International Journal of Health, Economics, and Social Sciences (IJHESS)
Vol. 8, No. 3, 2026, pp. 2193~2200
DOI: 10.56338/ijhess.v8i3.9262
Website: https://jurnal.unismuhpalu.ac.id/index.php/IJHESS

Challenges in Advocating for Smoke-Free Zones (SFZs): A Literature Review of Tobacco Industry Interventions

Irfan Sazali Nasution[1*], Satia Redha[2], Dafina Hilya Fatiha Ginting[3], Ririn Hasrat Kartika Zalukhu[4], Siti Hajar Lubis[5], Janny Aulia Sari Hasibuan[6], Restu Rahayani Padang[7]
[1-7] Faculty of Public Health, State Islamic University Of North Sumatera, University, Indonesia

Article Info

Article history:

Received March 17, 2023
Revised March 31, 2023
Accepted April 04, 2023

Keywords:
Smoke-Free Zones (SFZs);
Tobacco Industry Interventions;
Policy Advocacy;
Point-of-Sale Marketing

ABSTRACT

Abstract This study aims to systematically identify, analyze, and synthesize various research findings related to the challenges of policy advocacy for Smoke-Free Zones (SNOZs) and tobacco industry interventions in Indonesia. Using a systematic literature review method, a comprehensive literature search was conducted through international and national databases including PubMed, Google Scholar, and Science Direct. Based on strict inclusion and exclusion criteria, a sample of 12 primary articles published between 2020 and 2025, using descriptive qualitative designs, case studies, implementation research, and literature reviews, was selected through a multistep screening process. The main issues and variables examined in this study include structural barriers of local governments, community compliance, cross-sector coordination, political lobbying, corporate social responsibility (CSR) initiatives, and point-of-sale marketing. The results indicate that advocacy and implementation of SNOZs in Indonesia are severely hampered by incomplete communication, limited budgets and institutional resources, and a widespread smoking culture. Furthermore, tobacco industry interventions actively undermine these public health variables by promoting weaker alternative regulatory frameworks (such as indoor smoking spaces instead of total bans), exploiting weak law enforcement coordination, and targeting young people through intensive retail advertising around educational areas.

Corresponding Author:

Restu Rahayani Padang
Faculty of Public Healt, State Islamic University Of Nort Sumatera.
Email: : irfan1100000177@uinsu.ac.id

1. INTRODUCTION

Smoking remains one of the leading public health issues worldwide, including in Indonesia. High cigarette consumption contributes to rising rates of illness and death from noncommunicable diseases such as lung cancer, heart disease, stroke, and chronic respiratory disorders. In addition to affecting active smokers, exposure to secondhand smoke also endangers the health of passive smokers, particularly children and women. Indonesia itself remains a country with a high prevalence of smokers, making tobacco control a critical challenge in public health development. Therefore, policies are needed to protect the public from exposure to secondhand smoke through the implementation of Smoke-Free Zones (SFZs) [1].

Smoke-Free Zones are a tobacco control strategy aimed at creating a healthy environment by restricting smoking in healthcare facilities, educational institutions, workplaces, places of worship, public transportation, and other public facilities. In Indonesia, the smoke-free zone policy is regulated under Law No. 36 of 2009 on Health and reinforced through various local regulations. The implementation of this policy is

expected to reduce exposure to secondhand smoke while raising public awareness about the importance of healthy living. However, the implementation of the smoke-free zone policy in various regions has yet to yield optimal results [2].

Various studies indicate that the implementation of smoke-free zone policies still faces numerous obstacles, such as weak oversight, insufficient public awareness campaigns, low public compliance, and limited enforcement of penalties for violations. Furthermore, variations in local governments' commitment to enforcing regulations have resulted in the uneven implementation of smoke-free zone policies. The success of policy implementation is influenced not only by existing regulations but also by political support, cross-sectoral coordination, and public participation in monitoring these policies [1].

