can have adverse effects as a potential cause of health damage. Ongoing risks are associated with various harmful tobacco and nicotine products for health [2], [3].

Previous studies have found that tobacco control is an important issue locally, nationally, and internationally. Among adults, taking pride in smoking more frequently has become a norm and behavior among adults in rural Uganda [4]. In the United States, sociodemographics, cigarette taxes, and tobacco advertising exposure are significant predictors of adolescent tobacco use, and e-cigarettes rapidly change traditional tobacco use patterns, especially in urban areas [5]. Regulations that can change societal behavior are needed, as a study suggests that no-smoking area signs without regulations will not impact smoking behavior; installing no-smoking area signs is essential [6]. Studies in several countries support tobacco control restrictions and the provision of health warning signs due to smoking behavior [7], and collaboration is seen as strategically crucial for policy influence [8].

Various regulations or policies have been implemented by countries worldwide in efforts to control tobacco prevalence. The Tobacco Control Act and the Family Smoking Prevention and Tobacco Control Act were enacted (Tobacco Control Legal Consortium, 2009). In Indonesia, there is Republic of Indonesia Law Number 36 of 2009 concerning Health (Law Number 36, 2009), and the Minister of Health of the Republic of Indonesia Regulation Number 40 of 2013 concerning the Roadmap for Controlling the Health Impact of Cigarette Consumption (Minister of Health Regulation Number 40, 2013).

Tobacco control in rural areas in various countries poses challenges; even in advanced countries like the United States, rural healthcare infrastructure also challenges tobacco control efforts [9]. At the same time, in China, tobacco control in rural areas is rarely implemented [10], despite rural communities often sharing cigarettes in their daily activities. Even in rural Madagascar, more smokers chew and smoke tobacco at alarming rates [11]. Tobacco control in rural areas of India has shown strong involvement of local leaders, program ownership, and commitment, which can help control tobacco, especially in resource-limited settings [12]. Some countries that have succeeded in tobacco control efforts include Afghanistan, Cambodia, El Salvador, Laos, Romania, and Uganda. Through Smoke-Free Area laws, which cover all indoor spaces, both public and workplaces, these six countries became the sixth-highest smoke-free countries (WHO, 2017).

Tobacco control policy is not just about formal legality but requires social legitimacy. Social legitimacy takes the form of community acceptance of the rules being enforced. The community requires clear information for law implementation in society to work effectively. Legal education is one of the appropriate ways to increase public knowledge. Law can only be learned by first studying the community and the culture where the community resides [13]. Legal education in the community involves providing information about the enforced rules, the reasons for their implementation, binding sanctions, legal awareness, and compliance [14], [15].

This research examines the implications of legal education in strengthening a lifestyle without tobacco among religious communities in areas inhabited entirely by Muslims. Legal education is directed towards compliance based on awareness, legal culture, and Islamic values integrated into community life. The research is located at the foot of Mount Latimojong, a rural area that still upholds a strong sense of community. This village has successfully implemented a lifestyle without tobacco with a prevalence rate of zero percent, with 70% of active smokers gradually quitting, while 30% are willing to quit immediately. Through Village Regulations, this village has successfully banned smoking activities, production, sale, advertising, and promotion of cigarettes in the village. Innovations arising from rural communities should be developed as models in other areas with similar characteristics, strengthening the administrative role of community leaders. The village surrounding the city can begin with a remote village that lacks access to information centers, but its community has a healthy culture aligned with religious and cultural values.

II. METHOD

This research is descriptive and qualitative. Qualitative research is a model based on postpositivism philosophy, used to study natural object conditions. The informants are residents in rural areas who have successfully implemented the Lifestyle Without Tobacco, totaling 135 people selected purposively, with the main characteristic of not smoking. Data collection methods are observation, in-depth interviews, and discussions that require a long time, making it impossible to take a large sample. In addition, qualitative research has three main observed components. First, place, or the place where social interactions occur in the village of Bone-Bone Enrekang. Second, actors or individuals who participate in implementing Lifestyle Without Tobacco. In the context of this research, actors are community figures who contribute mutually to implementing a tobacco-free lifestyle. Third is activity [16], or activities supporting existing culture to foster interactions in rural settings.

Data was collected through observation, in-depth interviews, and documentation from November 2021 to March 2022 in rural areas near Mount Latimojong. The observation method used was participant observation. The details of the observation activities included: (i) observing the activities of residents, especially tobacco-free behavior; (ii) observing economic centers such as stores to ensure there were no cigarette buying and selling activities; and (iv) observing religious activities in other social activities. The researcher used observation guidelines to record these activities. Field notes [17], commonly referred to as field notebooks, were used to maintain the validity of observations. Field notes were used to record various events related to informant activities in this study.

The approach used in the Discovering Cultural Themes model is to collect various themes, cultural focuses, values, and cultural symbols in each domain [18]. Data analysis was carried out using qualitative software, which was needed to manage data found from the field, in this case, nVivo Basic 10.00 for Windows. NVivo is qualitative data analysis software Qualitative Solution and Research (QSR) International developed. NVivo is a tool for processing qualitative data through highlighting, taking notes, and linking ideas [19]. Data analyzed was based on triangulation data [19] through three stages: data reduction, data display, and conclusion and verification.

III. RESULT AND DISCUSSION

Solid data and findings must drive regulations and policies for tobacco control to ensure that government policies are targeted correctly. Various institutions have researched and studied tobacco control to understand its impact from various development aspects. Evidence obtained from research can significantly contribute to formulating public policies that will have a meaningful impact on society. This research was conducted in rural communities that comprise a significant portion of Indonesia's population. In some surveys, within low-income households, cigarette expenses rank second after rice [20]. The findings of this research are presented as an effort to provide data-based inputs and findings related to the tobacco control situation in Indonesia's rural areas within the scope of Sustainable Development Goals for a healthy Indonesia. The implications of legal education influenced by the role and strength of actors and culture in shaping the lifestyle without tobacco behavior can be seen in Table 1.

Table 1. Respondents' Responses in Lifestyle Without Tobacco Behavior

| Item/Aspect | Indicator | Dimension | Respond (%) | |
|------------------|-----------------|------------------------------------|-------------|--------|
| Actor | Institution | Village Head | 34.78% | |
| | | Religious Figure | 21.74% | |
| | | Cultural Figure | 26.09% | |
| | | Youth Figure | 4.35% | |
| | | Education Figure | 13.04% | |
| | | Dynamism (47.06%) | | |
| | Actor Role | - Reminder | | 25.00% |
| | | - Imposition of Sanctions | | 31.25% |
| | | - Village Regulation Determination | | 43.75% |
| | | Initiator (23.53%) | | |
| | | - Bottom up | | 37.50% |
| | | - Top down | | 62.50% |
| Culture | Dominated Value | Sipakatau | 42.86% | |
| | | <i>SIPAKATAU</i> | 9.52% | |
| | | Sipakario | 28.57% | |
| | Rekigion | Sipangingaran | 19.05% | |
| | | <i>Haram</i> | 62.50% | |
| | | <i>Makruh</i> | 37.50% | |
| Behaviour | Law | Village Regulation Implementation | | |
| | | - Gradual | 70.00% | |
| | | - Immediate Effectiveness | 30.00% | |

| Item/Aspect | Indicator | Dimension | Respond (%) |
|-------------|--|-------------------------------------|-------------|
| | | Citizen Behaviour | |
| | | - Rejecting | 37.50% |
| | | - Supporting | 62.50% |
| | Health (effects of smoking) | Mothers' Complaints | 9.52% |
| | | Health complaints (cough, fatigue) | 57.14% |
| | | Reduced performance | 33.33% |
| | Education (benefits of not smoking) | Children completing their Education | 28.57% |
| | | Continuing college | 39.29% |
| | | School expenses covered | 32.14% |
| | Economy (effects of smoking) | Reduced income | 33.33% |
| | | Budget allocation | 22.22% |
| | | Well-being | 27.78% |
| | | No small shop available | 16.67% |

Actors and culture are significant in strengthening community behavior and compliance with the "lifestyle without tobacco" policy in rural areas. This hypothesis further reinforces the position of rural areas as the locus and Center of Community-Based Tobacco Control Strategy. It is possible because villages have valuable resources, and the residents still respect and obey local figures. It contrasts urban areas with heterogeneous populations, making it quite challenging to implement a tobacco-free lifestyle solely based on values and figures.

Dominance of Actors in Tobacco Control in Villages

In Table 1, actors play a central role in implementing and establishing smoke-free village regulations. The village head has a dominant role (34.78%), followed by traditional figures (26.09%), religious figures (21.74%), educators (13.04%), and youth figures (4.35%). From this perspective, smoke-free village regulations in Bone-Bone Village are initiated and driven by influential figures highly respected by the community (Sipakatau 42.86%). In rural communities, these figures are patrons in every word, attitude, and action. An exciting aspect of this finding is the decisive role of local figures in addressing health issues in Bone-Bone village, which explains why village regulations can be established and implemented. Even the initiators have a top-down approach (62.5%). However, it should be noted that the initial idea of environmental issues originated from village residents, followed by local figures and the village head. Actors are initiators and communicators, and the most dominant role is that of a dynamo (47.06%). It indicates that implementing village regulations must continuously be monitored to prevent the degradation of a healthy, smoke-free lifestyle.

These findings confirm that smoke-free village regulations are an arena where influential figures demonstrate their leadership in the village. Anheir, Gerhards, and

Romo state that the position of various agents or actors in the environment is determined by the quantity and relative weight of the capital they possess. Each actor occupying a particular environment can be used as a strategy and can be employed for specific positions. Meanwhile, quantification based on Bourdieu's theory calculates the influence index of actors based on the capital owned by each actor. The role of actors in the social network of public health can be used to reconcile technical views and integrate intervention processes and effects. Even in Bangladesh, a civil society movement coordinated by actors successfully monitored violations of tobacco use and efforts to enforce tobacco control laws. However, in instilling community compliance with these regulations, the government must clearly define who will enforce sanctions to achieve the goals effectively. Furthermore, the involvement of actors, from the central government to the local level, can support public health in tobacco control and promote individual rights to improve health by leveraging activist traditions (locally). Similarly, according to Crosby, in the context of tobacco control, to bring about social change in society, it is necessary to involve various actors such as communities, stakeholders (government at the national and local levels), private institutions, and Non-Governmental Organizations (NGOs).

Culture Supporting Tobacco Control in Villages

Regarding culture, in the cultural aspect, mutual respect (Sipakatau) dominates the values of implementing the "lifestyle without tobacco" (42.86%), followed by mutual joy (Sipakario) (28.57%), followed by mutual improvement (Sipakalakbi) and mutual reminder (Sipangingaran). Thus, the residents of Bone-Bone Village have a high awareness of health. It can explain the shared values between traditional culture and religion, where traditional figures play a more significant role than religious figures (21.74%). It can also be interpreted as the villagers not rigidly distinguishing figures based on tradition and religion because traditional figures are often influential religious figures as well.

These findings are consistent with other research, which recommends that culture and community networks supporting tobacco control enhance network cohesion and embrace other community groups to increase engagement and communication with policymakers. Some countries have found that cultural values influence perceptions of tobacco production and smoking behavior. External influences will not influence cultural values and aspects ingrained in a region. Culture is a set of unique values/beliefs in society. Cultural values have shaped and justified the beliefs of individuals and groups in taking action to create a healthy and prosperous society. In line with previous studies in Greece and Australia, it was revealed that the approach to reducing and inhibiting smoking behavior is through social and cultural support planning. This planning focuses on social norms, including those arising from social interactions. For example, a non-smoking family is hindered by the presence of children and partners. Additionally, according to the Theory of Driven Change, materialist approaches dominate health transitions in smoking behavior among the public, Bourdieu's class-based culture, and disseminating norms and emotions within social networks. In this context, cultural values play a role in tobacco control. Furthermore, physical health improvement is a priority for a community with strong traditions, connecting physical, psychological, social, and spiritual health. With this culture, the community must reject nicotine addiction among the people and unite against the industry. The health and well-being of a community with dominant traditions and culture are essential for future generations. Even in the United States, there is a misuse of marketing tactics aimed at

utilizing native culture and counter-marketing tactics that increase awareness of the difference between commercial and traditional tobacco use. The culture of rural communities that is still authentic and preserved is a social capital that must be preserved in promoting awareness of the importance of maintaining a healthy environment to ensure the balance of humans and nature and provide physical and spiritual well-being.

Lifestyle Without Tobacco Behavior in Villages

In terms of behavior, the community places environmental or health issues as the dominant aspect of "lifestyle without tobacco" (24.71%). However, motivation for education is stronger than aspects of religion, law, and economics. From the researcher's observations, the health or healthy environment aspect is the initial consideration behind the birth of smoke-free village regulations, considering the continuity of education for children in the village. Then, considerations of religion, law, and economics reinforce this program. So, from a health perspective, it subsequently affects the mindset of the sustainability of children's education, which aligns with previous research stating that education is a way for humans to develop their potential through formal, informal, and non-formal education processes in community life. The increased community education will influence human resources (HR). In line with the traditional approach, HR is viewed as one of the inputs in the factors of production, alongside capital and other resources, to improve the economy and impact regional development. Additionally, the religious aspect is also one of the values held by the community, indicating that smoking is an action that can harm oneself and others. Therefore, it should be prohibited or at least controlled (Interview: MI, MH, RH, ST). The Bone-Bone area has also been designated as a law-conscious village. Hence, the "lifestyle without tobacco" behavior is one form of compliance with regulations made by the government at various levels. Meanwhile, the economic aspect also supports this with a simple way of thinking that smoking can increase expenses that should be allocated for children's education or family welfare.

Correlation and Interaction of Actors, Culture/Kultur, and Behavior in Supporting Community Acceptance of Tobacco Control Law Education

One of the critical aspects of social capital that is influential today is trust-based social capital, which can play a significant role in community economic development. Social bonds within a community must be built on trust. The essential capital of solid social bonds is collaboration among group members or organizations; village communities will be built with collaboration among all community members. Collaboration will work well when based on trust among its members. So, how is the correlation and interaction of actors, culture, and "lifestyle without tobacco" behavior? The social capital of Bone-Bone village residents for a healthy lifestyle fosters collaboration and interaction among actors, culture, and "lifestyle without tobacco" behavior, as mapped in the Venn diagram in Figure 1.

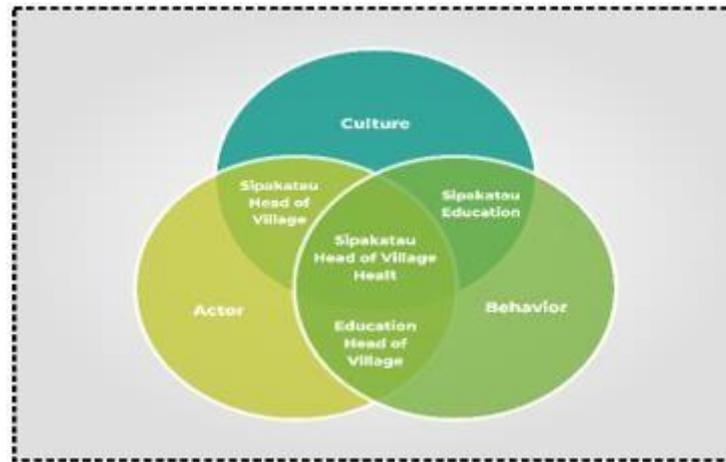


Figure 1. Venn Diagram of Tobacco Control Interaction and Collaboration

Based on the Venn diagram in Figure 1, the role of the village head as a government figure is very central to the issue of Lifestyle Without Tobacco in the Bone-Bone village. The final interaction of the three components involves the culture of Sipakatau, the Village Head, and Health. It means that culturally (Sipakatau-Mutual respect), the people of Bone-Bone village already know the importance of being environmentally friendly. However, the challenge is that this awareness cannot be mitigated to quit smoking. There needs to be an actor who promotes healthy cultural change. The vital role of stakeholders (the village head) makes education a means of communication with the community in maintaining a smoke-free environment. The presence of religious values that uphold health and harmony with nature in the cultural traditions of Bone-Bone Village further convinces the people to live healthy lives without tobacco.

