

Policy Implementation of Smoke-Free Areas in Local Government Bureaucracy: Evidence from Tegal Regency, Indonesia

Jevon Muhammad Kenneth Bernessa,^{ID} Sri Sutjiatmi,^{ID} Akhmad Habibullah^{ID}

Government Studies Program, Faculty of Social and Political Sciences, Pancasakti University Tegal, Tegal City, Indonesia

Corresponding Author Email: jevonbernessa@gmail.com

ABSTRACT

Received : April 27, 2026

Revised : May 29, 2026

Accepted : June 30, 2026

Keywords:

Smoke-free area, policy implementation, local government, bureaucratic structure

This study analyzes the implementation of the Smoke-Free Area Policy within the Regional Government of Tegal Regency based on Tegal Regency Regional Regulation Number 4 of 2022. The novelty of this study lies in its focus on smoke-free policy implementation within the regional bureaucratic environment, particularly in examining how regulation is translated into institutional practice, official compliance, and internal supervision mechanisms. This research employs a descriptive-analytical qualitative approach, with data collected through interviews, observations, and documentation at several regional government agencies. The analysis applies Edward III's policy implementation theory, covering communication, resources, implementer disposition, and bureaucratic structure, supported by NVivo 12 through the Explore Diagram feature. The findings show that policy implementation has not been optimal because communication remains formal, resources are not supported by consistent supervision, compliance still depends on individual awareness, and the bureaucratic structure lacks internal procedures and measurable sanction mechanisms. This study highlights the need to strengthen socialization, optimize the Smoke-Free Area Task Force, promote leadership role modeling, prepare technical guidelines, and enforce regulations.

INTRODUCTION

The phenomenon of smoking remains a global public health challenge. According to the World Health Organization (WHO), in 2022 there were more than 1.3 billion smokers worldwide, and around 8 million deaths each year were caused by tobacco consumption, either directly or through exposure to secondhand smoke. In addition, exposure to cigarette smoke in public places causes more than 1.2 million deaths per year worldwide, most of which occur among non-smokers (World Health Organization, 2023). The implementation of Smoke-Free Area Policies has been proven to significantly reduce exposure to cigarette smoke in public spaces and decrease the incidence of tobacco-related diseases (Rosmayanti & Permana, 2024). Recent meta-analysis studies also show that public support for smoke-free policies in various countries continues to increase, even among active smokers. In several countries, the implementation of smoke-free areas in public service environments has contributed to reducing smoking prevalence and creating healthier environments (Qudus & Hadi, 2023). Furthermore, smoke-free area policies also play an important role in protecting the public's right to clean air and improving overall quality of life (Sulistyo et al., 2025).

The increasing consumption of cigarettes in Indonesia, particularly in Central Java, has become a serious concern in efforts to protect public health. Based on Riskesdas data and national surveys, smoking prevalence in Indonesia remains very high, with an estimated more than 61 million active smokers and an increasing trend among younger age groups (Wahidin et al., 2023). In Central Java, the number of smokers also shows a worrying trend, especially in public facilities and government offices. This phenomenon directly affects air quality, public health, and the increasing burden of non-

communicable diseases (Nasution et al., 2022). Therefore, the implementation of Smoke-Free Area policies has become one of the main strategies adopted by regional governments to reduce the rate of cigarette consumption and protect the public's right to a healthy environment.

Smoke-Free Area policies in Indonesia have been regulated through various national and regional regulations, including Tegal Regency Regional Regulation Number 4 of 2022 concerning Smoke-Free Areas. This regulation affirms the regional government's commitment to creating a smoke-free work and public service environment, in line with the WHO recommendation, namely the Framework Convention on Tobacco Control (FCTC) (Reskiaddin et al., 2025). However, the implementation of Smoke-Free Area policies in various regions, including within the Regional Government of Tegal Regency, still faces significant challenges. Studies in various Indonesian cities show that the level of compliance with smoke-free area policies in government offices and public facilities remains low, with average compliance ranging only from 32% to 44% (Ismaniar et al., 2025). This indicates a gap between regulation and field implementation.

