



Social Norms and Potency of Local Wisdom as A Social Enforcement of Smoking Behavior

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Abstract

Since 2013, the government of Denpasar City has adopted smoke-free law (KTR). However, the implementation of this law faces several obstacles, one of which is the high social acceptability of smoking in the community. Cigarettes and smoking have been deeply embedded within social and cultural life of the community and become part of the hospitality. Hence, this study aims to explore the social norms of smoking and the potency of local wisdom as a social enforcement for smoking behavior particularly at worship places. This study was a qualitative study located in four sub-districts in Denpasar. Informants and participants were selected purposively. Data was collected through in-depth interviews and FGDs. The study succeeded in interviewing 14 informants and conducting 3 FGDs. The results show that smoking in public places remains common among male, particularly adolescents and the elderly. Smoking behavior is perceived as group identity, however also considered less beneficial due to moral value. Community leaders also noticed smoking in public places. Hence, those leaders have important role to control smoking behavior in public places. Moreover, public education, supervision and enforcement should be considered to engage cultural approach and establish local policy which could accelerate the social enforcement in the community.

Introduction

The epidemic of tobacco and its products, especially cigarettes, is one of the greatest challenges to public health in the world. The World Health Organization (WHO) reports that smoking kills more than 7 million people per year worldwide, of which more than 6 million are active smokers and nearly 1 million are nonsmokers but are exposed to secondhand smoke known as passive smokers. Globally, one in three adults is a smoker, 80% of whom live in poor and developing countries (WHO, 2018).

Countries in Southeast Asia have 10% of the world's smokers and contribute to 20% of smoking-related deaths globally. Among these countries, Indonesia has the highest smoking population, namely 53.3% of all smokers

in the region, while Brunei has the lowest 0.06%. (Lian & Dorotheo, 2016). Based on the Indonesian Basic Health Research (Riskesdas) in 2018, the prevalence of smokers in Indonesia is 28.8%. Meanwhile, the prevalence of smokers in Bali Province is also quite high at 23.5% with 35.2% of adult males being smokers, while females are much lower at 0.6%. (Kemenkes RI, 2018). Meanwhile, Denpasar City has the highest prevalence among districts/cities in Bali, namely 27.4%. (Department of Health of Denpasar City, 2019).

Although Indonesia has not ratified the FCTC, various tobacco control efforts have been carried out by adopting the provisions and strategies in the FCTC. One of them

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is the government's policy regarding the determination of KTR. The Government of Denpasar City has implemented KTR by stipulating Regional Regulation (Perda) No. 7 of 2013 concerning KTR which regulates seven areas including: health service facilities, teaching and learning places, children's playgrounds, places of worship, public transportation, workplaces, and places of worship. general (Government of Denpasar City, 2020).

However, in its implementation, there are still many people who violate so that the level of compliance has not reached the target of 80%. The results of the 2015 survey showed that KTR compliance was also very low in places of worship (18.5%) and temples had the lowest compliance among the 5 places of worship (8.5%). (Suarjana et al., 2018). This result is quite alarming considering that Bali, including Denpasar City, is an area known as a thousand temples and there are often religious ceremonies at temples. The Government of Denpasar City then took action to increase compliance through socialization and installation of KTR signs. In addition, there have been initiatives to use a cultural approach, but these have not been implemented due to a lack of resources and examples regarding this approach.

In the social life of the people in Bali, it has become a habit to serve cigarettes and smoking behavior is often found in social activities and religious ceremonies performed at temples. In developed countries that have implemented KTR for a long time, compliance is already high due to individual awareness and social control mechanisms in society. Meanwhile, in developing countries, compliance is still low, due to cultural influences, especially social norms for smoking in society. In Indonesia the pro-smoking norm is more dominant and the KTR policy is still relatively new. Community and religious organizations in Indonesia have not yet united and moved to combat smoking behavior (Plaspohl et al., 2012).