On the one hand, the dominance of the village head's leadership can facilitate the socialization and implementation of Lifestyle Without Tobacco. However, on the other hand, it may disrupt the sustainability of the smoke-free village if the village head is no longer in office. In this situation, what is needed is to accelerate the internalization of community awareness through education and health campaigns so that a tobacco-free lifestyle remains a matter of awareness and becomes a deeply rooted value and ideology of the village community. As early as possible, the dominance of actors in tobacco control should be reduced because to confront the tobacco epidemic, a synergistic, systemic, and participatory approach must be adopted [36]. It aligns with Actor-Network Theory, which suggests that the role of actors in the social networks of public health can be used to reconcile technical perspectives and integrate intervention processes and effects [23]. Therefore, actors must harness the culture and behavior of the community to become a deeply ingrained ideology that the struggle against tobacco is a network effort that must involve all components of society, and it is supported by values that grow from the local wisdom of the community and the religion practiced by the people in Indonesia.

From the previous discussion, it can be concluded that community-based tobacco control, in addition to being influenced by actors who play the roles of initiators, communicators, and dynamizers, is also supported by the culture of the community, which then shapes anti-tobacco behavior. In several countries such as Malaysia, Thailand, Canada, the United States, the United Kingdom, and Australia, attitudes and norms influence the decision to quit smoking. It means that the acceptance and response to tobacco control measures between countries can be explained by cultural values [37],

including influencing perceptions of smoking [38]. Of course, the culture and norms mentioned come from the community's local wisdom and the interpretation of the religion practiced. Based on the findings of this research and previous research results, the following is a community-based tobacco control model explained in Figure 2.

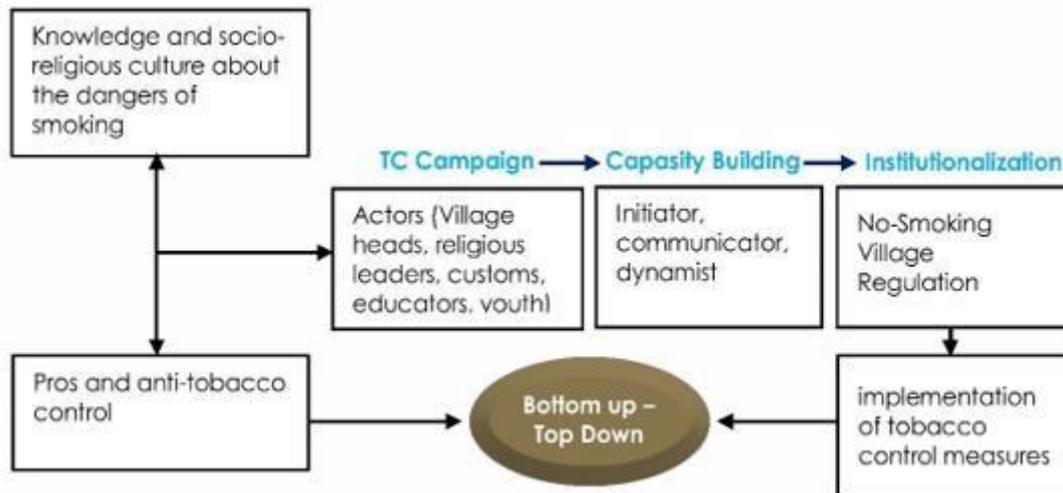


Figure 2. Village-Based Tobacco Control Model

In Figure 2, the Village-Based Tobacco Control Model begins with the village residents' understanding of the dangers of tobacco stemming from their culture and religious values. There may be pros and cons in the initial stages as tobacco has become a primary need for the village community, consumed at every religious and social event. Amidst this debate, actors usually come forward, often including the village head, educators, religious leaders, and youth, to mediate and provide solutions to the debate. It is when the roles of initiator, communicator, and dynamics come into play, marking the beginning of the Tobacco Control Campaign and the capacity-building of village residents to embrace the idea of a tobacco-free village. Subsequently, institutionalization occurs, resulting in tobacco-free village regulations born out of the campaign process and the capacity-building of village residents.

This model aligns with the findings of this research, where 70 percent reported quitting smoking immediately, and 30 percent quit gradually. Tobacco control policy implementation intervention programs must be consistently maintained to achieve long-term success gradually [39]. The stages of tobacco control will be practical if supported by the understanding of the community and sustained efforts from consistent actors, along with mass media campaigns [40]. Finally, tobacco control should continue beyond the creation of policies alone; there must be a widespread willingness to implement them, even on a small and limited scale.

IV. CONCLUSION

This research has found that actor, culture, and behavior factors greatly support community legal education. These three factors have correlations and interactions in maintaining the tradition of a lifestyle without tobacco. Actors, represented by the village head, traditional leaders, religious leaders, educators, and youth leaders, capture the awareness of protecting the environment from tobacco smoke (bottom-up) and follow up by formulating and establishing village regulations without tobacco smoke.

Actors play roles as initiators, communicators, and dynamizers. Although actors dominate, the community is also supported by the noble value of Sipakatau, mutual respect, which is in harmony with religious teachings. Tobacco-free behavior is also supported by an understanding of health issues, which then shifts towards the continuity of the education of village children, legal compliance, and economic considerations. These relationships and interactions give rise to a rural area free from tobacco smoke with zero percent prevalence, creating social balance within the village community.

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V. REFERENCES

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The Implications of Legal Education in Tobacco Control

ABSTRACT: Purpose: This research examines the implications of legal education in strengthening a lifestyle without tobacco among religious communities in areas inhabited entirely by Muslims. Legal education is directed towards compliance based on awareness, legal culture, and Islamic values integrated into community life.

Study design/methodology/approach: The research design is qualitative. The research took place in the village of Bone-Bone, an exotic area in the Latimojong mountain region of Indonesia that successfully implements a tobacco-free lifestyle in all its dimensions due to legal education. The informants were 135 residents who understood the research objectives and voluntarily agreed to participate. Data was collected through interviews and focus group discussions. Data analysis was conducted using nVivo Basic 12.00 x32 for Windows.

Findings: The village regulations from 2009 served as the foundation for the community's legal education process. The community's acceptance of the smoke-free area rules through legal education was very good. Several factors, including 1 supported it) Actors played a significant role in implementing the lifestyle without tobacco culture, with the village head (34.78%), traditional leaders (26.09%), religious leaders (21.74%), educators (13.04%), and youth leaders (4.35%) playing key roles. The village head played a dominant role as an initiator, communicator, and dynamo. 2) Culture and awareness of a healthy lifestyle in the community were conveyed by community leaders (bottom-up) and executed by actors with a top-down approach. Mutual respect was a legal education value derived from the local wisdom of the community (42.86%), and the village residents obeyed the actors. The behavior of a tobacco-free lifestyle was supported by an awareness of maintaining a healthy environment (24.71%) and continued education considerations for children in the village. Actors, culture, and community behavior supported the community's legal compliance and awareness.

Originality/value: This research has implications for a legal education model that involves actors, culture, and the religious values embraced by the community.

Keywords: Legal education, actors, culture, behavior.

I. INTRODUCTION

The consumption of tobacco products and electronic cigarettes (e-cigarettes) throughout the world continues to rise [1]. Tobacco consumption can lead to various detrimental issues for society. The health impacts of tobacco consumption result in various non-

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communicable diseases or catastrophic illnesses that incur high healthcare costs and reduce productivity. The high prevalence of tobacco consumption impacts poverty and unresolved stunting issues in Indonesia. Nevertheless, tobacco can have adverse effects as a potential cause of health damage. Ongoing risks are associated with various harmful tobacco and nicotine products for health [2], [3].

Previous studies have found that tobacco control is an important issue locally, nationally, and internationally. Among adults, taking pride in smoking more frequently has become a norm and behavior among adults in rural Uganda [4]. In the United States, sociodemographics, cigarette taxes, and tobacco advertising exposure are significant predictors of adolescent tobacco use, and e-cigarettes rapidly change traditional tobacco use patterns, especially in urban areas [5]. Regulations that can change societal behavior are needed, as a study suggests that no-smoking area signs without regulations will not impact smoking behavior; installing no-smoking area signs is essential [6]. Studies in several countries support tobacco control restrictions and the provision of health warning signs due to smoking behavior [7], and collaboration is seen as strategically crucial for policy influence [8].

Various regulations or policies have been implemented by countries worldwide in efforts to control tobacco prevalence. The Tobacco Control Act and the Family Smoking Prevention and Tobacco Control Act were enacted (Tobacco Control Legal Consortium, 2009). In Indonesia, there is Republic of Indonesia Law Number 36 of 2009 concerning Health (Law Number 36, 2009), and the Minister of Health of the Republic of Indonesia Regulation Number 40 of 2013 concerning the Roadmap for Controlling the Health Impact of Cigarette Consumption (Minister of Health Regulation Number 40, 2013).

Tobacco control in rural areas in various countries poses challenges; even in advanced countries like the United States, rural healthcare infrastructure also challenges tobacco control efforts [9]. At the same time, in China, tobacco control in rural areas is rarely implemented [10], despite rural communities often sharing cigarettes in their daily activities. Even in rural Madagascar, more smokers chew and smoke tobacco at alarming rates [11]. Tobacco control in rural areas of India has shown strong involvement of local leaders, program ownership, and commitment, which can help control tobacco, especially in resource-limited settings [12]. Some countries that have succeeded in tobacco control efforts include Afghanistan, Cambodia, El Salvador, Laos, Romania, and Uganda. Through Smoke-Free Area laws, which cover all indoor spaces, both public and workplaces, these six countries became the sixth-highest smoke-free countries (WHO, 2017).

Tobacco control policy is not just about formal legality but requires social legitimacy. Social legitimacy takes the form of community acceptance of the rules being enforced. The community requires clear information for law implementation in society to work effectively. Legal education is one of the appropriate ways to increase public knowledge. Law can only be learned by first studying the community and the culture where the community resides [13]. Legal education in the community involves providing information about the enforced rules, the reasons for their implementation, binding sanctions, legal awareness, and compliance [14], [15].

This research examines the implications of legal education in strengthening a lifestyle without tobacco among religious communities in areas inhabited entirely by Muslims. Legal education is directed towards compliance based on awareness, legal culture, and Islamic values integrated into community life. The research is located at the foot of Mount Latimojong, a rural area that still upholds a strong sense of community. This

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village has successfully implemented a lifestyle without tobacco with a prevalence rate of zero percent, with 70% of active smokers gradually quitting, while 30% are willing to quit immediately. Through Village Regulations, this village has successfully banned smoking activities, production, sale, advertising, and promotion of cigarettes in the village. Innovations arising from rural communities should be developed as models in other areas with similar characteristics, strengthening the administrative role of community leaders. The village surrounding the city can begin with a remote village that lacks access to information centers, but its community has a healthy culture aligned with religious and cultural values.

II. METHOD

This research is descriptive and qualitative. Qualitative research is a model based on postpositivism philosophy, used to study natural object conditions. The informants are residents in rural areas who have successfully implemented the Lifestyle Without Tobacco, totaling 135 people selected purposively, with the main characteristic of not smoking. Data collection methods are observation, in-depth interviews, and discussions that require a long time, making it impossible to take a large sample. In addition, qualitative research has three main observed components. First, place, or the place where social interactions occur in the village of Bone-Bone Enrekang. Second, actors or individuals who participate in implementing Lifestyle Without Tobacco. In the context of this research, actors are community figures who contribute mutually to implementing a tobacco-free lifestyle. Third is activity [16], or activities supporting existing culture to foster interactions in rural settings.

Data was collected through observation, in-depth interviews, and documentation from November 2021 to March 2022 in rural areas near Mount Latimojong. The observation method used was participant observation. The details of the observation activities included: (i) observing the activities of residents, especially tobacco-free behavior; (ii) observing economic centers such as stores to ensure there were no cigarette buying and selling activities; and (iv) observing religious activities in other social activities. The researcher used observation guidelines to record these activities. Field notes [17], commonly referred to as field notebooks, were used to maintain the validity of observations. Field notes were used to record various events related to informant activities in this study.

The approach used in the Discovering Cultural Themes model is to collect various themes, cultural focuses, values, and cultural symbols in each domain [18]. Data analysis was carried out using qualitative software, which was needed to manage data found from the field, in this case, nVivo Basic 10.00 for Windows. NVivo is qualitative data analysis software Qualitative Solution and Research (QSR) International developed. NVivo is a tool for processing qualitative data through highlighting, taking notes, and linking ideas [19]. Data analyzed was based on triangulation data [19] through three stages: data reduction, data display, and conclusion and verification.

III. RESULT AND DISCUSSION

Solid data and findings must drive regulations and policies for tobacco control to ensure that government policies are targeted correctly. Various institutions have researched and studied tobacco control to understand its impact from various development aspects. Evidence obtained from research can significantly contribute to formulating public

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policies that will have a meaningful impact on society. This research was conducted in rural communities that comprise a significant portion of Indonesia's population. In some surveys, within low-income households, cigarette expenses rank second after rice [20]. The findings of this research are presented as an effort to provide data-based inputs and findings related to the tobacco control situation in Indonesia's rural areas within the scope of Sustainable Development Goals for a healthy Indonesia. The implications of legal education influenced by the role and strength of actors and culture in shaping the lifestyle without tobacco behavior can be seen in Table 1.

Table 1. Respondents' Responses in Lifestyle Without Tobacco Behavior

| Item/Aspect | Indicator | Dimension | Respond (%) | |
|----------------|------------------|------------------------------------|-------------|--------|
| Actor | Institution | Village Head | 34.78% | |
| | | Religious Figure | 21.74% | |
| | | Cultural Figure | 26.09% | |
| | | Youth Figure | 4.35% | |
| | | Education Figure | 13.04% | |
| | Actor Role | Dynamism (47.06%) | | |
| | | - Reminder | | 25.00% |
| | | - Imposition of Sanctions | | 31.25% |
| | | - Village Regulation Determination | | 43.75% |
| | | Initiator (23.53%) | | |
| Culture | Dominated Value | Sipakatau | 42.86% | |
| | | Sipakalakbi | 9.52% | |
| | | Sipakario | 28.57% | |
| | | Sipangingaran | 19.05% | |
| | Rekigion | <i>Haram</i> | 62.50% | |
| | | <i>Makruh</i> | 37.50% | |
| | Law | Village Regulation Implementation | | |
| | | - Gradual | | 70.00% |
| | | - Immediate Effectiveness | | 30.00% |
| | Behaviour | Citizen Behaviour | - Rejecting | 37.50% |
| - Supporting | | | 62.50% | |
| Health | | Mothers' Complaints | 9.52% | |

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| Item/Aspect | Indicator | Dimension | Respond (%) |
|------------------------------|-----------|-------------------------------------|-------------|
| (effects of smoking) | | Health complaints (cough, fatigue) | 57.14% |
| | | Reduced performance | 33.33% |
| Education | | Children completing their Education | 28.57% |
| (benefits of not smoking) | | Continuing college | 39.29% |
| | | School expenses covered | 32.14% |
| Economy (effects of smoking) | | Reduced income | 33.33% |
| | | Budget allocation | 22.22% |
| | | Well-being | 27.78% |
| | | No small shop available | 16.67% |

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Actors and culture are significant in strengthening community behavior and compliance with the "lifestyle without tobacco" policy in rural areas. This hypothesis further reinforces the position of rural areas as the locus and Center of Community-Based Tobacco Control Strategy. It is possible because villages have valuable resources, and the residents still respect and obey local figures. It contrasts urban areas with heterogeneous populations, making it quite challenging to implement a tobacco-free lifestyle solely based on values and figures.

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Dominance of Actors in Tobacco Control in Villages

In Table 1, actors play a central role in implementing and establishing smoke-free village regulations. The village head has a dominant role (34.78%), followed by traditional figures (26.09%), religious figures (21.74%), educators (13.04%), and youth figures (4.35%). From this perspective, smoke-free village regulations in Bone-Bone Village are initiated and driven by influential figures highly respected by the community (Sipakatau 42.86%). In rural communities, these figures are patrons in every word, attitude, and action. An exciting aspect of this finding is the decisive role of local figures in addressing health issues in Bone-Bone village, which explains why village regulations can be established and implemented. Even the initiators have a top-down approach (62.5%). However, it should be noted that the initial idea of environmental issues originated from village residents, followed by local figures and the village head. Actors are initiators and communicators, and the most dominant role is that of a dynamo (47.06%). It indicates that implementing village regulations must continuously be monitored to prevent the degradation of a healthy, smoke-free lifestyle.

