

## Analysis of the Implementation of the No-Smoking Area Policy in the Working Area of the Nagan Raya District Health Service

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### ABSTRACT

*The implementation of the no-smoking area policy within the Nagan Raya District Health Service is currently underway with posters prohibiting no-smoking areas affixed to the walls of every room in the Health Service office and also outside the room such as in the front yard and side yard of the office. Apart from posters, the message about the prohibition of smoking was also conveyed through banner media intended for all employees and visitors at the Nagan Raya Health Service. However, there are still many staff and visitors who smoke in these prohibited areas. The aim of the research is to see how the implementation, influencing factors and obstacles in the smoke-free area policy in Nagan Raya are implemented. The research method used is a qualitative method. Data was obtained from observations, interviews and submitted questionnaires by researchers directly to respondents at the Nagan Raya District Health Service. The results of the research show that the Nagan Raya Regency Government has established regional regulation number 3 of 2015 concerning smoking-free areas, implementation is carried out by spreading advice and outreach to the community. In its implementation, there are still obstacles, namely that there are still many staff who lack discipline by violating or not paying attention to these regulations. There are still visitors who don't know much about Non-Smoking Areas where there are restrictions on smoking areas and don't know the strict sanctions of these regulations. Suggestions to the government are expected to improve KTR regulations, the Health Service can be the spearhead in implementing KTR, the public is expected to be able to comply with government regulations regarding KTR policies.*

**Keywords:** Analysis, Implementation of Non-Smoking Areas (KTR), Implementation of KTR

### INTRODUCTION

Globally, cigarettes kill more than 8 million people per year worldwide, around 1.2 million deaths are caused by active smoking and passive smoking. Active smokers have a higher risk of death compared to passive smokers. The highest ranking disease caused by smoking is cardiovascular disease and has reached 80% of deadly diseases, while lung cases in Asia will reach 600,000 cases per year caused by cigarettes. The number of deaths due to smoking in 2020 as much as 70% will come from developed countries and 30% of developing countries World Health Organization[1].

It requires support, commitment and cooperation from various parties, especially areas that have been regulated in the PERDA. The application of sanctions and regular supervision by regional leaders is necessary to enforce regulations for the common good.[2]The government has established a No-Smoking Area policy to protect the entire community from the dangers of cigarette smoke through Law No. 36 of 2009 concerning Health article 115 paragraph (1) and paragraph (2) which mandates Regional Governments (mandatory) to determine and implement KTR in their areas.[3]

Indonesia is the country with the largest tobacco production, reaching 63.7% experiencing health problems due to nicotine poisoning found in cigarettes (Ministry of Health of the Republic of Indonesia, 2018). Smokers in Indonesia over the age of 15 are 33.8%, experiencing an increase in 2021 as shown by data from the Global Adult Tobacco (GATS) survey report of 62.9% of people and female smokers 4.8%. The number of problems related to active smoking has also increased, also

contributed by smokers. active[4]. The percentage of smoking among residents aged  $\geq 15$  years according to province (percent) in Aceh in 2022 is 27.58% and will increase in 2023 by 28.66%. [5]

The number of smokers worldwide has increased to almost one billion people and in a number of countries, including Indonesia and Russia, more than half of the male population smokes every day. [6]. The impact of cigarette smoke has become an important issue in recent years. Many studies have published the dangers of cigarette smoke for both smokers and smokers for people around him. An area free of cigarette smoke is the only effective and cheap way to protect the public from the dangers of other people's cigarette smoke. [7]

The smoking habit is a behavior which is difficult to change because of the addictive effects caused by nicotine, but it is realized that in order to reduce its negative impact, especially on the environment, for the sake of public health, there must be an effective policy taken, one of which is the implementation of smoke-free areas (KTR). Sanctions imposed for violations of non-smoking areas are administrative sanctions such as warnings and administrative fines [8].

KTR is a room or area that is prohibited for smoking or producing, selling, advertising or promoting tobacco products. The implementation of KTR is an effort to protect the community against the risk of health problems due to the environment being polluted by cigarette smoke. In addition, through the implementation of KTR, it is hoped that smoking behavior can be controlled, and the smoking habit can gradually decrease or disappear. In this way, smokers' health will be better [9].