Several studies show social norms are significant predictors of smoking behavior. So that in developing countries including Indonesia, its implementation must be carried out in conjunction with steps to change perceptions, social norms and smoking culture (Byron et al., 2019). Therefore, the exploration

of factors related to smoking behavior in Indonesia should include an assessment of social norms. There are two types of social norms that need to be considered, namely descriptive norms and command norms. One of the behavioral theories, namely the theory of normative social behavior (TNSB) explains how these two norms relate to each other, and how they correlate with behavior (Rimal & Real, 2005). Therefore, this study aims to explore smoking social norms according to TNSB in the area of temple worship and the potential of local wisdom as a social control of smoking behavior to increase compliance with KTR in Denpasar City..

Method

This study is a qualitative study to explore the social norms of smoking in the area of temple worship according to TNSB and the potential for developing local wisdom to encourage behavior change. The research was conducted from September to November 2019, which was located in 4 selected Traditional Villages in each sub-district in Denpasar City. Data were collected through semi-structured in-depth interviews and FGDs using modified interview guidelines and FGDs from various literatures (Rimal & Real, 2005; Byron et al., 2016). Informants and FGD participants were selected purposively with the type of maximum variation sampling (Creswell, 2009), to ensure varied information on smoking social norms, with maximum variation in sampling based on age, gender, smoking status, and role or position in society.

The research succeeded in interviewing 14 informants, namely: two traditional village leaders (Bandesa), two religious leaders, two heads of youth organizations, two smokers (1 adult and 1 teenager), two non-smokers (1 adult, 1 teenager), two women (1 adult and 1 teenager), 1 person from the Traditional Village Council of Denpasar City, and 1 person from the Department of Culture of Denpasar City. Meanwhile, FGD participants were recruited by field assistants and then grouped by smoking status and gender to ensure homogeneity. A total of 3 FGDs were conducted, namely in the group of women, adult smokers, and adolescent non-smokers with a total of 21 participants in 3

groups. All data from in-depth interviews and FGDs were recorded with the permission of the informants and participants, then transcribed verbatim.

Data were analyzed qualitatively using thematic analysis (Maguire & Moira, 2017). Thematic analysis is carried out in stages. First, the author of KS conducted a data analysis and then created a code that shows the important features of the data and is relevant to the research objective, namely to examine smoking social norms. The second step is generating, reviewing, and refining the theme, i.e. examining the code to identify meaning patterns as potential themes. Third, is the refinement of themes and sub-themes to build a coherent narrative based on the research

objectives. The second author (KHM) reviewed the final set of themes and sub-themes to check their fit with the data. The final step is to write the results of the analysis. The results of the analysis are presented with direct quotations from the interviews accompanied by the number and status of the respondents.

Results and Discussion

Most of the informants are male with an age range of 19 years to 56 years old. The informants are domiciled in traditional villages scattered in all sub-districts in Denpasar. The length of the interview varied with an average of 32 minutes. The longest interview time was 53 minutes and the shortest was 18 minutes (Table 1).

Table 1. Characteristics of In-depth Interview Informants

Code	Ages (years)	J K	Informant Status	Interview location	Interview duration
I.1	25	L	Youth figures	Informant's house	25:39
I.2	24	L	Youth figures	Kantor desa	28:23
I.3	56	L	Non-smoking adults	Informant's house	37:06
I.4	19	L	Non-smoking teens	Informant's house	20:29
I.5	26	P	Adult girl	Informant Figure	18:35
I.6	20	P	teenage girl	Informant's house	31:16
I.7	22	L	Teen Smoker	Village office	29:27
I.8	32	L	Adult smoker	Informant's house	35:01
I.9	56	L	Traditional Figures	Village office	40:05
I.10	52	L	Traditional Figures	District Office	36:53
I.11	55	L	Religin leaders	Informant's house	34:52
I.12	50	L	Religion leaders	Pura	30:35
I.13	55	L	Traditional Village Assembly	Informant's house	53:10
I.14	52	L	Department of Culture	Service Office Kebudayaan	26:38

Source: Primary Data, 2019

FGD participants were recruited at the banjar hall (hamlet) in traditional villages in the South Denpasar and East Denpasar sub-districts by field officers. Of the total 22 recruited participants, 21 people attended the

three FGDs, so that each FGD was attended by 7 participants, with 1 moderator and 1 note taker. The FGDs lasted an average of 50 minutes (Table 2).

