

Proceeding of the 1st International Symposium of Public Health

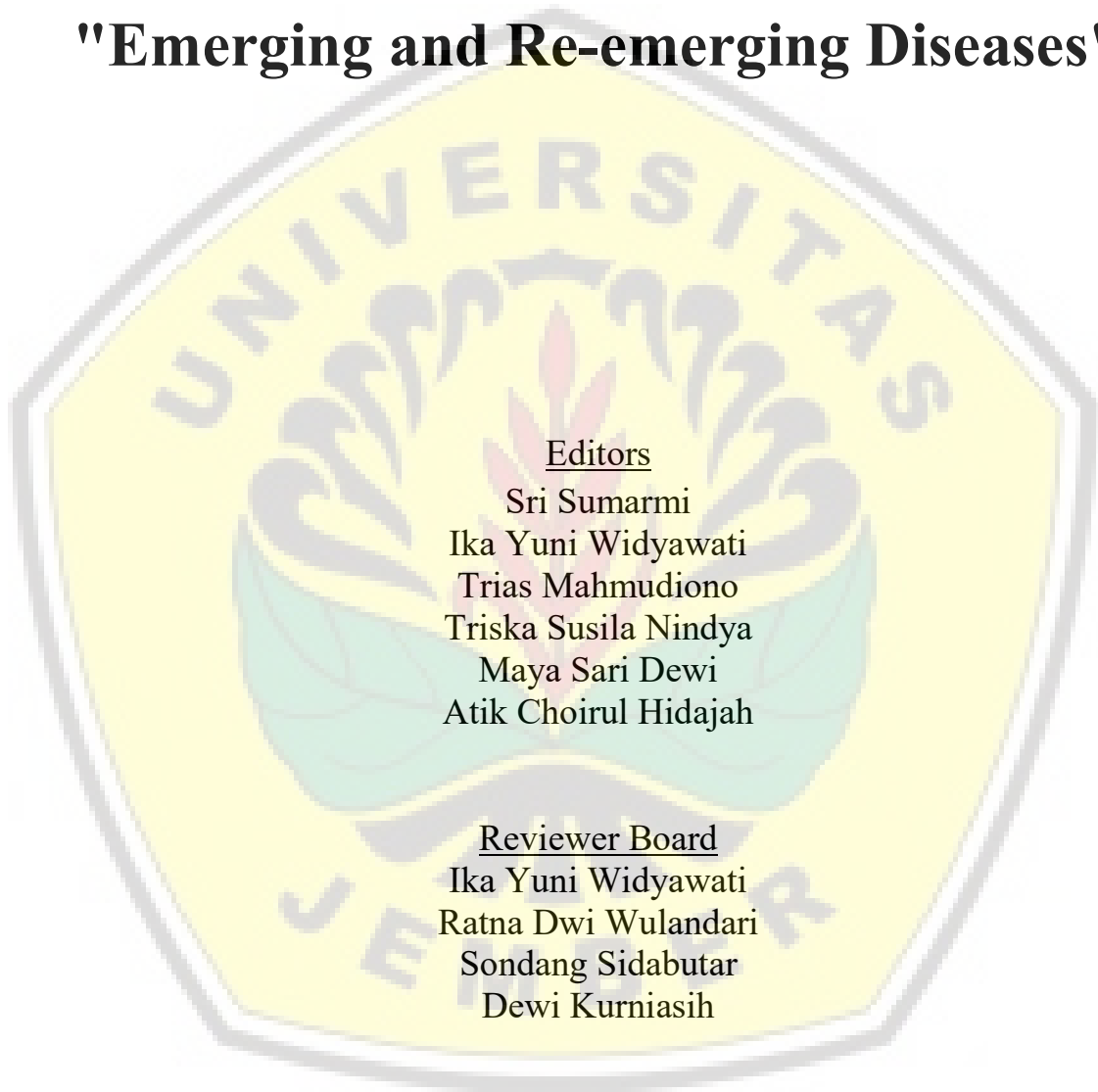
"Emerging and Re-emerging Diseases"



Editors

Sri Sumarmi
Ika Yuni Widyawati
Trias Mahmudiono
Triska Susila Nindya
Maya Sari Dewi
Atik Choirul Hidajah

