



## Implementation of Bantul Regent Policy Number 18 of 2016 Regarding Smoke-Free Areas

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### Article Info

#### Keyword:

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**Abstract:** Smoking results in the emergence of diseases with a risk of 2 up to 4 times as much as coronary heart disease and has a higher risk of lung cancer and other non-contagious disease. There is higher percentage as much 21.2% for population aged  $\geq 10$  years who smoke every day in Special Region of Yogyakarta. The policy of smoke-free area at school is regulated by Bantul Regent Regulation No. 18, 2016. The purpose of this research is to find out the aspects of communication, resources, disposition, and bureaucratic structure in policy implementation. The study was conducted at MAN 3 Bantul using descriptive qualitative methods through interviews and observations. Validity checking is carried out by the triangulation method. The results showed that the implementation of the policy of smoke-free areas in schools had not been the provisions. The communication process by doing installation of a smoking ban sign and conducting socialization, but it has not involved the authorities yet. In implementing the policy, it is not supported by adequate resources and the commitment of the leaders by establishing policies and SPOs. The support in the aspect of communication in the form of posters for smoking restrictions and dispositions in the form of reprimand sanctions. While the inhibiting factors in the aspect of communication in the form of policy rules, resources in the form of teams, the budget disposition in the form of lack of awareness, reluctance to reprimand, and bureaucratic structure in the form of SPO also did not yet exist for smokers at schools.

#### Kata Kunci:

Desentralisasi fiskal;  
Tembakau;  
Pertumbuhan  
Ekonomi.

**Abstrak:** Merokok mengakibatkan timbulnya penyakit dengan risiko 2 hingga 4 kali lipat penyakit jantung koroner dan memiliki risiko lebih tinggi terkena kanker paru-paru dan penyakit tidak menular lainnya. Ada persentase lebih tinggi sebanyak 21,2% untuk populasi berusia  $\geq 10$  tahun yang merokok setiap hari di Daerah Istimewa Yogyakarta. Kebijakan area bebas asap rokok di sekolah diatur oleh Peraturan Bupati Bantul No. 18, 2016. Tujuan penelitian ini adalah untuk mengetahui aspek komunikasi, sumber daya, disposisi, dan struktur birokrasi dalam implementasi kebijakan. Penelitian dilakukan di MAN 3 Bantul menggunakan metode deskriptif kualitatif melalui wawancara dan observasi. Pemeriksaan validitas dilakukan dengan metode triangulasi. Hasil penelitian menunjukkan bahwa implementasi kebijakan daerah bebas asap rokok di sekolah belum menjadi ketentuan. Proses komunikasi dengan melakukan pemasangan tanda larangan merokok dan melakukan sosialisasi, tetapi belum melibatkan pihak berwenang. Dalam menerapkan kebijakan, tidak didukung oleh sumber daya yang memadai dan komitmen para pemimpin dengan menetapkan kebijakan dan SPO. Dukungan dalam aspek komunikasi berupa poster larangan merokok dan disposisi dalam bentuk sanksi teguran. Sementara faktor penghambat dalam aspek komunikasi dalam bentuk aturan kebijakan, sumber daya dalam bentuk tim, disposisi anggaran dalam bentuk kurangnya kesadaran, keengganan untuk menegur, dan struktur birokrasi

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*dalam bentuk SPO juga belum ada untuk perokok di sekolah.*

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## INTRODUCTION

The problem of smoking is still a national problem to address because it involves issues in life, namely economic, social, political aspects, especially health aspects. In the health aspect, cigarettes contain 4,000, harmful chemicals, such as nicotine, which is addictive, tar, and carcinogenic. Besides, there is also formaldehyde. A smoker has a 2 to 4-fold risk of developing coronary heart disease and has a higher risk of lung cancer and other non-communicable diseases. The government issued a regulation prohibiting smoking in public places, one way or another. The government has done to implement smokers' behavior is to launch the Smoke Free Zone program. Non-smoking areas in classrooms, hospitals, warehouses, workplaces, air-conditioned spaces, as long as cigarettes are created by smokers, the act does not change anything (Moch Subchan Mauludin, Aan Faisal Alfalah, 2016).

The No Smoking Zone referred to in the Local Regulation shall be children's playgrounds, learning facilities, health services, places of worship and public transport (Artanti et al., 2017). The effect of smoking not only affects the health of smokers and those who are exposed to cigarette smoke, but also threatens the economies of poor families (Rahajeng, 2015). Various evidence-based states that consuming tobacco can cause cancer (mouth, pharynx, larynx, esophagus, lung, pancreas, and bladder), peripheral vascular system disease, arteriosclerosis, brain blood vessel disorders) and respiratory system (bronchitis, emphysema, chronic obstructive pulmonary lung, pulmonary tuberculosis, asthma, pneumonia and other respiratory diseases (Kemenkes R.I, 2013). When in a public place or workplace that has a prohibited area for smoking, then you can smoke as long as they're in a designated location. The provision of a special place for morok shall be made by the area leader or individual in charge (Torya, 2016).

