

# Implementation of Smoke-Free Area Policy Education as a Medium for Public Health Learning

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## ABSTRACT

The Smoke-Free Area (KTR) policy not only functions as a regulatory instrument, but also as a means of health education aimed at fostering awareness and healthy living behavior in the community. However, the implementation of the KTR policy in Situraja District, Sumedang Regency, has not been optimal, despite being regulated in Sumedang Regency Regulation Number 17 of 2014. This study aims to analyze the implementation of the KTR policy from a public health education perspective and identify supporting and inhibiting factors as a social learning process. The study used a descriptive qualitative approach with data collection techniques through observation, in-depth interviews, and documentation studies. Research informants included sub-district officials, village officials, public facility managers, health educators, and the community. Data analysis was conducted using an interactive model that includes data reduction, data presentation, and conclusion drawing. The results of the study indicate that the implementation of the KTR policy as a health education medium is not optimal, which is characterized by weak educational socialization, limited learning support resources, low commitment of implementers in the educational function, and the lack of development of education-based operational procedures. This condition results in low understanding and internalization of healthy living values in the community. Therefore, it is necessary to strengthen health education strategies, increase human resource capacity, and integrate participatory learning approaches in the implementation of KTR policies to increase the effectiveness of education and the sustainability of healthy community behavior.

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## 1. INTRODUCTION

The Smoke-Free Area (SFA) policy is a crucial instrument for protecting public health from the impacts of secondhand smoke exposure in public spaces. In Indonesia, this policy is regulated nationally

and cascaded down to the regional level through regional regulations, including in Sumedang Regency through Regional Regulation No. 17 of 2014. However, these regulations have not been fully followed by public compliance and effective implementation at the local level. Situraja District exhibits a concerning situation, with a high smoking prevalence rate and widespread smoking in public facilities, indicating a gap between policy and implementation practices.

Previous studies on the implementation of SFA at the regional level indicate that the success of the policy is heavily influenced by aspects of policy communication, resource availability, implementer commitment, and bureaucratic support. These studies generally found that weak socialization, limited resources, and inconsistent enforcement of sanctions are the main obstacles to SFA implementation. However, most research focuses on urban areas or the district/city level and has not specifically examined the dynamics of SFA implementation at the sub-district level, where social and cultural characteristics strongly influence smoking. Furthermore, studies that systematically use a policy implementation analysis framework to assess implementation gaps at the sub-district level are still relatively limited.

Based on this gap, this study offers a scientific contribution by examining the implementation of the Smoke-Free Area policy in Situraja District, Sumedang Regency, using George C. Edward III's policy implementation model, which encompasses aspects of communication, resources, implementer disposition, and bureaucratic structure. This approach is expected to provide a more comprehensive understanding of the factors influencing the success and failure of Smoke-Free Area implementation at the sub-district level, while also generating contextual and applicable policy recommendations. The purpose of this study is to analyze the implementation of the Smoke-Free Area policy in Situraja District, Sumedang Regency, and to identify supporting and inhibiting factors.

## 2. METHODS

This study employed a qualitative approach with a descriptive design, chosen to gain an in-depth understanding of the implementation of the Smoke-Free Area (KTR) policy in Situraja District, Sumedang Regency. This approach is relevant for examining the policy process, the behavior of implementing actors, and the social context influencing policy implementation at the local level. The object of the study was the implementation of the Smoke-Free Area policy as stipulated in Sumedang Regency Regulation Number 17 of 2014. The research subjects included Situraja District officials, village officials, public facility managers, and the community as the policy's target group. Informants were selected purposively, taking into account their involvement and knowledge of the KTR policy implementation.