Muharawati's research results (2020) show that the implementation of KTR in the hospital area has been carried out, but no special supervision has been carried out to support and control smoking activities in the hospital environment and there has not been a special place for smoking. [10]. Another thing, also shown by the results of research conducted by Andiva, et. In 2020, many patients' families were still found smoking in the KTR area [11]. The results of Primasari and Listina's research in 2021 also found that there were still employees and visitors or patients at community health centers who smoked in the KTR area, because there was not proper supervision. [12]

Aceh Province is ranked 15th nationally in terms of the percentage of smokers. Among teenagers at high school level, the percentage of students who smoke is also quite high. The results of a survey conducted in the city of Banda Aceh showed that more than 50% of students were smokers. The highest point occurred in 2018 which reached 31.76% compared to the national average, the percentage of smokers in Aceh for two consecutive years (2019-2020) was in 15th place out of 34 provinces [4].

The main challenge in implementing Qanun KTR is synergy with regulations that have previously been implemented in several districts/cities, such as Banda Aceh with the Mayor's Regulation which has been running since 2016 and Nagan Raya with the ON STAR Program (Nagan Healthy People Without Smoke. ). The Nagan Raya District Health Service held a meeting on the implementation of KTR in sub-district level workplaces in the Health Service hall on Tuesday, 22 October 2019.

Implementation of KTR is a crucial initial stage in the policy process because without effective implementation, policy makers' decisions will not be successfully implemented. Implementation of a policy does not always run smoothly, many factors can influence its success. To clearly describe the variables or factors that have an important influence on the implementation of public policy and to simplify understanding, policy implementation models will be used. Sanctions imposed for violations of non-smoking areas are administrative sanctions such as warnings and administrative fines [13]. As for the dangers of smoking for active and passive smokers, namely the magnitude of the dangers of smoking is actually not something that smokers are not aware of, because on every pack of cigarettes there is now a mandatory warning from the government which reads "Smoking Kills You" but often the strong dependence on cigarettes makes people not want to stop smoking them. [14].

Head of the Disease Prevention and Control (P2P) Division of the Nagan Raya District Health Service said that based on data from the Healthy Indonesia Program with a Family Approach (PIS-PK), the number of smokers in Nagan Raya currently stands at 28,726 people and 784 of them are smokers under 18 years of age. . This is very concerning, therefore serious commitment and efforts need to be made in implementing Smoke Free Areas in seven settings as stated in Qanun Nagan Raya number 3 of 2015 in order to create Healthy Nagan People Without Smoke (ONSTAR).

The implementation of the no-smoking area policy within the Nagan Raya District Health Service is currently underway with posters prohibiting no-smoking areas affixed to the walls of every room in the Health Service office and also outside the room such as in the front yard and side yard of the office. Apart from posters, the message about the prohibition of smoking was also conveyed through banner media intended for all employees and visitors at the Nagan Raya Health Office.

However, there are still many staff who smoke in non-smoking areas and some smoke without paying attention to the presence of other people around them. Not only employees, the public or visitors at the Health Office also do the same and do not comply with KTR's appeal. In fact, from the results of observations and interviews obtained, there are still staff or employees who smoke in their work rooms who have been reprimanded by the Head of the Health Office for smoking in places where there is a ban on non-smoking areas.

In implementing the KTR, of course the seriousness of the government as the competent authority is needed. This can also be seen and studied through several factors, such as resources, communication, disposition, bureaucracy and facilities and infrastructure. Based on this background, the author intends to conduct research with the title "Analysis of the Implementation of the No-Smoking Area Policy in the Nagan Raya District Health Service".

## RESEARCH METHODS

In this research the author used qualitative research methods. Qualitative research aims to reveal qualitative information so that it places more emphasis on issues of process and meaning by describing a research problem that is carried out in a descriptive manner [15]. This is to find out or describe the reality of the events studied so that it can make it easier for the author to obtain objective data in order to know and understand the analysis of the implementation of the no-smoking area policy at the Nagan Raya District Health Service.

