

# Evaluating community and household assistance for reducing plastic waste burning with enhanced waste management (CARE) in Malang, Indonesia

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<b>Registration date</b> 29/09/2025	<b>Overall study status</b> Ongoing	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 21/11/2025	<b>Condition category</b> Other	<input type="checkbox"/> Individual participant data <input checked="" type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

Indonesia generates a large volume of plastic waste each year, with a significant portion openly burned—a common practice in both households and community settings. The problem is further compounded by imported plastic waste, which adds pressure to domestic waste management systems.[1] In East Java, particularly in Banyuwangi and Malang, this has led to significantly degraded air quality. A 2020 report by the Ministry of Environment and Forestry found that PM<sub>2.5</sub> levels in these areas exceeded World Health Organization (WHO) safety guidelines, reaching 1.4 times the recommended threshold. One of the most striking cases was documented near a tofu factory in Tropodo, where plastic waste is burned as fuel. Eggs collected from the vicinity contained the second-highest dioxin levels ever recorded in Asia—90 times higher than Indonesia’s regulatory limit.[2] Dioxins and fine particulate matter from plastic burning are well-documented contributors to a range of non-communicable diseases (NCDs), including chronic obstructive pulmonary disease (COPD), cardiovascular diseases, and various cancers. These findings underscore the urgent need for targeted interventions to reduce plastic waste burning as a critical step toward improving air quality and protecting community health.

This study aims to evaluate the impact of the Community and Household Assistance for Reducing Plastic Waste Burning with Enhanced Waste Management (CARE) intervention on waste management practices, including household plastic waste burning

### Who can participate?

This study will be implemented in 12 purposively selected villages in East Java Province, Indonesia, comprising six intervention villages in Malang District and six control villages in Banyuwangi District. The selection of villages was guided by a set of criteria to ensure comparability and reduce contamination between arms. These criteria include rural classification, similar levels of population density, predominant employment types (e.g., agriculture or home industry), lowland geographical characteristics, and existing waste management infrastructure such as operational waste banks or waste bank cells. From these 12

villages, a total of 1,374 households (687 households per district) will be recruited to participate in the study.

What does the study involve?

CARE will consist of three core components: regulation at the village level, waste management facilities, and education and training of community members and environmental kaders (kader lingkungan). The co-designed intervention will be delivered by a multidisciplinary intervention team responsible for its design, implementation, and monitoring. It includes academic researchers from the University of Brawijaya, local government stakeholders such as the District Environmental Authority, sub-district and village officials, as well as waste management practitioners and environmental kaders. The kaders serve as primary implementers at the community level, delivering training, managing waste bank operations, and engaging households through existing social and religious forums.

What are the possible benefits and risks of participating?

Benefits:

- Participating households will benefit directly from improved waste management (e.g access to waste banks, better collection systems)
- Community members will receive education and training on safer waste practices, which may reduce exposure to harmful pollutants from plastic burning.
- Over time, reduced open burning is expected to contribute to better local air quality and associated health improvements.

Risks:

The study has minimal risk of participation since the intervention is non-invasive.

Where is the study run from?

Six villages in Malang and six villages in Banyuwangi, Indonesia.

When is the study starting and how long is it expected to run for?

March 2025 to September 2027

Who is funding the study?

National Institute for Health and Care Research (NIHR) (UK)

Who is the main contact?

NIHR GHRC Indonesia Team, [globalhealth@ub.ac.id](mailto:globalhealth@ub.ac.id)

## Contact information

**Type(s)**

Public, Scientific, Principal investigator

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## **Additional identifiers**

### **National Institute for Health and Care Research (NIHR)**

203247

## **Study information**

### **Scientific Title**

Evaluating Community and household Assistance for Reducing plastic waste burning with Enhanced waste management (CARE) in Malang, Indonesia

### **Acronym**

CARE

### **Study objectives**

#### **Aims:**

To evaluate the impact of the CARE intervention on waste management practices, including household plastic waste burning.

#### **Objectives:**

1. To explore whether the development and implementation of village-level waste management regulation is effective in reducing plastic waste burning
2. To assess whether the development and implementation of waste management infrastructure, including neighbourhood and village waste banks improve waste management

practices in the community.

