



Tobacco-Free Areas Implementation at University X

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Abstract

Introduction: University X is one of the institutions where tobacco-free areas are required in university setting where teaching and learning activities are highly regulated. However, the implementation of tobacco-free were only implemented in a few faculties and, the whole academic community of University X has not entirely complied with the regulation. This study aimed to analyze the implementation of Tobacco-Free Areas at University X.

Methods: This study used a qualitative research method to examine the implementation of smoke-free areas at University X. Data were gathered through in-depth interviews, observations, and other supporting documentation. There were 13 research informants, including Deans/Vice Deans from four faculties, the Academic Director of Student Affairs, alumnus, lecturers, and students of University X. This study examined communication, resources, disposition, and bureaucratic organization policies.

Results: This study found that university administrators never communicated directly or indirectly regarding a Tobacco-Free Areas regulation. It is still neither excellent nor adequate, based on the resources available for human resource compliance and infrastructure availability. In terms of disposition, numerous parties fully support the execution of the smoke-free policy. However, the implementing officers/supervisors of the smoke-free areas at University X were less steadfast. This is demonstrated by the absence of a bureaucratic framework at University X in implementing and supervising a Tobacco-Free compliances.

Conclusion: Tobacco-free areas had been implemented at University X although they were not yet complete and optimal. It is possible to infer that this was not a priority at University X because conflicts of interest might hamper this regulation, resulting in lacking clarity, and sustainability.

Keywords: policy, implementation, smoke-free area

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Introduction

Smoking is the leading cause of diseases in the world.¹ According to the 2018 Baseline Health Research, the prevalence of smokers in the 10-18 age group was 9.1%.¹ This percentage was relatively high compared to the National Medium-Term Development Plan goal of 5.4%.² The government has undertaken numerous attempts to mitigate the effects

of smoking, one of which is the implementation of a smoking-free area policy.³ In line with Law Number 36 of 2009 Article 115, Paragraph 2 stipulates that "Regional authorities are obliged to provide smoke-free spaces in their territory." Semarang is one of the cities that has created and ratified Tobacco-Free Areas regulations.

The Semarang Municipal Regulation No. 12 of 2009 about smoke-free areas and Limited Smoking Areas states the regional government's commitment to supporting the Smoke-Free Area Policy. The regulation was implemented for one year because its execution was deemed ineffective. The Municipal Regulation was followed by adopting the Semarang Regional Policy Number 3 of 2013, which governs Tobacco-Free Areas.⁴ Following these policies, University X is one of the sites where smoke-free areas should permanently be established as a setting for teaching and learning activities.

This follows the University X Chancellor Regulation Number 11 of 2015 concerning the Designation of Smoke-Free Areas in the University X Student Center (SC) environment. The regulation states "no smoking in the University X's tobacco-free areas and prohibition of bringing, producing, selling, promoting, and other activities that actualize cigarettes as objects in the University X's smoke-free areas." However, the whole academic community of University X has not entirely complied with the regulation.

According to the preliminary research of 50 informants, approximately 10% of informants smoked at University X, and 38% were unaware of the smoke-free area policy at University X. According to this preliminary survey's findings, many students still did not follow smoking laws on campus and are unaware of the presence of the tobacco-free area policy. Furthermore, according to information from University X Public Relations and UPT Media, only the Faculty of Medicine and Faculty of Public Health currently adopt smoke-free areas.

This study examined how the Tobacco-Free Areas is implemented at University X. It was designed by understanding how the smoke-free area policy is implemented at University X. Additionally, it aimed to identify whether regulators and the entire academic community would be committed to establishing smoke-free areas at University X as a whole.

Methods

This was qualitative study which discuss policy implementation based on communication, resources, dispositions, and bureaucratic structures. In-depth interviews with informants were conducted using an interview guide that included a list of questions. This study included secondary data from literature reviews, supporting papers, and past research. Deans/Deputy Deans from four faculties, the Academic Director of Student and Alumni Affairs, lecturers, alumnus, and students of University X were among 13 research informants involved in this study. Meanwhile, the triangulation informants in this study were two lecturers and six students.

