

## **Effectiveness of Smoke-Free Area (KTR) Policy in Schools: A Study on High School and Vocational School Students in Padang City**

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### **ABSTRACT**

*Adolescent smoking behavior poses a serious challenge to public health. This study aims to analyze the effectiveness of the Smoke-Free Area (SFA) policy in two high schools in Padang City. Using a descriptive qualitative approach, data were collected through in-depth interviews, observations, and documentation involving 37 students from Senior High School X and Vocational High School Y West Sumatera. The study findings revealed that although most students support the SFA policy, there is still inconsistency between their attitudes and actual behavior, mainly due to the lack of teacher role models and limited visibility of the policy. This study concludes that the success of the SFA policy depends not only on formal regulations but also on consistent implementation and active involvement of the entire school community. Participatory approaches and behavioral modeling are the main strategies for the policy's success in the educational environment.*

**Keywords:** *Smoke-Free Area, policy effectiveness, adolescents, schools.*

### **Introduction**

The issue of smoking among adolescents has become a significant public health issue in various countries, including Indonesia. The World Health Organization (WHO) states that more than 80% of adult smokers start smoking before the age of 18, making adolescence a critical phase in preventing nicotine addiction (Warouw et al., 2023) . In Indonesia alone, the prevalence of adolescent smokers continues to rise, reaching 9.1% among those aged 10–18 years (Ihyauddin et al., 2023) . Smoking at a young age not only has a negative impact on physical health, such as heart disease and lung cancer, but is also associated with psychological disorders, decreased academic performance, and a tendency toward deviant behavior (Alqahtani et al., 2023; Nurmansyah et al., 2019) .

Smoking behavior among Indonesian adolescents shows an alarming trend, especially among high school and vocational school students, where smoking behavior can begin as early as 13 years of age or younger (Saptono, 2022) . This situation has serious implications for public health, as smoking is a significant risk factor for non-communicable diseases such as lung cancer, heart disease, and chronic respiratory disorders (Najmah et al., 2016) . In addition to health risks, smoking also places a significant financial burden on families, especially low-income families who must allocate a large portion of their income to tobacco products (Saptono, 2022) . As

an institution responsible for shaping healthy lifestyles, schools have a strategic position in efforts to prevent smoking among adolescents, particularly through the implementation of Smoke-Free Zones (SFZ) as an environmental intervention that supports healthy lifestyles.

Although the Indonesian government has issued various regulations to control cigarette consumption, including the implementation of Regional Regulations on Smoke-Free Zones in schools, the effectiveness of these policies is still questionable. National studies show that only about 45.9% of schools in Indonesia fully comply with SFZ policy parameters, while the rest show various forms of violations, such as cigarette butts found on school grounds and teachers smoking on school premises (Asyary et al., 2021; Ridwan et al., 2023). Furthermore, the existence of KTR policies in schools does not automatically reduce the number of teenage smokers without supervision, socialization, and active involvement from all elements of the school, including teachers and educators (Ridwan et al., 2023). Although this policy is normatively implemented in many schools, there is still little research analyzing its effectiveness comparatively between academic and vocational schools. Therefore, it is important to examine the gap between the ideal policy framework and its practical implementation, as well as how institutional characteristics influence the outcomes of the policy.

This study aims to analyze the effectiveness of the Smoke-Free Zone (SFZ) policy in two secondary schools in Padang City with different institutional characteristics, namely SMAN X Padang (academic secondary school) and SMKN Y Sumbar (vocational school). This study examines various implementation indicators such as student knowledge of the policy, support for KTR, compliance with smoking bans, and the visibility of supporting facilities in the school environment. This study is expected to provide a comprehensive picture of the effectiveness of this policy in schools and to present evidence-based recommendations for improving tobacco control policies for adolescents in the context of education.

The urgency of this research lies in the high smoking rates among adolescents and its widespread impact on public health financing and socioeconomic welfare (Saptono, 2022). Given that schools are the main arena for shaping healthy behavior among adolescents, evaluating the effectiveness of KTR is very important based on actual field conditions and institutional diversity. The findings show that not all students receive consistent education about KTR, and both students and teachers were found to violate the policy. This emphasizes the need to evaluate the implementation of KTR to assess its effectiveness in creating a smoke-free environment in secondary schools in Padang.

