



Implementation Analysis of Medan City Regional Regulation No. 3 of 2014 on Smoke-Free Areas in Medan Baru District

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Track Record Article	Abstract
<p>Revised: 09 October 2025 Accepted: 24 November 2025 Published: 31 December 2025</p> <p>How to cite : Manurung, J., Sinaga, L. R. V., Munthe, S. A., & Bangun, H. A. (2025). Implementation Analysis of Medan City Regional Regulation No. 3 of 2014 on Smoke-Free Areas in Medan Baru District. <i>Contagion : Scientific Periodical of Public Health and Coastal Health</i>, 7(3), 44–57.</p>	<p><i>The Medan City Government has enacted Regional Regulation No. 3 of 2014 concerning Smoke-Free Areas (SFA) to protect the public from exposure to tobacco smoke in public facilities. However, its implementation remains inconsistent across sectors and compliance remains low. This study aims to analyze the implementation of SFA regulations in Medan Baru District, Medan City, using William C. Edwards III's policy implementation framework, which focuses on communication, resources, disposition, and bureaucratic structure. Informants were selected purposively, representing implementers, supervisors, and policy targets. The SFA regulation has been socialized but not consistently. Limited human resources, insufficient budget, irregular monitoring, and the lack of SFA signage are weaknesses in implementing the SFA regulation. Policy implementers understand the policy objectives but still show weak in commitment. The bureaucratic structure, although the division of tasks between agencies is clear on paper, suffers from weak inter-agency coordination, SOP compliance, and law enforcement. Commitment from all parties is required to implement the SFA regulation in Medan City, as almost all sectors still have weaknesses in its implementation.</i></p> <p>Keywords: <i>SFA Regulation, Policy Implementation, William C. Edwards III, Medan City</i></p>

INTRODUCTION

Smoke-Free Areas (SFAs) are a strategy for controlling cigarette consumption as mandated in Law No. 17 of 2023 on Health (Law of the Republic of Indonesia No. 17 of 2023 on Health, 2023). In response to this mandate, the Medan City Government issued Regional Regulation (Perda) No. 3 of 2014 on Smoke-Free Area (SFA Regulation). This policy was established to protect the public from the dangers of cigarette smoke, especially in various public facilities such as educational facilities, shopping centers, recreational parks, public transportation, places of worship, offices and other public facilities (Medan City Regional Regulation No. 3 of 2014, 2014).

Several initial findings show that the implementation of this policy has not been effective. Many violations of the SFA regulation are still found in public facilities in Medan City. For example, raids conducted by the Medan City Health Office and the Civil Service Police Unit (*Satpol PP*) at the Grand Mosque of Medan resulted in 18 residents being processed with minor criminal charges (*tipiring*) for smoking in a SFA area (Medan City Health Office, 2022). Similarly, enforcement of the regulation by *Satpol PP* and the Health Office in Medan

Johor on May 31, 2022, found many violations involving cigarettes in public areas (Analisa, 2019).

Research results also indicate that SFA policy implementation in various public facilities has not been running effectively. In schools, many students are unaware of the SFA, there is no monitoring committee, and facilities and infrastructure remain inadequate. The attitudes of students, teachers, and staff have not fully complied with the no-smoking rules in schools. Another issue is the absence of specific guidelines for smoke-free areas in schools (Khairatunnisa & Telaumbanua, 2021), as well as unimplemented supervision (Nurfadilla & Aidha, 2022). Other public facilities have also not implemented the SFA regulation effectively, such as the Medan District Court Office (Lubis, 2020). More concerning research findings indicate that among 2,900 workplaces in 41 districts/cities surveyed, 34.7% of workers in government offices smoked inside government office rooms higher than in the private sector (14.4%) (Putra et al., 2022).

Low compliance with the SFA regulation also occurs in other regions that have implemented SFA policies, such as in the Regional Apparatus Organizations (OPD) of Merangin Regency (Putri et al., 2025), the Regent's Office of Soppeng Regency (Arista, 2024), the Jayapura Mayor's Office (Widyawati, 2021), Lubuklinggau City in West Sumatra Province (Musmar & Yusran, 2022), Sako District in Palembang City (Indrayadi et al., 2022), Aceh Province (Putra et al., 2024), Yogyakarta (Wahyuti et al., 2019), and Denpasar, Bali (Putra et al., 2022). Therefore, it is important to review how the Smoke-Free Area regulation is implemented in Medan City as one of the cities that has adopted the SFA Regulation.

