

Implementation of Smoke-Free Are (KTR) Policy in Regional Apparatus Organizations of Merangin Regency

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Abstract

The government has established a Smoke-Free Area through Law No. 36 of 2009 concerning Health regulating the Smoke-Free Area), which is clarified by PP No. 109 of 2012. However, the implementation of KTR has not been effective, this is indicated by the continued occurrence of violations such as smoking and selling cigarettes in prohibited areas without strict sanctions. The purpose of this study was to determine the implementation of KTR policy. The research method used was a qualitative type with a case study approach involving 12 informants from OPD in Merangin Regency. The results of this study are that the Implementation of KTR is still not optimal. Policy socialization is carried out through communication media, but there has been no special training. Supervision and evaluation are not in accordance with Regional Regulation, there are no special human resources, facilities and funds are limited, and individual awareness is still low. OPD show commitment through appeals, but there are no incentives from the Health Office. The bureaucratic structure is not yet supportive due to the absence of SOPs and special organizational structures in each OPD. It is recommended that local governments conduct training, allocate special funds, and prepare SOP and supervisory teams

Introduction

One of the most significant public health problems worldwide is the use of tobacco in cigarettes. More than 8 million people die each year from tobacco, according to the World Health Organization (WHO). About 7 million of these die from direct tobacco consumption, and another 1.2 million die from exposure to secondhand smoke.(World Health Organization, 2021) According to the Southeast Asia Tobacco Control Alliance (SEATCA) report in ASEAN Towards Tobacco Control, published in The ASEAN Towards Tobacco Control 2018, more than 942 million men and 175 million women worldwide, aged 15 years and above, are active smokers.(Swarnata et al., 2024) According to data from the American Cancer Society in The Tobacco Atlas in 2018, Indonesia ranks third highest as a daily smoker consumer with 49.8 million people, consisting of 66.6% men and 2.1% women, or around 3.9 million women.(TCSC-IAKMI, 2020)

Jambi Province is one of the areas with a high prevalence of smokers. Data from the Central Statistics Agency (BPS) shows fluctuations throughout the period 2015-2023. The prevalence of smoking in Jambi was 30.82%, then dropped to 29.18% in 2016 and 2017. This decline continued until 2018 (28.21%) and increased slightly to 28.54% in 2019. In 2020, it recorded a decline to 28.01%, followed by an increase to 27.47% in 2021. In 2022, the prevalence increased significantly to 28.62%, and to 28.67% in 2023. Jambi ranks 12th out of 34 provinces with a prevalence of smokers of 28.62% in 2022, only 5.19% different from Lampung which is the highest with 33.81%(BPS, 2024) Merangin is the largest district in Jambi Province with an area of 7,679.00 km². The Central Statistics Agency shows that around 24.73% of the population of Merangin Regency over five years have a smoking habit, either every day or not every day. The high percentage of daily smokers shows that smoking is a fairly ingrained habit in society, which requires serious attention in terms of public health and tobacco control efforts.(BPS Merangin, 2021)

The government is trying to reduce exposure to cigarette smoke by establishing a regulation in Law No. 36 of 2009 concerning Health that regulates Smoke-Free Areas (KTR), which is clarified by PP No. 109 of 2012. According to this law, regional governments must establish KTR in their regions through Regional Regulations. KTR includes health facilities, schools, children's play areas, places of worship, public transportation, workplaces, public spaces, and other designated places. With this authority, each region has the freedom to adjust the implementation of policies according to local needs and situations (Salehudin et al., 2020)

The implementation of policies and regulations on smoke-free areas has not been effective in the implementation in the field. This is indicated by the fact that people who smoke are still found, both hospital staff and visitors, in addition there are still people who sell cigarettes in stalls or canteens in the hospital area and there have been no strict sanctions, only light warnings(Ridwan & Amir, 2017).

The form of government commitment to protect the community, both smokers and non-smokers, requires support and an active role from Regional Apparatus Organizations (OPD) so that they can implement KTR in their respective work areas and monitor how it is implemented in each Regional Apparatus, so that it can be said that the role of Regional Apparatus Organizations (OPD) is important in the implementation of a KTR policy(Prabawati, 2022). In addition to leadership support, ongoing supervision and monitoring are essential to strengthen policy implementation. (Ridwan et al., 2023).