Results

Communication

It is assumed that implementing Tobacco-Free Areas regulations is one of the most effective tobacco-control initiatives. University X declared its support for the smoke-free area policy by issuing University X Chancellor's Regulation Number 11 of 2015 concerning the Designation of Smoke-Free Areas in University X's Students Center (SC) environment. Since 2015, the Rector of University X has issued this regulation. However, according to research findings, many professors were unaware of University X's Tobacco-Free Areas. Furthermore, two faculties have committed to adopting a smoke-free environment, namely the medical and public health faculties. As a result, the Tobacco-Free Areas policy at University X has not progressed from year to year. This must be examined, particularly in communication.

According to the triangulation informants, there has never been any direct or indirect communication from university authorities regarding the smoke-free area. The principal informant from the rectorate stated that there had never been direct communication regarding such a smoking-free area. Some faculty heads even claimed that they had never attended a coordination meeting on that matter.

"...On campus, we often see many people smoking. But those who smoke are not because they do not want to obey but because there is no such regulation informed to them, thus many of do not know..."(I 5)

Some sources stated that applying this policy at University X was impossible due to a conflict of interest. For example, several faculties still conduct activities which were sponsored by the cigarette companies, and several students also receive scholarships from cigarette companies.

"...There are several faculties that I know still receive funding from cigarette factories and there are symbols related to that..."(I 1)

Resources

When considering human resources as the primary component of a policy in terms of quantity, we should have a sufficient number of human resources in its implementation. However, it is still not satisfactory in terms of quality, specifically the compliance of human resources with Tobacco-Free Areas at University X. The disagreement with human resources results from the campus's lack of clear and consistent communication. Furthermore, the principal informants stated that human resource compliance at University X was not good since numerous departments continued to get sponsorship from cigarette companies, and there were still smoke-related symbols. This has currently been contested since, despite getting income from cigarettes, departments are not permitted to have smoking-related symbols. In this regard, the university admitted that response was challenging due to conflicts of interest and pros and cons between financial support and health.

The availability of suitable infrastructure or facilities, such as information boards banning smoking, posters against smoking, and others, supports compliance of human resources.

Concerning the availability of infrastructure, numerous informants stated that they should be equipped with smoking spaces to promote the successful implementation of smoke-free areas. This, however, contradicts the concept of a non-smoking space, which does not permit the installation of a separate smoking area. Furthermore, the University X Chancellor Regulation Number 11 of 2015 concerning the Designation of smoke-free areas in the University X Student Center (SC) environment states that "Smoking spots are only enforced during the transition period and will be eliminated on December 31, 2019." As a result, smoking areas or specific smoking rooms are no longer permitted in the following transition period. Other supporting amenities, such as banners and symbols relating to the smoking ban, are currently available in several locations.

Disposition

This disposition refers to policy implementors' attitudes toward implementing policies successfully and efficiently. It also involves the attitude of the policy-implementing apparatus in carrying out a policy. The characteristics of policy implementors and apparatus will significantly impact policy implementation. This relates to the implementor's mindset as an individual who supports or opposes a smoking-free area policy. Setyawan et al. (2018) discovered in their research that if all policy implementors have the same disposition or attitude, policy implementation will be efficient and purposeful.⁵ According to the information gathered from the primary informant, he/she strongly favored the establishment of a Tobacco-Free Areas. He/she accepted this because he/she was involved in all actions linked to constructing a smoke-free space.

The findings revealed that informants, including the dean, students, and lecturers as educators, strongly supported implementing the Tobacco-Free Areas policy at University X. All informants said they strongly favored a Tobacco-Free Areas policy at University X because it could protect the health rights of all individuals, particularly nonsmokers.

However, this policy is not functioning correctly. This occurred because the implementing apparatus was perceived as less assertive, inconsistent, and sincere about executing the Tobacco-Free Areas at University X. The rectorate stated that there had been no continuity, monitoring, or evaluation of Tobacco-Free Areas policies at University X up to this point.

