

INTRODUCTION

Particularly in Indonesia, the country that has its issues for smoking that shows to be a multidimensional social issue affecting health, culture, and local economies. It has already become a deep rooted behavior patterns in almost social layer in various regions. National survey data indicate high prevalence among youth (Survei Kesehatan Indonesia), with 7,4% of early adolescents (10-18 years) classified as active smokers (Ministry of Health of the Republic of Indonesia, 2024). Among of these various issues, this classification consequently impact the burden on the healthcare system within the policy context even though KTR regulation existed at least over decade (Martini Artini & Hargono, 2022). Furthermore, it's exacerbated by the increasing trend of tobacco use among the younger generation, which signifies a future vulnerability and its conditions really urgent to addressing the behavior of not normalizing the habit of smoking intensely. Therefore, the intervention and policy moderation of Non-Smoking Areas (Kawasan Tanpa Rokok-KTR) have become essential instruments possessed by the state, particularly for public spaces in each region.

Likewise, the normative side, in the more specific context of East Java's regional regulation concerning Non-Smoking Areas, is stipulated in Perda Jawa Timur No. 4 of 2024. The aims of this regulation is to protect public spaces especially healthcare facilities, educational facilities, public transport, children's playgrounds, place of worship and others (Provincial Government of East Java, 2024). Nevertheless, its implementation frequently encounters intricate and complex local conflicts, particularly economic interest tied to the burden of the tobacco industry like in Bojonegoro specifically, this situation presents a unique clash as if its trapped in complex paradox: the choice between safeguarding the health sphere of the public or leaning towards the tobacco and cigarette industry, which contributed 85 billion rupiah in excise 2023 (Ministry of Finance of the Republic of Indonesia, 2023). Furthermore, the local characteristic like its income and industrial influence effectiveness of the policy adoption especially KTR likewise its compliance really dependance on internalization mechanism, while in Bojonegoro itself, this denormalization process is hampered by the social construction that considers cigarettes as a symbol of hospitality, which in the previous research called a resistant sociocultural context (Sophie Heike Sigrid Maria Marc & Bommele, 2025). Moreover, the characteristic behavior of a portion of Bojonegoro's populace, who spend their leisure time on *ngopi* (drinking coffee) and *kongkow* (socializing/hanging out intensely), has resulted in deep rooted of smoking habit becoming vasily pervasive, even extending into rural area thus its tradition.

Even though the local government and stakeholders have formally adopted the Non-Smoking Area (KTR) Policy, which originates from Regional Regulation (Perda Jawa Timur) No. 4 of 2024, they appear to be hesitant regarding how to moderate public health issues alongside the strengthening of the local economy from the tobacco sector (Provincial Government of East Java, 2024). This indecision is evidenced by a problem of dualism in the public narrative. Specifically. The pro-health narrative, which encompasses groups across all age ranges and social statuses especially the younger generation proposes the establishment of several Smoke-Free-Areas in Bojonegoro. Conversely, the pro-industry narrative asserts that the city's economy is partly sustained by the tobacco sector, rendering the issue sensitive, merely for mediation efforts. Therefore, according to the latest data, on August 21, 2025, the Bojonegoro Government, in collaboration with the RGTC FKM UNAIR team, the Directorate of Non-Communicable Disease of the Ministry of Health, and several other institutions, only recently commenced efforts for their advocacy and support (Bojonegoro Regency Government, 2025a). Thus on November 12, 2025 its issues has begun to be concerned as the urgent matter, government and its representative participating in further discussion to continue. At this rate, apparently Bojonegoro has become the only region in East Java that has not retriplied Non-Smoking Area (KTR) Policy as a detriptive of related regional regulation even its policy emphasizing the protection afforded to passive smokers, vulnerable groups, expectant mothers, and children.

