ISSN: 0975 -8542

Journal of Global Pharma Technology

Available Online at: www.jgpt.co.in

RESEARCH ARTICLE

The Implementation of No-Smoking Area Policy to Improve Community Health and its Relationship to the Country's Pharmaceutical Policy: A Study in Semarang City in Indonesia

Kusworo[1]*, Heru Rochmansjah[1]

[1]*Instituti Pemerintah Dalam Negeri (IPDN), Indonesia.*

***Corresponding Author: Kusworo**

Abstract

Cigarettes smoking in Indonesia is rampant despite of its harmful effects on human health and the environment, which calls for government intervention. This study examines the implementation of the No-Smoking Area Policy in increasing the degree of public health in Semarang city by focusing on the inhibiting factors of the policy, and the efforts taken by government to overcome obstacles in its implementation. The study used qualitative research with action research method. Data collection techniques were semi-structured interviews, observations, and documentation study. The data analysis technique used was the triangulation method. Findings indicate that the No-Smoking Area policy has been implemented in Semarang city but it is still in the socialization stage. There are several obstacles in its implementation that still need proper handling by the Semarang City local government, especially its health office, notably the program's implementation, compliance and responsiveness, and resources involved, including its relatedness to the pharmaceutical policy implementation. The efforts made by the city government to overcome the obstacles in the implementation of the policies include providing guidance to the entire staff of Semarang City Health Center, socialization of the policy to the community through community health units, making No-Smoking signs, stickers, leaflets, and banners, and performing activities during the celebration of the world's no-tobacco day.

Keywords: *Tobacco, Smoking and No-Smoking Area, Policy Implementation, Pharmaceuticals and Narcotics, Public health.*

Introduction

Health is an important foundation in the lives of human beings and government has the obligation to provide good basic health services to its citizens [1]. Health will support everyone to carry out various activities in realizing their desires to be achieved. Health development must be seen as a form of investment in improving the quality of human resources [2]. This is measured by the Human Development Index (HDI). The HDI can measure the qualifications of a country through the comparisons of life expectancy, literacy, education and living standards [3].

In measuring the HDI health is one of the important components besides income and education [4]. Therefore, health plays an important role in supporting economic development and in pursuing poverty reduction. Indonesia is one of the developing countries with a high commitment to improving health and welfare of its citizens [5]. This is evident in the 1945 Constitution of the Republic of Indonesia (i.e.: results of the amendment) which regulates several human rights related to health, for instance in Article 28H which states that: Everyone has the right to live in physical and spiritual prosperity, to live better life and live in a healthy environment and able to access good health services [6].

In the reference to the constitution still, the opening phases, specifically in the 4th paragraph national welfare is strictly emphasised [6]. This is a government commitment which is expressed through government efforts to improve the welfare

©2009-2020, JGPT. All Rights Reserved

of the people following the 1945 constitutional amendments on welfare and citizenship health. In addition, the state's obligation to fulfill the basic rights of the people in the health sector is also affirmed in the 1945 Constitution Article 34 paragraph (3) that states that Government is responsible for the provision of adequate health service facilities and public service facilities [6].

It means, the state is fully responsible for ensuring that the rights of all levels of society are fulfilled, including the poor and / or those unable. Thus, health development is directed at increasing public awareness and its ability to live a healthy life, so that there is an increase in the quality of human resources through the health sector [7].

It therefore can be understood that health is an indicator of compulsory government affairs, where rights, authority and responsibilities must be carried out by the regional government as an autonomous regional authority. One of the causes of poor health in Indonesian people is smoking. According to the World Health Organization (WHO) more than one billion people in all corners of the world smoke cigarettes, and more than 5 million people die every year [8]. WHO after critically analysing the dangers of smoking behavior, predicated that if the number of smokers is not suppressed by 2020, the death rate due to cigarette smoking will reach 10 million people [8].

A research carried out on basic health indicate that the prevalence of smokers in Indonesian was 29.2% in 2007, it increased to 34.7%, in 2011 rose to 36% and in 2014 the prevalence of smokers increased again to 42.8% [9]. Smoking is clearly not a healthy pattern of behavior. Cigarettes have many negative effects on health and even lead to death.