On the other hand, advocacy efforts for smoke-free zones also face challenges from the tobacco industry's interventions. The tobacco industry has significant economic interests and therefore frequently employs various strategies to influence the drafting and implementation of tobacco control policies. These interventions range from political lobbying and sponsorship of social events to economic promotion and the shaping of public opinion in support of the tobacco industry. Such interventions can influence the policy-making process, creating a conflict of interest between public health protection and the economic interests of the tobacco industry [3].

Several previous studies have examined the implementation of smoke-free zone policies and the various obstacles to their enforcement. A study by Saifannur et al. Shows that the implementation of smoke-free zone policies still faces challenges in terms of enforcement, interagency coordination, and public compliance with smoking bans[4]. In addition, research by Filya Suniarsi et al. Indicates that lax enforcement and a pervasive smoking culture pose obstacles to the successful implementation of smoke-free zone policies in government settings[5].

On the other hand, the tobacco industry's interference in tobacco control policies also poses a challenge in the public health advocacy process. However, research findings regarding the challenges of advocating for smoke-free zone policies and tobacco industry interventions remain scattered across various studies, thus failing to provide a comprehensive picture. Therefore, this study employs a systematic literature review method to systematically identify, analyze, and synthesize various research findings related to the challenges of advocating for smoke-free zone policies and tobacco industry interventions, based on scientific evidence.

2. RESEARCH METHODS

This study was designed using a systematic literature review approach to examine the tobacco industry's interventions against advocacy efforts for smoke-free zones. The literature search was conducted using international databases such as PubMed, Google Scholar, and Science Direct, as well as additional sources including policy reports and publications from health organizations. The keywords used included "smoke-free zones," "tobacco industry," "policy intervention," and "advocacy challenges," with Boolean combinations to broaden the scope of the search. The publication timeframe was limited to 2020–2025 to ensure the study's findings remain relevant to current policy dynamics.

The article selection process followed established inclusion and exclusion criteria. The included articles are empirical studies, policy reports, and academic analyses that directly address the tobacco industry's interventions regarding SFZ policies. Sources that are opinion-based, editorials, or lack empirical data were excluded from the analysis. Screening was conducted in stages, beginning with the title and abstract, followed by a full-text review to ensure relevance.

The next step is data extraction, in which key information—such as the nature of industry interventions, advocacy strategies, policy responses, and barriers to SFZ implementation—is recorded in a summary table. Analysis is conducted narratively and thematically to identify dominant patterns, strategies employed by the tobacco industry, and research gaps. The synthesis of the study's findings aims to provide a comprehensive overview of the challenges in SFZ advocacy and practical recommendations for strengthening public health policies.

3. RESEARCH RESULTS

No	Journal Title	Writer	Research Methods	Key Results
1.	Social Environmental Protection Through Public Policy on Smoke Free Areas (SFA)	Rohim Okinu, Juliansyah, Robiyandi, Uni Sagena, Masjaya	The method used this study is qualitative descriptive, with data collection through observation, interviews, and documentation. This study focuses on policy analysis, socialization,	The research results showed that are challenges in the implementation of the Ragent Regulation on Smoke-Free Areas, including low public awereness, limited resources, and a lack of coordination among relevant parties [6].