However, in implementing policies there are factors in the success of evaluating their implementation, namely: (1) Communication (2) Resources (3) Disposition (4) Bureaucratic structure (Subarsono, 2011). Based on the results of initial observations conducted by researchers in various locations of the Regional Apparatus Organization (OPD) of Merangin Regency, namely the Education Office, Sub-district Office, Village Head Office, Population and Civil Registration Office, Health Office, many people were still found smoking in the environment, and based on the results of interviews with the holders of the Smoke-Free Area (KTR) program at the Merangin Regency Health Office, it was found that the KTR program had never been evaluated during its eight years of implementation. The main obstacle in implementing this program is the lack of adequate budget to support KTR activities.

This observation raises concerns that the KTR policy has not been fully effective and its implementation has not been evaluated properly by the Regional Apparatus Organization of Merangin Regency. This indicates weaknesses in enforcing regulations and a lack of awareness or discipline among the community and employees. Therefore, this study intends to determine the Implementation of the Application of the Smoke-Free Area (KTR) Policy in the Regional Apparatus Organization of Merangin Regency

Method

The research method used is a qualitative research type with a case study approach. The informants used in this study were 12 Regional Apparatus Organizations (OPD) in Merangin Regency. In-depth interviews and observations are the methods of data collection used. The author will give several questions to the informants to obtain as much information as possible by observing the phenomena or cases needed and viewing several documents that may be needed to analyze data obtained from the field. In this study, data analysis uses the help of Open Code Software.

Research and Discussions

1. Result

Transmission

Based on the results of in-depth interviews conducted to see the communication aspect, namely transmission, in this study the author will show how communication is used to convey information about the smoke-free area (KTR) program. Based on the aspects to be seen, the results obtained are that the delivery of policies related to KTR is carried out by the Merangin Regency Regional Apparatus Organization by conducting socialization, providing KTR mapping zone letters, and implementing special regulations according to Regional Regulation No. 2 of 2016.

"... I also always communicate to all my staff not to smoke in the area, both Health Service personnel and outside the Health Service not to smoke in the KTR area." (Informant 1)

"... the main policy is that we must coordinate with the related OPD where we put up banners and others related to KTR" (Informant 2)

"... we put up no-smoking stickers in this office." (Informant 5)

"Through a letter that maps the smoke-free and smoke-free zones where they are." (Informant 7)

"We have indeed implemented special regulations for the implementation of the KTR area in this office" (Informant 8)

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Based on information from all informants, the communication media used to disseminate information related to KTR is through socialization with banners, posters, social media, coordination meetings and circulars.

"Making banners to remind people not to smoke in this area." (Informant 1)

"... we have been generally given a roll call and posters have been given in the room for the prohibition of smoking." (Informant 3)

"There are several media that we use, such as coordination meetings, briefings, circulars and follow-up to the Regional Regulation" (Informant 5)

"through electronic media, through circulars, using media too, and coordination meetings." (Informant 7)

"There are KTR stickers and posters" (Informant 10)

The training process carried out by the Health Office to ensure that all OPDs receive information about KTR correctly and completely has not been carried out

"Yes, we used to do it until there was a decree. Because in any case the health office must do it because it is important, always reminded" (Informant 1)

"There is no training yet, socialization has been done to the community and OPD" (Informant 2)

"No." (Informant 3)

"There is no special training" (Informant 4)

"There is none" (Informant 5)

Clarity

Based on the results of in-depth interviews conducted to see the communication aspect, namely clarity, in this study the author will show the communication used to see how the program socialization is delivered or the effectiveness of the program being run. Based on the aspects to be seen, the results obtained are that in ensuring that the KTR policy is conveyed properly, it is done by reviewing behavior, seeing cigarette butts and carried out with supervision and monitoring that is still carried out with continuous socialization.

"Simple, he does it or not. If he does not do it, it means he does not understand.

