



Need Assessment Readiness Of Regional Device Organizations (Opd) In Implementation Of Cigarette Area (Ktr) Policy In Landak District

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ABSTRACT

Each district / city is required to have / implement a no-smoking area policy (KTR) in its territory. However, to date, out of 514 districts / cities in Indonesia, only 309 districts / cities have and implemented KTR. Districts / cities that have not implemented the policy include Landak District. This study aims to assess the readiness level of policy makers in the Landak District Government Organization in implementing the no-smoking area policy.

This type of research is a case study (case study) with a qualitative approach.

Data collection techniques through interviews, observation and document review. The research subjects were selected based on purposive sampling technique.

The results of this study indicate that based on an assessment of the dimensions of optimism, innovativeness, discomfort, insecurity, human resource and financial readiness, the existing policy makers in the Landak District Government Organization are not ready to implement the No Smoking Zone policy. The suggestion in this research is that the stakeholders of the Health Office immediately initiate to create a smoke-free area in Landak Regency.

Keywords :

Readiness Assessment, No Smoking Area Policy

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INTRODUCTION

Smoking behavior has now become a global problem, both for developing and developed countries because the impact is not only harmful to individual health as active smokers, but also can affect the people around them, known as passive smoking. Currently there are 1.3 billion or about 1/7 of the world's population who are active smokers.¹Indonesia is in the 3rd rank as a country with the largest number of cigarette consumption in the world, behind China and India. The largest smoking behavior prevalence in Indonesia is in West Java (32.7%), while Papua is the province with the lowest prevalence (21.9%). According to the 2014 global youth survey, the age of novice smokers in Indonesia lies in the age range of 12-13 years.²The data above is in line with the increase in cases of diseases caused by smoking in Indonesia, including cancer, heart disease and stroke. Apart from having a bad impact on health, smoking behavior is also closely related to the cause of poverty in Indonesian society due to the increasing amount of household expenditure. In a day, the price of cigarettes is Rp. 25,000; per pack, then within a month the budget spent is only to buy cigarettes for a smoker of Rp. 750,000 and in a year of Rp. 9,000,000.

Seeing the magnitude of the impact of smoking on society, the government of the Republic of Indonesia has made various efforts to reduce the rate of increasing the prevalence of active smokers in the community, including by increasing the excise on machine-made kretek cigarettes (SKM) and machine white cigarettes (SPM) to 12.5% by 2020. and obliging all districts / cities to implement the No Smoking Zone (KTR) policy. The No Smoking Area Policy, is a central policy that must be implemented in all districts / cities in Indonesia to create a smoking-free area (KTR), is a room or area that is declared prohibited from smoking or producing, selling, advertising, and / or promoting tobacco products. Research conducted by Azkha, 2013 states that the implementation of the No Smoking Zone policy is effective in reducing the number of active smokers and can provide protection for passive smokers in the City of West Sumatra. However, since the issuance of this policy in 2009 to date, only 309 districts / cities have implemented the KTR policy out of 514 districts / cities in Indonesia. There are still many districts / cities that have not implemented this policy, including Landak District, West Kalimantan province. ³ ⁴Landak Regency is an area with the second highest poverty rate in West Kalimantan Province with a total poor population of 11.77%. The number of active smokers was 32.49%. In addition, the majority of the population in Landak Regency are Dayak and Malay tribes, where both tribes have strong customs and culture and are accustomed to using tobacco products in the form of cigarettes in every implementation of their traditional rituals. Therefore, the implementation of the No Smoking Zone Policy is an important matter that must be implemented immediately in order to reduce the prevalence of active smokers and protect the welfare of the community. According to Kasmad (2013) there are four factors that can influence the implementation of a policy in an organization,



namely the quality and typology of the policies to be implemented.⁵To measure the existing capacity in the organization. According to Chapinck, there are several factors that can be used as a measure of a person's and an organization's readiness to implement a policy, including human readiness, financial readiness. Meanwhile, Parasuraman makes modeling to measure the tendency of a person or organization to be ready to use or take advantage of a technology consisting of optimism, innovativeness, discomfort and insecurity. A person or organization is declared ready to take advantage of or implement a technology, if the four elements are already at a high level.^{6 7} This study aims to assess the level of readiness of individual policy makers in the Landak District Government Organization for the implementation of the No Smoking Area (KTR) policy mandated by law to be implemented. The assessment is carried out using a combination of modeling made by Chapnick and Parasuraman, which consists of the dimensions of optimism, innovativeness, discomfort, insecurity, human resource and financial readiness. It is hoped that through the six dimensions of measuring the level of readiness, it is able to reveal the extent of the readiness of the Landak Regency Regional Government Organization to implement the No Smoking Zone policy.



