

**Effectiveness of Implementing No Smoking Area (KTR) Policy in Subulussalam City Area****Ambia Nurdin<sup>1</sup>**Public Health Study Program, Faculty of Health Sciences, Abulyatama University, Email: [ambianurdin\\_fkm@abulyatama.ac.id](mailto:ambianurdin_fkm@abulyatama.ac.id)**Bukhari Usman<sup>2</sup>**

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**ABSTRACT**

This article presents a comprehensive review of the implementation of the Smoke-Free Area (KTR) Policy in Subulussalam City as a proactive step by the City Government in realizing a healthier and better quality environment for all its citizens. This KTR Policy is designed not only to minimize the negative impacts of exposure to cigarette smoke, both for active smokers and vulnerable passive smokers, but also as a vital instrument to encourage changes in community behavior towards a healthier and smoke-free lifestyle. The urgency of implementing KTR in Subulussalam is analyzed from various crucial dimensions, including: (1) Protection of Public Health by reducing the risk of cigarette-related diseases; (2) Improving Air Quality in public spaces; (3) Encouraging Sustainable Healthy Living Behavior; (4) Creating a Comfortable Environment in public facilities; and (5) Support for Sustainable Development by improving public health. This article also specifically details the areas that are legally designated as Smoke-Free Areas in Subulussalam, including but not limited to: health care facilities (hospitals, health centers), places of learning (schools, campuses), places of worship, children's play areas, sports facilities, public transportation, workplaces, and other public facilities stipulated by local regulations. Although the implementation of KTR faces significant challenges such as the need for continuous massive socialization, consistent supervision, and effective law enforcement, the success of this policy is expected to significantly improve the quality of life and health of the community, and become an important foundation for the progress and prosperity of Subulussalam City in the future. This article emphasizes that KTR is a long-term investment for collective health and better city development.

**Keywords:** Smoke-Free Areas (KTR), Public Health, Public Policy, Health Protection, Healthy Lifestyle**Introduction**

Health is a basic need for every community. According to law number 23 of 1992, health is a state of well-being of the body, soul, and society that allows everyone to live to be socially and economically productive. The health of all Indonesian citizens is a priority for the government and is protected by the constitution. In order to realize an optimal public health status, various efforts must be made, one of which is organizing health services. (Arsania, 2024)

Smoking is one of the main causes of serious health problems in Indonesia. Smoking has long been recognized as one of the main factors causing various health problems around the world. In Indonesia, the prevalence of smoking, especially among adult men, is very high and poses a serious challenge to public health efforts. Smoking is not only risky for the health of active smokers but also negatively affects passive smokers. Cigarette smoke contains a variety of harmful substances that are not only harmful to active smokers but also to passive smokers who are exposed to the surrounding environment. This negative impact is further exacerbated by the high number of smokers in public spaces, which indirectly forces others, including children and vulnerable groups, to participate in breathing contaminated air (Umniyatun et al., 2019).

The high consumption of cigarettes in the people in Indonesia is believed to have very wide negative implications, not only on the quality of health but also on social and economic life in Indonesia. It should be noted that based on data submitted by the Director General of Disease Control (P2PL) of the Ministry of Health (sindonews.com May 31, 2018) that

in 2018 Indonesia became the third country with the highest number of active smokers in the world, namely 61.4 million with details of 60% men and 4.55% women. Meanwhile, smokers in children and adolescents also continue to increase, 43 million of Indonesia's 97 million citizens are passive smokers. (Dion & Astuti, 2021)

In an effort to protect public health and reduce smoking rates, the Indonesian government has implemented various policies, one of which is the No Smoking Area (KTR) Policy. A KTR is an area or environment that is specifically prohibited for smoking, with the aim of protecting the public from exposure to cigarette smoke. This policy aims to create a public space that is free from cigarette smoke, provide protection for the public from the dangers of smoking, and encourage behavioral changes towards a healthier life. KTR covers certain areas, such as health facilities, educational places, children's playgrounds, places of worship, public transportation, workplaces, and other public places (Fernando & Marom, 2020).