According to The Tobacco Atlas 3rd edition 2009, related to the percentage of the world population consuming tobacco obtained as much as 57% in the population of Asia and Australia, 14% in the population of Eastern Europe and the Soviet Union, 12% of the American population, 9% of the population of Western Europe and 8% in residents of the Middle East as well as Africa. ASEAN is a region with 10% of all world smokers and 20% of global causes of tobacco deaths. The percentage of smokers in the population in ASEAN countries is spread in Indonesia (46.16%), the Philippines (16.62%), Vietnam (14.11%), Myanmar (8.73%), Thailand (7.74%), Malaysia (2.90%), Cambodia (2.07%), Laos (1.23%), Singapore (0.39%), and Brunei (0.04%). Health problems regarding smoking were still found in various countries, especially in Indonesia, which made Cambodia (2.07%), Laos (1.23%), Singapore (0.39%), and Brunei (0.04%), one-factor causing mortality in a country (Kemenkes R.I, 2013).

In Indonesia, smoking continues to be a national issue of priority effort counteraction because it concerns various aspects of life's problems, namely economic, socio-political and, in particular, health aspects (Gaol et al., 2016). Also, Indonesia has reached an alarming level in the consumption of tobacco products, especially cigarettes. The prevalence of smokers from 27% in 1995 increased to 36.3% in 2013. Indonesia ranks third in the highest number of smokers after China and India. Even more alarming is that lousy smoking habits are also increasing in the younger generation. The data showed that the prevalence of smoking adolescent's age 16-19 years increased three times from 7.1% in 1995 to 20.5% in 2014. Besides, the beginning age of smoking starts getting younger. Beginner smokers of 10-14 years old increased by more than 100% in a period of fewer than 20 years, from 8.9% in 1995 to 18% in 2013. World Health Organization (WHO) states that smoking is one of the causes of death the biggest in the world. By 2030 deaths due to smoking will reach 10 million per year, and in developing countries, smoking no less than 70% of deaths are by caused (Kemenkes R.I, 2013). Also Minister of Health Nila Moeloek told the Agency for Health The world (WHO) ranked Indonesia as the third largest cigarette market after China and India. The prevalence of adult male smokers, he said, is currently the highest in the world (Rahmandani Hasibuan & Harahap, 2019).

Especially in Bantul Regency and according to data from the Bantul Health Office in 2014, the current prevalence of smoking in Yogyakarta residents was 29.8%, with an average of 7 to 8

cigarettes per day and the most widely used type was filtered clove cigarettes (55.6%), of which one-third residents in Yogyakarta started smoking at the age of 15-19 years. As much as 80.7% smoked in the house when with other family members, which caused family members to become passive smokers.

Based on the Riskesdas Health Research and Development Agency in 2013, the smoking behavior of the population 15 years and over still has not decreased from 2007 to 2013, tending to increase from 34.2% in 2007 to 36.3% in 2013. 64.9% of men and 2.1% of women still smoked cigarettes in 2013. 1.4% of smokers were 10-14 years old, and 9.9% of smokers were in the unemployed group, while 32.3% were in the lowest ownership index quintile group. The average number of cigarettes smoked was around 12.3 cigarettes, varying from 10 cigarettes in DI Yogyakarta (Kemenkes R.I, 2013).

Non-smoking means that the area is not allowed to smoke, it is used in health services, educational institutions, worship facilities and public transport (Kementerian Kesehatan Republik Indonesia, 2016). This includes students from college. Based on the findings of the preliminary report, the number of students who smoked at the Faculty of Sports Sciences at Semarang State University was 17 per cent (Hidayah et al., 2019). One of the districts in the Yogyakarta Special Region that has a policy on smoke-free areas is Bantul Regency. The regulation regarding the No Smoking Area is in Bantul Regent's Regulation No. 18 of 2016. The rule applies very clearly in the school environment, supported by the Regulation of the Minister of Education and Culture of the Republic of Indonesia Number 64 of 2015 concerning No-Smoking Areas in Schools.

Regulations surrounding smoke-free areas an attempt to regulate the consumption of cigarettes in the city. The control in question is that the cigarette consumer can no longer consume cigarettes anywhere under this Regulation (Gunawan, 2016). That to realize clean and healthy living behaviors supported by the creation of a school environment that is free from the influence of cigarettes and to provide comprehensive, integrated, and sustainable protection from the adverse effects of smoking, it is necessary to create a smoke-free area in the school environment (Peraturan Kementerian Pendidikan dan Kebudayaan, 2015). George C. Edwards III proposes four variables or factors that influence the successful implementation of the policy, two of which are aspects of communication and resources. These variables not only always stand alone, but can also be related to one another.

