

## Analysis of the Implementation of Regional Regulation No. 3 of 2019 Concerning Smoke-Free Area Policy in Palopo City

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### ABSTRACT

The Palopo City Government has a Smoke-Free Area (KTR) policy to reduce the negative impacts of cigarettes, but its implementation is still ineffective and violations by the community remain a problem that must be addressed. Analyzing the Implementation of Palopo City Regional Regulation Number 3 of 2019 concerning Smoke-Free Areas in Palopo City. This type of research uses qualitative analysis with a descriptive approach to explore phenomena and information, where informants consist of key informants and supporting informants. The enforcement of the KTR Regional Regulation in Palopo City has not been effective, with many violations by the community despite support from policy makers and implementers. There are no resources, budgets, and facilities such as KTR signs and stickers to support the policy. In addition, the bureaucratic structure has not been running effectively because there is no clear authority, SOP, or implementation guidelines. The enforcement of the Smoke-Free Area (KTR) Regional Regulation in Palopo City has not been effective, despite support from policy makers and implementers. The main obstacles include the lack of resources, budget, supporting facilities, and a bureaucratic structure that has not been running optimally due to the absence of clear authority and SOP.

**Keywords:** Smoke-free Area, Implementation, Local Regulations

### INTRODUCTION

Cigarettes cause air pollution with smoke containing harmful substances, disrupting the health of smokers and those around them. Exposure to cigarette smoke can trigger serious diseases such as high blood pressure, cancer, and other diseases, with treatment costs three times higher than the excise tax received by the state (1). Cigarettes have a wide impact on health, triggering various diseases such as lung cancer, lung infections, and respiratory tract damage, as well as worsening asthma symptoms, leading to high medical costs and decreased family productivity. Based on data, 59.6% of deaths due to cigarettes are caused by lung cancer, bronchitis, and other lung diseases (2).

According to WHO (2020), tobacco contains nicotine which is addictive and is a major risk factor for heart and respiratory diseases, with more than 8 million deaths each year due to its use. Indonesia has the highest smoking prevalence in ASEAN, which is 31%, followed by Timor Leste (23.7%), Laos (21.8%), Vietnam (19%), Malaysia (16.9%), Philippines (16.2%), Thailand (16.2%), Myanmar (14.6%), and Brunei (12.1%) (3). According to The Global Adult Tobacco Survey 2021, the number of adult smokers in Indonesia increased from 60.3 million in 2011 to 69.1 million in 2021, with the use of e-cigarettes increasing from 0.3% to 3%. Exposure to cigarette smoke in restaurants reached 74.2%, in government buildings 51.4%, and on public transportation 40.5%. BPS data shows fluctuations in the number of active smokers in South Sulawesi from 25.59% in 2019, down to 24.89% in 2020, and slightly up to 24.91% in 2021, emphasizing the need for regulations on Smoke-Free Areas (KTR) (4).

The results of the Sidak (Sudden Inspection) conducted by the Makassar City Health Office in collaboration with Hasanuddin Contact (2023), found 24 people committing violations, namely smoking in a smoke-free area,

this violation occurred in several places, namely public transportation, workplaces, teaching and learning places and other public places (restaurants or cafes) with the note that they did not know about the Smoke-Free Area (KTR). The results of the supervision showed that two ASN in the regional apparatus organization of South Sulawesi Province violated Regional Regulation No. 1 of 2015 concerning the Smoke-Free Area (KTR), and they have been given warnings and education(5). This is proven in the results of Zsimoova's research which shows that the level of non-compliance is higher in restaurants, cafes, bars and nightclubs, public household buildings in apartment buildings, and indoor workplaces (6).

The implementation of smoke-free areas (KTR) has been regulated in the health law number 17 of 2023 concerning health, namely that each region is required to implement smoke-free areas (KTR) in their area. The Smoke-Free Area (KTR) regulation was welcomed in several regions in Indonesia, including South Sulawesi Province, especially Palopo City through Regional Regulation No. 3 of 2019. This regulation covers various places such as health facilities, schools, children's playgrounds, and public transportation, and requires the installation of smoking prohibition signs in these locations. Discussions with the Palopo City Health Office confirmed that the installation of KTR has been carried out in several areas such as Health Centers and offices through the MOU, but violations still occur frequently. In addition, survey data shows that 44.8% of the 15-19 age group are the highest in terms of first-time smokers in Palopo City.

