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Community Perceptions and Adaptation in Smoke Free Zone Policy: A Qualitative Case Study in Kendari City

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ABSTRACT: The implementation of Smoke Free Zone (SFZ) policies is a critical public health strategy, especially in densely populated urban settings. This study examines how residents of Kendari City, Indonesia, perceive and adapt to SFZ regulations enacted under Local Regulation No. 4 of 2019. Specifically, it explores community understanding, experiences, and behavioral responses to smoking restrictions in public spaces. A qualitative case study approach was employed, utilizing purposive sampling to select twelve informants from various socio economic backgrounds. Data were gathered through semi structured interviews, non-participant observation, and field documentation. Thematic analysis was used to interpret interview transcripts and observational notes. The findings show limited community understanding of SFZ boundaries, with common misconceptions about designated areas. While most residents support the policy's intent, cultural norms and perceived lack of authority reduce active enforcement. Structural barriers such as economic hardship, nicotine addiction, and weak public communication further constrain compliance. Nonetheless, positive adaptations are evident, including peer influence, community-led signage, and selective smoking avoidance in public spaces. These behaviors reflect the role of informal networks and increasing health awareness. The study concludes that SFZ policy effectiveness is contingent on interdisciplinary approaches, inclusive communication, and localized community engagement. Rather than relying solely on top down regulation, integrating health messaging, urban design, and community leadership is essential for fostering sustained compliance. The insights from Kendari highlight the potential of participatory and culturally responsive strategies in strengthening public health policies.

Keywords: Smoke Free Zones, Public Health Policy, Behavioral Adaptation, Community Compliance, Health Communication, Kendari, Tobacco Control.

INTRODUCTION

Smoke Free Zone (SFZ) policies are recognized globally as essential public health interventions, especially in urban areas where dense populations heighten exposure to secondhand smoke. By reducing tobacco-related risks, SFZs protect vulnerable groups, including children, and have

gained broad public support (Faber et al., 2017). In low- and middle-income countries, including Indonesia, local governments have increasingly integrated SFZs into tobacco control agendas (Byron et al., 2019).

Beyond immediate health benefits, SFZ policies exert a transformative influence on social norms surrounding smoking behaviors. In urban contexts, where smoking has traditionally been pervasive, the introduction of SFZs not only curtails tobacco use but also fosters intergenerational shifts in smoking culture. As observed in cities that rigorously implement these regulations, reductions in smoking prevalence correlate with improved public health outcomes and decreased healthcare expenditure (Wen et al., 2023). These outcomes highlight SFZs as integral components of broader urban public health strategies.

Nonetheless, the success of such initiatives is contingent on more than regulatory enforcement. Cultural and social dimensions play a critical role in public compliance, particularly in Southeast Asian regions where smoking remains embedded in daily social practices. Studies have shown that in many communities, smoking is normalized through rituals, gender expectations, and familial behaviors (Mutti et al., 2016). This cultural embedding often results in uneven levels of policy adherence, especially where smoking is intertwined with masculine identity (Nargis et al., 2019). As a result, even the most well intentioned policies face resistance when they conflict with established social norms.

In response, health promotion efforts must go beyond top down policy enactments and include culturally resonant communication strategies. Evidence suggests that public engagement, particularly through localized education campaigns and participatory initiatives, enhances awareness and compliance with SFZ policies (Curran et al., 2022; Hebbar et al., 2021). Media campaigns utilizing familiar platforms such as radio and community gatherings have proven effective, especially when reinforced by trusted local figures and influencers. This form of community centric public health strategy promotes a sense of shared ownership and relevance, increasing the likelihood of long term behavioral change.

The international framework provided by the World Health Organization (WHO) through the Framework Convention on Tobacco Control (FCTC) has significantly influenced the formulation of tobacco control measures at both national and local levels. By offering comprehensive guidelines and tools for implementation, the FCTC encourages member countries to incorporate SFZs into their national legislation and to empower local governments in enforcement efforts (Neuen et al., 2023). The WHO's capacity building support and technical resources further facilitate the translation of these global standards into localized action (Holloway et al., 2016; Pike et al., 2021).