These findings confirm that smoke-free village regulations are an arena where influential figures demonstrate their leadership in the village. Anheir, Gerhards, and Romo state that the position of various agents or actors in the environment is determined by the quantity and relative weight of the capital they possess. Each actor occupying a particular environment can be used as a strategy and can be employed for specific positions. Meanwhile, quantification based on Bourdieu's theory calculates the influence index of actors based on the capital owned by each actor. The role of actors in the social network of public health can be used to reconcile technical views and integrate

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intervention processes and effects. Even in Bangladesh, a civil society movement coordinated by actors successfully monitored violations of tobacco use and efforts to enforce tobacco control laws. However, in instilling community compliance with these regulations, the government must clearly define who will enforce sanctions to achieve the goals effectively. Furthermore, the involvement of actors, from the central government to the local level, can support public health in tobacco control and promote individual rights to improve health by leveraging activist traditions (locally). Similarly, according to Crosby, in the context of tobacco control, to bring about social change in society, it is necessary to involve various actors such as communities, stakeholders (government at the national and local levels), private institutions, and Non-Governmental Organizations (NGOs).

Culture Supporting Tobacco Control in Villages

Regarding culture, in the cultural aspect, mutual respect (Sipakatau) dominates the values of implementing the "lifestyle without tobacco" (42.86%), followed by mutual joy (Sipakario) (28.57%), followed by mutual improvement (Sipakalakbi) and mutual reminder (Sipangngaran). Thus, the residents of Bone-Bone Village have a high awareness of health. It can explain the shared values between traditional culture and religion, where traditional figures play a more significant role than religious figures (21.74%). It can also be interpreted as the villagers not rigidly distinguishing figures based on tradition and religion because traditional figures are often influential religious figures as well.

These findings are consistent with other research, which recommends that culture and community networks supporting tobacco control enhance network cohesion and embrace other community groups to increase engagement and communication with policymakers. Some countries have found that cultural values influence perceptions of tobacco production and smoking behavior. External influences will not influence cultural values and aspects ingrained in a region. Culture is a set of unique values/beliefs in society. Cultural values have shaped and justified the beliefs of individuals and groups in taking action to create a healthy and prosperous society. In line with previous studies in Greece and Australia, it was revealed that the approach to reducing and inhibiting smoking behavior is through social and cultural support planning. This planning focuses on social norms, including those arising from social interactions. For example, a non-smoking family is hindered by the presence of children and partners. Additionally, according to the Theory of Driven Change, materialist approaches dominate health transitions in smoking behavior among the public, Bourdieu's class-based culture, and disseminating norms and emotions within social networks. In this context, cultural values play a role in tobacco control. Furthermore, physical health improvement is a priority for a community with strong traditions, connecting physical, psychological, social, and spiritual health. With this culture, the community must reject nicotine addiction among the people and unite against the industry. The health and well-being of a community with dominant traditions and culture are essential for future generations. Even in the United States, there is a misuse of marketing tactics aimed at utilizing native culture and counter-marketing tactics that increase awareness of the difference between commercial and traditional tobacco use. The culture of rural communities that is still authentic and preserved is a social capital that must be preserved in promoting awareness of the importance of maintaining a healthy environment to ensure the balance of humans and nature and provide physical and spiritual well-being.

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Lifestyle Without Tobacco Behavior in Villages

In terms of behavior, the community places environmental or health issues as the dominant aspect of "lifestyle without tobacco" (24.71%). However, motivation for education is stronger than aspects of religion, law, and economics. From the researcher's observations, the health or healthy environment aspect is the initial consideration behind the birth of smoke-free village regulations, considering the continuity of education for children in the village. Then, considerations of religion, law, and economics reinforce this program. So, from a health perspective, it subsequently affects the mindset of the sustainability of children's education, which aligns with previous research stating that education is a way for humans to develop their potential through formal, informal, and non-formal education processes in community life. The increased community education will influence human resources (HR). In line with the traditional approach, HR is viewed as one of the inputs in the factors of production, alongside capital and other resources, to improve the economy and impact regional development. Additionally, the religious aspect is also one of the values held by the community, indicating that smoking is an action that can harm oneself and others. Therefore, it should be prohibited or at least controlled (Interview: MI, MH, RH, ST). The Bone-Bone area has also been designated as a law-conscious village. Hence, the "lifestyle without tobacco" behavior is one form of compliance with regulations made by the government at various levels. Meanwhile, the economic aspect also supports this with a simple way of thinking that smoking can increase expenses that should be allocated for children's education or family welfare.

Correlation and Interaction of Actors, Culture/Kultur, and Behavior in Supporting Community Acceptance of Tobacco Control Law Education

One of the critical aspects of social capital that is influential today is trust-based social capital, which can play a significant role in community economic development. Social bonds within a community must be built on trust. The essential capital of solid social bonds is collaboration among group members or organizations; village communities will be built with collaboration among all community members. Collaboration will work well when based on trust among its members. So, how is the correlation and interaction of actors, culture, and "lifestyle without tobacco" behavior? The social capital of Bone-Bone village residents for a healthy lifestyle fosters collaboration and interaction among actors, culture, and "lifestyle without tobacco" behavior, as mapped in the Venn diagram in Figure 1.



Figure 1. Venn Diagram of Tobacco Control Interaction and Collaboration

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Based on the Venn diagram in Figure 1, the role of the village head as a government figure is very central to the issue of Lifestyle Without Tobacco in the Bone-Bone village. The final interaction of the three components involves the culture of Sipakatau, the Village Head, and Health. It means that culturally (Sipakatau-Mutual respect), the people of Bone-Bone village already know the importance of being environmentally friendly. However, the challenge is that this awareness cannot be mitigated to quit smoking. There needs to be an actor who promotes healthy cultural change. The vital role of stakeholders (the village head) makes education a means of communication with the community in maintaining a smoke-free environment. The presence of religious values that uphold health and harmony with nature in the cultural traditions of Bone-Bone Village further convinces the people to live healthy lives without tobacco.

On the one hand, the dominance of the village head's leadership can facilitate the socialization and implementation of Lifestyle Without Tobacco. However, on the other hand, it may disrupt the sustainability of the smoke-free village if the village head is no longer in office. In this situation, what is needed is to accelerate the internalization of community awareness through education and health campaigns so that a tobacco-free lifestyle remains a matter of awareness and becomes a deeply rooted value and ideology of the village community. As early as possible, the dominance of actors in tobacco control should be reduced because to confront the tobacco epidemic, a synergistic, systemic, and participatory approach must be adopted [36]. It aligns with Actor-Network Theory, which suggests that the role of actors in the social networks of public health can be used to reconcile technical perspectives and integrate intervention processes and effects [23]. Therefore, actors must harness the culture and behavior of the community to become a deeply ingrained ideology that the struggle against tobacco is a network effort that must involve all components of society, and it is supported by values that grow from the local wisdom of the community and the religion practiced by the people in Indonesia.

From the previous discussion, it can be concluded that community-based tobacco control, in addition to being influenced by actors who play the roles of initiators, communicators, and dynamizers, is also supported by the culture of the community, which then shapes anti-tobacco behavior. In several countries such as Malaysia, Thailand, Canada, the United States, the United Kingdom, and Australia, attitudes and norms influence the decision to quit smoking. It means that the acceptance and response to tobacco control measures between countries can be explained by cultural values [37], including influencing perceptions of smoking [38]. Of course, the culture and norms mentioned come from the community's local wisdom and the interpretation of the religion practiced. Based on the findings of this research and previous research results, the following is a community-based tobacco control model explained in Figure 2.

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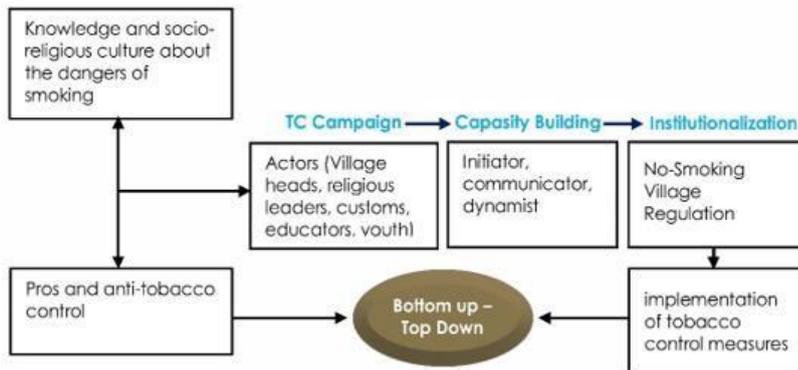


Figure 2. Village-Based Tobacco Control Model

In Figure 2, the Village-Based Tobacco Control Model begins with the village residents' understanding of the dangers of tobacco stemming from their culture and religious values. There may be pros and cons in the initial stages as tobacco has become a primary need for the village community, consumed at every religious and social event. Amidst this debate, actors usually come forward, often including the village head, educators, religious leaders, and youth, to mediate and provide solutions to the debate. It is when the roles of initiator, communicator, and dynamics come into play, marking the beginning of the Tobacco Control Campaign and the capacity-building of village residents to embrace the idea of a tobacco-free village. Subsequently, institutionalization occurs, resulting in tobacco-free village regulations born out of the campaign process and the capacity-building of village residents.

This model aligns with the findings of this research, where 70 percent reported quitting smoking immediately, and 30 percent quit gradually. Tobacco control policy implementation intervention programs must be consistently maintained to achieve long-term success gradually [39]. The stages of tobacco control will be practical if supported by the understanding of the community and sustained efforts from consistent actors, along with mass media campaigns [40]. Finally, tobacco control should continue beyond the creation of policies alone; there must be a widespread willingness to implement them, even on a small and limited scale.

IV. CONCLUSION

This research has found that actor, culture, and behavior factors greatly support community legal education. These three factors have correlations and interactions in maintaining the tradition of a lifestyle without tobacco. Actors, represented by the village head, traditional leaders, religious leaders, educators, and youth leaders, capture the awareness of protecting the environment from tobacco smoke (bottom-up) and follow up by formulating and establishing village regulations without tobacco smoke. Actors play roles as initiators, communicators, and dynamizers. Although actors dominate, the community is also supported by the noble value of *Sipakatau*, mutual respect, which is in harmony with religious teachings. Tobacco-free behavior is also supported by an understanding of health issues, which then shifts towards the continuity of the education of village children, legal compliance, and economic considerations.

These relationships and interactions give rise to a rural area free from tobacco smoke with zero percent prevalence, creating social balance within the village community.

V. ACKNOWLEDGEMENTS

The highest gratitude goes to the Indonesia Tobacco Control Research Network (ITCRN) for funding the Tobacco Control research and to the Rector of the Muhammadiyah University of Palopo (UMPalopo) for supporting the university's tri-dharma activities, allowing this research to proceed smoothly.

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The Implications of Legal Education in Tobacco Control

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ABSTRACT: Purpose: This research examines the implications of legal education in strengthening a lifestyle without tobacco among religious communities in areas inhabited entirely by Muslims. Legal education is directed towards compliance based on awareness, legal culture, and Islamic values integrated into community life.

Study design/methodology/approach: The research design is qualitative. The research took place in the village of Bone-Bone, an exotic area in the Latimojong mountain region of Indonesia that successfully implements a tobacco-free lifestyle in all its dimensions due to legal education. The informants were 135 residents who understood the research objectives and voluntarily agreed to participate. Data was collected through interviews and focus group discussions. Data analysis was conducted using nVivo Basic 12.00 x32 for Windows.

Findings: The village regulations from 2009 served as the foundation for the community's legal education process. The community's acceptance of the smoke-free area rules through legal education was very good. Several factors, including 1 supported it) Actors played a significant role in implementing the lifestyle without tobacco culture, with the village head (34.78%), traditional leaders (26.09%), religious leaders (21.74%), educators (13.04%), and youth leaders (4.35%) playing key roles. The village head played a dominant role as an initiator, communicator, and dynamo. 2) Culture and awareness of a healthy lifestyle in the community were conveyed by community leaders (bottom-up) and executed by actors with a top-down approach. Mutual respect was a legal education value derived from the local wisdom of the community (42.86%), and the village residents obeyed the actors. The behavior of a tobacco-free lifestyle was supported by an awareness of maintaining a healthy environment (24.71%) and continued education considerations for children in the village. Actors, culture, and community behavior supported the community's legal compliance and awareness.

Originality/value: This research has implications for a legal education model that involves actors, culture, and the religious values embraced by the community.

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Keywords: Legal education, actors, culture, behavior.

I. INTRODUCTION

The consumption of tobacco products and electronic cigarettes (e-cigarettes) throughout the world continues to rise [1]. Tobacco consumption can lead to various detrimental issues for society. The health impacts of tobacco consumption result in various non-

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communicable diseases or catastrophic illnesses that incur high healthcare costs and reduce productivity. The high prevalence of tobacco consumption impacts poverty and unresolved stunting issues in Indonesia. Nevertheless, tobacco can have adverse effects as a potential cause of health damage. Ongoing risks are associated with various harmful tobacco and nicotine products for health [2], [3].

Previous studies have found that tobacco control is an important issue locally, nationally, and internationally. Among adults, taking pride in smoking more frequently has become a norm and behavior among adults in rural Uganda [4]. In the United States, sociodemographics, cigarette taxes, and tobacco advertising exposure are significant predictors of adolescent tobacco use, and e-cigarettes rapidly change traditional tobacco use patterns, especially in urban areas [5]. Regulations that can change societal behavior are needed, as a study suggests that no-smoking area signs without regulations will not impact smoking behavior; installing no-smoking area signs is essential [6]. Studies in several countries support tobacco control restrictions and the provision of health warning signs due to smoking behavior [7], and collaboration is seen as strategically crucial for policy influence [8].

Various regulations or policies have been implemented by countries worldwide in efforts to control tobacco prevalence. The Tobacco Control Act and the Family Smoking Prevention and Tobacco Control Act were enacted (Tobacco Control Legal Consortium, 2009). In Indonesia, there is Republic of Indonesia Law Number 36 of 2009 concerning Health (Law Number 36, 2009), and the Minister of Health of the Republic of Indonesia Regulation Number 40 of 2013 concerning the Roadmap for Controlling the Health Impact of Cigarette Consumption (Minister of Health Regulation Number 40, 2013).

Tobacco control in rural areas in various countries poses challenges; even in advanced countries like the United States, rural healthcare infrastructure also challenges tobacco control efforts [9]. At the same time, in China, tobacco control in rural areas is rarely implemented [10], despite rural communities often sharing cigarettes in their daily activities. Even in rural Madagascar, more smokers chew and smoke tobacco at alarming rates [11]. Tobacco control in rural areas of India has shown strong involvement of local leaders, program ownership, and commitment, which can help control tobacco, especially in resource-limited settings [12]. Some countries that have succeeded in tobacco control efforts include Afghanistan, Cambodia, El Salvador, Laos, Romania, and Uganda. Through Smoke-Free Area laws, which cover all indoor spaces, both public and workplaces, these six countries became the sixth-highest smoke-free countries (WHO, 2017).

Tobacco control policy is not just about formal legality but requires social legitimacy. Social legitimacy takes the form of community acceptance of the rules being enforced. The community requires clear information for law implementation in society to work effectively. Legal education is one of the appropriate ways to increase public knowledge. Law can only be learned by first studying the community and the culture where the community resides [13]. Legal education in the community involves providing information about the enforced rules, the reasons for their implementation, binding sanctions, legal awareness, and compliance [14], [15].

This research examines the implications of legal education in strengthening a lifestyle without tobacco among religious communities in areas inhabited entirely by Muslims. Legal education is directed towards compliance based on awareness, legal culture, and Islamic values integrated into community life. The research is located at the foot of Mount Latimojong, a rural area that still upholds a strong sense of community. This

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village has successfully implemented a lifestyle without tobacco with a prevalence rate of zero percent, with 70% of active smokers gradually quitting, while 30% are willing to quit immediately. Through Village Regulations, this village has successfully banned smoking activities, production, sale, advertising, and promotion of cigarettes in the village. Innovations arising from rural communities should be developed as models in other areas with similar characteristics, strengthening the administrative role of community leaders. The village surrounding the city can begin with a remote village that lacks access to information centers, but its community has a healthy culture aligned with religious and cultural values.