LITERATURE REVIEW

Need assessment is a tool to explore public health problems and plan the right form of intervention on these problems based on data sources and valid opinions. Need assessment consists of four stages of activities, namely: (1) determining the scope of what will be assessed, (2) collecting data, (3) analyzing the data obtained, and (4) making reports on the findings of data collection. Need assessment data collection methods can be in the form of quantitative or qualitative data.⁸ Readiness is the overall condition of a person who makes himself ready to respond or answer in a certain way to a situation or situation.⁹The concept of readiness for the implementation of a policy is built to identify the extent to which individuals understand / control and motivate the content of the policy, so that the response given is in accordance with the achievement of the objectives of the policy itself. The higher the readiness of individuals and organizations, the greater the likelihood of achieving the expected goals through the policy.

Chapnick classifies the readiness component into eight dimensions, namely:¹⁰

1. *Psychological readiness*, namely a dimension that considers how individuals perceive an issue or technology. This dimension is the most important factor to consider, because it has a big influence on sabotage of implementation;
2. *Sociological readiness*, this factor considers the interpersonal aspects of the environment in which the policy / program will be implemented;



3. *Environmental readiness*, this factor assesses or considers the operation of great power on stakeholders, both inside and outside the organization;
4. *Human resource readiness* This dimension assesses the design and support system of existing human resources.
5. *Financial readiness* This factor assesses the availability of the budget and how the allocation process is.
6. *Technological skills*, this factor assesses observable technical competence.
7. *Equipment readiness*, this factor assesses the availability and reliability of the infrastructure owned to support the implementation of the selected technology.
8. *Content readiness*, this factor includes an assessment of the content and objectives of a technology / policy implementation.

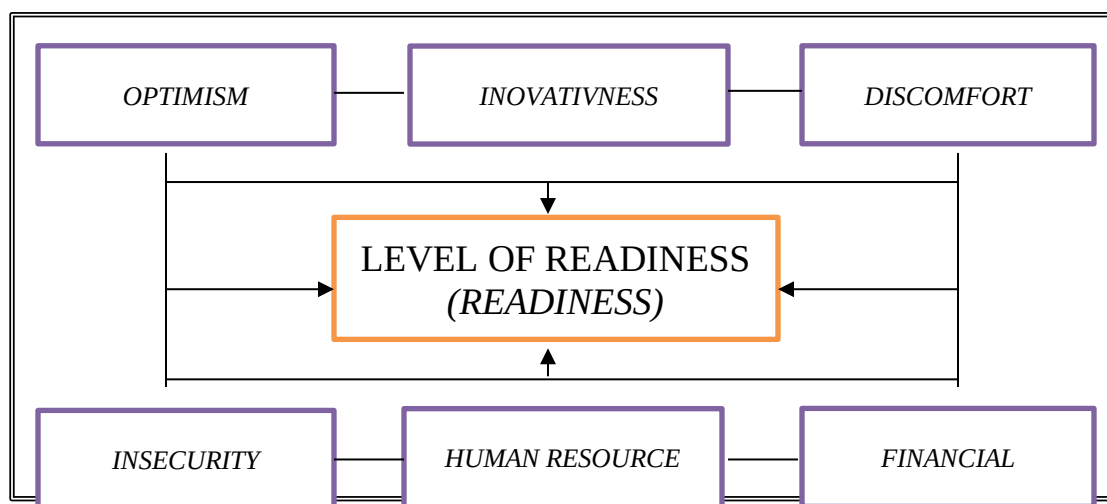
According to Parasuraman (2000) there are four important components / dimensions that can affect the level of individual readiness, namely:¹¹

1. The dimension of optimism (optimism) is defined as positive views of a technology / policy issue, and has the belief that the policy is able to overcome the problems at hand. Optimism dimensions include knowledge, attitudes, perceptions and expectations of the individual.
2. The innovation dimension (innovativeness) is innovation, which is defined as the tendency to become a pioneer, leader or opinion maker in the use of technology. The innovation dimension is in the form of ideas or ideas that have been implemented by individuals or organizations.
3. The dimension of discomfort (discomfort), the dimension of discomfort is defined as an individual's anxiety about the existing condition. With a sense of discomfort, will encourage individuals to act.
4. The dimension of insecurity, the dimension of insecurity, is a sense of helplessness towards the existing situation. Like the dimension of discomfort, a sense of helplessness will also encourage individuals to act to get out of their sense of helplessness.

