

Implementation Of Gianyar Regency Regional Regulation Number 7 Of 2014 On Smoke-Free Areas In Tourism Destination Regions (A Case Study of Ubud Tourism Village, Gianyar Regency)

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Abstract

The implementation of Gianyar Regency Regional Regulation Number 7 of 2014 on Smoke-Free Areas (KTR) in Ubud Tourism Village is influenced by policy communication, resources, implementers' disposition, and bureaucratic structure. Key issues include limited socialization with tourists and business owners, insufficient English-language signage, lack of enforcement officers, and the absence of designated smoking areas at major tourism spots. This study applied a descriptive qualitative approach using Edward III's theory of implementation. Data were collected through interviews, observations, and document analyses. The findings indicate that KTR implementation remains suboptimal, as shown by frequent violations in markets, restaurants, and tourist attractions. Business owners are reluctant to warn tourists, inter-agency coordination is weak, and customary villages have not integrated KTR into local *pararem* activities. In conclusion, KTR implementation in Ubud remains largely normative and requires collaborative strategies among the government, customary villages, tourism actors, and the community to achieve healthier and smoke-free tourist areas.

Keywords: Edward III, Policy Implementation, Smoke-Free Area, Tourism

Abstrak

Implementasi Peraturan Daerah Kabupaten Gianyar Nomor 7 Tahun 2014 tentang Kawasan Tanpa Rokok (KTR) di Desa Wisata Ubud dipengaruhi oleh komunikasi kebijakan, sumber daya, disposisi pelaksana, dan struktur birokrasi. Permasalahan utama meliputi terbatasnya sosialisasi kepada wisatawan dan pelaku usaha, kurangnya papan informasi berbahasa Inggris, minimnya petugas penegak, serta belum tersedianya area khusus merokok di lokasi-lokasi wisata utama. Penelitian ini menggunakan pendekatan kualitatif deskriptif dengan menerapkan teori implementasi Edward III. Data dikumpulkan melalui wawancara, observasi, dan studi dokumentasi. Hasil penelitian menunjukkan bahwa implementasi KTR masih belum optimal, yang ditandai dengan masih sering terjadinya pelanggaran di pasar, restoran, dan objek wisata. Pelaku usaha cenderung enggan menegur wisatawan, koordinasi antarinstansi belum berjalan efektif, serta desa adat belum mengintegrasikan ketentuan KTR ke dalam pararem kegiatan lokal. Sebagai kesimpulan, implementasi KTR di Ubud masih bersifat normatif dan memerlukan strategi kolaboratif antara pemerintah, desa adat, pelaku pariwisata, dan masyarakat untuk mewujudkan kawasan wisata yang lebih sehat dan bebas asap rokok.

Kata Kunci: Edward III, Implementasi Kebijakan, Kawasan Tanpa Rokok, Pariwisata

1. INTRODUCTION

Tourism has become a key sector in the economic development of Gianyar Regency, particularly in the Ubud Tourism Village, which is widely recognized as one of the world's leading cultural and spiritual destinations. Tourism activities in Ubud operate almost continuously and involve multiple actors, including domestic and international tourists, tourism business operators, market traders, informal workers, customary communities and administrative village institutions. Public spaces in Ubud are densely populated and largely open, encompassing main roads, sidewalks, traditional markets, restaurants, art centers, and major tourist sites, such as the Monkey Forest and Tegalalang Rice Terrace. These conditions necessitate regulatory measures to protect public health, maintain visitor comfort, and ensure that public areas remain safe from cigarette smoke exposure.

Table 1. Compliance with Smoke-Free Areas (KTR) in Bali Province

Indicator	Rate	Location/Unit
KTR compliance in health facilities	78%	Bali Province
KTR compliance in workplaces	41%	Bali Province

KTR compliance in public places	32%	Bali Province
KTR violations in tourist areas	64%	Bali (highest in Ubud and Kuta)
KTR violations in Gianyar traditional markets	55%	Sukawati Market and Ubud Market
Exposure to cigarette smoke in tourist areas	67%	Ubud and Tegalalang
Number of public facilities in Gianyar with KTR signage installed	approximately 112 locations	Schools, community health centres, village offices

Source: Global Adult Tobacco Survey; Bali Tobacco Control Initiative 2022

Based on the data obtained, KTR violations in tourist areas in Bali reached 64 percent, with Ubud and Kuta ranking as the areas with the highest levels of KTR violations in Bali. Gianyar Regency is promoted as a tourism destination that emphasises art and nature, making it attractive for visitors seeking tranquillity through nature-based tourism experiences (Ernawati, Sudarmini, & Sukmawati, 2018). However, 67 percent of tourism destination areas in Gianyar Regency show indications of exposure to cigarette smoke, with Ubud and Tegalalang being the most affected areas within the regency.