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II. METHOD

This research is descriptive and qualitative. Qualitative research is a model based on postpositivism philosophy, used to study natural object conditions. The informants are residents in rural areas who have successfully implemented the Lifestyle Without Tobacco, totaling 135 people selected purposively, with the main characteristic of not smoking. Data collection methods are observation, in-depth interviews, and discussions that require a long time, making it impossible to take a large sample. In addition, qualitative research has three main observed components. First, place, or the place where social interactions occur in the village of Bone-Bone Enrekang. Second, actors or individuals who participate in implementing Lifestyle Without Tobacco. In the context of this research, actors are community figures who contribute mutually to implementing a tobacco-free lifestyle. Third is activity [16], or activities supporting existing culture to foster interactions in rural settings.

Data was collected through observation, in-depth interviews, and documentation from November 2021 to March 2022 in rural areas near Mount Latimojong. The observation method used was participant observation. The details of the observation activities included: (i) observing the activities of residents, especially tobacco-free behavior; (ii) observing economic centers such as stores to ensure there were no cigarette buying and selling activities; and (iv) observing religious activities in other social activities. The researcher used observation guidelines to record these activities. Field notes [17], commonly referred to as field notebooks, were used to maintain the validity of observations. Field notes were used to record various events related to informant activities in this study.

The approach used in the Discovering Cultural Themes model is to collect various themes, cultural focuses, values, and cultural symbols in each domain [18]. Data analysis was carried out using qualitative software, which was needed to manage data found from the field, in this case, nVivo Basic 10.00 for Windows. NVivo is qualitative data analysis software Qualitative Solution and Research (QSR) International developed. NVivo is a tool for processing qualitative data through highlighting, taking notes, and linking ideas [19]. Data analyzed was based on triangulation data [19] through three stages: data reduction, data display, and conclusion and verification.

III. RESULT AND DISCUSSION

Solid data and findings must drive regulations and policies for tobacco control to ensure that government policies are targeted correctly. Various institutions have researched and studied tobacco control to understand its impact from various development aspects. Evidence obtained from research can significantly contribute to formulating public

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policies that will have a meaningful impact on society. This research was conducted in rural communities that comprise a significant portion of Indonesia's population. In some surveys, within low-income households, cigarette expenses rank second after rice [20]. The findings of this research are presented as an effort to provide data-based inputs and findings related to the tobacco control situation in Indonesia's rural areas within the scope of Sustainable Development Goals for a healthy Indonesia. The implications of legal education influenced by the role and strength of actors and culture in shaping the lifestyle without tobacco behavior can be seen in Table 1.

Table 1. Respondents' Responses in Lifestyle Without Tobacco Behavior

| Item/Aspect | Indicator | Dimension | Respond (%) | |
|---------------------------|---------------------|------------------------------------|-----------------------------------|--------|
| Actor | Institution | Village Head | 34.78% | |
| | | Religious Figure | 21.74% | |
| | | Cultural Figure | 26.09% | |
| | | Youth Figure | 4.35% | |
| | | Education Figure | 13.04% | |
| | | Dynamism (47.06%) | | |
| | Actor Role | - Reminder | 25.00% | |
| | | - Imposition of Sanctions | 31.25% | |
| | | - Village Regulation Determination | 43.75% | |
| | | Initiator (23.53%) | | |
| | | - Bottom up | 37.50% | |
| | | - Top down | 62.50% | |
| Culture | Dominated Value | Sipakatau | 42.86% | |
| | | Sipakalakbi | 9.52% | |
| | | Sipakario | 28.57% | |
| | | Sipangingaran | 19.05% | |
| | Rekigion | <i>Haram</i> | 62.50% | |
| | | <i>Makruh</i> | 37.50% | |
| | Behaviour | Law | Village Regulation Implementation | |
| | | | - Gradual | 70.00% |
| - Immediate Effectiveness | | 30.00% | | |
| Health | Mothers' Complaints | Citizen Behaviour | | |
| | | - Rejecting | 37.50% | |
| | | - Supporting | 62.50% | |
| | | | 9.52% | |

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| Item/Aspect | Indicator | Dimension | Respond (%) |
|-------------|---------------------------|-------------------------------------|-------------|
| | (effects of smoking) | Health complaints (cough, fatigue) | 57.14% |
| | | Reduced performance | 33.33% |
| | Education | Children completing their Education | 28.57% |
| | (benefits of not smoking) | Continuing college | 39.29% |
| | | School expenses covered | 32.14% |
| | Economy | Reduced income | 33.33% |
| | (effects of smoking) | Budget allocation | 22.22% |
| | | Well-being | 27.78% |
| | | No small shop available | 16.67% |

Actors and culture are significant in strengthening community behavior and compliance with the "lifestyle without tobacco" policy in rural areas. This hypothesis further reinforces the position of rural areas as the locus and Center of Community-Based Tobacco Control Strategy. It is possible because villages have valuable resources, and the residents still respect and obey local figures. It contrasts urban areas with heterogeneous populations, making it quite challenging to implement a tobacco-free lifestyle solely based on values and figures.

Dominance of Actors in Tobacco Control in Villages

In Table 1, actors play a central role in implementing and establishing smoke-free village regulations. The village head has a dominant role (34.78%), followed by traditional figures (26.09%), religious figures (21.74%), educators (13.04%), and youth figures (4.35%). From this perspective, smoke-free village regulations in Bone-Bone Village are initiated and driven by influential figures highly respected by the community (Sipakatau 42.86%). In rural communities, these figures are patrons in every word, attitude, and action. An exciting aspect of this finding is the decisive role of local figures in addressing health issues in Bone-Bone village, which explains why village regulations can be established and implemented. Even the initiators have a top-down approach (62.5%). However, it should be noted that the initial idea of environmental issues originated from village residents, followed by local figures and the village head. Actors are initiators and communicators, and the most dominant role is that of a dynamo (47.06%). It indicates that implementing village regulations must continuously be monitored to prevent the degradation of a healthy, smoke-free lifestyle.

These findings confirm that smoke-free village regulations are an arena where influential figures demonstrate their leadership in the village. Anheir, Gerhards, and Romo state that the position of various agents or actors in the environment is determined by the quantity and relative weight of the capital they possess. Each actor occupying a particular environment can be used as a strategy and can be employed for specific positions. Meanwhile, quantification based on Bourdieu's theory calculates the influence index of actors based on the capital owned by each actor. The role of actors in the social network of public health can be used to reconcile technical views and integrate

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intervention processes and effects. Even in Bangladesh, a civil society movement coordinated by actors successfully monitored violations of tobacco use and efforts to enforce tobacco control laws. However, in instilling community compliance with these regulations, the government must clearly define who will enforce sanctions to achieve the goals effectively. Furthermore, the involvement of actors, from the central government to the local level, can support public health in tobacco control and promote individual rights to improve health by leveraging activist traditions (locally). Similarly, according to Crosby, in the context of tobacco control, to bring about social change in society, it is necessary to involve various actors such as communities, stakeholders (government at the national and local levels), private institutions, and Non-Governmental Organizations (NGOs).

Culture Supporting Tobacco Control in Villages

Regarding culture, in the cultural aspect, mutual respect (Sipakatau) dominates the values of implementing the "lifestyle without tobacco" (42.86%), followed by mutual joy (Sipakario) (28.57%), followed by mutual improvement (Sipakalakbi) and mutual reminder (Sipangngaran). Thus, the residents of Bone-Bone Village have a high awareness of health. It can explain the shared values between traditional culture and religion, where traditional figures play a more significant role than religious figures (21.74%). It can also be interpreted as the villagers not rigidly distinguishing figures based on tradition and religion because traditional figures are often influential religious figures as well.

These findings are consistent with other research, which recommends that culture and community networks supporting tobacco control enhance network cohesion and embrace other community groups to increase engagement and communication with policymakers. Some countries have found that cultural values influence perceptions of tobacco production and smoking behavior. External influences will not influence cultural values and aspects ingrained in a region. Culture is a set of unique values/beliefs in society. Cultural values have shaped and justified the beliefs of individuals and groups in taking action to create a healthy and prosperous society. In line with previous studies in Greece and Australia, it was revealed that the approach to reducing and inhibiting smoking behavior is through social and cultural support planning. This planning focuses on social norms, including those arising from social interactions. For example, a non-smoking family is hindered by the presence of children and partners. Additionally, according to the Theory of Driven Change, materialist approaches dominate health transitions in smoking behavior among the public, Bourdieu's class-based culture, and disseminating norms and emotions within social networks. In this context, cultural values play a role in tobacco control. Furthermore, physical health improvement is a priority for a community with strong traditions, connecting physical, psychological, social, and spiritual health. With this culture, the community must reject nicotine addiction among the people and unite against the industry. The health and well-being of a community with dominant traditions and culture are essential for future generations. Even in the United States, there is a misuse of marketing tactics aimed at utilizing native culture and counter-marketing tactics that increase awareness of the difference between commercial and traditional tobacco use. The culture of rural communities that is still authentic and preserved is a social capital that must be preserved in promoting awareness of the importance of maintaining a healthy environment to ensure the balance of humans and nature and provide physical and spiritual well-being.

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Lifestyle Without Tobacco Behavior in Villages

In terms of behavior, the community places environmental or health issues as the dominant aspect of "lifestyle without tobacco" (24.71%). However, motivation for education is stronger than aspects of religion, law, and economics. From the researcher's observations, the health or healthy environment aspect is the initial consideration behind the birth of smoke-free village regulations, considering the continuity of education for children in the village. Then, considerations of religion, law, and economics reinforce this program. So, from a health perspective, it subsequently affects the mindset of the sustainability of children's education, which aligns with previous research stating that education is a way for humans to develop their potential through formal, informal, and non-formal education processes in community life. The increased community education will influence human resources (HR). In line with the traditional approach, HR is viewed as one of the inputs in the factors of production, alongside capital and other resources, to improve the economy and impact regional development. Additionally, the religious aspect is also one of the values held by the community, indicating that smoking is an action that can harm oneself and others. Therefore, it should be prohibited or at least controlled (Interview: MI, MH, RH, ST). The Bone-Bone area has also been designated as a law-conscious village. Hence, the "lifestyle without tobacco" behavior is one form of compliance with regulations made by the government at various levels. Meanwhile, the economic aspect also supports this with a simple way of thinking that smoking can increase expenses that should be allocated for children's education or family welfare.

Correlation and Interaction of Actors, Culture/Kultur, and Behavior in Supporting Community Acceptance of Tobacco Control Law Education

One of the critical aspects of social capital that is influential today is trust-based social capital, which can play a significant role in community economic development. Social bonds within a community must be built on trust. The essential capital of solid social bonds is collaboration among group members or organizations; village communities will be built with collaboration among all community members. Collaboration will work well when based on trust among its members. So, how is the correlation and interaction of actors, culture, and "lifestyle without tobacco" behavior? The social capital of Bone-Bone village residents for a healthy lifestyle fosters collaboration and interaction among actors, culture, and "lifestyle without tobacco" behavior, as mapped in the Venn diagram in Figure 1.

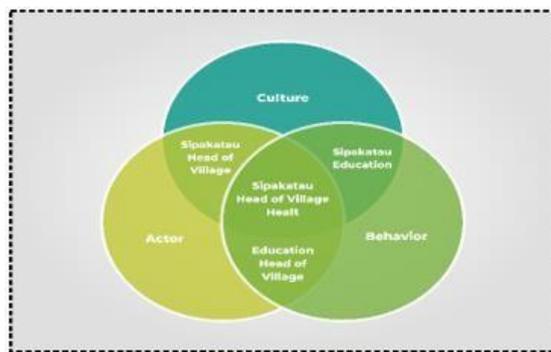


Figure 1. Venn Diagram of Tobacco Control Interaction and Collaboration

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Based on the Venn diagram in Figure 1, the role of the village head as a government figure is very central to the issue of Lifestyle Without Tobacco in the Bone-Bone village. The final interaction of the three components involves the culture of Sipakatau, the Village Head, and Health. It means that culturally (Sipakatau-Mutual respect), the people of Bone-Bone village already know the importance of being environmentally friendly. However, the challenge is that this awareness cannot be mitigated to quit smoking. There needs to be an actor who promotes healthy cultural change. The vital role of stakeholders (the village head) makes education a means of communication with the community in maintaining a smoke-free environment. The presence of religious values that uphold health and harmony with nature in the cultural traditions of Bone-Bone Village further convinces the people to live healthy lives without tobacco.

On the one hand, the dominance of the village head's leadership can facilitate the socialization and implementation of Lifestyle Without Tobacco. However, on the other hand, it may disrupt the sustainability of the smoke-free village if the village head is no longer in office. In this situation, what is needed is to accelerate the internalization of community awareness through education and health campaigns so that a tobacco-free lifestyle remains a matter of awareness and becomes a deeply rooted value and ideology of the village community. As early as possible, the dominance of actors in tobacco control should be reduced because to confront the tobacco epidemic, a synergistic, systemic, and participatory approach must be adopted [36]. It aligns with Actor-Network Theory, which suggests that the role of actors in the social networks of public health can be used to reconcile technical perspectives and integrate intervention processes and effects [23]. Therefore, actors must harness the culture and behavior of the community to become a deeply ingrained ideology that the struggle against tobacco is a network effort that must involve all components of society, and it is supported by values that grow from the local wisdom of the community and the religion practiced by the people in Indonesia.

From the previous discussion, it can be concluded that community-based tobacco control, in addition to being influenced by actors who play the roles of initiators, communicators, and dynamizers, is also supported by the culture of the community, which then shapes anti-tobacco behavior. In several countries such as Malaysia, Thailand, Canada, the United States, the United Kingdom, and Australia, attitudes and norms influence the decision to quit smoking. It means that the acceptance and response to tobacco control measures between countries can be explained by cultural values [37], including influencing perceptions of smoking [38]. Of course, the culture and norms mentioned come from the community's local wisdom and the interpretation of the religion practiced. Based on the findings of this research and previous research results, the following is a community-based tobacco control model explained in Figure 2.

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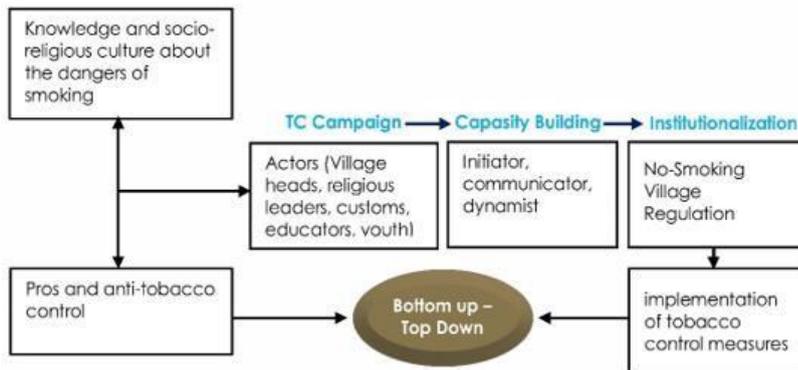


Figure 2. Village-Based Tobacco Control Model

In Figure 2, the Village-Based Tobacco Control Model begins with the village residents' understanding of the dangers of tobacco stemming from their culture and religious values. There may be pros and cons in the initial stages as tobacco has become a primary need for the village community, consumed at every religious and social event. Amidst this debate, actors usually come forward, often including the village head, educators, religious leaders, and youth, to mediate and provide solutions to the debate. It is when the roles of initiator, communicator, and dynamics come into play, marking the beginning of the Tobacco Control Campaign and the capacity-building of village residents to embrace the idea of a tobacco-free village. Subsequently, institutionalization occurs, resulting in tobacco-free village regulations born out of the campaign process and the capacity-building of village residents.

This model aligns with the findings of this research, where 70 percent reported quitting smoking immediately, and 30 percent quit gradually. Tobacco control policy implementation intervention programs must be consistently maintained to achieve long-term success gradually [39]. The stages of tobacco control will be practical if supported by the understanding of the community and sustained efforts from consistent actors, along with mass media campaigns [40]. Finally, tobacco control should continue beyond the creation of policies alone; there must be a widespread willingness to implement them, even on a small and limited scale.