Palopo City has a regional regulation on smoke-free areas, but the high smoking behavior among teenagers and violations of KTR are still problems that need to be addressed. This was confirmed in a study conducted by Sendall et al. related to the implementation of KTR policies at universities shows that policy relaxation can have negative impacts on health and emotional well-being, especially for non-smokers, and emphasizes the need for consistent implementation, maintenance, and enforcement as well as cessation support to create a smoke-free culture on campus (7).

The implementation of Smoke-Free Areas by the government aims to protect the public from cigarette smoke, tobacco promotion and sponsorship, in accordance with the tobacco and death control strategy recommended by WHO. Smoke-Free Areas (KTR) are the obligation of the city government to reduce morbidity and mortality due to smoking, with the aim of creating healthier and cleaner air through changing community habits,(8) Policy implementation is influenced by many indicators, George C. Edward III's policy implementation model explains that "Policy implementation is influenced by four indicators, namely: communication, resources, disposition, and bureaucratic structure"

The results of research conducted by Kahendra prove that factors that influence the implementation of the Smoke-Free Area (KTR) policy include the delivery of information, clarity of information, resources, communication, disposition, bureaucratic structure, smoking behavior, and knowledge related to KTR (9). As for the research conducted by Putra and Setyowati, four inhibiting factors for the implementation of the Smoke-Free Area (KTR) policy are suboptimal communication, low target discipline, inadequate supervision, and minimal special smoking facilities and mobility facilities (10). The theory of policy implementation according to Van Meter and Van Horn includes five indicators: standards and objectives, resources, communication, implementing agencies, and the economic, social, and political environment. The similarity of views between this theory and the theories of other experts lies in the indicators of resources, communication, and implementing agencies. Based on the background of the problem, researchers are interested in examining the implementation of the KTR policy in Palopo City related to the implementation of Regional Regulation No. 3 of 2019.

### **Participants And Methods**

This study adopts a qualitative case study approach with a qualitative analysis type and a descriptive approach. The focus of the study is on various locations in Palopo City, including health service facilities, teaching and learning places, places of worship, and public facilities such as hotels and restaurants, with implementation in January-March 2024. Informants were selected using a purposive sampling method, involving 4 key informants and 4 supporting informants. Data collection techniques include interviews, observations, and documentation. Data analysis was carried out using two models, namely interactive model data analysis and descriptive data analysis, and data validity was measured using triangulation to ensure the validity and reliability of the findings.

### **RESULT AND DISCUSSION**

Palopo City, located about 375 km north of Makassar, has an area of 247.52 km<sup>2</sup> and is divided into 9 sub-districts and 48 villages. Its area consists of 62% lowlands, 24% areas with an altitude of 501-1000 meters, and 14% areas above 1000 meters, with a maximum altitude reaching 1000 meters. This study involved 8 informants, consisting of 4 key informants as follows.

Table 1. Characteristics of Informants

No	Informant Initials	Age	Job/Position	Information
1	AL	44 Years	Head of Legal Section of the Mayor of Palopo	Key Informant
2	JN	30 years	KTR Program Manager, Palopo City Health Office	Key Informant
3	NL	53 Years	Head of Functional Division of Health Promotion PKM North Wara	Key Informant
4	AK	42 Years	Head of PPUD Section	Key Informant
5	YN	30 years	Dean of the Faculty of Public Health, Megabuana University	Supporting Informant
6	AH	44 Years	Management of the Great Mosque of Palopo City	Supporting Informant
7	TK	34 Years	Owner of Kapurung Palopo Restaurant	Supporting Informant
8	JJ	40 Years	General public	Supporting Informant