That's it." (Informant 1)

"... we still do socialization that aims to build understanding about the importance of KTR." (Informant 2)

"If we make sure, if there are cigarette butts in that place, it means there are still violators" (Informant 3)

"If the smoking area has been determined, we will automatically take action against the staff if they still smoke in random places, they can be given sanctions."

(Informant 7)

"We monitor and remind" (Informant 9)

Through the strategy that has been carried out, but in the process of ensuring the KTR policy, it seems that it is not optimal, this is because based on observations made, the socialization process was only carried out during the assembly and there was no targeted socialization intensity in a year and this is also supported by a statement by one of the informants who also said that the effectiveness of the program that was running was not optimal, because there were still many individuals who committed violations.

Consistency

Based on the results of in-depth interviews conducted to see the communication aspect, namely consistency, in this study the author will show the communication used to see the continuity and efficiency of the evaluation of KTR and its obstacles. Based on the aspects to be seen, the results obtained are that to maintain the consistency of messages related to the Smoke-Free Area (KTR) Policy so that it is applied uniformly in all OPDs in Merangin Regency, monitoring is carried out through the KTR e-money application and socialization.

" most reminded during the roll call and if I see it, convey it directly, yes. "
(Informant 1)

"By using the KTR e-money application to see the implementation of KTR in OPD in stages. As for the website about KTR, there is none yet, but our smoking area screening activities have a website" (Informant 2)

"As I said, we always roll call every day and are reminded with posters" (Informant 3)

"Ensuring socialization in OPD, sometimes reminded directly." (Informant 4)

Furthermore, it is known that the evaluation or inspection of the implementation of KTR is not in accordance with Regional Regulation No. 2 of 2016 concerning KTR. This is because if someone still violates the smoking ban area, they will only be given a verbal warning and an appeal. According to Regional Regulation No. 2 of 2016 concerning KTR, anyone who violates the provisions of Article 18 paragraph (1), namely Everyone is prohibited from smoking in places that have been designated as KTR is threatened with imprisonment for a maximum of 1 (one) month or a maximum fine of Rp. 1,000,000.00 (one million rupiah).

The maximum imprisonment is 3 (three) months or a maximum fine of Rp. 5,000,000.00 (five million rupiah) if in places of worship, workplaces, and public places, the smoking ban applies to the water flow limit from the outermost roof. The maximum imprisonment is 6 (six) months or a maximum fine of Rp. 10,000,000.00 (ten million rupiah) in public transportation, the smoking ban also applies in public transportation. The inconsistency of the implementation of the KTR application can be seen through the results of the informant triangulation as follows:

"No, at most they remind us during the roll call and if I see them, tell them directly."
(Informant 1)

"Technically, we gave warnings and checked for cigarette butts" (Informant 3)

"So far it has only been in the form of warnings" (Informant 4)

"If there are any violations, it is only a verbal warning" (Informant 6)

"There are no sanctions yet" (Informant 8)

Staff

Based on the results of in-depth interviews conducted to see the aspect of resources, namely staff, in this study the author will show the communication used to see the quantity (number of available human resources) and quality (Training, Last Education, Length of Service). Based on the aspects to be seen, the results obtained show that the availability of human resources to manage the implementation of human resources in terms of quantity has no provisions for the number, so that there are no special human resources to manage KTR and it is less than optimal.

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"There are no specifics, so I delegate it to each field" (Informant 1)

"There are usually no provisions on the number, that is the task force's job" (Informant 2)

"There are no provisions" (Informant 5)

"There are no provisions, but I think it is not optimal" (Informant 6)

"There are none" (Informant 10)

Facilities

Based on the results of in-depth interviews conducted to see the resource aspect, namely facilities, in this study the author will show the communication used to see supporting facilities in the implementation of the KTR policy. Based on the aspects to be seen, the results obtained are that the facilities provided to support the implementation of KTR in the OPD environment are not all OPDs have facilities that support the implementation of KTR. The facilities available are places that are attached with Smoke-Free Areas/No Smoking Areas, Banners, and no-smoking signs.

