|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **SOSHUM**  ***Jurnal Sosial dan Humaniora***  **[Journal of Social Sciences and Humanities]**  Volume 9, Number 1, 2019  p-ISSN. 2088-2262e-ISSN. 2580-5622  ojs.pnb.ac.id/index.php/SOSHUM/ | | |  |
| Community Perception of Smoke-Free Policy in Depok City, Indonesia  **Krisna Puji Rahmayanti 1🖂 , Arfah Habib Saragih2 and Murwendah3**  1 Department of Public Administration, Faculty of Administrative Science, Universitas Indonesia  23 Department of Fiscal Administration, Faculty of Administrative Science, Universitas Indonesia  🖂 Prof Prajudi Atmosudirjo Building, 2nd Floor, Faculty of Administrative Science, Universitas Indonesia, Depok, West Java,  Indonesia-16424  E-mail: [krisnarahmayanti@ui.ac.id](mailto:krisnarahmayanti@ui.ac.id) | | | | |
| **Article Info**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *History Articles*  Received:  Dec. 2018  Accepted:  Jan. 2018  Published:  March 2019  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Keywords:*  Smoke-free, Perception, Policy Implementation.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **ABSTRACT**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  This study aims to analyse the perception of a targeted group on smoke-free policy, one of the university community service program. Several studies have shown that smoke-free policy is an effective tool to reduce the prevalence of smoking and minimize the risk factor of cigarette consumption. Depok City in West Java, Indonesia, is a city that has started to implement smoke-free policy since 2015. However, this city is still dealing with criticisms about the weakness of the program. This is a qualitative study, which is conducted through one focus group discussion which involved 28 informants from the community members. This result of this study will be employed as a baseline for further study, i.e. collaborative governance research. The result of this study showed that the majority of the informants understand the harmful impact of smoking, but some of them are not aware of the existence of the smoke-free policy. Depok City involves the community members to conduct monitoring and evaluation during its implementation stage. However, this study found that the informants are not well informed about this role and monitoring channels are not easily accessible. This study proposes to Depok City government to build information and communication platform for the community members reporting their monitoring and evaluation of the smoke-free policy. As technology develops, there are many mechanisms to share the information and communicate with people or organization which potentially increase the positive interaction between the community members and the government of Depok City. The presence of communication channels is important in aligning the community perception and the policymaker's point of view.  © 2019 Politeknik Negeri Bali | | |
|  | | |  | |

## INTRODUCTION

The smoke-free policy is globally recognized as the policy that overcomes the high number of cigarette consumption and smoke exposure. Several studies in some countries found that smoke-free policy decreases the cigarette consumption and smoke exposure which help to minimize the risk factor caused by the cigarette (Partnership for Prevention, 2007; Task Force on Community Preventive Services, 2001; Hahn EJ, 2010). Empirical evidence in Indonesia also support these findings which underline the urgency to expand smoke-free policy enactment and implementation (Byron, 2013: 232).

Furthermore, the severe condition related to the high number of cigarette consumption in Indonesia encourages the existence of the smoke-free policy. Based on the WHO database in 2017, Indonesia has the highest proportion of smokers with 76% of men, aged 15 and up. This number indicates that most of the men in Indonesia have habitual activity as active smokers. Besides that, the high number of cigarette consumption increase the possibility of passive smokers. Meanwhile, at the provincial level, West Java Province is the Province with the highest smoking prevalence in Indonesia for over 10 years of age (Riskesdas, 2013). The high number of smoking prevalence in West Java Province shows that efforts to overcome this problem at the level of District / City Government are very important, including among others the role and efforts of the Depok City Government. In order to overcome these problems, the government of the Republic of Indonesia has obliged all the government levels to establish the smoke-free policy to minimize the harmful effect of the cigarette consumption to the population through Law of Health in 2009.

Ministry of the Health Republic of Indonesia defines smoke-free policy or *Kawasan Tanpa Rokok* (*KTR*) as the area or room which prohibit smoking or activity that produce, sell, advertise, and or promote tobacco product. The enactment of the smoke-free policy is an effort to protect the citizen from harmful effect because of smoke exposure caused by the cigarette in the environment. The smoke-free policy aims to decrease diseases number and or the number of death caused by cigarette by changing the behaviour of the people to live a healthy life, improve work productivity, create good and clean air condition, minimize smokers significantly and prevent young smokers. The smoke-free area includes school or education institution, playground, worship place, health facility, public transportation, working space, public space, and the other places which set as a smoke-free area to protect people from cigarette smoke.