Table 2. Characteristics of FGD Participants

JK and Status	Ages (years)	Recruitment place	Number of recruits	Number of Attendees	FGD Location	FGD duration
Adult female non-smoker	30 - 42	Banjar Hall	8	7	Banjar Hall Tegal Sari	45:12
Adult male smoker	40 - 55	Banjar Hall	7	7	Classroom	1:01:22
Male teenagers of non-smokers	17 - 20	School	7	7	Classroom	43:10

Source: Primary Data, 2019

The assessment of smoking social norms in this study is the first assessment of the concept of TNSB on smoking behavior in one of the public places used by the community to interact socially, culturally and religiously, namely a place of worship. TNSB explains that the influence of descriptive norms on individual behavior is moderated by perceptions of injunctive norms, outcome expectations, and perceptions of group identity. (Rimal & Real, 2005)

Opinions relating to what other people perceive to be doing (what people do) are defined as descriptive norms (Mead et al., 2014). In this study, the perceptions of informants and participants about the prevalence of smoking behavior in places of worship are classified as smoking descriptive norms. The results showed that smoking behavior in temples is a habit of adolescent and elderly men. The following is an example of a quote that shows this information, namely:

“...Remaja ya...ada juga yang tua, yang tua-tua banget. Tapi kalau orang yang umuran 30-40 sih enggak ya. Yang sepuh-sepuh karna mungkin dia lupa gitu ya, lupa dengan jati diri. haha... lupa mungkin dia ga tau mungkin jadi dia merokok di dalam. Kadang ada seperti itu saya liat ...” (Partisipan FGD 1)

“...Young people...there are also old ones, who are very old. But for people aged 30-40, no, yes. The old one because maybe he forgot that, he forgot his identity. haha... forgot maybe he didn't know maybe so he smoked inside. Sometimes I see something like that...” (FGD Participant 1)

Meanwhile, smoking behavior among women is said to be very small and almost no women in Bali smoke in public places, especially in places of worship. This result is consistent with other studies which also show that Indonesian women who smoke are usually reluctant to smoke in public, because it shows a bad image for them and is considered a naughty woman. So they will only smoke in public if they are with other smoking friends (Byron et al., 2016).

Teen smokers are said to dominate smoking behavior in temples. These results

are in accordance with several studies which show that adolescent smoking behavior is influenced by the behavior of their peers because psychologically adolescents are in the stage of wanting to try and imitate the behavior of their peers (Kamimura et al., 2018). Teens as well as the elderly who smoke said they often smoked where other people smoked too. This shows the direct effect of descriptive norms, namely the perception of the prevalence of smoking behavior on the desire and decision to follow smoking behavior (Zaleski & Aloise-Young, 2013). So, one approach that might be useful is to eliminate evidence that smoking has occurred in the area, for example by not providing ashtrays and cleaning cigarette butts. This can inform a new descriptive norm, namely there is no smoking activity in the area so that no one smokes there.

The results of interviews and FGDs also showed that smoking in the temple area according to them was not prohibited because they did not see any sign of a smoking ban. So that the installation of a standard no smoking sign is an important thing to do to increase public awareness of KTR and as a visual sign to prohibit people from smoking in that place (Navas-Acien et al., 2016). Here is an example of an interview excerpt:

“...ya itu dah, harus diterapkan harus istilahnya di sosialisasikan dulu atau gak kalau memang sudah ada hukumnya langsung di pasang didepan dilarang merokok sama kayak orang yang haid dilarang masuk, sama kaya begitu. Saya kira pasti orang pada tau, pasti tidak akan melakukan hal itu gitu...” (Informan 7, Remaja perokok)

“...yes, that's it, the term must be applied, the term must be socialized first or not, if there is already a law, it is directly sticked in front, it is forbidden to smoke, just like people who are menstruating are prohibited from entering, just like that. I think people will know, they definitely won't do that...” (Informant 7, Teenager smoker)

Smoking in the temple area is also considered not to harm others because the smoke will be directly related to the outside air. This opinion is of course wrong because in a prayer situation, many people gather, causing

high exposure to cigarette smoke. In fact, the prohibition of smoking in open spaces is now increasingly popular, such as in beaches and city parks. The ban on smoking in open spaces aims not only to protect people from exposure to other people's secondhand smoke but also to emphasize the importance of environmental health because cigarette butts are one of the most common pollutants found (Gallus et al., 2011). Besides that, other studies also show that the prohibition of smoking in open spaces aims to denormalize smoking norms, as well as to improve the quality of people's lives (Kennedy et al., 2012).