Within Indonesia's decentralized governance structure, local authorities hold the mandate to develop health regulations tailored to regional contexts. This autonomy enables municipalities to address community specific challenges and craft contextually appropriate solutions. For instance, regional governments can introduce more stringent smoking bans, conduct targeted educational outreach, and designate specific SFZs reflective of local priorities (Robert et al., 2020). Such

localized governance not only supports the national tobacco control agenda but also provides a practical model for bottom up policy innovation in public health.

Despite incremental progress, urban Indonesian communities continue to exhibit diverse patterns in smoking behavior. While smoking rates among certain groups such as youth and women have declined due to increased awareness and SFZ enforcement, other demographic segments remain resistant. High prevalence persists in lower socioeconomic populations, where limited access to education and cessation resources exacerbates tobacco dependence (Nargis et al., 2019). These disparities underscore the need for equity driven approaches in tobacco control that address both behavioral and structural determinants.

Given these dynamics, the present study focuses on the city of Kendari as a case to explore how urban residents interpret, engage with, and adapt to SFZ policies. Kendari, a city marked by rapid urbanization and cultural heterogeneity, provides a pertinent context for examining the intersection of policy, perception, and behavior. The study seeks to analyze the depth of public understanding, the nature of social attitudes, and the mechanisms of behavioral adjustment in response to the SFZ regulation enacted through Local Regulation No. 4 of 2019. While existing research tends to emphasize regulatory outcomes or epidemiological impacts, this investigation aims to fill a critical gap by centering community experience and response.

The novelty of this study lies in its qualitative focus on lived experiences of SFZ policy in a mid-sized Indonesian city. By exploring perceptions and adaptations, it provides insights into socio-cultural and structural factors that influence compliance. The study aims to contribute to inclusive and culturally responsive tobacco control strategies that align local values with global public health goals.

METHOD

This study adopts a qualitative case study approach to explore how urban residents of Kendari perceive and adapt to Smoke Free Zone (SFZ) policies. The qualitative case study design is particularly suited to unpacking complex social phenomena in real world settings, offering a detailed and contextualized understanding of public health behavior. As Dam et al. (2023) and Stanyon et al. (2021) argue, such an approach allows for a nuanced investigation of community responses to health regulations that are often difficult to quantify.

Qualitative case studies provide rich, descriptive insights that illuminate the social, cultural, and behavioral dimensions of policy implementation. These methods facilitate adaptive inquiry, allowing researchers to respond to emerging themes and patterns as data collection progresses (Strachan et al., 2016). However, the approach has limitations: findings may lack generalizability, as they are often context specific and reliant on smaller sample sizes. Additionally, researcher subjectivity may influence data interpretation (Basheti et al., 2023). Despite these challenges, the

method's depth and flexibility make it valuable for exploring public health compliance in specific urban settings like Kendari.

The study employed purposive sampling to recruit 12 informants, representing diverse demographics and relationships to SFZ environments. Participants included smokers, non-smokers, public space users, local business owners, community leaders, and public officials. The selection criteria focused on individuals who either frequent or are involved in managing designated SFZ locations.

Purposive sampling is a targeted strategy that allows researchers to capture relevant and meaningful insights by selecting participants who meet specific contextual and experiential criteria (Loughney et al., 2021). This method ensures the representation of diverse perspectives, particularly among individuals affected by or enforcing SFZ policy (Kennedy et al., 2023).

The primary data collection methods were in depth semi structured interviews and non-participant observations conducted between January and March 2024. Interviews lasted between 30 and 60 minutes and were conducted at various public sites, such as parks, terminals, and markets. Observations aimed to document the behavioral patterns of individuals in SFZ areas, focusing on compliance, social interactions, and spatial dynamics.

In addition, field notes and photographic documentation were gathered to support thematic analysis and triangulation. This multi method approach enhanced the reliability and richness of the data.

Thematic analysis was conducted in several stages using NVivo 12 Plus. Interview transcripts were reviewed, and open coding was applied to generate initial categories. Codes were clustered into subthemes and key themes reflecting perceptions, attitudes, and adaptation strategies. To reduce bias, the lead researcher maintained a reflexive journal during data collection and analysis, and findings were cross-validated through peer debriefing.(Dawson-Hahn et al., 2023). The use of triangulation also allowed for validation of emergent themes and the reduction of interpretive bias.

