



The Analysis of Smoke-Free Zones (SFZs) Policy Implementation at Kendari City Public Hospital in 2023

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Abstract. The high number of active and passive smokers is one of the public health issues in Indonesia. To address the prevalence of passive smoking cases, the Ministry of Health has implemented the Smoke-Free Zones (SFZs) policy, particularly in hospitals, under the joint regulation of the Minister of Health Number 188/MENKES/PB/I/2011 and Number 7 of 2011. The purpose of this study is to analyze the implementation of the Smoke-Free Zones policy in Kendari City Public Hospital based on the input, process, and output indicators. This study adopted a qualitative case study approach. The findings indicated that, for input indicators, there was a written policy for the SFZs, but there was a lack of healthcare personnel assigned to monitor SFZs. Although the promotional media had been installed, but the Standard Operating Procedures had not been still set yet. Regarding process indicators, socialization activities were predominantly conducted face-to-face. However, specialized training for SFZs monitors had not yet been provided by the HPH unit. In terms of output indicators, warnings had been issued to smokers, but there was still a lack of sanctions for violators. The influencing factors of the continued violation of the SFZs policy at Kendari City Public Hospital included the lack of awareness regarding the posted regulations. While the implementation of the SFZs policy at Kendari City Public Hospital had shown satisfactory progress based on input, process, and output indicators, certain aspects such as the schedule for socialization activities, utilization of electronic media, and enforcement of sanctions for violators needed to be evaluated by the HPH unit for the effective execution of the SFZs policy at Kendari City Public Hospital.

Keywords: input indicator, process indicator, output indicator, SFZs, HPH

1 Introduction

Smoking is one of the public health issues in Indonesia, considering that it is a major risk factor for several chronic diseases leading to death. Cigarette smoke contains 4000 harmful chemical toxins, with 43 of them being carcinogenic (cancer-causing) [1]. According to data released by the Statistics Indonesia in 2022, Southeast Sulawesi is among the top 10 provinces in Indonesia with the highest prevalence of heavy smokers, reaching 78.68% of regular smokers. Additionally, data from Statistics Indonesia of Southeast Sulawesi in 2022 showed a prevalence of smokers in Kendari City at 18.11%. More than 7 million deaths are attributed to smoking-related behavior, with 1.2 million deaths resulting from exposure to second hand smoke, causing cardiovascular diseases and respiratory disorders [2].

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Apart from the risks faced by active smokers due to the substances in cigarettes, the smoke exhaled by active smokers is also harmful when inhaled by others (passive smokers). To address the prevalence of passive smoking cases, many institutions implement regulations and campaigns about the dangers of cigarette smoke, one of which is the implementation of Smoke-Free Zones (SFZs) in accordance with the joint regulation of the Minister of Health Number 188/MENKES/PB/I/2011 and Number 7 of 2011 regarding guidelines for implementing smoke-free zones in health service facilities, social settings, educational institutions, places of worship, and offices. SFZs is a policy established by the Ministry of Health to prevent and control the health impacts caused by smoking. Health impact control applies not only to active smokers but also to passive smokers and the surrounding environment exposed to cigarette smoke [3].

Preliminary surveys conducted by the researchers found that there are still families of patients/visitors who smoke in the vicinity of Kendari City Public Hospital (RSUD Kota Kendari), despite the hospital management, particularly the Health Promoting Hospital (HPH), having installed promotional media about the smoking ban in the hospital, such as posters and banners. Based on previous research conducted by Saboli et al. (2019), there is still a lack of communication and no socialization conducted by Kendari City Public Hospital regarding the Smoke-Free Zones regulations to the target audience, especially visitors to Kendari City Public Hospital, resulting in smokers violating the Smoke-Free Zones regulations. However, socialization is crucial for the implementation of a policy [4].

The research conducted by Saboli in 2019 did not have a HPH team formed, so the Smoke-Free Zones program was entirely managed by Kendari City Public Hospital. Based on the above description, the researchers are interested in conducting a more in-depth study of the phenomena occurring in the implementation of SFZs at Kendari City Public Hospital after the establishment of HPH. Therefore, the researchers titled the study “The Analysis of Smoke-Free Zones Policy Implementation at Kendari City Public Hospital in 2023.”

2 Methods

This study is a qualitative case study, a type of research that attempts to develop descriptive and in-depth analysis of a case or individual understanding. Key informants in this study included the head and secretary of the Health Promoting Hospital (HPH) unit of Kendari City Public Hospital, supported by security guards and visitors of Kendari City Public Hospital.

3 Results

3.1 Input Indicators

3.1.1 Written Policy

Based on interviews and direct observations, it is known that there is a written SFZs policy regarding the Implementation of SFZs at Kendari City Public Hospital, namely Decree of the Director of Kendari City Public Hospital Number: 660/033.1/2020. The decree explains that smoking, selling, and advertising cigarettes are prohibited in the area/environment of Kendari City Public Hospital. Regarding this written policy, based on the interviews with family members of patients, they were not aware of the decree; they are only aware of the 2009 Law, which is clearly written on the walls of the hospital buildings.