The main problem arising from this phenomenon is the low level of compliance among the public and employees with the Smoke-Free Area policy. Studies in Medan, Bengkulu, and Denpasar identified several factors causing low compliance, including lack of socialization, limited supervision, weak enforcement of sanctions, and high social acceptance of smoking behavior in the workplace (Sufri et al., 2023). In addition, limited resources, both in terms of budget and supervisory personnel, are major obstacles to policy implementation. The impact of this low compliance is not only felt in the form of exposure to secondhand smoke, but also contributes to the

increase in smoking-related diseases, reduced work productivity, and rising healthcare costs.

Obstacles to the implementation of Smoke-Free Area policies are also reinforced by cultural factors and social norms that still consider smoking an acceptable behavior, even in formal environments such as government offices (Sutantri et al., 2024). Studies in Denpasar and Banda Aceh highlight that social acceptance of smoking, the limited role of public figures, and weak collaboration among stakeholders are major inhibiting factors. Furthermore, unclear sanctions and lack of commitment from institutional leaders also worsen the effectiveness of policy implementation (Wahidin et al., 2023). These obstacles indicate the need for a more comprehensive approach, including strengthening regulations, increasing supervisory capacity, and changing organizational culture.

The level of compliance among regional government employees with the Smoke-Free Area policy in government offices is strongly influenced by the effectiveness of socialization, supervision, and law enforcement. Studies in various regions show that the success of Smoke-Free Area implementation depends heavily on leadership commitment, cross-sector collaboration, and the availability of adequate resources. In several regions, such as Yogyakarta and Aceh, increased compliance has been achieved through intensive socialization, involvement of community leaders, and strict enforcement of sanctions (Warouw et al., 2023; Trirasetya et al., 2024). However, in many other regions, including Central Java, compliance remains low due to weak supervision and limited sanctions (Andini et al., 2022).

Previous studies have shown that the implementation of Smoke-Free Area policies continues to face several obstacles, including low compliance, weak socialization, limited resources, suboptimal supervision, and weak rule enforcement. Veruswati et al., (2020) indicate that the implementation of smoke-free area policies in Indonesia still requires stronger commitment and public support. Martini et al., (2022) also emphasize that smoke-free area regulations are closely related to efforts to reduce the disease burden attributable to smoking. Meanwhile, Muazzinah et al., (2024) found that the implementation of smoke-free areas remains constrained by coordination problems, limited socialization, and ineffective rule enforcement.

However, most existing studies have focused on the implementation of Smoke-Free Area policies in health facilities, campuses, schools, public spaces, or city-level contexts in general. Studies that specifically examine the implementation of Smoke-Free Area policies within local government bureaucracies remain relatively limited, particularly after the enactment of Tegal Regency Regional Regulation Number 4 of 2022. This gap is important to address because government offices hold a dual position as workplaces for public officials and as public service spaces. In this context, government employees are not only the target group of the policy but also part of the institution that is expected to demonstrate compliance with regulations issued by the local government itself.

This study focuses on several agencies within the Regional Government of Tegal Regency, namely the Regional Development Planning, Research and Development Agency; the Regional Financial and Asset Management Agency; the Regional Secretariat; the Regional House of Representatives Secretariat; the Regional Civil Service Agency; and the Communication and Informatics Office. This focus was selected to examine how the Smoke-Free Area policy is translated into daily bureaucratic practice, particularly in relation to

employees' understanding, bureaucratic compliance, the availability of supporting facilities, internal supervision, and institutional readiness. Mayansara et al., (2025) emphasize that one of the major challenges in smoke-free area policies is the weak sustainability of implementation, while Yuri et al., (2022) show that compliance with smoke-free policies is strongly influenced by how regulations are implemented at the institutional level.

Therefore, this study aims to analyze the implementation of the Smoke-Free Area policy within the Regional Government of Tegal Regency and to identify the main factors that hinder its implementation. This study is expected to fill the research gap concerning the implementation of smoke-free area policies within local government bureaucracies and to provide practical recommendations for strengthening socialization, supervision, leadership role modeling, technical guidelines, and rule enforcement in government work environments.