One way to analyze policy implementation is by examining how a policy is communicated from policymakers to implementers, the adequacy and capacity of resources, the implementers' attitudes toward the policy, and the bureaucratic structure, as outlined in William C. Edwards III's theory (Edwards, 1980). This theory has also been proven to be useful in analyzing policy implementation in various fields, such as health (Sormin, 2021), education (Irawan et al., 2024), public transportation (Rimardi et al., 2022), public services (Rusnadiyah et al., 2021), and social programs (Tawai & Johanis, 2025). Based on these considerations, this theory can also be used to analyze how the SFA Regulation is implemented in Medan City.

METHODS

The type of research was qualitative with a case study approach using the policy implementation framework from William C. Edwards III. The study was conducted in Medan Baru District due to that this district has various complete public facilities in accordance with the SFA regulation such as: educational facilities, recreational parks, offices, houses of worship, hospitals and dense community activities, making it suitable as a place to study the implementation of the SFA policy. The selection of informants was carried out by purposive sampling due to the consideration of sufficient understanding of this policy. Informants consisted of representatives of the Medan City Health Office, the Civil Service Police Unit (*Satpol PP*), managers or users of public facilities (such as: educational facilities, recreational parks, offices, houses of worship, hospitals) and religious and community leaders. This study aims to describe how the implementation of the SFA policy is reviewed from the aspects of communication, resources, implementer attitudes towards the SFA policy and bureaucratic structure. Data collection was carried out through in-depth interviews referring to the four dimensions of policy implementation according to William C. Edwards. Furthermore, the data were analyzed thematically as proposed by Braun and Clarke. The results of the interviews were converted into transcripts and manually coded for meaningful phrases. These phrases were then grouped into subthemes according to William C. Edwards III's framework. To enhance validity and transparency, each subtheme is accompanied by citations. This research has also obtained ethical approval from the Health Research Ethics Committee of Sari Mutiara Indonesia University (Approval No. 3236/F/KEP/USMI/I/2024)

RESULT

Informants Characteristics

Table 1 Characteristics of Informants

No. Informant	Initials	Age	Category	Reason for Selection
1.	RS	50	Medan City Health Office	SFA implementation coordinator
2.	RD	45	<i>Satpol PP</i> office	Law enforcement for violations
3.	AY	25	Hospital	SFA Implementation site
4.	AS	45	Park	SFA Implementation site
5.	HJS	42	Place of worship	SFA Implementation site
6.	H	56	Public transportation	SFA Implementation site
7.	MHS	42	Shopping center	SFA Implementation site
8.	MHS	42	Hotel	SFA Implementation site
9.	HSB	23	Educational Institution	SFA Implementation site
10.	S	38	Community leader	Public perception

The characteristics of informants in this study included initials, age, category, and the reasoning for their selection. There were 10 informants involved the Medan City Health Office as the SFA implementation coordinator, *Satpol PP* as the enforcer of SFA policy violations, Representatives from various designated smoke-free areas (hospitals, parks, places of worship, public transportation, shopping centers, hotels, and educational institutions), Community leaders to assess public perceptions of the policy.

Communication

Table 2. Matrix of Informant Responses on Communication Aspect

Theme	Sub-theme	Category/Key Informant Statements
Communication	Transmission	Direct dissemination through socialization, banners, and stickers; delivered mainly to managers of public facilities such as hospitals and schools, while other facilities (places of worship, parks, and public transportation) reported no direct communication. <i>"We have seen banners about SFA in hospitals and offices, but no one came here to explain directly."</i> (HJS, Place of Worship)
	Clarity	Some do not understand the boundaries between smoking and non-smoking areas; some only know about sanctions; unclear reporting procedures. <i>"We know smoking is prohibited, but there are no clear instructions about where it applies or how to report violations."</i> (HSH, Educational Institution)
	Consistency	Socialization is rare; monitoring is infrequent; raids occur; some report no socialization at all. <i>"We were informed once a few years ago, but there has been no follow-up or monitoring since."</i> (S, Community Leader)

The analysis of policy implementation from the communication aspect can be seen from Transmission: the policy must be conveyed to implementers, target groups, and other relevant stakeholders, both directly and indirectly. Clarity: the policy must be transmitted to implementers, target groups, and other stakeholders clearly, so that they understand the intent, objectives, targets, and substance of the policy. Consistency: the policy must be communicated continuously.

Socialization of the SFA Regulation has been conducted by the Health Office to various implementers and policy targets, such as hotels, schools, hospitals, and government offices. However, some parties, such as the Parks Department, certain places of worship, and higher education institutions, reported not receiving any information. Current outreach methods include face-to-face meetings (at government meetings), banners, stickers, and direct communication with various parties. Although the Medan City Health Office claims to have

consistently conducted outreach, public responses remain varied. Some report infrequent or even non-existent outreach. This demonstrates inconsistency in communication.