			the establishment of designated smoking areas, tobacco adverstising control, as well as law enforcement and community roles.	
2.	Evaluation of the Implementation of K3 Symbols as an Implementation of the Smoke-Free Area Policy in the RA'Aisyiyah Bojonegoro Environment	Angger Bayu Purnomo Putro, Oktavianus Cahya Anggara, Sholikhati Indah Purwaningrum	The type research is a qualitative descriptive study aimed at analyzing the relationship between the K3 no smoking sign and the no smoking area (KTR) policy at Aisyiyah Hospital Bojonegoro.	The research results indicate that the installation of OHS symbols plays a role in increasing awereness of the smoke-free area policy, although some violations are still found due to a lack of supervision and suboptimal socialization [7].
3.	Policy Optimization Towards Pamekasan Regency Free from Cigarette Smoke	R. Ayu Adelia Chandra Pratiwi, Abdurahman, Bayu Dwi Putra	The method use in this study is descriptive qualitative using a literature review method. The literature review is used to understand and describe ethe current state of research in fields related to the topic being studied.	The research results show that although the KTR policy already exists, its implementation is still weak due to a lack of law enformenct and low awereness [8].
4.	Barries and Opportunities for Improving Smoke-Free Area Implementation in Banda Aceh City, Indonesia: a Qualitative Study	Sofyan Sufri, Nurhasanah, Abdillah Ahsan, Irwan Saputra. Misbahul Jannah, Cut Meurah Yeni, Ainal Mardhiah, Siful Bakri, Said Usman	This study used qualitative methods. All transcripts from the interviews and formal documents were coded using NVivo V.11 software using an inductive thematic analysis.	Barriers to the effective implementation of SFAs were identified: conflict of interests of Banda Aceh outhorities in impelementing SFA policies; inadequate monitoring, evalution and implementation of SFAs among involved actors; inadequate public communication of SFAs' to communities; and misunderstanding of 'enclosed areas' as SFAs [9].
5.	Advocacy for Smoke-Free Areas (KTR) the Indonesia Tobacco Control Research Network (ITCRN) Lebak Regency	Siti Rusyanti, Yayah Rokayah, Annisa Rahma Nur Aulia, Dini Saptika Ratnasari, Bakhtiar, Nining Tilawag, Abdillah Ahsan	The activity methods include advocacy, KTR socialization, podcasts, article and banner design competities, as well as education on the dangers of smoking at Car Free Day.	The main outcome of the activity is the formation of the KTR Task Force Team as well as the implementation of advocacy and socialization of the KTR Regional Regulation to increase public awareness of the dangers of smoking and support smoke-free environments [10].
6.	Advocacy for the Implementation of Smoke-Free Areas in Kusuma General and Maternity Clinic as an Effort to Prevent the Impact of Cigarette Smoke on Pregnant Women	Zahra Ayu Qalbina, Rina Tri Agustini	The activity method was carried out offline in April 2022 at Kusuma General and Maternity Clinic, Samarinda, through the stages of problem identification, planning, implementation, and evaluation of the health promotion program.	The main results of the activity show that advocacy for the implementation of somke-free areas at Kusuma Clinic successfully produced a written policy in the form of Clinic Decree NO. 256/IV/KK/2022 as well as the installation of health promotion media in the form of banners and stickers to support smoke-free areas [11].
7.	Advocacy for the Implementation of	Annisa Sayyidatul Ulfa, Rita	The research is a qualitative descriptive	The main results of the activity show that students