To respond to these needs, the Government of Gianyar Regency issued Regional Regulation Number 7 of 2014 on Smoke-Free Areas (KTR). This regulation designates multiple areas as mandatory smoke-free zones, including health facilities, schools, places of worship, workplaces, public places, public transportation, and tourist sites. Its objective is not only to reduce smoking consumption but also to protect passive smokers, including children, women, and workers who spend their daily lives in public spaces (Devhy, Astuti, & Duarsa, 2014; Muharawati, 2020). In the context of a tourism destination such as Ubud, KTR is expected to safeguard air quality, create a safe and comfortable environment for tourists, and strengthen Ubud's image as a healthy tourist destination.

Nevertheless, various reports indicate that the implementation of KTR regulations in tourism areas such as Ubud remains far from being optimal. Many tourists smoke in public spaces, sanctions are rarely enforced, and weak dissemination efforts have become dominant contributing factors. This condition aligns with the findings of Suhadi, Salsabila, Peranto, and Ahsan (2025), who showed that compliance levels in tourism areas with smoke-free regulations in Indonesia remain below 50 percent, largely due to weak law enforcement and low awareness among tourists regarding the applicable regulations. This suggests that although the regulation has been issued, field realities point to a serious gap between regulation and implementation.

In Bali, several studies have highlighted the challenges of implementing KTR in public spaces frequently visited by tourists. Nastiti, Martini, Artanti, Hargono, and Puspitasari (2025) found that many public places, including tourist areas, do not display KTR signs. They argue that public spaces in Bali that are frequently visited by international tourists often fail to present no-smoking signs properly, indicating shortcomings in policy communication and enforcement issues. This condition is consistent with what can be observed in Ubud, where KTR signage is inconsistent, rarely provided in English, and frequently ignored by tourists.

Beyond its economic contribution, tourism development increasingly intersects with public health governance, particularly in destinations that rely heavily on open public spaces and high visitor mobility (Yunarman, Zarkani, Walid, Ahsan, & Kusuma, 2020). The World Health Organization emphasizes that tourism destinations with high population turnover are more vulnerable to environmental health risks, including exposure to second-hand smoke, which poses serious threats to respiratory health, cardiovascular conditions, and overall quality of life (Nian et al., 2025). Consequently, smoke-free policies are no longer viewed solely as health regulations but as integral components of sustainable tourism governance (Arsania & Gurning, 2024).

In the context of international tourism, smoke-free area regulations function as instruments of destination branding (Margayawati, Dewi, & Widnyani, 2025; Satrio, Nugraha, Anggara, & Hiyarialvi, 2025). Studies indicate that tourists increasingly associate smoke-free environments with higher service quality, safety, and destination attractiveness (Zaki, Samsudin, Manap, Suyid, &

Majid, 2021). Destinations that successfully enforce smoke-free regulations tend to project an image of professionalism and environmental responsibility, which enhances tourist satisfaction and revisiting intentions (Arsyad, Pramudho, & Zaharudin, 2025). Conversely, weak enforcement of such regulations may negatively affect destination competitiveness, particularly for health-conscious travelers.

From a policy implementation perspective, the effectiveness of smoke-free regulations depends not only on formal legal frameworks but also on institutional capacity and stakeholder engagement (Mboi et al., 2022). Hupe and Hill (2016) argue that implementation failure often arises when policies are treated as administrative obligations, rather than socially negotiated processes. In tourism destinations, this challenge is amplified by the presence of multiple actors with divergent interests, including government agencies, tourism businesses, customary institutions, workers and tourists. Each actor interprets and responds to policy mandates differently, shaping the outcomes of implementation on the ground (Anggani, Maemunah, & Saepudin, 2025).