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Reviewer Board

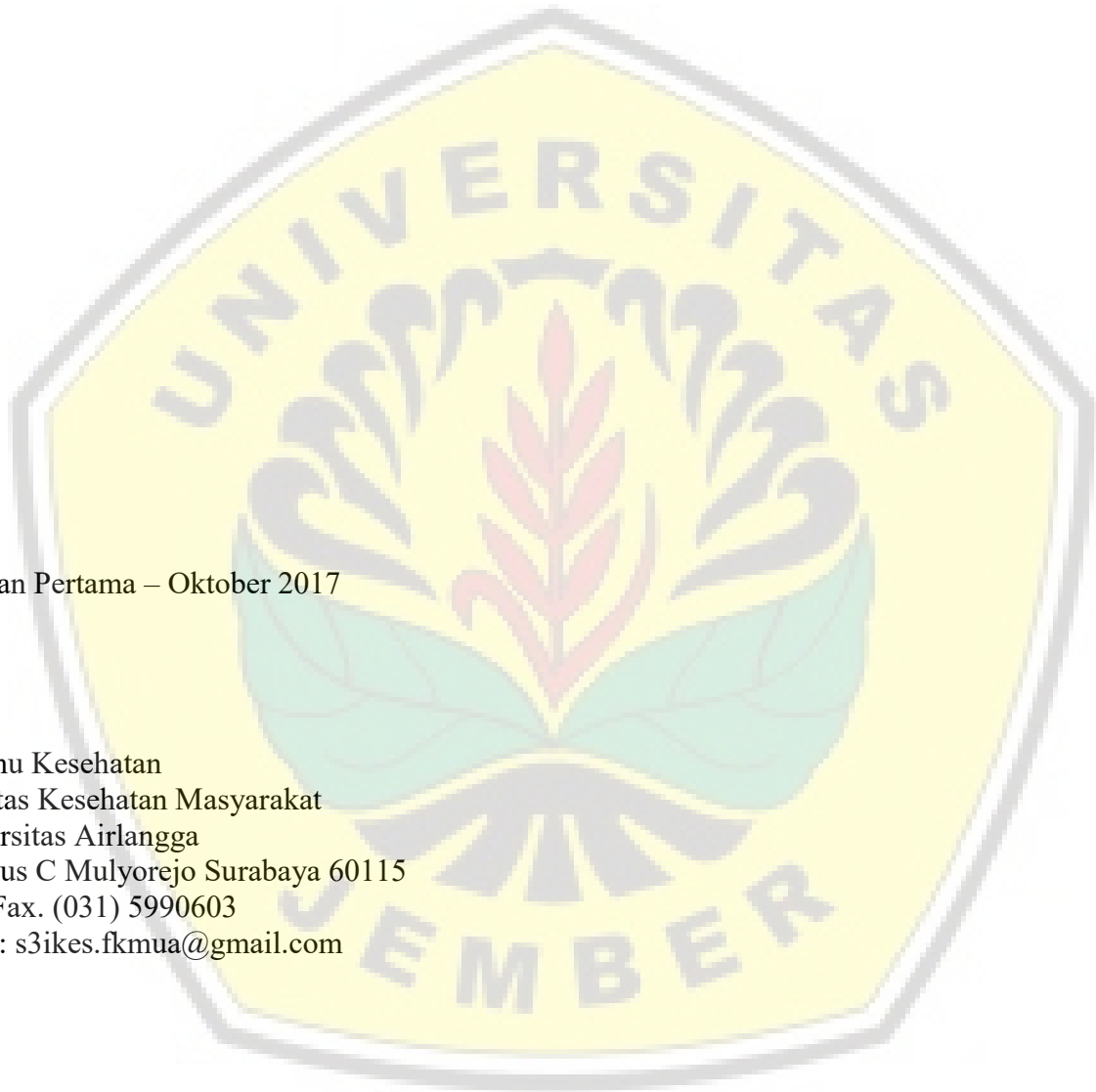
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Sondang Sidabutar
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**S3 Ilmu Kesehatan
Fakultas Kesehatan Masyarakat
Universitas Airlangga**

Proceeding of the 1st International Symposium of Public Health, "Emerging and Re-emerging Diseases"

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Cetakan Pertama – Oktober 2017

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ISBN 978-602-61293-0-7

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WELCOME MESSAGE

Assalamu 'alaikum warahmatullahi wabaraqatuh

I wish you all a warm welcome to Surabaya Indonesia.

It is a great pleasure for me to invite you in the 1st International Symposium of Public Health, held by Faculty of Public Health, Universitas Airlangga. This remarkable event is conducted by Doctorate and undergraduate program of Faculty of Public Health, Universitas Airlangga in collaboration with Airlangga Health Science Institute and Smart FM Surabaya. It's an honor to present "Emerging and Re-emerging Diseases" focusing on Zika virus as the main theme of our Symposium, as Zika being a new emerging disease in asia region.

The aim of this symposium is to disseminate the strategic planning of Indonesian Government, particularly the Ministry of Health, to prevent the transmission of Zika virus as well as the global and regional regulation. In relation to this matter, we invite Minister of Health as keynote speaker and also foreign expert: Professor Cordia Chu from Griffith University, Australia, but, unfortunately in this opportunity Professor Chu with a great regret can not come physically to Surabaya, due to a combination of critical family and urgent business. Instead, she likes to nominate Mr. Febi Dwirahmadi, SKM, MSc.PH, PhD to share the scientific knowledge about managing and Handling Zika in Community Setting. We also invite Dr. Pang Junxiong Vincent from National University of Singapore, who are going to discuss about the epidemiology of Zika, as well as Professor Nasronudin to present the role of Universitas Airlangga in research development.