Depok City is one of regency in Indonesia which has implemented the smoke-free policy. Based on Law No 15 Year 199 Depok become a city which considered as buffer city in the area of Jabodetabek (Jakarta, Bogor, Depok, Tangerang, and Bekasi City). Currently, Depok has significant economic growth which reaches 7.51% annually. Based on Government Regulation No 26 the Year 2008 about *Rencana Tata Ruang Nasional* (National Land Use Plan), the regulation encourages Depok as national activity centre in the area of “Jabodetabekpunjur” (Jakarta - Bogor - Depok - Tangerang - Bekasi - Puncak Cianjur). As an emerging and prospective city in the development in *Jabodetabekpunjur* and having the proximity with Jakarta, Depok get many supporting and encouragement to develop faster as national activity centre (Sulistyaningrum, & Sumbrata, 2018). On the other hand, Depok needs to consider economic and social aspect especially related to health issue by implementing the smoke-free policy.

Local Government Regulation No 3 the Year 2014 about Smoke-Free Policy regulates smoke-free area in Depok City. Further regulation of the smoke-free area is in the Mayor Regulation No 126 the Year 2016 about Technical Guidance and Monitoring about The Smoke-Free Policy (Pemerintah Kota Depok, 2015). Generally, these regulations regulate the smoke-free arrangement in Depok based on central government regulation. In all stages of the policy-making, Health Agency in the Depok City need to has the initiative to coordinate with the other stakeholder to attain effective implementation and monitoring stage. Therefore, this policy needs multi-stakeholder coordination to get the same understanding and perspective related to the implementation process of the smoke-free policy. In this regard, Health Agency in the Depok City responsible for coordinating the implementation of the smoke-free policy and monitoring the effectiveness of the smoke-free regulation.

Health Agency in the Depok City has monitored the implementation of the smoke-free policy and conducted direct control (sudden observation - *sidak*) not only in the public places but also in the government building such as *Balai Kota* (Town Hall) and agency building which collaborate with *Satuan Polisi Pamong Praja*/*Satpol PP* (Civil Service Police Unit) of the Depok City (Pemerintah Kota Depok, 2015). Besides, Health Agency also conducts socialization about smoke-free policy to the society especially to seven leaders of the smoke-free policy network who include the businessman, public transport manager, related agencies, and so on. The socialization also underlines about punishment for these stakeholders or smokers who disobey the regulation. Therefore, the government hopes the stakeholders make written prohibition to not smoking in the smoke-free area such as in the sticker, and leaflet (Virdhani, 2014).

Even though the government of Depok City has enacted the smoke-free policy since 2014 and implemented the regulation since 2015, there are many critiques about this regulation mainly about the insignificant impact of the smoke-free policy to the problems of high prevalence and smoke exposure (Malau, 2015a). Generally, the critics complained about the policy implementer have not post-prohibition of smoking in the sticker, written, or the other media. This condition is believed as a factor that makes people do not aware of the smoke-free area. The other critics also underline about the lack of socialization of the policy and monitoring process to the policy. The problem in the monitoring stage often come from smokers who still smoke in the smoke-free area even there was a sign of smoking prohibition.

The perception of the people toward policy is crucial that can influence all cycles of the policymaking. Public policy is the manifestation of the actor’s interest, so the stakeholders’ perception of the policy will influence policy making or implementation. Therefore, it is vital to have the same understanding of stakeholders’ perception which helps to identify whether the perception rises from ideal rationality or bounded rationality (Knill & Tosun, 2012: 83). The rational model requires the actors to have complete information and can make a proper and suitable decision. Meanwhile, bounded rationality makes actors challenging to decide because of limited information.

In the policy implementation, the perception between ideal rationality or bounded rationality is needed to define society as the targeted of policy and actors. Rational perception of the society to the urgency of policy will make them support the implementation stage, particularly in the collaborative governance scheme. Collaborative governance is a system of interaction between public sector and non-state actors in the process obtaining a formal decision making (Walter & Petr, 2000: 495), consensus-oriented (Connuck & Ines, 2003; Seidenfeld, 2000), and consultative which aim to make or implement a policy or manage a program or public asset (Ansell & Gash, 2008: 544; Ansell & Torfing, 2014). In this study, a clear understanding of the targeted group perception toward smoke-free policy can support the repetitive and linear process of policy implementation to attain targets. Therefore, this study aims to identify the perception of the society to the smoke-free policy in Depok City. The analysis will help to understand the perspective of the non-state actors especially targeted group in defining the role and the urgency of the smoke-free policy.

