

Stakeholder Perceptions in a No Smoking Area Public Campaign in Bima City

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ABSTRACT

This study aims to identify and understand the efforts of stakeholders in implementing a no-smoking area policy in Bima City. This study uses a qualitative descriptive method using the theory of Health belief model. Data collection techniques were carried out by means of interviews and observations. Checking the validity of the data is done by triangulation method. The data analysis process includes data collection, data reduction, data presentation and drawing conclusions. The results of the study indicate that the role of stakeholders is still lacking in implementing the no-smoking area policy in Bima City. However, the implementation of the policy is not supported by the commitment of the policy implementers so that the role of stakeholders in implementing the no-smoking area policy in Bima City still has to be re-evaluated.

INTRODUCTION

Bima City is one of the cities that have implemented a No Smoking Area Policy. The reason for the City of Bima implementing this policy is because smoking is the highest cause of death caused by cardiovascular diseases (CVD) such as stroke and heart disease. This was followed by the Bima Mayor Regulation Number 51 of 2015 concerning Non-Smoking Areas. Since it was established in 2015, the no-smoking area policy in Bima City still encounters various problems in its implementation. One of them when at the beginning of the implementation of the policy had experienced delays. This is because there is no readiness in the field and even socialization in non-smoking areas has not been thoroughly carried out. It can be seen that there are still people who do not comply with the no-smoking area policy in Bima City. Whereas in the no-smoking area policy it is clear that in a no-smoking area it is not allowed to smoke, sell cigarettes, receive cigarette promotions or sponsorships. From the problems that have been described, researchers are interested in conducting research about "The role of stakeholders in the public campaign of a smoke-free area". This is important to do because it will provide a real picture of the role of stakeholders in the implementation of the No Smoking Area Policy public campaign in Bima City. This description can be used as a material for consideration and reference for solving problems related to the Implementation of the No Smoking Area Policy. In addition, this research was also carried out as a researcher's final project and the results of this study were made as articles published in the form of a journal.

THEORETICAL REVIEW

In this study, researchers used a health belief model to analyze the role of stakeholders in public campaigns in a smoke-free area. This theory asserts that changes in the degree of public health can be obtained when the factors that follow the implementation of a no-smoking area policy can be identified. Among other things, include perceptions of the severity of a disease (perceived severity), perceptions of vulnerability (perceived susceptibility), perceptions of benefits (perceived benefits), perceptions of barriers (perceived barriers), prerequisites for taking action (cues to action), and self. efficacy. By knowing these perceptions, it will be known the factors that can influence the behavior of stakeholders in the effort and process of preventing people's smoking behavior. These four factors are considered the most appropriate to describe the role of stakeholders in the public campaign of a smoke-free area in Bima City. In addition, a bureaucratic structure that is rich in functions is needed in order to optimally support the implementation of a no-smoking area policy.

METHODOLOGY

This research use descriptive qualitative approach. Qualitative research is a research procedure that produces descriptive data in the form of written or spoken words from people and observable behavior (Moleong, 2007). In this study, the researcher used a qualitative descriptive method because the qualitative descriptive design could be used to describe the role of stakeholders in the public campaign of the No Smoking Area in Bima City to the fullest. This

research took place in Bima City and was conducted from May 2019 to July 2019. The research subjects in this study include: 4 informants of the Bima City Health Service Office of Health Promotion, 4 Bima City Government Employee informants and 4 academic representatives. This type of research is descriptive qualitative. Data obtained through semi-structured interview method. This method is done by making an outline of what will be asked which will be developed according to the reality on the ground. Then non-participatory observation is done by observing what is in fact in the field without having to directly follow the activities carried out by the informant. Furthermore, the documentation technique is done by analyzing information from important documents or records. Such as government policies, reports, news.

To check the validity of the data, the researcher used triangulation method. The researcher triangulated the method. Researcher collecting data the results of interviews with observational data and documentation. After that, The researcher compared the three data which next could drawn conclude about how The Role of Stakeholders in the Public Campaign of No-Smoking Area Policy in the City of Bima. The data analysis technique used in this study used interactive analysis by Milles and Huberman (1984). This technique includes the stages of data collection, data reduction, data presentation and conclusion drawing (Sugiyono, 2011) using open code software.

RESULTS

The Role of Stakeholders in Public Campaigns for Policy Implementation No-Smoking Area in the City Bima.