On the target of substantially reducing deaths from hazardous compounds and contamination of air and water pollution in 2030, there is need to strengthen the implementation of the WHO FCTC in all countries through the International agenda, such as the Sustainable Development Goals (SDGs) [10]. This strengthening was carried out with several strategic steps. One of them is through an increase in the percentage of districts / cities that implement the No-Smoking Area policy, with the initial reference data in 2013 of 3%, and the target for 2019 to be at least 50%; this still needs hard work to reach the set targets [11].

When viewed from the history of the formation of No-Smoking regional policies in Indonesia, it actually does not originate from the SDGs, but started with the MDGs program in 2000-2015 [12]. In an effort to easily implement the emerging and existing international policies, the Indonesian government issued a regulation on No-Smoking areas through Government Regulation Number. 19 of Year 2003 concerning Safety of Cigarettes for Health [13,14] with reference to the existing pharmaceutical policies in Indonesia [15] [6].

The local regulations on Health smoking and pharmaceuticals follows the implementation of the MDGs and SDGs program and relation to the Indonesian Law Number 36 of Year 2009 concerning Health [15]. The law discusses cigarettes which are included in addictive substances and policies regarding no-smoking areas and health smoking, which entails some of the pharmaceutical components [16].

With the desire to build and reconstruct a healthy Indonesia, the government issued a joint regulation between the Ministry of Health and Ministry of Home Affairs No. 188 / 2011 No. 7 of Year 2011 [17]. In article 7, the Ministry of Home Affairs through the Director General of Community and Village Empowerment plays the role of encouraging local governments establish and implement No-Smoking areas in their respective work environment [18][19].

However, due to the length of the regulatory drafting process in Indonesia, the MDGs target in 2015 was not maximally achieved. So, the program resumed for the next 15 years through the SDGs. The city of Semarang is one of the cities in Central Java Province that has a very high commitment to participate in the successful implementation of no-smoking policies [20, 21] in the effort to promote health living through improved narcotic and cigarette

©2009-2020, JGPT. All Rights Reserved

policies in relation to the existing pharmaceutical regulations in the region [15].

This is evident with the formulation of the 2009 Semarang city Mayor's Regulation Number 12 of Year 2009 concerning the No-Smoking Area and the Smoking Limited Areas. To improve the health status of Semarang city, the Semarang Mayor Regulation was upgraded to the Semarang City Regional Regulation Number 3 of 2013 concerning No-Smoking Areas [22].

Since, the issuance of this Mayor's Regulation and the Regional Regulation on No-Smoking areas, Semarang city local government taken varying steps, together with all its stakeholders in the health sector to provide intensive information and guidelines regarding the no-smoking policy implementation. This study therefore seeks to evaluate the implementation of no-smoking policy and its relationship to the country's pharmaceutical policy of health living.

Literature Review

Semarang City which is the Capital of Central Java Province has become a reference area spearheading the effort to encourage districts /or cities in Central Java Province to implement and contribute to the success of national and international agendas such as the previous MDGs and now the SDGs. The city administration is committed to promoting community health living and helping the provincial government plus the central government to enforce necessary and important policies, such as the no-smoking area policy and pharmaceutical policies at the grassroot of the managerial ladder in the national strata of governance [23, 24].

Policy implementation is a planned response to the Indonesian Presidential Directive No. 6 of Year 2016 about the acceleration towards the development of Pharmaceutical and Medical Equipment Industry in the country [15]. This has led to a very strong commitment from the Semarang City administration in response to the control of cigarette consumption in the surrounding districts and the cities around Central Java Province which is an autonomous region.

The application of a No-Smoking areas is important to immediately implement because cigarettes smoking consists harmful components and substance [24] which are dangerous to human life. Yet for most of those smoking, cigarettes are considered important to many. This is not only to the adult community but it is about the general population of the active smokers especially smoking students, who according to global survey, male smokers are 67%, female smokers 2.7%, children smokers aged 13-15 years 30.4%, while passive smokers are 20.3% [25,26].