The committee also invite the audience to submit abstracts in several sub themes in public health areas. We are expecting of two hundreds (200) participants, with at least ten percent (10%) coming from foreign countries and ninety percent (90%) from local participant coming from various region in Indonesia. There are a hundred and seven (107) abstracts were submitted, and then eighty nine (89) abstracts were accepted. From the accepted abstracts, there are fifty two (52) abstracts were accepted as oral presentation, and thirty seven (37) are presented as poster. This symposium was devided into two sessions, the plenary session and panel oral presentation. It is designed in such way, so that the delegates from various countryies or provinces, could share their local experience and best practices and discover ideas for strong regional initiatives.

At last, we would like to acknowledge for all parties which are provide the valuable materials as well as financial support for the successful symposium. As chair of organizing committee, I would also like to say deep thank you for all committees; my colleagues, and also students in faculty of Public Health Universitas Airlangga, who have been working to be part of a solid team and amazing committee.

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To all of audience, thank you very much for your participation in this symposium, I hope you enjoy not only the symposium but also the sparkling city of Surabaya.

Wassalamu 'alaikum warahmatullahi wabaraqatuh

Sincerely,

Chair Person

Dr. Sri Sumarmi, SKM, M.Si





UNIVERSITAS AIRLANGGA

Rector's Official Address
in
INTERNATIONAL SYMPOSIUM OF PUBLIC HEALTH
"Emerging and Re-emerging Disease"
November 30, 2016

Assalamu'alaikum wa-rahmatullahi wa-barakatuh.

May the peace, mercy and blessings of Allah be upon you.

Alhamdulillah! Praise be to Allah and along with this gratefulness let us also send *shalawat* and *salam* to our Prophet Muhammad SAW (Praise Be Upon Him): *Allaahumma shalli 'alaa Muhammad wa 'alaa aali Muhammad*. May Allah give mercy and blessings upon Him.

Ladies and Gentlemen,

The world always advances along with its challenges including in medical field. There are emerging diseases which have just occurred recently such as the one caused by Zika virus. There are also re-emerging diseases for the ones we assumed have been eradicated but they occurred again such as measles and polio.

Special for diseases related to Zika virus, some countries have declared a state of emergency. WHO even declared Zika virus transmission in South America as international public health emergency. Regarding the matter, for the global Zika virus epidemiology development, we regret to learn that information on Zika virus is limited such as on the risks, diagnosis, and the transmission method of the virus. In short, Zika virus has continued to spread and become a global precedence.

Therefore, this "INTERNATIONAL SYMPOSIUM OF PUBLIC HEALTH" is very welcomed and I appreciated the theme, "Emerging and Re-emerging Disease". I believe the communities, academic or general public will achieve benefits from the symposium results.

Ladies and Gentlemen,

Through this symposium, we are expected to get explanation and updates on measures to handle the "Emerging and Re-emerging Disease". The explanation is expected to give new insights for us to improve the quality of life as the demand to better quality of life, free from diseases, is even higher.



UNIVERSITAS AIRLANGGA

Hopefully, this event works as an effort to spread the knowledge and also functions as an input for the policy maker in medical field.

I would like to express my deepest gratitude to all participants, either domestic and from other countries, also to the committee and other parties who support this international symposium. I hope that our active participations can bring success to this seminar and they are regarded as act of kindness.

By saying grace: "*Bismillahirrahmanirrahim*", I officially open the "INTERNATIONAL SYMPOSIUM OF PUBLIC HEALTH" on "Emerging and Re-emerging Disease".

May this symposium be a success, run well and all the objectives achieved. Let us advance together to a better life in all aspects, especially in Public Health.

Have a great symposium and continue success!

Wassalamu'alaikum wa-rahmatullahi wa-barakatuh.

Rector of Universitas Airlangga,

Prof. Dr. Moh. Nasih, SE., MT., Ak., CMA.
NIP. 196508061992031002.