3.1.2 Healthcare Personnel Assigned to Monitor SFZs

Based on in-depth interviews, it is found that there are still no healthcare personnel assigned to monitor SFZs at Kendari City Public Hospital. Therefore, SFZs monitoring is only conducted by security guards at Kendari City Public Hospital. The absence of healthcare personnel assigned specifically to monitor SFZs is due to, according to one of the key informants, all members of the HPH unit having the authority to reprimand and are responsible for monitoring SFZs themselves.

3.1.3 Promotional Media Concerning Smoking Prohibition in the Smoke-Free Zones Environment

Based on the in-depth interviews and observations, promotional media installed in the SFZs environment of Kendari City Public Hospital include posters and banners about the smoking prohibition. However, despite the presence of printed promotional media, observations found that the use of electronic media is still not very effective because some visitors sometimes do not listen at all to announcements from the installed loudspeakers, and sometimes the loudspeakers are not used.

3.1.4 Standard Operating Procedures Concerning Smoke-Free Zones Policy

The results of interviews found that the Standard Operating Procedures (SOP) concerning SFZs implemented by HPH had not been set yet. This is because the 2020 decree on SFZs is still being the reference used by the HPH unit at Kendari City Public Hospital. However, the existence of SOP itself is crucial in implementing a policy.

3.2 Process Indicators

3.2.1 Direct and Indirect Socialization on SFZs Policy

Based on the interview results, socialization on SFZs policy at Kendari City Public Hospital has been conducted directly by the HPH team and security guards of Kendari City Public Hospital. However, indirect socialization (through electronic media) has not been optimized.

3.2.2 Special Training for Officers Responsible for Monitoring the SFZs Policy

Based on interviews with several informants, it is known that there has not been special training provided for officers responsible for monitoring SFZs at Kendari City Public Hospital. According to one key informant, the absence of special training is because there are already security guards assigned to monitor SFZs, who should have received basic training from previous agencies.

3.2.3 Plans for Obligations and Duties in Implementing SFZs

Based on the results of in-depth interviews regarding the plans for obligations and duties in implementing KTR at Kendari City Public Hospital, it is found that there are no task distributions from the HPH unit.

3.3 Output Indicators

3.3.1 Sanctions and Warnings Given by Officers Responsible for Monitoring SFZs

Based on the results of the interviews, it is found that the sanctions given by Kendari City Public Hospital to the violators of SFZs policy are only in the form of direct warnings and reminders not to repeat the violation. However, there have been no sanctions or punishments given so far.

3.3.2 Visitor Responds to SFZs Policy

Based on the direct responses of visitors/family members of patients, they generally agree with the SFZs regulations, but note that the implementation may not be optimized yet. This is because, among other things, there is still a lack of information media installed and lack of socialization due to schedules that have not been determined yet.

3.3.3 Periodic Monitoring and Evaluation to SFZs Policy

The results of in-depth interviews regarding periodic monitoring and evaluation found that there are security guards assigned to monitor SFZs in the field. Meanwhile, the HPH unit itself conducts socialization to visitors regarding SFZs. The HPH unit plans to create a table showing the number of visitors and family members of patients caught smoking on a daily, weekly, and monthly basis.

3.3.4 The Supporting and Inhibiting Factors of SFZs Implementation

The results of in-depth interviews conducted regarding the supporting and inhibiting factors related to the SFZs policy found that, from the perspective of the HPH unit, the factor lies in family members of patients who are unwilling to listen, thus unconsciously smoking in the hospital environment. Meanwhile, from the perspective of visitors/family members of patients, the factor lies in the hospital's insufficient socialization regarding SFZs to visitors.

4 Discussion

Every policy enacted by companies or institutions will have regulations written in official documents, and the Smoke-Free Zones (SFZs) policy is no exception. From interviews and direct observations, it is evident that the implementation of SFZs complies with the latest regulations issued by the director of Kendari City Public Hospital, namely Decree No. 660/033.1/2020 concerning the Smoke-Free Zones of the Kendari City Public Hospital in 2020. With the written SFZs policy at Kendari City Public Hospital, positive outcomes can be achieved, as indicated by Syatriani et al. (2022), who stated that the decline in dynamic smokers in Anggeraja, Enrekang Regency, is attributed to the duties of the General Chairman of the SFZs Guiding No. 14/2011 regarding the ban on tobacco advertising [5].