Figure 1. No Smoking Area Signs at the Grand Mosque and Palopo Mayor's Office



Figure 2. There are No-Smoking Area Signs at the Health Office, Megabuana University, and Palopo Health Center

The implementation of the Smoke-Free Area (KTR) in Palopo City has not been optimal. Observations show that many public places, including children's playgrounds and government agencies such as the Investment Office, do not have smoking prohibition signs, so that the public does not know that the area is a smoke-free area. Although Regional Regulation No. 3 of 2019 has regulated the KTR area, the absence of signs and facilities such as information boards and smoking areas has resulted in low compliance. The lack of socialization and information regarding the KTR Regional Regulation also contributed to the high level of violations. To increase the effectiveness of KTR, the government needs to improve socialization and provide adequate facilities.

### 1. Communication

Effective communication is key in channeling policy information between the Palopo City government and implementers such as the Head of the Mayor's Legal Department, the Health Office, and other related parties. This study aims to assess the form of communication and ensure that implementers understand the steps and

objectives of the policy, especially in the implementation of Regional Regulation No. 3 of 2019 concerning Smoke-Free Areas. The success of policy implementation depends on clear and consistent communication to avoid miscommunication and ensure all stakeholders are effectively involved.

"..Communication has been carried out, but only a few SKPDs are able to implement it due to budget limitations.."

"..Yes, there is..if for example there is a notification from the province or center regarding the KTR notification, it is usually shared via the WA group. Then if there is supervision or monitoring and evaluation like that, a direct meeting is usually held. This year there has been no UMB KTR, but if I'm not mistaken in 2022 there was cross-sector coordination, at that time not only the health center was called but also the Education Office, which is included in the 7 KTR arrangements.. "

Communication on the KTR Regional Regulation in Palopo City has been carried out, but its implementation is hampered by budget constraints and the absence of a Mayoral Regulation. The Health Office and Satpol PP confirmed that there were meetings and forums, but implementation is still hampered by budget issues and a lack of technical regulations.

"..If in the legal section, to socialize it to schools, we still help with the health department. Because we once went during the Healthy City assessment, there were several that we socialized related to this regional regulation issue.."

"Socialization has been carried out by the Health Center but it depends on each leader of each work unit area, because the Health Center cannot force it, because we are not part of the enforcement function, therefore there must be a regulation that states who will carry out the enforcement, well usually it should be the Satpol PP.."

Socialization regarding the KTR Regional Regulation in Palopo City has been carried out in accordance with existing provisions, and Megabuwana University and places of worship have implemented KTR. However, public places such as restaurants have not understood or received socialization regarding the policy.

"...I've heard, but I don't really understand. There hasn't been any socialization like that...."

Although there is communication and socialization about the KTR Regional Regulation in Palopo City, its effectiveness is still limited because some parties have not received adequate information, indicating that socialization is not yet comprehensive and some SKPDs have not fully implemented the policy. Communication is a system of information delivery process which is then distributed to parties in need, both for internal and external purposes.(11). the meeting and communication forum is no longer running to discuss developments related to the policy rules. In fact, internal communication from the Health Service no longer discusses the continuation of Regional Regulation No. 3 of 2019 concerning KTR. Whereas in the research of Putra & Setyowati it states that clear and effective communication is very important in implementing the policy(10).

The results of this study are in line with research conducted by Khoirunnisah that communication carried out in the implementation of Medan City Regional Regulation No. 3 of 2014 between the city government and the academic community has not been running well due to the role of stakeholders in building communication that is not running effectively.(Khoirunnisah, 2019). The lack of effectiveness in implementing the Smoke-Free Area policy in Palopo City is due to the lack of coordination from the City Government, which hinders the delivery of information to the lower level. This is in line with Edward III's theory that public policy must be conveyed not only to implementers but also to target groups and related parties.

## 2. Disposition

The attitude or disposition of policy implementers, including commitment, honesty, communication skills, and democratic attitudes, are very important in the success of public policy implementation. The implementer's commitment to the policy objectives affects its effectiveness. In the context of implementing Palopo City Regulation No. 3 of 2019 concerning Smoke-Free Areas, the support of implementers is needed to ensure that the policy can be implemented effectively and efficiently. Implementers must understand and have the ability and support to implement the policy properly.