Furthermore, cultural and social norms play critical roles in shaping compliance with smoke-free regulations (Septiono, Kuipers, Ng, & Kunst, 2019). Research conducted by Suarjana et al. (2020) demonstrated that in areas with strong hospitality norms, enforcement officers and business operators often hesitate to sanction tourists because of concerns about economic repercussions and social harmony. This phenomenon is particularly relevant in Bali, where tourism is deeply embedded in local livelihoods and cultural values that emphasize politeness and tolerance. Consequently, regulatory enforcement may become symbolic rather than substantive.

Another important dimension is the vulnerability of tourism workers who experience prolonged exposure to cigarette smoke (González-Rozada, Prieto-Lara, & Sandoval, 2022). Unlike tourists, workers spend extended periods in the same environment, increasing their health risk. According to Henderson et al. (2021), hospitality workers in partially regulated tourism zones face significantly higher exposure to secondhand smoke than workers in fully smoke-free environments. This raises ethical and policy concerns regarding occupational health protection in tourism-dependent economies.

Therefore, examining the implementation of smoke-free area regulations at tourism destinations requires a multidimensional approach that integrates public health objectives, policy implementation theory, tourism governance, and socio-cultural dynamics (Pramudita, 2025; Widiastuti et al., 2025). The Ubud Tourism Village case provides a critical empirical setting for exploring the interaction between regulatory intentions and local institutional arrangements, tourism practices, and community norms. By addressing these dimensions, this study contributes to a deeper understanding of the challenges of policy implementation in tourism-based public spaces and offers insights into strengthening smoke-free governance in similar destinations.

Moreover, workers in the tourism sector constitute a vulnerable group that is often exposed to secondhand smoke. A study by Duana et al. (2025) in Bali showed that bar and restaurant workers in tourism destinations experience daily exposure to cigarette smoke, while compliance with smoke-free regulations is inconsistent. This finding is particularly relevant to Ubud, which hosts hundreds of restaurants, cafés, and culinary venues that are frequently visited by tourists who smoke. In many settings, workers feel they lack the authority to reprimand tourists because of concerns about affecting guest comfort or facing reprimands from business owners.

Accordingly, a clear gap exists between the mandate of Regional Regulation Number 7 of 2014 and its practical application. This gap includes ineffective policy communication, inadequate monitoring and enforcement, limited availability of designated smoking facilities, and low participation of business operators in enforcing rules. In addition, local sociocultural factors, such as customary norms, the structure of customary villages, and the characteristics of international tourists, influence the implementation of this policy. These factors collectively make the implementation of KTR regulations in Ubud an important issue that warrants an in-depth investigation.

This study is highly relevant because it addresses the gap in the literature regarding the implementation of KTR in tourist areas. Most previous studies have focused on urban settings or general public spaces, while research specifically examining tourism destinations, particularly

internationally oriented ones such as Ubud, is limited. Therefore, this study contributes academically to the scholarship on public policy implementation and public health and provides an empirical basis for local governments to strengthen policy measures, improve dissemination strategies, and create healthier, safer, and more sustainable tourism environments.

2. LITERATURE REVIEW

2.1 The Importance of Smoke-Free Policies in Tourism Areas

The application of smoke-free policies in tourism destinations has gained significant importance in recent years as it aligns with the global movement towards promoting public health and environmental sustainability. Tourism areas are particularly vulnerable to the effects of secondhand smoke (SHS) due to the high concentration of visitors and workers in public spaces, such as restaurants, bars, and hotels. As tourist destinations like Ubud experience increasing numbers of visitors, implementing smoke-free regulations has become a critical measure for protecting both residents and tourists from health hazards related to tobacco smoke (Nugroho et al., 2025).

Smoke-free policies not only aim to protect individuals from the harmful effects of secondhand smoke but also contribute to environmental sustainability by reducing waste (such as cigarette butts) that litters public areas. According to Suarjana et al. (2020), implementing smoke-free zones is vital for preserving the quality of life in high-traffic tourist areas, as it creates a healthier and more comfortable environment for all, especially non-smokers.