Several informants and participants also said that there were still many good cigarette sales around the temple area and some even entered the outer courtyard of the temple, thus triggering the number of people smoking in the temple area. Based on the KTR regional regulation of Denpasar City, the definition of KTR in places of worship including temples is that it is not allowed to smoke, produce, trade, and advertise cigarette products up to the outermost fence (Government of Denpasar City, 2020). But in fact, there are still many traders who sell cigarettes in the temple area. Of course, this makes people think that smoking is not prohibited in the temple area and even facilitated by the presence of cigarette sellers. Therefore, by prohibiting the sale of cigarettes within the temple area, you can also inform that smoking is no longer allowed in the area.

Society's perception of people in their environment who expect someone to follow or comply with a behavior (what people expected to do) is defined as injunctive norms (Mead et al., 2014). The results showed that people who smoked in the temple area had not received a warning or a ban from the community, traditional leaders, or religious leaders in the area. However, the informant also said that the community's rejection actually existed in the form of a warning but was still limited to friends and family. So if smokers are not family or close relatives, people usually choose to stay away from smokers to avoid offending. Here is an example of a quote:

“...Mungkin karna sudah banyak orang yang merokok jadi orang lain tu ya menganggap biasa ya..ya karna soalnya ya mereka mau

ngelarang juga atas dasar apa mereka melarang kecuali ya memang undang-undang yang melarang kaya peraturan-peraturan itu yang melarang kalau orang-orang pasti gak cukup kuat untuk melarang sesamanya dia maksudnya kayak temen-temennya dia atau orang lain apalagi kalau gak kenal...” (Informan 5, Perempuan dewasa).

(“...Maybe because there are many people who smoke, so other people think it's normal.. Yes, because the problem is, they want to ban it, on what basis do they prohibit it, except for the law that prohibits it. people are definitely not strong enough to ban each other, he means like his friends or other people, especially if you don't know...” (Informant 5, adult female).)

“...ya kalau misalnya dia merokok itu dengan sesama temannya yang suka merokok, nggak ada masalah kan gitu. Kemudian, sekalipun tidak temennya yang tidak merokok lalu dia merokok, disampingnya juga itu ndak ada persoalan. Nah kalau khusus untuk ibu-ibu yang ngajak anak kecil paling tidak dia menegur itu disuruh ya untuk jauh merokok, kalau melarangnya sih nggak. Ya disuruh jauh lah gitu dari tempat merokoknya...” (Informan 3, Dewasa non-perokok)

(“...yes, if for example he smokes with a friend who likes to smoke, there is no problem, right. Then, even if his friend doesn't smoke, then he smokes, besides that, there is no problem. Now, specifically for mothers who invite small children, at least they are told to stay away from smoking, if they don't, they don't. Yes, I was told to stay away from the smoking area...” (Informant 3, Adult non-smoker))

These results indicate that positive social norms towards smoking are still entrenched in society, especially in developing countries, which is consistent with the results of this study. Meanwhile, in developed countries, the application of KTR significantly reduces the social acceptability of smoking and the high social enforcement of smoking behavior in society (Rennen et al., 2014). In Indonesia, this situation has not been achieved because smoking has long been a part of social life and has become a social norm in society (Nichter et

al., 2009).

Furthermore, the high social acceptability of smoking behavior is also partly due to the massive marketing of cigarettes (Astuti et al., 2019). Giving cigarettes is part of the relationship as well as a tradition in almost every religious and customary event so that smoking behavior becomes very normative not only in society but also in domestic life. (Luntungan et al., 2016). Social acceptability is also demonstrated by avoiding people who smoke without reprimanding smokers because of concerns about violating someone's privacy, fear of conflict, and lack of support from other community members. (Fallin-Bennett et al., 2017).