The implementation of the SFZs policy is carried out by the HPH unit in the hospital. However, based on research findings, there is still a lack of specialized personnel assigned to supervise and monitor SFZs in the field. The head of the HPH unit explained that the reason for the absence of healthcare personnel tasked with monitoring SFZs is that all members have the obligation and responsibility to reprimand anyone caught smoking in the hospital environment. According to George Edward III's theory on policy implementation, the first requirement for effective policy implementation is that those executing the decision must know what they are supposed to do. The HPH unit is currently responsible for socialization and the installation of no-smoking signs and information related to SFZs. The direct monitoring of visitors/patient families violating SFZs is solely the responsibility of the security guards from Kendari City Public Hospital itself.

The installation of promotional media from observational findings identified print media such as banners and posters. As for electronic media, according to statements from the HPH unit, it is in the form of loudspeakers installed to announce the smoking ban. However, most visitors/patient families themselves have never heard of it. Even those who have heard it admit that it is still ineffective because the announcements do not have a fixed schedule. According to Budiwan et al. (2021), various promotional media such as pamphlets, posters, billboards, and television advertisements about the smoking ban have been effective in conveying the existing SFZs policy at UNDATA Hospital-Palu [6].

Regarding the SOP for the SFZs policy at Kendari City Public Hospital itself, according to the head of the HPH unit, there is still no SOP at all. The reason for the absence of SOPs to date is that the HPH unit still refers to the hospital director's decree in 2020 regarding the Smoke-Free Zones of the Kendari City Public Hospital as a reference. According to Rahmi et al. (2021), SOPs are guidelines prepared to provide standards for every job performed by employees or members of an institution or organization as an effort to implement policies as effectively as possible. These SOPs can be used to ensure that every decision, step, or action is carried out by the people within a group, in this case, the HPH unit itself, and can operate effectively [7].

The implementation of socialization on SFZs at Kendari City Public Hospital has been ongoing, both directly and indirectly. Direct socialization is usually conducted on specific commemoration days, such as major health days, for example, March 24th, World Tuberculosis Day. As for indirect socialization, it is conducted through

electronic media, namely through social media. The HPH unit has social media accounts such as Instagram and TikTok, where the posts contain information about health, including the dangers of smoking. This is in line with research conducted by Ernawati (2022), which states that the use of social media for health promotion is essential for various institutions focusing on health. The advantages of social media include expanding the reach of message delivery at a low cost [8].

Regarding special training provided to officers monitoring SFZs in the field, according to the head of the HPH unit, there is none at all. The absence of special training could be because there are currently no health officers from the PKRS unit specifically assigned to monitor SFZs. This statement is also supported by the security guards tasked with monitoring SFZs at Kendari City Public Hospital, as they do not receive specific SFZ-related training from the HPH unit itself and only receive general training from Kendari City Public Hospital.

Regarding the planning of obligations and duties for the implementation of KTR from in-depth interviews, it was found that there were still no specific task distributions at all. According to the head and secretary of the PKRS unit, the absence of specific duty and obligation divisions is because all members have the right and obligation to collaborate effectively in implementing and determining the SFZs.

The output indicators of SFZs implementation were observed from interviews and observations, in which the environment of Kendari City Public Hospital still frequently found some visitors/patient families who smoked and violated the SFZs policy. However, according to the head of the HPH unit, the number of visitors frequently found smoking on the SFZs has significantly decreased compared to previous years.

Regarding the sanctions and warnings given, according to the head of the HPH unit, only warnings have been given to visitors caught smoking until today. However, the regulations issued by the Ministry of Health itself clearly state the sanctions that need to be imposed on smoking violators, not just warnings. The reason for the absence of sanctions or punishments given, according to interviews with security guards from Kendari City Public Hospital, was because, in their opinion, visitors/patient families who have been warned did not violate the KTR regulations in the hospital environment anymore. Furthermore, according to the secretary of the HPH unit, they plan to impose stricter rules in the future and create a list of visitors/patient families caught smoking in the hospital environment, counted on a daily, weekly, and even monthly basis.

One of the obstacles faced by the PKRS team in implementing the KTR policy is from the family members of the patients/visitors of the hospital who refused to listen, so they unconsciously smoked in the hospital environment, even though the regulations regarding SFZs have been posted on the walls and banners installed in the corridors.

5 Conclusion

The implementation of the Smoke-Free Zones (SFZs) policy at Kendari City Public Hospital, as assessed from the input indicators, has been carried out by the HPH unit in Kendari City Public Hospital. The KTR policy at Kendari City Public Hospital is

based on the latest reference, Decree No. 660/033.1/2020 issued by the hospital director regarding the Smoke-Free Zones. Promotional media, both print and electronic, have been installed. However, the SOPs for the SFZs policy have not been set yet. In terms of process indicators, the implementation of the SFZs policy at Kendari City Public Hospital has been fairly effective in terms of both direct (face-to-face) and indirect (social media) socialization. However, specialized training and the arrangement of tasks and obligations in implementing SFZs were still lacking. Assessing from the output indicators, there were still visitors/patient families who smoked on the Smoke-Free Zones. Nevertheless, according to the head of the HPH unit, the number of smokers found has significantly decreased compared to previous years.

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