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ANALYSIS OF FACTORS RELATED TO THE IMPLEMENTATION OF REGIONAL REGULATION NUMBER 08 OF 2017 CONCERNING NON-SMOKING AREAS

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ABSTRACT
Smoking is a detrimental habit that contributes significantly to public health problems. To address this issue, the East Kutai Regency Government issued Regional Regulation Number 08 of 2017 concerning No-Smoking Areas. One of the designated KTR pillars is SMAN 2 North Sangatta, which plays a strategic role in reducing the high prevalence of smoking among adolescents. This study aims to analyze the influence of communication, resources, bureaucratic structure, and attitudes on the implementation of the KTR regulation. The research applied an analytical survey with a cross-sectional design involving 422 respondents from the academic community of SMAN 2 North Sangatta, selected through consecutive sampling. Data were collected through questionnaires and analyzed using chi-square and logistic regression tests. The findings revealed a significant relationship between communication and the implementation of the Smoke-Free Area regulation ($p<0.001$), as well as between resources and implementation ($p<0.001$). Conversely, bureaucratic structure showed no significant relationship ($p=0.779$)while attitudes demonstrated a positive influence. Logistic regression analysis confirmed that communication and resources were the most influential factors in ensuring effective implementation ($p= 0.000<0.05$). In conclusion, strengthening communication and optimizing resource allocation are essential to improving compliance with KTR policies in schools.

Keywords: attitudes; bureaucratic structure; communication; resources

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INTRODUCTION

Nicotine is the principal addictive component in tobacco products, functioning as both a stimulant and a depressant on the human nervous system. Long-term and excessive exposure can lead to physical and psychological dependence, which is challenging to overcome without medical assistance and proper regulatory frameworks (World Health Organization [WHO], 2023). The prevalence of active smokers in Indonesia has shown a significant upward trend. According to the 2023 Indonesia Health Survey (SKI) published by the Ministry of Health, the number of active smokers has reached approximately 70 million people, 7.4% of whom are between the ages of 10 and 18 (Ministry of Health, 2023). Youth, particularly children and adolescents, represent a critical concern. This aligns with findings from the 2023 Global Youth Tobacco Survey (GYTS), which reported an increase in smoking prevalence among school-aged children (13–15 years), rising from 18.3% in 2016 to 20.6% in 2023 (WHO, 2023). These figures highlight the major challenge of protecting vulnerable populations from tobacco addiction, including passive smokers exposed through close interaction with active smokers.

In several high-income countries, including the United States, the Food and Drug Administration (FDA) has introduced a regulatory policy aimed at lowering nicotine content in cigarettes to non-addictive levels. This measure is designed not only to reduce nicotine dependence but also to facilitate a transition toward safer alternatives or complete cessation among smokers. Evidence indicates that this policy has been effective, with smoking prevalence declining by 15% within three years of its enforcement (Handayani, 2024). Data from the East Kutai District Health Office (2023). revealed that 3,780 adolescents in the district were smokers, with 1,005 of them residing in North

Sangatta. Daily observations also frequently reveal school-aged children, still in uniform, smoking in public areas. This situation raises concern as to whether schools have adequately disseminated information regarding existing regulations, particularly the East Kutai District Regional Regulation No. 08 of 2017 on Smoke-Free Areas.

Several considerations form the basis for this thesis research entitled Analysis of Factors Related to the Implementation of Regional Regulation No. 08 of 2017 on Smoke-Free Areas at North Sangatta 2 Public Senior High School. Adolescence is a highly vulnerable stage, particularly to negative influences such as smoking behavior, which is a risk factor that triggers various types of diseases threatening health. The prevalence of smoking among adolescents has shown a tendency to increase year by year. Success in modifying smoking behavior from an early age has a greater chance of effectiveness compared to similar interventions conducted among adults. Adolescents are regarded as agents of change who must be healthy physically, mentally, socially, and spiritually and free from the influence of harmful addictive substances, including tobacco.

The World Health Organization (WHO) has introduced the MPOWER package as six evidence-based strategies proven to be effective in reducing tobacco demand globally (Atchesco, 2023). These strategies include monitoring tobacco use and prevention policies, protecting the public from tobacco smoke exposure, providing assistance for cessation, issuing warnings about the dangers of tobacco, enforcing bans on advertising, promotion, and sponsorship, and increasing tobacco taxation (Lorenza, 2024; Mumtaz, 2024). In addition, adolescents and students are expected to adhere to stringent tobacco control regulations, particularly those concerning advertising restrictions and pricing policies (Hafidah, 2024). Similar findings were reported by Amelia (2025), indicating that 66.2% of schools comply with the Smoke-Free Area (KTR) regulations however, many lack an effective monitoring team and Smoking habits have a significant relationship with drug abuse in students (Mamun et al., 2024).