TABLE OF CONTENT

WELCOME MESSAGE (Chair Person)	iii
RECTOR'S ADDRESS (Rector of Universitas Airlangga)	v
TABLE OF CONTENT	vii
1 HUSBAND AND WIFE'S PARTICIPATION IN INCREASING THE NUMBER OF MALE ACCEPTOR ON FAMILY PLANNING PROGRAM IN MAKASSAR CITY <i>Andi Muhammad Multazam</i>	1
2 UNDERSTANDING BARRIERS OF CONTRACEPTIVE USE AMONG WOMEN IN INDONESIA <i>Dwi Martiana Wati, Andrei Ramani, Iken Nafikadini</i>	7
3 THE INFLUENCE OF EDUCATION WISH AND DRIVE METHODS ON THE BEHAVIOR OF CERVICAL CANCER WITH IVA METHODS IN SEMAMPIR VILLAGE, KEDIRI, EAST JAVA <i>Eko Winarti, Lina Kartika Sari</i>	13
4 THE RELATIONSHIP OF MIDWIVES PERSUASIVE COMMUNICATION ON MOTHER'S ATTITUDE IN GIVING BREASTFEEDING IN SUDIANG PUBLIC HEALTH CENTER, MAKASSAR CITY <i>Fairus Prihatin Idris</i>	20
5 THE ROLE OF PERCEIVED BEHAVIORAL CONTROL FOR DEVELOPMENT PATIENT SAFETY CULTURE <i>Mirrah Samiyah, Widodo JP., Thinni Nurul R.</i>	26
6 MINDSET AS COPING MECHANISM IN RITUAL HEALING OF ETHNOMEDICINE DAYAK PARAMASAN MERATUS <i>Muhammad Anshari</i>	32
7 FAMILY CENTERED CARE APPROACH AS AN EFFORT IN DECREASING HOSPITALIZATION STRESS ON PRESCHOOL CHILDREN <i>M. Suhron</i>	37
8 BSE EDUCATION FOR ENHANCEMENT OF KNOWLEDGE, ATTITUDE AND PRACTICE IN FEMALE SANTRI COTTAGE BOARDING SCHOOL DISTRICT DAWAR BOYOLALI <i>Dwi Puji Lestari, Priyadi Nugraha Prabamurti, Besar Tirto Husodo</i>	43

9	THE CADRE PERFORMANCE IN COMPLETENESS REGISTRATION SYSTEM IN THE CACTHMENT AREA OF TARAWEANG PUBLIC HEALTH CENTER IN PANGKEP REGENCY <i>A. Rizki Amelia, Asmina</i>	49
10	THE CORRELATION OF EDUCATION ABOUT HEALTH REPRODUCTIVE WITH KNOWLEDGE AND ATTITUDE OF HEALTH REPRODUCTIVE OF THE ADOLESCENT <i>Kusbarianto</i>	58
11	THE CORRELATION BETWEEN HYGIENE SANITATION OF WATER SUPPLY DEPOT WITH ESCHERICHIA COLI BACTERIA IN DRINKING WATER AT SUB PANAKKUKANG MAKASSAR <i>Alfina Baharuddin, Susanti</i>	63
12	FOOD POISONING <i>OUTBREAK INVESTIGATION</i> IN ORPHANS'S BENEFIT EVENT AT SEMELO VILLAGE, JOMBANG DISTRICT – EAST JAVA <i>Dian M. Hikmayati, A. Hargono, P. Atmodjo</i>	69
13	FOOD CONSUMPTION AMONG OBESE TEENAGERS AT SMK NEGERI 1 GORONTALO <i>Muhammad F. Tangahu, Zuhriana Yusuf, Nasrun Pakaya</i>	77
14	ANALYSIS OF AMMONIA EMISSIONS TREATMENT (NH ₃) IN FACTORY PRODUCTION I PT. PETROKIMIA GRESIK <i>Prehatin Trirahayu Ningrum, Rokhmanita Ulfah, Meritia Ardyati</i>	83
15	HYGIENE SANITATION AND MICROBIOLOGICAL QUALITY OF FOOD AT STUDENT CANTEEN <i>Aini Azizah, Retno Adriyani</i>	89
16	GENETIC AND GENOMIC NURSING COMPETENCIES FOR THE COMMUNITY NURSE <i>Sugeng Mashudi</i>	94
17	FACTORS ASSOCIATE THE OCCURRENCE OF CARIES PULP AMONG PEOPLE IN CATHMENT AREA OF MULYOHARJO PUBLIC HEALTH CENTER, PEMALANG DISTRICT, CENTRAL JAVA <i>Tri Wiyatini, Irma H.Y. Siregar, Hermien Nugraheni, Priskila Widhi Martani</i>	100
18	INFLUENCE OF ENVIRONMENTAL TO PERSONAL HYGIENE AMONG ADOLESCENT DURING MENSTRUATION <i>Yusriani</i>	106
19	ERGONOMIC ANALYSIS USING RAPID UPPER LIMB ASSESSMENT (RULA) METHODE ON LAUNDRY WORKERS <i>Anita Dewi Prahastuti Sujoso</i>	111