IV. CONCLUSION

This research has found that actor, culture, and behavior factors greatly support community legal education. These three factors have correlations and interactions in maintaining the tradition of a lifestyle without tobacco. Actors, represented by the village head, traditional leaders, religious leaders, educators, and youth leaders, capture the awareness of protecting the environment from tobacco smoke (bottom-up) and follow up by formulating and establishing village regulations without tobacco smoke. Actors play roles as initiators, communicators, and dynamizers. Although actors dominate, the community is also supported by the noble value of *Sipakatau*, mutual respect, which is in harmony with religious teachings. Tobacco-free behavior is also supported by an understanding of health issues, which then shifts towards the continuity of the education of village children, legal compliance, and economic considerations.

These relationships and interactions give rise to a rural area free from tobacco smoke with zero percent prevalence, creating social balance within the village community.

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3. Revisions Required

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Sri Rahayu Amri, Andi Siti Umrah, Rahmad Solling Hamid, Rahmad:

We have reached a decision regarding your submission to Al-Hayat: Journal of Islamic Education. "The Implications of Legal Education in Tobacco Control".

Our decision is: Revisions Required

Umar Siddiq
(State Islamic Institute (IAIN) Ponorogo - Indonesia)
ashshiddiq@najahaofficial.id

Reviewer A:

General Comment

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Originality *
Good

Contribution to the Field *
Fair

Technical Quality *
Good

Clarity of Presentation *
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Depth of Research *

Title
Add words that show your writing is still within the scope of Islamic education. If it is still like this then readers will understand it with legal research

Abstract
Keep your findings short, this is too long to explain in the abstract

Introduction
In general, in the introduction, clarify and add a description of the Islamic community or religious community which is the subject and confirmation of Islamic education in this research.

Method
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Findings and Discussion
Include sources at the end of the table. Analyze data from where and when Here you should explain and explain what the table above means. There are at least three different discussions if you look at the table, first actors, then culture and also behavior. How to read the table if there is no information below it

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Reviewer B:

Title

Insert the phrase 'religious people' in your title, using it as the title of this article

Abstract

Not implications, but the value of the results of your research. That implication is the aim of your research, so turn originality into a plus point in what you get from the findings of this study

Introduction

Data and figures as well as all information that does not include a source will be rejected, considered as fake data, please provide a source that can be accessed

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Findings and Discussion

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Conclusion

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References

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General Comment

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Originality *

Good

Contribution to the Field *

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Technical Quality *

Good

Clarity of Presentation *

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The Implications of Legal Education for Lifestyle without Tobacco Culture in Muslim Communities

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ABSTRACT: Purpose: This study examines the implications of legal education in strengthening a tobacco-free lifestyle among the Muslim community.

Study design/methodology/approach: The research design is qualitative. The study took place in Bone-Bone Village, an exotic area in the Latimojong Mountains of Indonesia, which successfully implemented a tobacco-free lifestyle in all dimensions through legal education based on Islamic values. The study involved 135 participants who understood the research objectives and were willing to participate. Data was collected through interviews and focused group discussions. Data analysis was conducted using nVivo Basic 12.00 x32 for Windows.

Findings:The Village Regulations 2009 is the foundation for the community's legal education process. The community's acceptance of the tobacco-free area rules through legal education is very good. Supporting factors include: 1) Actors, such as the village head (34.78%), traditional leaders (26.09%), religious leaders (21.74%), and educators (13.04%); 2) Culture, mutual respect being a legal education value derived from local community wisdom (42.86%), and village residents complying with the rules; 3) Tobacco-free lifestyle is supported by awareness of maintaining a healthy environment (24.71%) and considering the continuation of education for children in the village. Actors, culture, and community behavior support legal compliance and awareness

Originality/value: Legal education has implications for a tobacco-free lifestyle, supported by actor factors playing roles as initiators, communicators, and drivers. The cultural factors of the community that uphold Islamic values and behavioral factors are manifestations of compliance with positive law, religious guidance, and a healthy lifestyle.

Keywords: Legal education, actors, culture, behavior.

I. INTRODUCTION

Worldwide, tobacco products and electronic cigarette (e-cigarette) usage are rising [1]. Tobacco consumption can cause various detrimental problems for society. The health effects of tobacco consumption lead to various non-communicable diseases or catastrophic diseases that incur high healthcare costs and reduce productivity. High tobacco consumption prevalence impacts poverty and persistent stunting in Indonesia. Moreover, tobacco can have negative health effects. There are ongoing risks associated with various harmful tobacco and nicotine products [2], [3].

Previous research has highlighted the significance of tobacco control at local, national, and international levels. In adults the pride associated with more frequent smoking has become a norm in rural Ugandan adults [4]. In the United States, sociodemographics, cigarette taxes, and tobacco advertising exposure are significant predictors of teenage tobacco use, and e-cigarettes are quickly altering the traditional patterns of tobacco use, especially in urban areas [5]. Regulations that can modify people's behavior are necessary. A study suggests that no-smoking signs, when not supported by regulations, do not significantly impact smoking behavior; therefore, installing no-smoking signs is crucial [6]. Studies in several countries support tobacco restrictions and the placement of health warning signs due to smoking behavior [7], and collaboration is considered strategically crucial for policy influence [8].

Various regulations and policies have been implemented by countries worldwide to control tobacco prevalence. In the United States, the Tobacco Control Act and the Family Smoking Prevention and Tobacco Control Act were enacted in 2009. In Indonesia, the Republic of Indonesia Law No. 36 of 2009 on Health and the Minister of Health Regulation No. 40 of 2013 on the Roadmap for Controlling the Impact of Cigarette Consumption on Health are in place.

Tobacco control in rural areas poses unique challenges in various countries, even in developed nations like the United States, where rural healthcare infrastructure also presents challenges for tobacco control efforts [9]. In contrast, tobacco control in rural areas of China is rarely enforced [10], even though rural communities frequently share cigarettes in their activities. In rural Madagascar, more smokers chew and smoke tobacco at alarming rates [11]. In India, tobacco control in rural areas has shown strong involvement of local leaders, program ownership, and commitment, thus helping in tobacco control, especially in resource-constrained settings [12]. Some countries that have succeeded in tobacco control efforts include Afghanistan, Cambodia, El Salvador, Laos, Romania, and Uganda. The Smoke-Free Law, which covers all public and workplace spaces, has made these countries the sixth-highest smoke-free nations [13]. Tobacco control policies are not just about formal legality; they require social legitimacy. Social legitimacy takes the form of community acceptance of the enforced rules. Communities need clear information for the law to be effectively implemented. Legal education is one appropriate way to enhance people's knowledge. Law cannot be studied without first studying the people and culture where they reside [14]. Legal education in the community involves providing information about the rules in place, the reasons for their enactment, the binding sanctions, legal awareness, and compliance [15], [16]. In Islamic teachings, some believe that smoking is a forbidden act. It is explained in Surah al-Baqarah (195 and 219), Surah al-A'raf (157), Surah al-Maidah (90-91), and in Islamic jurisprudence interpreted by Ibn Kathir that spending for a good and righteous cause is jihad in the way of Allah. At the same time, smoking is not a righteous act as it can harm health [17]. The Fatwa (Islamic legal ruling) of the Ulama Commission of Indonesia III, organized by the Indonesian Ulema Council (Majelis

Ulama Indonesia), produced three decisions: 1) smoking is considered makruh (discouraged) and haram (forbidden); 2) entrusting the central MUI to issue a fatwa on the permissibility (makruh or haram) of smoking; 3) smoking is haram in four places: public places, around children, around pregnant women, and for members of MUI [18]. This research investigates the implications of legal education in strengthening a lifestyle without tobacco among religious communities in an area inhabited entirely by Muslims. Legal education is directed toward obedience based on legal consciousness, culture, and Islamic values integrated into communal life. This research occurs at the foot of Mount Latimojong, in a rural area that still values mutual cooperation. Based on the initial survey conducted by the researcher, this village has successfully implemented a lifestyle without tobacco with a prevalence rate of zero percent. A gradual quitting process has been observed in 70% of active smokers, while the remaining 30% immediately stopped smoking through Village Regulations. These findings are supported by previous research stating that Bone-Bone Village is an area with a non-smoking culture among its people [19]. This area has successfully enforced a ban on smoking activities, production, sale, advertising, and promotion of cigarettes in the village. Innovations that emerge from rural communities should be developed as models for other areas with similar characteristics, with the administrative strengthening of community leaders. The rural village movement can begin in a village far from information centers, but its people have a health-conscious culture that aligns with religious and cultural values.

II. METHOD

This research is qualitative and descriptive. Qualitative research is a model based on the post-positivism philosophy used to study natural object conditions. The informants are residents of rural areas who have successfully implemented a Lifestyle Without Tobacco, totaling 135 individuals, selected purposefully, with the main characteristic being non-smokers. Data collection methods include observation, in-depth interviews, and discussions, which require significant time, making it impractical to sample many informants. Additionally, qualitative research has three main observed components. First is where social interactions occur, in this case, Bone-Bone Village in Enrekang. Second, the actors or individuals playing specific roles in implementing the Lifestyle Without Tobacco. In this context, actors are community leaders who mutually contribute to implementing the tobacco-free lifestyle. Third, the activities are conducted with the support of the existing culture to foster interactions in the rural setting.

Data was collected through participant observation, with the following details: (i) observing the activities of residents, particularly their tobacco-free behavior; (ii) observing economic centers like shops to ensure no cigarette buying or selling activities were taking place; and (iii) observing religious activities in various social events. The researcher used observation guidelines to record these activities. To ensure the validity of the observations, field notes [21] were used to document various events related to informant activities in this research.

The Discovering Cultural Themes model collected themes, cultural focuses, values, and symbols in each domain [22]. Data analysis was carried out using qualitative data analysis software to manage the data collected in the field, specifically, nVivo Basic 10.00 for Windows. NVivo is a qualitative data analysis tool Qualitative Solutions and Research (QSR) International developed. NVivo facilitates qualitative data processing through highlighting, note-taking, and idea linkage [23]. The data analysis involved

triangulating data [23] and comprised three stages: data reduction, data display, and conclusion and verification.

III. RESULT AND DISCUSSION

Solid data and findings must undoubtedly drive regulations and tobacco control policies to ensure that government policies are on target. Various institutions have conducted research and studies on tobacco control to study its impact from various development aspects. Evidence obtained through research can significantly contribute to formulating public policies that will have a meaningful impact on society. This research was conducted in rural communities, which are highly prevalent in Indonesia. In some surveys, within low-income households, tobacco spending ranks second after rice [24]. The findings of this research are compiled to provide data-based insights and findings related to the tobacco control situation in rural Indonesia under the scope of Sustainable Development Goals for a healthy Indonesia. What are the implications for legal education influenced by the roles and strengths of actors and culture in shaping a lifestyle without tobacco?

The Role of Actors in the Implications of Legal Education for a Tobacco-Free Lifestyle in Muslim Communities.

Table 1. Respondents' Responses in Lifestyle Without Tobacco Behavior

| Item/Aspect | Indicator | Dimension | Respond (%) | |
|-----------------|-------------|------------------------------------|-------------|--------|
| Actor | Institution | Village Head | 34.78% | |
| | | Religious Figure | 21.74% | |
| | | Cultural Figure | 26.09% | |
| | | Youth Figure | 4.35% | |
| | | Education Figure | 13.04% | |
| | Actor Role | Dynamism (47.06%) | | |
| | | - Reminder | | 25.00% |
| | | - Imposition of Sanctions | | 31.25% |
| | | - Village Regulation Determination | | 43.75% |
| | | Initiator (23.53%) | | |
| | | - Bottom up | | 37.50% |
| | | - Top down | | 62.50% |
| | | Communicator (29.41%) | | |
| | | - Deliberation | | 40.00% |
| - Socialization | | 60.00% | | |

Source: Primary data, 2022 (nVivo 12 Output)

Based on Table 1, the central actors in implementing and establishing village regulations without tobacco smoke play a vital role. The village head is the most dominant (34.78%), followed by traditional leaders (26.09%), religious leaders (21.74%), educators (13.04%), and youth leaders (4.35%). In this aspect, the village regulations regarding smoke-free areas in Bone-Bone Village are initiated and driven by these influential figures who are highly respected by the community (Sipakatau 42.86%). In the village, these leaders hold a patronage position in every word, attitude, and action. An exciting aspect of this finding is that leadership in Bone-Bone Village plays a significant role in health issues, making it reasonable for village regulations to be established and implemented. Even the initiators are predominantly top-down (62.5%).

However, it should be noted that the initial idea/environmental issue started with villagers recognizing the importance of a healthy lifestyle based on Islamic teachings, which community leaders and the village head then followed up. Public awareness and compliance arise from understanding the values of Islamic teachings that smoking is a wasteful act. Actors are initiators and communicators, and the most dominant role is dynamism (47.06%). It indicates that the implementation of the village regulations must continuously be monitored to prevent the degradation of the noble concept of a smoke-free, healthy life.

This finding confirms that village regulations without tobacco smoke provide a platform for local leaders to demonstrate their leadership in the village. Anheir, Gerhards, and Romo state that the positions of various agents or actors in the environment are determined by the amount and relative weight of the capital they possess [25]. Each actor occupying a particular environment can be used as a strategy and can be utilized for specific positions. Meanwhile, [26] quantified Bourdieu's theory by calculating the influence index of actors based on the capital they possess. The role of actors in social networks for public health can be used to reconcile technical views and integrate the process and effects of interventions [27]. Even in Bangladesh, civil society movements coordinated by actors successfully monitored violations of tobacco use and the enforcement of tobacco control laws [28]. However, in fostering public compliance with these regulations, the government must clearly define who will implement sanctions to achieve the goals to the maximum extent [29]. Additionally, the involvement of actors from the central government to the local level has the potential to support public health in tobacco control and advance individual rights in improving health by utilizing activist traditions (locally) [30]. Similarly, according to Crosby, to create social change in society through tobacco control, it is essential to involve various actors such as communities, stakeholders (government from national to local levels), private institutions, and civil society organizations [31].

Role of Culture in the Implications of Legal Education for Lifestyle without Tobacco in the Muslim Community

Table 2. Respondent's Responses in the Cultural Aspect of Lifestyle Without Tobacco

| Item/Aspect | Indicator | Dimension | Respond (%) |
|-------------|-----------------|---------------|-------------|
| Culture | Dominated Value | Sipakatau | 42.86% |
| | | Sipakalakbi | 9.52% |
| | | Sipakario | 28.57% |
| | | Sipangingaran | 19.05% |

Source: Primary Data, 2022 (nVivo 12 Output)

Based on Table 2, Sipakatau/mutual respect dominates the cultural values of implementing a lifestyle without tobacco (42.86%), followed by Sipakario/mutual rejoicing (28.57%). These are followed by Sipakalakbi/mutual improvement and Sipangingaran/mutual reminding. The culture that prevails in the Bone-Bone community is based on a belief in the values of religion, emphasizing mutual respect and rejoicing. For example, in Surah Al-Hujurat, verses 11-13 of the Quran, tasamuh (people must mutually respect and honor each other) is emphasized, mutual rejoicing is found in Surah Az-Zumar, verse 10, which highlights that those who consistently do good deeds in this world will bring goodness to themselves. Mutual reminding, found in Surah Al-Ashr, emphasizes that humans are commanded to advise one another truthfully. In addition, the villagers of Bone-Bone have a high level of health awareness.

It can explain the alignment of values between traditional culture and religion, making both traditional and religious leaders equally important. It can also be interpreted that the village community needs to rigidly separate leaders based on tradition and religion since traditional leaders are often influential religious figures.