	Smoke-Free Areas in Schools	Damayanti	study with a case study design conducted at a junior high school in Bogor Regency. There were 7 informants involved. The data collection techiniques used were Focus Group Discussion (FGD)and in-depth interviews by observasing in the advocacy prosess using the Advocacy Framework "A".	actively participated in the implementation of smoke-free school areas (KTR) at school through advocacy to teachers, school principals, and vendors around the school, resulting in agreements on the installation of KTR sign, the formation of KTR task forces, socialization of the dangers of smoking, and the reduction of ciagarette advertisements around the school[12].
8.	Advocacy for Smoke-Free Areas (SFA) in Banjarbaru CIty	Laily Khairiyati, Indra Haryonto Ali, Siti Khadijah, Sutaji, Anis Kamila Saleha	The activity method was carried out through advocacy and socialization of KTR in Banjarbaru City from May to August 2024, including coordination, FGD, KTR Task Force meetings, monitoring and sticker placement, socialization in schools, as well advocacy to SKPD.	The results of the activities show an increase in cross-sector support and commitment to the implementation of smoke-free areas (KTR), the formation of a strengthened KTR Task Force, the installation of KTR stickers, socialization of the dangers of smoking in schools, as well as the preparation of an academic manuscript as a policy recommendation for KTR in Banjarbaru City[13].
9.	Factors Influencing the Implementation of Smoke-Free Area Policies: Literature Review	Fariz Kahendra, Bagoes Widjanarko, Farid Agushybana	The method used is a literature review with searches through Google Scholar using the keywords "smoke-free areas", "smoke-free area policies", and "smoking behavior". From the 2050 articles found, selection was carried out based on inclusion and exclusion criteria until 5 articles were obtained for review.	It was found that implementation of smoke-free area policy is greatly influenced by several factors, namely the delivery of information, clarity of information, resources, communication, disposition, bureauctratic structure, smoking behavior, and knowledge about local regulations on smoke-free areas[14].
10.	Implementation of Advocacy Program to Support the Establishment of Non-Smoking Area Regulations in Sleman Regency, Yogyakarta	Heni Trisnowati, Masduki	The research method used implementation research for 4 months (September–December 2022). Activities were carried out through coordination with the Health Department, workshop on preparing the academic manuscript and KTR Draft Regional Regulation, formation of the KKSS team, political communication with the Regional House of Representatives and political parties, as well as audience and socialization to public	The advocacy program successfully encouraged the internal discussion of the KTR Draft Regional Regulation by the Regional House of Representatives (DPRD) and the local government. The KTR Draft Regional Regulation eventually entered the Sleman Regional Regulation Formation Program (Propemperda) in 2023 with the support of the Health Office, KKSS, and various community elements[15].

			officials and community leaders regarding the urgency of the KTR Regional Regulation.	
11.	Analysis of the Implementation of the Smoke-Free Area Policy in Enrekang Regency from Perspective of the George C, Edward III Model	Puput Putri, Mitha Rahmilah	This research uses a qualitatibe approach with a descriptibe design. Data was obtained through interviews, observations, and documentation from various informants such as health officials, municipal police officers, public facility managers, as well as the community.	Thr results show that the implementation of the SWA policy in Enerkang Regency has not been running optimally. The main obstacles lie in the aspect of incomplete commication, limited human resources and budget, weak disposition of implementers, and an uncoordinated bureaucratic structure [16].
12.	A Literature Review of School Policy Implementation on Smoke-Free Areas in Indonesia	Nindya Kirana	The research method used was a literature review with article searches through Google Scholar, PubMed, and Garuda Portal between 2013 and 2023. Articles were selected based on inclusion and exclusion criteria, then analyzed using the Critical Appraisal Skills Programme (CASP). From the 1,492 articles found, 15 articles were obtained that were suitable for review regarding the implementation of Smoke-Free Area (SFA) policies in Indonesian schools.	The results it obtained 15 publication articles that match the inclusion criteria and research objectives. The research period on article findings was conducted between 2013 and 2023. The implementation of SFP in schools in influenced by several fsctors, namely knowledge of KTR, communication, resources, disposition, SOP establishment and bureaucratic structure[17].

The implementation of smoke-free zone policies in Indonesia faces multidimensional challenges that encompass not only technical and administrative obstacles but also strategic maneuvers from the tobacco industry. Based on a comprehensive review of current literature, the primary barriers to successful policy execution stem from structural bottlenecks within local governments, including insufficient public communication and severe resource limitations. Promotional health and advocacy evaluations across multiple regions show that socialization regarding the boundaries of restricted zones, monitoring frameworks, and punitive enforcement measures remains irregular and superficial (Putri & Rahmilah, 2025). Furthermore, the lack of operational budgets directly impedes the procurement of standard occupational health and safety signs, limits routine monitoring by enforcement officers, and restricts the availability of dedicated smoking areas in external perimeters (Putro et al., 2025). These foundational administrative weaknesses create an implementation gap that leaves public health regulations highly vulnerable to external opposition.