20	CONCENTRATION OF MERCURY (HG) CONTAMINATION IN DWELLING WATER SUROUND SMALL SCALE GOLD MINING AREA IN CINEAM VILLAGE, TASIK MALAYA, WEST JAVA : A CASE STUDY <i>Anto Purwanto, Yuldan Faturahman, Andi Nurrahman</i>	118
21	THE EFFECT OF ORGANOPHOSPHATE PESTICIDE EXPOSURE ON LEVELS OF CHOLINESTERASE SERUM AND WHITE BLOOD CELLS PARAMETERS ON MAKMUR ABADI APPLES PLANTATION SPRAYING FARMER'S GROUP IN BATU <i>Aditya Sukma P., Henriesca Sandra A.P.P.</i>	123
22	THE EFFECT OF LONG TERM EXPOSURE ON LEAD (Pb) AND CADMIUM (Cd) LEVELS IN PERNA VIRIDIS TO DECREASE IQ OF SCHOOL-AGE CHILDREN <i>Dewi Kurniasih</i>	129
23	FACTOR ASSOCIATED WITH SECTIO CAESAREA SERVICES IN SITTI KHADIJAH 1 MOTHER AND CHILD HOSPITAL IN MAKASSAR <i>Ella Andayanie, Nurgahayu</i>	134
24	TRADITIONAL JAVANESE LULLABY URU-URU USING LELO LEDHUNG SONG BY MOTHER INCREASED THE QUANTITY OF BABY SLEEP <i>Erlina Suci Astuti, Wahyuningsri, Yulis Setiya Dewi</i>	139
25	EFFECT OF PHENYLEPHRINE HYDROCHLORIDE 10% EYE DROPS ON BLOOD PRESSURE OF PATIENTS WITH CATARACT <i>Heru Suswojo, Yulis Setiya Dewi</i>	144
26	SURVIVAL ANALYSIS: THE FACTORS ASSOCIATED TO MORTALITY OF HIV-TB PATIENTS <i>I Wayan Gede Artawan EP, I Made Sutarga, et al</i>	151
27	PREVENTION SPREADING OF DIPHTERIA OUTBREAK BY MASS IMMUNIZATION AT EAST JAVA, INDONESIA <i>Kurnia Dwi Artanti</i>	157
28	EVALUATION OF PULMONARY TUBERCULOSIS SURVEILLANCE SYSTEM ATTRIBUTES IN LAMONGAN DISTRICT <i>Melyana, Sigunawan, A. C. Hidajah</i>	163
29	HYPNOBIRTHING - LABOR WITH HYPNOSIS TO ACCELERATE FIRST STAGE OF LABOR <i>Nurlailis Saadah</i>	170
30	LABORATORY-BASED SURVEILLANCE OF PLAGUE IN PASURUAN, INDONESIA <i>Teguh S. Sinulingga, Hadi Supriyanto, Narsono, Slamet Herawan</i>	176

31	THE RISK OF INFANT MORTALITY AT PADANG CITY <i>Masrizal, Melly Kristanti</i>	184
32	CORRELATION BETWEEN BLOOD LEAD LEVEL (BLL) AND OSTEOPOROSIS IN POSTMENOPAUSAL WOMEN IN SURABAYA INDONESIA <i>Anita Dewi Moelyaningrum</i>	190
33	ANALYSIS OF THE EFFECT OF POSTPARTUM BREAST CARE AND CONSUMPTION OF HERBS “GEPYOK” ON THE ADEQUACY OF BREAST MILK <i>Nurul Pujiastuti, Mustayah, Ni Wayan Dwi Rosmala</i>	198
34	EFFECT OF COUNSELLING ON THE INCREASING OF KNOWLEDGE ABOUT MENARCHE AMONG STUDENT GIRLS IN A JUNIOR HIGH SCHOOL <i>Sondang Sidabutar</i>	202
35	FACTORS ASSOCIATED WITH THE INCIDENCE OF INFANT MORTALITY IN BANJAR DISTRICT <i>Syamsul Arifin, Muhammad Isa, Fauzie Rahman</i>	208
36	PUBLIC OPINION OF SMOKERS AND NON SMOKERS ABOUT NO SMOKING AREA REGULATION IN BLITAR DISTRICT INDONESIA <i>Sri Widati, Santi Martini, Kurnia D. Artanti</i>	213
37	THE ROLE OF NURSE IN TREATING MENTAL DISORDERS PATIENTS WITH SCABIES IN SOCIAL REHABILITATION OF POST PSYCHOTIC PATIENTS <i>Bayu Dri Wicaksono, Byba Melda Suhita</i>	220
38	DENGUE, PUBLIC HEALTH AND HUMAN SECURITY <i>Oedojo Soedirham</i>	226
39	DENGUE HEMORRHAGIC FEVER IN THE HIGHLAND AREAS <i>Ririh Yudhastuti</i>	237
40	SATISFACTION LEVEL OF DENTIST AND MANAGER IN FIRST LEVEL HEALTH SERVICES ON BPJS SYSTEM APPLICATION <i>Dyah N. Palupi, Yuanita L. Rachmawati, Fania A. Uba</i>	244
41	DEVELOPMENT OF SIMULATION MODELS FOR EMERGENCY EVACUATION OF FIRE IN OFFICE BUILDING <i>Lukman Handoko</i>	251
42	QUALITY OF NURSING WORK LIFE AT HOSPITAL IN MAKASSAR <i>Nurmiati Muchlis and Ulfa Sulaeman</i>	259
43	MAPPING FOR READINESS OF PUBLIC HEALTH CENTER IN LUMAJANG ON THE NATIONAL HEALTH INSURANCE PROGRAM <i>Nuryadi</i>	264