Data collection was obtained in two ways, namely Primary Data and Secondary Data. Primary data was obtained directly from observations, interviews and submitting questionnaires by researchers directly to respondents regarding the analysis of the implementation of the smoke-free area policy at the Nagan Raya District Health Service. Secondary data was obtained from the Nagan Raya District Health Service and related agencies. Apart from that, data was also obtained through library research and electronic-based data.

The selection of informants was carried out by 6 researchers. The informants who are sources in this research are informants who have met the criteria and are willing to be interviewed. The 6 informants include 1 head of the Health Office as the key informant, 1 head of the P2P section and 1 staff member of the KTR program as the responsible informant and 3 P2P section staff as the main informant. This research was conducted in the time period January-February 2024.

## RESULTS AND DISCUSSION

### Results

#### Description of Research Location

The Nagan Raya Regency Health Service (Dinkes) is one of the Nagan Raya Regency government structures in charge of health issues. This official office is located on Jalan Poros Utama, Suak Bili, Suka Makmue District, Nagan Raya Regency. The task of the Health Service is to carry out government affairs in the health sector and assistance tasks. Function of the Health Service: Formulation of technical policies in the field of public health, disease prevention and control, health services and health resources.

The Nagan Raya Health Service has a vision of "improving quality health services to create a healthy Nagan Raya community" and missions (1) to drive health development with an Islamic health perspective; (2) encouraging people to live healthy lives; (3) procurement, maintenance and improvement of quality, equitable and affordable public health services; (4) maintaining and improving the health of individuals, families and communities and their environment; (5) increasing health care insurance/public health financing; (6) decentralization of health services; (7) improving data-based (invention-based) public health development policy patterns; (8) increasing coordination and work across sectors, communities including local, national and international non-governmental organizations (NGOs) in every health development effort.

#### Informant Characteristics

This research selected six sources, including three main informants (IU), two responsible informants (IP) and one key informant (IK).

Table 1. Informant Characteristics

No	Informant's statement	Code	Position	Gender
1	Main Informant-1	IU-1	P2P Section Staff	Man
2	Main Informant-2	IU-2	P2P Section Staff	Man

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3	Main Informant-3	IU-3	P2P Section Staff	Man
4	Responsible Informant-1	IP-1	Head of P2P Section	Man
5	Responsible Informant-2	IP-2	KTR Program Staff	Woman
6	Key Informant	IK	Head of the Health Service	Woman

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## Implementation of No-Smoking Areas in Nagan Raya Regency

### 1. Human Resources

Based on an analysis of the implementation of smoke-free areas (KTR) in Nagan Raya Regency, the KTR program is implemented through PRegional Regulation Number 3 of 2015 concerning smoking-free areas. This is an effort to protect the public from the dangers of cigarette smoke. Apart from that, it is also the regional government's commitment to the community so that the community is free from cigarette smoke.

Based on the results of interviews with key informants regarding the question of the responsibility for implementing KTR in the Nagan Raya health service, the answer was found to be:

*"Smoking-free areas are the responsibility of all components to protect current and future generations. Therefore, there needs to be a joint commitment in implementing this regional regulation so that people are protected from cigarette smoke. Smoking behavior is also a threat to society, seen in our lives in the home environment. at work, public transportation, or in other public places"(IK)*

In terms of resources, the Health Service is the main resource in implementing these regulations. The leadership and all levels and employees are required to carry out the KTR rules as regulated in regional regulations. This is based on the answer to the question of how and who are the human resources in implementing KTR in Nagan Raya

*"We are the main resource in implementing this in the official environment. Of course, all employees in the office must obey the rules not to smoke in any place or places where smoking is prohibited."(IU-1).*

Apart from the Health Service, other agencies are also resources, and the community is no exception. Because these rules are intended for all parties and must be obeyed as appropriate.

*"This means that all of us are human resources in implementing these KTR rules, because all parties must follow these rules so that the implementation of KTR can run optimally"(IU-1).*

Then the question of resources in monitoring implementation and iimplementationPNagan Raya Regency Regional Regulation Number 3 of 2015Regarding non-smoking areas in the Health Department area, the results showed that most informants stated that there was no KTR monitoring committee. Another informant also stated that the supervision carried out by the Health Department was not optimal.