Actually this non-smoking area is a mandate under RI Health Act No. 36 of 2009 and is governed by the Guidelines for the Implementation of Non-Smoking Areas (Joint Regulation of the Minister of Health and Minister of Home Affairs No. 188 / MENKES / PB / I/2011 and No. 7 of 2011) (Habibi et al., 2016). Also, Article 115 of the Law of the Republic of Indonesia defines non-smoking zones, including health care facilities, places for teaching and learning, places for children to play, places of worship, public transport, places of work and public places and other designated locations (Sandika, 2016). Communication is the first requirement for effective policy implementation whereby those who carry out decisions must know what they must do.

Resources are a supporter of the implementation of policies consisting of human resources, namely the competence of the implementor and financial resources. Bureaucracy is an organizational structure whose job is to implement policies that have a significant influence on policy implementation. A standard operating procedure is necessary to support the successful implementation of policies. SOPs are necessary as operational guidelines for each policy implementor. Besides, the bureaucratic organizational structure must also have a design in such a way as to avoid procedures that are too long and convoluted and, of course, to facilitate supervision. Disposition in question is related to the character and characteristics possessed by the implementor, such as commitment, honesty, and democratic nature. Disposition held by the implementor is one of the essential variables in implementing the policy. If the implementor has a pleasant disposition, then the policy will be able to run well as expected by policymakers. It is common knowledge, how a good policy sometimes has to run aground in the middle of the road, or wrong target because of the behavior of the policy implementor.

The purpose of this study is to determine the aspects of communication and resources, disposition, and bureaucratic structure in the implementation of the Smoke-Free Health Zone in MAN 3 Bantul, Yogyakarta.

### RESEARCH METHOD

The researchers used descriptive research with a qualitative approach. Case study method (case study) takes samples from the population and uses interview guides and observation guides and document tracking as data collection instruments (Tarsito, 2014). A case study is a series of scientific activities carried out intensively, in-depth, and deeply about a program, event, and activity, both at the level of individuals, groups of people, institutions, or organizations to gain in-depth knowledge about the event. In this study, the researchers conducted structured interviews, namely in conducting interviews. The researchers prepared research instruments in the form of written questions. The main informant was the principal, while the supporting informants were employees and school students - research location at MAN 3 Bantul, Yogyakarta. The data collection techniques were observation, interview, and documentation - data processing techniques, namely editing, classification, and coding. The data analysis method used data reduction through the process of selecting, focusing on simplifying, abstracting, and transforming "rough" data that arose from written notes in the field, presenting data, followed by concluding. Research time was from April 2019 to August 2019.

### RESULT AND DISCUSSION

#### Characteristics of Research Informants at MAN 3 Bantul

In this study, the researchers conducted structured interviews, namely in conducting interviews and prepared research instruments in the form of written questions. The researchers interviewed 13 (thirteen) respondents. Furthermore, to determine the characteristics of research subjects, it can be seen in Table 1 below:

**Table.1** Characteristics of Research Informants

Gender & Age	EDUCATION LEVEL				TOTAL
	S2 (Master's degree)	S1 (Bachelor's degree)	SLTA (Senior HS)	SLTP (Junior HS)	
Male	2	3	2	2	9
15-23				2	2
24-32			2		2
33-41		1			1
42-60	2	2			4
Female	2			2	4
15-23				2	2
24-32	1				1
42-60	1				1
Grand Total	4	3	2	4	13

Table.1 shows the characteristics of the research informants. In the gender category, there are 9 men divided according to the age range of 15-23 years old as many as 2 people, the age range of 24-32 years old as many as 2 people, the age range of 33-41 years old as 1 person and 42-60 years old as many as 4 people. In contrast, the informants with female gender are 4 people divided by age range of 15-23 years old as many as 2 people, 24-32 years old as many as 1 person, and 42-60 years old as many as 1 person.

The characteristics of research informants based on S2 (master's degree) level are 4 people, consisting of 2 men and 2 women. The S1 (bachelor's degree) level is as many as 3 people, and all of them are male. The level of education at the senior secondary level is 2 men, and the junior secondary level is 4 people, 2 men, and 2 women.

The researchers conducted the process of collecting data using the interview method and supplemented the results of the interview with data from the results of direct observations in the MAN 3 Bantul environment and documentation. This step was to determine the bureaucratic structure and disposition in the implementation of the Smoke-Free Areas (Kawasan Sehat Bebas Asap Rokok/KSBAR) in Schools.