Schools are educational institutions that are obliged to implement smoke-free area regulations. However, violations frequently occur in designated non-smoking areas, including educational facilities, healthcare facilities, places of worship, playgrounds, sports facilities, public transportation, office areas and other designated public spaces. These provisions are clearly regulated under East Kutai District Regulation No. 08 of 2017 on Smoke-Free Areas. Cigarettes are hazardous products with wide-ranging negative consequences on physical and psychological health, financial burdens, and the comfort and safety of others. The purpose of implementing Smoke-Free Areas is to prohibit the production, advertisement, sale, promotion, and consumption of cigarettes in designated areas, thereby ensuring the protection of individuals' rights to clean, fresh, and healthy air.

METHOD

This study is a quantitative research employing a descriptive observational approach with a cross-sectional design. This approach was applied to analyze factors associated with the implementation of East Kutai District Regional Regulation No. 08 of 2017 on Smoke-Free Areas at North Sangatta 2 Public Senior High School. The study was conducted on February 15, 2024, at North Sangatta 2 Public Senior High School, Jl. Soekarno Hatta KM 06, North Sangatta Subdistrict, East Kutai District, targeting the productive age group that is highly vulnerable to various influences (both positive and negative). This age group is considered a key indicator of the National Priority Program (PPN) in the prevention and control of non-communicable diseases (PPTM), specifically the reduction of smoking prevalence among adolescents, particularly school-aged children.

The study population consisted of the entire academic community of North Sangatta 2 Public Senior High School, totaling 822 individuals. Sampling was conducted using proportional random sampling, selecting representatives from the school community excluding students in grades X, XI, and XII, as follows: Principal (1), Guidance and Counseling Teacher (2), Physical Education Teacher (1), School Health Teacher (1), Religion Teacher (1), Gardener (1), and Canteen Staff (1).

From the remaining sample of 416 (422–7), the student samples were evenly distributed: 138 from grade X, 138 from grade XI, and 146 from grade XII, ensuring a total sample of 422. The independent variables in this study were communication, resources, bureaucratic structure, and attitudes, while the dependent variable was the implementation of Regional Regulation No. 08 of 2017. Data collection was conducted in several stages: obtaining ethical approval, acquiring written consent from participants, and administering questionnaires. The research data consisted of primary data obtained through questionnaires and secondary data derived from regulations on Smoke-Free Areas. Prior to data collection, the research instrument underwent a quality test for validity and reliability. The validity test was conducted using the Product Moment correlation, while the reliability test was assessed through Cronbach's Alpha coefficient. The results indicated that all items had correlation values above the minimum threshold of 0.361, confirming their validity. In addition, the Cronbach's Alpha value exceeded the standard of 0.6, demonstrating that the instrument was reliable. All data were analyzed using statistical software, employing multiple regression, Chi-square tests, and logistic regression with predictive modeling.

This study was approved by the Health Research Ethics Committee of the Faculty of Medicine, Mulawarman University (Ethical Clearance No. 168/KEPK-FK/VII/2024). The researcher ensured adherence to all ethical principles of biomedical research, including obtaining informed consent and maintaining confidentiality throughout the study, ensuring the confidentiality of participant identity, and respecting participants' rights to withdraw from the study at any time without consequences, in accordance with prevailing ethical standards.

RESULT

Univariate Analysis of Respondent Characteristics

The table below presents the univariate analysis of respondent characteristic.

Table 1.
Univariate Analysis of Respondent Characteristics

Variable	Total (n=422)	f	%
Age	12-25	393	93,1
	26-36	26	3,8
	37-47	8	1,9
	48-58	5	1,2
Gender	Male	147	34,8
	Female	275	65,2
Type Of Organization	Staff/ Faculty	8	1,7
	Student Council	395	93,6
	Teachers Association of the Republic of Indonesia	19	4,7
The presence or absence of no smoking signs in schools	Yes	395	93,6
	No	27	6,4
Has the Community Health Centre held an information session about the No Smoking Zone at school	Yes	339	80,3
	No	83	19,7

Based on the table, the frequency distribution of respondent variables shows that the majority of respondents, 393 (93.1%), were aged 15–25 years. Regarding gender, 275 respondents (65.2%) were female. In terms of organizational affiliation, 395 respondents (93.6%) were members of the student council. Concerning the presence of no-smoking signs in the school, 395 respondents (93.6%), reported that the school had posted warnings or signs prohibiting smoking in the area. Furthermore, 339 respondents (80.3%) indicated that the school had conducted socialization of the East Kutai District Regulation No. 08 of 2017 on Smoke-Free Areas within the school.