Resources

Resources include the availability of Human Resources (HR) both in terms of quantity and qualifications, the availability of budget, and the availability of sufficient time to carry out regular monitoring of a policy. Physical facilities, such as the installation of no-smoking signs and the provision of smoking rooms when necessary, are also an important part of ensuring the policy can be practically implemented. Equally important is the information aspect, particularly the technical understanding of implementers regarding the content, objectives, and mechanisms of the Smoke-Free Areas (SFA) Regulation, which will affect the consistency and accuracy of its implementation.

Table 3. Informants' Response Matrix on Policy Implementation from the Resource Aspect

Theme	Sub-theme	Category/Key Informant Statements
Resources	Human Resources	Medan City Health Office, puskesmas health officers, <i>Satpol PP</i> , prosecutors, judges, civil service investigators, police, military, and public facility leaders; a <i>tipiring</i> team and smoking control supervisory team are also involved; human resources remain insufficient compared to the large number of public facilities. <i>"There are only a few of us who handle SFA supervision, while the number of facilities in the city is very large."</i> (RS, Medan City Health Office)
	Budget	There is a budget at the Health Office, but it is minimal and not guaranteed annually; most public facilities have no specific SFA budget. <i>"There is a budget, but it's small and not available every year. Other facilities don't have a specific budget for SFA activities."</i> (RS, Medan City Health Office)
	Time	Monitoring activities are not routine; raids are conducted only once a year; coordination among human resources is difficult. <i>"Monitoring is not routine. Usually, it only happens once a year, and it's hard to coordinate everyone's time."</i> (RD, <i>Satpol PP</i>)
	Facilities and Infrastructure	No-smoking signs are available in several public facilities (hospitals, hotels, shopping centers), but many others still lack signage (schools, parks, places of worship, public transportation); smoking rooms are provided in hotels and shopping centers, but not in other sectors. <i>"We have installed no-smoking signs and regularly remind patients and visitors not to smoke, but enforcement outside hospital buildings is beyond our control."</i> (Informant AY, Hospital)
	Information	Facility leaders understand the purpose of the policy; some do not understand the reporting procedures for violations. <i>"We know about the policy, but we don't know where to report if someone violates it."</i> (HSH, Educational Institution)

The implementation of this policy involves various parties according to their respective duties. Health officers from the Medan City Health Office are responsible for socializing the policy to all public facilities in Medan City, assisted by health officers from 41 public health centers (puskesmas). *Satpol PP*, prosecutors, judges, security personnel, civil service investigators, police, and the military are tasked with monitoring, conducting raids, and taking direct action. Leaders of public facilities are responsible for their respective work areas. However, the number of personnel involved is still insufficient compared to the number of public facilities that must be covered for socialization and supervision. The budget availability in the Health Office as the policy implementer is limited and not provided regularly. The same applies to various public facilities that do not have their own dedicated budget for SFA implementation. The shortage of HR and budget causes monitoring and raids to be irregular and inconsistent. Many public facilities also still lack no-smoking signs or smoking areas. While most facility leaders understand the objectives of the policy, some still do not understand the reporting procedures for SFA violations.

Disposition

Disposition refers to the perceptions, attitudes, and commitment of policy implementers whether they support or oppose the policy, understand its content and objectives, and have the motivation and responsibility to carry it out (Edwards, 1980).

Table 4. Informants' Response Matrix on Policy Implementation from the Disposition Aspect

Theme	Sub-theme	Category/Key Informant Statements
Disposition	Perception	All parties have a positive view of the SFA regulation; the SFA regulation aims to improve health. <i>"This regulation is good because it helps protect people's health from cigarette smoke."</i> (RS, Medan City Health Office)
	Attitude	Most stakeholders support the implementation of the SFA regulation; some community leaders remain indifferent and rarely take initiative to remind others. <i>"Generally, people support the policy, but some community leaders are still passive; they don't take the initiative to remind others."</i> (RD, <i>Satpol PP</i>)
	Commitment	Have installed SFA signs; no employees smoke in offices, hotels, shopping centers, hospitals; Smoking still occurs in recreational parks, educational facilities, and public transportation. <i>"Passengers are often reminded not to smoke inside the vehicles, but some still ignore the rules when there are no officers nearby."</i> (Informant H, Public Transportation)

All parties have a positive view of the SFA regulation because it is believed to have a beneficial impact on public health. Various parties also support the implementation of the SFA regulation, except for community leaders. Commitment to implementing the regulation can be categorized into three groups. The first group consists of facilities that have implemented the SFA regulation well, such as the Health Office, hotels, shopping centers, and hospitals. The second group consists of those that have implemented it in a limited manner, such as places of worship and educational facilities. The third group consists of those that have not implemented it at all, namely recreational parks and public transportation.