"..Very supportive. Because government programs, government programs, even central government programs.."

"..I support you, but there are still many violations among fellow employees here.."

"..For the general public, we don't know yet because we've never done a survey.."

"..Actually, what I found in the field, especially mothers, of course mothers, then some people who don't smoke, for example in a sub-district office. There is one sub-district office here. Some people smoke inside, some don't smoke. So, fathers who don't smoke definitely support it because they are worried about becoming passive smokers later, right?If you are in the same room as someone who doesn't smoke, there are no restrictions...."

Community support for the KTR Regional Regulation in Palopo City is not yet known by the Head of the Legal Section and the Health Office, although the Health Center reported positive support. The implementation of Regional Regulation No. 3 of 2019 is hampered by the lack of technical support, the absence of a Mayoral Regulation, and the lack of commitment from the Mayor, with law enforcement and efforts by KTR managers not showing significant changes. The attitude/support referred to in this study is support from areas targeted for

the Smoke-Free Area. In this study, researchers looked at support from places of teaching and learning processes, places of worship, places to eat & the general public to ensure existing support.

"...We really support the health campus. Even though it has now become a university. But because we are basically a health campus, but even though it may not be a health campus. But if it is for our own health, especially for our own lung health, especially if all our workspaces are air-conditioned, we still support it.."

"Yes, of course, if it's for an environment like that, it's for the good, it's clear that we support it. That's good, it's clear that we agree to protect the general public, for passive smokers to avoid cigarette smoke."

Universities and places of worship support the implementation of KTR, while restaurants and the general public will follow if there are directions and facilities from the City Government, with universities already implementing KTR before the Perda was issued. Policy implementation depends on more than just the disposition of policy actors; it also involves factors such as organizational structure, available resources, and support from related parties. According to Jones, successful policy implementation requires good coordination between the various parties involved, as well as effective communication to ensure that policy objectives can be achieved properly.(13). In addition, according to a study conducted by Smith, it is important to pay attention to internal and external factors that can influence policy implementation.(14).

Internal factors such as strong organizational culture and leadership, as well as external factors such as community support and national policies, influence the success of policy implementation, which in this case, is still constrained by the lack of commitment from the Mayor and Regent in Palopo City, thus requiring more efforts from the Health Office and related agencies. This is supported in Adi's research stating that one of the things that influences policy implementation is the attitude of the implementer in implementing a policy(15).

Implementers include leaders and all members of the work unit who must support each other and participate in implementing policies for the common good. This is reinforced by Islamy's statement that those who have authority must have the power to ensure complete compliance from internal and external parties of the organization, which is essential for the success of policy implementation.(16). Sentosa's statement in his research that the success of policy implementation depends on support from implementers and the community; community involvement increases motivation to maintain the policy(17).

### 3. Resource

#### a. City Government Human Resources

This study evaluates the resources needed for the implementation of the Smoke-Free Area in Palopo City, including specialized personnel, adequate budget, and facilities such as no-smoking signs. Key informants stated that human resources in each internal agency were considered adequate.

"..There is. There is a special one indeed. But so far it has not worked and it has not worked optimally. There is a special team but it is not optimal. Because there is no supporter.. "

".If the health center has human resources to implement it, but we cannot implement it alone, we need a task force to enforce it.."

Key informants revealed that there are no human resources (HR) or Task Force to enforce the implementation of the Smoke-Free Area (KTR) in Palopo City. The Head of the Mayor's Legal Section, Health Office, Health Center, and Satpol PP all stated that the existence of a Task Force related to the KTR Regional Regulation is still absent.

#### b. Budget

Interviews revealed that budget allocation for the implementation of Smoke-Free Areas (KTR) had been carried out, but in 2020 the budget was diverted to handling Covid-19, according to the Mayor's Head of Legal Affairs. On the other hand, the Health Office stated that KTR socialization activities did not require additional funds because annual reporting on KTR implementation was still required.