According to informants and participants, the main motivation for them to still smoke at the temple is because it is a habit, so that in the waiting situation or after the prayer they immediately smoke even though they are still in the temple area. The temple as a place of worship for Hindus is one of the places or areas regulated by the local traditional village. Every activity in the temple area is regulated in customary rules or customary law. Some informants and participants revealed that if there is a local policy or customary law that synergizes with government policies in regulating smoking behavior, the community will become more obedient and will not dare to violate it because of the customary sanctions. Here is an example quote that shows this:

".. karena ini seperti yang saya bilang tadi hukum adat itu lebih efektif dia berlaku karena dia mengatur pada sanksi-sanksi adat itu nah sehingga dia kewibawaan hukum namanya lebih dihormati, nah itu. Nah sayangnya ini kan ya belum ada kebijakan lokal itu dari pemerintah. Ini kan biasanya di adat itu ketika ada persoalan-persoalan di pemerintah itu dibawa ke adat. Seperti tadi yang saya bilang Narkoba, HIV/AIDS itu juga kita udah buat pararemnya. Nah itu karena kita antara masyarakat adat atau desa adat ini dengan pemerintah ini biasanya kita saling ginilah bersinergi ya, bersinergi ini yang saya belum liat ini ada kebijakan dari pemerintah daerah seperti itu..." (Informan 11, Tokoh agama)

"...because, as I said earlier, customary law is more effective, it applies because it regulates

customary sanctions, so that legal authority is respected, now that's it. Now, unfortunately, there is no local policy from the government yet. This is usually customary when there are problems in the government, they are brought to adat. As I said earlier, drugs, HIV/AIDS, we have made pararem. Now that's because we are between this indigenous community or this traditional village and the government. Usually, we synergize with each other, yes, this synergy, I haven't seen this yet, there is a policy from the local government like that..." (Informant 11, religious leader)

Customary law in Bali is slightly different from the appeal or fatwa of religious leaders or community leaders, because it is a written rule that is produced through deliberation and community agreement and is accompanied by social sanctions that are consistently enforced (Windia & Sudantra, 2016). People in Bali who are mostly indigenous people usually obey this customary law more than the regulations from the government. So, this local wisdom or customary law can later become the command norm of smoking behavior in people's social life.

Belief in the benefits of smoking behavior in temples is explored from several questions related to benefits to one-self, to others (benefits to others), and benefits for anticipatory socialization. Most of the informants and FGD participants, both smokers and non-smokers, began to realize that there would be more benefits if they did not smoke at the temple. They say that people who do not smoke are considered more polite. Another benefit mentioned is that it can maintain the sanctity of the temple and make prayer more solemn for all the people who attend. Examples of quotes that show this are:

"...Kalo manfaat ya kita sebagai makhluk sosial ya apa ya istilahnya tahu sopan santun jadinya dan menjaga kesucian pura dan menjaga istilahnya apa ya kekusyukan orang sembahyang itu aja sih..." (Partisipan FGD 3)

"...If it's beneficial, we as social beings know how to be polite and maintain the sanctity of the temple and keep the worshippers solemn..." (FGD participant 3)

This is in accordance with the appeal of the Parisada Hindu Dharma Indonesia (PHDI Bali) as well as regulations from the Bali provincial government which emphasizes that the temple area is a holy place that is more than just clean but holy, meaning that in addition to keeping the environment clean, the behavior of the people in it must also be clean and healthy (Government of Bali Province, 2020).

The results showed that the informants and FGD participants also emphasized that smoking behavior was very small and even tended not to affect the community's ability to socialize in the temple area. So it can be said that both smokers and non-smokers can still get along or socialize well with all people in this area. Here are some sample quotes that demonstrate this:

"...ya itu gak ada pengaruh itu, maksudnya kalau orang merokok, keakraban itu tidak dilihat dari merokok itu. Orang merokok itu karna dia kebiasaan, tapi kalau kebiasaan itu dibiarkan kan dia menjadi jadi jadinya. Tapi kalau kebiasaan dibatasi, ya bertahap, ya jadinya kan dia tidak lah banyak merokok..." (Informan 10, Tokoh adat)

"...yes, it doesn't have that effect, it means that if people smoke, the intimacy is not seen from the smoking. People smoke because it's a habit, but if the habit is allowed, it will become what it is. But if the habit is limited, yes gradually, so he doesn't smoke much..." (Informant 10, traditional leader))