"Well, that's what I said earlier, there is a room at the end, that's what we want to use as a KTR. Later, a special place will be made, while the existing place is in the canteen" (Informant 1)

"In OPD, all have used banners, KTR signs, in public places there are also health prohibition banners" (Informant 2)

"Yesterday, we made a special smoking area near the canteen for the no-smoking sign." (Informant 4)

"Well, that was it, we are each regional apparatus. In Bappeda itself, we are not allowed to smoke in closed rooms. Well, maybe a special smoking area should be provided, well, Bappeda has provided that behind the parking lot. Well, smokers are directed there, but yes, there are some who are lazy to go there because it is a bit lower" (Informant 5)

"For certain areas, we do not have any signs or signs for not smoking, what is clear is that if there are people smoking, we direct them to an open area." (Informant 6)

Funds

Based on the results of in-depth interviews conducted to see the resource aspect, namely funds, in this study the author will show the communication used to see the supporting facilities in the implementation of the KTR policy. Based on the aspects to be seen, the results obtained show that the availability of funds to support the implementation of the Smoke-Free Area (KTR) has not been available, this is charged to each OPD, so that the budget allocation for facilities or activities related to KTR has not been carried out.

"Charged to each sector, for other OPDs it is not the responsibility of the health office. Because the local government should have... if there were funds, I would have made training every 6 months. Back to each OPD." (Informant 1)

"No funds" (Informant 2)

"Currently there are none" (Informant 4)

"Well, there are none if it's funds, it's best to build a working space with Bappeda's own funds." (Informant 6)

"Until now there haven't been any specifically for KTR. So far, they've made stickers like that in the general section for this office household." (Informant 10)

"None" (Informant 11)

Commitment

Based on the results of in-depth interviews conducted to see the disposition aspect, namely commitment, in this study the author will show the communication used to see the form of attitude in carrying out tasks and responsibilities to carry out supervision and control in the smoke-free area (KTR) program. Based on the aspects to be seen, the results obtained are that OPD in Merangin Regency shows its commitment to supporting the implementation of the Smoke-Free Area (KTR) by following and implementing Regional Regulation No. 2 of 2016 concerning KTR and other forms are getting angry if someone violates and continuing to give warnings. However, if seen from the aspect of the evaluation or inspection carried out, of course it has not fully followed and complied with Regional Regulation No. 2 of 2016, such as imposing fines on individuals who violate the rules that apply.

"I get angry if someone smokes in a KTR area, well that's my form of commitment. Spontaneous, that is a definite form of commitment" (Informant 1)

"Health Center and Health Office officers suggest that all OPDs create KTR" (Informant 2)

"Eeee what, we are committed to smoking in the right place." (Informant 3)

"The commitment is always, if someone smokes in a public place they are always reminded." (Informant 4)

"Our commitment, yes, is limited to an appeal in my opinion. We don't have any punishment and reward regulations yet." (Informant 5)

Motivation

Based on the results of in-depth interviews conducted to see the disposition aspect, namely motivation, in this study the author will show the communication used to see expertise in directing to work in achieving the goals of a smoke-free area (KTR). Based on the aspects to be seen, the results obtained are that the steps taken to motivate OPDs in implementing and maintaining Smoke-Free Areas are by making appeals, reminding, and providing an understanding of the negative impacts of smoking.

"Every meeting is always reminded." (Informant 1)

"The first thing we do is invite all people to obey KTRs such as public places, offices, children's play areas." (Informant 2)

"What is clear is that we know that smoking has a bad impact, so we realize that it is for public health and people who are passively affected." (Informant 5)

"Always give warnings to employees and co-workers about KTR, and not to smoke indoors" (Informant 7)

"What is clear is providing an understanding of how important health is, and providing views during roll call and standby roll call activities. Yes, I do not know about giving rewards yet, because there are no regulations on this yet, but we will direct first." (Informant 10)

Based on the results of the triangulation of interviews that have been conducted, it can also be seen that incentives or awards from the Health Office for OPDs that have successfully implemented KTR well have not been given. As well as obstacles or difficulties in implementing KTR in OPDs lie in individual awareness, the KTR task force and implementation that is not yet optimal, such as the absence of sanctions.

