



Analysis of Implementation Regional Regulation Policy about Cigarette Area in the Mayor Office of Kendari

Murni^{a*}, Muhammad Alwy Arifin^b, Muhammad Syafar^c

^aPostgraduate Magister Program, Postgraduate School of Hasanuddin University, Makassar 90245, Indonesia

^bDepartment of Health Administration and Policy, Faculty of Public Health, Hasanuddin University, Makassar 90245, Indonesia

^cDepartment of Health Promotion and Behavioral Sciences, Hasanuddin University, Makassar 90245, Indonesia

^aEmail: murni.prodia@gmail.com, ^bEmail: muhalwiarifin@yahoo.com

^cEmail: syafar.muhammad@yahoo.co.id

Abstract

Determination of the area without cigarettes is very necessary to be implemented in public facilities, one of which is office in this case the office of Mayor in Kendari. Therefore, implementation of non-smoking area policy has been intervened as an accurate strategy in controlling non-communicable diseases, especially environmental health, air and economic improvement for community. The purpose of this study was to study and analyze more deeply about implementation of non-smoking area policy in the mayor's office in Kendari. This type of research is qualitative research, informant sources in this study were obtained by using purposive sampling as many as 9 informants conducted by in-depth interviews, continuous observation during the study took place. Data processing is done using triangulation and content analysis methods. The results of the study indicate that communication variable has not run well based on transmission, clarity and consistency of the regulations that should apply to the area without smoking and its application in the Kendari Mayor's office. Likewise, the resource variable has not been supported in terms of staff, information, authority and in terms of facilities still not fulfilled. The disposition variable also does not work well where the appointment of bureaucracy does not work because all are based on a one-way system and there is no incentive considering that this is only a moral responsibility. The bureaucratic structure in the mayor's office has not been implemented properly. Therefore, it is expected that the leadership of each regional apparatus organization in the Mayor's office of Kendari will improve matters in the form of communication, resources, bureaucratic structures and dispositions towards all elements in the mayor's office of Kendari.

* Corresponding author.

Keywords: Non-Smoking Area; Policy; Implementation; Mayor's office.

1. Introduction

Cigarettes are not just a health problem but have become one of the biggest causes of death in the world. World health organizations (WHO) in 1991 stated that cigarettes are the cause of the deaths of three million people worldwide each year. That is why the WHO set May 31 as "World No Tobacco Day" (World No Tobacco Day) [2]. According to WHO data, there were deaths of as many as six million people each year caused by smoking habits, including the number of passive smokers of 600,000 who died from exposure to cigarette smoke. If this continues, it is predicted that by the year 2030 there will be 8 million deaths each year, of which 80% occur in poor and developing countries. This means that every minute almost eleven people die from poisons on cigarettes. In 2030 it is estimated that the number of deaths from smoking reaches 10 million annually and will be dominated by developing countries such as Indonesia [11].

WHO data (2008) also shows that Indonesia is a country with the second largest proportion of male smokers after Russia. The proportion of Indonesian male population who smoke is 65.3%, while Russia is in the first place at 70.2% [13]. Based on data from the Indonesian Ministry of Health stated in 2011, the number of active smokers in Indonesia has increased and has reached 60 million, of which the majority of smokers are of productive age and started consuming cigarettes for the first time at the age of 15-19 years [1]. The biggest percentage of smokers in ASEAN is Indonesia, which is 46.16% [14]. Whereas in other ASEAN countries such as the Philippines at 16.62%, in Vietnam at 14.11%, in Myanmar at 8.73%, in Thailand at 7.74%, in Malaysia at 2.90%, in Cambodia at 2.07% , in Laos it was 1.23%, in Singapore it was 0.39%, and in Brunei was 0.04% [8].