METHODS

This study uses a qualitative approach with a descriptive-analytical design, aiming to gain an in-depth understanding of the implementation process of the Smoke-Free Area policy within the Regional Government of Tegal Regency. This approach was chosen because qualitative research is capable of exploring the meanings behind behavior, actions, and social dynamics that emerge during the policy implementation process (Creswell & Poth, 2018). Qualitative research provides space for researchers to interpret social phenomena contextually based on participants' experiences and perceptions. Thus, this study not only seeks to describe the extent to which the Smoke-Free Area policy is implemented, but also examines how interactions among actors and bureaucratic conditions influence implementation effectiveness.

The research was conducted at several government agencies in Tegal Regency, such as the Regional Development Planning, Research and Development Agency; the Regional Financial and Asset Management Agency; the Regional Secretariat; the Regional House of Representatives Secretariat; the Regional Civil Service Agency; and the Communication and Informatics Office. The locations were selected purposively because these agencies have direct responsibility for implementing and supervising the Smoke-Free Area policy. The research was carried out in January and February 2026, covering preliminary observations, in-depth interviews, and field data verification. The researcher interacted directly with the working environment of government officials to obtain a comprehensive empirical picture of policy implementation practices.

The informants in this study consisted of 8 individuals from several regional government agencies within the Regional Government of Tegal Regency. The informants were selected purposively by considering their involvement, knowledge, and experience regarding the implementation of the Smoke-Free Area policy. The criteria for informant selection included officials who worked in the selected research sites, had knowledge of or had received information about the Smoke-Free Area policy, and were able to provide information related to socialization, supporting facilities, employee compliance, supervision, and violation handling mechanisms.

Data collection was carried out through three main methods: interviews, observation, and documentation. Interviews were used to explore informants' experiences and perceptions regarding policy implementation, while observation was used to assess the level of compliance and actual practices in the

field. Documentation was used to strengthen data validity by comparing interview and observation results with official administrative records (Yudha, 2022). The combination of these three techniques enabled the researcher to obtain a comprehensive triangulated picture of Smoke-Free Area implementation in Tegal Regency.

To ensure data validity, this study employed source and technique triangulation. Data obtained through interviews were compared with observation results and documentation, so the findings did not rely solely on informants' statements but were also supported by factual conditions in the field and relevant documents. Data adequacy was assessed through the repetition of information patterns that emerged in the aspects of communication, resources, implementer disposition, and bureaucratic structure.

The collected data were analyzed through the stages of data reduction, data presentation, and conclusion drawing. To support the analysis process, this study used NVivo 12 software as a tool for organizing and categorizing qualitative data. The coding process was carried out in several stages. First, open coding was conducted by identifying important statements from interview transcripts, observation results, and supporting documents. Second, axial coding was used to connect codes with similar meanings into broader categories, namely communication, resources, implementer disposition, and bureaucratic structure. Third, selective coding or theme generation was conducted to determine the main themes that explain the implementation of the Smoke-Free Area Policy within the Regional Government of Tegal Regency. The Explore Diagram feature in NVivo was then used to visualize the relationship between the main themes and derivative findings. The use of NVivo was not intended to replace the researcher's interpretation, but to help organize the data systematically, identify patterns of findings, and strengthen the interpretation of field data.

RESULTS AND DISCUSSION

This study positions the implementation of Tegal Regency Regional Regulation Number 4 of 2022 concerning Smoke-Free Areas as a policy issue that does not stop at the existence of formal rules. This policy has an important position in supporting the creation of a healthy, orderly, and smoke-free government work environment. However, the existence of a regional regulation does not necessarily correspond directly to the compliance of officials within the bureaucracy. Policy effectiveness is instead largely determined by how the regulation is understood, accepted, supported, and implemented in daily institutional practices. On this basis, the results and discussion section is directed toward examining the implementation of the regulation through four aspects of policy implementation: communication, resources, implementer disposition, and bureaucratic structure.

The data used in this study were obtained through interviews, observations, and documentation at several regional government agencies. All field data were then processed with the assistance of NVivo 12 software so that theme grouping and the tracing of relationships among findings could be conducted more systematically. In this study, NVivo was not used as a substitute for the researcher's analysis, but as an auxiliary instrument to organize complex qualitative data into a more readable form. Interview transcripts were classified based on the research focus, while observation and documentation data were used to strengthen the interpretation of factual situations in the field. Through the Explore Diagram feature, the relationship between main themes and derivative findings was visualized so that important patterns in the

implementation of this regional regulation could be identified more clearly.