## Interview Result

The researcher conducted the process of collecting data using the interview method and supplemented data from the results of direct observations in the MAN 3 Bantul environment and documentation taking. This step was to determine the aspects of communication, resources, disposition, and bureaucratic structure in the implementation of the Smoke-Free Health Zone in MAN 3 Bantul, Yogyakarta. Factors that influence the success of policy implementation are communication, resources, disposition, and bureaucratic structure (Winarno, 2012).

## Communication

To ensure the successful implementation of the policy, the executors must know very well what he must do concerning the implementation of the policy. The executors consist of the principal, teachers, employees, and students who are in the school environment. Three critical aspects of the policy communication process are transmission, consistency, and clarity.

**Table.2** Source Triangulation Credibility Tests about Transmission, Clarity, and Consistency in Communication on the Policy Implementation of Smoke-Free Areas

Statements	Answers	
Socialization activities on smoke-free areas in schools are held every student's orientation activity in each new school year, which is assisted by the <i>Puskesmas</i> , the local Police, and at the coordination meeting.	Yes 13 (100%)	No 0 (0 %)
The smoke-free health area policy in schools prohibits teachers, employees, students, and guests from smoking in the school environment.	Yes 13 (100%)	No 0 (0 %)
There are still school residents who smoke openly in the school environment or outside the school environment.	Yes 13 (100%)	No 0 (0 %)

The form or effort in conveying government policies regarding smoke-free school areas is carried out through socialization, among others, during the students' orientation activities in the new school year. The *Puskesmas* and the local Police assist the socialization activities as material providers. Besides that, they also provide socialization at the coordination meeting with the parents. All informants understand that there is a policy on smoking bans made by the Bantul Regional Regulation, not the school.

The lack of awareness and consistency built on the established regulations are obstacles to the implementation of a smoke-free area policy. All informants stated that there were still residents of the school smoking within the school environment or outside the school.

The statement is then rechecked by the credibility test with the triangulation of techniques, which results in Table.3.

Socialization activities on smoke-free areas in schools are held in every students' orientation activity in each new school year, assisted by the *Puskesmas*, local Police, at a coordination meeting at MAN 3 Bantul. Based on the informant's opinion, the material provided by the *Puskesmas* did not include the problem of the impact of smoking or the issue of smoke-free areas but only the small topics, such as reproductive health problems of women/adolescents, and canteen health.

**Table.3** Test Credibility of Engineering Triangulation about Transmission, Clarity, and Consistency in Communication on the Implementation of a Smoke-Free Area Policy

Statements	Observation Result	Interview Result	Documentation Result
Socialization activities on a smoke-free area in schools are held every students' orientation activity in each new school year, which is assisted by the <i>Puskesmas</i> , local police and during a coordination meeting	No evidence existed in requests for informants to third parties about the dangers of smoking to the <i>Puskesmas</i> & Police.	Internal and external parties provide the socialization. Topics from <i>puskesmas</i> include wigglers, reproductive health, and canteens — the theme of the Police in the form of Drugs & prohibition of demonstrations. The idea of BNNP is in the form of drugs and the dangers of smoking.	There is no evidence available of material and documentation of the implementation of socialization about the dangers of smoking at schools.
The no-smoking zone policy at schools prohibits teachers, employees, students, and guests from smoking in the school environment.	There is no evidence of a written policy from the principal regarding the prohibition of smoking for teachers, employees, students, guests in the school environment.	There is no principal policy regarding the prohibition of smoking for teachers, employees, students, guests in the school environment, but only general smoking ban information is from local regulations.	There is a smoking ban in front of the school entrance, library and school health clinic
There are still school residents who smoke openly, even outside the school environment.	There were cigarette sticks found in the school area (parking lot and toilet)	Answers from the informant who said that he still found school people smoking in the school area	There were cigarette sticks in the school area (parking lot and toilet).

Likewise, the police who came to the school giving counseling about drugs did not focus on the dangers of smoking and the prohibition of demonstrations. However, BNNP Bantul once gave the topic of the Danger of Drugs, which included an appeal for a ban for students not to smoke. The school has submitted a resource person for health education from the health center or *puskesmas*, but from the observations made by researchers, no evidence of a letter of application and proof of activity documentation as well as material delivered to students about the topic of smoking-free school areas and or smoking bans for students.

The no-smoking area policy is a rule where all school residents must not smoke in the school environment, the lobby of the school entrance, library, and school's health clinic. However, these are only in the form of posters/stickers in general terms. At the same time, for the principal's policy that regulates smoking bans for teachers, employees, students, guests in the school environment, it has not been made as in the example in Figure 1.



**Figure 1.**

Sign of Smoking Ban in MAN 3 Bantul

Source: Researcher's document

There are still school residents who smoke in the school environment. Of course, it is not in line with the policy of the Bantul Regional Regulation No. 18 of 2016 to establish a smoke-free area in the teaching and learning environment at MAN 3 Bantul (Kabupaten Bantul, 2016).