*"There is no special supervision yet and there is also no particular group or committee that carries out supervision on this issue,"(IP-1).*

However, the government's efforts to protect public health from cigarette smoke include prohibiting advertising in mass media and print media, but what the government has done has not been effective because there is no significant deterrent effect, but only in the form of warnings issued to target smokers.

*"This is also one of the workloads of the Health Service, because the absence of sanctions against violators makes the appeal ineffective. In fact" This No-Smoking Area Program will have a big impact on people's attitudes if there are real actions such as strict penalties for violators in places where this regulation applies."(IU-3).*

### 2. Budget

In implementationRegional RegulationNumber 3 of 2015 in Nagan Raya Regency, that the budget available for implementation is still limited, and the programs implemented are in accordance with and follow budget availability. This is based on the answer to the question, what is the budget for implementing KTR in Nagan Raya?

*"The budget is still limited so this can only be done through appeals to existing facilities". (IP-1)*

These budget limitations resulted in the implementation of the KTR being implemented by the Nagan Raya District Health Service not being optimal, the department could only make appeals through pamphlets and stickers in certain places where smoking was prohibited. This is in line with the question, is the budget available for implementing the KTR sufficient for its implementation?

*"The budget is certainly not enough. So we can only make appeals and communicate with related parties. Due to budget limitations, there are no follow-up programs for this KTR issue."(IP-2).*

From this explanation, it can be understood that the budget provided for implementing the KTR program is still insufficient and limited, so that there are no special programs for its implementation so that it can run optimally.

### 3. KTR Implementation Method

In the implementation of PRegional Regulation Number 3 of 2015, by the Nagan Raya Health Service, namely by making appeals to the public through advertisements and billboards in designated places. Such as banners, posters or banners and billboards in certain places. Also in the Health Service Office environment, employees are not allowed to smoke anywhere. This statement is based on the answer to the question, what are the efforts and methods for implementing KTR at the Nagan Raya health service?

*"One of the efforts we are making is by giving an appeal to the public through advertisements and banners in places that have been designated as KTR areas, including in the health service office, that every employee is prohibited from smoking anywhere."(IU-1)*

Thus, it can be understood that in implementing the KTR, the health service utilizes existing facilities to carry out outreach and appeal to the KTR rules to visitors, employees and the community in general.

Then, based on the results of the questions, how the program and communication was carried out Health Service, that they communicate across agencies with other institutions regarding the KTR program, especially in outreach to the community.

*"The Nagan Raya Regency Health Service as a designated health service location and as the person responsible for regional regulations, Nagan Raya Regency is declared an area that is prohibited for production, sales, advertising, promotion and use of cigarettes. Implementation of Nagan Raya Regency regional regulation number 3 "In 2015 regarding Non-Smoking Areas, it was socialized by the Nagan Raya District Health Service to each manager of Non-Smoking Areas."(IP-1).*

*"Because, Communication is the first important factor in implementation policy, communication aims to provide information from parties authorized to implement policies regarding the intent of implementation policy. Implementing the Smoke Free Area Policy in the Environment The Health Department is employees, the community and other parties in the in that environment. The transmission dimension expects policies to be conveyed to policy targets so that the objectives of the policy can be understood and implemented well"(IP-2).*

Based on the question of who is the target of socialization for the implementation of KTR, that socialization is carried out to all employees, the community and even to educational institutions.

*"Also done coaching in agencies, health facilities and schools. "Make agency officials such as service employees, health centers, schools immediately take action to implement the program in good cooperation so that people are aware not to smoke in non-smoking areas where posters are displayed."(IU-2).*

Apart from that, outreach was also carried out to various government agencies and the general public. This is done so that the program implemented runs optimally. Not only that, the Nagan Raya Regency Government through the Health Service also carries out outreach in educational institutions, namely schools.