Based on this analytical process, the discussion in this study is organized according to Edward III's policy implementation theory. This framework was chosen because it is able to explain why a policy that already has a legal basis may still face obstacles during implementation. Obstacles to Smoke-Free Area implementation do not only arise from the behavior of individuals who smoke in office environments, but are also related to the quality of information delivery, availability of supporting facilities, commitment of officials, leadership role modeling, effectiveness of supervision, and clarity of violation-handling mechanisms. Therefore, the following results and discussion not only present field findings, but also interpret how this regulation operates within regional bureaucratic spaces that have varying institutional dynamics, work cultures, and levels of compliance.

Policy Communication

Figure 1. Policy Communication Concept Map

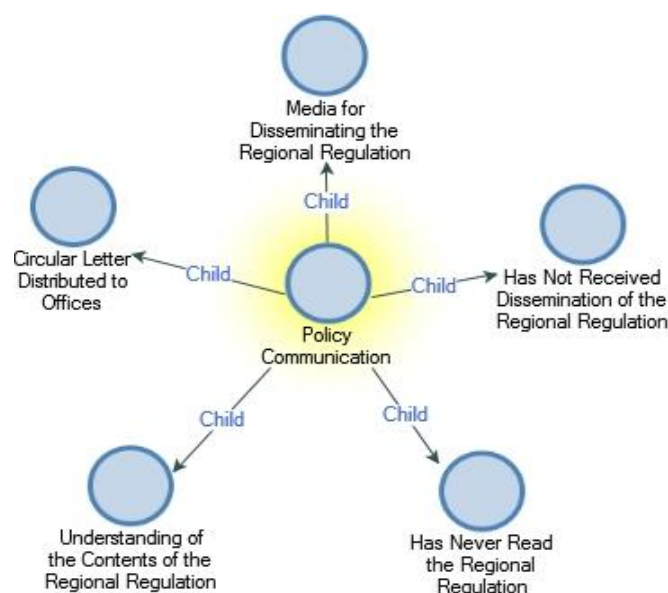


Figure 1 presents the policy communication concept map in the implementation of the Smoke-Free Area Policy within the Regional Government of Tegal Regency. In the concept map, policy communication is positioned as the main theme connected to several field findings, namely media for disseminating the regional regulation, circular letters distributed to offices, understanding of the contents of the regional regulation, employees who have never read the regulation, and parties who have not received dissemination of the regional regulation. The relationship among these themes indicates that policy communication has been carried out through formal channels, but it has not fully ensured that all government personnel understand the substance of the policy evenly. From the perspective of policy implementation, information dissemination should not only be understood as the act of delivering regulations, but also as a process of building understanding and acceptance of the policy (Dearing & Cox, 2018).

The interview findings show that information regarding Tegal Regency Regional Regulation Number 4 of 2022 concerning Smoke-Free Areas has been delivered through several media, particularly circular letters and dissemination media within the office environment. However, the delivery of information remains largely administrative in nature. This means that information has been distributed, but it has not

always been accompanied by direct explanation regarding the content, objectives, scope of prohibition, and consequences of violations. This condition indicates that policy communication has not been strong enough to develop a deep understanding among government personnel. Media can help broaden the reach of policy messages, but their effectiveness depends greatly on message consistency and the ability of institutions to make them part of both public and internal organizational understanding processes (Bou-Karroum et al., 2017).

This finding is reinforced by informants' statements indicating that some employees are aware of the existence of the regional regulation but have not directly read its contents. One informant stated, *"I know about the regulation from social media, but I have never read its contents completely."* said Arif Hidayat, January 26, 2026, 13.20 WIB. This statement shows that government personnel's knowledge of the policy remains at a general level, meaning that they only know that the regulation exists but do not yet fully understand its substance. Such a condition may cause the implementation of the regional regulation to run formally, without fully becoming a guideline for workplace behavior.

