

# Implementation of Local Regulation No. 3 of 2015 About Non-Smoking Area at Kamonji Community Health Centers, Palu Barat District, Palu

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## ABSTRACT

Smokers 2-4-fold risk of developing infectious disease. Creating a non-smoking area is one of the ways to protect the societies from the negative effect of cigarette smoke and to reduce number of active smokers. The existence of local regulations no. 3 of 2015 about non-smoking area in Palu applied by Kamonji Community Health Centers is one of the ways to overcome the smoking behavior. In the first quarter, there were 20 cases of violations and decreased in the second quarter to four to 16 cases and rose to 19 cases in the fifth quarter. This research aims at finding out the implementation and the behavior goals related to the smoking behavior at Kamonji Community Health Centers. This was qualitative research with a case study approach. The result show that the implementation variables that was conducted, consisted of communication, resources, disposition, and the structure of organization were not optimally applied. 10 out of 15 informants do not know about the local regulations. It means that the delivery of information to the policy goals did not improve the public knowledge that have an impact on the society's compliance levels to the policy. In conclusions, the implementation of local regulation no. 3 of 2015 about non-smoking area at Kamonji Community Health Centers was not optimally applied. It is expected that related agencies can improve the process of information dissemination and monitoring of non-smoking area in Palu, especially in Kamonji Community Health Centers.

**Keywords:** Implementation; Non-Smoking Area; Behavior

## INTRODUCTION

Smoking has various negative consequences, including cancer, blood vessel blockage, and death. However, adolescents and adult men often perceive smoking as something to be proud of. [1] Data from the past five years shows that Indonesia ranks third in the world for the number of smokers, with 65 million people or 28% of the population smoking. An estimated 225 billion cigarettes are smoked per year. [2] Based on data from 2013, [3] the number of daily smokers in Central Sulawesi reached 26.2%. Other data from the Clean and Healthy Living Behavior (PHBS) data issued by the Palu City Health Office (2013) [4] shows that 43,054 or 62.14% of heads of households in Palu City are active smokers. This study aims to determine the implementation of Local Regulation of Palu City Number 3 of 2015 applied by health facilities, in this case, the Kamonji Health Center.

## LITERATURE REVIEW

Policy is a principle or course of action chosen to guide decisions. Policy is always problem-oriented and action-oriented. Therefore, it can be stated that a policy is a provision containing principles to guide ways of acting that are made in a planned and consistent manner to achieve goals. Implementation refers to the activities, actions, or

mechanisms involved in putting a system or plan into operation. It is not just any activity, but rather a planned activity with the goal of achieving specific objectives. (4)

The implementation of smoke-free areas (KTR) is not something that can be easily accepted by the community. It requires a strong commitment from the regional head and his/her staff to socialize the KTR. The lack of socialization of the KTR policy has resulted in the implementation of the KTR not yet being fully implemented. Even some universities still provide scholarships through sponsorship from tobacco companies, as do sports competitions that use tobacco sponsorship. Cigarette advertisements are still often found on highways.

The success of KTR implementation also depends on the availability of funds, facilities, and strong human resources to socialize the KTR. In addition, it is necessary to have commitment and participation from the community. (3)

## **METHODOLOGY**

The type of research used is qualitative with a case study approach. This approach is used to study an object or something that needs to be studied thoroughly and in depth. This research was conducted on June 7-July 8, 2021. The research location was carried out at the Kamonji Health Center, West Palu District,

## **RESULT**

### **Communication**

In-depth interviews with informants revealed that information dissemination has been carried out by the Palu City Health Office and the Kamonji Health Center. The Palu City Health Office's socialization program covers 46 sub-districts, while the Kamonji Health Center conducts outreach in its working area and distributes promotional materials such as leaflets. Printed media have also been installed in the health center area.

### **Resources**

In-depth interviews showed that the media and electronic media available at the Kamonji Health Center, as well as health equipment, are still insufficient to inform and change people's smoking behavior. There is a need for socialization and education about the impact of smoking behavior on individual and community health.

### **Disposition**

Based on the interview results, the implementer (health worker) welcomes the policy in their work area because they see the goals and benefits of implementing the policy, especially for individual and community health. However, the informant's acceptance of the policy is not yet fully accompanied by a level of compliance with the policy.

### **Organizational Structure**

The flow of the organizational structure for implementing the regulation starts from the Health Office, which conducts training for task forces in each SKPD (Regional Apparatus Work Unit) in Palu City. The reporting channel related to violations of Perda No. 3 of 2015 also comes from the task forces in the SKPDs, including the Kamonji Health Center, whose task force makes monthly reports and sends them to the Palu City Health

Office in the Disease Control Section. Behavior Related to the Implementation of Perda No. 3 of 2015 concerning KTR (Smoke-Free Areas):

### **Knowledge**

At the level of knowledge, many people and even health workers themselves are aware of or completely unaware of Perda No. 3 of 2015 concerning KTR. Many health workers and the public are still unaware of the existence of Perda No. 3 of 2015 concerning KTR. This also illustrates the ineffectiveness of socialization to health workers or the public about the existence of Perda No. 3 of 2015 concerning KTR.

### **Health Workers**

The results showed that people's smoking behavior is a behavior formed because it is based on people's smoking habits or behavior that arises from each individual's personality. The behavior of health workers who are still active smokers is not a factor that causes people to smoke.