### Resources

Resources are one of the factors that influence the implementation of a policy. Likewise, with the resources owned by MAN 3 Bantul in implementing the policy of smoke-free areas, follow local regulations set in Bantul.

**Table.4** Source Triangulation Credibility Test about Resources in Implementation of Smoke-Free Area Policy

Statements	Answers	
	Yes	No
The availability of a special team formed in the realization of the implementation of a smoke-free area in MAN 3 Bantul	0 (0%)	13 (100%)
Some funds are specifically allocated	0 (0%)	13 (100%)

Based on the results of the triangulation of sources in Table 4, the implementation of a smoke-free area in MAN 3 Bantul on the aspect of resources includes the availability of a special team and the allocation of funds to support the realization of the KSBAR. All 13 informants (100%) stated that MAN 3 Bantul had not formed a special team to handle this matter yet. So far, the implementation of the regulation has been carried out by all school residents. Other resources, namely in terms of funding, were informed that there were no special funds, and they have been using funds from schools for student affairs. It is because the funds needed are not too large, only for socialization activities. Triangulation test statement in Table 4, if tested with technical triangulation, the results in Table 5 are as follows.

**Table.5** Credibility Test of Technical Triangulation about Resources in Implementation Smoke-Free Area Policy

Statements	Observation Results	Interview Results	Documentation Results
The availability of a special team formed in the realization of the implementation of a smoke-free area in MAN 3 Bantul	Officers have not been able to show the Principal's Decree on the KSBAR Support Team.	There is no special team available yet.	There is no SK Principal document regarding the KSBAR Team.
Some funds are specifically allocated	Officers have not been able to show the program and budget implementation funds.	There is no allocation of supporting funds.	There is no program and budget for implementation funds.

Based on Table.5, it shows the suitability between the results of interviews, observations, and also documentation regarding the resources owned by MAN 3 Bantul, namely in terms of human resources and funding. There is no Special Team formed to support the KSBAR at MAN 3 Bantul, and no school plans with details of the funding budget that supported these activities. The Head of Administration Section has not been able to show the Headmaster's Decree and budget plan that supports the Government's policy on the Smoke-Free School Area at MAN 3 Bantul.

### Disposition

Disposition is concerned with the character and characteristics possessed by the implementor, such as commitment, honesty, and democratic nature. The expected disposition in implementing a smoke-free healthy area policy in this school is the characteristics that exist in the implementer, namely the school community in responding to the policy. In formulating a policy on smoking bans, schools/policymakers in schools can involve smokers and nonsmokers in building a shared commitment not to create a culture of mutual reprimand when a school member smokes in the school area. The attitude shown in responding to the smoke-free area policy in MAN 3 Bantul above is in Table 6 below.

**Table.6** Credibility Test of Triangulation of Resources about Disposition in Implementation Smoke-Free Area Policy

Statements	Answers	
Character/Characteristics of Informants in addressing the KSBAR policy at MAN 3 Bantul to keep smoking within the school's internal environment	Yes 4 people	No 9 people
Actions taken when seeing residents in the school who smoke	5 people (active) (giving a warning)	8 people (passive) (being quiet)

Based on Table.6, the disposition of policy implementers of smoke-free healthy areas in MAN 3 Bantul has not been in line with the established policies. There were still 4 (four) informants who said that they would continue to smoke within the school's internal environment despite the smoking ban policy. The other 8 (eight) informants stated that when



they still saw residents smoking at school, it meant no attempt to remind that the school was a smoke-free area.

**Table.7** Credibility Test of Triangulation of Techniques about Disposition in Implementation Smoke-Free Areas Policy

Statements	Observation Result	Interview Result	Documentation Result
Character/Characteristics of Informants in addressing the KSBAR policy at MAN 3 Bantul to keep smoking within the school's internal environment	There were cigarette sticks found in the school area (parking lot and toilet)	Some informants continue to smoke in the school area	There were cigarette sticks found in the school area (parking lot and toilet)

Table.7 shows that there is a match between the results of interviews, observations, and also documentation of disposition factors in addressing the implementation of regulations on smoke-free areas in MAN 3 Bantul, namely, no compliance of school residents in implementing the KSBAR policy.

### **Bureaucratic Structure**

Bureaucracy is one of the materials that are most often even as a policy implementer. The bureaucracy, either consciously or unconsciously, chooses organizational forms for a collective agreement, to solve social problems in modern life. They are not only in the structure of government but also in other private organizations even in educational institutions, and sometimes, a bureaucratic system aims to conduct a particular policy (Winarno, 2002: 149). This aspect of the bureaucratic structure is visible regarding the existence of strict rules from the school regarding the procedure / SPO of smoking bans in the school area for smokers.