In addition, the concept map also shows that there are still parties who have not received adequate dissemination of the regional regulation. This is important because policies related to behavioral change cannot be sufficiently communicated only once through circular letters or written media. The Smoke-Free Area Policy requires repeated, clear, and easily understandable communication so that government personnel can understand the reasons why the policy is implemented. Another informant explained, *"I have never received direct socialization about the smoke-free regulation; I only received a letter from my superior."* said Eko Panji, January 26, 2026, 13.30 WIB.

Based on the interpretation of the concept map, the main issue in the communication aspect does not lie in the absence of information, but in the suboptimal process of delivering and understanding the policy. Dissemination media and circular letters serve as initial instruments for distributing information, but they are insufficient if not accompanied by direct guidance, explanations from leaders, and regular reinforcement of policy messages. Studies on policy implementation show that implementation strategies need to be designed systematically so that information is not only received, but also able to encourage behavioral change among policy implementers (Fernandez et al., 2019).

Resources

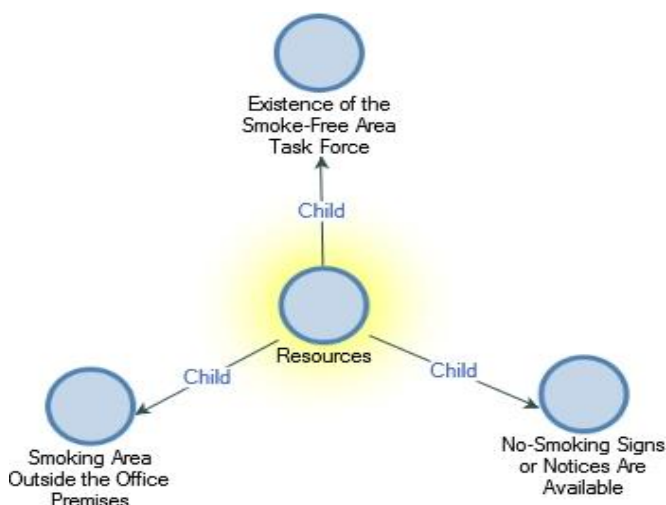


Figure 2. Resource Concept Map

Figure 2 shows that the resource aspect in the implementation of the Smoke-Free Area Policy within the Regional Government of Tegal Regency is not only related to the availability of physical facilities, but also to institutional readiness in supporting policy implementation. The concept map shows that the resource theme is connected to three main findings, namely the existence of the Smoke-Free Area Task Force, the availability of no-smoking signs or notices, and the presence of smoking areas outside the main office environment. These connections indicate that the regional government already has initial instruments to implement the policy, but these instruments still need to be assessed in terms of their effectiveness. In policy implementation, resource availability needs to be linked to organizational readiness, implementation strategies, and institutional capacity to adjust support according to field needs (Watson et al., 2022).

The interview findings show that no-smoking signs or notices related to the Smoke-Free Area Policy are already found in several office environments. The presence of these signs functions as a visual reminder for both employees and members of the public who come to service areas. One informant stated, *"No-smoking signs are available, including at the office entrance, so employees and visitors can see them clearly,"* said Eko Panji, January 26, 2026, 13.30 WIB.

This statement indicates that supporting resources in the form of information media are already available, but their presence does not automatically ensure compliance. No-smoking signs will be more effective if they are placed in strategic locations, are clearly visible, use clear language, and are supported by direct supervision. This is in line with Christanto et al., (2023), who state that the installation of no-smoking signs and internal promotion are important indicators in assessing the implementation of smoke-free areas in public facilities.

In addition to no-smoking signs, the concept map also shows the existence of the Smoke-Free Area Task Force as part of institutional resources. The task force should serve as an important actor in ensuring that the policy does not stop as a written regulation, but is implemented through guidance, supervision, and violation handling. However, the effectiveness of the task force depends greatly on the clarity of its duties, leadership support, and the regularity of supervision. From an implementation perspective, policies that require behavioral change need planned implementation strategies, including the identification of implementing actors, role determination, and adjustment of strategies based on field needs. Therefore, the Smoke-Free Area Task Force should not be understood merely as an institutional complement, but as a key instrument for maintaining the consistency of policy implementation in office environments.