SOP

Based on the results of in-depth interviews conducted to see the aspects of bureaucratic structure, namely SOP, in this study the author will show the communication used to see guidelines that have a structure, are systematic, and simple to follow in an agency or organization. Based on the aspects to be seen, the results obtained are that there is no SOP for implementing KTR, there is only a guide in the form of Regional Regulation No. 2 of 2016 concerning KTR

"Specifically there is none" (Informant 1)

"Not yet" (Informant 2)

"None" (Informant 3)

"You can ask under the SOP there is.. Later you can ask in the SOP there is"

Informant 4)

"Not yet, at most the regulation is the guideline." (Informant 10)

"If the guideline is the Regional Regulation, it has been made, then socialization, well we give a circular. Well, we will later post the circular in the OPD. Or we put up a brand of a smoke-free area. " (Informant 11)

Organizational Structure

Based on the results of in-depth interviews conducted to see the aspects of bureaucratic structure, namely organizational structure, in this study the author will show the communication used to see the framework or management structure that is formed and implemented in managing KTR and enforcing the smoking ban in the Merangin Regency Area. Based on the aspects to be seen, the results obtained are that there is no organizational structure to implement KTR

"None" (Informant 1)

"None, just go back to the OPD manager." (Informant 7)

"None, at most the general section" (Informant 8)

"Not yet" (Informant 9)

"Not yet, because we have never sat together to discuss this during the 2 years I have been here. So this is socially motivated" (Informant 10)

2. Discussion

The absence of this training contradicts the theory put forward by Edward III, where transmission requires that policies conveyed to the public are not only to policy implementers, but also to policy target groups and other interested parties, both directly and indirectly. This study is in line with research conducted by Napirah, et al. (2020) that the transmission or media used in the communication process related to the regulation is using methods through printed media such as pamphlets, banners and stickers about the prohibition of smoking which are attached or installed at several points that are easily seen by visitors and hospital employees (Napirah et al., 2020). This study is also in line with the research conducted by Harawati, et al. (2021), namely in the planning of KTR policy management there is socialization of the plan to establish a smoke-free area, determination of a smoke-free area and post-launch socialization, KTR officers carry out socialization of KTR, to provide knowledge that the Regional Regulation regarding KTR has been stipulated, community leaders and the people of Cirebon City are still not fully aware of the determination of the Regional Regulation. Likewise, research conducted by (Larasati et al., 2024) showed similar results.

The clarity dimension wants the policy to be understood by the policy target. The transition dimension in KTR policy planning is carried out by means of socialization since the regulation was enacted. The Clarity Dimension is communication carried out by the policy implementer, which is expected to be clearly received by the policy target. Clarity received by the policy target is very important in order to know the goals and intentions (Herawati et al., 2021). Based on the results of the research conducted, ensuring the implementation of the Smoke-Free Area (KTR) policy so that it is conveyed properly is carried out in various ways, such as reviewing individual behavior, observing the presence of cigarette butts in prohibited areas, and carrying out regular supervision and monitoring. However, in the process of ensuring the KTR policy, it seems that its implementation is still not optimal. Based on the results of the observation, it was found that the socialization of the KTR policy was only carried out at certain moments, such as during roll calls, without a clear schedule or target for socialization in one year. This causes a lack of consistency in the dissemination of information, so that many individuals still do not fully understand or comply with the policy. As a result, violations of the KTR rules are still often found, such as the presence of cigarette butts in prohibited areas or individuals who openly smoke in areas that should be smoke-free.