Basing on the Semarang city Regulation No. 3 of Year 2013 which is a guiding policy on how to determine No-Smoking areas, there are some specific components which are considered in policy implementation, they are: achieving a clean and healthy space and environment; providing protection to the public from the direct and indirect effects of smoking; and creating public awareness about healthy living; and prohibiting or eliminating the production of sales, advertisements, promotions and / or use of cigarettes in No-Smoking areas [20][19].

The places or areas declared as smoking free areas include:

- Health service facility
- Places for teaching and learning (Education Institutions and Centres)
- Children play places inhouse and outbound.
- Places of Worship
- Public transportation
- Workplaces
- Public places, among others.

The No-Smoking Area is aimed at promoting health living in the community through efforts to administer health services. This effort does not only revolve around healing and curative, rehabilitations and therapies, but it is also a modern approach directed towards the promotion of preventive measures and patterns. Current policies emphasise caution to regulators and stakeholders by pushing for living a better life through prevention than encouraging treatment [16]. In other words, the policy is telling the public to be health than seeking for treatments and therapies due to diseases that can be controlled and prevented.

©2009-2020, JGPT. All Rights Reserved

Thus, the No-Smoking policy is considered as a strategic policy to suppress and prevent the increase in mortality rates and the number of people who suffer from Non-Communicable Diseases caused by smoking [27]. Health care institutions that implement No-Smoking policies include hospitals, maternity homes, polyclinics, health centres, pharmacies, and such other health care facility [28].

One of the problems that arise as a result of the application of No-Smoking areas is the persistent number of people who have continued to smoke in the area of health service facilities in Semarang City. This is a result of the socio-cultural component which comprise of habits from the community, mindset, environment, and still a lack of public awareness of the dangers of smoking. Even though there have been appeals to the community in the form of socialization through warning signs such as banners, posters, or leaflets that have been taped. But the community seemed to ignore it. In addition, in these health care facilities there are also people who have suffered from smoking-related illnesses, both those who are hospitalized and those who are being consulted.

This lack of public awareness can be seen from the many violations committed by the community by smoking in the health service areas in Semarang City. This is because the Regional Regulation of Semarang City No. 3 of 2013 has not penalized perpetrators, leaders or those responsible for No-Smoking Regions who do not carry out their obligations as stated in administrative sanctions, then according to Article 33, they can be threatened with imprisonment for a maximum of 3 (three) months and or a maximum fine of Rp. 50,000,000 (fifty million rupiahs).

This study is based on the limitation of the problem as stated earlier, thus the formulating the problem as follows: 1. How is the implementation of the No-Smoking area policy in improving the health status of the people in Semarang City? 2. What factors influence the inhibition of the implementation of No-Smoking area policies in improving the health status of the people in Semarang City? 3. What is the appropriate solution for overcoming the No-Smoking policy implementation in impediments in Semarang City?

Since the Regional Regulation on No-Smoking Areas was implemented in 2013 until now, there is still fostering of the community through a socialization approach, from observations and documents that have many violations committed mainly by visitors both in health centres and hospitals, often only given sanctions in the form of verbal reprimands. In addition, the absence of the involvement of the Civil Service Police Unit actively in enforcing the Semarang City Regulation is also another obstacle which has led to the No-Smoking area policy increasingly being regarded as a mere slogan for the people of Semarang City. Regulations that cover how important public health and the dangers of smoking are regulated from policies that are very basic starting from the 1945 Constitution affirming the rights of citizens of being able to carry out a prosperous life both physically and mentally and reside and enjoy environmental conditions that support their health.

At policy level, laws relating to health and the dangers of smoking as well as mandatory affairs in service regulations are Law Number 23 of 2014 in public places without paying attention to the existing government regulation especially Law Number 36 of Year 2009 concerning Health [29].
At the level of policy implementation, there are several policies in place which include: Government Regulation Number 19 of Year 2003 concerning Cigarette Safeguards for Health [14], Government Regulation Number 109 of Year 2012 concerning Safety of Materials Containing Addictive Substances in the Form of Tobacco Products for Health [18], Joint Regulation of the Minister of Health and Minister of Domestic Affairs Number 188 / 2011 Number 7 of 2011, concerning Guidelines for Implementing No-Smoking Areas [17], Minister of Health Regulation Number 40 of 2013 concerning Road Map for Controlling the Impact of Smoking for Health Period 2009-2024 [19] and the Regional Regulation of Semarang City Number 03 of 2013 concerning No-Smoking Areas [11].