By fulfilling this aspect of the bureaucratic structure through the existence of clear Operational Procedure Standards, all school residents who are smokers will obey the smoking ban policy.

**Table.8** Credibility Test of Source Triangulation about Bureaucratic Structure in Implementation Smoke-Free Areas Policy

Statements	Answer	
No SPO made yet so that the implementation of a non-smoking area, in general, can be carried out by all school residents, including teachers, employees, and students.	Yes	No
	13 (100%)	0 (0%)

Based on the results of the triangulation of sources in Table.8, there is a match between respondents related to the bureaucratic structure in carrying out the no-smoking area policy, which is an SPO for smokers made by the leadership. All informants said that in MAN 3 Bantul, there were no written procedures or SPOs made by school principals regarding smoking bans in school areas or smoke-free school areas for smokers. Then the results are rechecked with the technique triangulation test, as follows.

**Table.9** Credibility Test of Technological Triangulation about Bureaucratic Structure in Implementation Smoke-Free Areas Policy

Statements	Observation Result	Interview Result	Documentation Result
SPO prohibits both teachers, employees, students, and guests from smoking in the school environment.	There is no evidence of a written SPO from the principal regarding smoking bans for teachers, employees, students, guests who smoke.	There are no SPO/Principal procedures related to smoking bans for teachers, employees, students, guests in the school environment.	There is a smoking ban in the form of slogans/stickers in front of the entrance of schools, libraries, and UKS, but there is no SPO that regulates smoking for residents.

According to Table.9 the results of technical triangulation through interviews, observations, and also documentation in implementing the policy of smoke-free area, MAN 3 Bantul has not made a special SPO as a guideline for implementation. The school only refers to the pre-existing student, teacher, and employee discipline. The smoking ban is only in the form of slogans or stickers posted in front of the school entrance, school’s health clinic, and library.

### Observation Results

The researcher made direct observations and looked for evidence related to school implementation as a healthy, smoke-free area in Table.10.

**Table.10** Observation Results of the Implementation of the Smoke-Free Area Policy

No.	Indicators	Yes	No
1	Written policies or rules established by schools regarding smoking bans in school areas		√
2	School activities program in support of Bantul Regent Regulation Number 18 of 2016 concerning Smoke-Free Areas		√
3	Principal's Decree on a Special Team or Task Force tasked with the success of the Bantul Regent's Regulation Number 18 of 2016 on Smoke-Free Areas		√
4	Dissemination of Bantul Regional Regulation Number 18 of 2016 regarding smoke-free areas to staff/ <i>santri</i> /students/other administrators	√	
5	Announcement or sign that states, “the school are a place is a Smoke-Free Area.”	√	
6	People smoke in the internal area of the school		√
7	There are ashtrays/lighters		√
8	There are cigarette butts found	√	
9	There are cigarette advertisements found		√
10	There is a cigarette seller found in the KSBAR (Smoke-Free Area)	√	
11	There are specific areas for smoking		√

Written policies or rules made by schools regarding the implementation of a smoke-free area policy at MAN 3 Bantul in 2019 state that MAN 3 Bantul has not made a written policy signed by the School Principal regarding the prohibition of school residents not to smoke in the school area. To support the policy of the Bantul Regent on Smoke-Free Areas, the School Principal has not made a work program. However, currently, MAN 3 Bantul has disseminated information about the Bantul Regent's Regulation No. 18 of 2016 concerning smoke-free healthy areas to staff/*santri*/students/other administrators at the time of the flag ceremony, and there was class (Kabupaten Bantul, 2016).

There was a sign showing that the school was a smoke-free area in front of the school entrance, school's health unit, and library. When doing field observations at MAN 3 Bantul, the researchers found no smoking people in the school area and did not find ashtrays/lighters. Instead, the researchers found cigarette butts in the school's bathroom and parking lot, and cigarette sellers outside around the school. Schools also did not provide designated areas for smoking.

## **Discussion**

### **Implementation of the Bantul Regent Regulation Number 18 of 2016 concerning Smoke-Free Areas in MAN 3 Bantul**

Policy implementation is a crucial stage in the public policy process. The school must implement a policy program to achieve the objectives. The stages in implementation consist of interpretation, organization, and application stages (Widodo, 2007). In this interpretation phase, school residents as principals and policy targets have understood that MAN 3 Bantul school is a smoke-free area, even though the school has not yet made a written policy organized in the school environment to create a smoke-free area following Regional Regulations Number 18 of 2016 concerning Smoke-Free Areas (Peraturan Bupati Bantul, 2016). At the organizational stage, MAN 3 Bantul has not yet formed a special team to follow up on the policy of the Regent of Bantul No. 18 of 2016 concerning Smoke-Free Areas. The application phase conducted by MAN 3 Bantul is by applying the Bantul Regent's Policy No. 18 of 2016 concerning Smoke-Free Areas not yet adhered to by all school residents.