The author combines the readiness assessment framework above into the dimensions of optimism, innovativeness, discomfort, insecurity, human resource and financial readiness, in order to assess the readiness of individuals in the Landak District Government's Regional Apparatus Organization in implementing the No Smoking Area (KTR) policy.



Picture 1
Readiness Dimension Component



Source: Chapnik & Parasuraman 2000

METHOD

This research was conducted at the Landak District Government Organization, West Kalimantan Province. The location selection was due to the fact that Landak Regency did not yet have a Smoking Area Policy (KTR), while the people in the area had a social culture that was close to smoking. The scope of research includes the practice of health promotion and community empowerment which aims to create public policies that are conducive to public health. This research is a case study with a qualitative approach.^{12 13}. The information extracted includes the dimensions of optimism, innovativeness, discomfort, insecurity, human resource and financial readiness dimensions, which are a combination of readiness assessment models initiated by Chapnick and Parasuraman. The population in this study were individual public policy makers in the Landak District Government both in the executive and legislative branches. Research data was collected from January to March 2020, through in-depth interviews, observation and review of planning documents owned by the Landak Regency Regional Government Organization.

The research subjects were selected using a purposive sampling method based on certain considerations made by the researchers themselves, namely based on the inclusion criteria set by the researcher. The number of subjects was 13 people consisting of the Regent, Commission C DPRD, Regional Secretary, DPRD Secretariat Legal Bureau Bureau, Head of Health Service, Head of Legal and Human Rights Division, Head of Health Promotion Section and State Civil



Apparatus working in the Landak Regency Regional Government. . Analysis of research data using content analysis techniques after all data is obtained. The steps in analyzing research data began with making a transcript of the interview results, then comparing the statements of all informants.¹²

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RESULTS AND DISCUSSION

1. Subject Overview

The informants who became the source of data in this study were 13 people, who were officials as regional policy makers in Landak Regency, namely the Regent, Chairperson of Commission C DPRD, Regional Secretariat, Head of Health Service, Head of the Legal and Human Rights Bureau of the Regional Secretariat, Head of Administration. DPRD Law, Head of the Health Promotion and Community Empowerment Section, Implementing staff for the Health Promotion and State Civil Apparatus (ASN) program who are actively working in the Landak District Government Organization.

2. Need assessment based on the dimension of Optimism (Optimism)

The results of the interview show that all informants know what is meant by the No Smoking Area Policy (KTR), all informants are supportive and hope that in the future Landak District will also implement the No Smoking Area Policy, but in the perception aspect, one of the main informants (KMN) considers that the impact Cigarette smoke is not as dangerous as drugs, so efforts to overcome it are currently not a priority in their development planning.

***KMN:** In the future we will indeed make the policy, to be honest for now it is not our priority, because if the policy is made automatically the local government must prepare a place for smokers, now the budget conditions for the provision of these facilities are not yet possible. In my opinion, the impact of cigarette smoke is not like drugs, so that problem is not our priority for now ...*

The process of implementing a policy takes place as a cycle starting from setting the agenda (agenda setting) by defining problems significantly and becoming a concern.¹⁴ The statement expressed by the KMN informant who is a regional head shows that the problem of cigarette smoke is perceived as a common thing, not as dangerous as drugs so that efforts to overcome the effects of cigarette smoke do not become a priority for the implementation of the development carried out. Parasuraman revealed that positive individual views on an issue, greatly determine what steps he will take, related to the statement put forward by the informant



above as the main leader in Landak Regency who views that the dangers of cigarette smoke are not like the dangers of drugs. It is only natural that the organization he leads has yet to take steps aimed at tackling the impact of cigarette smoke pollution.⁴

3. *Need assessment* based on the dimension of innovation (innovativnes)

It is known that based on the results of in-depth interviews and observations during the study, it was found that there were no activities that led to the implementation of the no-smoking area policy that had been carried out. At some point in the room, a smoking ban sticker has been installed, but this is ignored and there are many smoking facilities in the form of ashtrays which are scattered in almost all office corridors.