This is in line with Siti Nahdiah's research (2021) which states that there are several reasons why the implementation of the KTR policy is not optimal. Clear information will make someone is understanding of a policy better and tend to support the policy. With clear information and good understanding, someone will avoid misinterpretation and the purpose of conveying the information can be fulfilled. In addition, the intensity of the delivery must also be conveyed clearly (Nahdiah et al., 2021) research conducted by (Rassiyi & Suriyani, 2023) at the Pamarangan Village Office with clear information implemented well

Communication consistency is the delivery of information in a continuous, clear and targeted manner, so that the message delivered can be understood equally by all policy targets without causing misunderstandings or double interpretations (Prayoga, 2022) In the context of the Smoke-Free Area (KTR) policy, consistent communication involves routine socialization, with effective methods, and strict supervision, so that the objectives and rules of the policy can be conveyed properly and implemented optimally by the community. (Prayoga, 2022) Likewise, research conducted by Nahdiah et al. (2021) stated that good regulatory consistency, in this case not making changes to the Smoke-Free Area (KTR) regulations, does not guarantee the successful implementation of the Smoke-Free Area policy. (Nahdiah et al., 2021)

Based on the results of the research conducted, to maintain the consistency of the message regarding the Smoke-Free Area (KTR) Policy to be applied uniformly in all OPDs in Merangin Regency, monitoring is carried out through the KTR e-money application and socialization, but the evaluation or inspection of the implementation of KTR is not in accordance with Regional Regulation No. 2 of 2016 concerning KTR. Regional Regulation No. 2 of 2016 concerning KTR states that anyone who violates the provisions of Article 18 paragraph (1), namely Everyone is prohibited from smoking in places that have been designated as KTR is threatened with imprisonment for a maximum of 1 (one) month or a maximum fine of IDR 1,000,000.00 (one million rupiah). The maximum imprisonment is 3 (three) months or a maximum fine of IDR 5,000,000.00 (five million rupiah) if in places of worship, workplaces, and public places, the smoking ban applies to the limit of the water flow from the outermost roof. The maximum imprisonment is 6 (six) months or a maximum fine of Rp. 10,000,000.00 (ten million

rupiah) in public transportation, the smoking ban applies in public transportation (Pemerintah Kabupaten Merangin, 2016).

This is in line with research conducted by Nadhiah, et al. (2021) regarding the importance of clear information, namely the receipt of good information is obtained because the policies and regulations for the Implementation of Smoke-Free Areas (KTR) are conveyed and communicated appropriately and accurately and consistently to students. As stated in the implementation theory of George C. Edward III, good information delivery will be able to produce good implementation as well (Nadhiah et al., 2021). Likewise, research conducted by Larasati et al. (2024) showed similar results regarding the clarity of information consistency (Larasati et al., 2024). Also, research conducted by Rassyi (2023) at the Pamarangan Village Office showed that information consistency was implemented well (Rassyi & Suriyani, 2023).

The researcher views that this discrepancy indicates the need to strengthen communication strategies, including routine socialization and data-based evaluation through the KTR e-monev application. As a suggestion, there needs to be an increase in the intensity of supervision, strict enforcement of sanctions according to regulations, and the design of a sustainable communication program so that the KTR policy is not only known, but also internalized and implemented consistently by all elements of society. In accordance with the theory of policy implementation, important resources in policy implementation include a sufficient number of staff with adequate expertise, sufficient and relevant information regarding policy implementation instructions, authorities that ensure that the policy is implemented in accordance with the targets and objectives of the policy, and support facilities, including facilities/infrastructure, and activities to provide public services. (Khairatunnisa & Telaumbanua, 2021)

Based on the results of the research conducted, the availability of Human Resources (HR) in managing the implementation of the Smoke-Free Area (KTR) Policy in Merangin Regency is still not optimal. In terms of quantity, there are no clear provisions regarding the number of HR specifically tasked with supervising and implementing the KTR policy. As a result, monitoring and supervision tasks are often carried out in general by officers who have other responsibilities, so that the focus on KTR implementation is less than optimal. This ambiguity causes the workload to not be distributed effectively, which has an impact on weak supervision in the field and lack of follow-up to violations of the KTR policy.

This condition shows that the sustainability of the policy is highly dependent on the availability of adequate HR, both in terms of quantity and structured division of tasks. In addition, in terms of quality, there are no provisions governing special qualifications for HR tasked with implementing KTR, such as the latest education requirements, KTR-related training, or a certain length of service. The lack of these provisions makes the understanding and skills of officers in implementing the policy diverse, thus potentially affecting the effectiveness of communication and supervision (Fariz Kahendra et al., 2023).