The interview findings also indicate that the role of the task force has not been fully felt by employees in their daily work activities. An informant stated, *"I have never seen them carrying out their duties in following up violations of the smoke-free area policy,"* said Reza, February 7, 2026, 10.30 WIB. This quotation is important because it emphasizes that the resource issue is not only about the establishment of the task force, but also about the extent to which the task force performs its supervisory function in practice. If the task force is inactive, the implementation of the Smoke-Free Area Policy tends to depend on the awareness of individual employees. This condition makes the policy difficult to implement consistently because there is no institutional actor that

routinely ensures compliance, records violations, and issues clear warnings.

The concept map also shows the existence of smoking areas outside the main office environment. These areas can be understood as a form of spatial regulation intended to prevent smoking activities from taking place in workspaces or public service areas. However, this arrangement needs to be managed carefully so that it does not create ambiguity. If smoking areas are located too close to office entrances, service areas, or circulation routes used by employees and the public, protection for non-smokers may remain suboptimal. Organizational readiness in implementing change is not only determined by the availability of facilities, but also by the ability of organizational members to understand, accept, and use these facilities consistently in daily work routines (Caci et al., 2025). Therefore, smoking areas need to be clearly designated, separated, and positioned in ways that do not interfere with the work environment or public services.

The resource aspect in the implementation of the Smoke-Free Area Policy within the Regional Government of Tegal Regency shows the presence of initial support, but it still requires strengthening in terms of utilization and consistency of implementation. No-smoking signs, the Smoke-Free Area Task Force, and smoking areas are important components. However, these components will only be effective if they are connected to regular working mechanisms. This means that clear task distribution, periodic supervision, adequate funding, and evaluation of the effectiveness of available facilities are needed. Implementation strategies should be systematically designed so that the available resources do not merely become administrative symbols, but are genuinely used to strengthen policy implementation within the bureaucracy.

Implementer Disposition

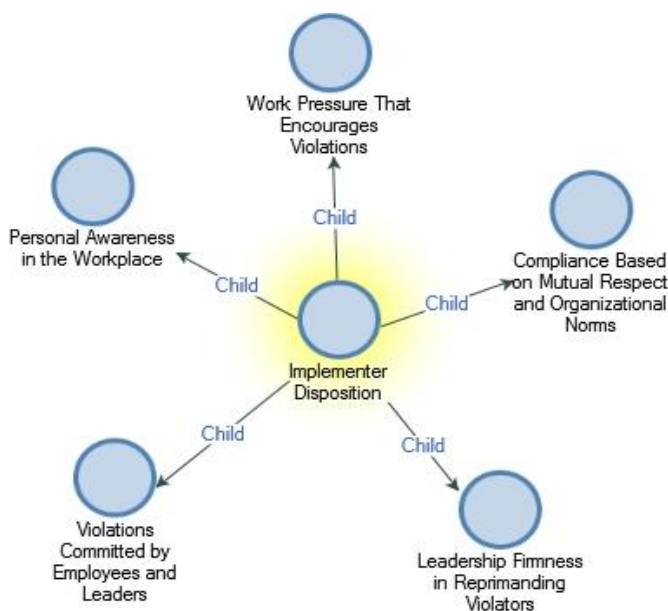


Figure 3. Implementer Disposition Concept Map

Figure 3 shows that implementer disposition is one of the important aspects in the implementation of the Smoke-Free Area Policy within the Regional Government of Tegal Regency. In the concept map, the main theme of implementer disposition is connected to several findings, namely personal awareness not to smoke in workspaces, mutual respect among employees, violations committed by employees and leaders,

and work pressure as a reason for smoking behavior. The relationship among these themes indicates that the implementation of the Smoke-Free Area Policy is not only determined by formal rules and supporting facilities, but also by the attitudes, awareness, commitment, and habits of government personnel in responding to the policy. In policy implementation, implementers' attitudes influence the extent to which a policy is accepted and practiced within an organization (Williams et al., 2020).

The interview findings show that some government personnel actually have personal awareness not to smoke in workspaces. This awareness arises from the understanding that the workspace is a shared place whose comfort must be maintained, both for employees and for members of the public who come to receive services. One informant stated, *"Employees usually avoid smoking indoors because it disturbs others; they go outside if they want to smoke."* said Khoirul, February 5, 2026, 11.30 WIB. This statement shows that the basic value of the Smoke-Free Area Policy has begun to be accepted by some government personnel, particularly in the form of awareness to maintain a comfortable work environment and avoid disturbing others.