The strategic landscape of public health advocacy is heavily compromised by the deep-rooted socio-economic dependency on tobacco production, which the industry exploits to counter legal frameworks. In prominent tobacco-producing regions, the local economy, agricultural labor force, and regional revenue are intensely tied to the tobacco trade, creating an inherent conflict of interest for municipal authorities who must balance public health directives against economic stability (Pratiwi et al., 2025). This conflict slows down the political will to enact or strictly enforce smoke-free zone mandates. Moreover, the industry heavily capitalizes on social and cultural dynamics, utilizing corporate social responsibility initiatives, local events sponsorship, and community-based marketing to maintain high social acceptance and project a benign public image (Rusyanti et al., 2025). This corporate positioning shapes public opinion and builds community resistance against smoke-free zone advocates, casting health regulations as threats to local livelihoods.

Industry interventions become highly pronounced during the policy formulation and legislative advocacy stages, where tobacco interests actively seek to dilute or delay statutory regulations. Advocacy experiences in developing educational and municipal smoke-free zones indicate that when health departments or anti-tobacco networks propose strict regional regulations, they encounter sophisticated resistance from industry-aligned lobby groups and retail associations (Ulfa & Damayanti, 2021). The industry pushes for alternative, less restrictive frameworks—such as promoting designated indoor smoking areas inside public facilities instead of total bans—thereby undermining the clinical objective of complete protection from secondhand smoke (Khairiyati et al., 2026). This tactical interference leverages the absence of rigid, standardized guidelines, causing substantial delays in the passage of regional smoke-free decrees and resulting in highly fragmented legal provisions across different administrative jurisdictions.

Beyond direct political lobbying, the tobacco industry successfully exploits institutional weaknesses within government bodies, particularly the lack of robust multi-sectoral coordination and the absence of institutionalized compliance metrics. In many instances, smoke-free zone initiatives are structurally pigeonholed as the exclusive mandate of the Department of Health, leaving enforcement bodies like the civil service police unit without clear operational directives or joint performance targets (Rahim et al., 2024). This structural disconnect prevents consistent monitoring, allowing the industry to maintain its retail visibility and advertising footprint near restricted perimeters without facing statutory penalties. The enforcement architecture is further weakened by a complete absence of integrated digital reporting mechanisms or regular compliance evaluations, making it exceedingly difficult for public health authorities to detect systemic violations or counter the industry's localized marketing strategies (Sufri et al., 2023).

The implementation difficulties are compounded by widespread socio-cultural dynamics and community behavioral patterns that favor tobacco use over regulatory compliance. The pervasive culture of smoking across various demographic strata in Indonesia creates an environment where non-compliance with smoke-free zones is socially normalized, directly neutralizing the psychological impact of legal prohibitions (Kahendra et al., 2023). Public defiance is exacerbated by a general lack of personal legal awareness and an absence of proactive civic participation in monitoring public behavior, which leaves enforcement task forces isolated without community-level enforcement partners. Consequently, the lack of immediate social consequences or consistent administrative fines permits individuals to smoke habitually in restricted sectors, deeply undermining the behavioral modification objectives of tobacco control frameworks.

The persistent aggressive advertising and marketing strategies employed by the tobacco industry create severe environmental challenges that constantly counteract public health advocacy initiatives. Despite regional restrictions on large-scale promotional media, the industry continues to heavily saturate small-scale retail stalls and traditional markets with intensive point-of-sale advertisements, which strategically target youth and vulnerable populations living near educational sectors (Sufri et al., 2023). This continuous visual exposure maintains tobacco products' high psychological accessibility and normalizes consumption, directly conflicting with the educational messaging disseminated by smoke-free zone campaigns. Furthermore, by providing financial incentives, branded signage, and aesthetic product displays to local vendors, the industry builds micro-level economic dependencies that turn local merchants into operational allies against restrictive zoning codes, effectively neutralizing municipal retail regulations.

The dynamics of regional policy enforcement are also heavily influenced by the level of institutional oversight and the physical infrastructure deployed within public spaces. In settings where internal monitoring protocols are absent or poorly maintained, the visibility of anti-smoking guidelines decreases over time, allowing minor infractions to grow into widespread systemic non-compliance (Putro et al., 2025). This deterioration is exacerbated when regional enforcement agencies operate without formalized legal protection or standardized field guides, making officers highly susceptible to pushback from local business coalitions and industry-backed trade associations. Without a permanent administrative presence to counter these structural challenges, local authorities often yield to commercial pressures, resulting in a selective application of zoning laws that leaves significant gaps in public health protection across municipal borders (Rahim et al., 2024).