As a point of analysis, the Grindle theory uses the first problem statement [30]; the content of the policies include: interest of the

©2009-2020, JGPT. All Rights Reserved

target group, type of benefit, degree of desired change (extent of change envisioned), location of decision making (site of decision making), program implementation, resources involved or committed. Secondly, the Implementation of Environmental related policies (context of implementation) include: power, interests, and strategies of actors involved (Power, interest, and strategies of actors involved), characteristics of institutions and authorities (institutions and regime characteristics), and Compliance and responsiveness.

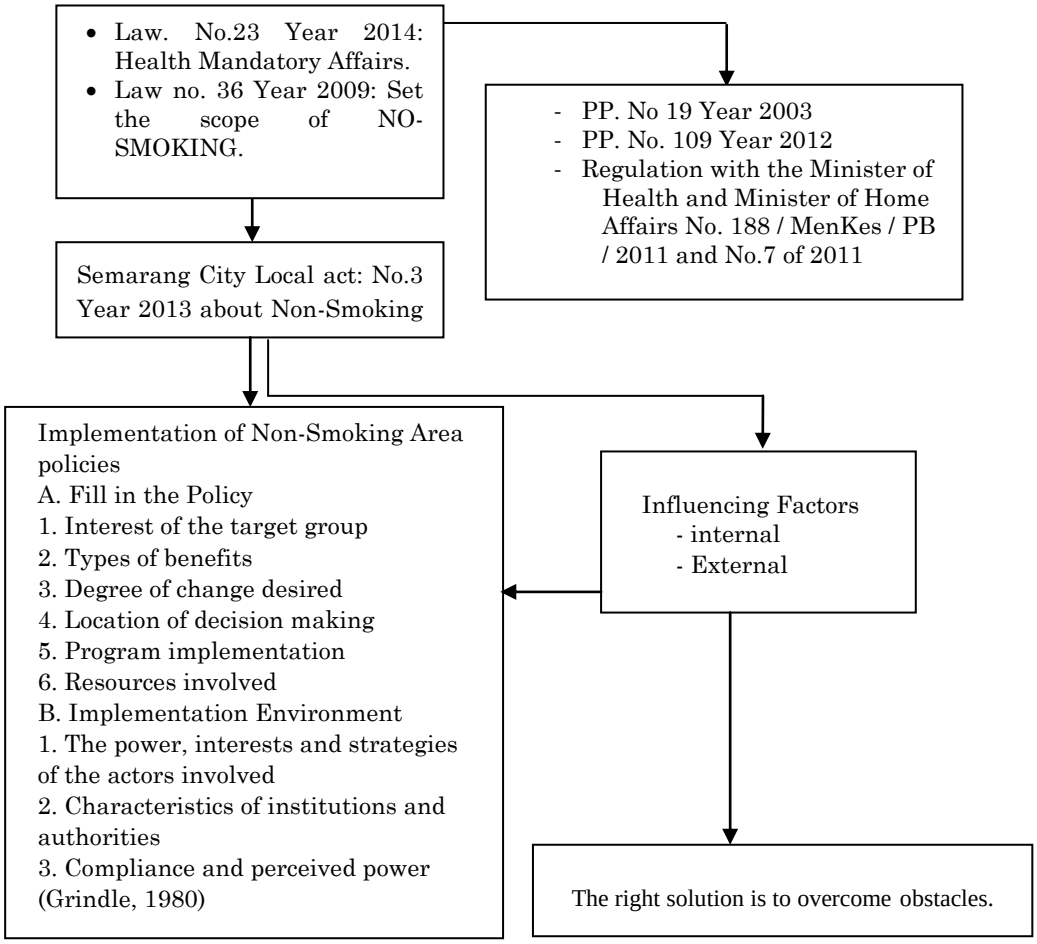

Figure 1: An Illustration of policy framework on smoking and narcotics in relation to pharmaceutical health products

As an analysis point to establish the effective way which could influence the implementation of the No Smoking Area policy for the improvement of public health in Semarang City, the study combines the findings that have been operated basing on Grindle's theory [30] supported by secondary data and observations that led to the implementation of the No Smoking Area policy [11] [16][17-21].