In comparison with studies on KTR implementation in Indonesia, much of the research often centers on normative evaluations and the effectiveness of the law enforcement. This includes studies assessing the frequency of violations in public facilities, the number exposed passive smokers, and administrative factors influencing the relevant policy (Putra, I Gede Yudha Eka & Setyowati, 2022), evaluation of the implementation of the Berau Regency Regional Regulation (Hamzah Yayi & Likke, 2024), the local government policies have a significant influence on the prevalence of smoke-free areas in public facility. However, this research was conducted in a stable socio-geographic context (Garritsen

Rozema Smit Ien Goor Doormaal Jessica & Anton, 2024). In addition, other research emphasizing the effectiveness of tobacco control policies in Indonesia (Nugraheni Pramashanti Lestyoningrum Kurniasih & Haerawati, 2025), the influence of the stakeholder's coordination affecting policy responses to risks and non-communicable diseases in Indonesia (Cini Wulan Dorothea Nurjannah & Azzopardi, 2023). Therefore, this particular research does not neglect the dimension of social meaning, specifically how citizens and local actors interpret the rules, regulation, and prohibitions, and how this constructed meaning shaped policy legitimacy and subsequently impacts the everyday behavior of the community. Interdisciplinary literature concerning sociology, discourse studies, and public health indicates the critical potential of the interpretivist and social construction approaches in viewing policy as a product of social interactions, including dimension of economic stigma. This involves the perpetual competition between health and industry, both striving for existence and mutually dominating one another within the context of public space. Consequently, this research will also explore the process of local meaning making and the dynamic of local discourse that influence public behavior regarding compliance with the Non-Smoking Area Policy.

The review of literature synthesis and local context has led to the identification of a clear research gap: previous studies have predominantly focused on treating compliance as a variable measured quantitatively, often neglecting to explore how and why individuals interpret the KTR rules (Hamzah Yaya & Likke, 2024). This lack of depth is particularly pronounced in a unique region like Bojonegoro, which is a major tobacco producer with 19 operational factories (KPPBC Tipe Madya Pabean C Bojonegoro, 2023). This gap becomes even more relevant because the pro-industry narrative, which emphasize contributions to job creations, the economy, and tax revenue, has the potential to overshadow or pre-empt public health discourse. Furthermore, the issue of health maintenance is highly sensitive, especially since it is long-term and closely linked to the third point of the Sustainable Development Goals (SDGs), which is worded as ensure healthy lives and promote well being for all at all ages and social strata (United Nations, 2018).

This application of interpretivist and social constructionism approaches to analyze compliance with the Non-Smoking Area Policy in Bojonegoro viewed as a process of production and social meaning. This detailed approach is expected to yield the following points:

1. How the social construction of the economic and health dimensions shaped public awareness regarding the KTR Policy.
2. How various actors across different societal groups interpret the Regional Regulation (Perda) on KTR in relation to its narrative within the public discourse.

Consequently, the approach chosen for this research is expected to generate theoretical contributions that intergrate social construction into the analysis of policy implementation. This will take the form of policy recommendations that reflect local reality and distinctiveness, while simultaneously reinforcing the legitimacy of the rules of public health. Based on the discussion presented above, the objectives of this research are as follows:

1. To describe and simultaneously interpret how the social construction of the economic and health dimensions shaped public awareness regarding the KTR Policy.
2. To identify and analyze the process by which various actors across different societal groups interpret the Regional Regulation (Perda) on KTR in relation to its narrative within the public discourse.

METHOD

This research emphasize the descriptive qualitative methodology with an interpretivist approach (Weber, 1978) to explore the how and why behind compliance with the Non-Smoking Area (KTR) policy in Bojonegoro. The analytical focus is places on subjective actors figures and civil society organizations, tobacco farmers, business actors, and the general public alongside the Bojonegoro Regency Government in the process of socially constructing the meaning of the Regional Regulation (Perda) on Non-Smoking Areas. This constitutes an embedded single case contextual study, with an in depth analysis of the local government institutions. The choice of a descriptive qualitative method is based on the primary objective of the research: to deeply describe and interpret the social meaning behind the production, naturalization, and internalization of rules by various actors, while strictly considering the unique characteristics of Bojonegoro. Therefore, it is not intended for statistical generalization.