*"We communicate to all agencies and even to schools we carry out outreach. This means that communication in this case is very necessary so that the program implemented runs optimally"(IU-3).*

### 4. Facilities and infrastructure

Informant's statement regarding the question of how the facilities and infrastructure for socialization and implementation of KTR, that the department utilizes existing promotional locations, such as billboards, leaflets and others. Apart from that, this is also done by placing stickers in certain locations where smoking is prohibited in those areas.

*"As for facilities and infrastructure, we put them up on billboards and stick stickers in existing places. We appeal to employees and visitors at the health office through these facilities so that they don't smoke anywhere."IU-3*

However, the lack of existing facilities and infrastructure has resulted in this appeal being less than optimal. Apart from that, making flyers, billboards and the like can cost quite a large budget. This is based on the question whether the facilities and infrastructure are sufficient and optimal for the implementation of KTR in Nagan Raya?

*"There are not many existing facilities, if we build new ones it will definitely require a large budget"*(IP-2)

The results of triangulation of HR information data and infrastructure for implementing KTR policies based on Regional Regulations Number 3 of 2015. The results obtained were that the implementation of the policy regarding KTR and the supporting facilities and infrastructure in implementing KTR were still minimal. This has resulted in many people not knowing these appeals and regulations and still smoking in places that should be free from cigarette smoke.

## 5. Policy

Regarding the statement regarding the policy of the Nagan Raya Health Service regarding the implementation of KTR, the policy in implementing KTR by the Nagan Raya Health Service is only limited to appeals and communication with related parties. This means that there is no further policy regarding KTR or the issue of smoking regulations.

*"There is no specific policy regarding KTR issues, only implementation by making an appeal to all employees and the public"*(IK).

However, all informants stated that they agreed and fully supported this implementation. Although implementation to date has not been optimal and there are informants who are of the opinion that the KTR policy will create a healthy society and keep the dangers of cigarette smoke away from non-smokers. This is based on questions about whether the informant agrees with the policy being implemented and what the results of the policy are.

*"We all support and even want this KTR program to run well, but to date it has not run optimally. Almost every time we see target groups who smoke without paying attention to the people around them. The incessant promotion of cigarettes in various mass media and socio-economic convenience have almost caused the habit of smoking to spread among almost all target groups, especially among children and teenagers. This shows that the problem of smoking has become increasingly serious, considering that smoking can cause various health risks both to the smoker himself and to other people around him. For this reason, serious efforts are needed in prevention so that people can be protected from cigarette smoke."*(IP-2).

Implementation of No-Smoking Areas in the environment. The Nagan Raya District Health Service needs it clarity about the duties and responsibilities of implementation of the policy by implementing monitoring. Based on the question whether there were strict sanctions against violators, the informant stated that there were no sanctions whatsoever given to those who violated these rules.

*"Currently there are no special sanctions for violators of the KTR rules. It is only limited to a warning for anyone found violating these rules."*(IK)

Based on observations made by researchers. It was found that the sanctions given were only limited verbal warning. Triangulation results regarding disposition or attitude towards implementation of the smoke-free area policy based on PNagan Raya Regency Regional Regulation Number 3 of 2015 obtained. As a result, there is no clarity regarding duties and responsibilities responsible for implementing policies and implementing them monitoring and enforcement of sanctions for violations even though policy implementers support the existence of KTR in the Health Department area.

## Discussion

A healthy and clean environment is everyone's dream. Of course, a clean and healthy environment will make the residents comfortable and their physical health well maintained. So, it is appropriate to maintain the cleanliness and health of the space and environment to avoid various diseases. An environment with clean conditions that is free from cigarette smoke is very important in the community because cigarette smoke is very dangerous for public health. In maintaining health from cigarette smoke, efforts must be made to create a space and environment that is clean and free from cigarette smoke.

Efforts that the government should make in creating clean and healthy spaces and environments are, creating public awareness of the importance of the environment and healthy living without smoking. However, the dynamics are that there are still many target groups who do not realize how important it is to maintain the environment so that it is always balanced, carrying out routine activities to clean up rubbish, providing a deterrent effect for the target group (target group) who smoke in public places so that they can

creating a clean and healthy environment, this will be difficult to achieve if there is no awareness of each individual.