Bureaucratic Structure

According to the research findings, no entity at University X implements/supervises the Tobacco-Free Areas policy. Procedures for implementing Tobacco-Free Areas are likewise not specified. The necessary bureaucratic structure and Standard Operating Procedures (SOP) do not yet exist. The rectorate verified that no body or implementing unit was formed to monitor the execution of University X's smoking-free policy.

"...At this university, as far as I know, there is no organization or task-force team supervising this non-smoking area..."(I 3)

If the Chancellor's Regulation imposed rules, they should be supplemented with technical instructions or explanatory rules for their implementation. However, according to Wiraatmadja and Ayu's (2020) research, there was no more clarification in the Rector's guidelines addressing the practicalities and implementation methods of the smoking-free area itself.⁶

University X's establishment of Tobacco-Free Areas was insufficient since just two faculties, the medical and public health, were committed to implementing the Tobacco-Free Areas. According to the key informants, in carrying out this policy at smoke-free locations, the Faculty of Public Health already had an organizational structure task with consistently implementing, supervising, and providing reports on Tobacco-Free Areas. This organizational structure was governed by the Dean of the Faculty of Public Health's Decree No. 60/H7.1.18/SK/2008 (in the form of an assignment letter).

However, information received from triangulation informants stated that the organization's implementation was not visible. This is also corroborated by other triangulation informants who had never heard of or seen the sustainability of the organizational structure. However, the primary source recognized that the organizational structure was no longer functional and had not been updated, resulting in poor execution.

Following the Faculty of Public Health, which previously established a bureaucratic system for implementing Tobacco-Free Areas, the Faculty of Medicine was also one of the faculties with an organizational structure that supervised the implementation of Tobacco-Free Areas. This organizational structure is outlined in the University X Chancellor's Decree No 39/UN7.3.4/HK/2016 about Limited Smoking Areas in the Faculty of Medicine of University X.

Furthermore, University X's student center is a non-smoke zone. This complies with the Regulation of the Chancellor of University X Number 11 of 2015 concerning the Designation of Smoke-Free Areas in the University X Students Center (SC) environment. However, according to informants, there was no institutional framework for implementing entities to create Tobacco-Free Areas in the student center area.

Discussion

Based on the research, it can be stated that there was a socialization malfunction at University X regarding the smoke-free area, which causes a gap in the flow of communication from the leadership to the ranks below. This malfunction was because not every university leader and faculty leader explain about the Tobacco-Free Areas regulation to the whole staffs and students in university and faculty level. There has never been any direct or indirect communication from university authorities regarding the smoke-free area. The principal informant from the rectorate stated that there had never been direct communication regarding such a smoking-free area. Some faculty heads even claimed that they had never attended a

coordination meeting on the subject. The key informants stated that faculties had committed to this smoke-free environment, specifically the medical and public health faculty. In the form of official regulations and appeals, these two faculties communicate about Tobacco-Free Areas to all members of their faculties. Lecturers frequently make this appeal to students during the teaching and learning process in class.

As a result, Tobacco-Free Areas are intelligible for faculty with a background in health education, and they are already aware of the consequences of smoking for individuals and the surrounding environment. However, it seems different from faculties who do not have a health education background. According to students' answers, the smoking-free areas in the Faculty of Engineering and Faculty of Law were less found because neither the university nor the faculty submitted any information about the Tobacco-Free Areas. Several instructors only appealed to students to not smoke in campus areas while they were learning in class. Even student informants recognized that the request was motivated by social norms rather than policy.