44	THE ROLE OF SOCIAL SUPPORT IN REDUCING MATERNAL AND INFANT MORTALITY IN SURABAYA <i>Nyoman A. Damayanti, Ratna D. Wulandari, Nuzulul K. Putri</i>	271
45	SEVERAL FACTORS INFLUENCING BAROTRAUMA TYMPANIC MEMBRANE IN TRADITIOAN DIVERS; A CASE STUDY IN BANYUWANGI REGENCY <i>Sugianto, Suharyo Hadisaputro, Supriharti, Munasik, M. Sakundarno Adi</i>	275
46	VOLUNTARY COUNSELLING AND TESTING PROCESS BASED ON CLIENT PERSPECTIVE IN SEMARANG CITY <i>Widia Shofa Ilmiah</i>	283
47	SOCIAL INTERACTION ABILITY AND THE BULLYING BEHAVIORS AMONG ADOLESCENTS: A CORRELATIONAL STUDY <i>Muliani Septia Rini, Yoyok Bekti Prasetyo, Nur Lailatul Masruroh</i>	292
48	THE IMPLEMENTATION OF CONTROL POLICY ON TOBACCO PRODUCTS IN RELATION TO HEALTH ISSUES IN JEMBER REGENCY <i>Abu Khoiri, Christyana Sandra</i>	298
49	SUPERVISORY RELATIONSHIP OF MIDWIFERY SUPERVISION IN PRIMARY HEALTH CARE SETTING AT KUPANG, NUSA TENGGARA TIMUR PROVINCE OF INDONESIA <i>Idawati Trisno</i>	304
50	THE EFFECT OF CUPPING THERAPY TO BLOOD PRESSURE, BLOOD GLUCOSE, CHOLESTEROL AND URIC ACID LEVEL IN MATARAM CUPPING CLINIC <i>Suharmanto</i>	311



IMPLEMENTATION OF CONTROL POLICY OF TOBACCO PRODUCTS FOR HEALTH IN DISTRICT OF JEMBER

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ABSTRACT

The formulation of the Government Regulation Number 109 of 2012 which sets about controlling materials containing addictive substances of tobacco products experienced many challenges. The affirmative groups consider an attempt to increase the degree of public health from the effects of carcinogens and addictive substances caused by smoking. Meanwhile, the opposition groups focus more on tobacco farmers which are economically affected. Therefore, the objectives of this study were to describe the implementation of such policies in District of Jember as one of the centers of traditional tobacco and cigarettes production in East Java.

This was a descriptive qualitative study with observational approach. The focus of this study was on triangular analysis of the policy (actor, context, and content) on the implementation of the policy of restrictions on addictive substances of tobacco products in District of Jember which was done in 2013. The study informants consisted of the main informants (tobacco farmers and cigarette manufacturers), key informants (District Health Office of Jember and Department of Industry and Trade), and additional informants (Jember's District Legislative Board).

The implementation of control policy of materials containing addictive substances of tobacco products has not yet running effectively. The policy context is still restricted on tobacco production effort, not controlling of the effects of tobacco smoking. The content of the policies is not yet well understood by traditional cigarette manufacturers in Jember. Various obstacles faced at the central level made this policy run slowly. By the mandated of decentralization, District of Jember actually allowed to produce a local level policy regarding tobacco control to overcome the obstacles.

Keywords: Policy Analysis, Addictive Substance, Tobacco

INTRODUCTION

The implementation of Article 116 of Law Number 39 of 2009 on health is the issuance of Government Regulation (PP) of the Republic of Indonesia Number 109 of 2012 on controlling materials containing addictive substances in the form of tobacco products for health. This government regulation is a response to agreement of the member countries of World Health Organization (WHO) in the

56th World Health Assembly in Geneva in May 2003, which unanimously agreed on the text of Framework Convention on Tobacco Control (FCTC). Indonesia's response to ratifying the FCTC is considered slow due to the specified time limit, Indonesia had not signed the agreement as an endorsement. Tobacco products and other processed products which contain economic interests are the separated pressure for the Government of Indonesia not to immediately sign the

FCTC. On the other hand, there was the insistence of the parties concerned with the health to immediately ratify the FCTC agreement.