## METHODS

This study uses a qualitative approach by conducting a focus group discussion. The research chooses a qualitative approach because this approach is suitable to understand people’s view, feeling, and opinions (Krueger, 2005). The focus group discussion has two objectives about the knowledge of the community member to the smoke-free policy in Depok City and the perception of the community member to this policy.

This study holds one focus group discussion as this is a preliminary study of the community perception toward smoke-free policy. In this first focus group discussion, particularly invited community members above 13 years’ old who live in Tapos village. The researcher invited all the member of the community a week before the time of discussion through the head of the *Rukun Tetangga* (community group). There were 28 informants RT 02 RW 05 Tapos Village, Depok City from who attended focus group discussion. The researchers moderated the discussion and collaborated with resource person from a medical doctor to clarify and answer medical related questions.

Prior to the discussion, this study distributes several demographic questions about age, education level, marital status, number of children, job, and preference for smoking. According to the result of statistical analysis, all of the informants are women, and the majority are either non-smoker (26 informants) or not declare of the smoking preferences (2 informants). The age of distribution of the informants indicates that the majority of them are 41-50 years old at 14 years old as the youngest and 68 years old as the oldest. Majority of the informants completed elementary school (34.5%), while the other informants either completed senior high school (27.6%) or completed junior high school (27.6%). No informants have graduated from university level, and 67.9% of informants stated that housewife as their job. There are 85.7% of informants have married with one to four children (75%).

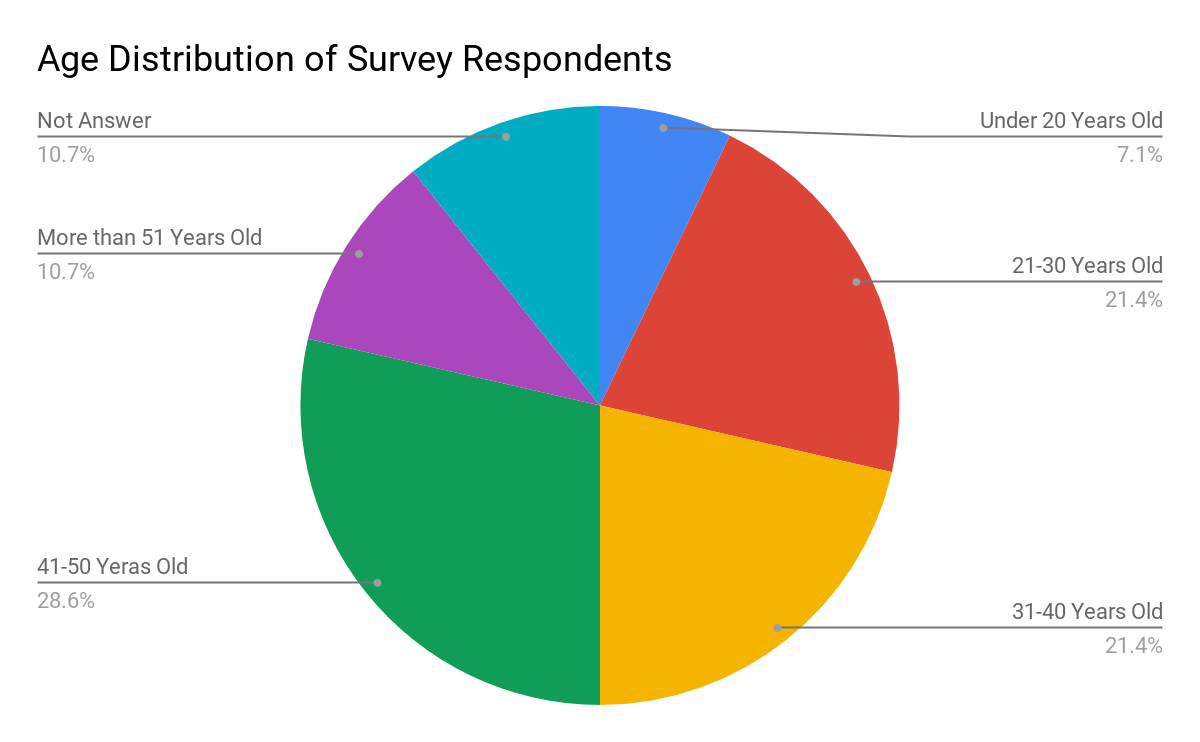


Chart 1: Age Distribution of Informants

Source: The analysis of the demographic form, 2018

Besides distributing demographic question form, there was a focus group discussion guideline based on the objectives which were used by the researcher to moderate the discussion. Demographic data compiled from the survey was analysed through statistic tools in Microsoft Excel. Also, this study conduct desk research to triangulate and analyse primary data.