VSN:... *We, in the executive branch, have never seen any particular efforts related to smoking. Moreover, to specifically plan for a smoking ban policy in Landak District, it hasn't been around so far*

DRT:... *Aaa I myself don't see what efforts have been made, usually if there is a plan to make a regulation or policy there is usually a disposition for us to provide technical guidance regarding the making of the policy text. I don't know, it seems that the health office people know what kind of efforts they have made....*

The innovation dimension is the implementation of new ideas and the tendency to become a pioneer / initiator in implementing activities in order to overcome certain problems. More and more innovations are being carried out, showing that the readiness of individuals and organizations to implement a policy. Research findings related to the innovation aspect show that individuals in the local government organizations of Landak Regency are not ready to implement the no-smoking policy in their region.

The results of this study are in line with the results of Maharani's research (2017) which states that innovation has a positive effect on the performance expectancy of individuals and organizations. The more and more intense innovation activities are carried out, the more it shows the seriousness of individuals and organizations in realizing a policy.¹⁰

4. *Need assessment* based on the dimension of discomfort

The results of in-depth interviews on the dimensions of discomfort to the main informants show that they are familiar with the presence of cigarette smoke pollution in their workplace. While there were two additional informants who did not have a smoking habit stated that they



actually felt uncomfortable in a workplace filled with cigarette smoke pollution, but they could not do anything about this condition.

VSN: *My opinion is normal with people who smoke, I also smoke deck. But if I smoke, I usually open the ventilation in my room so that fresh air comes in...*

SBD: ... *I personally am very disturbed when someone smokes, so if someone else is smoking, I want to see me, I will definitely tell you to turn off the cigarette first, then you can meet me. It seems a little difficult because there are many smokers around us, but I think slowly we can propose to make rules, of course it must be supported by all parties. ...*

The dimension of discomfort is an anxiety, a feeling of displeasure with certain conditions. The higher the discomfort, the higher the desire for individuals to make changes in their environment.^{7 15}

The results of this study indicate that the informants who do not have a smoking habit have a feeling of discomfort with cigarette smoke pollution and are regular staff in the organization. While the main informant who is a high-ranking official in the local government organization of Landak Regency stated that cigarette smoke pollution is a common thing, therefore smoking activity at workplaces in almost all offices in Landak Regency has become a common sight. This shows that the dimension of discomfort in individuals, especially decision-making officials in Landak Regency is still low.

The results of this study are in line with the results of research conducted by Azkha (2013), which states that the successful implementation of a policy is influenced by the attitudes and behavior of leaders in the organization. Leaders must be able to be role models, so that policies can be implemented properly.⁴

5. *Need assessment* based on the dimension of insecurity (Insecurity)

Based on the results of interviews with informants related to the dimension of insecurity, it was found that the main informant's statement who was a high-ranking official in the Landak District government organization stated that so far cigarette smoke was not harmful to his health, his physical condition felt fine as long as he was an active smoker so far.

NKD: *So far, thank God I am fine, deck, so it seems that cigarette smoke is not that threatening to my health, as long as I have been a smoker I have never been sick, though...*



The insecurity dimension is a feeling of powerlessness to maintain the desired continuity in a threatening work situation. The feeling of insecurity can be concluded as a sense of threat to the current situation. Like the dimension of discomfort, the dimension of insecurity in an individual influences his attitude and behavior. The higher the sense of insecurity, the higher the potential for attitude and action to resolve the situation.¹⁵

The results show that the impact of cigarette smoke pollution is considered non-threatening. All informants considered that cigarette smoke pollution was not a threat, so that their attitudes and behaviors did not show an effort to overcome the impact of cigarette smoke pollution in their environment.

Based on the guidelines for the development of a no-smoking policy (KTR), it is necessary to conduct socialization and dissemination of information related to the issue of the impact of cigarette smoke, especially to the target of policy makers and traditional leaders and community leaders. This aims to increase knowledge and understanding regarding the impact of cigarette smoke, so that with a good knowledge and understanding of the impact of cigarette smoke on health, support and encouragement to realize a no-smoking area policy will be obtained from figures including policy makers in the district / district. city.^{3 16}

6. *Need assessment* based on the dimension of Human Resources (Human resource)

It is known that based on the results of interviews with all informants, it was found that there were no human resources specifically engaged in initiating the creation of a smoke-free area in Landak Regency. This was confirmed by the statement of the Head of the Health Office who stated that they indeed lacked human resources, both in terms of numbers and in terms of capacity / competence in the field of health promotion and community empowerment as a unit that had the main duties of advocacy, education and dissemination of health-related information.