This finding aligns with other research, recommending that culture and community networks supporting tobacco control enhance network cohesion and embrace other community groups to increase involvement and communication with policymakers [32]. In many countries around the world, it has been found that cultural values influence perceptions of tobacco production and smoking behavior. The cultural values and aspects are inherent in a region are not easily influenced by external forces. Culture represents a set of unique values and beliefs in a community. These cultural values have shaped and justified the beliefs of individuals and groups in taking action to create a healthy and prosperous society [33]. Consistent with previous studies in Greece and Australia, it has been revealed that the approach to reducing and inhibiting smoking behavior focuses on social and cultural support planning. This planning focuses on social norms, including those arising from social interactions. For example, a non-smoking family is inhibited by the presence of children and their partners [34]. Furthermore, according to the Health Transition Theory, health transition in smoking behavior among communities is dominated by materialistic approaches, class-based culture, as exemplified by Bourdieu, and the dissemination of norms and emotions in social networks [35]. In this context, cultural values play a role in tobacco control. Additionally, improving physical health is a priority for a community with strong cultural ties, linking physical, psychological, social, and spiritual health. With this culture, the community must act to reject nicotine addiction among the people and unite against the industry. The health and well-being of communities with a dominant culture are crucial for future generations [36]. Even in America, the tobacco industry misuses marketing tactics targeted at Native cultures and counter-marketing tactics that raise awareness of the difference between commercial and traditional tobacco use [37]. The preserved and authentic culture of the village community is a social asset that must be preserved in promoting awareness of the importance of maintaining a healthy environment, ensuring the balance of humans and nature, and providing physical and spiritual well-being.

Role of Behavior in the Implications of Legal Education for Lifestyle without Tobacco in the Muslim Community

Table 3. Respondent's Responses in the Behavioral Aspect of Lifestyle Without Tobacco

| Item/Aspect | Indicator | Dimension | Respond (%) |
|------------------|-----------|-------------------------------------|-------------|
| Behaviour | Religion | <i>Haram</i> | 62.50% |
| | | <i>Makruh</i> | 37.50% |
| | Law | - Village Regulation Implementation | 70.00% |
| | | - Gradual | 30.00% |
| | | Immediate Effectiveness | |
| | | - | 37.50% |
| | | - Citizen Behaviour | 62.50% |
| | | Rejecting | 9.52% |

| Item/Aspect | Indicator | Dimension | Respond (%) |
|-------------|--|-------------------------------------|-------------|
| | | Supporting | 57.14% |
| | | | 33.33% |
| | Health (effects of smoking) | Mothers' Complaints | 28.57% |
| | | Health complaints (cough, fatigue) | 39.29% |
| | | Reduced performance | 32.14% |
| | Education (benefits of not smoking) | | 33.33% |
| | | Children completing their Education | 22.22% |
| | | Continuing college | 27.78% |
| | | School expenses covered | 16.67% |

Source: Primary Data, 2022 (nVivo 12 Output)

Based on Table 3, in terms of behavior, the community considers religious beliefs, law, health, education, and the economy crucial in implementing a lifestyle without tobacco. The community's response to religious beliefs that consider smoking as a sinful act is 62.50%. In terms of law, the gradual acceptance of the village regulation (Perdes) is 70%. The awareness of the health impact of smoking is 57.14%. The community sees the benefits in terms of education, with many children continuing their education to higher levels (39.29%). In terms of the economy, the community has experienced reduced income (33.3%). From the researcher's observations, these five behavioral aspects were the initial considerations for creating the village regulation without tobacco. Religious, legal, and economic considerations served as the backbone of this program. The next consideration was the continued education of children in the village. Furthermore, health issues affected the mindset regarding the sustainability of children's education, in line with previous research that stated that education is a way for individuals to develop their potential through formal, informal, and non-formal education processes in community life. The increasing education of the community will affect human resources itself. According to the traditional approach, human resources are considered one of the inputs in the production factor, alongside capital and other resources to increase the economy and have an impact on regional development. Additionally, religious aspects were also firmly held values by the community, such that smoking is an act that can harm one's body and those around them and should, therefore, be prohibited or at least controlled. The Bone-Bone area has also been designated as a legally aware village. Hence, a lifestyle without tobacco is one way of obedience to regulations made by various levels of government. While the economic aspect also acts as a supporting factor through a simple way of thinking, that smoking can increase expenses that should be allocated for children's education or family welfare.

Correlation and Interaction of Actors, Culture, and Behavior in Supporting Public Acceptance of Tobacco Control Legal Education

One of the essential components of social capital today is trust-based social capital, which can play a significant role in community economic development. The social bonds in a community need to be strengthened by trust in the values of religion that create legal awareness among the people. The fundamental building block of solid social bonds is cooperation among group members or organizations, and community cooperation will be well established when there is trust among its members. The correlation and interaction of actors, culture, and behavior in lifestyle without tobacco are shown in the Venn diagram in Figure 1.

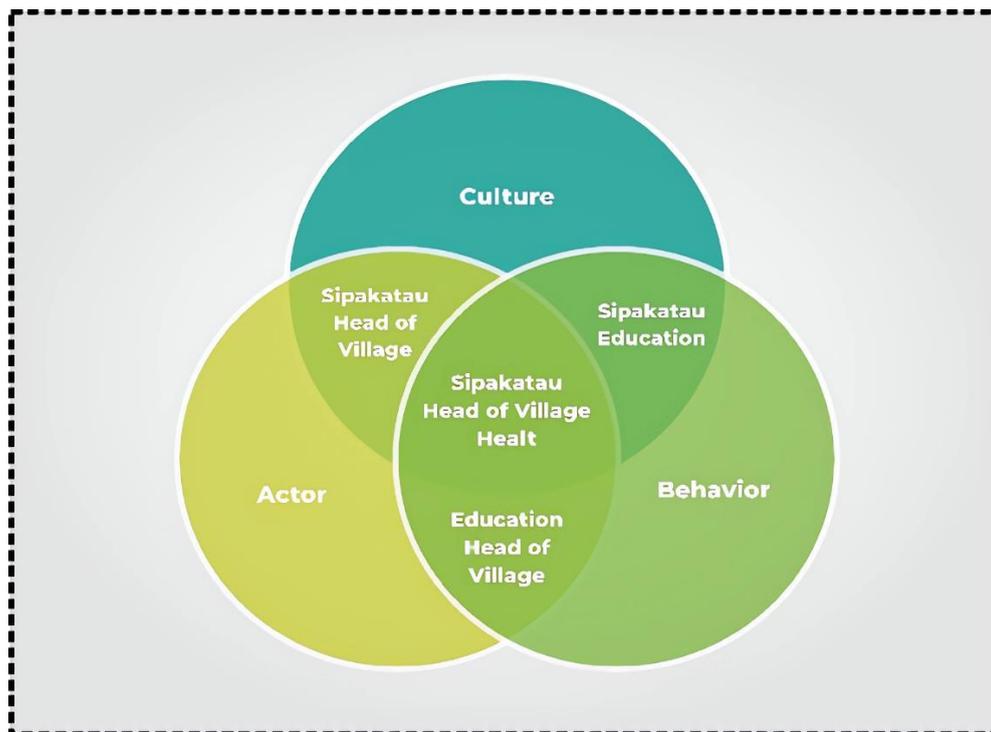


Figure 1. Venn Diagram of Tobacco Control Interactions and Collaborations
(Source: Primary Data, 2022 (nVivo 12 Output))

Based on the Venn diagram in Figure 1, the role of the village head as a government figure is highly central in the issue of Lifestyle Without Tobacco in the Bone-Bone village. The final interaction of the three components involves the culture of Sipakatau, the village head (Kades), and Health. It means that culturally (Sipakatau - Mutual Respect), the residents of Bone-Bone village have already realized the importance of environmental friendliness. However, the challenge lies in translating this awareness into not smoking. There must be actors who promote a healthy cultural environment. The vital role of stakeholders (the village head) makes education the means of communication with the residents in maintaining a smoke-free vision. The presence of religious values, which form the basis of prioritizing health and harmonizing with nature in the cultural heritage of the Bone-Bone village, further convinces residents to lead a healthy life without tobacco smoke.

The dominance of the village head's leadership simplifies the socialization and implementation of Lifestyle Without Tobacco. Furthermore, efforts are required to accelerate the internalization of awareness among the residents through legal education and health campaigns so that a tobacco-free lifestyle becomes not just awareness but a deeply rooted value and ideology for the villagers. To combat the tobacco epidemic, a synergistic, systemic, and participatory multi-sectoral approach must be adopted [40]. It aligns with the Actor-Network Theory, indicating that actors' role in the public health social network can be used to reconcile technical views and integrate the processes and effects of interventions [27]. Actors should leverage the culture and behavior of the community to become a deeply rooted ideology, where the fight against tobacco is a network effort that involves all components of the community and is supported by values derived from the local wisdom of the community and the religion embraced by the people of Indonesia.

From the earlier discussion, it can be concluded that community-based tobacco control is influenced not only by actors who play the roles of initiators, communicators, and dynamics but is also supported by the community culture, which forms anti-tobacco behaviors. In several countries such as Malaysia, Thailand, Canada, the United States, the United Kingdom, and Australia, attitudes and norms have an impact on smoking cessation decisions. It means that the acceptance and reactions to tobacco control between countries can be explained by cultural values [41], including their influence on perceptions of smoking [42]. Of course, the culture and norms referred to are derived from the community's local wisdom and the interpretation of the religious teachings embraced. Based on the findings of this study and previous research, the community-based tobacco control model is illustrated in Figure 2.

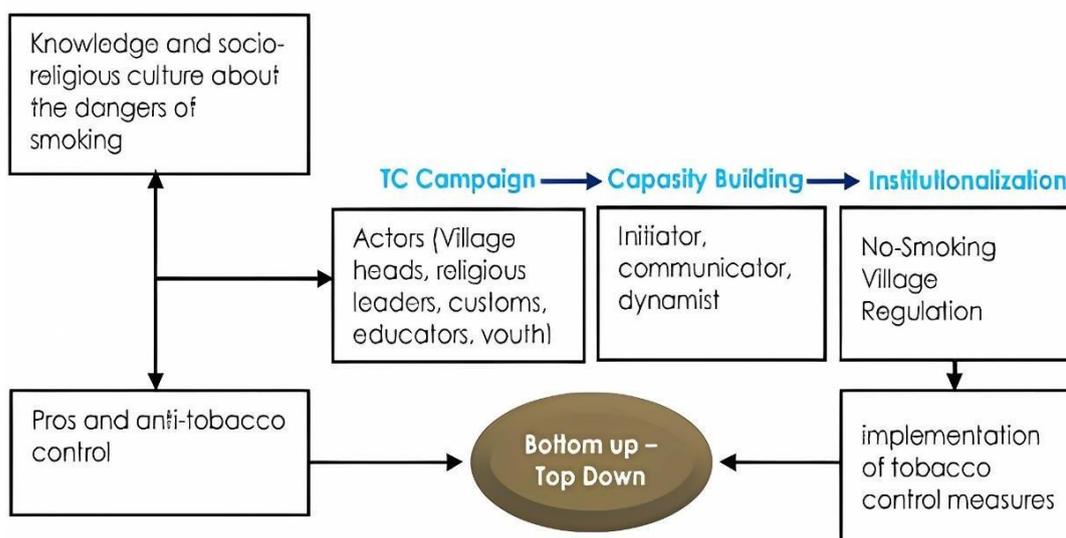


Figure 2. Community-Based Tobacco Control Model
 (Source: Primary Data, 2022 (Output nVivo 12))

In Figure 2, the village-based tobacco control model begins with the rural residents' understanding of the dangers of smoking, rooted in their culture and religious values. Following Islamic teachings that smoking behavior is considered unbeneficial, this is reflected in the words of Allah (SWT), as stated in the Quran, Surah Al-Asr, verses 1-3, which say, "By time, indeed, mankind is in loss, except for those who have believed and done righteous deeds and advised each other to truth and advised each other to patience."

There may be pros and cons in the initial stages because tobacco has become a primary need for rural communities and is consumed in every religious and social event. Amid this debate, various actors, often coming from local leaders, educators, religious figures, and youth, will mediate and provide solutions to the debate. At this point, roles as initiators, communicators, and catalysts will be performed, marking the beginning of the Tobacco Control Campaign and the empowerment of rural residents to embrace a smoke-free village concept.

Subsequently, there will be institutionalization by establishing smoke-free village regulations, resulting from the campaign process and the capacity-building of rural residents. This model aligns with the findings of this research, where 70% stated they quit smoking immediately, and 30% quit gradually. Therefore, Tobacco control policy implementation interventions must be continuously maintained for long-term success

gradually [43]. The stages of tobacco control will be practical when supported by community understanding and consistent efforts from various actors, alongside mass media socialization [44]. Finally, tobacco control should not merely stop at policy implementation but require a broad willingness to enforce it, even on a small and limited scale.

IV. CONCLUSION

This research has found that actors, culture, and behavior factors strongly support community legal education. These three factors correlate and interact in maintaining the tradition of a lifestyle without tobacco. Actors represented by the village head, traditional leaders, religious figures, educators, and youth leaders have grasped the awareness of preserving the environment from cigarette smoke (bottom-up) and followed up by drafting and establishing village regulations without cigarette smoke. Actors play the roles of initiators, communicators, and dynamic agents. Although actors dominate, the community is also supported by the noble value of "Sipakatau," which is mutual respect in harmony with religious teachings. Understanding health issues also supports non-smoking behavior, then shifts towards the continuity of children's education in the village, legal compliance, and economic considerations. These relationships and interactions have created a rural area free from cigarette smoke with zero prevalence and created social balance within the village.

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The Implications of Legal Education for Lifestyle without Tobacco Culture in Muslim Communities

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ABSTRACT: Purpose: This study examines the implications of legal education in strengthening a tobacco-free lifestyle among the Muslim community.

Study design/methodology/approach: The research design is qualitative. The study took place in Bone-Bone Village, an exotic area in the Latimojong Mountains of Indonesia, which successfully implemented a tobacco-free lifestyle in all dimensions through legal education based on Islamic values. The study involved 135 participants who understood the research objectives and were willing to participate. Data was collected through interviews and focused group discussions. Data analysis was conducted using nVivo Basic 12.00 x32 for Windows.

Findings:The Village Regulations 2009 is the foundation for the community's legal education process. The community's acceptance of the tobacco-free area rules through legal education is very good. Supporting factors include: 1) Actors, such as the village head (34.78%), traditional leaders (26.09%), religious leaders (21.74%), and educators (13.04%); 2) Culture, mutual respect being a legal education value derived from local community wisdom (42.86%), and village residents complying with the rules; 3) Tobacco-free lifestyle is supported by awareness of maintaining a healthy environment (24.71%) and considering the continuation of education for children in the village. Actors, culture, and community behavior support legal compliance and awareness

Originality/value: Legal education has implications for a tobacco-free lifestyle, supported by actor factors playing roles as initiators, communicators, and drivers. The cultural factors of the community that uphold Islamic values and behavioral factors are manifestations of compliance with positive law, religious guidance, and a healthy lifestyle.

Keywords: Legal education, actors, culture, behavior.

I. INTRODUCTION

Worldwide, tobacco products and electronic cigarette (e-cigarette) usage are rising [1]. Tobacco consumption can cause various detrimental problems for society. The health effects of tobacco consumption lead to various non-communicable diseases or catastrophic diseases that incur high healthcare costs and reduce productivity. High tobacco consumption prevalence impacts poverty and persistent stunting in Indonesia. Moreover, tobacco can have negative health effects. There are ongoing risks associated with various harmful tobacco and nicotine products [2], [3].

Previous research has highlighted the significance of tobacco control at local, national, and international levels. In adults the pride associated with more frequent smoking has become a norm in rural Ugandan adults [4]. In the United States, sociodemographics, cigarette taxes, and tobacco advertising exposure are significant predictors of teenage tobacco use, and e-cigarettes are quickly altering the traditional patterns of tobacco use, especially in urban areas [5]. Regulations that can modify people's behavior are necessary. A study suggests that no-smoking signs, when not supported by regulations, do not significantly impact smoking behavior; therefore, installing no-smoking signs is crucial [6]. Studies in several countries support tobacco restrictions and the placement of health warning signs due to smoking behavior [7], and collaboration is considered strategically crucial for policy influence [8].

Various regulations and policies have been implemented by countries worldwide to control tobacco prevalence. In the United States, the Tobacco Control Act and the Family Smoking Prevention and Tobacco Control Act were enacted in 2009. In Indonesia, the Republic of Indonesia Law No. 36 of 2009 on Health and the Minister of Health Regulation No. 40 of 2013 on the Roadmap for Controlling the Impact of Cigarette Consumption on Health are in place.