## RESULTS AND DISCUSSION

The Law of Health instructed preventive actions to tackle cigarette consumption because the cigarette is categorized as an addictive component by enacting a smoke-free policy in all government's level. Considering the increasing knowledge of the people about the danger of smoking, it is not surprising that the result of the interview to 28 informants in the targeted community indicates that all the informants understand the harmful effect of the cigarette consumption. There are many kinds of socialization about the danger of smoking in for example in the pictorial health warning outside cigarette package, and in the television. A recent study in Palembang and Bogor also found that the society understands that tobacco use may increase bad impact on the health (Kaufman, Merritt, Rimbatmaja, & Cohen, 2014: 998). Even the survey finds that the informants understand about the danger of smoking, but the survey indicates that 53.6% of the informants stated that they had not got socialization about the danger of smoking or cigarette smoke exposure from the government of Depok.

The same result also can be seen in the experience of the targeted group to socialization about smoke-free policy in Depok City. There are 60.7% of the informants claimed that they had not got any socialization about the policy. Meanwhile, in the smoke-free policy in Depok, there is a clause that the socialization in various mechanisms is government mandatory. The Government of Depok enacted the smoke-free law in 2014 through Local Government Regulation No 03 the Year 2014 about the Smoke-Free Policy and Local Government Leader’s Regulation No 126 the Year 2016 about Technical Guidance about Monitoring and Controlling of Smoke-Free Area.

After enacting and before implementing this policy, several publications mentioned the effort of the government of Depok to increase people awareness about the smoke-free policy (Republika, 2014; Republika, 2014b). The Health Promotion Unit in Health Agency of Depok City stated that they focused on increasing socialization in the smoke-free area which involves seven stakeholders such as health facilities, education building, public spaces, working space, playground, worship places, and public transportation (Hasanah, 2015). They also published a public service announcement in an outdoor billboard in Margonda Raya Street (Kartosomo, 2015). The monitoring regulation justifies the action of the *Satuan Polisi Pamong Praja/Satpol PP* (Civil Service Police Unit) The Government of Depok that punished 17 persons who smoke in the smoke-free area and 30 tenants that provide astray in 2015 (Malau, 2015b). *Satpol PP* was also active to give information about the smoke-free policy (Suaradepoknews, 2016).

The absence of the socialization related to the policy in the targeted community shows that the current effort the government of Depok to disseminate the information about this policy has not spread equally. To increase the effectiveness of the socialization, the government of Depok need to consider to invite not only agencies, public spaces management (mall), schools, hospitals, health stakeholders, and universities but also improve the communication to the people like the grass root level of the policy implementation.

The smoke-free policy in Depok gives an active role to the society as the monitoring agent. In the article 37 to 41 in the smoke-free policy in Depok City, the society, individually or as a group, has the power to report and monitor the implementation of the smoke-free policy. The article 41 mentioned that the government of Depok City responsible for disseminating the role of the society. However, the result of the survey shows that socialization as a necessary role of the government based on the smoke-free policy has not been implemented mainly in the targeted group. The targeted group is people in RT 02 RW 05 *Tapos* Village, *Tapos* Sub District, Depok City, West Java Province. Socialization of the policy is an essential step in the policy implementation to avoid asymmetric information between policy makers and the society as the main actors in the policy implementation. Considering the smoke-free policy mandate that underlines the role of the society which has an active role as the policy implementer. The active role of the people mainly in the monitoring process. The result of the survey indicates that the informants have not aware that they have an active role in the monitoring process as 67.9% of the informants stated that there is no socialization of this role. Given the importance of the role of society make the same understanding to articulate the smoke-free policy is very important.

Even though there is limited socialization in the targeted group area, but 79% of the informants’ brave to warn smokers who are smoking in the smoke-free area. A few informants who stated that they were not brave to warn the smokers because they were shy. The survey illustrates that the majority of the informants have experienced warning people to not smoking in the smoke-free area (71% of the informants). Moreover, the informants think that written prohibition is not enough to stop smokers. These findings support the statement of the informants who said that they are willing to support and involve in the implementation of the policy. This finding also strengthens the previous study in Palembang and Bogor which underline the support of the smokers and non-smokers to the smoke-free policy (Kaufman, Merritt, Rimbatmaja, & Cohen, 2014).