Indonesia is a developing country, whose 98% of its tobacco products are utilized for cigarettes. The cigarette industry in Indonesia has a freedom that is almost not owned by any countries throughout the world (TCSC-IAKMI, 2010). Based on the composition of production, the provinces producing tobacco leaves in Indonesia have not changed. Tobacco production is concentrated in five provinces, namely East Java, NTB (West Nusa Tenggara), Central Java, West Java and North Sumatra, of which East Java province contributes nearly 40% of the national tobacco leaf production (TCSC-IAKMI, 2012). The province with the biggest excise tax contribution in Indonesia is East Java province, amounting to IDR 135.8 Billion while Central Java receives IDR 52.1 Billion, West Java receives IDR 1.4 Billion and Yogyakarta receives IDR 1 Billion (Sujatmiko, 2008).

According to *Jawa Pos* (in Hana, 2010), tobacco has a large share in contribution to regional income and export value of non-oil and gas commodities of District of Jember, East Java Province. The volume and value of tobacco exports is greater than the other seven export commodities. Compare to the export value of the other seven commodities such as *edamame*, coffee, *mukimame*, cocoa, *okra*, flat stone, and vanilie, the export value of Jember tobacco supplies is much higher, about 25 percent of the national tobacco exports.

In addition to producing tobacco with high-export value, District of Jember also has tobacco industry spread over in the various regions. There are 29 tobacco industries that produce processed cigarettes. The processed tobacco products include cigars, cigarettes without filters, cigarette with filters and *klembek* cigarettes. The tobacco manufacturers

distribute the processed products not only in Jember region but also out of Jember area (Department of Industry and Trade, 2013).

The expectation and reality in Jember to run the government regulations are challenges that must be answered by the Local Government of Jember and their staffs. Therefore, it is necessary to study the implementation of the regulations on restriction of addictive substances in the form of tobacco products for health as a description of solution model to the dualism of interests concerning the livelihood of widespread community.

MATERIAL & METHOD

This study used observational study design with qualitative approach. The focus of this study was the triangular analysis of policy (context, content, and actors) on the policy implementation of the limitation of addictive substances such as tobacco products for health in District of Jember. This study is prospective (analysis for policy) considering that this policy has just been passed and implemented. The study informants consisted of major informants (tobacco farmers and cigarette manufacturers), key informants (District of Jember Department of Health and Department of Industry and Trade), and additional informants (District Legislative Board of Jember). Data analysis was carried out by content analysis.

RESULTS & DISCUSSION

The FCTC has contributed a lot to changing public perceptions of tobacco and the need of having strong laws and regulations to control the use of tobacco (Saly, 2011). Indonesian Government, through Government Regulation (PP) No. 109 of 2012, has set out a regulation which governs the management of

controlling the materials containing addictive substances such as tobacco products for health. For some people and communities, this policy is a non-technical issue considered threatening the needs of tobacco production by farmers. The tobacco industry develops along with an increase in the number of smokers.

District of Jember is an area that has potentials in tobacco plantation and is one of the tobacco centers in East Java province. The potential resources owned District of Jember in the form of climate, land; water and human resources are very supportive to the development of tobacco plants. Moreover, the potential and tobacco crop of Jember with export quality have been legendary, not only locally but also even abroad. Besides its popularity as a national barn, Jember is also known as the city of tobacco because it belongs to one of the world's tobacco-producing areas. There is a type of tobacco which is only produced in District of Jember, namely Na-Oogst tobacco. This type of tobacco is the leading commodity of Jember and also Indonesia, so this type of tobacco is the legend of exports in the world (Noveleta, 2011).

Challenges and opportunities for policy implementation of control regulation of addictive substances such as tobacco products for health in District of Jember are divided into 3 (three) topics: context, content, and actors which are the components in the approach to triangular analysis of policy. It is expected that this approach obtained a picture of how much is the effectiveness of the policy goals and the impacts of the policy on stakeholders, particularly those in District of Jember.

Context

According to Collin (in Ayuningtyas, 2014: 62), "A context describes the condition of a country or community where a health policy will be applied and be based to reveal the backgrounds of the country itself as well as to understand the causes of health

problems (socio-economic, cultural problems) which in turn form the foundation of the implementation of health policy analysis ". The context of the Government Regulation No. 109 of 2012 is to carry out the mandate of Law Number 36 of 2009 on health where the implementation of the control on the use of materials that contain addictive substances such as tobacco products for health is directed in order not to disturb and endanger the health of individuals, families, communities, and the environment.