Smoke-Free Areas (SFAs) are defined as specific zones where smoking, production, sale, advertising, and promotion of tobacco products, including electronic cigarettes, are strictly prohibited, with the aim of protecting public health and preventing exposure to secondhand smoke (Pratama, 2019). This concept is in line with the public health paradigm that emphasizes primary prevention through the creation of an environment that supports healthy behavior. As part of broader health policy, KTR is regulated by legislation at both the national and regional levels. In school environments, KTR aims to create a smoke-free educational atmosphere and serves as a direct educational tool in promoting a tobacco-free lifestyle (Andika and Abas, 2017). Thus, KTR functions not only as a formal administrative regulation but also as a social change strategy based on environmental reform.

The implementation of KTR in schools includes various components such as a total ban on smoking in all school areas, the installation of no smoking signs, the enforcement of administrative sanctions, and the provision of support services such as smoking cessation counseling (Pratama, 2019) . These components are not only a form of restriction but must be supported by communication strategies, consistent monitoring, and active participation from the entire school community. In the context of education, the success of KTR enforcement depends heavily on the extent to which this policy is communicated and reinforced through regular information dissemination activities involving students, teachers, and staff (Andika and Abas, 2017) . Therefore, implementation must be systemic, involving regulatory, educational, and participatory aspects to encourage sustainable behavioral change.

In addition, research by Ridwan et al. (2023) revealed that weak socialization and the absence of clear technical guidelines at the school level caused the implementation of KTR to be suboptimal (Ridwan et al., 2023) . Social factors also play a major role, where peer and family influence is significantly correlated with high smoking rates among students (Artanti et al., 2024) .

Policy effectiveness is defined as the extent to which the intended outcomes of a policy are achieved through proper implementation in a specific social, economic, and institutional context (Pangulimang et al., 2016) . In the field of public health, policy effectiveness is evaluated based on behavioral changes, increased public awareness, and reduced health risks targeted by the policy. A truly effective policy is not only measured by its legal adoption, but also by the existence of measurable indicators such as compliance rates, communication reach, and changes in attitudes or perceptions towards targeted health issues (Pratama, 2019) . Thus, effectiveness is determined not only by the formality of implementation, but also by actual behavioral outcomes that are in line with the initial objectives of the policy.

Manifestations of policy effectiveness include clear regulations, consistent enforcement, adequate availability of resources, compliance by stakeholders, and public support for the content of the policy (Pangulimang et al., 2016) . In the school context, effectiveness can be observed through indicators such as the level of student awareness and understanding of the rules, the frequency of communication related to the policy, and the attitudes of stakeholders, especially teachers, towards the smoking ban. Additional indicators include the presence of clearly visible no-smoking signs and accessibility to smoking cessation counseling services (Pratama, 2019) . Therefore, assessing effectiveness requires a multidimensional approach, including quantitative and qualitative evidence through interviews and direct observation.

Adolescence is a transitional phase between childhood and adulthood, generally defined by the World Health Organization as the age range of 10 to 19 years. This stage is marked by significant physical, psychological, and social development, making adolescents highly vulnerable to environmental influences and decisions related to long-term health (Samsugito et al., 2024) . In public health, adolescents are considered a key target group in promotive and preventive efforts, including tobacco control initiatives. High exposure to cigarette advertising, peer pressure, and weak family supervision are known risk factors in the formation of smoking behavior during this period (Amaliani, 2017) . Therefore, understanding the characteristics of adolescents is crucial for designing effective interventions such as school-based tobacco control policies that align with their developmental needs.

In the context of smoking, adolescents can be categorized based on their behavior: never smoked, former smokers, and active smokers who smoke daily or occasionally (Amaliani, 2017) . The manifestation of smoking behavior in adolescents is influenced by internal factors such as curiosity and identity formation, as well as external factors including peer influence, tobacco product marketing, and social norms. In the school environment, this behavior can be covert or overt depending on the strictness of rule enforcement and the culture of compliance in the school (Samsugito et al., 2024) . A deep understanding of these behavioral categories is essential for designing strategic interventions that effectively address adolescent smoking behavior in the school environment.

## **METHOD**

This study examines the phenomenon of implementing the Smoke-Free Zone (SFZ) policy in secondary schools, focusing on student awareness, attitudes, and compliance, as well as the visibility and supporting structures of the policy in two schools in Padang City. This issue arises amid the increasing trend of smoking among adolescents and the important role of schools as agents of healthy behavior promotion. Although this policy exists, inconsistencies in the dissemination of information, enforcement of rules, and internalization by the school community are major challenges. This study aims to capture these inconsistencies as they appear differently in schools with different institutional characteristics.