Univariate Analysis of Variable

The table below presents the univariate analysis of each variable based on the results of the study.

Table 2.
Univariate Analysis Of Variable

Variable	Total (n=422)	f	%
Implementation	Good	331	78,4
	Moderate	91	21,6
Communication	Good	268	63,5
	Moderate	132	31,3
	Poor	22	5,2
Resources	Good	226	53,6
	Moderate	164	38,9
	Poor	32	7,6
Bureaucratic Structure	Good	388	91,9
	Moderate	28	6,6
	Poor	6	1,4
Attitude	Good	399	94,5
	Moderate	16	3,8
	Poor	7	1,7

Based on the table, the frequency distribution of each variable shows that 331 respondents (78.4%) had good implementation. Regarding the communication variable, 268 respondents (63.5%) reported good communication. For resources, 226 respondents (53.6%) had good resources. Regarding bureaucratic structure, 388 respondents (91.9%) had a good structure. Finally, 399 respondents (94.5%) demonstrated a good attitude.

Data Normality Test

The normality test was conducted to determine whether the data population follows a normal distribution. In this study, the One-Sample Kolmogorov-Smirnov Test was used. Based on the results of the Kolmogorov-Smirnov normality test, the significance values (p-values) are presented in the table below:

Table 3
Normality Test Analysis

No	Variable	*P value*	Description
Dependent Variable			
1	Implementation	< 0,001	Not Normal
Independent Variable			
2	Communication	< 0,001	Not Normal
3	Resources	< 0,001	Not Normal
4	Bureaucratic System	< 0,001	Not Normal
5	Attitude	< 0,001	Not Normal

Based on the table, all variables, both independent and dependent, are not normally distributed. Therefore, the analysis was continued using non-parametric methods, specifically multiple logistic regression.

Bivariate Analysis

The table below presents a bivariate analysis between independent and dependent variables based on the research results.

Table 4
Bivariate Analysis

Variable	Implementation		*p value*	*Cramer's V*
	Moderate (,%)	Good (f,%)		
Communication				
Poor	9 (40,9%)	13 (59,1%)	< 0,001	0,357
Moderate	54 (40,9%)	78 (59,1%)		
Good	28 (10,4%)	240 (89,6%)		
Resources				
Poor	10 (31,3%)	22 (68,8%)	< 0,001	0,194
Moderate	49 (29,9%)	115 (70,1%)		
Good	32 (14,2%)	194 (85,8%)		

Variable	Implementation		*p value*	*Cramer's V*
	Moderate (,%)	Good (f,%)		
Bureaucratic Structure				
Poor	2 (33,3%)	4 (66,7%)		
Moderate	6 (21,4%)	22 (78,6%)	< 0,779	0,034
Good	83 (21,4%)	305 (78,6%)		
Attitude				
Poor	1 (14,3%)	6 (85,7%)		
Moderate	2 (12,5%)	14 (87,5%)	< 0,555	0,050
Good	88 (22,1%)	311 (77,9%)		

The bivariate analysis indicated that communication and resources were significantly associated with the implementation of Regional Regulation No. 08 of 2017 on Smoke-Free Areas ($p < 0.001$), with communication showing a moderately strong relationship (Cramer's V = 0.357) and resources a weak-to-moderate association (Cramer's V = 0.194). Bureaucratic structure and attitude were not significantly related to implementation, suggesting that effective communication and adequate resources play a key role in policy enforcement, while the other factors have minimal direct impact.

Multivariate Analysis

Based on the results of the multiple logistic regression analysis, it can be concluded that the communication variable has the most significant association among the four variables studied. The chi-square analysis yielded a p-value of <0.001 ($p < 0.05$), and the Cramer's V value of 0.357 indicates a moderately strong relationship between communication and the implementation of smoke-free areas. The Nagelkerke R Square value was 0.150, indicating that the predictor variables included in the model were able to explain 15% of the variance, while the remaining 85% was explained by other variables not included in the model.