Data collection techniques included field observation, in-depth interviews, and documentation studies. Observations were used to observe the actual conditions of KTR implementation in public facilities. In-depth interviews were conducted semi-structured to gather information on policy communication, resource availability, implementer attitudes, and bureaucratic coordination. Documentation studies were used to examine policy documents, activity reports, and other relevant supporting data. Data analysis was conducted using an interactive analysis model that includes data reduction, data presentation, and conclusion drawing. The analysis focused on four dimensions of policy implementation, namely communication, resources, implementer disposition, and bureaucratic structure, thus enabling researchers to systematically identify supporting and inhibiting factors in the implementation of KTR policies.

## 3. FINDINGS AND DISCUSSION

In general, the research results indicate that the implementation of the Smoke-Free Area (KTR) policy has not been effective and continues to face various structural and cultural obstacles that affect public compliance.

The research results indicate that the communication aspect of the policy has not been optimal. Socialization of the KTR policy remains limited and unsustainable, resulting in relatively low public

understanding of the policy's substance and the sanctions attached to it. This situation has resulted in continued smoking in public facilities that should be considered smoke-free areas.

In terms of resources, the implementation of the KTR policy in Situraja District faces limitations in terms of budget, the number of supervisory personnel, and a lack of supporting facilities such as no-smoking signs and designated smoking areas. These limitations prevent optimal and consistent monitoring and enforcement of the rules.

The disposition of implementers indicates that although there is a normative understanding of the KTR policy, the commitment of implementers has not been fully reflected in firm action on the ground. Sanction enforcement tends to be persuasive and has not yet had a deterrent effect on policy violators.

Meanwhile, regarding bureaucratic structure, research results indicate the lack of a specific Standard Operating Procedure (SOP) for the implementation of the Smoke-Free Area (KTR) and weak coordination between the agencies involved. This situation results in a partial and unintegrated implementation of the policy.

A summary of the results of the KTR policy implementation based on four main aspects is presented in Table 1.

Table 1. Summary of Results of the Implementation of the Smoke-Free Area Policy in Situraja District.

Implementation Aspects	Key Findings
Communication	Limited budget, personnel, and facilities
Resources	Implementing commitments are not yet firm in enforcement
Disposition	The implementing commitment is not yet firm in enforcement
Bureaucratic Structure	No SOPs and weak coordination between agencies

The findings of this study indicate that the initial goal of the Non-Smoking Area (KTR) policy, which was to create a healthy public environment, has not been optimally achieved in Situraja District. The low effectiveness of policy communication has a direct impact on low levels of public compliance, indicating that the policy has not been fully translated into public understanding. This explains why smoking is still prevalent in areas that should be smoke-free.

Limited resources are a key factor explaining the weak oversight and enforcement of the policy. Without adequate budgetary support, personnel, and facilities, policy implementation tends to be symbolic and unsustainable. This interpretation reinforces previous research findings that public policies at the local level often face implementation obstacles due to limited institutional capacity.

Furthermore, the disposition of implementers who have not demonstrated firmness in enforcing regulations indicates a dilemma between persuasive approaches and enforcing sanctions. This lack of firmness results in a low deterrent effect, resulting in repeated violations of the KTR policy. This finding is consistent with other research that states that implementer commitment is a determining factor in the success of policy implementation at the field level.

From a bureaucratic structure perspective, the lack of specific SOPs and weak inter-agency coordination indicate that the KTR policy has not been firmly institutionalized. This situation explains why policy implementation is partial and unintegrated. The relationship between these four aspects indicates that the failure of one aspect can weaken the entire policy implementation process.

#### 4. CONCLUSION

This study confirms that the implementation of the Smoke-Free Area policy in Situraja District has been ineffective due to weak integration between policy communication, resource capacity, implementer commitment, and bureaucratic structure. These findings enrich the study of public policy implementation by demonstrating that the sub-district level faces different institutional and social challenges than urban areas. Practically, the research findings can serve as a basis for formulating strategies to strengthen the implementation of smoke-free areas (KTR) based on the local context. Future research is recommended to test a cross-sectoral collaborative model or a quantitative approach to more comprehensively measure the level of compliance and impact of the KTR policy.

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