The research design used was qualitative descriptive to provide a detailed and contextual description of how tobacco control policies are perceived and implemented in the schools studied. Primary data were collected through in-depth interviews with students as key informants, focusing on their experiences and perceptions regarding policy implementation in schools. Secondary data were obtained from literature on school-based tobacco control, relevant government regulations, and previous studies related to the research keywords. This approach allowed researchers to examine the phenomenon naturally and holistically, without manipulating variables or attempting to predict causal relationships.

This study involved 20 students from SMAN X Padang and SMKN Y Sumbar. Informants were selected purposively to represent a diversity of perspectives. The first informant was an 11th-grade student from SMAN X Padang who was known to consistently comply with the KTR policy, representing the group of students who supported the initiative. The second informant was a student from SMKN Y Sumbar who had witnessed KTR violations by friends and teachers, providing a more critical perspective. The third informant consisted of students from both schools who were aware of the availability or absence of smoking cessation counseling services. Informants were selected based on variations in personal experiences and school environments to reflect a broader understanding of policy implementation.

The research process involved several data collection techniques appropriate for a qualitative approach. First, semi-structured interviews were conducted with student informants to explore their knowledge, attitudes, and behaviors related to the KTR policy. Second, field observations were conducted to review the physical conditions of the school environment, including the presence of no-smoking signs, student and teacher behavior, and access to counseling services. Third, documentation techniques were used to collect administrative evidence such as school circulars, banners, campaign materials, and minutes of meetings related to

KTR enforcement. These three methods were triangulated to ensure a comprehensive and multifaceted understanding of the phenomenon under study.

Data analysis followed Miles and Huberman's interactive model, which consists of three steps carried out simultaneously: data reduction, data presentation, and conclusion drawing and verification. In the reduction stage, relevant information from interviews, observations, and documentation was selected and categorized into main themes such as awareness, compliance, and effectiveness of facilities. The data was then organized in the form of matrices and narratives to facilitate interpretation. Conclusions are drawn inductively from recurring patterns in the data and verified through triangulation of sources. Triangulation is done by comparing information from various data sources, such as student narratives, field observation results, and documentary evidence, to increase the objectivity and validity of the findings. This analysis technique is suitable for exploring the complex and nuanced social dynamics in the implementation of KTR policies in school environments.

## **RESULTS AND DISCUSSION**

Data from interviews showed that most students were aware of the existence of the Smoke-Free Zone (KTR) policy in their respective schools. Of the 37 participants, 68% reported knowing of written rules prohibiting smoking in the school environment. However, observations indicated that only 45% of students had ever seen no-smoking signs in the school area. Documentation collected from schools showed that although several anti-smoking posters had been put up in strategic areas, their distribution was uneven. At SMKN Y Sumbar, several locations did not have clear visual markers regarding the SFZ policy, while SMAN X Padang had a slightly better display, although it was still limited. These findings indicate that the visibility of physical reinforcement of the policy is still inconsistent in both institutions.

"I know the school has a no-smoking rule, but I've only ever seen one no-smoking sign near the teachers' room."

(Informant 2, SMKN Y Sumbar student)

Further analysis of data from interviews, observations, and documentation shows that the KTR policy is only partially implemented. Despite formal efforts such as written announcements and information signs, communication about this policy has not effectively reached all areas of the school. Students whose classrooms are located near this information material tend to be more aware, while other students remain uninformed. This inconsistency indicates the need for a more systematic approach to ensure comprehensive dissemination of information and equal exposure to the policy message.

"There is a ban on smoking at school, but it was only announced once during a ceremony, and after that there was no further information."

(Informant 1, student at SMAN X Padang)

The relationship between the descriptive data and the explanations in the first two paragraphs reflects a structural gap in policy implementation. Although the majority of students are aware of the KTR rules, the weak visibility of the policy and the uneven dissemination of information have led to a mismatch between the existence of the policy and its impact on behavior. This confirms that the symbolic existence of the KTR is not yet strong enough to create a smoke-free school environment, and shows the importance of continuous and visible intervention.

Regarding the effectiveness of the policy, 65% of students reported always complying with the KTR rules, 22% often complied, while the rest admitted to only occasionally or rarely complying. From the institutional side, only 33% of students believed that teachers and staff always complied with the policy, and 16% stated that teacher compliance was inconsistent. Observations at SMKN Y Sumbar showed that some teachers did not set an example of not smoking, especially in hidden areas of the school environment. In addition, documentation showed that not all teachers had received formal KTR training or regular policy updates, which contributed to weak enforcement on campus.