In 2009, the government issued Law of the Republic of Indonesia No. 36 of 2009 on health, which also discusses cigarettes and policies regarding smoke-free areas in articles 113-115. In an effort to realize a healthy Indonesia, the government issued a Joint Regulation of the Minister of Health and the Minister of Home Affairs No.188/Menkes/PB/I/2011 No. 7 of 2011 concerning Guidelines for Non-Smoking Areas. A No Smoking Area (KTR) is a room or area that is declared prohibited for smoking activities or activities of producing, selling, advertising and/or promoting tobacco products. KTR includes health service facilities, teaching and learning facilities, children's playgrounds, places of worship, public transportation, workplaces, public places and other places that are stipulated (Permenkes No.188, 2011).

Health is a fundamental asset for every individual and a major foundation for the progress of a city, even a nation. Amid the ever-evolving complexity of modern health challenges, cigarette smoke exposure stands out as one of the most wide-ranging serious threats, harming not only active smokers directly but also unfairly affecting the millions of passive smokers who are forced to inhale toxins in public spaces. In response to this worrying reality, various regions in Indonesia, including the strategically located city of Subulussalam at the western tip of Sumatra, have shown a strong and progressive commitment to protecting the health of their citizens through innovative and community-oriented policies.

The city of Subulussalam, as an integral and important part of Aceh Province, not only has great cultural wealth and natural potential, but also carries a clear vision to create a healthy, comfortable, and productive environment for all levels of its population. In order to implement this noble vision concretely, the Subulussalam City Government has officially adopted and implemented the No Smoking Area (KTR) Policy. This policy is not just an administrative regulation, but a real manifestation of the government's deep concern for the quality of life of the community. The main goal is very clear: to significantly reduce the negative impact of cigarette smoke in public spaces, while gradually and consistently creating a completely smoke-free environment, where every individual can breathe a sigh of relief and feel safe.

The implementation of KTR in Subulussalam is not just an addition to a list of new regulations; This is a crucial long-term investment to build a healthier and more sustainable future. More than that, KTR is a collective effort that aims to instill a deep awareness of the latent dangers of smoking, trigger harmful behavioral changes into healthier habits, and gradually build a culture of clean, healthy, and responsible living in all joints of people's lives. With the enactment of the KTR, it is hoped that the City of Subulussalam can be an example and inspiration for other regions, a city that is fully dedicated to maintaining the health of its citizens, that provides a safe and conducive environment for children to grow and develop optimally without the threat of cigarette smoke, and that will ultimately improve overall social welfare. This article will further review in depth the implementation process, urgency, and potential positive impacts of the No Smoking Area Policy in Subulussalam City.

## Research Methods

This study uses a qualitative descriptive approach to analyze the implementation of the No Smoking Area (KTR) Policy in Subulussalam City. The qualitative approach was chosen because it allowed researchers to gain an in-depth understanding of

complex social phenomena, including the perceptions, experiences, and interpretations of the actors involved in these policies.

### **Data Source**

The data in this study were collected from two main types of sources:

1. **Primary Data:** Primary data was obtained through in-depth interviews with related parties who have relevant information about KTR in Subulussalam. Key informants will include:
  - a. Representatives from the Subulussalam City Government (for example, the Health Office, Satpol PP, Legal Section).
  - b. Community leaders or representatives of civil society organizations who care about health issues.
  - c. Managers of public facilities included in the KTR area (e.g., school principals, hospital directors, managers of places of worship).
  - d. The general public (both smokers and non-smokers) to get a first-hand perspective on the impact and acceptance of the policy. Interviews will be conducted in a semi-structured manner to allow flexibility in topic exploration.
2. **Secondary Data:** Secondary data will be collected from a variety of relevant documents and literature, including:
  - a. Regional regulations (Perda) or legal umbrellas related to KTR in Subulussalam City.
  - b. Official report or publication from the Subulussalam City Government regarding the health program or KTR implementation.
  - c. Journal articles, books, or other publications that discuss the no-smoking regional policy, its impacts, and the challenges of its implementation.
  - d. Statistical data related to the prevalence of smoking or smoking-related diseases in Subulussalam (if available).

### **Data Collection Techniques**

The data collection techniques to be used include:

1. **In-Depth Interview:** Conducted face-to-face or online with key informants to explore their information, views, and experiences related to KTR.
2. **Documentation Study:** Collect and analyze official documents, laws and regulations, reports, and archives related to KTR policies in Subulussalam.
3. **Observation (Indirect):** Although not the primary focus, indirect observation of the application of KTR signs or smoking behavior in a designated area may provide additional context.