Method

In the effort to find the appropriate way to overcome obstacles as the answer to policy implementation, the study uses policy evaluation and analysis approach through qualitative techniques. The study was conducted using action research. According to Carr and Kemmis [31], Maxwell [32] and Burns as cited by Madya [33] interpreting action research as "A form of collective self-reflexivity carried out by participants in social situations to improve educational practice reasoning and justice and their social practices, as well as their understanding of their practices and the situation in which these practices are carried out. The data was collected using observations, interviews and the study of the document techniques. Data analysis in this study was conducted using the triangulation approach.

Analysis and Results Fulfilling the Policy

If viewed from the aspect of fulfilling the interests of the target group, namely the general public, indicating the support of the stipulation of the No-Smoking policy, the implementing parties agreed that this policy

©2009-2020, JGPT. All Rights Reserved

was intended for the wider community, so that it was not the group's interests but the interests of the community, so that the community fully supports the implementation of this policy, in order to create a healthier environment.

It is known that the correlation between the rate of Non-Communicable Diseases and the number of active smokers has never been studied in the relationship between the two. But Community Health Center leaders assume that there seems to be a correlation between the two. The above matter certainly will benefit the community as the object or target of this policy. With the reduced number of sufferers of Non-Communicable Diseases caused by these unhealthy behaviors, the government will be able to save money in the field of health that can be transferred to treatment and / or revamping health facilities and infrastructure for the people of Semarang City. By repairing the health facilities and infrastructure, they will get maximum treatment for the entire city of Semarang, which will certainly be appropriate for them.

The results show that the non-smoker Semarang City community also supports the No Smoking Area policy. Almost all passive smokers feel disturbed by active smokers who smoke around them. To implement No-Smoking policies in accordance with the objectives of expectations of a good degree of change, there must be support from the community. Most of the active smokers stated that they had the desire to stop being smokers. So that the authors are optimistic that this No-Smoking policy will run well in the city of Semarang. It is known that regulatory changes that are expected to bring about people's behavior are strongly influenced by the example of the apparatus in Semarang, that all necessary components must take responsibility for making changes, even if viewed from the main tasks and role functions. Health technical implementers such as health centers in the city of Semarang.

The No-Smoking program implementer is very clear that socialization is a task and function in the field of Health Promotion, which is the mandate of the Semarang City Health Office that has been running so far, only what has not been maximized is the implementation of the main tasks and functions of each program implementer, especially the element of enforcing the provisions in the No-Smoking policy.

This No-Smoking policy must be upgraded to a priority program implemented by the Semarang City Health Office. So that in its implementation there are human resources and financial resources that are truly clear, because in reality now this policy is more integrated with other programs like the Clean and Healthy Behavior Program.

Implementation Environment

The power, interests and strategies of the actors involved various strategies carried out by the parties involved in the No-Smoking policy, the Semarang City Health Service have made various efforts so that this policy can truly be conveyed to the public. Likewise, Community Health Centers made several efforts that help in socializing and providing additional understanding by the community. The strategy can be seen in the table below.

Table 1: Data presentation about city administration, strategy and results

	Actor	Strategy	Results
1	Mayor	Symbolic Submission of No-Smoking Area Plaques to all Community Health Centers in the City area	The implementation of No-Smoking policies in all Community Health Centers Semarang City legally.
		Establishing a No-Smoking Area in Semarang City after the issuance of the Semarang City Regional Regulation No. 3 of 2013	Implementation of No-Smoking policies in all SKPD and All Districts / Sub-Districts legally.
		Prohibiting smoking for civil servants and non-civil servants in workplaces within the Semarang City Government	Reaffirmation of the total implementation of smoking activities in the Semarang City government.