The percentage of cigarette consumption in the five highest countries, namely China (38%), Russia (7%), United States (5%), including Indonesia (4%) and Japan (4%). Indonesia is a country with a high level of cigarette use. In 2009, Indonesia was ranked 4th in the world for 260,800 cigarettes with a percentage of 4% [4]. In developing countries, such as Indonesia, there are 34.7% of active smokers. That is, one third of Indonesians are active smokers [10]. Where poor families have a higher smoking prevalence than wealthy income groups. Of the 19 million poor families in Indonesia, 63% of household heads were smokers, while the number of smokers aged ≥ 15 years was 34.2% in 2007, then the prevalence increased to 34.7% in 2010 [5] and increased again in 2011, according to GATS 2011 the number of smokers aged 15 years was 34.8% with a prevalence of men 67% and women 2.7%.

The Indonesian Ministry of Health 2007 shows that 3.5% of adolescent boys and 0.5% of adolescent girls aged 10-14 have smoked [3]. According to Basic Health Research [6], the average age of a person starting to smoke nationally is 17.6 years. But for the earliest ages there are those who start smoking from the age of 5-9 years. The prevalence of smoking based on age, the age of smokers starting smoking starts at the age of 5-9 years as much as 1.7%, age 10-14 years at 17.5%, at the age of 15-19 years 43.5%, at the age of 20-24 year of 14.6%, at the age of 25-29 years 4.3%, at the age of > 30 years at 3.9%. From the data above, it can be seen that the highest prevalence is children aged 15-19 years and for the second highest age is 10-14 years or high school age children [12]. Whereas in Southeast Sulawesi Province, the proportion of population aged ± 10 years who has a

smoking habit, for current smokers, smokers are 21.8% every day and smokers are sometimes 4.2%. Whereas those who do not smoke are ex-smokers 2.1% and nonsmokers 71.1% [6].

In connection with the Health Law, in its implementation a joint regulation was issued by the Minister of Home Affairs No. 188 / Menkes / Pb / I / 2011 was issued in Clause 2 with the aim of providing a reference for regional governments in establishing Non-Smoking Areas, providing effective protection from the dangers of smoke cigarettes, provide a clean and healthy space and environment for the community, and protect health in general from the adverse effects of smoking both directly and indirectly [9]. Smoking is a behavior that is difficult to change because of the effects of addiction caused by nicotine, but it is realized to be able to reduce the negative impact, especially on the environment, for the sake of public health, effective policies must be taken, one of which is the application of non-smoking areas. Sanctions imposed on violations of areas without smoking are administrative sanctions in the form of reprimands and administrative fines [16]. The policy issued by the Mayor of Kendari concerning regulations concerning non-smoking areas namely Kendari City Regulation No. 16 of 2014 concerning non-smoking areas includes public places, workplaces, places of worship, places to play and or gathering places for children, public transport vehicles, the environment where teaching and learning processes, health care facilities and sports infrastructure (16, 2014).

Kendari city regulation Number 16 of 2014 concerning Non-Smoking Regions is in accordance with the mandate of Law Number 36 of 2009 concerning Health Clause 115 Paragraph (2), namely "Regional Governments are obliged to establish areas without smoking in their territory" and Clause 52 Government Regulation Number 109 of 2012 concerning Safeguarding Materials Containing Addictive Substances in the Form of Tobacco Products for Health, namely "Regional Governments are obliged to establish Non-Smoking Areas in their territory with Regional Regulations". If reviewed, in Article 115 Paragraph (2) of Law Number 36 of 2009 concerning Health and Article 52 of Government Regulation Number 109 of 2012, it is equally stipulated that the regional government is obliged to establish a non-smoking area in its territory. Therefore, Mayor Kendari's policy is appropriate if Kendari City Government sets rules on non-smoking areas (Mayansara, 2018). Analysis of policy implementation regarding the Establishment of Non-Smoking Areas in the Kendari Mayor's office based on the Edward III [15] implementation theory by using indicators of communication, resources, dispositions and bureaucratic structures.