"..A budget was once allocated for that problem, but because at that time the budget refocusing seemed to be eliminated when there was Covid. But until now it has not been proposed by the health service again. It should be proposed to be considered as well whether this can still be continued.."

"..KTR activities do not have to have funds because they are only socialization. And also because every year a report is requested. The KTR report looks at how many targets and how many arrangements have been KTR, depending on whether KTR or not depends on the assessment of the health center, usually.."

The Health Office stated that the socialization of KTR did not require special funds, while the Health Centers expressed difficulties in procuring media such as stickers without a budget. The Health Centers also reported a lack of funds for other needs, such as medicine and electronic medical records. The Head of the Mayor's Legal Section confirmed the existence of a budget, but indicated that the funds had been transferred to the respective SKPDs..

"If from the center there is a budget, then there is also a BOK..."

The health center receives a central budget for health promotion, but it is no longer allocated specifically for KTR, but for the PTM program. However, KTR education can still be carried out through the PTM program, and the health center hopes that cigarette tax funds can be used to educate the public about cigarettes.

### c. Availability of Facilities

The availability of facilities is not yet adequate. From the answer of the head of the legal department, there are no facilities so that it is still an obstacle in enforcing the smoke-free area. Meanwhile, the Satpol PP stated that some agencies have implemented KTR but not all of them and the government should provide smoking areas in public places.

"..The facilities are not yet available, that is also what makes us unable to enforce it. If possible, there are already facilities prepared by the government. Then someone does that. We will follow up and give sanctions. But because there is no availability of facilities prepared by the government regarding the special room for that, we cannot determine it either.. "

"..For facilities, some agencies have implemented KTR but not all of them, if in public places it is not yet available, the government must provide a smoking area.."

Internal resources exist but are not optimal because there is no Task Force team for KTR enforcement, which cannot be formed without a Mayoral Regulation. Budget allocation is affected by Covid-19, with funds from the central government available but without a special allocation from the city government, while Megabuwana University shows initiative in supervising KTR on campus.

"..There has never been any human resources from the government level that supervises KTR. But here we have a personnel department. So here the personnel department is tasked with reprimanding employees or lecturers who commit violations.."

Places of worship and restaurants do not yet have the resources to manage KTR, and the general public is unaware of this. At Megabuwana University, the personnel department monitors KTR violations, while KTR facilities from the government are not yet available in Palopo City, hampering implementation.

Improving the quality of human resources is important for improving institutional performance and achieving institutional goals, because HR is the core of organizational operations.(18). There are funds from the central government related to the implementation of smoke-free areas, but in its use, it still prioritizes the use of funds for other health needs as stated by the health center. In a study conducted by Radiansyah, it was stated that the budget for implementing the KTR policy came mostly from the regional health budget (10% of the APBD) through the regional health service apparatus as the main locomotive of the regional apparatus that carries out tasks related to KTR.(19). However, the policy related to KTR is not only carried out by the health service but also involves all regional apparatuses, meaning that all regional apparatuses also have certain budget items related to the implementation of the KTR policy.

The implementation of the KTR Regional Regulation in Palopo City is hampered by the unavailability of facilities such as smoking areas in public places, although the KTR Regional Regulation regulates the provision of these facilities. The main obstacle is the absence of a Mayor's Regulation that regulates the details of the provision of facilities according to the Regional Regulation, so that the implementation of KTR has not been maximized. Research shows that universities in Palopo City have special human resources to supervise KTR on campus, reflecting high initiative and concern for health. However, KTR facilities in public places and special smoking rooms are still inadequate. The results of this study are in line with research conducted by Putra & Setyowati that not all agencies in the Yogyakarta City government provide special smoking areas(10).

## 4. Bureaucratic Structure

The bureaucratic structure referred to in this study is the division of authority related to the enforcement of the Smoke-Free Area and the existence of SOPs that have been created in the implementation of the Smoke-Free Area in Palopo City.

"..There should be a task force team to take action, but the Mayor's Regulation is not yet available, we don't know what the process will be like in the field."

