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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%) | | |
| | | - Deliberaation | | 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.

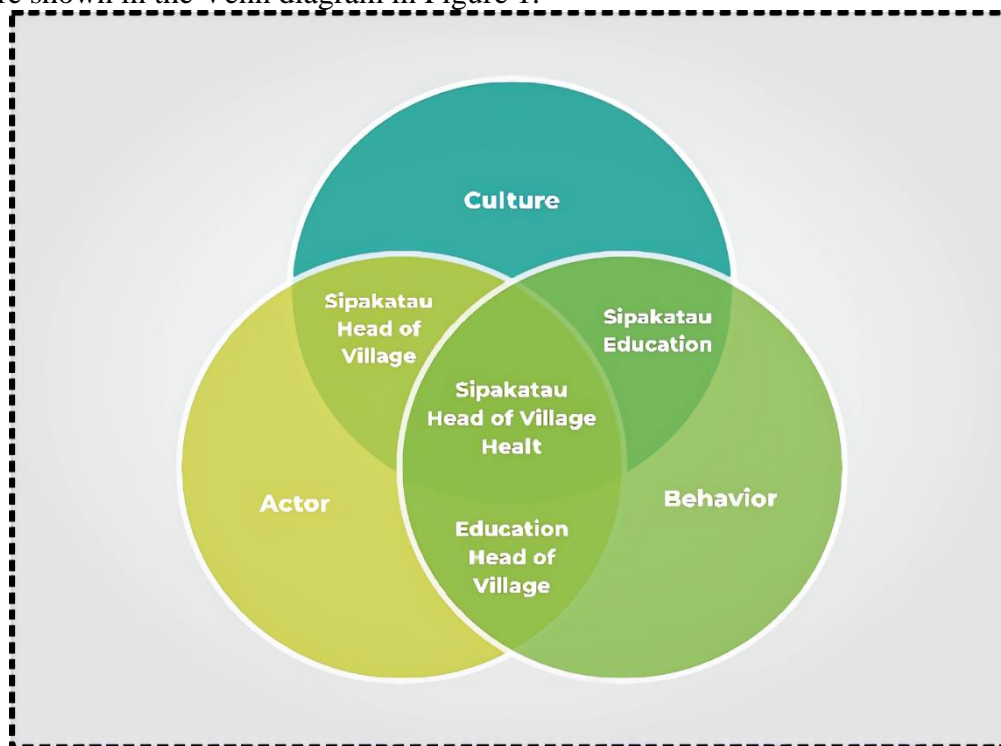


Figure 1. Venn Diagram of Tobacco Control Interactions and Collaborations
(Source: Primary Data, 2022 (nVivo 12 Output))

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.

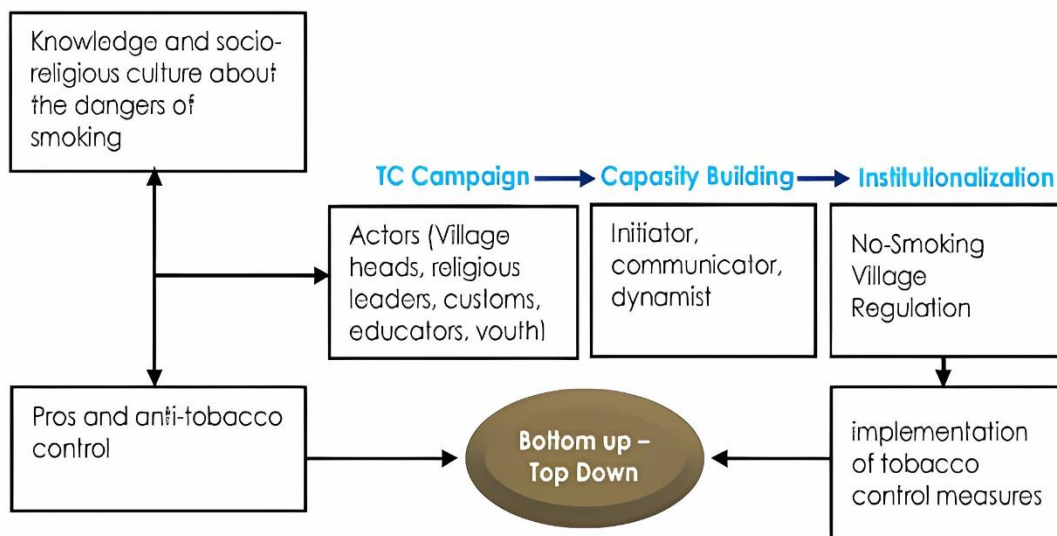


Figure 2. Community-Based Tobacco Control Model
(Source: Primary Data, 2022 (Output nVivo 12))

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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