©2009-2020, JGPT. All Rights Reserved

2	Semarang City	Helping the Health Office to succeed in the PHBS program in Semarang City	- *Pakarti* Main Champion 1 in 2015 & 2016
		Socialization of No-Smoking Areas by distributing leaflets with sweets, disseminating information on No-Smoking, and tips on stopping smoking through banners and direct counseling (05/31/2013)	Increased level of public understanding
		No-Smoking policy outreach was included in the PHB program.	Increasing the number of people who have PHBS
		Making leaflets, posters, book notes, and banners about Not Smoking	Increased public knowledge
		Health promotion cadres training in all health units	Increased skills of experts
		Providing assistance with technology tools to facilitate information display in all Semarang City Health Centers	Increased public enthusiasm to see the various kinds of information displayed.
4	Health Units	Providing counseling to the community every Monday for one month in order to provide information on the main themes of health to the community.	Increased public knowledge
		Hold a grunt of "turn off cigarettes" on public facilities on world tobacco day	Increased public knowledge
		Making leaflets, posters and banners about No-Smoking policies	Increased public knowledge

Source: Results of Data Processing by the Author

Characteristics of Institutions and Authorities

Exemplary at the supervisor's office developed in the agency under Community Health Centers, which showed that in the three Community Health Centers that were used as observations the authors were able to implement the No-Smoking policy properly. Likewise, some people who were the informants of the author said the point was that they already knew the smoking ban in the Community Health Centers area, which is one of the health service facilities, so that this policy had been developed and supported by a good environment, namely the health agency more broadly implemented so that people really get a clean and healthy environment

Compliance and Perceived Power

The observations of compliance in the Office in general have been carried out, on the contrary it is precisely after the completion of working hours that compliance is not based on high awareness as can be seen in the table as follows.

Table 2: Observation results on compliance in No-smoking areas

No.	Implementer/ Policy Target	Observation Frequency	Number of violators	Observation results	Interpretation
1.	Semarang City Health Office staff	Seven hours	-	-	Obey
2.	Semarang Tugu Health Center staff	One hour	-	-	Obey
3.	South Semarang Community Health Center staff	One hour	-	-	Obey

©2009-2020, JGPT. All Rights Reserved

4.	Gunungpati Health Center staff	One hour	-	-	Obey
5.	General public	After working hours	1 offender	1 offender	Disobey
Number of Offenders			**1 Person**	**High responsiveness and compliance**	

Source: observation data processed by the author

From the table above, it can be concluded that the community in the No-Smoking area for health service facilities has high compliance with the policy. This can be seen from the absence of violations that occurred during the observation carried out by the author. Violations only occur once, even if they are done outside the working hours of the community.

Normatively, the implementation of the No-Smoking policy is analyzed by Regional Regulation No. 3 of 2013, the factors that influence the implementation of No-Smoking policies cover many things, but the authors make exceptions to some items due to limitations in research. The influential factors include 1) Rights, 2) Obligations, 3) Prohibitions, 4) Community Participation, 5) Guidance and Supervision, and 5) Sanctions.

Maximizing the duties and functions of the field of health promotion at the Semarang City Health Office and Community Health Centers in providing innovative learning / education. Advertisement campaigns on television broadcasts in general and innovative shows can appear on television in the waiting room of health service facilities. These shows can contain the dangers of smoking, the effects of smoking activities, or financial losses resulting from a lifestyle that cannot be separated from smoking activities.

Increasing the participation of the community, so that the Semarang City Health Office completes the process of submitting suggestions in accordance with the provisions to the community either through leaflets, posters, banners, etc. Then on the signs, telephone numbers can be listed to enlist suggestions and reports from the community. Besides that, enforcement of Regional Regulations can be stepped up.

Semarang City Health Office can apply No-Smoking Policy Broadcasts through automatic SMS when people enter a No-Smoking area so that the public is automatically notified that they are in a No-Smoking area. This further increase people's knowledge of the scope of the No-Smoking policy. There needs to be an understanding on the part of each stakeholder on their duties in the implementation of the No-Smoking policy. Implementation activities should be then coordinated with each other so that a pattern of checks and balances exist in the implementation of the No-Smoking policy.