The informants who are mother or women concerned with the high smoke prevalence. The data found that there is 64% of the informants who live with smokers which increase their concern. In general, women, children, and toddlers in Indonesia are the most exposed group of cigarette smoke in the home. The exposed 0-4-year-old child is 56% or equivalent to 12 million children exposed to second-hand smoke (Ministry of Health, 2013). Children smokers in Indonesia is also high which make the amount places Indonesia as the fourth highest country in the world in the percentage of male smokers (13-15 years) with a score of 41% under Papua New Guinea (52.1%), Palau (51.9%), and Samoa (42.2%) ( Tobacco Atlas, 2001). Even if there is a high occurrence of second-hand smoke, there is still a problem related to the lack of awareness about the danger of second-hand smoke and also limited number of smoke-free policy make women and children prone to illness due to cigarette smoke (Nichter, 2010).

Not only about the issue of the secondhand smoke, but also smoking behaviour among children become another issue. An interview with an informant found that she is worried about the behaviour or her son who are always smoking even he is still a student. This concern suitable with the previous study about male and female smoking behaviour in Depok which found that smoking behaviour has a significant relationship with the academic score among male adolescents (Kusumawardhani & Suhardi, 2011). A recent study in Jakarta also found that the family role also takes part in the smoking behaviour among children which underline that the most influential factor that influences smoking behaviour are high parental approval on tobacco use and low parental control (Septiono, & Meyrowitsch, 2014). These recent studies indicate that in the implementation of the smoke-free area, the role of society as a large and a family are critical to prevent high smoking behaviour especially for children.

Besides the fact of the survey result, Depok has a strong policy which shows that the Child-Friendly City District Regulation strengthens the smoke-free area for the benefit of the children. Through the Depok City Regional Regulation Number 15 of 2013 concerning the Implementation of Child-Friendly Cities, the Depok City Government guarantees the right of children to grow and develop (KLA, 2018). Ratification of the Regional Regulation (*Perda*), the Depok City government is committed to developing a development system and public services from the City Government with support from parents, family, community, private, and children's forums to fulfil children's rights. The rights of the child referred to are the rights of the child as stated in the convention of children's rights which must be guaranteed, protected, and fulfilled by the City Government with the support of parents, family, the private sector, and the community.

The ratification of this Child-Friendly City Regulation is in accordance with the initiation of the Child-Friendly City Program (KLA) which was launched by the Ministry of Women's Empowerment and Child Protection (KPPPA). KPPA issued Ministerial Regulation No. 11 of 2011 concerning Development Policy for Decent Districts / Cities. There are 24 indicators of Child-Friendly Cities divided into five clusters as can be seen in Figure 1. One of the clusters is basic health and welfare with an indicator of Non-Smoking Areas (KTR), including without advertising, promotion and sponsorship of cigarettes. In this case, the Depok City Government in the KLA Regional Regulation has included healthy rights for children as one of the basic rights of children that must be fulfilled in the KLA implementation. In particular, the Depok City Government stipulates that children are entitled to the health and welfare of children and special protection rights are two of the five children's rights guaranteed by the government in both physical and non-physical forms. This right is in order to ensure that children reach the highest standards of living in terms of physical, mental, spiritual, moral and social, such as reducing child mortality, increasing life expectancy, nutritional standards, health standards, education standards and environmental standards.

The challenges of the implementation of the smoke-free policy also portrait the condition of the smoke-free implementation nationally. Indonesia's journey to reduce cigarette consumption and control the smoke-free policy face many obstacles. Regarding the regulation, since the issuance of Health Law in 2009 many districts, cities, and provinces have not adopted the smoke-free policy. Moreover, the smoke-free policy in all regions is still weak compared to the external forces that encourage the increasing prevalence of smoking. This indication shows that smoke-free policy has high linkage with the commitment of the local government leader. The firm commitment of the local administration leader is urgently required to overcome these obstacles.

Local government leader needs to increase tobacco control activities besides enacted smoke-free policy. One criticism as well as powerfully conveyed amongst the tobacco control activist that although there are smoke-free areas the onslaught of advertising, sponsorship, and promotion that became a cigarette marketing manifestation is very high. The weak implementation of the smoke-free policy in Indonesia is in line with the results of smoke-free policies compliance which indicates that Indonesia’s level of compliance is minimal (WHO, 2017).