Bureaucratic Structure

The bureaucratic structure refers to how the governance and internal mechanisms of the institutions responsible for implementing the policy are organized, including the hierarchy of authority, standard operating procedures (SOPs), inter-agency coordination, reporting and monitoring flows, and division of tasks (Edwards, 1980).

Table 5. Informants' Response Matrix on Policy Implementation from the Bureaucratic Structure Aspect

Theme	Sub-theme	Category/Key Informant Statements
Bureaucratic Structure	Division of Tasks and Authority	The Health Office and <i>puskesmas</i> are responsible for socialization and forming the SFA task force; <i>Satpol PP</i> conducts monitoring, while prosecutors, judges, civil service investigators, police, and military take direct action; public facility leaders are responsible for internal enforcement; most facilities lack a specific organizational structure for SFA management. <i>"We have a task force and coordinate with Satpol PP for enforcement, but most facilities don't have their own structure to handle SFA."</i> (RS, Medan City Health Office)
	Existence of SOPs	SOPs exist only at the Health Office; other facilities only provide general task explanations; some have no SOPs or written job descriptions at all. <i>"We don't have any written SOPs for SFA. We just follow what we're told when there's socialization."</i> (HSH, Educational Institution)
	Reporting Flow	Many parties do not understand the reporting flow; direct actions include warnings and fines of IDR 50,000 for smokers; facility managers who neglect enforcement may face fines of up to IDR 10 million or 15 days of imprisonment; awareness of sanctions remains low. <i>"We can take direct action and impose fines, but many people don't know there's also punishment for facility managers who ignore the rule."</i> (RD, <i>Satpol PP</i>)

In fact, the division of tasks and authority has been outlined in Medan City Regional Regulation No. 3 of 2014 and further detailed in Medan Mayor's Regulation No. 35 of 2014, which states that the Health Office is responsible for socialization and the formation of the SFA task force. *Satpol PP*, prosecutors, judges, civil service investigators, the police, and the

military are tasked with enforcement in the field and taking direct action against SFA violations. Leaders of public facilities are responsible for SFA implementation in their respective facilities. However, an organizational structure for SFA implementation generally does not exist in most public facilities, nor do SOPs or a designated SFA task force. As a result, most parties do not understand the reporting flow, even though sanctions are clearly regulated.

DISCUSSION

Communication: Implemented but inconsistent

Communication is the first component influencing the success of policy implementation. It concerns how the policy is effectively transmitted to implementers, target groups, and other relevant stakeholders, either directly or indirectly (Edwards, 1980). There should be formal channels (circular letters, face-to-face socialization, training, operational instructions) to ensure SFA Regulation information reaches all facility managers and users. One way to communicate a policy is through outreach. However, various studies show that outreach regarding SFA is still minimal, ultimately leading to ineffective SFA policy implementation (Yunarman et al., 2020). A similar situation occurred in Medan City, where inadequate outreach became a challenge in implementing SFA regulations (Nasution et al., 2022). Another problem is the uneven distribution of outreach activities among various parties implementing the policy (Sakawati et al., 2023).

The second aspect of policy communication is clarity. Clarity refers to how policies are clearly communicated from policymakers to implementers and various stakeholders, ensuring a shared understanding of the policy's objectives (Edwards, 1980). The reality on the ground is that SFA policy implementation has not been clearly communicated from policymakers or implementers to the public, resulting in low public participation (Sakawati et al., 2023).

The third aspect of communication is consistency. A policy must be communicated consistently (Edwards, 1980). If transmission is weak or only a one-time announcement, many implementers do not receive the necessary instructions, so preventive actions (e.g., smoking bans, reporting) are not carried out. Surveys show that high exposure to promotional media (e.g., posters and stickers) significantly increases student compliance with Smoke-Free School (SFS) rules, confirming that consistent messaging through visual media supports compliance (Trisnowati et al., 2021). A study on smoke-free policy implementation in a large company in Denmark found that improving *implementation fidelity* requires planned communication between policymakers and field implementers; good communication also improves compliance with integrated smoking cessation programs (Rasmussen et al., 2023).