In another aspect, tobacco and products derived from tobacco have long been complex problems, not only in regard to health but also a matter of economic, employment, political, and social culture problems. The problems associated with tobacco and products resulted from tobacco at national level are due to issues of health, employment, tobacco farmers, taxes and excises, protection of farmers, which are not infrequently have a long impact on the nation's socio-economic problems. Meanwhile, in the international scope, this relates to foreign investment, copyright, and culture which also have economic and even political impacts. In national and international atmosphere, people have long been familiar with tobacco as an ingredient used to make cigarettes (Mulyono, 2011).

Tobacco production in the District of Jember fluctuates from year to year. Data from *Jawa Timur dalam Angka* (East Java in Figures 2014) published by BPS, Central Bureau of Statistic of East Java Province) show the following information:

Table 1. Number of Tobacco Production (in Ton) in District of Jember

No	Year of Production	Production Amount (in Ton)
1	2010	7,235
2	2011	15,846
3	2012	31,284
4	2013	18,297

Source: *Jawa Timur dalam Angka* (2014)

In the short-term analysis, the impacts of the restriction policy of tobacco products do not much affect the tobacco production in District of Jember. However, in the long term, if the process of socialization and education to community members about the dangers of cigarettes is more and more massive, it will certainly reduce the demand for tobacco production. So, it is necessary to provide an alternative to tobacco crops or the tobacco use in addition to cigarettes.

Content

If seen carefully, the content of this policy does not directly ban the production of tobacco or instruct the tobacco-based goods manufacturers to stop production their business. The policy emphasizes preventive measures and protection against certain community groups (the population of productive age, children, adolescents, and pregnant women) from the dangers of smoking and cigarette smoke. It is described in Article 8 on the implementation of control including: production and importation, circulation, special protection for children and pregnant women, and non-smoking area.

The arrangement of production and importation of tobacco products emphasizes the legality of operations and arrangement of cigarette content to minimize the dangers of smoking as well as the un-provocative appearance or packaging of tobacco products. The management of production and importation is fairly well understood by tobacco farmers in District of Jember. This is inferred from the statement of the chairman of Indonesian Tobacco Farmers Association (APTI) Jember (2013) that "... The position of the manufacturer itself is only to produce and the levels of pesticide have been tested; if above the threshold, the products will directly be rejected, either for Na-oogst tobacco for cigars and tobacco for cigarettes and others".

Restrictions on the circulation of tobacco products, especially the ban on

sales to children under the age of 18 and pregnant women, have not been gaining the attention of government in District of Jember. Similarly, the anti-smoking area also does not have a legal basis in the form of the Regional Regulations. The implementation is still simultaneous and has not been massive in which the initiatives have been made only by particular individuals or institutions that confirm as smoke-free institutions. Technical guidance for the implementation in the region and sanctions is needed to improve the effectiveness of government policy.

Security in certain groups of people from the dangers of smoking can be accepted and understood by APTI members. They provide records not to let this rule be used only as a weapon for manufacturers of tobacco and tobacco-based products on a large scale either in or out of the country that have impacts on tobacco farmers and the processed products in the region. Demand reduction pursued by the policy does not necessarily decrease the number of smokers in District of Jember. Based on the results of Basic Health Research 2013 in East Java province, it was found that the proportion of smokers (age above 10 years) in District of Jember was above the average value of the proportion of East Java (23.9). Meanwhile, the average number of cigarettes smoked per day was slightly below the average of East Java (11.5 pieces per day).

Actor

Actor is a term used to refer to individual, organization or even country as well as their actions that affect policy. The influence of actors can be positive or negative on the policy. Based on the information obtained from the research informants, the actors in the government regulation number 109 of 2012 for the area in District of Jember that can be called the perpetrators of the policy are the local government, District Legislative

Board, District Health Office, Department of Industry and Trade, agricultural institutions, Department of Agriculture, Department of Forestry, tobacco industry or tobacco products entrepreneurs or businessmen of cigarette, tobacco farmers, groups in the tobacco farmer associations, health coalition, tobacco quality certification and testing agency and also smokers. The actors of the local government and the agencies under its management on the implementation of Government Regulation (PP) number 109 of 2012 in District of Jember have not yet well-coordinated. Each still works partially in their own sector without considering other sectors work. The socialization of policy has also not been known by other stakeholders. Therefore, the government policy has not been part of the local agenda which is considered urgent in the implementation.

CONCLUSIONS

The implementation of Government Regulation number 109 of 2012 in District of Jember has not been running well. The series of local rules also have not been owned to regulate the control of materials containing addictive substances such as tobacco for health adapted to the condition in Jember. The fundamental thing to accommodate two opposing interests is good communication between all stakeholders of this policy. The local government in accordance with its authority is responsible for arranging, organizing, developing, supervising and monitoring the control of materials containing addictive substances such as tobacco products for health and can take a role as an initiator.

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