The absence of a bureaucratic structure for the implementation of the Smoke-Free Area (KTR) in Palopo City is due to the absence of a Mayoral Regulation that regulates derivatives of the Regional Regulation. The Health Service also revealed that without a Decree regulating action, the formation of a task force and supervision of KTR cannot be implemented.

"There is no task force yet because it has not been formed. We cannot go down to the field to take action because there are those who must do it themselves, such as Satpol PP, and we cannot invite them if the mayor has not issued the decree."

The Satpol PP of Palopo City stated something different, namely that it is sufficient to complete the regulations related to the Mayor's regulations, then the Satpol PP can take action and there is no need to use a task force. However, if the City Government wants this, then it is even better.

"..Actually, just completing the regulations related to the Mayor's regulations is enough, we can take action. No need for a task force. Because as far as I know, only alcoholic drinks need a task force. But if the city government wants to create a task force for KTR, that would be even better.."

Researchers found that there is no special forum to evaluate the progress of the implementation of the Smoke-Free Area (KTR) in Palopo City, even though there is a circular from the Head of the Legal Division. All three informants acknowledged the absence of such a forum. Enforcement of sanctions in the KTR Regional Regulation cannot be carried out because the necessary facilities are not yet available, and there is no task force for enforcement. In addition, technical instructions and structures for imposing sanctions have not been clearly regulated by the Health Office or the Mayor. Satpol PP has also not implemented sanctions and only gives verbal warnings.

At Megabuan University, there is a bureaucratic structure for the implementation of KTR with the personnel section supervising and giving sanctions in the form of warnings or Warning Letters (SP) to violators on campus. In contrast, the Palopo City Government does not yet have a bureaucratic structure for enforcing KTR. Managers of places of worship issue warnings on their own initiative, while restaurant owners are reluctant to reprimand customers who smoke due to the lack of clear regulations from the government. In general, the bureaucratic structure for KTR is only found at universities, while places of worship, restaurants, and the general public do not yet have an understanding of this.

Edward's theory mentions two main characteristics of bureaucracy: Standard Operating Procedures (SOP) and Fragmentation. SOP is important to ensure consistency in the execution of tasks, while Fragmentation involves the division of responsibilities between organizational units, requiring good synergy and coordination for effective supervision, monitoring, and evaluation.(20). The lack of a special task force for KTR enforcement in Palopo City is due to the lack of technical instructions from Regional Regulations, which results in uncertainty in the implementation and enforcement of policies.

The results of this study are in line with the findings conducted by Ayuni & Nasrullah in their research on the Enforcement of Regional Regulations of the City of Yogyakarta on Smoke-Free Areas.[21]. They found that law enforcement related to KTR in Yogyakarta City also experienced obstacles because the articles in the Regional Regulation did not regulate clearly, so there was a lack of clarity in the norms in its implementation. The main obstacle to the implementation of the KTR Regional Regulation in Palopo City was the absence of a clear bureaucratic structure, including authority and SOP, and the absence of a Mayor's regulation as a technical guideline, which resulted in the inability to implement and enforce the policy effectively [22-30].

## CONCLUSION

The lack of even socialization has caused some people to be unaware of the existence of the KTR Regional Regulation in Palopo City. Declarative support without strict supervision and concrete action, so that many violations are still found. Limited supporting facilities such as smoking rooms and prohibition boards mean that people do not understand the KTR policy rules. Weaknesses in regulations and bureaucratic coordination as well as the absence of SOPs and the absence of a KTR monitoring task force show that this policy requires more solid infrastructure and procedural support to be effective.

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## Author's Contribution

Nur Indah Sari conceived the study, undertook the data collection, assisted with the statistical analysis and interpretation of the results. Balqis Nazaruddin and Indar assisted with the design of the study and study tools and a significant contribution in data analysis and development of the journal paper. Amran Razak, A. Arsunan Arsin, Muhammad Lalu Saleh and Anwar Mallongi reviewed the manuscript and provided valuable feedback. All authors approved the final version of the manuscript for publication.

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