2. Materials and Method

This study uses qualitative research methods to examine more deeply the phenomenon and information about the implementation of policies towards the No Smoking Area in the Mayor's office in Kendari with in-depth interviews, conducted observations continuously during the research took place in the Mayor's office in Kendari. Qualitative research takes place in a natural setting, the researcher is the main instrument, data collected in the form of descriptive data through in-depth interviews, then analysis of data inductively, interpretations and conclusions on the data. With the selection of informants in this study were those involved in the process of implementing the Non-Smoking Areas regulations and policies in the Mayor's office in Kendari, especially in the BPPRD office as many as 9 people. The technique of determining informants using purposive sampling.

3. Results and Discussion

3.1 Communication

The results of the study indicate that one of the most influential forms of implementation in policy is communication. As you know, communication is a message from someone to someone else to influence a person's behavior and actions either directly or indirectly. Implementation in a policy is very important, so in implementing a decision the stakeholders should know what they are doing. Implementation must be transmitted to personnel who are on target and directives. If a policy wants to be implemented appropriately, then a policy is not only acceptable but it is clear what is target of the policy. As previously explained, communication is the process of delivering information from the communicator to the communicant. Meanwhile, policy communication means the process of delivering policy information from policy makers to implementers.

All forms of information need to be conveyed to policy actors so that they can understand what is the content, purpose, direction of the target group, so that policy actors can prepare for things related to implementing the policy so that the policy implementation process can run effectively and in accordance with the purpose of the policy itself. The role of stakeholders in building a good communication has a big influence on the effectiveness of a policy. Therefore, the leader of a work unit is expected to be able to communicate both directly and indirectly to maximize the course of a policy or program. The process of delivering information is often referred to as the socialization process. Forms of socialization can be done in two ways, directly and indirectly.

Based on the results of research related to communication between leaders and subordinates in the implementation of Kendari city regulation number 16 of 2014 concerning Non-Smoking Areas in all public facilities shows that it has not gone well. This is in line with the research by Herlan, 2015 on the Implementation of Regional Regulation Number 16 of 2014 concerning non-smoking areas in Kendari in terms of socialization that has not been maximally implemented. Communication shows that the success of an implementation of the No Smoking Area policy is due to the implementation of socialization. Socialization can be done in two ways, namely, verbal means, namely by giving information / explanation to the public (employees) or directors of each institution directly, while nonverbal communication is using facilities/ media such as newspapers, bulletin boards, social media, electronic media, do advertisements on TV, on radio and etc.

3.2 Resource

In implementing a policy, it must be supported by adequate resources, both human resources and financial resources. Resources have an important role in implementing a policy. Although the contents of the policy have been clearly and consistently communicated, the implementers lack resources in implementation, but implementation cannot be effective. Resources can be tangible human resources, namely the ability of implementers, and financial resources. Resources are a very important factor in implementing a policy so that it can run effectively. Without resources, a policy is limited to writing on paper which is just a document.

Here resources are closely related to all sources that can be used to support the successful implementation of a policy. Implementation of a policy will not succeed without the support of quality resources and quantity.

Quality here relates to skills, professionalism, high dedication and competence in their fields. While the quantity is related to the amount of human resources, is it sufficient for all target groups. Human resources are very influential in the success of the implementation of a policy, because without reliable human resources the implementation will not run well implementation of a policy, the availability of appropriate facilities such as buildings, environments and office equipment that support the successful implementation of a program or policy.

In line with this, when referring to the regional regulations issued by Mayor in chapter II, clause 6, namely (4) The leadership of the institution and / or agency in public places and workplaces that have been designated as Non-Smoking Areas is required to provide a smoking place. (5) Further provisions regarding smoking-specific places, forms, sizes, requirements and prohibited signs are regulated by regional regulations. In chapter IV the No Smoking Area clause 7 (1) The Regional Government establishes a Non-Smoking Area. (2) Non-smoking areas as referred to in paragraph (1) include: a. public places; b. workplace; c. worship place; d. playground and / or gathering of children; e. public transport vehicles; f. the environment in which the teaching and learning process; g. health service facilities; and h. sports infrastructure. (3) Non-Smoking Area as referred to in paragraph (2) letter c, letter d, letter e, letter f, letter g and letter h are prohibited from providing a special place for smoking which is a Non-Smoking Area free of cigarette smoke to the outer limits. (4) Non-smoking areas as referred to in paragraph (2) letters a and b can provide a special place for smoking. (5) Special places as referred to in paragraph (4) must meet the following requirements: a. is an open space or space that is directly related to the outside air so that air can circulate properly; b. separate from the building / main place / space and other spaces used for activities; c. far from the entrance and exit; and D. far from where people pass by.