Nevertheless, the concept map also shows that compliance with the Smoke-Free Area Policy has not yet fully become part of the organizational culture. Compliance still largely depends on individual awareness. This means that employees with strong awareness tend to comply with the rules, while those with weaker awareness may still potentially commit violations. This condition indicates that implementer disposition is not yet evenly developed across the work environment. From an implementation perspective, individual acceptance of a policy needs to be supported by an organizational climate that encourages compliance, because leadership and implementation climate can influence how employees accept and carry out a policy (Egeland et al., 2023).

In addition to personal awareness, the concept map also shows the theme of mutual respect among employees. This finding indicates that some employees do not smoke in workspaces because they consider the comfort of their colleagues. Mutual respect becomes an important form of social capital in the implementation of the Smoke-Free Area Policy, because the policy essentially aims to protect other people's right to clean air and a healthy work environment. Therefore, compliance does not only arise because of prohibition, but also because of social awareness that smoking behavior may disturb others. Such changes in social norms are important because smoke-free policies do not only require changes in individual behavior, but also changes in organizational culture and workplace habits (Sendall et al., 2020).

However, the interview findings also show that violations are still found, both among employees and among individuals in higher positions. One informant stated, *"Some people still smoke indoors, including superiors, especially when facing work pressure."* said Fajar, February 7, 2026, 11.20 WIB. This quotation shows that implementer disposition still faces problems of consistency. If violations are committed by ordinary employees, the issue relates to individual awareness and discipline. However, if violations are committed by leaders, the impact becomes broader because it may weaken role modeling and policy legitimacy. In the implementation of smoke-free policies in the workplace, leadership support and involvement are important factors because leaders play a role in shaping readiness, acceptance, and discipline among implementers in the work environment (Lidegaard et al., 2021).

The concept map also shows the theme of work pressure as a reason for smoking behavior. This finding indicates that some smoking behavior in the workplace does not occur solely because employees do not know the rules, but also because smoking is perceived as a way to cope with work pressure. This condition shows that implementer disposition is influenced by habits, work pressure, and informal cultures that still tolerate smoking behavior within the bureaucratic environment. Therefore, strengthening implementer disposition cannot be done only through appeals or prohibitions. It must also be accompanied by leadership role modeling, consistent supervision, the strengthening of a culture of mutual respect, and the normalization of a work environment that supports smoke-free behavior. In policy implementation, changes in the attitudes of government personnel require a continuous process so that the policy is not only obeyed because of rules, but also accepted as part of organizational values and work culture.