Several techniques were employed to enhance the credibility and trustworthiness of the findings. Triangulation of sources and methods was supplemented by member checking, where selected informants reviewed preliminary interpretations to confirm accuracy. Peer debriefing among the research team further reduced individual bias and strengthened thematic consensus.

Triangulation, as emphasized by Kennedy et al. (2023), not only verifies findings but also promotes reflexivity, encouraging researchers to examine their own assumptions and methodological decisions. Group based coding discussions allowed for critical examination and agreement on theme formulation, consistent with best practices in community health research (Molenaar et al., 2020; Tynan et al., 2022).

Additionally, the use of qualitative analysis software helped organize and code data systematically, supporting transparency and reproducibility (Degotardi et al., 2022). These practices ensured that

the research findings reflect a balanced and comprehensive understanding of public adaptation to SFZ policy in Kendari.

In summary, the methodological approach adopted in this study enables a context sensitive exploration of behavioral adaptation to public health policies. By leveraging purposive sampling, triangulation, and thematic analysis, the research provides deep insight into the lived realities and social dynamics that shape SFZ compliance in urban Indonesia.

RESULT AND DISCUSSION

Public Understanding of SFZ Policy

Many Kendari residents demonstrated incomplete understanding of SFZ policies. While hospitals and schools were often recognized as smoke-free, areas such as parks, terminals, and markets were overlooked. One informant (P3, male driver, smoker) stated: "Di terminal, saya kira bebas merokok karena tidak ada papan larangan." This reflects limited exposure to outreach and unclear signage. Observations confirmed that existing signs were often damaged or poorly visible. These findings align with TPB, where misperceptions reduce perceived behavioral control and weaken compliance.

This aligns with Zhou et al. (2016), who emphasized that surveys, interviews, and direct observation offer complementary insights into awareness levels. Focus groups and qualitative interviews, particularly, are instrumental in understanding the contextual barriers to policy interpretation. Similarly, Rozema et al. (2016) and Nesoff et al. (2016) found that clear, visible policy signage is crucial in reinforcing health behavior and encouraging compliance.

Moreover, misconceptions persist. Residents frequently believe that smoking is only prohibited in enclosed public buildings, not in open air spaces, or assume the policy lacks enforceability. These findings resonate with Intarut et al. (2023), who reported that urban misconceptions regarding SFZ boundaries often arise from unclear policy articulation and enforcement ambiguity.

Public Attitudes Toward Smoking Restrictions

Although knowledge was limited, most informants supported SFZ regulations. For example, a female teacher (P5) remarked: "Saya setuju aturan ini, tapi kalau ada yang merokok di pasar, saya takut menegur, nanti dibilang sok tahu." This shows supportive attitudes but low enforcement behavior due to fear of conflict. According to TPB, attitudes alone are insufficient without strong social norms and perceived control. Informants consistently noted reluctance to intervene, highlighting the role of cultural norms in discouraging confrontation.

These behavioral contradictions are well explained by the Theory of Planned Behavior, where supportive attitudes alone are insufficient for behavior change unless accompanied by supportive social norms and self-efficacy (Choi et al., 2019). This is echoed in research by Suarjana et al.

(2023), noting that personal self-confidence and social harmony considerations influence an individual's willingness to enforce smoking bans.

Additionally, perceptions of local government authority shape attitudes toward compliance. When enforcement is visibly lacking, individuals perceive the rules as non-mandatory. This supports findings by Kuehnle & Wunder, (2016), where perceived institutional legitimacy and consistent enforcement correlate with higher civic compliance. Interventions in other cities have succeeded by mobilizing community leaders and creating peer enforcement models, as noted by Movsisyan et al. (2014) and Skelton et al. (2017).

Barriers to Behavioral Adaptation

Adaptation to SFZ regulations is challenged by several structural and psychological factors. Many participants, especially informal workers, described smoking as integral to daily routines and stress relief. Economic limitations and a lack of designated smoking areas exacerbate the difficulty of compliance. Addiction psychology also plays a role; individuals battling nicotine dependence often experience dissonance between awareness of health risks and habitual behavior (Elias et al., 2018).