Tobacco control in rural areas poses unique challenges in various countries, even in developed nations like the United States, where rural healthcare infrastructure also presents challenges for tobacco control efforts [9]. In contrast, tobacco control in rural areas of China is rarely enforced [10], even though rural communities frequently share cigarettes in their activities. In rural Madagascar, more smokers chew and smoke tobacco at alarming rates [11]. In India, tobacco control in rural areas has shown strong involvement of local leaders, program ownership, and commitment, thus helping in tobacco control, especially in resource-constrained settings [12]. Some countries that have succeeded in tobacco control efforts include Afghanistan, Cambodia, El Salvador, Laos, Romania, and Uganda. The Smoke-Free Law, which covers all public and workplace spaces, has made these countries the sixth-highest smoke-free nations [13]. Tobacco control policies are not just about formal legality; they require social legitimacy. Social legitimacy takes the form of community acceptance of the enforced rules. Communities need clear information for the law to be effectively implemented. Legal education is one appropriate way to enhance people's knowledge. Law cannot be studied without first studying the people and culture where they reside [14]. Legal education in the community involves providing information about the rules in place, the reasons for their enactment, the binding sanctions, legal awareness, and compliance [15], [16]. In Islamic teachings, some believe that smoking is a forbidden act. It is explained in Surah al-Baqarah (195 and 219), Surah al-A'raf (157), Surah al-Maidah (90-91), and in Islamic jurisprudence interpreted by Ibn Kathir that spending for a good and righteous cause is jihad in the way of Allah. At the same time, smoking is not a righteous act as it can harm health [17]. The Fatwa (Islamic legal ruling) of the Ulama Commission of Indonesia III, organized by the Indonesian Ulema Council (Majelis

Ulama Indonesia), produced three decisions: 1) smoking is considered makruh (discouraged) and haram (forbidden); 2) entrusting the central MUI to issue a fatwa on the permissibility (makruh or haram) of smoking; 3) smoking is haram in four places: public places, around children, around pregnant women, and for members of MUI [18]. This research investigates the implications of legal education in strengthening a lifestyle without tobacco among religious communities in an area inhabited entirely by Muslims. Legal education is directed toward obedience based on legal consciousness, culture, and Islamic values integrated into communal life. This research occurs at the foot of Mount Latimojong, in a rural area that still values mutual cooperation. Based on the initial survey conducted by the researcher, this village has successfully implemented a lifestyle without tobacco with a prevalence rate of zero percent. A gradual quitting process has been observed in 70% of active smokers, while the remaining 30% immediately stopped smoking through Village Regulations. These findings are supported by previous research stating that Bone-Bone Village is an area with a non-smoking culture among its people [19]. This area has successfully enforced a ban on smoking activities, production, sale, advertising, and promotion of cigarettes in the village. Innovations that emerge from rural communities should be developed as models for other areas with similar characteristics, with the administrative strengthening of community leaders. The rural village movement can begin in a village far from information centers, but its people have a health-conscious culture that aligns with religious and cultural values.

II. METHOD

This research is qualitative and descriptive. Qualitative research is a model based on the post-positivism philosophy used to study natural object conditions. The informants are residents of rural areas who have successfully implemented a Lifestyle Without Tobacco, totaling 135 individuals, selected purposefully, with the main characteristic being non-smokers. Data collection methods include observation, in-depth interviews, and discussions, which require significant time, making it impractical to sample many informants. Additionally, qualitative research has three main observed components. First is where social interactions occur, in this case, Bone-Bone Village in Enrekang. Second, the actors or individuals playing specific roles in implementing the Lifestyle Without Tobacco. In this context, actors are community leaders who mutually contribute to implementing the tobacco-free lifestyle. Third, the activities are conducted with the support of the existing culture to foster interactions in the rural setting.

Data was collected through participant observation, with the following details: (i) observing the activities of residents, particularly their tobacco-free behavior; (ii) observing economic centers like shops to ensure no cigarette buying or selling activities were taking place; and (iii) observing religious activities in various social events. The researcher used observation guidelines to record these activities. To ensure the validity of the observations, field notes [21] were used to document various events related to informant activities in this research.

The Discovering Cultural Themes model collected themes, cultural focuses, values, and symbols in each domain [22]. Data analysis was carried out using qualitative data analysis software to manage the data collected in the field, specifically, nVivo Basic 10.00 for Windows. NVivo is a qualitative data analysis tool Qualitative Solutions and Research (QSR) International developed. NVivo facilitates qualitative data processing through highlighting, note-taking, and idea linkage [23]. The data analysis involved

triangulating data [23] and comprised three stages: data reduction, data display, and conclusion and verification.

III. RESULT AND DISCUSSION

Solid data and findings must undoubtedly drive regulations and tobacco control policies to ensure that government policies are on target. Various institutions have conducted research and studies on tobacco control to study its impact from various development aspects. Evidence obtained through research can significantly contribute to formulating public policies that will have a meaningful impact on society. This research was conducted in rural communities, which are highly prevalent in Indonesia. In some surveys, within low-income households, tobacco spending ranks second after rice [24]. The findings of this research are compiled to provide data-based insights and findings related to the tobacco control situation in rural Indonesia under the scope of Sustainable Development Goals for a healthy Indonesia. What are the implications for legal education influenced by the roles and strengths of actors and culture in shaping a lifestyle without tobacco?

The Role of Actors in the Implications of Legal Education for a Tobacco-Free Lifestyle in Muslim Communities.

Table 1. Respondents' Responses in Lifestyle Without Tobacco Behavior

| Item/Aspect | Indicator | Dimension | Respond (%) | |
|-----------------|-------------|------------------------------------|-------------|--------|
| Actor | Institution | Village Head | 34.78% | |
| | | Religious Figure | 21.74% | |
| | | Cultural Figure | 26.09% | |
| | | Youth Figure | 4.35% | |
| | | Education Figure | 13.04% | |
| | Actor Role | Dynamism (47.06%) | | |
| | | - Reminder | | 25.00% |
| | | - Imposition of Sanctions | | 31.25% |
| | | - Village Regulation Determination | | 43.75% |
| | | Initiator (23.53%) | | |
| | | - Bottom up | | 37.50% |
| | | - Top down | | 62.50% |
| | | Communicator (29.41%) | | |
| | | - Deliberation | | 40.00% |
| - Socialization | | 60.00% | | |

Source: Primary data, 2022 (nVivo 12 Output)

Based on Table 1, the central actors in implementing and establishing village regulations without tobacco smoke play a vital role. The village head is the most dominant (34.78%), followed by traditional leaders (26.09%), religious leaders (21.74%), educators (13.04%), and youth leaders (4.35%). In this aspect, the village regulations regarding smoke-free areas in Bone-Bone Village are initiated and driven by these influential figures who are highly respected by the community (Sipakatau 42.86%). In the village, these leaders hold a patronage position in every word, attitude, and action. An exciting aspect of this finding is that leadership in Bone-Bone Village plays a significant role in health issues, making it reasonable for village regulations to be established and implemented. Even the initiators are predominantly top-down (62.5%).

However, it should be noted that the initial idea/environmental issue started with villagers recognizing the importance of a healthy lifestyle based on Islamic teachings, which community leaders and the village head then followed up. Public awareness and compliance arise from understanding the values of Islamic teachings that smoking is a wasteful act. Actors are initiators and communicators, and the most dominant role is dynamism (47.06%). It indicates that the implementation of the village regulations must continuously be monitored to prevent the degradation of the noble concept of a smoke-free, healthy life.

This finding confirms that village regulations without tobacco smoke provide a platform for local leaders to demonstrate their leadership in the village. Anheir, Gerhards, and Romo state that the positions of various agents or actors in the environment are determined by the amount and relative weight of the capital they possess [25]. Each actor occupying a particular environment can be used as a strategy and can be utilized for specific positions. Meanwhile, [26] quantified Bourdieu's theory by calculating the influence index of actors based on the capital they possess. The role of actors in social networks for public health can be used to reconcile technical views and integrate the process and effects of interventions [27]. Even in Bangladesh, civil society movements coordinated by actors successfully monitored violations of tobacco use and the enforcement of tobacco control laws [28]. However, in fostering public compliance with these regulations, the government must clearly define who will implement sanctions to achieve the goals to the maximum extent [29]. Additionally, the involvement of actors from the central government to the local level has the potential to support public health in tobacco control and advance individual rights in improving health by utilizing activist traditions (locally) [30]. Similarly, according to Crosby, to create social change in society through tobacco control, it is essential to involve various actors such as communities, stakeholders (government from national to local levels), private institutions, and civil society organizations [31].

Role of Culture in the Implications of Legal Education for Lifestyle without Tobacco in the Muslim Community

Table 2. Respondent's Responses in the Cultural Aspect of Lifestyle Without Tobacco

| Item/Aspect | Indicator | Dimension | Respond (%) |
|-------------|-----------------|---------------|-------------|
| Culture | Dominated Value | Sipakatau | 42.86% |
| | | Sipakalakbi | 9.52% |
| | | Sipakario | 28.57% |
| | | Sipangingaran | 19.05% |

Source: Primary Data, 2022 (nVivo 12 Output)

Based on Table 2, Sipakatau/mutual respect dominates the cultural values of implementing a lifestyle without tobacco (42.86%), followed by Sipakario/mutual rejoicing (28.57%). These are followed by Sipakalakbi/mutual improvement and Sipangingaran/mutual reminding. The culture that prevails in the Bone-Bone community is based on a belief in the values of religion, emphasizing mutual respect and rejoicing. For example, in Surah Al-Hujurah, verses 11-13 of the Quran, tasamuh (people must mutually respect and honor each other) is emphasized, mutual rejoicing is found in Surah Az-Zumar, verse 10, which highlights that those who consistently do good deeds in this world will bring goodness to themselves. Mutual reminding, found in Surah Al-Ashr, emphasizes that humans are commanded to advise one another truthfully. In addition, the villagers of Bone-Bone have a high level of health awareness.

It can explain the alignment of values between traditional culture and religion, making both traditional and religious leaders equally important. It can also be interpreted that the village community needs to rigidly separate leaders based on tradition and religion since traditional leaders are often influential religious figures.

This finding aligns with other research, recommending that culture and community networks supporting tobacco control enhance network cohesion and embrace other community groups to increase involvement and communication with policymakers [32]. In many countries around the world, it has been found that cultural values influence perceptions of tobacco production and smoking behavior. The cultural values and aspects are inherent in a region are not easily influenced by external forces. Culture represents a set of unique values and beliefs in a community. These cultural values have shaped and justified the beliefs of individuals and groups in taking action to create a healthy and prosperous society [33]. Consistent with previous studies in Greece and Australia, it has been revealed that the approach to reducing and inhibiting smoking behavior focuses on social and cultural support planning. This planning focuses on social norms, including those arising from social interactions. For example, a non-smoking family is inhibited by the presence of children and their partners [34]. Furthermore, according to the Health Transition Theory, health transition in smoking behavior among communities is dominated by materialistic approaches, class-based culture, as exemplified by Bourdieu, and the dissemination of norms and emotions in social networks [35]. In this context, cultural values play a role in tobacco control. Additionally, improving physical health is a priority for a community with strong cultural ties, linking physical, psychological, social, and spiritual health. With this culture, the community must act to reject nicotine addiction among the people and unite against the industry. The health and well-being of communities with a dominant culture are crucial for future generations [36]. Even in America, the tobacco industry misuses marketing tactics targeted at Native cultures and counter-marketing tactics that raise awareness of the difference between commercial and traditional tobacco use [37]. The preserved and authentic culture of the village community is a social asset that must be preserved in promoting awareness of the importance of maintaining a healthy environment, ensuring the balance of humans and nature, and providing physical and spiritual well-being.

Role of Behavior in the Implications of Legal Education for Lifestyle without Tobacco in the Muslim Community

Table 3. Respondent's Responses in the Behavioral Aspect of Lifestyle Without Tobacco

| Item/Aspect | Indicator | Dimension | Respond (%) |
|------------------|-----------|-----------------------------------|-------------|
| Behaviour | Religion | <i>Haram</i> | 62.50% |
| | | <i>Makruh</i> | 37.50% |
| | Law | Village Regulation Implementation | |
| | | - Gradual | 70.00% |
| | | - Immediate Effectiveness | 30.00% |
| | | Citizen Behaviour | |
| | | - Rejecting | 37.50% |
| | | - Supporting | 62.50% |

| Item/Aspect | Indicator | Dimension | Respond (%) |
|-------------------------|--|-------------------------------------|-------------|
| | Health (effects of smoking) | Mothers' Complaints | 9.52% |
| | | Health complaints (cough, fatigue) | 57.14% |
| | | Reduced performance | 33.33% |
| | Education (benefits of not smoking) | Children completing their Education | 28.57% |
| | | Continuing college | 39.29% |
| | | School expenses covered | 32.14% |
| | Economy (effects of smoking) | Reduced income | 33.33% |
| | | Budget allocation | 22.22% |
| | | Well-being | 27.78% |
| No small shop available | | 16.67% | |

Source: Primary Data, 2022 (nVivo 12 Output)

Based on Table 3, in terms of behavior, the community considers religious beliefs, law, health, education, and the economy crucial in implementing a lifestyle without tobacco. The community's response to religious beliefs that consider smoking as a sinful act is 62.50%. In terms of law, the gradual acceptance of the village regulation (Perdes) is 70%. The awareness of the health impact of smoking is 57.14%. The community sees the benefits in terms of education, with many children continuing their education to higher levels (39.29%). In terms of the economy, the community has experienced reduced income (33.3%). From the researcher's observations, these five behavioral aspects were the initial considerations for creating the village regulation without tobacco. Religious, legal, and economic considerations served as the backbone of this program. The next consideration was the continued education of children in the village. Furthermore, health issues affected the mindset regarding the sustainability of children's education, in line with previous research that stated that education is a way for individuals to develop their potential through formal, informal, and non-formal education processes in community life. The increasing education of the community will affect human resources itself. According to the traditional approach, human resources are considered one of the inputs in the production factor, alongside capital and other resources to increase the economy and have an impact on regional development. Additionally, religious aspects were also firmly held values by the community, such that smoking is an act that can harm one's body and those around them and should, therefore, be prohibited or at least controlled. The Bone-Bone area has also been designated as a legally aware village. Hence, a lifestyle without tobacco is one way of obedience to regulations made by various levels of government. While the economic aspect also acts as a supporting factor through a simple way of thinking, that smoking can increase expenses that should be allocated for children's education or family welfare.

Correlation and Interaction of Actors, Culture, and Behavior in Supporting Public Acceptance of Tobacco Control Legal Education

One of the essential components of social capital today is trust-based social capital, which can play a significant role in community economic development. The social bonds in a community need to be strengthened by trust in the values of religion that create legal awareness among the people. The fundamental building block of solid social bonds is cooperation among group members or organizations, and community

cooperation will be well established when there is trust among its members. The correlation and interaction of actors, culture, and behavior in lifestyle without tobacco are shown in the Venn diagram in Figure 1.