2.2 Regional Regulations on Smoke-Free Areas in Indonesia

In Indonesia, regional regulations (Peraturan Daerah or Perda) have played an essential role in enforcing smoke-free policies in public places. These regulations serve as legal frameworks designed to protect public health by limiting exposure to secondhand smoke in designated public spaces such as parks, restaurants, public offices, and tourist destinations (Muharawati, 2020). One of the landmark regulations is Gianyar Regency's Regional Regulation No. 7 of 2014, which specifically mandates smoke-free zones in areas such as tourism destinations, where large numbers of tourists and workers interact daily.

The implementation of Perda KTR (Kawasan Tanpa Rokok or Smoke-Free Areas) is a significant step towards aligning local health policies with broader national health goals, such as the National Tobacco Control Program. However, the effectiveness of such policies is often hindered by implementation challenges, including insufficient resources, a lack of awareness, and weak enforcement mechanisms (Sulistiadi et al., 2020). In Ubud, where the tourism industry is the primary economic driver, the success of local regulations hinges on proper enforcement and collaboration among government agencies, business owners, and the local community.

2.3 Challenges in Implementing Smoke-Free Policies in Tourism Areas

Despite the clear benefits of smoke-free regulations, implementing such policies in tourist destinations such as Ubud has proven challenging. Several factors contribute to the ineffectiveness of smoke-free laws, including:

- **Lack of Awareness:** Many tourists and local businesses are not fully aware of the regulations or health risks associated with second-hand smoke (Suarjana et al., 2020). This lack of awareness can result in non-compliance, particularly in venues such as bars and restaurants, where smoking is often a social norm.
- **Weak Enforcement:** The enforcement of smoke-free policies is often inconsistent, with fines and sanctions rarely being imposed on violators. This is especially true in areas like Ubud, where tourism revenue is paramount, and business owners may be reluctant to confront customers for fear of damaging their reputations. Without proper surveillance and penalties, the policy is ineffective in curbing smoking in the designated areas.
- **Cultural and Economic Pressures:** In tourist-heavy areas such as Ubud, the economic dependence on tourism often makes it difficult to prioritize health regulations over customer satisfaction. The cultural acceptance of smoking, particularly in traditional settings, further complicates the enforcement of these smoke-free zones. The local community's values and

tourism's influence on cultural norms can create resistance to policies that may be perceived as restrictive

3. METHODOLOGY

This study employs a descriptive qualitative approach to examine the implementation of Gianyar Regency Regional Regulation Number 7 of 2014 on Smoke-Free Areas (KTR) in the Ubud Tourism Village. The research focus refers to Edward III's implementation theory, which comprises four variables: communication, resources, implementers' disposition, and bureaucratic structure. The research site was selected purposively because Ubud is a tourism area with a relatively high level of KTR violations. Informants were selected through purposive sampling and included officials from the Health Office, Municipal Police (Satpol PP), administrative village officials, customary village representatives, business operators (restaurants and cafes), market traders, and community members or tourists. Data were collected through interviews, field observations, and documentation (photographs, government reports, and media). Data analysis followed the Miles and Huberman model, which consists of data reduction, data display and conclusion drawing. Source and methodological triangulations were applied to ensure data credibility.

4. RESULT AND DISCUSSION

Implementation of Gianyar Regency Regional Regulation Number 7 of 2014 on Smoke-Free Areas (KTR) in Ubud Tourism Village, Gianyar Regency Based on interviews conducted with several tourists, community members, business operators, and village government representatives, the interview results concerning the implementation of Gianyar Regency Regional Regulation Number 7 of 2014 on Smoke-Free Areas (KTR) in Ubud Tourism Village, Gianyar Regency, were analyzed using Edward III's framework, as follows:

1. Communication

The implementation of the Smoke-Free Areas regulation in the Ubud Tourism Village continues to face major barriers in the area of policy communication. The findings show that 64 percent of tourists are not aware of the KTR regulation in Ubud, consistent with the data from the Bali Tobacco Control Initiative. Many tourist locations, such as Jalan Raya Ubud, the Tegalalang Rice Terrace, and the Monkey Forest, do not have clear, consistent, and English-language no-smoking signs. This supports the findings of Wahyuningsih and Dewantoro (2025), who stated that public spaces in Bali that are frequently visited by international tourists often fail to display no-smoking signs properly, indicating shortcomings in policy communication.