This is in line with research conducted by Meidyatama (2023) which shows that the lack of optimal number of Human Resources (HR) is one of the inhibiting factors in the implementation of the Smoke-Free Area (KTR) Policy. The study found that in several government agencies, KTR policies are often only supervised by officers who have dual responsibilities, so that the focus on supervising smoke-free areas is neglected. In addition, Meidyatama also revealed that the lack of provisions related to HR qualifications, such as educational background or special training regarding KTR

policies, has an impact on the lack of understanding and skills of officers in conveying information and taking action against violations (Meidyatama, 2023)

Resources are an important factor in policy implementation. Achieving the objectives of a policy will not run optimally if it is not supported by adequate resources, both in the form of human resources and financial resources. As explained in Edward III's Theory, resource elements are divided into 4 (four) indicators, namely staff, information, authority and facilities. (Fajar, 2020) Facilities are all forms of means and infrastructure provided to support the implementation of a policy or activity, so that the objectives that have been set can be achieved effectively and efficiently (Merek et al., 2020) In the context of implementing the Smoke-Free Area (KTR) Policy, facilities include no-smoking signs, banners, socialization, monitoring tools such as CCTV, e-money applications for supervision, to special smoking rooms for certain areas. The availability of adequate facilities makes it easier for officers to monitor and enforce policies, while also helping the public understand and comply with applicable regulations (Prayoga, 2022)

Based on the results of the research conducted, not all Regional Apparatus Organizations (OPD) in Merangin Regency have adequate facilities to support the implementation of the Smoke-Free Area (KTR) Policy. The facilities in question include no-smoking signs, socialization banners, and special smoking rooms in certain areas. This is in line with research conducted by Putra and Setyowati (2022) which states that the limited number of facilities affects implementation. The facilities referred to here are mobility facilities, namely vehicles that greatly support the movement of implementers, and facilities in the form of special smoking areas that greatly support the activities of the target group. As stated by the Head of the Civil Service Police Unit and investigators, the number of operational vehicles is still limited. This is in line with research conducted by Meidyatama (2023) which states that facilities are an important aspect that supports the implementation of KTR (Meidyatama, 2023) With research by Kahenda et al. (2023) which shows that implementation will not be successful without the support of infrastructure (Fariz Kahendra et al., 2023)

Funds are one of the important aspects of resources that play a major role in supporting the implementation of the Smoke-Free Area (KTR) Policy. (Fajar, 2020) The availability of adequate funds is essential to finance various related activities, such as the procurement of supporting facilities for KTR (no smoking signs, banners, socialization, and special smoking rooms), the implementation of socialization to the community, as well as training programs for officers responsible for supervising policies. Based on the results of the research conducted, it can be seen that the availability of funds to support the implementation of the Smoke-Free Area (KTR) there are no funds available, this is charged to each OPD, so that the budget allocation for facilities or activities related to KTR is not carried out.

So this will be one of the obstacles in the implementation of the KTR program to the maximum. This is in line with the research of Indah Pratiwi (2016) which states that high schools that implement the KTR policy in Semarang City have good resources as seen from the presence of special officers who are responsible for implementing the smoke-free area in schools and have the task of coaching students in accordance with the rules and regulations in force at the school. As well as adequate funding in running existing programs (Gaol et al., 2016) This research is in line with the research of Kahenda et al. (2023) which shows that implementation will not be successful without support from resources including human resources, funding sources and infrastructure (Fariz

Kahendra et al., 2023) This is in line with research conducted by Meidyatama (2023) which states that funding constraints will have an impact on suboptimal implementation. (Meidyatama, 2023)

Based on the results of the research conducted, the steps taken to motivate OPDs in implementing and maintaining Smoke-Free Areas are by making appeals, reminding, and providing an understanding of the negative impacts of smoking. Incentives or awards from the Health Office for OPDs that successfully implement KTR well are not given. As well as obstacles or difficulties in implementing KTR in OPDs lie in individual awareness, KTR task forces and less than optimal implementation such as the absence of sanctions. The results of this study are in line with a study conducted by Saifannur (2023) in Celala District, Central Aceh Regency, where the behavior of implementing tasks towards the implementation of the KTR Policy and Smoke-Free Areas is still not good enough due to low work motivation. Many violations of Qanun Number 10 of 2013 concerning KTR have not been followed up, even though in substance the policy has regulated sanctions and fines for violators.