DISCUSSION

The Relationship Between Communication and the Implementation of Regional Regulation Number 08 of 2017 on No-Smoking Areas at SMAN 2 North Sangatta

Based on the chi-square test results, the data showed a p-value of <0.001 ($p < 0.05$), indicating a significant relationship between respondents communication and policy implementation. The Cramer's V value was 0.357, which signifies a moderately strong relationship between communication and the implementation of the no-smoking area policy. According to the findings, both from questionnaire responses and from field observations and interviews with representatives of the academic community at SMAN 2 North Sangatta, information regarding Regional Regulation Number 08 of 2017 on No-Smoking Areas has been disseminated early and consistently to all stakeholders within the school. These included the principal, teachers, administrative staff, students, security officers, canteen managers, janitors, school garden managers, and caretakers of the prayer room, as well as visitors and other relevant parties within the school environment.

The delivery of information through clear, targeted, and consistent communication proved to be highly effective in implementing the Regional Regulation on No-Smoking Areas at SMAN 2 North Sangatta. Through appropriate communication techniques, the entire academic community developed a shared sense of responsibility and actively participated in realizing SMAN 2 North Sangatta as an Adiwiyata school that is healthy, clean, high-achieving, and free from cigarette smoke exposure. Guo (2022), anti-smoking programs in schools significantly improved knowledge about smoking and secondhand smoke exposure in intervention groups. Other studies have emphasized the role of mass media campaigns, which involve communication through television, radio, newspapers, billboards, posters, leaflets, or booklets, with the goal of encouraging smokers to quit and maintaining abstinence among non-smokers. However, determining their effectiveness requires rigorous methodological design. Mass media interventions usually consist of broadcasting messages through television, radio, print media, and billboards that inform smokers and motivate them to quit (Bala, 2017).

Understanding the instructions provided by health workers regarding no-smoking areas, such as signs and information about smoking bans in hospitals, was found to be lacking among the majority of respondents (65.0%), with a p-value of 0.023 and an OR of 5.160 (Shabir, 2023). Fajar (2020), stated that socialization of regulations is crucial in providing understanding for policy implementation because socialization is the initial stage in distributing information related to the content, benefits, objectives, target groups, and scope of the No-Smoking Area policy. The implementation of the no-smoking areas policy has not been effective due to a lack of socialization regarding the application (Khairatunnisa, 2021). Communication plays a very important role in the delivery of a policy (Arif & Thaha, 2020). Communication has a very important direct influence on the implementation of Smoke-Free Areas especially in schools, and particularly on students. The methods used include both direct and indirect communication, such as through social media platforms like Instagram or other platforms (Rohmah et al, 2023).

The Relationship Between Resources and the Implementation of Regional Regulation Number 08 of 2017

Based on the research findings, the Cramer's V value was 0.194, indicating a very weak relationship between resources and the implementation of the No-Smoking Area policy. Field research showed that in terms of resource availability, the school principal, teachers, and administrative staff had been certified as members of the Adiwiyata implementation team. They were provided with education, training, and technical guidance related to the implementation of Regional Regulation Number 08 of 2017 on No-Smoking Areas. From the perspective of human resources (students) at SMAN 2 North Sangatta, they were carefully selected during the admission process and were given information regarding the school's status as an institution enforcing a no-smoking area. Each student also signed a written agreement to support the implementation of the No-Smoking Area policy and acknowledged the sanctions for any violations. The school also established a No-Smoking Area Task Force consisting of class representatives responsible for enforcing the No-Smoking Area rules, monitoring compliance, recording and reporting violations, and disseminating information about the regulation, particularly Regional Regulation Number 08 of 2017. In addition, the school formed a POLTAR (Student Police) unit, consisting of students who underwent a selection process and special training to uphold school discipline, including enforcing the No-Smoking Area policy. Their duties included reprimanding violators, recording infractions, and reporting them to the principal or designated teachers. Furthermore, the school appointed No-Smoking Area Ambassadors, selected students who excelled at school, district, and provincial levels. Their main responsibility was to provide peer education, raise awareness about No-Smoking Area, and develop innovations to strengthen the school's role as a smoke-free educational institution. Beyond teachers, principals, and administrative staff, other school stakeholders including security officers, gardeners, janitors, and canteen staff also received socialization and technical guidance related to the No-Smoking Area regulation.

In terms of facilities and infrastructure, all areas of SMAN 2 North Sangatta, including classrooms, laboratories, the school mosque, canteen, library, meeting halls, and sports fields, up to the outer school gates, have been designated as No-Smoking Area zones. The school also provides No-Smoking Area related information through billboards, video displays, posters, and magazines. Adequate funding has also been allocated to support the development and implementation of No-Smoking Area programs within the school, which plays a significant role in ensuring policy enforcement. Radiansyah et al, (2021), explained that one of the inhibiting factors in implementing Regional Regulation Number 13 of 2017 was resource limitations, including human resources, infrastructure, and budget allocation. Resources in this context include human resources serving as supervisory teams, organizational and institutional support, financial resources, and supporting facilities. Facilities such as no-smoking information boards, posters, and stickers strengthen the No-Smoking Area initiative in schools (Agustina, 2022). Resources are critical for effective policy implementation (Zulaeha, 2019). Effective communication between implementers and target groups is also essential, as it ensures clarity of information (Adim, 2020). Without sufficient resources,

policies are likely to fail (Sawir, 2021). Human resources, in particular, are crucial to expanding the outcomes of health policy implementation (Dubey et al., 2019).