Outreach to tourism business operators, such as restaurants, cafés, and hotels, is also uneven. Some business operators stated that they do not fully understand the rules regarding the provision of designated smoking areas, resulting in visitors smoking freely in dining areas or along pedestrian spaces. The limited availability of tourism-oriented education, such as leaflets for tourists and multilingual signage, means that the policy does not effectively reach the most dominant users of public space, namely tourists.

2. Resources

Human resources and supporting facilities are critical determinants of successful implementation. In Ubud, the data indicate that the municipal police (Satpol PP) conduct patrols only two to three times per month, which is far below what would be considered ideal for a highly crowded tourist area. The low intensity of supervision results in KTR violations going largely unmonitored, particularly in public areas frequented by tourists. In terms of infrastructure, 72 percent of restaurants and cafes do not provide designated smoking areas, which leads smokers to smoke in general public areas. In the Ubud Traditional Market and Tegalalang tourism area, there were no clearly marked smoking areas, meaning that the policy does not provide alternatives that should be mandated under the regulation. In addition, KTR signage in public facilities remains limited, non-standardized, and often obscured by surrounding environmental elements, making it difficult to notice them. Therefore, the lack of communication resources and supporting facilities is one of the key factors contributing to the high rates of KTR violations.

3. Implementers' Disposition

The attitudes of implementers at the operational level are central to implementation outcomes. However, interview findings and field reports indicate that implementer commitment remains weak, particularly among tourism operators. Many café and restaurant owners are unwilling to reprimand tourists who smoke because they fear disrupting visitor comfort or receiving negative reviews on digital platforms. This is consistent with Sulistiadi et al. (2020), who argued that compliance in tourism areas remains below 50 percent due to weak law enforcement and low tourist awareness. In Ubud, the implementers tended to prioritize business interests and tourist comfort over the enforcement of public health regulations. Simultaneously, implementing agencies, such as Satpol PP and administrative village authorities, demonstrate supportive attitudes, but their capacity is constrained by limited personnel and competing responsibilities. The customary village has not issued a specific *pararem* related to the KTR, which means that social norms do not reinforce KTR implementation.

4. Bureaucratic Structure, Weak Coordination and Inconsistent SOPs

The bureaucratic structure for KTR implementation involves multiple actors, including the Health Office, Satpol PP, Ubud Village administration, Ubud customary village institutions, business operators, and the community. However, inter-agency coordination was found to be ineffective. There is no consistent monitoring SOP, no standard monitoring schedule, and the mechanism for reporting violations does not operate effectively. Customary village institutions, which exert significant influence over public behavior, have not integrated KTR provisions into their *awig-awig* or *pararem*. Consequently, KTR implementation does not receive strong support from the sociocultural structure. Moreover, there is no institutionalized coordination mechanism with tourism stakeholders, such as restaurant or hotel associations, meaning that the policy operates without meaningful involvement from industry actors, who, in practice, exert substantial control over public spaces.

Overall, the implementation of Gianyar Regency Regional Regulation Number 7 of 2014 on Smoke-Free Areas (KTR) in Ubud Tourism Village has been ineffective and continues to face multiple practical challenges. Based on Edward III's framework, the analysis shows that policy communication remains suboptimal owing to uneven dissemination, limited signage not available in English, and low levels of awareness among tourists and business operators regarding KTR requirements. From a resource perspective, limited enforcement personnel and insufficient facilities, such as designated smoking areas, contribute to the high rate of KTR violations in public areas, markets, restaurants and tourist attractions. Implementers' disposition also presents a challenge, as business operators are reluctant to enforce the rules due to concerns about disrupting tourist comfort, while implementing agencies have not demonstrated strong commitment because of limited operational support.