The procedure for data acquisition in this research is initiated by preparing seven (7) key informants to ensure a comprehensive understanding of the social construction of KTR policy, their position were selected to represent diverse perspectives: tobacco farmers representing the grassroots economic sector and the primary source of the region's tobacco production, business actors from the local cafe (Kopi Jengker) and shop owners who are directly affected by the implementation of smoke-free zone in public spaces, NGO Representative (IDFOS) acting as civil society advocate and community facilitator, providing insight into the challenges of bridging national health mandates with the local social-economic realities in Bojonegoro. In addition, Community Leader (labor Group) providing cultural context regarding deeply embedded social transitions (e.g., kenduri) and public smoking norms, also the general public as well as the Bojonegoro Regency Government (Regional Health Agency, Regional Education Agency, and House of Representatives) served as policy regulators and legal enforcers. The results of these interviews will be recorded and transcribed for systematic processing. Primary data will be collected through in-depth interviews from the DPR (Regional House of Representatives) and The Health Agency (Dinas Kesehatan), and observations of public spaces such as markets, hospitals, children's playground, place of worship, shopping centers, and other supporting facilities supported under East Java Regional Regulation No. 4 of 2024 as well as form related documents and literature.

The selection of seven key informants was conducted purposively to ensure a representative range of perspectives from related actors. The determination of this sample size was based on the principle of theoretical saturation, as developed by (Glaser & Strauss, 1967). Data collection was concluded at the seventh informant because the information reached a saturation point, where data became repetitive and no significant new thematic categories or discourse patterns emerged regarding the social construction of Kawasan Tanpa Rokok (KTR/No-Smoking Zone) policies in Bojonegoro.

Data collection and especially data interpretation, utilize purposive and snowball sampling techniques. These techniques were chosen due to alignment between the fundamentally guided by the principle of theoretical saturation (Glaser & Strauss, 1967). Moreover, the certainty and inclusivity of the study's focus are ensured by engaging with the relevant actors, referencing various sources, and enhancing credibility by emphasizing triangulation techniques (Denzin, 1978)

RESULT AND DISCUSSION

The research findings aligned and analyzed using Berger & Luckmann's theory of social construction (Berger & Luckmann, 1966) that explains that social reality is formed through three stage includes:

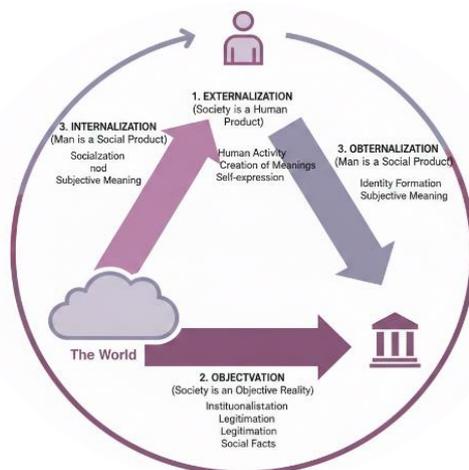


Figure 1: Three Steps of Dialectics 1

1. Externalizations, where individuals or groups of community express their actions, views, or preferences into the social space; 2. Objectivation, where these expressions become socially recognized patterns thus institutionalized; and 3. Internalization, where socially accepts this institutionalized reality as natural and intergreates it into their identity or habits. In the context of the KTR Policy, this theory is employed to interpret how government actors, civil society, business actors, and local economic groups construct the meaning of KTR through interaction, rejection, support, and social routines occuring in the public sphere.

Externalization State by Government

The narrative findings demonstrate that actor's act towards KTR emerge as direct expressions like conveying aspirations, economic corners, support for health aspect, and statements regarding behavioral changes. Government actors such as the DPRD and Health Agency of Bojonegoro affirm legal obligations and public health goals, while tobacco farmers, laborers of cigarette industry, and bussiness actors express anxiety over the economic impacts. Empirical evidence reinforces this situation that the initial stage of externalization is characterized by actors directly articulating their subjective positions based on percieved priorities, thus far immediately estabilishes the fundamentak narrative dualism wheter pro-health or pro-industry that defines the policy environment in Bojonegoro. Furthermore, some group of public itself aligned themselves not only because of economics matters but also they are solidify as masculinity identity thus far KTR appears to threats for their identity (Kodriati & Rosemary, 2025) and the other side, neglecting the related policies because from the domestic level or household still lack of strength to restrict the smoking habit (Saffutra Yahya Rosemary Rosaria & Dedy, 2025). Likewise, on the policy maker's side, it's shows that there was an issue due to governmental strategic hesitation, while core government actors suchs as the DPRD as the House of Representative and Health Agency, affirm the normative necessity

that this is a pragmatic political response to aggressive articulation of the opposing narrative. Therefore, the government perceives the need for a new strategy that respects the labor community, whose fear and overwhelmed by anxious of an economic crash drives organized intervention and demonstration, such as the one observed on November 12, 2025 (DPRD, 2025). This finding critically demonstrates that the KTR Policy's legitimacy is not solely derived from its public health mandate, but is fundamentally dependent on navigating the political economy of the tobacco industry, which contributed significantly to local excise revenue.