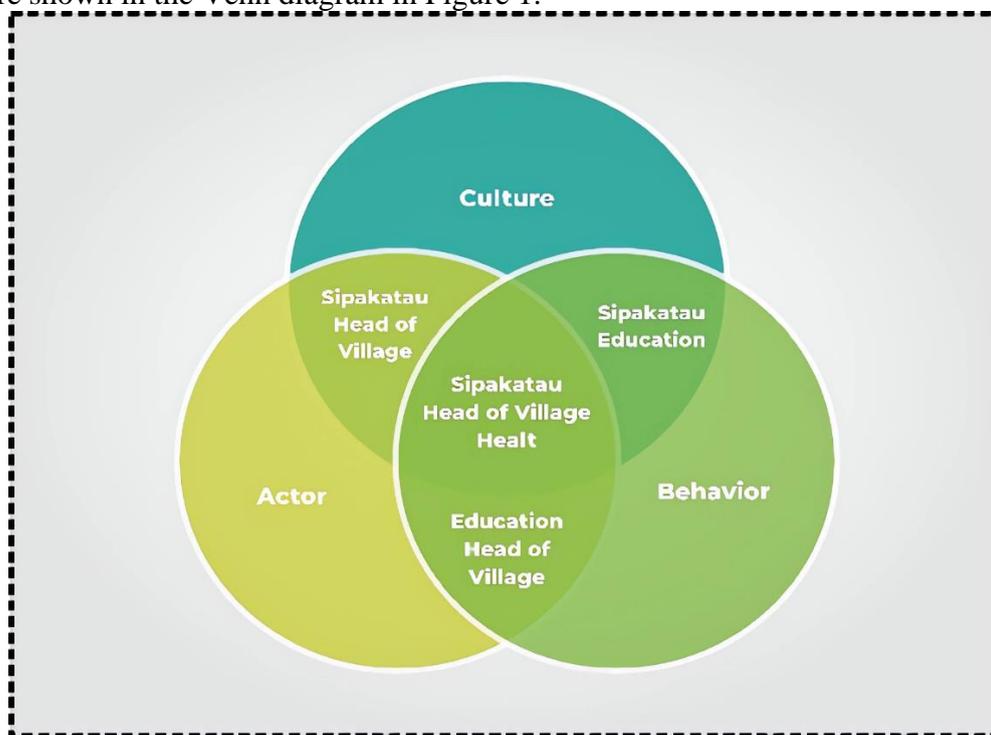


Figure 1. Venn Diagram of Tobacco Control Interactions and Collaborations
(Source: Primary Data, 2022 (nVivo 12 Output))

Based on the Venn diagram in Figure 1, the role of the village head as a government figure is highly central in the issue of Lifestyle Without Tobacco in the Bone-Bone village. The final interaction of the three components involves the culture of Sipakatau, the village head (Kades), and Health. It means that culturally (Sipakatau - Mutual Respect), the residents of Bone-Bone village have already realized the importance of environmental friendliness. However, the challenge lies in translating this awareness into not smoking. There must be actors who promote a healthy cultural environment. The vital role of stakeholders (the village head) makes education the means of communication with the residents in maintaining a smoke-free vision. The presence of religious values, which form the basis of prioritizing health and harmonizing with nature in the cultural heritage of the Bone-Bone village, further convinces residents to lead a healthy life without tobacco smoke.

The dominance of the village head's leadership simplifies the socialization and implementation of Lifestyle Without Tobacco. Furthermore, efforts are required to accelerate the internalization of awareness among the residents through legal education and health campaigns so that a tobacco-free lifestyle becomes not just awareness but a deeply rooted value and ideology for the villagers. To combat the tobacco epidemic, a synergistic, systemic, and participatory multi-sectoral approach must be adopted [40]. It aligns with the Actor-Network Theory, indicating that actors' role in the public health social network can be used to reconcile technical views and integrate the processes and effects of interventions [27]. Actors should leverage the culture and behavior of the community to become a deeply rooted ideology, where the fight against tobacco is a network effort that involves all components of the community and is supported by

values derived from the local wisdom of the community and the religion embraced by the people of Indonesia.

From the earlier discussion, it can be concluded that community-based tobacco control is influenced not only by actors who play the roles of initiators, communicators, and dynamics but is also supported by the community culture, which forms anti-tobacco behaviors. In several countries such as Malaysia, Thailand, Canada, the United States, the United Kingdom, and Australia, attitudes and norms have an impact on smoking cessation decisions. It means that the acceptance and reactions to tobacco control between countries can be explained by cultural values [41], including their influence on perceptions of smoking [42]. Of course, the culture and norms referred to are derived from the community's local wisdom and the interpretation of the religious teachings embraced. Based on the findings of this study and previous research, the community-based tobacco control model is illustrated in Figure 2.

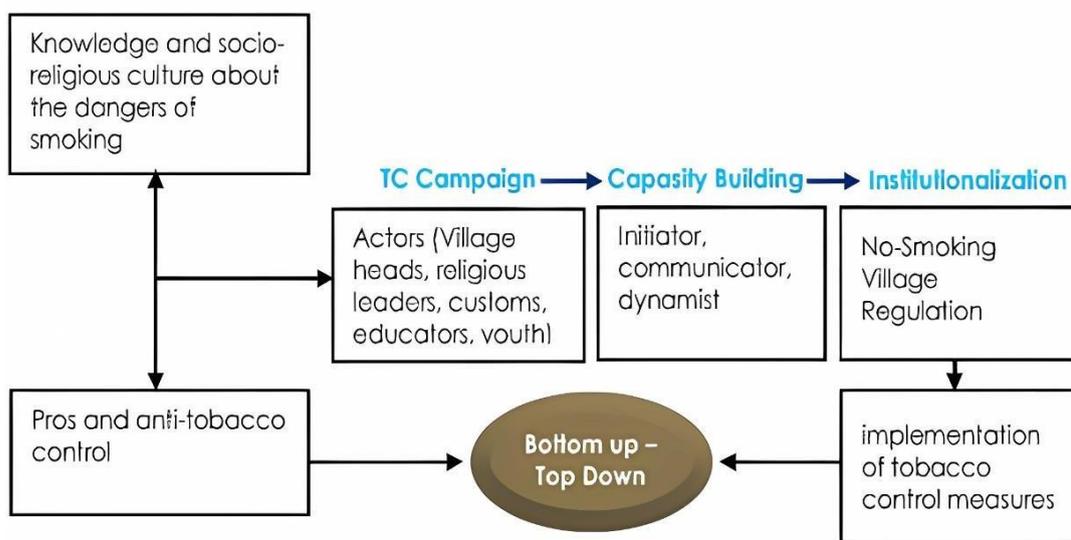


Figure 2. Community-Based Tobacco Control Model
 (Source: Primary Data, 2022 (Output nVivo 12))

In Figure 2, the village-based tobacco control model begins with the rural residents' understanding of the dangers of smoking, rooted in their culture and religious values. Following Islamic teachings that smoking behavior is considered unbeneficial, this is reflected in the words of Allah (SWT), as stated in the Quran, Surah Al-Asr, verses 1-3, which say, "By time, indeed, mankind is in loss, except for those who have believed and done righteous deeds and advised each other to truth and advised each other to patience."

There may be pros and cons in the initial stages because tobacco has become a primary need for rural communities and is consumed in every religious and social event. Amid this debate, various actors, often coming from local leaders, educators, religious figures, and youth, will mediate and provide solutions to the debate. At this point, roles as initiators, communicators, and catalysts will be performed, marking the beginning of the Tobacco Control Campaign and the empowerment of rural residents to embrace a smoke-free village concept.

Subsequently, there will be institutionalization by establishing smoke-free village regulations, resulting from the campaign process and the capacity-building of rural residents. This model aligns with the findings of this research, where 70% stated they

quit smoking immediately, and 30% quit gradually. Therefore, Tobacco control policy implementation interventions must be continuously maintained for long-term success gradually [43]. The stages of tobacco control will be practical when supported by community understanding and consistent efforts from various actors, alongside mass media socialization [44]. Finally, tobacco control should not merely stop at policy implementation but require a broad willingness to enforce it, even on a small and limited scale.

IV. CONCLUSION

This research has found that actors, culture, and behavior factors strongly support community legal education. These three factors correlate and interact in maintaining the tradition of a lifestyle without tobacco. Actors represented by the village head, traditional leaders, religious figures, educators, and youth leaders have grasped the awareness of preserving the environment from cigarette smoke (bottom-up) and followed up by drafting and establishing village regulations without cigarette smoke. Actors play the roles of initiators, communicators, and dynamic agents. Although actors dominate, the community is also supported by the noble value of "Sipakatau," which is mutual respect in harmony with religious teachings. Understanding health issues also supports non-smoking behavior, then shifts towards the continuity of children's education in the village, legal compliance, and economic considerations. These relationships and interactions have created a rural area free from cigarette smoke with zero prevalence and created social balance within the village.

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14 *Al-Hayat: Journal of Islamic Education (AJIE)*

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2018, doi: 10.1136/tobaccocontrol-2017-053662.

4. LoA

The screenshot shows a Gmail interface on a Windows desktop. The browser address bar displays the email URL: `mail.google.com/mail/u/0/?tab=rm&ogbl#search/loa/FMfcgZGtxdVpQFjXFRgHLGtNhZfGksWL`. The search bar contains the text "loa".

The email is from "Journal Al-Hayat" to "sittiumrah, rahmadshamid" on Wednesday, October 11, 2023, at 22:30. The subject is "AJIE's LoA, Receipt, and Similarity". The email body contains the following text:

Greetings, We present AJIE's LoA, Receipt, and Similarity here.
Thank you so much for your participation. The following process is a review from the AJIE team with a double-blind review mechanism; Keep monitoring AJIE's email and OJS.
Inform your colleagues about this AJIE. Thanks
Best regards.

The sender is Assoc. Prof. Miiftachul Huda, Ph.D, Editor in Chief of OJS (<https://alhayat.or.id/index.php/alhayat>). The reviewer is identified as "EDUKASI: Jurnal Pend Islam" and "Journal of Islamic Education (JIE) Jurnal Pend Nusantara (JPN)".

At the bottom of the email, there are two PDF attachments titled "2024 Al-Hayat Lo..." and "2024 Al-Hayat In...".

The Windows taskbar at the bottom shows the search bar with "Type here to search", several application icons, and the system tray with the date "20/10/2023" and time "17:36".



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Letter of Acceptance (LoA)

Number: YPIAA/068/BPPM-SKet/7/2023

Al-Hayat Editor in Chief The Journal of Islamic Education (AJIE) has decided that the following article has been received at AJIE, while the review process will be published in Vol 8, Issue 2, April-June 2024 or Vol 8, Issue 3, July-September.

AJIE has been nationally accredited since Vol 5, Issue 1, June 2021 by Ministry of Education Republic Indonesia Sinta-2 Number: 0385/E5.3/KI.02.00/2022.

Author : *Sri Rahayu Amri, Andi Sitti Umrah, Rahmad Solling Hamid
Email : sriahayuamri83@gmail.com
Institution : Universitas Muhammadiyah Palopo, Indonesia
Title : *The Implications of Legal Education in Tobacco Control*

Thus this letter, to be used properly.

Nganjuk, October 11, 2023
Editor in Chife



JOURNAL of Islamic Education
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Assoc. Prof. Miftachul Huda, Ph.D

5. Invoice

The screenshot shows a Gmail interface with a search bar containing 'loa'. The email is from 'Journal Al-Hayat' to 'sittiumrah, rahmadshamid' on Wednesday, October 11, 2023, at 22:30. The subject is 'AJIE's LoA, Receipt, and Similarity'. The email body contains the following text:

Greetings, We present AJIE's **LoA**, Receipt, and Similarity here. Thank you so much for your participation. The following process is a review from the AJIE team with a double-blind review mechanism; Keep monitoring AJIE's email and OJS. Inform your colleagues about this AJIE. Thanks Best regards.

—
Thank you
Best Regards
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Assoc. Prof. Miiftachul Huda, Ph.D
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Below the text are two attachments, both titled '2024 Al-Hayat In...'. The interface also shows a sidebar with navigation options like 'Kotak Masuk', 'Berkas', and 'Draf', and a Windows taskbar at the bottom with the date 20/10/2023 and time 17:36.



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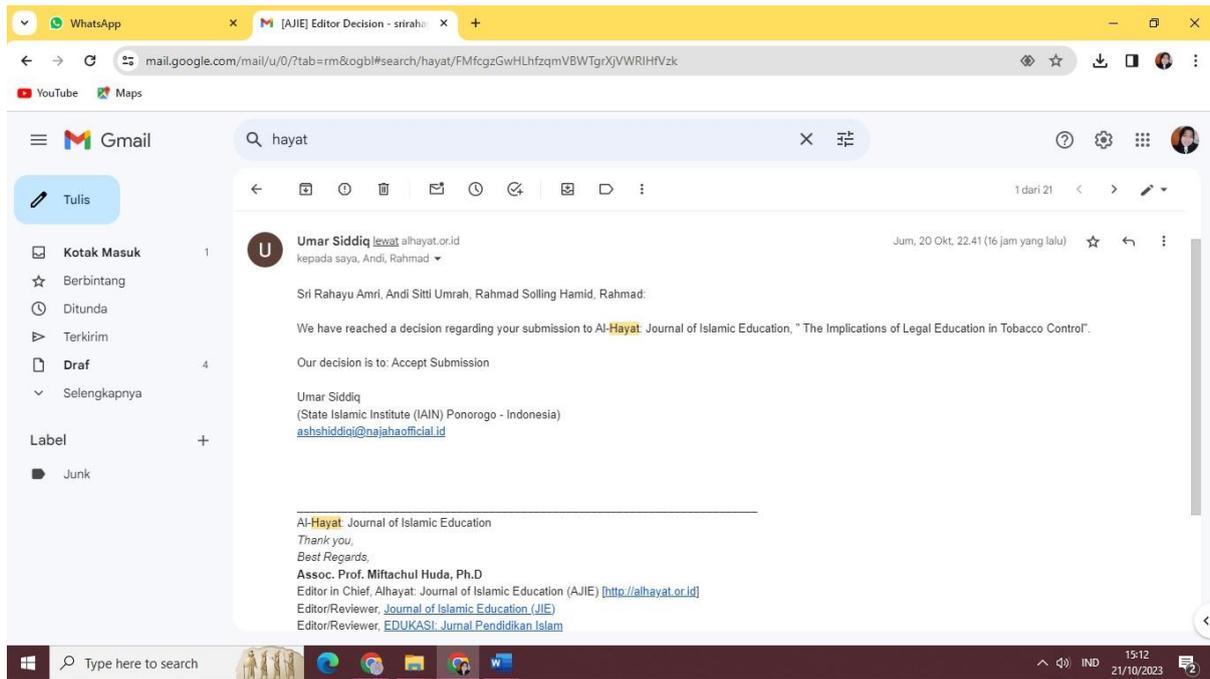
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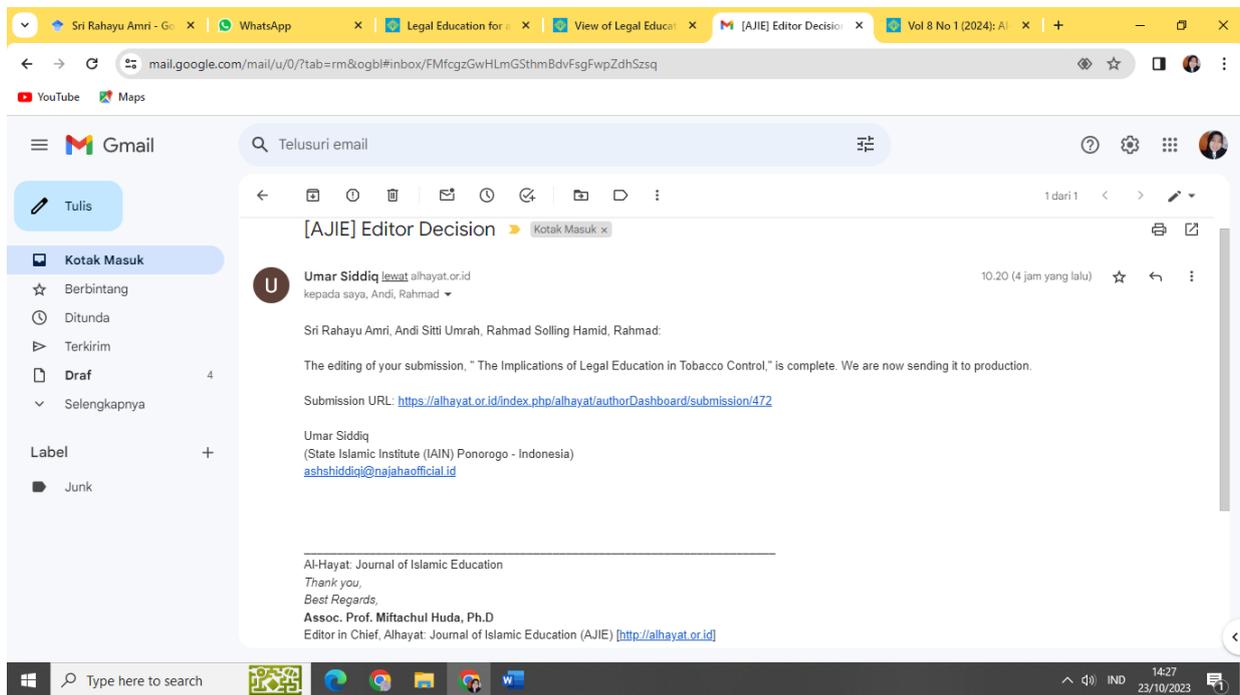
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6. Accept Submission



7. Published



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