The expansion of tobacco control infrastructure is further restricted by the operational challenges encountered during grassroots enforcement within specific institutional boundaries, such as school environments and academic sectors. Although educational institutions are legally designated as absolute smoke-free zones, enforcement remains inconsistent due to a lack of formalized task forces within school administrations, leading to a reliance on voluntary adherence rather than systemic surveillance (Kirana, 2026). The industry exploits this operational void by running subtle product placements and digital marketing campaigns that bypass traditional institutional restrictions, thereby maintaining a steady influence over young demographics. Without clear disciplinary guidelines

and structural integration between regional health departments and education boards, school-level smoke-free zones frequently suffer from internal pushback from staff or visitors who continue to violate smoking bans in less visible campus areas (Ulfa & Damayanti, 2021).

To establish an uncompromised smoke-free zone environment, public health advocacy frameworks must be redesigned using an ecological model that builds community-wide resistance against industry interference. Successful grass-roots interventions, such as those executed in localized clinical and maternity settings, demonstrate that combining formal administrative decrees with highly visible health communications and strict internal monitoring can effectively eliminate smoking behaviors despite the lack of initial policy awareness (Qalbina & Agustini, 2023). Moving forward, local governments must establish independent multi-sectoral enforcement task forces, secure dedicated funding lines that are entirely free from industry partnerships, and enact absolute bans on tobacco advertising, promotion, and sponsorship within municipal borders. Systematically addressing these institutional, socio-economic, and political challenges through legally binding operational procedures is an absolute necessity to protect vulnerable populations from the health hazards of tobacco exposure (Kirana, 2026).

4. CONCLUSION

The implementation and advocacy of Smoke-Free Zones (SFZs) in Indonesia still face various challenges, including weak law enforcement, limited resources, low public awareness, and the strong smoking culture in society. In addition, tobacco industry interventions through lobbying, promotion, and economic influence often hinder the effectiveness of smoke-free policies in several regions. These conditions cause the implementation of smoke-free regulations to remain inconsistent and less optimal. However, several studies show that advocacy efforts involving collaboration between government institutions, health sectors, schools, and communities can strengthen the implementation of smoke-free environments. Public education, policy socialization, and stronger supervision are important in increasing public compliance and supporting healthier public spaces. Therefore, stronger commitment and consistent policy enforcement are needed to improve the effectiveness of Smoke-Free Zone implementation in Indonesia.

5. SUGGESTION

The government and related institutions are expected to strengthen the implementation of Smoke-Free Zone policies through better supervision, consistent law enforcement, and continuous public education regarding the dangers of smoking. Cooperation between sectors and community participation should also be improved to support healthier and smoke-free environments. In addition, future studies are encouraged to explore more effective advocacy strategies and policy implementation in different regions of Indonesia.