Besides there are regions without a smoke-free policy, there are also phenomena of law enforcement of the smoke-free policy. The Special Region of Yogyakarta is one example as an area that already has an entirely smoke-free area but still allows cigarette advertisements. The provincial and district level in Yogyakarta in line with decentralization of the authority in Indonesia allow the tobacco industry to advertise its products throughout the region (Prabandari & Dewi, 2016).

Advertising is one-way the tobacco industry to sell their products to various segments by describing cigarettes as a form of cultural change, modernity, and globalization (Prabandari & Dewi, 2016: 2). This cigarette advertisement is very dangerous for youth because advertising encourages young people to smoke. Related to this problem, tobacco control activities which consist of academician, NGO, and professional organizations are already express their critics and advice to ban tobacco industry advertising (Sebayang et al, 2012).

From a policy perspective, the movement of tobacco control faces pressure. Weak regulation of tobacco control in Indonesia because there is no firmness of attitudes taken by stakeholders in this regard. On the other hand, the strength of the tobacco industry from the economic and lobbying sectors poses a significant challenge in tobacco control in Indonesia. A study provides evidence that the cigarette industry through various promotional and sponsorship activities and through different organizations that became extensions influenced policymaking in Indonesia in tobacco control (Hurt et al., 2012). Often the discussion becomes increasingly unclear because it compares the income interests of the tobacco industry currently in Indonesia with the prevalence of smoking. Revenue from the tobacco industry becomes a bargaining power that is directly enjoyed by the government.

These conditions are a common condition because Indonesia has a high number of smokers. There are three things that should be of mutual concern to answer the voice of the community and resolve the problem of high consumption of cigarettes in Indonesia. First, the government should implement a comprehensive tobacco control policy in all regions in Indonesia. Based on the 2013 Basic Health Research data, smoking prevalence rates in Indonesia continue to increase and reach 36.3% for residents over the age of 15 years. This amount puts Indonesia as a country with the highest number of male smokers compared to the average in developing countries in the world (Tobacco Atlas, 2013). Responding to this, Law No. 36 of 2009 concerning Health has mandated that the regional government develop a Non-Smoking Area (KTR) policy. However, in fact, there are still districts/cities/ provinces that have not yet developed KTR policies. Among local governments that have implemented KTR policies also do not fully have comprehensive efforts so that public places, workplaces, places of worship, playgrounds or children's gatherings, public transport, teaching and learning environments, and health facilities are free from smoking activities, producing activities, selling, advertise or promote tobacco products.

Second, cigarette consumption in children and poor family’s needs to be responded to with constructive policies. The price of cheap cigarettes and unsupervised sales that often make children able to buy retail cigarettes greatly makes children vulnerable to exposure to cigarette smoke and the target of novice smokers. The BPS survey in 2017 found that consumption of poor households against cigarettes became the second contribution to poverty in both urban and rural areas. We also need to remember that the age at which smoking starts is also getting younger. There are 55.4% of smokers in Indonesia start smoking at the age of 15-19 years and 18% start smoking at the age of 10-14 years. This alarming condition requires efforts to monitor the sale of children and the expensive price of cigarettes as one of the fiscal policy instruments that must be chosen by the Government. The increase in cigarette excise that has been happening in Indonesia needs to be increased, especially by increasing the retail selling price for all types of cigarettes. So far, the Government has increased cigarette excise but this increase is not significant compared to the ability of the community and children who have been addicted to buying cigarettes.

Third, the KTR policy and excise tax increase should also be followed by a ban on advertising. The ban on cigarette advertisements is currently regulated even though it only regulates broadcast time limits in the media. Even this rule still needs support, especially in regulating outdoor advertising and advertisement insertion in media broadcasts from the cigarette industry activities which are currently categorized as non-advertisement broadcasts. Outdoor advertising, including advertisements and promotions in the teaching and learning environment, is still prevalent when we meet in strategic corners including near schools in both urban and rural areas.

This condition shows that there is still a gap between the voices of people who want to control cigarette consumption and the facts we face together. For this reason, there needs to be a follow-up which in this case requires collaborative governance between the government, academics, community organizations, school equipment, and the community. The government, in this case, should show a commitment to control cigarette consumption by implementing KTR, raising excise taxes, and prohibiting cigarette advertisements to protect the public, especially for those from poor families and children. Local governments at the provincial and regional levels should also implement the implementation process of this policy so that it does not only end in policy documents. Comprehensive efforts from all elements of the government will ultimately support the government in achieving development targets, especially in achieving the Sustainable Development Goals and Nawacita targets.