SBD: ... *Related to human resources, especially those engaged in the Health Promotion and Community Empowerment section, I think they are still lacking, just imagine that the head of section is one person and even then his educational background is S1 Nursing which in my opinion is a bit inaccurate and only has two staff. I suspect this is the reason why our activities in the health promotion section are still lacking. So many health promotion programs are not well socialized, including this issue of KTR, we should be aggressively socializing or inviting the term leaders in Landak Regency to guarantee and support us so that the KTR policy can be implemented. But the fact is that until now there is no KTR in our place ...*



ROS:.... *If the matter of our workforce is actually really lacking, in this health office we only have three people, I give it and there are only two staff. So we are very overwhelmed in carrying out the many activities in this health promotion....*

The dimension of Human Resources (human resource) is a vital component in the process of making and implementing a public policy, including health policy. The availability of human resources is not only related to the number, but also the very determining thing is the competence possessed by these human resources.

The results of this study indicate that the Landak Regency Regional Apparatus Organization has shortcomings in the field of human resources, both in terms of number and capacity, especially in the Health Office as the leading sector for policy creation in the health sector. OPD Health Office only has three ASN people who work in the main tasks and functions of Health Promotion and Community Empowerment. This lack of human resources is considered to be one of the reasons for the not implementing the No Smoking Area (KTR) policy.

Based on the Guidelines for the Development of a No Smoking Zone Policy, the OPD of the Health Office is the main sector in the process of initiation, advocacy and dissemination of information. The availability of human resources, both in terms of numbers and competence, is a must, so that a no-smoking zone policy can be realized.³

7. *Need assessment* based on the financial dimension (financial readiness)

The results of interviews with all key informants stated that the local government organization of Landak Regency did not have a special budget to implement a no-smoking area policy. The informants knew that in order to implement the No-smoking Zone policy, they had to prepare a special place for smokers.

KMN :... *So far, the availability of funds has become our problem, because in implementing the KTR policy, we have to provide smoking areas for smokers, so for now there is no budget to provide such a place ...*

SBI:... *Everywhere the matter of funds is always a problem for us at the Health Office, many of our programs have their budgets cut, especially when there is a pandemic. In particular there is no budget for activities to create smoke-free areas ...*

Apart from the availability of human resources, the availability of funds is a determining factor in the implementation of a policy.¹⁴The results of this study indicate that the local government organizations of Landak Regency do not have enough budgets to implement a no-smoking



policy in their region. Because as a consequence of the implementation of the no-smoking area policy, the district / city government is obliged to provide smoking areas for smokers in certain designated places.

Based on the minutes of the Constitutional Court decision number 57 / PUU - IX / 2011 concerning the review of Law number 36 of 2009 concerning health. District / city governments are obliged to implement a smoking-free zone (KTR) policy in their respective regions. In implementing the no-smoking area policy, the government is obliged to provide a special smoking area for smokers. The designated smoking area as meant in the ruling must be an open space that is in direct contact with outside air, so that air circulation can run properly; separate from the main building / place / room and other rooms used for activities; far from entrances and exits; and away from where people are passing by.^{17 18 19}

RESEARCH LIMITATIONS

The limitation in this study is that the data obtained is qualitative in the form of conclusions from the statements expressed by the research subjects separately. We recommend that you do a combination of quantitative studies for better research results. So that the resulting data can be more convincing to the stakeholders in policy makers at the research location.

CONCLUSION

Based on a study conducted on the readiness component which includes aspects of optimism, innovativeness, discomfort, insecurity, human resources and financial aspects of policy-making officials in Landak Regency, it can be concluded that individual and organizational aspects. The Landak Regency Government is not ready to implement the No Smoking Area (KTR) Policy in its territory. The perceptions of individual officials in the regions determine their response to the obligation to implement a smoke-free zone policy in accordance with the mandate of law number 36 of 2009, article 115 concerning health.

SUGGESTION

The suggestions that can be given through this research are as follows:

1. Regional leaders, both in the executive and legislative branches, are expected to be willing to open up to advocacy efforts to realize a no-smoking area policy in Landak Regency.