"If the teachers themselves sometimes smoke behind the school, how can the students be expected to obey?"

(Informant 3, SMKN Y Sumbar student)

This data shows that the effectiveness of policies is greatly influenced by teacher behavior and institutional role modeling. Students tend to be less compliant with rules when teachers do not consistently demonstrate compliance, which ultimately undermines the credibility of policies and behavior reinforcement.

"I am obedient, but when I see someone smoking in the corner of the field and no one reprimands them, I feel like the rules are not important."

(Informant 1, student at SMAN X Padang)

The relationship between descriptive data and explanations regarding policy effectiveness shows that implementation is at the heart of the problem. The gap lies not in policy design, but in its application. Without consistent enforcement and exemplary behavior, policies cannot achieve the desired results, reinforcing the importance of examining real dynamics in evaluating the effectiveness of smoke-free policies in school environments.

Regarding adolescent perceptions, 72% of students expressed their support for the KTR policy, and 55% reported having received information about the dangers of smoking. However, understanding of the policy is uneven. Observations prove that some students still smoke in or around school areas even though they are aware of the policy. Documentation shows that anti-smoking education is generally delivered as a one-time message during flag ceremonies, without continuous and structured reinforcement. This indicates that even though normative support exists, behavioral compliance remains difficult to achieve due to social influences and limited institutional follow-up.

"I support the KTR, but many of my friends still smoke behind the school building."

(Informant 2, student at SMKN Y Sumbar)

These findings show that even though adolescents support anti-smoking initiatives, peer pressure and a lack of systematic reinforcement reduce their practical impact. Adolescents are highly vulnerable to social dynamics, and when peer groups tolerate or engage in smoking, formal support for anti-smoking policies often does not translate into behavioral change. This is exacerbated by the absence of sanctions and the sporadic nature of health promotion efforts.

"We know the dangers of smoking, but no one tells us off if we smoke in a quiet place."

(Informant 3, student at SMAN X Padang)

The relationship between student support for smoke-free environments and their actual behavior shows a critical gap in the implementation of behavior-based health policies. This emphasizes the need for schools to not only establish and

publicize policies, but also to build consistent behavioral role models, accountability among peers, and sustainable health education programs. Without these elements, smoking behavior among adolescents will persist despite formal awareness of the existing policy.

This study reveals a paradoxical finding: although the majority of students claim to support the Smoke-Free Zone (SFZ) policy and are aware of its existence in schools, their behavioral compliance does not always reflect this awareness and support. Although the SFZ policy has been formally adopted and is known by most students, various practical obstacles such as weak visibility of prohibition signs, inconsistent teacher role modeling, and irregular dissemination of information create a gap between the presence of the policy and behavioral change. These results illustrate the complex relationship between knowledge, attitudes, and behavior in an institutional context, particularly among adolescents who are facing strong social influences.

The findings of this study reinforce and expand on the results of previous studies. In line with Devhy & Widana (2020), who found a discrepancy between adolescents' support for health warnings and their behavioral compliance, this study shows that support for anti-smoking policies does not necessarily lead to compliance (Devhy and Widana, 2020) . However, this study provides further contribution by highlighting the important role of teachers as behavioral models, a factor that is often overlooked in school-based tobacco control studies. Unlike Amaliani's (2017) study, which focused on differences in perceptions between schools, this study specifically emphasizes how teacher non-compliance can undermine the moral authority of existing policies (Amaliani, 2017) .

When linked to the research objective, which is to analyze the effectiveness of SMTP implementation in two schools with different institutional characteristics, the findings show that institutional characteristics are highly influential. SMAN X Padang, which has a stronger academic structure, shows a higher level of student compliance and better policy visibility compared to SMKN Y Sumbar, which tends to show more violations and less structured enforcement. This confirms that the same policy can produce different results depending on the institutional context and internal culture, and highlights the need for context-sensitive implementation strategies.

The implications of these findings are both theoretical and practical. Theoretically, the results of this study confirm the importance of integrating behavioral science principles in the implementation of public health policies, especially the role of behavioral models and environmental cues. Practically, these findings highlight the need for the involvement of all stakeholders in the consistent and visible enforcement of KTR policies. Regulation alone is not enough; success depends heavily on the creation of a supportive environment, where rules are enforced not only with discipline, but also through daily role modeling by authoritative figures such as teachers (Saptono, 2022) .