"...terkadang ada temen-temen yang perokok waktu berbicara dengan saya ada yang langsung mematikan rokoknya tapi ada juga yang menawarkan tapi hanya sekedar menawarkan dan kadang-kadang juga biasa aja merokok atau tidak merokok..." (Informan 2, Tokoh pemuda)

"...sometimes there are friends who smoke when talking to me, some immediately turn off their cigarettes but there are also those who offer but only offer (casual) and sometimes they also just smoke or don't smoke..." (Informant 2, Youth Leader))

This result is slightly different from research which says that smoking behavior in public places is caused by the assumption that it is easier to get along or socialize, especially

with peer groups. So that smoking is said to be a social lubricant in society, especially teenagers and young adults (Lipperman-Kreda & Grube, 2009). This benefit belief assessment shows that in general smokers still get a positive mood and enjoy the social benefits of smoking in temples, without any real negative personal and social impacts. Evidence shows that the high smoking behavior in public places can be caused by many factors such as the knowledge and attitudes of the community regarding aspects of the benefits of the KTR policy, the law enforcement system from the government, and no less important is the support from the area manager. (Wynne et al., 2018). The combination of enforcement that targets individuals and area managers, increased frequency and breadth of enforcement, consistent warnings and fines can have a powerful effect on changing beliefs about the benefits of smoking behavior.

Informants and participants' perceptions of group identity smoking behavior in temples were measured using questions related to individual aspirations to imitate others as references and the extent to which they perceive similarities between themselves and those references. The results of the study indicate that smoking behavior is influenced by the behavior in the group or the behavior is carried out by the leader or who is portrayed in the community so that they are aware of it, whether they want to or not, to follow this behavior. However, in general, informants and participants stated that smoking behavior had begun to be disrespected in the community based on their experiences in other areas regulated in the KTR Regional Regulation. Examples of quotes that state this are:

"...menurut saya sih, tergantung pandangan orang kalo misalkan dia memang ada keturunan gitu atau jiwanya keras gitu mungkin aja dia ngeliatnya sebagai panutan kaya "oh keren ya pemimpin itu duduk didepan sambil ngerokok..." (Informan 7, Remaja perokok)

("... in my opinion, depending on people's views, for example, if he really has descendants like that or has a hard soul, he might just see him as a role model like "oh that's cool, the leader is sitting in front while smoking ..." (Informant 7, teenage smoker))

"...kalau merokok di pura itu, artinya kalau model-model yang begitu-begitu kan tidak ada penghormatan bagi orang-orang seperti itu malah saya merasakan melihat dari teman-teman "wahh.. disitu dia merokok" begitu kadang-kadang ada seperti itu. Jadi kalau kita hormati itu malah kan aneh jadinya ya, kalau menghormati orang-orang seperti itu malah seperti yang saya bilang itu, sebaliknya itu lah terjadi "disitu dia merokok, kan rame disana..." (Informan 12, Tokoh agama)

"...if smoking in the temple, it means that there is no respect for people like that, even if I see from friends "wow.. there he smokes" so sometimes there are someone like that . So if we respect them, it's weird, right, if we respect people like that, it's like what I said, on the contrary, it happens "he smokes there, isn't it ,it will be big problem..." (Informant 12, religious leader))

These results are consistent with other studies showing that individuals in community-oriented cultures such as Indonesia may be strongly influenced by group identity (Byron et al., 2015). Smokers who smoke in public places facilitate inclusivity among their smoking friends, and may also do so to assert maturity. This was conveyed by one of the informants, namely smoking is a behavior that shows the maturity of a man or in other words that smoking shows that they are adult men. Here is a quote that shows this:

"...walaupun dilarang juga pasti mereka jawabnya "kan saya pakai uang sendiri bkn uang anda" karna seperti yang saya bilang tadi, ukuran sebuah kedewasaan itu dinilai dengan sebatang rokok jadi untuk terlihat dewasa pasti mereka merokok untuk dianggap dewasa..." (Informan 2, Tokoh pemuda)

"... even though it's forbidden, they will definitely answer "I use my own money, not yours" because like I said earlier, the size of an adult is judged by a cigarette, so to look mature, they must smoke to be considered an adult..." (Informant 2, Figure youth))

Research conducted in Bogor also shows that smoking behavior is still considered a

symbol of a man's virility and maturity so that if he does not smoke, his friends will consider him a sissy (Byron et al., 2016). This indicates that it will be very difficult for smokers, especially men, to comply with KTR because most men are smokers so that they will inspire each other and continue to smoke in public places including in the temple area. Anthropological research and analysis of cigarette advertising also confirms the relationship between smoking and masculinity (Kodriati et al., 2018). However, in general, people state that smoking behavior in the temple area has begun to be disrespected in the community.