These processes are of course the role and support of other elements including academics, community organizations, school and community tools needed. Preventive efforts in the form of socialization to the public and the will to dare to put pressure on policymakers so that the pro-people need to be expressed in the public discussion so as not to evaporate into anxiety that does not lead to policy. The policy is a choice of the government and the legislature to show its alignment with sustainable development that is useful not only for the present but also for Indonesia's future generations. For this reason, academics, community organizations and the community as constituents must be brave to help and criticize the entire process.

## CONCLUSION

The analysis of the questionnaire from the targeted community indicates that there is an urgency to strengthen the smoke-free policy, though the community members understand the harmful effect of the cigarette or passive smoker. The urgency specifically lies in gaining the same understanding and perception between policymakers and the people. The smoke-free policy gives an active role to the people as the policy implementer. However, the result of the survey proves that the process to involve the targeted group is still limited, for example, the absence of the socialization. Considering the spirit of the targeted group to support this policy, strong effort to increase the knowledge and capacity of all actors are essentials, especially in improving the effectiveness of the policy implementation. The result of this study indicates that the policy implementation of the smoke-free policy has not become a public discussion of the society. Therefore, creative ways to increase its exposure is important, such as using digital media to campaign about this policy. This may not only increase the information exposure, but also improve the existing communication channels, especially the ones familiar to the targeted group. As technology develops, there are many social media platforms or messaging platforms that can provide solution.

A**CKNOWLEDGEMENTS**

This publication is part of a community service program supported by *Direktorat Riset dan Pengabdian Masyarakat Universitas Indonesia* through UI *Peduli Aksi program* 2018.

## REFERENCES

Ansell, C., & Gash, A. (2008). Collaborative governance in theory and practice. Journal of public administration research and theory,18(4), 543-571.

Ansell, C., & Torfing, J. (2014). Collaboration and design: new tools for public innovation. Chapter dalam buku Public Innovation Through Collaboration and Design. Editor Christopher Ansell & Jacob Torfing. Oxon: Routledge

Byron, M. J., Suhadi, D. R., Hepp, L. M., Avila-Tang, E., Yang, J., Asiani, G., Rubaeah, Tamplin, S., Bam, T., & Cohen, J. E. (2013). Secondhand tobacco smoke in public venues in three Indonesian cities. Medical Journal of Indonesia, 22(4), 232.

Hahn EJ. 2010. Smokefree legislation: a review of health and economic outcomes research. American Journal of Preventive Medicine 39: S66–76.

Hasanah, Nurul. (2015). Dinkes Optimalkan Sosialisasi 7 Kawasan Tanpa Rokok. Download file from https://www.depok.go.id/03/03/2015/03-kesehatan-kota-depok/dinkes-optimalkan-sosialisasi-7-kawasan-tanpa-rokok

Hurt, R. D., Ebbert, J. O., Achadi, A., & Croghan, I. T. (2012). Roadmap to a tobacco epidemic: transnational tobacco companies invade Indonesia. Tobacco control, 21(3), 306-312.

Kartosomo, Suparni Jumar. (2015). SOSIALISASI KAWASAN TANPA ROKOK PEMKOT DEPOK DI MARGONDA. Download file fromhttp://pasangmata.detik.com/contribution/75936

Kaufman, M. R., Merritt, A. P., Rimbatmaja, R., & Cohen, J. E. (2014). ‘Excuse me, sir. Please don’t smoke here’. A qualitative study of social enforcement of smoke-free policies in Indonesia. Health policy and planning, 30(8), 995-1002.

KLA, 2018. Indikator KLA. Retrieved from http://www.kla.id/indikator-kla/pada 13 Maret 2018

Knill, Christoph & Tosun, Jale. (2012). Public Policy A New Introduction. Hampshire: Palgrave Macmillan

Krueger, A., R., Casey, M., A. (2005). Metoda Focus Grup. Iai: Editura Polirom

Malau, Budi Sam Law. (2015a). Penerapan Perda Tanpa Rokok di Depok Lemah. Editor Hertanto Soebijoto. Depok: Warta Kota. Download file from http://wartakota.tribunnews.com/2015/10/02/penerapan-perda-tanpa-rokok-di-depok-lemah.

Malau, Budi Sam Law. (2015b). 17 Orang Terkena Razia Rokok di Dua Mal di Depok. Download file from http://wartakota.tribunnews.com/2015/10/08/17-orang-terkena-razia-rokok-di-dua-mal-di-depok?page=2Editor: Andy Pribadi

Ministry of Health (2013). Basic Health Survey. Jakarta: Badan Penelitian dan Pengembangan Kesehatan Ministry of Health Republic of Indonesia

Nichter, M., Nichter, M., Padmawati, R. S., & Ng, N. (2010). Developing a smoke free household initiative: an Indonesian case study. Acta obstetricia et gynecologica Scandinavica, 89(4), 578-581.

