



## IMPLEMENTATION OF NO SMOKING AREA IN THE CAMPUS AREA POLITEKNIK INDONESIA

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### ARTICLE INFORMATION

Received : August 25<sup>th</sup>, 2022  
Revised : October 30<sup>th</sup>, 2022  
Available online : October 31<sup>st</sup>, 2022

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### KEYWORDS

*Implementation, Policy, Smoking Area*

<https://doi.org/10.24252/hmsj.v3i3.31533>

### ABSTRACT

**Background:** The World Health Organization (WHO) has offered a strategy to overcome the problems caused by smoking, namely with six MPOWER "Cost-Effective" policy intervention packages to control cigarette consumption, The Regional Government is obliged to establish a smoke-free area in its territory. The Non-Smoking Zone is the responsibility of all components of the nation, both individuals, communities, parliaments and governments to protect current and future generations.

**Objective:** The object of this research is the Politeknik Indonesia by involving students and campus administrators

**Method:** This research method is qualitative with purposive sampling design with a total sample of 5 informants.

**Result:** The results of this study obtained 5 informants on the variables of communication, resources, and dispositions that have been running but on the variables of the bureaucratic structure it has not been effective because it is still in the adjustment stage for KTR socialization.

**Conclusion:** Based on the results of the research conducted, it can be concluded that the implementation of KTR at the Politeknik Indonesia has not run optimally and in accordance with existing procedures, there are obstacles and obstacles both externally and internally on campus so that it has not been able to run ideally.

### INTRODUCTION

Health is a human right mandated by the 1945 Constitution of the Republic of Indonesia. 36 of 2009 article 115 stipulates the Non-Smoking Area Policy (KTR). The Regional Government is obliged to establish a smoke-free area in its territory. The Non-

Smoking Zone is the responsibility of all components of the nation, both individuals, communities, parliaments and governments to protect current and future generations. The joint commitment of various elements will greatly affect the success of KTR (Ministry of Health, 2017). According to the results of the

2013 Basic Health Research Data (Riskesdas) by the Health Research and Development Agency (Balitbangkes) of the Ministry of Health of the Republic of Indonesia, the number of smokers in Indonesia tends to increase. Based on Riskesdas 2007 it was 34.2 percent, Riskesdas 2010 was 34.7 percent and Riskesdas 2013 was 36.3 percent (Ministry of Health RI, 2013). Indonesia is ranked 3rd with the largest number of smokers in the world after China and India (WHO, 2008). In 2007, Indonesia was ranked as the 5th largest cigarette consumer after China, the United States, Russia and Japan.

The World Health Organization (WHO) has offered a strategy to overcome the problems caused by cigarettes, namely with six MPOWER "Cost-Effective" policy intervention packages to control cigarette consumption, one of which is protection against exposure to cigarette smoke (Protect People From Tobacco Smoke). One in 10 deaths worldwide is caused by tobacco use. To fight this deadly epidemic, Bloomberg Philanthropies has committed nearly US\$1 billion over the past 10 years to support tobacco control efforts in low- and middle-income countries. Working in partnership with WHO and governments around the world, thereby saving at least 30 million lives.

Non-Smoking Area/KTR is a room or area that is declared prohibited for smoking or producing, selling, advertising, and/or promoting tobacco products. The target of a

smoke-free area consists of health facilities, places for teaching and learning, places for children to play, places of worship, public transportation, workplaces, and public places. The establishment of a smoke-free area is an effort to protect the community from the risk of health problems because the environment is polluted with cigarette smoke. The determination of a smoke-free area has actually been sought by various parties, both government and private institutions/institutions and the community. However, in reality the efforts that have been made are far behind compared to sales, advertising/promotion and or the use of cigarettes.

The results of observations show that the government has carried out socialization, namely by providing information to the public either through stakeholders, in this case the Health Service, mass media or through electronic media about the dangers of smoking for active smokers and passive smokers and regarding the determination of non-smoking areas as stated in Joint Regulations of the Minister of Health and the Minister of Home Affairs include universities or campuses.

Politeknik Indonesia is one of the vocational colleges in Makassar City, located in the city center and has high access to open environmental conditions so that it is possible to be occupied as a smoking room for those who are active or passive. In the implementation of the teaching and learning

process, Politeknik Indonesia applies a smoke-free campus area.