The more aware smokers are that smoking behavior has begun to be dis-respected, it must be used as a momentum to change the perception of the relationship between smoking behavior and the maturity and inclusiveness of a group. Socialization or education to the community needs to be done with the right communication strategy and consider using a cultural approach. In addition, by providing education from an early age as part of lessons at school, it can potentially change the perception of the relationship between smoking and masculinity, maturity, and part of the association.

Another theme that emerged besides the concept in TNSB and closely related to social norms and smoking behavior in the community was the role of community leaders in relation to smoking behavior in the temple area. According to most of the informants and participants, the most important community leaders in a traditional village are the traditional village head (Bandesa) and their staff (prajuru). Other community leaders mentioned include: religious leaders village elders, village heads, politicians and philanthropists.. Here is an example quote that demonstrates this:

"...ada sesepuh desa. sesepuh kita sekarang punya ada Sabadesa, Sabadasa itu terdiri dari mantan-mantan Bandesa dan lurah. Kemudian tokoh masyarakat dalam konteks lain ada dia tokoh masyarakat tapi dia adalah anggota dewan, kita tokohkan juga dia. Tapi yang lebih berperan ada Sabadesa, ada kertadesa. Kertadesa itu yang memberikan nasehat kepada Bandesa, sebagai badan pertimbangan berkaitan dengan hukum-hukum adatnya itu..." (Informan 14, Dinas

Kebudayaan Kota Denpasar)

"...there is a village elder. Our elders now have Sabadesa, Sabadasa consists of ex-Bandesas and lurah. Then community leaders in other contexts, there are community leaders but he is a member of the council, we will also characterize him. But there are Sabadesas who play a more role, there are Kertadesas. It was Kertadesa who gave advice to the Bandesa, as a body of consideration regarding these customary laws..." (Informant 14, Denpasar City Culture Service))

In the life of the Indonesian people, community leaders occupy an important position, because they are considered all-knowing people and have a great influence on society. So that all his words and behavior is a pattern of rules that should be imitated by the community (Suhendi, 2013). Although the results of the study show that there are still many community leaders who smoke in the temple area, these figures are said to have a big role if they can carry out their roles well and become control of smoking behavior. Community leaders must be role models by not smoking in temples and educating their people not to smoke in temples and the most important thing is to supervise and take action for people or residents who smoke in temples. Here is an example of a quote:

"...perannya mereka itu sebagai apa ya mereka yang mensosialisasikan dan mereka juga ikut mengawasi kalau ada pengawas otomatis, sama kayak saya misalnya saya sebagai tokoh masyarakat terus saya bilang "tidak boleh merokok di Pura" otomatis pas kita ke pura ada orang liat mereka yang sepaham dengan saya pasti mereka gak akan merokok gitu ..." (Informan 8, Dewasa perokok)

("...their role is as to what are they who socialize and they also supervise if there is an automatic supervisor, just like me, for example, I am a community leader and I keep saying "no smoking in temples" automatically when we go to the temple there are people who see them who agree I'm sure they won't smoke like that..." (Informant 8, adult smoker))

Some literature confirms that the existence of community leaders should not

be ignored. Their role as local leaders is highly expected as agents of change in the health sector along with other health cadres. Community leaders are the social capital of the community whose existence must be considered. Community leaders are expected to have high health literacy, so that they will be able to understand and make the best decisions towards a healthier society (Sinti, 2018).

Increasing community support, especially from community leaders, is an important aspect of effective KTR implementation. Research proves that one way of effective socialization and supervision is to involve community leaders including religious leaders and respected local figures to convey the message to the community. (Robertson et al., 2018). A study among Muslims in Malaysia also found that 30% of respondents agreed that an anti-smoking message from their religious leader would greatly motivate them to quit smoking (Yong et al., 2013).