### **Factors that influence the process of implementing a smoke-free healthy area policy in MAN 3 Bantul**

Successful policy implementation requires that the implementer knows what needs to do. What are the goals and objectives of the policy that must be transmitted to the target group (target group) so that it will reduce the distortion of implementation? (Subarsono, 2016). Efforts in communicating about the application of the no-smoking area policy are already well supported by the form of socialization activities, installation of slogans, and attempts to remind each other. But it still needs to involve competent related parties such as the *Puskesmas* and Regional Sector Police. The aspect of clarity in communication has not been correct. It is because of no clear line between the regulations set with the things that occur in the implementation, where the implementers are aware of a healthy smoke-free area policy, but still, smoke around the school.

The results of Azkha's research (2013) entitled "The Effectiveness Study of the Implementation of City Regulation Policies on Non-Smoking Areas (KTR) in the Efforts to Reduce Active Smokers in West Sumatra in 2013" states that implementation will not succeed without the support of resources including human resources, sources of funds and infrastructure. In the implementation of the policy on healthy smoke-free areas, MAN 3 Bantul has not formed a task force or special team to follow up on the policy. Thus, all schools are responsible for the policies set.

Meanwhile, if there are violations committed by teacher employees and students have not been reprimanded and give sanctions. Also, funds budgeted will positively influence the implementation of the no-smoking area policy. Disposition is the character and characteristics possessed by the implementer, such as commitment, honesty, and democratic nature. If the implementer has a pleasant disposition, then he will be able to run the policy as well as what is desired by policymakers. When the implementer has a different attitude or perspective from the policymaker, the policy implementation process also becomes ineffective. This research is in line with the study of Sofia et al. (2016) on "Analysis of the Implementation of Semarang City Regulation Number 3 of 2013 concerning No-Smoking Areas in the Semarang City *Kelurahan* Office" which states that disposition relates to the implementation of no-smoking area policies due to implementation not only runs only with the implementer understanding and knowing the goals and objectives of the implementation, but it needs to be willing to implement the policy. Based on this, the disposition aspect owned by MAN 3 Bantul has not been useful in

implementing the Bantul Regent's Policy No. 18 of 2016 concerning Non-Smoking Healthy Areas. The bureaucratic structure is the last factor to consider in implementing a policy. The organizational structure in charge of implementing the policy has a significant influence on policy implementation. One of these aspects is the existence of standard operating procedures that guide the implementation of existing policies. In this aspect, MAN 3 Bantul does not yet have standard operating procedures used in implementing policies. The absence of a clear SOP causes conditions not conducive to the implementation of a regulation, so this will cause ineffectiveness and hinder the course of policy implementation.

Sofia et al. (2016) on "Analysis of the Implementation of Semarang City Regional Regulation No. 3 of 2013 concerning No-Smoking Areas at the Semarang City Kelurahan Office" states that the bureaucratic structure is one of the factors that support the implementation of the No-Smoking Zone policy at the *kelurahan* office because policy implementation is complex and there is a need for cooperation from various parties. (Peraturan Pemerintah, 2012) However, when the bureaucratic structure is not conducive to the implementation of a policy, it will cause ineffectiveness and hinder the implementation of the policy.

### **CONCLUSION**

The conclusions of the results of research and discussion are as follows: Implementation of Regulations Number 18 of 2016 Regarding Smoke-Free Areas in MAN 3, Bantul Yogyakarta has not been able to run optimally. Communication factors in the implementation of Smoke-Free Policy in MAN 3 Bantul Yogyakarta are not optimal because: The absence of policies and programs made and determined by the School Principal related to the smoking ban in the school area. No involvement of competent associated parties such as Puskesmas and Regional Sector Police regarding the socialization of the dangers of smoking. Differences between the regulations set with the things that occur in an implementation. The school has not included the local regulation in the school rules.

Factors of school resources in the implementation of Smoke-Free Area Policy at MAN 3 Bantul Yogyakarta is not optimal because: The Special Team or Task Force (Task Force) has not been appointed by the Principal to support the smoking ban policy in the school area. There is no funding budget allocated in the program to succeed in the government's policy on healthy areas free of smoke. Implementing Disposition Factors in the Implementation of the Smoke-Free Area at MAN 3 Bantul Yogyakarta is not optimal because: Lack of awareness from some school residents who still smoke in the school area. Feeling awkward to remind the smokers who smoke at school. Factors of bureaucratic structure in the implementation of the Smoke-Free Policy at MAN 3 Bantul Yogyakarta are not optimal because there are no specific regulations/SPOs in implementing a smoke-free Healthy Area policy. Existing regulations are only limited to the current rules in the form of stickers/posters.