Moreover, concurrently the anti-KTR stance is robustly externalized at the micro level by economic actors as well as tobacco farmers, represented by Budhe Wind, whose articulate a profound sense of political marginalization feeling that somehow "The Upper People" are unresponsive to their cultivation challenges. The farmer's claim of exclusion from official policy forums, despite receiving minor compensation, suggests a systemic failure in the policy's consultative process (Wind, 2025). This statement also confirms the identified research gap likewise compliance is neglected when local stakeholders perceive an absence of constructive dialogue. Similar expressions emerged from business actors externalize and emphasizing their economic vulnerability equating KTR compliance with customer restriction (Rafly, 2025), translating the health policy conflict into a tangible commercial liability in the micro public sphere. These situations indicate that, in the initial stage, actors externalize their positions based on their perceived priorities. Public health economic, sustainability, or business convenience viewed through Social Construction Theory (Berger & Luckmann, 1966), this condition is part of the externalization stage, as each actor is projecting their subjective meaning into the social space through opinions, attitudes, and initial actions.

Objectivation: Institutionalizing Contesting Meaning

Following externalization, the conflicting subjective expression crystallize vastly into objectivation, transforming into institutionalized social patterns and organizational structures. The policy conflict clashes to be merely a matter of differing opinion and become an objective reality that government and civil society must actively manage. Subsequent fieldwork findings show that the actors' initial expressions transformed into more structured. The government formed FGD forums, the IDFOS (NGO) appeared as a dialogue mediator, the Education Agency enforced anti-smoking rules in their field, while industry actors and farmers formed a coalition to reject KTR shows by their actions in the official FGD forum with government and the demonstration on November 12, 2025 recently also the empirica; evidence supported by mandating moderation, the objective power of the industry directly compels policy mediators to adapt which means the NGO represented by IDFOS explicitly stated that a moderate approach is essential because the factories are deemed "hard to penetrate" (Yoyok, 2025). This strategic moderation is an institutional response to an objectified political reality within the social construction framework and linked to the policy communication patterns in East Java in general (Widati Artanti Wiseman & Haris, 2022). This process signifies that the dualism between pro-health and pro-industry narratives has transcended individual opinion and has been codified into the very structure of the policy implementation process. It's referring to the

institutionalized power of labor community, the workforce size of the tobacco industry estimated between 2,000 to 3,400 employees that also provides the material basis for the objectivation of the pro-industry narrative (Wartini, 2025).

This numerical strength grants the labor such an enormous man-power significant leverage, forcing other actor to recognize their position as an objective. Structural constraint on policy implementation. Thus far, this resistance is further objectified by the formation of FGD forums by the government, the enforcement of smoke-free policy rules by the Education Agency, and the opposite side of cigarette industry actors and tobacco farmers. This situation suggest that the meaning of KTR began to enter the stage of institutionalization (objectivation). This condition also have similarities when compared to coordination challenges in Lampung especially in aligning economic interest and law enforcement (Despiyan Gilang Cherra Dian & Yogi, 2025), as well as related difficulty appears from Banda Aceh (Sofyan Sufri, Nurhasanah Nurhasanah, & Abdillah Yeni & Cut Meurah, 2023) and from the Surabaya's side also have implementation problems (Annisa, Salmi, Prakosa, & Hardjati, 2025) as well happened in Blitar (Widiati Santi Nugroho & Priyono, 2024). Its really match with the situation that researcher mentioned earlier about there are a complex paradox between pro-health held by government and its colleague and pro-industry by labor community within the framework of social construction theory, this represents the objectivation stage because individual expressions transform into an institutionalized social reality in the form of school and academic policies, business practices, and advocacy structures.