Furthermore, as Allom et al. (2018) observed, confusion between private and public domains affects compliance. Informants often considered outdoor areas as "neutral zones," where smoking is permissible. This misinterpretation of space delineation reduces the perceived relevance of SFZ rules in open environments. Studies suggest that proper urban design and spatial demarcation can mitigate such confusion (Henkel et al., 2022).

Socio economic disparities further complicate adaptation. Low income groups often have limited access to cessation resources and are less exposed to health education (Davidson & Silva, 2017). These groups also internalize social norms that normalize smoking as a socially acceptable or necessary practice. Targeted, equity oriented interventions are thus essential.

Emerging Positive Adaptation Strategies

Despite these challenges, several adaptive behaviors and attitudes are emerging. Some informants reported voluntarily adjusting their smoking behavior in public, choosing to smoke at home or away from vulnerable groups. These behavioral shifts often result from personal experiences of embarrassment, community disapproval, or informal peer feedback.

Community based signage and peer led initiatives have also been observed. In certain public spaces, informal groups or local vendors took it upon themselves to promote smoke free practices through informal enforcement or signage. This reflects findings by Lundahl, (2020) and Ghavidast & Hassanvandi (2023), who noted the importance of community ownership and advocacy in promoting health behavior change.

Peer influence also plays a critical role. Informants noted that being part of a group supportive of SFZ policies encouraged them to align with non-smoking norms. Studies by Chan et al. (2020) and Ehret & Sherman (2014) emphasize that social support networks enhance compliance and sustain

behavioral change. Informal networks, such as friends and family, act as accountability structures that reinforce smoke free habits.

Role of Education and Communication

Informants emphasized the need for engaging public education. Posters and legal texts were seen as ineffective. Instead, participants preferred social media and interactive campaigns. A community leader (P6) suggested: "Lebih baik pakai video singkat di Facebook atau TikTok, anak-anak muda lebih cepat paham." This preference aligns with SCT, which highlights the role of observational learning and media in shaping behavior. Involving influencers and religious leaders was also considered effective in bridging communication gaps.

Effective communication frameworks like the Health Belief Model and Social Cognitive Theory can guide these efforts (Khodabande & Latifi, 2020). Informants highlighted the impact of short videos, relatable language, and culturally resonant messages in capturing public attention. Digital campaigns on platforms like TikTok and Instagram were specifically mentioned as impactful among youth.

The involvement of local influencers, religious leaders, and educators was also emphasized. These individuals are seen as trusted messengers capable of bridging the gap between public policy and community practice (Morgenroth et al., 2020). Studies suggest that educational campaigns are more effective when they reflect cultural values and social norms (Aulakh, 2018).

Overall, the results demonstrate a complex but evolving landscape of SFZ policy compliance in Kendari. While gaps in understanding and enforcement persist, the presence of emerging adaptation behaviors, informal enforcement, and calls for improved education signal opportunities for more participatory and culturally aligned public health interventions.

The implementation of Smoke Free Zone (SFZ) policies in Kendari offers valuable insights into how urban communities interpret, adapt to, and negotiate public health regulations. This study reveals that while SFZ regulations are officially enacted through Local Regulation No. 4 of 2019, their practical impact is moderated by community awareness, cultural norms, enforcement visibility, and social structures. These findings resonate with interdisciplinary perspectives that underscore the multifactorial nature of health behavior compliance, as noted by Almutairi (2023).

Public understanding of SFZ policies remains limited in Kendari, especially regarding the breadth of designated non-smoking areas. This aligns with research highlighting the influence of policy signage, media exposure, and clarity of regulation boundaries on awareness (Rozema et al., 2016). The study underscores that public health policies do not operate in a vacuum; they interact with socio cultural environments that either facilitate or hinder implementation. Misunderstandings about what constitutes an SFZ and low enforcement visibility compound the issue, reflecting broader systemic challenges in health communication.