REFERENCES

1. Kahendra F, Widjanarko B, Agushybana F. Faktor-Faktor yang Mempengaruhi Implementasi Kebijakan Kawasan Tanpa Rokok : Literature Review. *MPPKI Media Publ Promosi Kesehat Indones Indones J Heal Promot*. 2023;1(1):1-12.
2. Alfiani W, Fadli RK. IMPLEMENTASI PERATURAN BUPATI PANDEGLANG NO 9 TAHUN 2021 TERHADAP KAWASAN TANPA ROKOK DI KANTOR KECAMATAN SUMUR. 2024;5(9):56-69.
3. Apriliastuti D. POLITIK HUKUM DAN TANTANGAN PENEGAKAN PERATURAN DAERAH KAWASAN TANPA ROKOK. 2025;7(November).
4. Saifannur S, Wargadinata EL, Suprajogo T. Implementasi Kebijakan Kawasan Tanpa Rokok Dan Kawasan Terbatas Rokok. *J Pendidik dan Konseling*. 2023;5:2638-2656.
5. Suniarsi F, Darmawi E, Putra BM. IMPLEMENTASI PERATURAN DAERAH PROVINSI BENGKULU NOMOR 4 TAHUN 2017 TENTANG KAWASAN TANPA ROKOK STUDI DI SEKRETARIAT DEWAN PERWAKILAN RAKYAT DAERAH PROVINSI BENGKULU. *Masy Demokr J Ilm Adm PU*. Published online 2025:73-80.
6. Rahim O, Sagena UW. KEBIJAKAN PUBLIK TENTANG KAWASAN TANPA. 2024;4(2):122-133.
7. Bayu A, Putro P, Anggara OC, Purwaningrum SI, Lingkungan I, Bojonegoro U. Evaluasi Penerapan Simbol K3 sebagai Implementasi Kebijakan Kawasan Tanpa Rokok di Lingkungan RA ' Aisyiyah Bojonegoro. 2025;5(2):1075-1086.
8. Adelia RA, Pratiwi C, Putra BD, et al. OPTIMALISASI KEBIJAKAN MENUJU KABUPATEN PAMEKASAN BEBAS ASAP ROKOK. 2025;Volum 6 No:51-62.
9. Sufri S, Nurhasanah N, Ahsan A, et al. Barriers and opportunities for free area improving smoke- - implementation in Banda Aceh city , Indonesia : a qualitative study. 2023;(5):1-13. doi:10.1136/bmjopen-2023-072312