Resources: Limited Availability of Resources

Resources include the availability of HR in terms of quantity, qualifications, and skills, as well as adequate budget support for socialization, monitoring, and law enforcement (Edwards, 1980). The availability and competence of HR are critical to successful SFA implementation. Field officers (*Satpol PP*, Health Office, public facility managers) must be sufficient in number and skilled in socialization, monitoring, and enforcement. Studies in various schools show that although many schools have installed no-smoking signs and conducted socialization, challenges remain such as insufficient monitoring due to lack of HR and absence of a SFA monitoring committee (Putri et al., 2025).

Budgets are needed to support socialization, sign-making, campaign media production, and enforcement operations. The absence of a dedicated budget line often makes SFA activities dependent on leftover funds from other programs. Budget limitations are also a challenge for implementing the policy in health facilities, educational institutions, places of worship, workplaces, and public facilities, both indoor and outdoor, in Medan City (Nasution et al., 2022).

The availability of time for regular and intensive monitoring also determines implementation smoothness (Edwards, 1980). Limited time for regular supervision reduces enforcement effectiveness. Irregular patrol schedules allow violations outside of raid times. Valente, G. J., et al. (2020) in *Tobacco Control* emphasize that effective public-space monitoring requires regular, continuous schedules, as incidental patrols are insufficient to prevent smoke exposure (Hyland et al., 2020).

Physical facilities such as no-smoking signs and smoking rooms, when necessary, are essential for real implementation (Edwards, 1980). Physical facilities can be assessed in two ways: availability and utilization. Many schools have installed no-smoking signs, but another challenge is the lack of compliance with these signs (Putri et al., 2025). However, research by Daniel Christanto et al. (2023) shows that the installation of no-smoking signs significantly impacts compliance levels in public facilities in Surabaya (Christanto et al., 2023).

The availability of sufficient information also influences the consistency and accuracy of policy implementation (Edwards, 1980). The data in question includes data on the number and type of violations and the level of compliance with policy implementation. The availability of sufficient information will improve the quality of policy evaluation. This aligns with a 2021 WHO report, which stated that transparency of violation data and law enforcement outcomes is a crucial factor in building and increasing public awareness and compliance with SFA policy implementation (WHO, 2021).

Disposition: Weak Commitment of Policy Implementers

The disposition referred to in policy implementation relates to how policy implementers view the policy itself (Edwards, 1980). This perception relates to their understanding of the goals, benefits, objectives, and urgency of a policy. Research shows that most policy implementers understand the objectives of a policy, but various weaknesses remain in terms of reporting channels, sanctions, and the authority to enforce SFA policy violations at the community level. This impacts low community compliance with SFA implementation (Suarjana et al., 2020).

The way people view this policy is also referred to as attitudes. They may support it or not (Edwards, 1980). Research shows differences in attitudes toward SFA policies among various implementing groups. Leaders of hospitals, hotels, and shopping centers are the best at implementing this policy, while recreational parks, public transportation, and educational facilities are the weakest. Similarly, community leaders appear apathetic, despite their crucial role in increasing public participation and compliance in the implementation of SFA policies (Putra et al., 2022).

Another issue concerns government commitment. Various studies indicate that government commitment to SFA policy implementation remains low. This is evident in the minimal outreach efforts, monitoring, and evaluation of the effectiveness of SFA policies (Heru Syah Putra et al., 2024). Another form of commitment is the government's demonstration of compliance, including the implementation of sanctions in various government offices (Wahyuti et al., 2019).

Bureaucratic Structure: Weak SOP Implementation

The fourth aspect of policy implementation is bureaucratic structure. This relates to governance, internal mechanisms, hierarchy, authority, and coordination between institutions (Edwards, 1980). Medan City Regional Regulation No. 3 of 2014, Article 40 states: "Every person in charge of a place or area included in the SFA must make a written statement and implement the smoke-free area policy." This is further detailed in Medan Mayor's Regulation No. 35 of 2014, which specifies who is responsible for each SFA facility, such as school principals for schools, heads of health centers or hospital directors for health facilities, and managers for offices, public places, or places of worship.

The division of tasks among agencies is clear on paper (the Health Office conducts socialization, *Satpol PP* enforces, facility leaders manage internal compliance), but weak inter-

agency coordination is a challenge (Yunarman et al., 2020). Collaboration between government and stakeholders is related to smoke-free policy effectiveness (Putra et al., 2024).

As the lead sector, the Medan City Health Office has an SOP for SFA implementation, but compliance with it is weak. SOPs are needed as consistent technical guidelines so implementation does not rely on individual interpretation. In practice, implementer compliance with SOPs is still low (Wahyuti et al., 2019), and the main duties and functions of each implementer especially when violations occur are not clearly set out in existing SOPs (Saiful et al., 2022). The same issue is found in Palangkaraya City, where *Satpol PP*, as the frontline enforcer of regional regulations, does not have clear SOPs for SFA regulation supervision (Suprayitno et al., 2020).