## **METHODS**

This research uses qualitative methods by using primary data and secondary data. Primary data were collected by conducting in-depth interviews with 5 informants and making observations. Secondary data was collected by conducting a document review. The collected data was then analyzed using the triangulation method. This research was conducted for 1 month from June to July 2022.

## **RESULT AND DISCUSSION**

### ***Communication Aspects***

The results of research conducted at the Politeknik Indonesia in Makassar City showed that one form of implementation that greatly influences policy is communication. Where, communication is a delivery of messages from one person to another to influence behavior and actions either directly or indirectly. Communication is the process of transferring understanding in the form of ideas, information from one person to another (Nasyruddin MF, 2018). The results of interviews with informants indicate that there has been a KTR program that has been implemented at the Politeknik Indonesia Makassar, and has implemented KTR policies and supports the use of established facilities and infrastructure. A total of 5 informants stated that the communication went well and was effective in terms of delivering the KTR program.

The implementation of a policy is very important, so the main requirement that must be considered is that, those who will implement a decision should know what they are carrying out and the policy decision or implementation regulation must be transmitted to the right personnel according to the objectives and direction of the policy and if the policy must be implemented properly. If the policy is correct, then the policy product is not only acceptable but it is clear what the target of the policy is (Supriyanto, 2018).

### ***Resources Aspects***

The implementation of a policy must be supported by adequate resources, both human resources and financial resources. This tends to be ineffective, even though implementation orders are passed carefully, clearly and consistently if there is a lack of resources needed by implementers to carry out policies. Resources have an important role in policy implementation. Policy implementation will not succeed without the support of human resources of sufficient quality and quantity. The quality of human resources relates to skills, dedication, professionalism and competence in their fields, while quality relates to the number of human resources whether it is sufficient to cover the entire target group. Human resources are very influential on the success of implementation, because without reliable human resources then the implementation will not go well (Azkha N, 2018).

Based on the results of in-depth interviews, observations, and also a review of documents on the resource variable, it can be concluded that there are human resources involved and have a role in the implementation of a smoke-free area, namely the entire academic community, especially those directly involved in the implementation process. namely infrastructure, the General Bureau, Student Affairs Bureau, Warek 3, Student President (Chairman of BEMU), and Security.

### ***Aspects of Disposition***

Based on the results of in-depth interviews and observations made, it can be seen that the attitude of the campus, especially the leadership, is good and there is a commitment from the campus in carrying out the no-smoking area policy at the Politeknik Indonesia. This can be seen from the attitude of the campus that prohibits and supervises the sale of cigarettes and cigarette advertisements on campus by collaborating with the PT who is responsible for canteen operations to give warnings and warning letters to sellers in the canteen if they violate. In addition, it seems that it has also provided internal support to implement a smoke-free area, such as installing no smoking rules, collaborating with the security department to appeal to the academic community, shifting smoking areas.

Disposition is an important part in the implementation of the no-smoking area program (KTR) where there is a division of tasks and authority in implementation and

other policies can run according to established procedures (Purnomo, 2020).

### ***Bureaucratic Structure***

Based on the results of in-depth interviews and document review there is no SOP in implement a smoke-free area. George in Indiahono (2017) states the need for SOPs/mechanisms in implementing a policy. SOP is also a standard or written guideline that is used to encourage and mobilize policy implementers to achieve goals (Haris A, Ikhsan M, and Rogayah R, 2020). And the results of in-depth interviews at the Politeknik Indonesia that there were informants stated that SOPs were important, but there were obstacles in making SOPs so that there were no SOPs. This is because the current campus is still conducting the socialization stage, approaching, and assessing student character. In addition, making SOPs also requires sanctions, while the campus has not dared to set sanctions.

According to the Indonesian Ministry of Health (2020) the assessment and seeing how the attitudes and behavior of the target was carried out was carried out at the situation analysis stage. In addition, the determination of sanctions is in the policy-making stage which should be done before the implementation of a smoke-free area (Ministry of Health, 2020).

### **CONCLUSION**

Based on the results of the research conducted, it can be concluded that the

implementation of KTR at the Politeknik Indonesia has not run optimally and in accordance with existing procedures, there are obstacles and obstacles both externally and internally by the campus so that it has not been able to run ideally.

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## SUGGESTION

It is hoped that with research on the implementation of KTR policies on campuses, all educational institutions will implement their environmental areas as smoke-free areas, keeping the environment healthy for the nation's next generation.

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