3. To assess the effectiveness of training and awareness generation activities on plastic waste management and waste burning practices.

### **Ethics approval required**

Ethics approval required

### **Ethics approval(s)**

approved 14/04/2025, Health Research Ethics Committee Faculty of Medicine Brawijaya University (Jalan Veteran, Malang, 65145, Indonesia; +62 341569117; sekr.fk@ub.ac.id), ref: 77.1/EC/KPK/04/2025

### **Study design**

Quasi-experimental design

### **Primary study design**

Intentional

### **Study type(s)**

Prevention

### **Health condition(s) or problem(s) studied**

Prevention of non-communicable diseases (NCDs) -including chronic obstructive pulmonary disease (COPD), cardiovascular diseases, and various cancers- triggered by plastic waste burning through Community and household Assistance for reducing plastic waste burning with Enhanced waste management (CARE) intervention.

### **Interventions**

The Community and Household Assistance for Reducing Plastic Waste Burning with Enhanced Waste Management is a comprehensive intervention designed to address the environmental and health risks associated with plastic waste burning in rural communities. CARE will consist of three core components: regulation at the village level, waste management facilities, and education and training of community members and environmental kaders (kader lingkungan). The co-designed intervention will be delivered by a multidisciplinary intervention team responsible for its design, implementation, and monitoring. It includes academic researchers from the University of Brawijaya, local government stakeholders such as the District Environmental Authority, sub-district and village officials, as well as waste management practitioners and environmental kaders. The kaders serve as primary implementers at the community level, delivering training, managing waste bank operations, and engaging households through existing social and religious forums.

### **Intervention Type**

Other

### **Primary outcome(s)**

The reduction in household plastic waste burning measured as a binary variable (yes/no) after 1 year of intervention implementation.

### **Key secondary outcome(s)**

1. Improved knowledge and skills to sort and manage plastic (both environmental kaders and community members), measured using validated questionnaires.

2. Increased plastic waste collection through use of waste banks or community collection points, measured by the proportion of the intervention households utilising the waste banks, after 1 year of intervention implementation.
3. Reduction in PM2.5 level in the neighbourhood, measured using Airly Open Air Model O-1PST, after 1 year of intervention implementation.

**Completion date**

30/09/2027

## Eligibility

**Key inclusion criteria**

This study will be implemented in 12 purposively selected villages in East Java Province, Indonesia, comprising six intervention villages in Malang District and six control villages in Banyuwangi District. The selection of villages was guided by a set of criteria to ensure comparability and reduce contamination between arms. These criteria include rural classification, similar levels of population density, predominant employment types (e.g., agriculture or home industry), lowland geographical characteristics, and existing waste management infrastructure such as operational waste banks or waste bank cells. In this cluster-based quasi-experimental trial, villages serve as the clusters that were allocated to intervention or control, while households within these villages will serve as the units of analysis.

**Participant type(s)**

Other

**Healthy volunteers allowed**

No

**Age group**

Not Specified

**Sex**

All

**Total final enrolment**

0

**Key exclusion criteria**

No exclusion criteria is applied in this study. Household that is not consented to participate in this study will not be included in the study.

**Date of first enrolment**

01/03/2026

**Date of final enrolment**

30/06/2026

## Locations

**Countries of recruitment**

Indonesia

**Study participating centre**

**University of Brawijaya**

5th Floor Auditorium of Gedung Pusat Pembelajaran (GPP), Faculty of Medicine, Brawijaya University  
Malang  
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## Sponsor information

**Organisation**

National Institute for Health Research

**ROR**

<https://ror.org/0187kwz08>

## Funder(s)

**Funder type**

Government

**Funder Name**

National Institute for Health and Care Research

**Alternative Name(s)**

National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

**Funding Body Type**

Government organisation

**Funding Body Subtype**

National government

**Location**

United Kingdom

## Results and Publications

## Individual participant data (IPD) sharing plan

### IPD sharing plan summary

Data sharing statement to be made available at a later date

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Participant information sheet</a>	version 4.0	06/07/2025	26/09/2025	No	Yes
<a href="#">Participant information sheet</a>	version 5.0	21/11/2025	21/11/2025	No	Yes