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### **REFERENCE**

- Artanti, K. D., Martini, S., Lestari, K. S., Widatic, S., & Megatsaric, H. (2017). Survei Opini Publik dengan Perspektif Ketersediaan Sarana yang Bebas Asap Rokok di Surabaya. *IPTEK Journal of Proceedings Series*, 3(5), 2–6. <https://doi.org/10.12962/j23546026.y2017i5.3108>
- Gaol, I., Cahyo, K., & Indraswari, R. (2016). Analisis Penerapan Peraturan Daerah Kota Semarang Nomor 3 Tahun 2013 Tentang Kawasan Tanpa Rokok Di Sma Kota Semarang. *Jurnal Kesehatan Masyarakat (e-Journal)*, 4(5), 321–329.
- Gunawan, G. (2016). Efektifitas Peraturan Kampung Bebas Asap Rokok Di Rw 11 Mendungan,

- Giwangan, Umbulharjo, Yogyakarta. *Jurnal Sosiologi Reflektif*, 10(2), 185. <https://doi.org/10.14421/jsr.v10i2.1156>
- Habibi, Surahmawati, & Sompo, H. (2016). Gambaran Implementasi Peraturan Daerah Tentang Kawasan Tanpa Rokok ( Ktr ) Pada Rsud Haji Dan Rumah Sakit Stella Maris Di Kota Makassar Tahun 2015. *Public Health Science Journal*, 8(2), 161–170.
- Hidayah, T., Hadi, & Azinar, M. (2019). Efforts to Reduce Cigarette Smoke Exposure through Non-Smoking Area Regulation. *Jurnal Kesehatan Masyarakat*, 14(3), 404–409. <http://journal.unnes.ac.id/nju/index.php/kemas%0AEfforts>
- Kabupaten Bantul. (2016). *Peraturan No 18 Tahun 2016 Tentang Kawasan Sehat Bebas Asap Rokok*. Pemerintah Kabupaten Bantul.
- Kementerian Kesehatan Republik Indonesia. (2016). Pedoman Pengembangan Kawasan Tanpa Rokok. In *Pusat Promosi Kesehatan*. Kemenkes RI.
- Kementerian Pendidikan dan Kebudayaan. (2015). *Peraturan Nomor 67 Tentang Kawasan Tanpa Rokok di Lingkungan Sekolah*.
- Moch Subchan Mauludin, Aan Faisal Alfalah, D. D. W. (2016). MQ 2 Sebagai Sensor Anti Asap Rokok ... (Mauludin dkk.). *Teknik Informatika, Fakultas Teknik, Universitas Wahid Hasyim*, 260–265. <https://doi.org/10.3390/ma9070548>
- R.I, K. (2013). Riset kesehatan dasar (Riskesdas) 2013. *Kemenkes RI Jakarta*.
- Rahajeng, E. (2015). Pengaruh Penerapan Kawasan Tanpa Rokok Terhadap Penurunan Proporsi Perokok Di Provinsi Dki Jakarta, Daerah Istimewa Yogyakarta Dan Bali. *Indonesian Journal of Health Ecology*, 1115–1135. 3/Record/com.mandumah.search://http
- Rahmandani Hasibuan, L., & Harahap, S. P. (2019). Implementasi Peraturan Daerah Kota Medan No. 3 Tahun 2014 Tentang Kawasan Tanpa Asap Rokok Pada Kota Medan. *Jurnal Hukum Responsif FH UNPAB*, 7(7), 96–101.
- Republik Indonesia. (2012). *Peraturan Pemerintah No 109 Tahun 2012 Tentang Pengamanan Bahan Yang Mengandung Zat Adiktif Berupa Produk Tembakau Bagi Kesehatan*.
- Sandika, Y. (2016). *Sikap Mahasiswa Terhadap Kebijakan Kampus Bebas Asap Rokok di Universitas Muhammadiyah Yogyakarta*. 69–74. <http://repository.umy.ac.id/handle/123456789/2564>
- Subarsono, A. . (2016). *Analisis Dampak Kebijakan: Konsep, Teori dan Aplikasi*.
- Tarsito, S. (2014). *Metode Penelitian Kuantitatif, Kualitatif dan R&D*. Alfabeta.
- Torya, F. (2016). Implementasi Peraturan Daerah Nomor 05 Tahun 2012 Tentang Kawasan Tanpa Asap Rokok Di RSUD Taman Husada Kota Bontang. *Administrasi Negara*, 4(Nomor 3), 4381–4395.
- Widodo, J. (2007). *Analisis kebijakan publik*. Bayu Media.
- Winarno, B. (2012). *Kebijakan publik: teori, proses, dan studi kasus: edisi dan revisi terbaru*. Center for Academic Publishing Service.