Beyond bureaucratic structure and SOPs, reporting and monitoring flows and task division are essential in policy implementation (Edwards, 1980). A major weakness in SFA implementation is the lack of understanding of reporting procedures in case of violations. Many implementers do not understand the reporting mechanism, even though sanctions are stipulated. One challenge in SFA implementation is weak monitoring and law enforcement (Nasution et al., 2022). Unclear sanctions and enforcement are also seen as major barriers to SFP (Smoke-Free Policy) application in the hospitality industry in Yogyakarta (Sutantri et al., 2024).

CONCLUSION

Based on the four key components of policy implementation, it can be concluded that the implementation of the SFA Regulation has not been carried out effectively. From a communication perspective, the SFA policy has been disseminated but not consistently implemented. From a resource perspective, there are limitations in human resources and budget, weak oversight, and many public facilities still lack the SFA sign. From a disposition perspective, various implementing actors understand the policy's objectives but lack a strong commitment. The bureaucratic structure demonstrates that the division of tasks and work between institutions is clearly outlined in the policy, but weak compliance with SOPs, coordination, oversight, and law enforcement against policy violations remain challenges.

Based on the results of this study, coordination between various parties is necessary to strengthen the implementation of this policy in the field. The government is also expected to allocate special funds to ensure consistent implementation of this policy. Clearer standard operating procedures (SOPs) are also necessary to outline reporting procedures and legal procedures for policy violations. Another important aspect is increasing community

participation by empowering local leaders (religious leaders, community leaders, and traditional leaders) to support the effective implementation of this policy.

REFERENCES

- Analisa. (2019, November 28). Langgar Perda KTR, 18 Warga Jalani Sidang Lapangan. Analisa.
- Arista, E. (2024). Implementasi Kebijakan Kawasan Tanpa Rokok (KTR) di Kantor Bupati Kabupaten Soppeng Tahun 2024 [Universitas Hasanuddin]. https://repository.unhas.ac.id/id/eprint/35814/2/K011201097_skripsi_02-05-2024%201-2.pdf
- Braun, V., & Clarke, V. (2006). Using Thematic Analysis in Psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Christanto, D., Martini, S., Dwi Artanti, K., & Indriani, D. (2023). Implementation Level Indicators of Public Facilities in Surabaya to Smoke-Free Area Regulation. *Public Health and Preventive Medicine Archive*, 11(1), 25–34. <https://doi.org/10.53638/phpma.2023.v11.i1.p03>
- Dinas Kesehatan Kota Medan. (2022). Dinas Kesehatan Kota Medan Bersama Satpol PP Kota Medan Melakukan Razia Sekaligus Sosialisasi Penerapan Perda No 3 Tahun 2014 tentang Kawasan Tanpa Rokok (KTR).
- Edwards, G. C. . (1980). *Implementing Public Policy*. Congressional Quarterly Press.
- Hyland, A., Kasza, K. A., Borek, N., Kimmel, H. L., Taylor, K. A., Compton, W. M., Day, H., Donaldson, E. A., Sharma, E., Anic, G., Edwards, K. C., Halenar, M. J., Hull, L. C., Kissin, W., Limpert, J., Seaman, E. L., Bansal-Travers, M., Gardner, L. D., Hammad, H. T., & Stanton, C. A. (2020). Overview of Tobacco Use Transitions for Population Health. *Tobacco Control*, 29(Suppl 3), s134–s138. <https://doi.org/10.1136/tobaccocontrol-2019-055367>
- Indrayadi, I, Kusworo, & Muhi, A.H. (2022). Implementasi Kawasan Tanpa Rokok di Kecamatan Sako Kota Palembang Provinsi Sumatera Selatan. *Visioner: Jurnal Pemerintahan Daerah Di Indonesia*, 14(1), 27–37. <https://doi.org/10.54783/jv.v14i1.524>
- Irawan, B., Roesminingsih, M. V., Widodo, B. S., & Roesminingsih, E. (2024). The Influence of Communication on Policy Implementation: The Mediating Role Of Disposition. *Decision Science Letters*, 13(1), 19–28. <https://doi.org/10.5267/j.dsl.2023.12.005>
- Khairatunnisa, K., & Telaumbanua, I. P. (2021). Implementasi Kebijakan Kawasan Tanpa Rokok (KTR) di SMA Negeri 17 Medan. *JUMANTIK (Jurnal Ilmiah Penelitian Kesehatan)*, 6(3), 247-254. <https://doi.org/10.30829/jumantik.v6i3.8918>
- Lubis, N. R. (2020). Implementasi Peraturan Daerah Kota Medan No 3 Tahun 2014 tentang Kawasan Tanpa Rokok di Kantor Pengadilan Negeri Medan [Institut Kesehatan Helvetia Medan]. In *Jurnal Online Keperawatan Indonesia* (Vol. 2, Issue 2). <http://repository.helvetia.ac.id/id/eprint/2393>
- Musmar, S., & Yusran, R. (2022). Implementasi Kebijakan Kawasan Tanpa Rokok di Kota Lubuklinggau berdasarkan Perda Nomor I Tahun 2017. *Jurnal Pendidikan Tambusai*, 6(2), 16554–16560. <https://jptam.org/index.php/jptam/article/view/5112/4328>
- Nasution, F., Gurning, F. P., Siregar, P. A., Ahsan, A., & Kusuma, D. (2022). Implementation of the Smoke-Free Policy in Medan City, Indonesia. *International Journal of Preventive Medicine*, 13(1), 30-37. https://doi.org/10.4103/ijpvm.IJPVM_106_20
- Nurfadilla, D. R., & Aidha, Z. (2022). Implementasi KTR (Kawasan Tanpa Rokok) Terhadap Pencegahan Merokok Pada Remaja di SMA Swasta Amal Bakti Medan. *Prosiding Nasional FORIKES 2022: Pembangunan Kesehatan Multidisiplin*, 23–27.