## **DISCUSSION**

### **Communication**

Communication in implementing the policy has been carried out through socialization in 46 sub-districts and using audio and visual media, but it is not enough to provide information to the community. This is in line with research conducted by [5] which states that communication is the process of transferring information to the target of the policy. The results of this study are not in line with Phaksy, Hadi, Rengu (2013) [6] that using visual and audiovisual media communication techniques is sufficient to inform the community.

### **Resources**

The availability of facilities and infrastructure is crucial to inform the community about Regulation No. 3 of 2015, but based on the interview results, the existing media are not enough to inform the community. The results of research [5] show that the facilities needed are in the form of procurement of promotional media such as billboards, banners, stickers, billboards, and other attributes. This is not in line with research [7] that the dissemination of information using newspapers, pamphlets, and other media is sufficient to inform the community about Regulation No. 10 of 2010 concerning KTR in Pontianak City.

### **Disposition**

The results of in-depth interviews regarding the informant's attitude towards Regulation No. 3 of 2015 concerning KTR showed that the informant accepted the regulation. This is in line with research [8] that leadership support greatly influences the implementation of policies in achieving goals effectively and efficiently. However, it is not in line with research [9], which states that based on theory, attitude has three elements/factors, namely cognitive (knowledge), affective (emotion, feeling), and conative (action) towards an object related to smoking behavior.

### **Organizational Structure**

The results of in-depth interviews with several informants from the Palu City Health Office and Satpol PP are the agencies given the authority to carry out coaching and supervision regarding Regulation No. 3 of 2015 concerning KTR. This is in accordance with the results of research [7], which states that the coach and supervisor in the regulation concerning KTR are the Pontianak City Health Office and the Pontianak City Satpol PP. However, it is not in line with research [6], which states that there is no need for a small organizational structure in implementing the Jamkesda policy to carry out supervision.

### **Knowledge**

Based on in-depth interviews with informants, most of them were not aware of Regulation No. 3 of 2015 concerning KTR. 10 out of 15 informants were completely unaware of the policy due to a lack of socialization. The results are in line with research conducted [10] in Makassar City, that the lack of socialization regarding the KTR policy is the cause of the ongoing violations.

### **Health Workers:**

The results of in-depth interviews with the community about their views on the behavior of health workers who are still active smokers, the informants stated that people's smoking behavior is influenced by habit. This is in line with research [11] that adult smoking behavior usually starts in the childhood and teenage phase. The results are not in line with research by Jones et al (2011) [12], that predisposing factors and reinforcing factors are factors that influence a person's smoking behavior.

### **REFERENCES**

1. Aditama, 2002, *Rokok dan Kesehatan*, Jakarta, Universitas Indonesia.
2. World Health Organization, 2012, *Indonesian's Tobacco Profile (Tobacco free Initiative)*, Geneva, WHO.
3. Riset Kesehatan Dasar, 2013, *Proporsi Penduduk Umur ≥10 Tahun Menurut Kebiasaan Merokok Dan Provinsi, Indonesia 2013*, Badan Penelitian dan Pengembangan Kesehatan, Kementerian Kesehatan RI, Jakarta.
4. Dinas Kesehatan, 2013, *Data Perilaku Hidup Bersih dan Sehat, Jumlah Kepala Keluarga perokok*, Dinas Kesehatan Kota Palu.
5. Azkha, Nizwardi, 2013, 'Studi Efektivitas Penerapan Kebijakan Perda Kota Tentang Kawasan Tanpa Rokok (KTR) Dalam Upaya Menurunkan Perokok Aktif Di Sumatera Barat Tahun 2013', *Jurnal Kebijakan Kesehan*, vol. 02, no. 4, hh. 171-179.
6. Phaksy S, N, Minto Hadi dan Stefanus, P, R, 2013, *Implementasi Kebijakan Pelayanan Kesehatan Masyarakat Miskin Nonkuota (JAMKESDA DAN SPM) (Studi di Dinas Kesehatan Kabupaten Blitar)*, *Jurnal Administrasi Publik*, vol. 1 no. 6, hh 1195-1202.
7. Efraldo, J.Z, 2014, 'Implementasi Peraturan Daerah Kota Pontianak Nomor 10 Tahun 2010 Tentang Kawasan Tanpa Rokok di Kecamatan Pontianak Tenggara', *Jurnal Ilmu Administrasi Negara*, vol. 3 nomor 1, hh 1-18.
8. Zuleha, 2015, *Implementasi Kebijakan Pemerintah Tentang Penetapan Kawasan Tanpa Rokok, Studi Pada Rumah Sakit Umum Daerah Undata Propinsi Sulawesi Tengah*. e-journal Katalogis, vol. 3 no. 5, hh 58-67.

9. Rahmadi, A. Yuniar L, Yenita, 2013, Hubungan Pengetahuan dan Sikap Terhadap Rokok Dengan Kebiasaan Merokok Siswa SMP di Kota Padang. Jurnal Kesehatan Andalas, vol 2, no 1, hh 25-28.
10. Fatmasari, Intan. Indar, Darmansyah, 2014. Perilaku Supir Angkutan Pasca Penetapan Perda Kawasan Tanpa Rokok Di Kota Makassar. Skripsi. FKM Universitas Hasanudin, Makassar.
11. McDonald, Patricia. 2004. Understanding Smoking Behaviour in Children and Adolescents. Health Journal, Vol. 16.
12. Jones, Andrew M, et al, (2011), A model of the impact of smoking bans on smoking with evidence from bans in England and Scotland. Health Econometrics and Data Groups, no. 5 vol 11, hh. 1-36.