2. The Landak District Health Office needs to immediately take initiatives so that the smoke-free zone policy can be realized in accordance with the statutory orders.
3. Further studies are needed on other factors beyond the individual and organizational aspects of policy makers related to the readiness of implementing health policies in regencies / cities.

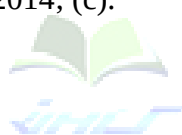
REFERENCES

1. Center for Data and Information of the Ministry of Health of the Republic of Indonesia. General Situation of Tobacco Consumption in Indonesia. 2018; Available from: file:///D:/tobacco infodatin per page.pdf
2. Ministry of Health RI. Basic Health Research 2018.2018;
3. Ministry of Health of the Republic of Indonesia. Guidelines for the Development of No Smoking Areas (KTR). RI Ministry of Health. 2011; (No Smoking Area): 52.
4. Azkha N. Study on the Effectiveness of the Application of City Regulation Policies on No-Smoking Areas (KTR) in Efforts to Reduce Active Smokers in West Sumatra 2013. 2013; 02 (04): 66.
5. Susanti A. Implementation of the No Smoking Area (KTR) Policy at the Faisal Islamic Hospital, Makassar City. Thesis [Internet]. 2018; (1). Available from: <https://repositorio.ufsc.br/bitstream/handle/123456789/186602/PPAU0156-D.pdf?sequence=-1&isAllowed=y%0Ahttp://journal.stainkudus.ac.id/index.php/equilibrium/article/view/1268/1127%0Ahttp://www.scielo.br/pdf/rae/v45n1/v45n1a08%0Ahttp://dx.doi.org/10.1016/j>
6. Waryanto Nur Hadi IN. Readiness Level (Readiness) Implementation of E-Learning in Yogyakarta City Senior High School. 2013; 10 (3): 37–49.
7. Parasuraman A. Technology Readiness Index (Tri): A Multiple-Item Scale to Measure Readiness to Embrace New Technologies [Internet]. 2000 [cited 2019 Nov 18]. Available from: <https://miami.pure.elsevier.com/en/publications/technology-readiness-index-tri-a-multiple-item-scale-to-measure-r>
8. Trisnowati H. Planning for Health Promotion Programs. Ed. I. Christian P, editor. Yogyakarta: ANDI; 2018. xviii + 302.
9. Slameto. Learning and the factors that influence it. Jakarta: PT. RINEKA COPYRIGHT; 2010.
10. Pamukti UM, Hartanto R, Winarno WW, Grafika J, Kampus N. Model of Individual Readiness Analysis in the Application of Knowledge Management in Government Agencies. 2017; 274–8.
11. Darajatun I. Article Modeling in Measuring the Use of Readiness Information Systems. 2019;
12. Sugiyono. Research Methods: Quantitative, Qualitative and R & D. 23rd ed. Sugiyono, editor. Bandung: ALFABETA, CV; 2016.



**The International Journal of Health, Education and
Social (IJHES)**

13. Sugiyono. Policy Research Methods. 1st ed. Ratri YS, editor. Bandung: ALFABETA, CV; 2017.
14. Ayuningtyas D. Health Policy: Principles and Practices. 1st ed. Ayuningtyas D, editor. Jakarta: Rajawali Press; 2015.
15. Ministry of Education and Culture. Big Indonesian Dictionary (KBBI) [Internet]. 2019 [cited 2019 Nov 24]. Available from: <https://kbbi.kemdikbud.go.id>
16. Minister of Health, Minister of Home Affairs. PBM Menkes and Minister of Home Affairs No. 188 and No. 7 on Guidelines for Implementation of Non-Smoking Areas .pdf. 2011.
17. The Constitutional Court of the Republic of Indonesia. THE CONSTITUTIONAL COURT OF THE CONSTITUTION OF THE PROBLEM NUMBER 57 / PUU-IX / 2011 PERKARA NUMBER 75 / PUU-IX / 2011 PERKARA NUMBER 6 / PUU-X / 2012 CONCERNING HEALTH, TESTING LONG-TERM STATEMENT ATTACHMENT NUMBER 17 YEAR 2007 REGARDING PLAN. 2012; (April).
18. Ministry of Law and Human Rights of the Republic of Indonesia. Law Number 36 Year 2009 Regarding Health. 2009; 31–47.
19. Ministry of Law and Human Rights of the Republic of Indonesia. Law Number 23 of 2014 concerning Regional Government. 2014; (c).



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