Conclusion

Implementation of the No-Smoking Areas policies, where the implementers in the Health Office normatively base on Semarang City Regulation No. 3 of 2013, has not run optimally. There are still fundamental obstacles to the implementation of this policy, among others, the provision of information to the public that is still less innovative, the responsiveness of the community that is still low in responding to existing No-Smoking policies, the lack of good coordination between in terms of supervision, a task force has not been formed to enforce the policy and sanctions cannot be made on violators.

The No-Smoking policy contained in the Semarang City Regulation No. 3 In 2013, still has obstacles in its implementation in the field. While in terms of the policy environment there are still shortcomings in its implementation. Where the strategy of the actors involved has been done quite a lot and has produced results. However, the community's responsiveness to No-Smoking policies is still lacking.

Semarang City Regulation No. 3 of 2013 listed the actors involved, but in the implementation, these actors have not carried out their duties and responsibilities to the fullest. One of the reasons is because there are not yet technical guidelines for the actors in carrying out the policy.

©2009-2020, JGPT. All Rights Reserved

Whereas based on the policy environment, the obstacles found include the creation of a community environment that is truly responsive to the policy, resulting in apathy towards the environment. The form of a solution to overcome obstacles in policy implementation is strengthening the Semarang Mayoral Regulation Number 12 of 2006 on No-Smoking areas, Semarang City Regional Regulation No. 3 of 2013 has content that involves many existing resources. While in terms of the policy environment, there has been an improvement, where initially this policy was only a symbol, but after a strong commitment from the Mayor through the Health Office as the leading sector and supported by other stakeholders in its implementation. Even though it is not optimal, community compliance with the applicable regulations has grown.

References

1. Stanhope M and Lancaster J. (2013) Foundations of Nursing in the Community, 4th Edition: Community-Oriented Practice. United States of America: Elsevier Inc.
2. Karagiannis N and Madjd-Sadjadi Z (2007) Modern State Intervention in the Era of Globalisation: New Directions in Modern Economics series. Books, Edward Elgar Publishing, number 12536.
3. Nübler Irmgard (1995) The Human Development Index revisited, Intereconomics, ISSN 0020-5346, Nomos Verlagsgesellschaft, Baden-Baden, 30(4):171-176,
4. Ghislandi S, Sanderson CW and Scherbov S (2019) A Simple Measure of Human Development: The Human Life Indicator. Population and Development Review 45(1): 219-233.
5. WHO. (2016) WHO Country Cooperation Strategy Indonesia 20142-019. Indonesia.
6. Adriansyah, R. (2015). SJSN Bidang Kesehatan: Amanah UUD 1945 yang Dipercepat. Available at https://www.kompasiana.com/drrizkyadriansyah/552865cf6ea834b30c8b465c/sjsn-bidang-kesehatan-amanah-uud-1945-yang-dipercepat.
7. Syaharudin, Y. (2015). Analisis Kebijakan Publik: Teori dan Aplikasi. Praya: Penulisan Buku Literatur IPDN Tahun 2015.
8. WHO. (2019). WHO Report on the Global Tobacco Epidemic, 2019: Offer Help to Quit Tobacco Use. Available on https://www.who.int/tobacco/global_report/en//.
9. Bader, P., Boisclair, D and Ferrence, R. (2011). Effects of tobacco taxation and pricing on smoking behavior in high risk populations: a knowledge synthesis. International Journal of Environmental Research and Public Health, 8(11):4118-4139.
10. UN. (2015). Transforming Our World: The 2030 Agenda for Sustainable Development: A/RES/70/1.Available at https://sustainabledevelopment.un.org/post2015/transformingourworld/publication.
11. Kemenkes (2013) Petunjuk Teknis Upaya Berhenti Merokok pada Fasilitas Pelayanan Kesehatan Primer. Jakarta: Kementerian Kesehatan RI.
12. Yuliandari D (2015) Implementasi Peraturan Daerah Kota Palembang No 7 Tahun 2009 Tentang Kawasan Tanpa Rokok. Skripsi. Bandar Lampung. Program Sarjana Hukum, Universitas Lampung.
13. Ernijati S (2007) Pengendalian Epidemi Penyakit Jantung Koroner melalui Pengelolaan Faktor Lingkungan dalam Kusdwiratri Setiono dan Johan S. Masjhur (Eds.) Manusia, Kesehatan dan Lingkungan: Kualitas Hidup dalam Perspektif Perubahan Lingkungan Global. Bandung: PT. Alumni.
14. PP (2003) Peraturan Pemerintah Nomor 19 Tahun 2003 Tentang Pengamanan Rokok Bagi Kesehatan.
15. Anggraeni G (2020) Indonesia to Issue Local Content Regulation for Pharmaceutical Sector. Available on https://www.ssek.com/blog/indonesia-to-issue-local-content-regulation-for-pharmaceutical-sector.
16. Paun C (2019) Big Pharma battles Big Tobacco over smokers: Drugmakers want e-cigarettes to be regulated as medical products. Available at https://www.politico.eu/article/big-pharma-battles-big-tobacco-over-smokers/.
17. Peraturan Bersama Menteri Kesehatan dan Menteri Dalam Negeri Nomor 188/Menkes/PB/I/2011 Nomor 7 Tahun 2011 Tentang Pedoman Pelaksanaan Kawasan Tanpa Rokok.
18. Peraturan Pemerintah Nomor 109 Tahun 2012 Tentang Pengamanan Bahan yang Mengandung Zat Adiktif Berupa Produk Tembakau Bagi Kesehatan.
19. Peraturan Menteri Kesehatan Nomor 40 Tahun 2013 Tentang Peta Jalan Pengendalian Dampak Merokok Bagi Kesehatan 2009-2024.