Currently, the social status of smokers is still normal, because this is considered normal. The appeal that has been given by the Health Service to the target group has not been implemented properly because the target group who smoke cannot stop smoking and even if they forget about the appeal they still often smoke around other people.

Resources are an important factor in implementation. Implementation orders may be passed on carefully and consistently, but if implementers lack the resources necessary to implement the policies, then this implementation will tend to be ineffective.

Physical facilities are important for the success of policy implementation by implementers. Physical facilities as suggestions and supporting infrastructure are needed to facilitate the policy communication process. Without adequate physical facilities, implementation will not be effective. These physical facilities vary depending on policy requirements. Therefore, in the implementation and implementation of KTR, physical facilities are needed as a means to carry out KTR appeals to the public.

The results of research on human resource factors show that the Health Service is the main resource in implementing these regulations. The leadership and all levels and employees are required to follow the KTR rules as stipulated in regional regulations. Apart from the Health Service, other agencies are also resources, and the community is no exception.

In the budget sector, the budget available for implementation is still limited, and the programs implemented are in accordance with and follow budget availability. Then in the field of KTR implementation methods, The Nagan Raya Health Service is making appeals to the public through advertisements and billboards in designated places. Such as banners, posters or banners and billboards in certain places. Also in the Health Service Office environment, employees are not allowed to smoke anywhere.

In the field of facilities and infrastructure, The department utilizes existing promotional locations, such as billboards, leaflets and others. Apart from that, this is also done by placing stickers in certain locations where smoking is prohibited in those areas. Meanwhile regarding policy, The policy in implementing KTR by the Nagan Raya Health Service is only limited to appeals and communication with related parties. This means that there is no further policy regarding KTR or the issue of smoking regulations.

According to the author, the Head of the Health Service as the head of implementing the policy, needs to make clear the duties and responsibilities of implementing the policy, both implementing monitoring and enforcing sanctions for violations, so that their respective duties and functions are clear. With this clarity, the implementation of KTR in the Health Office area can run optimally.

A bureaucratic structure is a work mechanism that is formed to manage the implementation of a policy. Even though the resources to implement a policy are sufficient and the implementers know what and how to do it, and they have the desire to do it, policy implementation may still not be effective, because there are inefficiencies in the existing bureaucratic structure.

## CONCLUSION

Based on the research results that the implementation of smoke-free areas (KTR) in Nagan Raya Regency, the KTR program is implemented through PRegional Regulation Number 3 of 2015 concerning smoking-free areas. This is an effort to protect the public from the dangers of cigarette smoke. Apart from that, it is also the regional government's commitment to the community so that the community is free from cigarette smoke

However, pthe results of triangulation of HR information data and infrastructure for implementing KTR policies based on Regional RegulationsNumber 3 of 2015The results obtained were that the implementation of the policy regarding KTR and the supporting facilities and infrastructure in implementing KTR were still minimal.The local Health Service also communicates cross-agency with other institutions regarding the KTR program, especially in outreach to the community. After the regulation is socialized, every place that has been determined must implement the policy.

The implementation of the No-Smoking Area Policy within the Nagan Raya District Health Service has been progressing, but in its implementation there are still many people who lack discipline by violating or ignoring these regulations. There are still visitors who don't know much about Non-Smoking Areas where there are restrictions on smoking areas and don't know the strict sanctions of these regulations.

## SUGGESTION

From the discussion above, the author makes several suggestions to several parties involved in this research, namely as follows:

1. To the government. It is hoped that the KTR rules can be perfected so that they can be implemented optimally. The government must continuously increase outreach and appeal to the public. The government needs to carry out regular evaluations of compliance with the implementation of KTR regional regulations through compliance studies in the form of operational research which aims to provide input and improve efforts to make the implementation of regional regulations in the KTR successful.
2. To the Health Department. As one of the government structures in charge of health, the Health Service is expected to be the spearhead in implementing KTR in Nagan Raya, both by improving performance and increasing outreach.
3. To the community. It is hoped that we can comply with government regulations regarding the smoke-free area policy. Smokers must comply with these rules so that they can provide comfort for everyone.

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