The Relationship Between Bureaucratic Structure and the Implementation of Regional Regulation No. 08 of 2017 on Smoke-Free Areas

Based on the results of this study conducted at SMAN 2 North Sangatta, the chi-square test showed a p-value of 0.779>0.05 with a Cramer's V value of 0.034. This indicates that there is no significant relationship between the bureaucratic system and the implementation of Regional Regulation No. 08 of 2017 concerning Smoke-Free. Specifically, the findings revealed that a formal organizational structure for implementing the regulation had not yet been established at SMAN 2 North Sangatta. Likewise, a Smoke-Free Task Force responsible for monitoring and enforcing discipline within the school had not been formed. Nevertheless, this absence of structure did not hinder the strengthening of regulation implementation. In fact, the regulation was implemented effectively due to strong commitment and shared responsibility among all stakeholders.

The principles of the Smoke-Free Area were strictly enforced, including prohibitions on producing, carrying, selling, promoting, or consuming cigarettes, as well as the absence of ashtrays, cigarette butts, or smoke odor in designated areas. Information media and posters were strategically placed in classrooms and public spaces to reinforce compliance. Structural reform, however, may be necessary to address bureaucratic and administrative barriers in responding to such policies (Liu, 2023). In governance environments where regulations are weak and unstable, organizations can play a role in supporting complex regulatory systems (Suchman, 2021). Previous studies indicate that the bureaucratic structure in implementing smoke-free policies has been well executed, with smoking activities confined to designated areas (Napirah et al., 2020). Nevertheless, violations may still occur when policy implementation is not supported by effective institutional action (A'yuni, 2020). One crucial factor is the application of Standard Operating Procedures (SOPs), which provide daily guidelines for policy implementers in accordance with established standards (Hutahayan, 2019). In the broader Indonesian context, public policy has often emphasized how policies are implemented rather than how they are managed and monitored effectively. Leadership plays a critical role in influencing behavior, shaping performance, making strategic decisions, and motivating subordinates in workplace policy enforcement (Latifah, 2021).

The Relationship Between Attitudes and the Implementation of Regional Regulation No. 08 of 2017

Based on the analysis results, a significance value of $p = 0.555 > 0.05$ and Cramer's V test of 0.050 indicate that there is no relationship between attitudes and the implementation of the smoke-free area regulation. This finding suggests that individuals show different responses toward the enforcement of Regional Regulation No. 08 of 2017. Consistent with Guo et al. (2022), the study revealed no significant influence of attitudes toward smoking. Nevertheless, these varying attitudes do not affect the actual implementation of the regulation at SMAN 2 North Sangatta, as the regulation has been established as a collective agreement and consensus that must not be violated. Compliance with this regulation is mandatory for the entire academic community.

The findings further illustrate the presence of diverse perceptions, which may be influenced by personal life experiences, family and community environments, perspectives, and varying levels of knowledge. Negative attitudes indicate disagreement or rejection of the prevailing regulations in a given environment, whereas positive attitudes reflect support for those regulations. When an individual demonstrates a favorable attitude toward a particular object, it is likely to be reflected in their behavior, such as refraining from smoking and complying with existing rules. Conversely, an unfavorable attitude tends to encourage behaviors that deviate from established regulations (Bintoro, 2022). A smoke-free environment contributes to creating a cleaner, healthier setting free from air pollution caused by cigarette smoke, thus protecting both active and passive smokers. With

its numerous benefits, the smoke-free policy must continue to receive support and be strengthened (Sinaga, 2024).

CONCLUSION

There is a significant relationship between communication and human resources and the implementation of Regional Regulation No. 08 of 2017 concerning Smoke-Free Areas at SMAN 2 Sangatta Utara. This is evidenced by the significance values of $p = 0.001 < 0.05$ and the results of Cramer's V test at 0.357 and 0.194, respectively. On the other hand, no significant relationship was found for the variables of bureaucratic structure and attitudes, as shown by the significance values of $p = 0.001 > 0.05$ and the Cramer's V test results of 0.034 and 0.050, respectively.

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