This is consistent with Hasibuan's research in Medan that found that the main barrier to implementing Tobacco-Free Areas is a lack of sociability among the population.⁷ Nonetheless, communication is a crucial component in the successful implementation of policies, according to Anta Kusuma and Simanungkalit (2022). Communication is carried out to achieve a common understanding in policy implementation, allowing policies to be implemented optimally.⁸ The importance of communication can be seen in the research conducted by Fernando and Marom (2016) at the Pandanaran Primary Healthcare Center in Semarang, where many visitors continued to violate the smoke-free policy because they were unaware of the no-smoking policy and the penalties for violating it.⁴

In order to attain policy objectives, resources in policy implementation were a crucial and dominant factor. If the executor

lacks the resources required to carry out the policy, the implementation will likely be poor and fail to achieve the policy objectives. Human resources as policy implementors are the most crucial resource in policy implementation. Policy implementors must be in sufficient numbers and have a thorough understanding of the policy to be executed.⁹

According to the findings of field observations, some posters or symbols related to smoking ban were no longer relevant and needed to be fixed or changed. Some posters or symbols are no longer strategic; thus, they must be improved. This is consistent with Rahmy's (2018) research, which found that a lack of infrastructure in Tobacco-Free Areas contributes to the non-optimal implementation of smoke-free areas. Furthermore, the absence of strategic placement of smoking ban banners or symbols because they are covered by other advertising media.¹⁰

According to Agustina Pallewa's (2016) research, assistance in the form of commitment from all parties did not work as intended since the information to policy implementors was not appropriately channeled.¹¹ According to Noviafni and Khaidir's (2019) research, the will/attitude of policy implementors has a significant influence on the optimal implementation of policies in smoke-free areas. Policy implementors should know their responsibilities in supervising policies and the goals for establishing these regulations. However, policy implementors have not cooperated with the restrictions, and smoking continues to happen.¹²

According to Farahdina et al. (2016), the disposition is associated with policy implementation. Disposition is required in policy implementation since implementation involves not just implementors' understanding of the goals and objectives of adopting a policy but also willingness to implement the policy.¹³ If the implementors' disposition is good, they can carry out the policy and what the policymakers desire. When the implementor's attitude or perspective differs from that of the policymakers, the implementation becomes ineffective.¹⁴

The bureaucratic structure was connected to the consistency of the organization, that is, the executor and supervisor of policy execution, which includes how the creation, allocation of authority, and bureaucratic structure within the organization. The uniformity and harmony of the bureaucratic structure will significantly impact the success of policy implementation. According to George C. Edward, the existence of Standard Operating Procedures (SOP) and implementing fragmentation was two features that can push the bureaucratic structure in a better path. SOP is a guide designed to set standards for every task a company performs to implement established policies properly. Meanwhile, fragmentation refers to assigning tasks or responsibilities to members based on their positions.¹⁵

According to Agustina Pallewa (2016), interactions in the bureaucratic system should be more patterned internally and externally to achieve the best results. The flow of tasks and command lines should be improved because it lacks work management. Furthermore, the bureaucratic structure is frequently powerless.¹¹

According to the findings of Habibi et al. (2016), the implementation of Tobacco-Free Areas would be less than optimal if there was no specific team to oversee these Tobacco-Free Areas, such that smoking prohibition symbols were only displayed.¹⁶ As a result, running the proper bureaucratic structure by developing an implementing organization is critical and must be considered by the policy-implementing apparatus.

Conclusion

Tobacco-Free Areas had been implemented at University X although they were not yet complete and optimal. The presence of socialization failure in communication proves this. The number of compliant quality human resources was still inadequate, and infrastructure or supporting facilities were still insufficient in both number and quality. Furthermore, the lack of a bureaucratic framework may indicate the policy implementation apparatus lacking of determination and

sincerity. As a result, it is possible to infer that this Tobacco-Free Areas was not a priority at University X because conflicts of interest were difficult to overcome, resulting in lacking clarity, sustainability, and progress to date.

Ethics approval

The Health Research Ethics Committee of University X's Faculty of Public Health granted ethical approval for this research (No. 52/EA/KEPK-FKM/2022, dated February 24, 2022).

Availability of data and materials

- Not applicable

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Author Contribution

TAF was the main researcher, responsible for the research proposal development, collecting and analyzing data, and write the manuscript. AS was responsible for reviewing the research proposal and the data analysis, also review the manuscript. NN was responsible for reviewing the research proposal and data analysis, review the manuscript, and prepare the manuscript for submission in this journal.

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