Internalization: Negotiating New and Embedded Realities

Furthermore, this stage reveals the profound difficulty of adopting the KTR Policy as a natural or self evident reality, primarily because it collides with deeply embedded social and cultural norms such like a distinctive characteristic of the Bojonegoro context. Meanwhile, rather than merely reporting extensive informant statements, field findings reveals a uniform pattern of meaning: cigarettes are socially constructed as an instrument of cohesion within cultural rituals, such as kenduri (Paiman, 2025). Public non-compliance with KTR regulation reflects a constetation of meaning making between state authorities and policy subjects. As elucidated by (Sal Clark, 2023) within the Indonesian social landscape, policies are frequently top-down constructions that fail to fully account for public. In the case of Bojonegoro, the government's health discourses clashes with deeply entrenched local economic and cultural narratives. This cultural meaning directly opposes the health imperative of KTR highlighting that compliance failure is not necessarily defiance but a continuation of deeply rooted social obligations.

Further analysis reveals a significant power imbalance between public health narratives and industrial interests. The economic dominance of the tobacco industry in Bojonegoro creates a states of 'economic embeddedness' that dictates the locals government's maneuvers. This results in 'strategic hesitancy' within the bureaucracy, where the internalization of KTR norms is often overshadowed by the pressure to maintain the economic stability from tobacco sector. These power dynamics relegate health narratives to a subordinate position, causing regulatory enforcement to become a mere formality that fails to address the roots of the community's

cultural construction.

The phenomenon of 'strategic hesitancy' in Bojonegoro is empirically confirmed by the protracted legislative process of the No-Smoking Zone (KTR) Regional Regulation, which was only ratified in December 2025. Although the KTR Regulation was finally enacted on December, 17, 2025 (DPRD Bojonegoro, 2025), the facts behind its process faced significant delays due to intense pressure from industrial stakeholders and labor unions. This power imbalance is evident as public health narratives are forced to compromise with industrial economic interest, particularly given the significance of the Tobacco Excise Revenue Sharing Fund (DBHCHT), which in 2025 was allocated at IDR 119.8 billion for the region. This creates a structural dependency where the local government is trapped in a diillemma between the mandatory obligation of the Health Law and the responsibility of safeguarding the livelihoods of 18.000 of tobacco workers, who regularly receive social assistance funded by these excise revenues (Bojonegoro Regency Government, 2025b).

Therefore, there are layered acceptance shows by the observation results that even though at some point, the policy legitimation despite the cultural friction, there are indications of partial internalization likewise some community members especially from very vulnerable community like woman (particularly during their pregnancy), elderly, kids, and passive smokers are beginning to accept non-smoking areas as a necessary social compromise. This layered acceptance suggest that the new KTR in reality is slowly being intergrated into the collective consciousness thus far their awareness of social and healthy life, eading to a new social need to ask the government to formally legitimize the KTR Policy, for sake of creating anti-poluting and healthy environmental attainment. For the policy to achieve comprehensive internalization, the state must successfullly de-institutionalize the cultural meaning attached to smoking, moving beyond a purely legalistic approach to one that incorporates local meanings related to KTR by interpret the smoking culture remains strong in public spaces such as coffe stalls and social events while some community members begin to accept the need for non-smoking areas as a form of compromise. It also suggests that the new reality of KTR is accepted in layers by their own meaning thus far it becomes the collective needs to ask for legitimating the KTR as an really urgent matters even sometimes it clashes with deeply entrenched social norms and tradisions in Bojonegoro.

This findings are also emphasizing the synthetic review of the existing literatyre and the local context of Bojonegoro by illuminated a clear and critical researcg gap. Previous studies have been far too focused on treating policy compliance as a quantitatively measured variable that fundamentally neglecting to explore how and why individuals interpret the Non-Smoking Area (KTR) regulations thus far the interpretivist and social constructionism to analyze KTR compliance in Bojonegoro confirms the policy process as one of complex social production and meaning making. Furthermore, this research contribution does not reject prior studies, but rather adds critical nuance by demonstrates that when the local economic base is intrinsically linked to the industry being regulated, the social cultural process from externalization, objectivation, and internalization proceeds with entirely different dynamics. The pro-industry objectivation becomes overwhelmingly strong, intensely demanding strategy of mediation and cultural deconstruction because it's already forms an opposite side for public needs in context of KTR regulation (Anwar Mukhtaldo, 2025). As well as the community's heavy reliance on the tobacco commodity causes health policy to be pervieved as a direct threat to sustainability

of family incomes as an urgent issue in producing city like Bojonegoro (Yoyok, 2025). Differences in perception among social groups are also evident, particularly between the public especially the vulnerable group who also tend to be more accepting of KTR norms. Nonetheless, this research acknowledges its limitations as a single case-study, mandating caution regarding the generalizability of findings and its relevant practical implications encompass a transition strategy and a mechanism for monitoring thus far moderating compliance ensuring that the integration of health policy and local social-economic realities that the bases of social construction and realism in context of KTR Policy in Bojonegoro can be proceeded effectively as well as aligned in harmony of the unique complexity of Bojonegoro.