In addition, bureaucratic structures and inter-institutional coordination remain weak, and customary villages that hold significant influence have not yet incorporated KTR into customary rules, such as the *pararem*. Consequently, KTR regulation in Ubud remains largely normative and has not yet created genuinely smoke-free public tourism space. More collaborative implementation strategies are required, including strengthened tourist education, increased implementer capacity, and stronger synergy among local government, customary village institutions, and tourism stakeholders, so that KTR objectives can be achieved sustainably and provide meaningful protection for both residents and tourists. Constraints in Implementing Gianyar Regency Regional Regulation Number 7 of 2014 on Smoke-Free Areas (KTR) in Ubud Tourism Village, Gianyar Regency.

The implementation of Gianyar Regency Regional Regulation Number 7 of 2014 on Smoke-Free Areas (KTR) in Ubud Tourism Village continues to face various constraints that prevent optimal policy operations. Based on field findings and analysis using Edward III's framework, several key inhibiting factors were identified in this study.

First, policy communication constraints are the most significant barriers. Information on KTR regulations is not effectively conveyed to tourists or business operators. Many tourism areas do not provide clear no-smoking signs written in English, resulting in foreign tourists not understanding

their obligations. In addition, dissemination efforts targeting restaurant owners, café operators, and tourism industry actors remain limited, meaning that they are unaware of specific provisions, such as the requirement to provide designated areas for smoking.

Second, resource constraints are evident, including human resources and infrastructure. Satpol PP, as the primary enforcement actor, conducts patrols only two to three times per month, which is clearly inadequate for a tourism area as densely visited as Ubud. Supporting facilities, such as designated smoking areas, are largely unavailable. More than 70 percent of restaurants and cafes do not provide separate smoking areas, which leads visitors to smoke freely in public areas. In addition, village personnel and local community groups have not received specific training on KTR mechanisms or enforcement procedures.

Third, the implementers' disposition constraints also have a substantial influence. Business operators tend to prioritize tourist comfort over enforcing KTR rules and are therefore reluctant to reprimand visitors who smoke. Implementing agencies, such as Satpol PP and village officials, generally support the policy, but their commitment is constrained by limited time, resources, and other work-related responsibilities. The absence of incentives or regulatory pressure further reduces the perceived priority of implementation.

Fourth, constraints arise from bureaucratic structures and inter-agency coordination issues. Coordination among the Health Office, Satpol PP, Ubud Village administration, and business operators was ineffective. There is no clear monitoring SOP, the violation reporting mechanism does not function, and there is no regular forum for evaluating the implementation of the KTR in the region. Customary village institutions, which in practice play a strong role in enforcing social norms, have not issued a specific KTR *pararem*, meaning that customary rules do not support the local government policy.

Fifth, socio-cultural constraints and tourist characteristics shape the implementation outcomes. Many tourists continue to view smoking in open spaces as acceptable, particularly those from countries where the smoking culture remains strong. Simultaneously, local community members often feel uncomfortable reprimanding tourists because they fear harming economic relationships or being perceived as unwelcoming to tourists. These cultural dynamics weaken social pressure to enforce regulations.

Based on these constraints, it can be concluded that KTR implementation in the Ubud Tourism Village is hindered not only by technical shortcomings, but also by complex institutional, sociocultural, and economic factors. Without improvements in policy communication, strengthened resources, stronger implementer commitment, and robust support from both bureaucratic and customary governance structures, the KTR policy is unlikely to operate effectively in tourist areas such as Ubud, Bali.

5. CONCLUSION

The implementation of Gianyar Regency Regional Regulation Number 7 of 2014 on Smoke-Free Areas (*Kawasan Tanpa Rokok*, KTR) in Ubud Tourism Village is ineffective. This is indicated by weak policy dissemination, limited availability of English-language no-smoking signage, and low levels of understanding of KTR regulations among tourists and business operators. The limited number of enforcement officers and the lack of supporting facilities, such as designated smoking areas, further contribute to the high incidence of violations in public spaces and tourist attractions. In addition, the lack of firm commitment among implementers, an inadequately coordinated bureaucratic structure, and the absence of support from customary villages through the issuance of *pararem* have resulted in the KTR regulation being more normative than operational. Therefore, stronger policy communication, enhanced capacity of implementing agencies, and closer collaboration among local governments, customary villages, and tourism stakeholders are required to ensure consistent KTR enforcement and provide sustainable protection for local communities and tourists.

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