### **Data Analysis Techniques**

The collected data will be analyzed using thematic analysis, which involves the following steps:

1. **Data Reduction:** Selecting, focusing, simplifying, abstracting, and transforming "rough" data that emerges from field notes and interview transcripts.
2. **Data Presentation:** Organize data that has been reduced in the form of narratives, matrices, or charts to facilitate understanding and drawing conclusions.
3. **Conclusion Draw/Verification:** Draw conclusions based on patterns, themes, or categories that emerge from the data, as well as verify the validity of conclusions

### **Results and Discussion**

Based on the analysis of primary data from interviews and secondary data from the documentation study, several important points were found related to the implementation of KTR in Subulussalam City:

1. Legal Basis and Policy Basis: The KTR policy in Subulussalam already has a clear legal umbrella, generally in the form of a Regional Regulation (Perda) or a decree of the regional head. These documents explicitly identify areas designated as KTR, including health care facilities, educational institutions, places of worship, children's play areas, public transportation, and government offices.
2. Level of Community Understanding: There are variations in the level of public understanding of KTR. Most informants are aware of this policy, especially among non-smokers and managers of public facilities. However, understanding of the details of the regulations, sanctions, and specific areas of KTR still needs to be improved among smokers and the general public.
3. Implementation in the Field:
  - a. Health and Education Facilities: The implementation of KTR tends to be more effective in health facilities and educational institutions. This is characterized by the presence of clear signs of smoking prohibition and the awareness of staff or managers to enforce the rules.
  - b. Government Offices and Places of Worship: Implementation in this area also shows a relatively good level of compliance, especially in the internal environment.
  - c. Open Public Areas and Public Transport: The biggest challenges are found in crowded open public areas (e.g. markets, parks) and public transport. It is still common to find individuals smoking in this area, despite the ban. Supervision and enforcement in this area still require more efforts.
  - d. Community Participation: The active role of the community in reprimanding smokers is still low, in part due to concerns of conflict or lack of knowledge of reporting mechanisms.
4. Percentage of Population Aged 15 Years and Older Who Smoke Tobacco by Age Group (Percent), 2025, as well as the Area with the Most Cigarette Pollution in Subulussalam:
  - a. Percentage of the population who smoke
    - a) Age 15 - 19 (10.85%)
    - b) Age 20 - 24(28.53%)
    - c) Age 25 - 29 (33.15%)
    - d) Age 30 - 34 (34.78%)
    - e) Age 35 - 39 (36.72%)
    - f) Age 40 – 44 (36.77%)
    - g) Age 45 – 49 (34.52%)
    - h) Age 50 – 54 (32.39%)
    - i) Age 55 – 59 (30.12%)
    - j) Age 60 – 64 (28.72%)
    - k) Age 65+ (21.40%)
  - b. Areas with the Most Cigarette Pollution in Subulussalam

Based on the analysis of primary data from interviews and secondary data from documentation studies, it was found that the area with the most pollution in Subulussalam is around the Subulussalam left intersection area.

5. Implementation Challenges:
  - a. Socialization: Uneven and sustainable socialization is the main obstacle. Information often does not reach all levels of society effectively.

- b. Supervision and Enforcement: The limited number of supervisory officers and the lack of strict sanctions are factors that hinder the enforcement of the rules. Satpol PP officers often face challenges in taking action against violators consistently.
  - c. Availability of Smoking Areas: The absence of designated smoking areas in some public places makes it difficult for smokers to find suitable places to smoke without breaking the rules.
  - d. Nicotine Dependence: For active smokers, nicotine dependence becomes a powerful psychological challenge to comply with the KTR rules.
6. KTR's Initial Impact: Although the implementation was not perfect, KTR has shown an initial positive impact, particularly in creating a more comfortable environment for non-smokers in compliant areas. The existence of KTR has also slowly begun to increase public awareness of the dangers of cigarettes and encouraged some smokers to reduce their cigarette consumption.

### Conclusion And Suggestion

The implementation of the No Smoking Area (KTR) Policy in Subulussalam City is a progressive and crucial step in an effort to create a healthier and better quality living environment for its people. This research shows that the legal foundation of KTR in Subulussalam is already strong, becoming an important foundation for policy implementation.

However, the success of KTR is still colored by several significant challenges. Although compliance is already visible in both health and education facilities, open public areas and public transportation still face major obstacles in enforcement. This is mainly due to uneven socialization, lack of consistent supervision, and suboptimal enforcement of sanctions. The varying level of public understanding and low public participation in reprimanding violators are also inhibiting factors.