Public attitudes toward smoking restrictions demonstrate a disjunction between normative support and behavioral compliance. Many residents support the principle of SFZs but are reluctant to correct violators or assert social control. This contradiction is well explained by the Theory of

Planned Behavior (TPB), which frames behavior as a function of attitudes, perceived social norms, and perceived control (Rosmalina, 2023; Suswanto et al., 2021). Low levels of perceived behavioral control due to addiction, social discomfort, or the absence of alternative smoking zones undermine the likelihood of compliance. Thus, compliance cannot rely solely on support for the regulation but must account for the psychosocial and structural conditions shaping behavior.

Furthermore, the study identifies several barriers to behavioral adaptation, such as entrenched smoking habits, socio economic constraints, and addiction related challenges. These findings echo observations by Davidson & Silva (2017) and Elias et al. (2018), who emphasized the role of addiction psychology in shaping resistance to SFZs. Informants' perceptions of open air public spaces as "neutral" zones where smoking is permissible highlight the need for clearer spatial demarcation and more strategic urban design (Henkel et al., 2022). Low income groups, often excluded from cessation support and educational outreach, present a critical demographic for targeted interventions.

Despite these challenges, signs of behavioral adaptation are emerging. Informants noted changes in their smoking practices, such as choosing less crowded locations or refraining from smoking near children. These adaptations stem from social learning, peer influence, and community pressure factors supported by Social Cognitive Theory and studies on peer networks (Myers et al., 2022). Community led initiatives, ranging from informal signage to peer enforcement, are also contributing to a gradual transformation of norms, echoing findings by Remiswal et al. (2023).

Education and communication strategies must go beyond posters. Residents favored digital campaigns and community-based messaging. Effective strategies should include local influencers and leaders to build trust (Fayomi, 2022). Influencers and community leaders emerged as trusted figures capable of conveying health messages with authenticity and relevance (Barratt & Lenton, 2015).

Integrating law enforcement with public health messaging is another area of concern. The absence of visible enforcement undermines the perceived legitimacy of SFZ policies. However, research shows that when law enforcement personnel are trained to reinforce the health rationale behind regulations, public compliance improves (Nasir et al., 2022; Thojampa et al., 2023). Collaborative efforts involving health agencies, law enforcement, and civil society organizations have shown promise in fostering a unified, community backed approach to SFZ enforcement.

Finally, the success of SFZ policy in Kendari is deeply contingent upon local context. Cultural attitudes toward smoking, economic disparities, and community values all shape how national health directives are received and enacted at the municipal level (Gaur et al., 2022). Recognizing and responding to these local variables is critical for the formulation of effective, context sensitive public health strategies. Grassroots initiatives and informal social networks serve not only as mechanisms of behavioral influence but also as platforms for policy co production, ensuring that public health interventions resonate with the lived experiences of the communities they aim to serve.

In conclusion, this study affirms that SFZ policy implementation in Kendari is not merely a regulatory issue but a socio cultural challenge requiring interdisciplinary solutions. A participatory, flexible, and contextually aware approach rooted in behavioral science, urban planning, and

community empowerment offers the best path forward for fostering sustainable public health improvements.

CONCLUSION

This study examined community perceptions and behavioral adaptations toward Smoke Free Zone (SFZ) policies in Kendari City, Indonesia. Findings indicate limited public awareness of SFZ boundaries, with misconceptions particularly in open-air areas such as markets, parks, and terminals. Although residents generally support the principles of smoke-free policies, compliance is weakened by cultural norms discouraging confrontation, limited enforcement visibility, and socioeconomic barriers such as economic hardship and nicotine addiction. Nevertheless, positive adaptations have begun to emerge, including voluntary avoidance of smoking in crowded spaces, peer reinforcement, and community-led signage, which reflect the role of informal networks in shaping compliance.

The study makes a unique contribution by demonstrating how informal social norms and community-driven initiatives influence tobacco control in a mid-sized Indonesian city. Practical recommendations include enhancing culturally tailored education campaigns, using digital platforms and local influencers to improve awareness, and integrating enforcement with participatory approaches that involve community leaders. Local governments should prioritize equity by providing cessation resources for low-income populations. Future research should expand to more diverse urban settings and examine long-term interventions, particularly for highly mobile and vulnerable groups, to strengthen SFZ policy effectiveness and sustainability.

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