The root of the implementation challenge lies not in policy design, but in its execution. Weak supervision, inconsistent social role modeling, and the absence of continuous reinforcement are major contributors to low compliance. As stated by Najmah et al. (2016), behavioral change in adolescents requires repeated exposure to consistent messages and the presence of structural and emotional support (Najmah et al., 2016) . In this study, many students admitted to knowing the health risks of

smoking but continued to do so because of social permissiveness and the absence of real consequences.

To address this issue, several practical steps are recommended. First, schools need to implement sustainable and structured tobacco control education programs that are integrated into both the curriculum and extracurricular activities. Second, peer monitoring programs can be enhanced to build collective accountability and reduce covert smoking behavior. Third, teachers need to undergo training to strengthen their role as role models in anti-smoking policies. Finally, a performance-based incentive and penalty system can be introduced, giving recognition to schools with high compliance rates and applying clear penalties for policy violations. These interventions are in line with the national policy objectives outlined in the 2020–2024 National Medium-Term Development Plan (RPJMN) and support the broader goal of creating a tobacco-free younger generation (Saptono, 2022) .

## **CONCLUSION**

The most striking finding of this study is the discrepancy between students' awareness and support for the Smoke-Free Zone (KTR) policy and their behavioral compliance. Although most students expressed support for and understanding of the policy, smoking behavior continued to occur in the school environment. This is mainly due to the weak visibility of policy enforcement, inconsistency in teacher role modeling, and limited educational efforts that only occur occasionally. The fact that some students continue to smoke even though they support this policy indicates a critical gap in implementation: the policy exists, but its influence on behavior is still limited without consistent reinforcement and strong institutional leadership.

This study makes an important contribution to the development of public health science, both theoretically and practically. Theoretically, this study confirms the relevance of institutional context and behavior in evaluating the effectiveness of school-based health policies. This study confirms that the success of policy implementation depends not only on the content of the policy itself, but also on the behavior of stakeholders, school structure, and peer influence. In practical terms, this study provides insight for policymakers and educational institutions that a participatory and behavior-based approach is urgently needed. This approach includes modeling healthy behaviors, consistent communication, and peer-based accountability mechanisms to create a tobacco-free school environment.

The limitations of this study lie in its scope, which only covers two schools in one urban area and focuses on individual and institutional behavior without discussing in depth the dynamics of macro policies or the influence of the wider community. However, these limitations open up opportunities for further research that can explore the role of structural, administrative, and community factors in increasing the success of smoke-free school initiatives. Expanding the research to various types of schools and regions will provide a more comprehensive understanding of the factors that determine the effectiveness of health policies among adolescents.

**Table. Research Findings Based on the Objectives of the Analysis of the Effectiveness of KTR Policies**

<b>Effectiveness Indicators</b>	<b>SMAN X Padang</b>	<b>Vocational High School Y West Sumatra</b>	<b>Key Findings</b>
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Awareness of KTR policy	70% of students are aware of KTR regulations	66% of students are aware of KTR regulations	Most students are aware of the policy, but awareness is not evenly distributed.
Support for KTR policy	74% of students support the implementation of KTR	70% of students support the implementation of KTR	Student support is high in both schools, but this is not always followed by compliance.
Student compliance with KTR	68% report always complying	62% report always complying	Compliance is slightly higher at SMAN X than at SMKN Y.
Teacher compliance with KTR	40% of students report that teachers always comply	26% of students report that teachers always comply	Teacher role modeling is generally weak, especially at SMKN Y.
Education and dissemination of KTR	Conducted during the flag ceremony; some posters are available	Conducted once at the beginning of the semester; minimal visibility	Information dissemination is not routine in both schools.
The presence of no smoking signs	Exists but only in certain areas	Only one location has signs	Visual representation of the policy is inconsistent and inadequate.
Access to smoking cessation facilities	40% of students are aware; facilities are limited	36% of students are aware; services are considered ineffective	Counseling services are underutilized and not yet integrated into the school system.
Smoking behavior in the school environment	Still occurs but less frequently	More often in hidden areas	Violations still occur, more predominantly in vocational schools.

The KTR policy appears to be more effective at SMAN X than at SMKN Y, although both schools face major challenges in terms of teacher role modeling, policy visibility, and consistent dissemination. Effective implementation requires not only policy adoption, but also behavior reinforcement, cross-stakeholder accountability, and visible supporting infrastructure throughout the school environment.

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