- <https://forikes-ejournal.com/index.php/profo/article/view/profo202205>
- Peraturan Daerah Kota Medan Nomor 3 Tahun 2014, Pub. L. No. 3, 25 (2014). <https://drive.google.com/file/d/16LemmluCV6FTlio2MsyOIOcIVoACfY0W/view>
- Peraturan Wali Kota Medan Nomor 35 Tahun 2014 tentang Petunjuk Pelaksanaan Peraturan Daerah Kota Medan Nomor 3 Tahun 2014 tentang Kawasan Tanpa Rokok, Pub. L. No. 35, Pemerintah Kota Medan 25 (2014). https://id.scribd.com/doc/241939269/Perwal-medan-tentang-kawasan-tanpa-rokok-pdf?utm_source=chatgpt.com
- Putra, H.S., Sahputra, M., & Muazzinah. (2024). A Comparative Analysis of Smoke-Free Compliance in Aceh. *Jurnal Promkes*, 12(SI2), 113–118. <https://doi.org/10.20473/jpk.V12.ISI2.2024.113-118>
- Putra, I. W. G. A. E., Astuti, P. A., Duana, I. M. K., Suarjana, I. K., Mulyawan, K. H., Kurniasari, N. M. D., Kurniati, N. M., Dewi, K. R. A., & Bam, T. S. (2022). The Implementation of Smoke-Free Workplace Policy and the Determinants Affecting Indoor Smoking in Indonesia. *WHO South-East Asia Journal of Public Health*, 11(2), 97–101. https://doi.org/10.4103/WHO-SEAJPH.WHO-SEAJPH_178_21
- Putri, A.G., Ridwan R., & Azhari, R. (2025). Implementasi Penerapan Kebijakan Kawasan Tanpa Rokok (KTR) di Organisasi Perangkat Daerah Kabupaten Merangin. *Jurnal Riset Rumpun Ilmu Kesehatan*, 4(2), 109–123. <https://doi.org/10.55606/jurrikes.v4i2.5269>
- Rasmussen, S. K. B., Lidegaard, L. L., Pisinger, C., Johnsen, N. F., & Kristiansen, M. (2023). Implementation fidelity of a smoke-free workplace intervention in a private medical company: A mixed-methods process evaluation. *Tobacco Prevention & Cessation*, 9(May), 1–13. <https://doi.org/10.18332/tpc/162878>
- Rimardi, A. P., Bakti, H., & Halimah, M. (2022). Implementasi Kebijakan Sistem 4 In 1 (Four-In-One) Kendaraan Roda Empat di Kawasan Pasteur, Kota Bandung. *JANE - Jurnal Administrasi Negara*, 13(2), 251-256. <https://doi.org/10.24198/jane.v13i2.28677>
- Rusnadiyah, R., Sumadinata, W. S., & Sari, D. S. (2021). Implementasi Kebijakan Pelayanan Terpadu Satu Pintu di Dinas Penanaman Modal Dan Pelayanan Terpadu Satu Pintu (DPMPTSP) Kabupaten Bandung Tahun 2020. *Responsive*, 4(2), 105-123. <https://doi.org/10.24198/responsive.v4i2.34735>
- Saiful, B. S. S., Sandra, C., Rokhmah, D., Rochmawati, A. H., & Hidayah, B. I. (2022). Availability of Information and Standard Operating Procedures Affects The Implementation of Cigarette Billboard Regulation in Jember, East Java, Indonesia. *Public Health and Preventive Medicine Archive*, 10(1), 37-45 <https://doi.org/10.53638/phpma.2022.v10.i1.p05>
- Sakawati, H., Hamrah, H., & Halim, D. (2023). Implementation of the Smoke-Free and Limited Smoking Area Policy in Jenepono Regency. *Jurnal Aktor*, 3(1), 21-27. <https://doi.org/10.26858/aktor.v3i1.54490>
- Sormin, R. D. (2021). The Effect of Communication, Resources, Disposition And Structure of Bureaucracy on Medical Participation of Men's Operations in City of Bandar Lampung (Study of George Edward III Policy Implementation Model). *International Journal for Innovation Education and Research*, 9(7), 323–338. <https://doi.org/10.31686/ijer.vol9.iss7.3254>
- Suarjana, K., Astuti, P. A. S., Artawan Eka Putra, I. W. G., Duana, M. K., Mulyawan, K. H., Chalidyanto, D., Qomaruddin, M. B., & Wahyuni, C. U. (2020). Implementation of Smoke-Free Law in Denpasar Bali: Between Compliance and Social Norms of Smoking. *Journal of Public Health Research*, 9(3), 246-254. <https://doi.org/10.4081/jphr.2020.1747>
- Suprayitno, S., Widyakanti, W., & Akbar, S. (2020). Implementasi Peraturan Daerah Nomor 3 Tahun 2014 Tentang Kawasan Tanpa Rokok (KTR) Di Kantor Satuan Polisi Pamong Praja Kota Palangka Raya. *Anterior Jurnal*, 20(1), 23–27.