Therefore, every place that is a non-smoking area, especially in the mayor's office, should provide a Smoking Area located outside the office environment as a facility for visitors and employees to smoke, but until now there has not been able to provide adequate facilities because there budget to build the smoking area. This is a barrier in the mayor's office in implementing the Non-Smoking Area policy. This is in line with the research conducted by Azkha (2013) who said that the availability of facilities and infrastructure to support the implementation of a program related to the implementation of the non-smoking area policy was basically needed. The facilities needed include the procurement of promotional media such as billboards, banners, billboards, stickers and other attributes needed to support applicable regulations and policies and must also be included in promotional media so that all people who see can understand.

3.3 Disposition

Another indicator seen in this study is the disposition of the implementation of non-smoking area policies in the mayor's office of Kendari, where there are two factors that influence disposition according to researchers, namely the appointment of bureaucrats and incentives. From the results of the research conducted, it is known that the disposition in terms of bureaucracy is not very structured especially in non-smoking area policies, so that all components in charge and have an obligation to socialize the application of Non-Smoking Areas, one of which plays an important role is Public Order Enforcers. In addition to the appointment of bureaucracy, incentives also have a role in the application of Non-Smoking Areas. In the mayor's office there is no special

budget either from the city government or from the leadership of each Regional Device Organization, considering this is a mandatory task for all elements in the mayor's own office. Members of public order enforcers who should be enforcers in supervising special regional regulations concerning Non-Smoking Areas are not given incentives.

3.4 Bureaucratic Structure

It is an institution that has a great ability to move an organization, because the bureaucracy is formally arranged to produce rational actions in an organization. The organizational structure of implementing the policy has an important influence in implementing the policy. Policy implementers may know what to do, have the desire and support of facilities to do it, but in the end they cannot do anything because they are obstructed by the organizational structure in which they work. By referring to the role of bureaucracy in carrying out the policy implementation process as stated above, it is known that the bureaucratic structure is a fundamental variable in reviewing the implementation of a policy. Organizational structure has a significant influence on the implementation of a policy. This implementation aspect includes two things, namely the mechanism and structure of the bureaucracy itself.

The first aspect is the mechanism, the mechanism for policy implementation is usually determined through work procedures which are often referred to as Standard Operating Procedures (SOPs) which have been included in the policy guidelines. A good SOP, you should include a framework clearly, uncomplicated, structured, easy to understand and become a reference in the work implementator. SOP is a guideline for each implementer in acting so that the implementation of the policy does not deviate from the policy goals and objectives. The second aspect is bureaucratic structure, bureaucratic structure is a characteristic, norms and patterns of relationships that occur repeatedly. A bureaucratic structure that is too long and fragmented will tend to weaken supervision and cause difficult and complex bureaucratic procedures that will cause organizational activities to be inflexible. The results of the research conducted in the mayor's office in Kendari indicate that the implementation of the non-smoking area policy has been running since 2014. However at the Waikota office itself there is no complaints system without Non-Smoking Area. Because there was no special team formed in handling the implementation of the Regional Regulation on Non-Smoking Areas in the Mayor's office in Kendari so that the complaints system did not have a clear direction. Is directly to the responsible leader. While in the 2011 guidebook on the development of Non-Smoking Area, one of the conditions for coordinating the implementation of Non-Smoking Area was said to be successful if the person in charge provided the place of complaint or place of service asking. Even though resources are sufficient to implement a policy and implementers already know what to do, the existing bureaucratic structure blocks the coordination needed to implement the policy, the implementation of the policy will fail. Complex policies require the cooperation of all parties involved, and waste of resources will affect the results of implementation. Changes made will affect the individual and will affect the system in general bureaucracy.

