

INTISARI

Latar Belakang : Tahun 2013, proporsi perokok terbesar di Nusa Tenggara Barat terdapat di Kabupaten Sumbawa Barat (KSB). Hingga tahun 2015, di KSB hanya terdapat kebijakan kawasan tanpa rokok (KTR) di lingkup Dinas Kesehatan, sehingga perlu dilakukan analisis *stakeholder* pembuatan kebijakan KTR di KSB.

Tujuan Penelitian : Mendeskripsikan karakteristik *stakeholder* pembuatan kebijakan KTR di kompleks perkantoran Pemerintah Daerah KSB.

Metode Penelitian : Penelitian ini merupakan penelitian campuran kualitatif dan kuantitatif dengan rancangan eksploratoris sekuensial. Subjek penelitian sebanyak 17 orang, baik untuk penelitian kualitatif maupun kuantitatif, yang terdiri dari pimpinan daerah, kepala SKPD dan pihak legislatif yang dipilih secara *purposive sampling* menggunakan teknik *criterion sampling*. Penelitian kualitatif menggunakan rancangan studi kasus. Pengumpulan data kualitatif dilakukan melalui wawancara mendalam dan observasi kemudian dianalisis dengan metode *content analysis*. Penelitian kuantitatif merupakan analisis jaringan sosial tipe deskriptif. Analisis jaringan sosial menggunakan *software* Ucinet 6 untuk mengukur nilai sentralitas jaringan dan menggambarkan sosiometri jaringan.

Hasil : *Stakeholder* pembuatan kebijakan KTR di KSB sebanyak 17 orang. Semua *stakeholder* memiliki persepsi bahwa merokok merugikan, walaupun tidak semua *stakeholder* yakin dengan kerugian akibat rokok. *Stakeholder* perokok tidak dapat meninggalkan perilaku merokok karena merokok telah menjadi kebutuhan, merokok dirasakan memberi manfaat dan bukan penyebab sakit maupun kematian. KTR dipahami mengatur tempat merokok bukan melarang orang merokok dan harus diatur melalui peraturan daerah. Analisis jaringan sosial menunjukkan terdapat 3 *stakeholder* penting dalam pengembangan KTR, yaitu Sekretaris Daerah, Bupati, dan Dinas Kesehatan. Pengembangan KTR harus dilakukan melalui bina suasana di setiap kesempatan. Semua *stakeholder* memiliki sikap positif terhadap KTR, namun hampir sebagian netral atau cenderung kurang peduli terhadap perlunya KTR. Sebagian besar *stakeholder* tidak merasa adanya kemanfaatan KTR.

Kesimpulan : Perilaku merokok yang merugikan tidak mencegah *stakeholder* perokok untuk merokok karena merokok telah menjadi kebutuhan dan dianggap penting dalam interaksi sosial. Hal ini mendorong *stakeholder* perokok kurang peduli terhadap perlunya KTR dan menuntut adanya tempat khusus merokok di setiap KTR. Merokok sebagai hak asasi menghambat *stakeholder* bukan perokok mewujudkan KTR jika tanpa peraturan daerah. Peningkatan koordinasi di antara *stakeholder* perlu dilakukan untuk meningkatkan dukungan terhadap KTR.

Kata Kunci : analisis *stakeholder*, pembuatan kebijakan, kawasan tanpa rokok

ABSTRACT

Background: In 2013, the largest proportion of smokers in West Nusa Tenggara located in West Sumbawa Regency (KSB). In 2015, there was only a smoke free area (KTR) policy in KSB in the scope of the Health Office so that there should be a stakeholder analysis of KTR policy making in KSB.

Objective: To describe the characteristics of stakeholders in KTR policy making at office of KSB Local Government.

Methods: This study was a mixed methods of qualitative and quantitative based on the exploratory sequential design. Subject of the study were 17 people consisting of local government leaders, heads of SKPD, and the legislative selected by purposive sampling with criterion sampling techniques. The qualitative research was conducted by using case study design. Qualitative data collection was done through in-depth interviews and observation and then analyzed using content analysis. Quantitative research was a descriptive analysis of social networks. Social network analysis using Ucinet 6 software for measuring the value of a network and describe the centrality of sociometry network.

Results: Stakeholders of KTR policy making in KSB as many as 17 people. All stakeholders have the perception of smoking harm although not all stakeholders convinced by the disadvantages of smoking. Stakeholders cannot leave the smoking behavior as smoking has become a need, smoking give benefits and not the cause of sickness and death. KTR was understood to regulate where smoking is not prohibit people for smoking and must be arranged through local regulations. Social network analysis showed that there were three important stakeholders in the development of KTR they are the Regional Secretary, the Regent, and the Health Office. KTR development should be done through environment condition at any opportunity. All stakeholders have a positive attitude towards KTR but almost all neutral or tend to be less concerned about the need for KTR.

Conclusion: Smoking which is harmful does not prevent smoker stakeholders to smoke because smoking has become a need and is considered important in social interaction. It encourages smoker stakeholders less concerned about the need for KTR and requires dedicated smoking areas at each KTR. Smoking as rights inhibits nonsmoker stakeholders to realize KTR if no local regulations. Improved coordination among stakeholders needs to be done to improve support for KTR.

Keywords: stakeholder analysis, policy-making, smoke free area