This low work motivation is also exacerbated by the lack of operational costs for the KTR Task Force and the supervisory function of officials that has not been running optimally (Saifannur, Ella Lesmanawaty Wargadinata, 2023) Thus, both in Merangin Regency and Celala District, the weak motivation of policy implementers is the main inhibiting factor in the implementation of KTR. Therefore, concrete efforts are needed in the form of providing incentives, increasing socialization, and strengthening the supervision and sanction functions so that the implementation of KTR can run more effectively and sustainably. Based on the results of the study, the weak motivation of OPDs in implementing KTR in Merangin Regency is influenced by the lack of incentives, low individual awareness, and lack of supervision and sanctions.

The researcher argues that to increase the effectiveness of KTR implementation, a strong commitment is needed from the local government through the provision of awards or incentives for OPDs that successfully implement the policy, strengthening socialization related to KTR, and optimizing the supervision function and implementing strict sanctions so that this policy runs consistently and sustainably.

Based on the results of the research conducted, it is known that until now there has been no specific Standard Operating Procedure (SOP) applied to support the implementation of Smoke-Free Areas (KTR). The available regulations are only in the form of general guidelines contained in Regional Regulation (Perda) Number 2 of 2016 concerning Smoke-Free Areas, which regulates the provisions and prohibitions on smoking in certain areas, but has not been accompanied by detailed technical instructions or operational steps to ensure its implementation runs effectively. In line with the results of previous research conducted by Kahendra, et al. (2023), Standard Operating Procedures (SOP) play an important role in the effectiveness of policy implementation, including the Smoke-Free Area (KTR) policy (Fariz Kahendra et al., 2023) The implementation of a policy will not run effectively if it is not supported by a clear SOP, because the SOP functions as a technical guide that regulates operational steps and divides the tasks and responsibilities of each party involved. The results of Fajar Ifan's (2020) study showed that most health centers in Bongo Regency did not have a specific SOP related to the implementation of KTR, so that policy implementation was less focused. (Fajar, 2020)

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Based on the results of the research conducted, it is known that until now there has been no organizational structure that has been specifically formed to support the implementation of Smoke-Free Areas (KTR). The absence of this organizational structure means that there is no team or committee tasked with planning, supervising, and evaluating the implementation of KTR systematically. In fact, the organizational structure plays an important role in ensuring that policies can be implemented effectively, because it contains a clear division of tasks, authorities, and responsibilities for each member or related unit. This finding is in line with the results of research conducted by Subroto (2021) regarding the implementation of the Integrated Sub-district Administration Service (PATEN) policy in Indragiri Hulu Regency, which shows that the success of a policy is highly dependent on a clear and organized bureaucratic structure. In this study, although communication between the sub-district government and the district government is good and the available human resources are sufficient, the implementation of the PATEN policy still requires a strong bureaucratic structure and intensive supervision to ensure that the policy runs effectively (Subroto et al., 2021)

This emphasizes that the absence of an organizational structure in the implementation of KTR has the potential to weaken supervision, slow down coordination, and hinder the process of enforcing the rules. Therefore, the formation of an organizational structure that involves various related parties, such as government agencies, supervisory officers, and community representatives, is urgent so that the KTR policy can be implemented effectively and consistently in accordance with applicable regulations.

Conclusion

The implementation of the Smoke-Free Area (KTR) policy in the Merangin Regency OPD has not been optimal. From the communication aspect, socialization has been carried out through various media, but has not been accompanied by training, and evaluation has not been in accordance with Regional Regulation No. 2 of 2016. From the resource aspect, there are no special human resources, facilities, and adequate funds; individual awareness is also still low. In terms of disposition, OPDs show commitment through appeals, but do not receive incentives from the Health Office. Meanwhile, from the aspect of bureaucratic structure, there are no SOPs and special organizational structures to support the implementation of KTR.

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