However, on the other hand, the smoking status of community leaders can also hinder public compliance as found in Indonesia and from this study, when many local and religious leaders still smoke in public places, including in places of worship. This finding is in line with research in Bogor City which confirmed that adherence to religious teachings (fatwa), smoking religious leaders and inconsistent delivery of information were negative predictors of the effectiveness of religious fatwas on smoking behavior towards increasing KTR compliance (Byron et al., 2015).

The results of interviews and FGDs also showed another role of community leaders, especially traditional leaders led by the village council, namely developing a local wisdom or policy to strengthen the implementation of KTR in traditional villages. According to informants and participants, this is important because the fact is that the temple area is the authority of the traditional village where the temple is located and community leaders will be more courageous in carrying out enforcement and punishment based on this customary law. An example of a quote that reinforces this statement is:

"...iya, ini dah yang perlu kita jadikan suatu contoh sebenarnya dari tokoh-tokoh

masyarakat itu kan, terutama tokoh-tokoh adat itu ya, paling tidak kalau memang belum itu ada pararemnya ya berikan contohlah gitu atau kalau bisa inisiatifnya itu dibangun dari tokoh-tokoh masyarakat sendiri untuk nanti kesepakatan membuat sebuah pararem tentang KTR, itu itu lebih bagus lagi. Karena apa, karena hukum adat itu sifatnya tumbuh, hidup dan berkembang dari bawah masyarakat kalau udah seperti itu apa dalam proses pembuatan hukum adat itu, dalm bentuk pararem itu sangat efektif dia ketimbang disuruh dari atas itu dah itu... iya biasanya kalau sudah adanya anjuran daripada pemerintah, yang namanya prajuru desa itu pasti dia gini mensosialisasikan, menyampaikan dalam bentuk rapat-rapat paruman itu di desanya itu, nah soal dia mau taat dan nggak taatnya ini tergantung dari personalnya juga masyarakat itu, nah kalau dia mau mengerem lebih baik dibuatkan pararem gitu..." (Informan 13, Majelis Desa Adat Kota Denpasar)

"...yes, this is what we need to make into a real example of the community leaders, right, especially the traditional leaders. - the community leaders themselves will agree to make a pararem regarding KTR, that's even better. Why, because customary law grows, lives and develops from below the community. If that's the case, what in the process of making customary law, in the form of a pararem it is very effective, rather than being ordered from above, that's all... the government, whose name is the village prajuru, he must have socialized, conveyed in the form of the paroman meetings in his village, now the matter of whether he wants to obey or not, it depends on his personality as well as the community, so if he wants to brake, it is better to make a pararem. ..." (Informant 13, Denpasar City Traditional Village Council)

These results are in accordance with research by Echeverría et al. (2013), which emphasizes that cultural interventions or synergies with local policies are very important to increase compliance with KTR. This local wisdom or policy can be synergized with the local regulation of KTR, so that the community will become more obedient because of social sanctions. There are two local policies or also known as customary law in Bali, namely:

awig-awig and pararem. This customary law, especially pararem, is dynamic, grows and develops in Balinese society. When society changes because of the times, customary law develops in order to be able to protect its indigenous people. Besides that, Balinese customary law is more accommodating of the sociological dimension because of its socio-religious nature (Wiryanan, et. al., 2015).

Conclusions

The assessment of social norms for smoking in areas of temple worship according to the TNSB concept shows that smoking behavior is generally still accepted socially in the community, but it is felt that it is not too strong because public awareness has begun to grow about the moral and ethical aspects of smoking in places of worship. Smoking behavior is starting to be disrespected so that it is no longer a major prerequisite in socializing.

However, to increase public awareness into a social refusal (social enforcement), it is necessary to support it with prerequisites such as the presence of a no smoking sign and the abolition of smoking facilities. In addition, the community expects a big role from community leaders, both as role models in controlling smoking behavior and developing a local wisdom or policy that is believed to have the potential to further accelerate changes in smoking social norms. Future research is expected to quantitatively prove the influence of social norms according to TNSB on smoking behavior.

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