CONCLUSION

The comprehensiveness of this research employing an interpretivist approach and revealing a profound multi-layered social construction process governing compliance with the Smoke-Free Policy (KTR) in Bojonegoro. In synthesis, the major findings illustrate three powerful and interconnected patterns. Firstly, there's a conspicuous collision between conflicting narratives from the government in pro-health groups emphasize the urgency of public health, especially the protection of vulnerable groups, mothers, and children also an elderly, while the community and industry group stress economic dependence and identity embedded in smoking cultures. Secondly, this tension subsequently collapses into semi-objective structure and manifesting as martial enforcement, that directly influence the policy process. Thirdly, the internalization of KTR norms proceeds unevenly while vulnerable groups and the education sector begin to accept the new norms, particularly this synthesis robustly confirms that the purposes of this research in reality of KTR in Bojonegoro is formed by the dialectical relationship among social structures, policy actors, and compelling economic interests.

Additionally, these all also significantly strengthen previous findings concerning the fragmentary nature of KTR compliance but the researcher also presents a crucial new element and refinement likewise emphasizing how the economic legitimacy of the tobacco industry alters the process of objectifications and profoundly delays the necessary internalization of KTR. Additionally, Bojonegoro can also consider to try and seek the health promotion such like appears in Depok to maximize the inclusiveness thus far the social construction of society slowly improves not just by imposing rules (Ihayani, 2025) and exclusive media promotion that attracts people rapidly especially for de-construct the meaning of the cigarette in household (Inaoka Octawijaya Ishak Halim, Mamahit Citra Gabriella, & Karundeng Florentia & Mariane, 2023), or else the local government could be possible to concern for adding the toolkit like practical guidance that including tobacco farmers, labor representatives, and related stakeholders to contribute their aspirations so the KTR regulations are not considered as an economic threat but as family protection. Otherwise, the efficacy of Smoke-Free Areas policies in Bojonegoro could be bolstered by adopting non-monetary, community-based interventions as evidenced by (Triyana & White, 2022) regarding Indonesian youth, personal commitment and social surveillance have proven more suitable in curbing smoking prevalences than the mere imposition of fines. In essence, these also contribute and add critical nuance by demonstrating that when the local economic base is intrinsically linked to the regulated industry, the socio-cultural process operates with fundamentally different dynamics. The results become overwhelmingly strong and overall this research confirms that the formulating process until its implementation of KTR is not solely a matter of technical regulation, but rather a social construction shaped by narrative, power, economic, awareness, and culture

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The Social Construction of Compliance: An Interpretivist Approach to Smoke Free Policy in Bojonegoro

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ABSTRACT

This study explores how public meanings and local discourse shape compliance with the Smoke-Free Policy (Kawasan Tanpa Rokok) in Bojonegoro. Using a qualitative descriptive design with an interpretivist lens, the research investigates how completing social constructions particularly the pro-health narrative stand against the pro industry narrative that influence public understanding. Data were collected through in depth interviews with key actors (n=7), direct observations at public spaces, purposive and snowball sampling were combined due to theoretical saturation and rich data by Glaser & Strauss (1967), thus triangulation data analyzed by Denzin (1978). The findings reveal a profound dualism between pro-health and pro-industry that stand against each other while government actors emphasize legal obligations, economic actors and farmers externalize anxieties over financial and social-life, thus condition creating an institutionalized "strategic hesitation" in policy implementation. Compliance with KTR in Bojonegoro is not merely a technical-legal issue but a complex social construction influenced by deeply embedded cultural norms (such as *kenduri*) and significant economic dependence on the tobacco industry. However, unlike the previous studies focused on law enforcement and its impacts on everyday-life with, this research provides a critical nuance by interpret social meanings and demonstrating how a local economic base intrinsically linked to tobacco alters the dynamic of social objectification and delays the internalization of health norms.

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