In this study, the implementation of a no-smoking area policy in Bima City is seen from the following four factors:

a. Communication

The communication process is carried out by socializing and installing a no-smoking sign in a no-smoking area. Socialization is carried out by holding meetings both with the community and with entities or businesses whose locations are included in a smoke-free area. The socialization is carried out not only by communicating the contents of the no-smoking area policy. It can be said that the success of this communication indicator is that the communication process itself has been implemented. So that the public becomes aware of the policy of a no-smoking area, the location of the ban smoking and the dangers of smoking itself. It's just that even though communication has been carried out, there are still policy implementers who still smoke in non-smoking areas. The communication process has not been very influential in the Implementation of the No Smoking Area Policy. This is because although the government has intensively carried out socialization and installation of signs for non-smoking areas, smokers are still found in non-smoking areas.

b. Resource

Resources in the role of stakeholders in the public campaign of the No Smoking Area Policy in Bima City are divided into three, namely human resources, budget and facilities. In terms of human resources, the City Government of Bima established a Monitoring and Evaluation Team for the policy. This is because prior to the formation of this team, evaluation activities were carried out by the site manager, which is a smoke-free area itself. And the results are always good. After the team was formed, the evaluation process was carried out randomly. So that the assessment can be done in more detail and better. Then the budget resources in the role of stakeholders in the public campaign for the Implementation of the No Smoking Area Policy in Bima City come entirely from the APBD. The budget is deemed sufficient for the implementation of the policy. The budget is used for socialization activities, installing no smoking signs and making facilities that are special locations for smoking.

c. Positioned

Disposition is the character and characteristics possessed by the implementor, such as the commitment of the implementor in implementing the policy of a no-smoking area. In terms of disposition, it shows that the attitude of implementing the no-smoking area policy is still unable to fully support the implementation of the no-smoking area policy in Bima City. This is evidenced by the finding of policy implementers who smoke in locations that are non-smoking areas. Based on the above, it can be said that policy implementers have not fully supported the no-smoking area policy, this is because there is still a lack of commitment from policy implementers to comply with the policy.

d. Bureaucratic Structure

The division of tasks in the Bima City Health Office as the person in charge of the no-smoking area policy is not complicated. This can be seen from the organizational structure of the Bima City Health Office. The Bima City Health Office has an organizational structure that is not long, uncomplicated and very clear. In addition, the bureaucratic structure can be seen from the presence or absence of SOPs. In the implementation of the no-smoking area policy in Bima City, there is no SOP yet. This is one of the obstacles in implementing the policy. Based on the explanation above, it can be said that the bureaucratic structure variable has not been fully successful because there is no SOP that supports the implementation of the policy.

e. Factor Inhibitor

In the Implementation of a No Smoking Area Policy in the City of Bima. Factor barriers to policy implementation Non-smoking areas include:

1. It is difficult to change smoking habits.

Smoking has become a habit for most people. Smoking culture is inseparable from the "hereditary" taste. Based on the results of the

interview, it was stated that many novice smokers felt that smoking habits arise because their parents also smoked.

2. It's easy to get cigarettes. Easy for Getting cigarettes makes people at all ages able to easily buy cigarettes anywhere and anytime. Even cigarette traders ranging from small traders to large shops are also easy to find and are located adjacent to a no-smoking area.
3. The rise of cigarette advertising
Cigarette advertisements are often illustrated with men who appear authoritative accompanied by women. This is the main attraction for people who are then interested in buying cigarettes.
4. No SOPs
The absence of SOPs in the Implementation of the No Smoking Area Policy is also an inhibiting factor. This is because it makes people not know where and how to report if they see people smoking and even how to follow up reportthe.
5. Efforts that conductedin overcoming the inhibiting factors in Implementation Policy No-Smoking Area in the City Bima.

A number of the effort that has been carried out by the government, namely:

a. Socialization

Socialization is considered as one of the persuasive efforts in overcoming the increasing number of smokers. The socialization carried out was not only about the policy of a no-smoking area but also about the bad effects of smoking. Based on this explanation, socialization can be effective in preventing the increase in the number of smokers. This is because socialization is carried out continuously so that people are aware of the dangers and policies of smoking itself.

b. Program Clinic Quit smoking

At the smoking cessation clinic, the public can consult about how to quit smoking, the benefits of quitting smoking. Smoking cessation clinics are spread throughout the Public Health Centers and Hospitals in the City Bima. The smoking cessation clinic is considered appropriate because the approach taken at the smoking cessation clinic is more of a personal approach. This can make the community more comfortable because with a personal approach the community can ensure the confidentiality of what they consult.

c. RW / Village Non-Smoking Program

Program RW/ The Smoke Free Village is one of the flagship programs of therule. This program is a declaration from the community it self at the RW level. The government in this case only supervises and provides guidance to RWs that have declared a Smoke-Free Village. Non-Smoking Declaration Form Usually smoking is prohibited inside the house, at community gatherings and near small children. Based on this, this program is considered to be the right program to succeed No Smoking Area Policy in the City Bima. This is because this program is a program that is realized because of the people's desire to create a healthy environment without smoking.

DISCUSSION

This part allows you to elaborate on your results findings academically. You must not put numbers related to your statistical tests here; instead, you have to explain that numbers here. You have to compile your discussion with academic supports to your study and a good explanation according to the specific area you are investigating.

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