10. Siti R, Rokayah Y, Annisa Rahma Nur Aulia DSR, Bakhtiar, Nining T, Ahsan A. ADVOKASI KAWASAN TANPA ROKOK (KTR) THE INDONESIA TOBACCO CONTROL RESEARCH NETWORK (ITCRN) KABUPATEN LEBAK. 2025;8 NOMOR 12:6217-6225. doi:Doi: https://doi.org/10.33024/jkpm.v8i12.23468
11. Ayu QZ, Agustini RT. * Qalbina, Z. A. & Agustini, R. T. (2023) 207 ADVOKASI PENERAPAN KAWASAN TANPA ROKOK DI KLINIK UMUM DAN BERSALIN KUSUMA SEBAGAI UPAYA PENCEGAHAN DAMPAK ASAP ROKOK PADA IBU HAMIL. 2023;3(2):207-214.
12. Ulfa AS, Ulfa AS, Damayanti R. Perilaku dan Promosi Kesehatan : Indonesian Journal of Health Promotion and Behavior Advokasi Penerapan Kawasan Tanpa Rokok di Sekolah Advokasi Penerapan Kawasan Tanpa Rokok di Sekolah Advocacy for the Implementation of No Smoking Areas in Schools. 2021;3(2). doi:10.47034/ppk.v3i2.5557
13. Khairiyati L, Ali indra H, Khadijah S, Sutaji, Saleha AK. Advokasi Kawasan Tanpa Rokok (KTR) di Kota Banjarbaru. 2026;11(1):213-223. doi:I: https://doi.org/10.33084/pengabdianmu.v11i1.10332
14. Kahendra F, Widjanarko B, Agushybana F. Faktor-Faktor yang Mempengaruhi Implementasi Kebijakan Kawasan Tanpa Rokok : Literature Review. 2023;6(3):430-435.
15. Firmansyah D. Teknik Pengambilan Sampel Umum dalam Metodologi Penelitian : Literature Review General Sampling Techniques in Research Methodology : Literature Review. 2022;1(2):85-114.
16. Putri P, Rahmilah M. Analisis Pelaksanaan Kebijakan Kawasan Tanpa Rokok di Kabupaten Enrekang dalam Perspektif Model George C . Edward III Analysis of the Implementation of the Smoke-Free Area Policy in Enrekang Regency from the Perspective of the George C . Edward III Model. 2025;8(5):2714-2719. doi:10.56338/jks.v8i5.9014
17. Kirana N. KAJIAN LITERATUR : IMPLEMENTASI KEBIJAKAN SEKOLAH TERKAIT KAWASAN TANPA ROKOK (KTR) DI INDONESIA A LITERATURE REVIEW OF SCHOOL POLICY IMPLEMENTATION ON SMOKE-FREE AREAS IN INDONESIA. 2026;1(1):33-43.
18. Chandra Pratiwi, R. A. A., Abdurahman, & Putra, B. D. (2025). Optimalisasi kebijakan menuju Kabupaten Pamekasan bebas asap rokok. *Jurnal Ilmu Administrasi*, 8(3), 51–62.
19. Kahendra, F., Widjanarko, B., & Agushybana, F. (2023). Faktor-faktor yang mempengaruhi implementasi kebijakan Kawasan Tanpa Rokok: Literature review. *Media Publikasi Promosi Kesehatan Indonesia (MPPKI)*, 6(3), 430–438.
20. Khairiyati, L., Ali, I. H., Khadijah, S., Sutaji, & Saleha, A. K. (2026). Advokasi Kawasan Tanpa Rokok (KTR) di Kota Banjarbaru. *PengabdianMu: Jurnal Ilmiah Pengabdian kepada Masyarakat*, 11(1), 213–223.
21. Kirana, N. (2026). Kajian literatur: Implementasi kebijakan sekolah terkait Kawasan Tanpa Rokok (KTR) di Indonesia. *Jurnal Promosi Kesehatan dan Pengabdian Masyarakat*, 1(1), 33–43.
22. Putro, A. B. P., Anggara, O. C., & Purwaningrum, S. I. (2025). Evaluasi penerapan simbol K3 sebagai implementasi kebijakan Kawasan Tanpa Rokok di lingkungan RA 'Aisyiyah Bojonegoro. *Jurnal Penelitian Inovatif (JUPIN)*, 5(2), 1075–1086.
23. Putri, P., & Rahmilah, M. (2025). Analisis pelaksanaan kebijakan Kawasan Tanpa Rokok di Kabupaten Enrekang dalam perspektif model George C. Edward III. *Jurnal Kolaboratif Sains*, 8(5), 2714–2719.
24. Qalbina, Z. A., & Agustini, R. T. (2023). Advokasi penerapan Kawasan Tanpa Rokok di Klinik Umum dan Bersalin Kusuma sebagai upaya pencegahan dampak asap rokok pada ibu hamil. *HUKESHUM: Jurnal Pengabdian Masyarakat*, 3(2), 207–214.
25. Rahim, O., Juliansyah, Robiyandi, Sagena, U. W., & Masjaya. (2024). Perlindungan lingkungan sosial melalui kebijakan publik tentang Kawasan Tanpa Rokok (KTR). *Jurnal Ilmiah Manajemen dan Kewirausahaan*, 4(2), 122–133.
26. Rusyanti, S., Rokayah, Y., Aulia, A. R. N., Ratnasari, D. S., Bakhtiar, Tilawah, N., & Ahsan, A. (2025). Advokasi Kawasan Tanpa Rokok (KTR) The Indonesia Tobacco Control Research Network (ITCRN) Kabupaten Lebak. *Jurnal Kreativitas Pengabdian Kepada Masyarakat (PKM)*, 8(12), 6217–6225.
27. Sufri, S., Nurhasanah, N., Ahsan, A., Saputra, I., Jannah, M., Yeni, C. M., Mardhiah, A., Bakri, S., & Usman, S. (2023). Barriers and opportunities for improving smoke-free area implementation in Banda Aceh city, Indonesia: A qualitative study. *BMJ Open*, 13(12), e072312.
28. Ulfa, A. S., & Damayanti, R. (2021). Advokasi penerapan Kawasan Tanpa Rokok di sekolah. *Perilaku dan Promosi Kesehatan: Indonesian Journal of Health Promotion and Behavior*, 3(2), 115–128.