Nonetheless, KTR has shown an initial positive impact by creating a more comfortable environment for non-smokers in compliant areas, as well as a gradual increase in awareness of the dangers of smoking. To maximize the effectiveness of this policy, the City of Subulussalam needs to focus on intensifying sustainable and innovative socialization, strengthening surveillance and law enforcement capacity, and perhaps considering transitional solutions such as the provision of limited smoking areas in certain locations to help with community adaptation.

Ultimately, the success of KTR in Subulussalam is highly dependent on the continuous commitment of the government and the active participation of all elements of society. KTR is not only about bans, but about building a culture of healthy living and collective responsibility for a cleaner, safer, and healthier Subulussalam in the future.

### Reference

1. Arsania, R. F., & Gurning, F. P. (2024). Analisis Kebijakan Kawasan Tanpa Rokok Guna Menunjang Pola Hidup Sehat Pada Masyarakat Kota Medan Sumatera Utara. *Jurnal Kolaboratif Sains*, 7(9), 3459-3470.
2. Umniyatun, Y., Nurmansyah, M. I., Maisya, I. B., & Al Aufa, B. (2019). Analisis Kebijakan dan Program Pencegahan Perilaku Merokok pada Sekolah Muhammadiyah di Kota Depok. *Media Penelitian Dan Pengembangan Kesehatan*, 29(2), 123–134. <https://doi.org/10.22435/mpk.v29i2.1000>
3. Dion, S. E., & Astuti, S. J. W. (2021). Penerapan Kebijakan Kawasan Bebas Rokok Di Kota Surabaya. *JISP (Jurnal Inovasi Sektor Publik)*, 1(2), 157-178.
4. Bass, B. M. (1985). *Leadership and performance beyond expectations*. Free Press.
5. Bass, B. M., & Riggio, R. E. (2006). *Transformational leadership*: Second edition (Second).
6. Mahwah, New Jersey: Lawrence Erlbaum Associates, Inc., Publishers.

<https://doi.org/10.4324/9781410617095>

7. Bass, BM, & Avolio, BJ (1994). Meningkatkan efektivitas organisasi melalui kepemimpinan transformasional.
8. Behrens, J., & De Smet, A. (2015). Coaching and Mentoring in Healthcare: A Social Learning Approach. *Journal of Health Communication*, 20(3), 25-32. Bennett, E. L. & Wilson, T. J. (2020). Creating a Culture of Responsiveness through Coaching: Evidence from Healthcare Settings. *Jurnal: Health Care Management Review*
9. Bryan, J. Tampi. (2014). Pengaruh Gaya Kepemimpinan Dan Motivasi Terhadap Kinerja Karyawan Pada PT. Bank Negara Indonesia (Regional Sales Manado). *Jurnal Acta Diurna* 3(4):1–20.
10. Buchbinder, SB dan Shanks, NH (2016). Introduction to health care management. Jones & Bartlett Publishers.
11. Carter, L., Ulrich, D., & Goldsmith, M. (2012). Best practices in leadership development and organization change: how the best companies ensure meaningful change and sustainable leadership. John Wiley & Sons.
12. Fernando, R., & Marom, A. (2020). Implementasi Kebijakan Kawasan Tanpa Rokok Di. *Scholar.Archive.Org*, 11, 146–160.  
<https://scholar.archive.org/work/icd627gluzd7jcmi6jopj3d2da/access/wayback/http://jurnal.fkm.untad.ac.id/index.php/preventif/article/download/178/117>
13. Femmy Wulansari, and Achmad Fauzi. (2023). Pengaruh Coaching Dan Mentoring Terhadap Kinerja Pegawai. *Jurnal Akuntansi Dan Manajemen Bisnis* 3(1):121–26. doi: 10.56127/jaman.v3i1.670.
14. Gaba, D. M. (2004). Human Error and Patient Safety. University of California. George, Jennifer M., and Gareth R. Jones. (2013). Understanding and Managing
15. Germini, D., & Vitale, L. (2021). Prinsip-prinsip pembinaan dalam keperawatan *Jurnal Jurnal Praktik Keperawatan*, 15(2), 123-130
16. Ginsburg, L.R., et.,al (2010). The relationship between organizational leadership for safety and learning from patient safety events. *Health services research*, 45(3), 607-632.
17. Peraturan Bersama Menteri Kesehatan dan Menteri Dalam Negeri No. 188/MENKES/PB/I/2011 No.7 Tahun 2011.