©2009-2020, JGPT. All Rights Reserved

20. Peraturan Daerah Kota Semarang Nomor 3 Tahun 2013 Tentang Kawasan Tanpa Rokok.
21. Pemerintah Daerah Kota Semarang dalam Angka, 2016, Badan Statistik Kota Semarang.
22. Muhammad, F., Suharizal and Hilaire, G.G.T. (2020) Community Participation in Regional Regulation Number 8 of 2009 concerning Non-Smoking and Non-Smoking Areas in the Padang Panjang City. International Journal of Multicultural and Multireligious Understanding, 7(3):143-155.
23. WHO. (2008). Our cities, our health, our future: Report to the WHO Commission on Social Determinants of Health from the Knowledge Network on Urban Settings Acting on social determinants for health equity in urban settings.
24. Wulan RW, Susanna D and Dharmawan Y (2016) Effects of Smoking Cessation Counseling using Anti Nicotine Citrus Candy on Behavioral Changes of Active Smokers in Meteseh Subdistrict, Semarang City, Indonesia, The 2nd International Meeting of Public Health 2016.
25. Rukmi S (2019) Tobacco Use and Adolescents in Indonesia: Narrative Review of Determinants, KnE Life Sciences. DOI: 10.18502/kls.v4i10.3709.
26. Kominfo (2013) Bahaya Merokok Bagi Generasi Muda. Jakarta: Kementerian Komunikasi dan Informatika RI.
27. Peraturan Pemerintah Nomor 19 Tahun 2003 Tentang Pengamanan Rokok Bagi Kesehatan.
28. Undang-Undang Republik Indonesia No. 36 tahun 2009 Tentang Kesehatan.
29. Undang-Undang Nomor 23 Tahun 2014 Tentang Pemerintahan Daerah.
30. Grindle, S. M. (1980). Politics and Policy Implementation in the Third World. (pp. Vii-Viii). PRINCETON, NEW JERSEY: Princeton University Press. doi:10.2307/j.ctt1m323qj.2.
31. Carr, W and Kemmis, S. (1986). Reviewed Work*:* Becoming critical: Education, knowledge and action research, Falmer Press, 249.
32. Maxwell, T.W. 2003. 'Action Research for Bhutan?', Rabsel III, 1-20.
33. Madya, S. [2007]. Teori dan Praktik: Penelitian Tindakan. Yogyakarta: Alfabeta.

©2009-2020, JGPT. All Rights Reserved