- <https://doi.org/10.33084/anterior.v20i1.1683>
- Sutantri, Sugiyo, D., Sutrisno, R. Y., Aditjondro, E., Wulandari, B. T., Wandasari, N. T., Rachmawati, R. P., & Wandasari, A. (2024). A Qualitative Evaluation of Smoke-Free Policy Implementation among the Hospitality Industry in Yogyakarta, Indonesia. *Public Health of Indonesia*, 10(2), 194–202. <https://doi.org/10.36685/phi.v10i2.799>
- Tawai, A., & Johanis, A. P. (2025). Implementasi Kebijakan: Analisis Program Keluarga Harapan (PKH) dengan Model Edward III. *PAMARENDA : Public Administration and Government Journal*, 4(3), 479–491. <https://doi.org/10.52423/pamarenda.v4i3.83>
- Trisnowati, H., Susanti, R. D., & Nuraini, N. (2021). Health Promotion Media Exposure and Student Compliance Toward Smoke-Free School Regulation In Sleman Yogyakarta. *Communicare : Journal of Communication Studies*, 8(2), 94-103. <https://doi.org/10.37535/101008220211>
- Undang-Undang Republik Indonesia Nomor 17 Tahun 2023 Tentang Kesehatan, Pub. L. No. 17, Pemerintah Pusat 198 (2023). https://peraturan.bpk.go.id/Details/258028/uu?utm_source=chatgpt.com
- Wahyuti, W., Hasairin, S., Mamoribo, S., Ahsan, A., & Kusuma, D. (2019). Monitoring Compliance and Examining Challenges of a Smoke-free Policy in Jayapura, Indonesia. *Journal of Preventive Medicine and Public Health*, 52(6), 427–432. <https://doi.org/10.3961/jpmph.19.240>
- WHO. (2021). WHO Report on the Global Tobacco Epidemic 2021 : Addressing New and Emerging Products. World Health Organization.
- Widyawati. (2021). Faktor Penguat dalam Implementasi Kebijakan Kawasan Tanpa Rokok di Instansi Kantor Walikota Jayapura. *Jurnal Kebijakan Publik*, 1(3), 39–47. <https://doi.org/https://doi.org/10.31957/jkp.v3i1.1548>
- Yunarman, S., Zarkani, A., Walid, A., Ahsan, A., & Kusuma, D. (2020). Compliance with Smoke-Free Policy and Challenges in Implementation: Evidence from Bengkulu, Indonesia. *Asian Pacific Journal of Cancer Prevention*, 21(9), 2647–2651. <https://doi.org/10.31557/APJCP.2020.21.9.2647>