Partnership for Prevention, 2007: 7). Partnership for Prevention. (2007).Smoke-free Policies: Establishing a Smoke-Free Ordinance to Reduce Exposure to Secondhand Smoke in Indoor Worksites and Public Places: an acTion Guide. Washington DC, United States of America: Partnership for Prevention.http://www.prevent.org/data/files/initiatives/smokefreepolicies.pdf

Pemerintah Kota Depok. (2015). Perda Kawasan Tanpa Rokok Terus Diterapkan. Depok: Pemerintah Kota Depok. Download file from https://www.depok.go.id/04/12/2015/03-kesehatan-kota-depok/perda-kawasan-tanpa-rokok-terus-diterapkan

Prabandari, Y. S., & Dewi, A. (2016). How do Indonesian youth perceive cigarette advertising? A cross-sectional study among Indonesian high school students. Global health action, 9(1), 30914.

Pusat Promosi Kesehatan. 2011. Pedoman Pengembangan Kawasan Tanpa Rokok. Jakarta: Kementerian Kesehatan Republik Indonesia.

Republika. (2014a). Depok Gelar Seminar dan Sosialisasi Kawasan Tanpa Rokok. Download file from https://www.republika.co.id/berita/nasional/jabodetabek-nasional/14/12/08/ng7pl6-depok-gelar-seminar-dan-sosialisasi-kawasan-tanpa-rokok

Republika. (2014b). Jelang Penerapan Kawasan Tanpa Rokok, Pemkot Depok Gencar Sosialisasi. Download file from https://www.republika.co.id/berita/nasional/jabodetabek-nasional/14/12/13/nghfcu-jelang-penerapan-kawasan-tanpa-rokok-pemkot-depok-gencar-sosialisasi

Sebayang, S. K., Rosemary, R., Widiatmoko, D., Mohamad, K., & Trisnantoro, L. (2012). Better to die than to leave a friend behind: industry strategy to reach the young. Tobacco control, 21(3), 370-372. p.370

Seidenfeld, Mark. (2000). Empowering stakeholders: Limits on collaboration for flexible regulation. William and Mary Law Review 41:411.

Septiono, W., & Meyrowitsch, D. W. (2014). Family role towards smoking behaviour among Children in Jakarta. Kesmas: National Public Health Journal, 9(1), 58-63.

SuaraDepokNews. (2016). Satpol PP Kota Depok Sosialisasikan Perda No. 3 Tahun 2014 Kawasan Tanpa Rokok. Download file from http://suaradepoknews.com/satpol-pp-kota-depok-sosialisasikan-perda-no-iii-tahun-2014-kawasan-tanpa-rokok/#

Sulistyaningrum, S., & Sumabrata, J. (2018, March). Transit Oriented Development (TOD) index at the current transit nodes in Depok City, Indonesia. In IOP Conference Series: Earth and Environmental Science (Vol. 126, No. 1, p. 012217). IOP Publishing. Download file from Transit Oriented Development (TOD) index at the current transit nodes in Depok City, Indonesia

Task Force on Community Preventive Services. (2001). Recommendations regarding interventions to reduce tobacco use and exposure to environmental tobacco smoke. American journal of preventive medicine, 20(2), 10-15, https://doi.org/10.1016/S0749-3797(00)00297-Xpage48

Tobacco Atlas. (2011). Smoking Among Youth. Diunduh darihttp://www.tobaccoatlas.org/topic/smoking-among-youth/

Virdhani, Marieska Harya. (2014). Kawasan Tanpa Rokok Mulai Efektif di Depok 2015. Jakarta: Okezone.com. Download file from https://lifestyle.okezone.com/read/2014/12/04/481/1074861/kawasan-tanpa-rokok-mulai-efektif-di-depok-2015

Walter, Uta, and Christopher Petr. 2000. A template for family centered interagency collaboration.Families in Society: The Journal of Contemporary Human Services 81:494–503.

World Health Organization. (2017). WHO report on the global tobacco epidemic 2017: Monitoring tobacco use and prevention policies. Download file from https://cloudfront.escholarship.org/dist/prd/content/qt8nw5p0zt/qt8nw5p0zt.pdfpage 142