4. Conclusion

From the results of the research conducted, it is known that the implementation of the policy regarding the

establishment of Non-Smoking Areas in the Mayor's office of Kendari did not run optimally in accordance with the existing Regional Regulations and the implementation was not maximal. This policy is influenced by several factors as obstacles and supporters. The factors include:

1. Communication does not go well in accordance with the existing regional regulations based on transmission, clarity and consistency with the applicable rules relating to the Non Smoking Area and its application in the Kendari Mayor's office.
2. Resources in the Kendari Mayor's office have not been supported in terms of staff, information and authority. In terms of facilities still not fulfilled even none.
3. The disposition in this study does not go well where the appointment of bureaucracy does not work because all are based on a one-way system, and incentives are not enforced because this is only a moral responsibility.
4. The bureaucratic structure in the Mayor's office in Kendari, especially in the BPPRD, does not work in accordance with the mechanism and rules, the leader does not make the Standard Operational Procedure related to the implementation of the Non Smoking Area policy.

References

- [1] Al-arasy, W. (2014). Implementation of Cigarette Area Policy (Study of the Implementation of Village Regulation Number 01 of 2009 concerning Non-Smoking Areas in Bone-bone Village, Enrekang District, South Sulawesi. University of Muhammadiyah Malang.
- [2] Arifin, Z. J. J. O. M. B. I. S. d. I. P. (2016). Application of Non-Smoking Area Policy in University of Riau. 3(2), 1-10.
- [3] Ismariansi, I., Fajarwati, I., & Suriah, S. J. M. K. M. I. (2016). Smoking Behavior of Employees Post-Application of Non-Smoking Areas in Makassar Mayor's Office. 11(2), 69-75.
- [4] Jamal, H., & Thaha, I. L. M. (2014). Student Compliance with the Application of Smoke-Free Areas on the Hasanuddin University.
- [5] Ministry of Health R. J. K. R. J. (2011). Indonesian Health Profile 2010.
- [6] Ministry of Health R. J. K. R. J. (2013). Ministry of Health Data and Information Center. Jakarta
- [7] Ministry of Health & RI, K. K. J. J. B. P. d. P. K. D. K. R. I. (2013). Basic health research.
- [8] Martiany, D. J. K. S. t. I. A. d. S. (2016). Full Number of Smokers to Protect Women's Health.
- [9] Mayansara, A. (2018). Escorting the Implementation of Regional Regulations concerning Non-Smoking Areas in the Kendari Regional General Hospital.
- [10] Muliku, H. R., Polii, B., & Kumurur, V. J. C. H. (2017). Analysis of the Development of Non-

Smoking Areas at Robert Wolter Mongisidi Level III Hospital in Manado. 2 (1).

- [11] Nugroho, P. S. (2015). Evaluation of the Implementation of Non-Smoking Areas of the Faculty of Health Sciences, Muhammadiyah University, Surakarta. Muhammadiyah University of Surakarta.
- [12] Pradono, J., & Kristanti, C. M. J. I. B. o. H. R. (2003). Forgotten passive smokers. 31 (4).
- [13] Rachmat, M. (2016). National Tobacco Economic Development: Advanced Country Policy and Learning for Indonesia.
- [14] Simaibang, A. A., Kismartini, K. J. J. o. P. P., & Review, M. (2016). Implementation of Non-Smoking Area Policy on Public Transport in Semarang City (Case Study on Public Transportation at Penggaron Terminal). 5 (3), 121-136.
- [15] Syukri. (2017). Implementation of Regulation Policy Of Pinrang Regent No. 10 of 2013 Concerning Without Cigarette Area In Lasinrang Regional Public Hospital in Pinrang District.
- [16] Wati, A. R. A. J. J. H. H. (2017). Application of Non-Smoking Areas based on Metro City Regional Regulation Number 4 of 2014. 4 (2).