Bureaucratic Structure

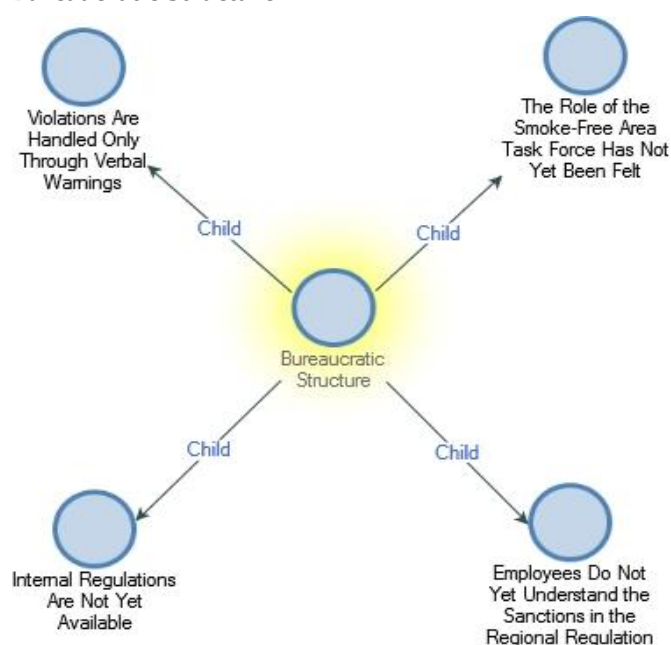


Figure 4. Bureaucratic Structure Concept Map

Figure 4 shows that bureaucratic structure is an important aspect in the implementation of the Smoke-Free Area Policy within the Regional Government of Tegal Regency. The concept map shows that the bureaucratic structure theme is connected to several main findings, namely the role of the Smoke-Free Area Task Force has not yet been strongly felt, the absence of internal rules at the office level, employees do not understand the sanctions stipulated in the regional regulation, and violation handling tends to stop at verbal warnings. The relationship among these themes indicates that obstacles to the implementation of the Smoke-Free Area Policy do not only occur at the level of individual behavior, but also in the weakness of institutional mechanisms regulating duties, procedures, supervision, and violation handling. In policy implementation, the gap between regulation and practice often emerges when a policy is not translated into clear and operational implementation instruments (Hudson et al., 2019).

The interview findings show that the implementation of the Smoke-Free Area Policy has not yet been fully supported by

clear internal rules in each office. The regional regulation has indeed served as the main legal basis, but at the daily implementation level, technical guidelines are still needed so that government personnel can understand the supervision flow, forms of warning, and parties authorized to handle violations. One informant stated, “*Internal rules in the office are not written directly. It mostly depends on the awareness of each employee not to smoke inside the office,*” said Deni, February 5, 2026, 10.20 WIB. This statement shows that the bureaucratic structure has not yet fully worked operationally. The policy already has a regulatory basis, but not all institutions have derivative rules that can serve as practical guidelines for supervision and violation handling in the workplace.

The concept map also shows that the role of the Smoke-Free Area Task Force has not yet been strongly felt in the practical implementation of the policy. The existence of the task force should be an important part of the bureaucratic structure because it functions to ensure that the policy does not stop as a written regulation. Ideally, the task force should play a role in guidance, supervision, recording violations, and coordinating with relevant regional apparatus. However, if this role does not work effectively in practice, policy implementation tends to become passive and dependent on the awareness of individual employees. In bureaucracy, coordination and clarity of function among units are important so that policies can be implemented uniformly and are not fragmented across institutions (Trein et al., 2019).

In addition to the issues of internal rules and the role of the task force, the concept map also shows that some employees do not understand the sanctions regulated in the regional regulation. This condition indicates that the bureaucratic structure has not yet been able to ensure that the legal consequences of the policy are truly understood by government personnel. An informant explained, “*I did not know the regulation included sanctions; I thought it was only an appeal*” said Reza, February 5, 2026, 10.20 WIB. This quotation is important because it shows that structural problems are not only related to task distribution, but also to the bureaucracy’s ability to communicate technical rules and the consequences of violations to employees. If employees do not understand the sanctions, the policy risks being perceived as a moral appeal rather than a rule with administrative consequences.

Another finding in the concept map shows that violation handling still tends to stop at verbal warnings. Verbal warnings can serve as an initial step in guidance, but they are insufficient if not supported by a documented mechanism. Violation handling that is not recorded makes supervision difficult to evaluate because there is no data on the number of violations, the violators, the locations of violations, and the follow-up actions taken. In the implementation of smoke-free policies, continuous enforcement is an important part of maintaining compliance and preventing the policy from becoming merely symbolic (Garritsen et al., 2022). Therefore, verbal warnings need to be strengthened through written procedures, documentation, and periodic evaluation.

The bureaucratic structure in the implementation of the Smoke-Free Area Policy within the Regional Government of Tegal Regency shows that formal regulation has not yet been fully translated into operational working mechanisms. The existence of the Smoke-Free Area Task Force, the regional regulation, and warnings for violations still require strengthening so that policy implementation becomes more consistent. This strengthening can be carried out through the preparation of internal technical guidelines, task distribution

for supervision, dissemination of sanctions, violation-recording formats, and clear reporting flows. Policies involving many actors require coordination, clarity of functions, and consistency of action in order to avoid implementation fragmentation at the organizational level (Cejudo & Michel, 2017). Therefore, bureaucratic structure should be understood as the mechanism that connects the contents of the regional regulation with institutional practice in the workplace.

CONCLUSION

The implementation of the Smoke-Free Area Policy within the Regional Government of Tegal Regency has not yet run optimally because there remains a gap between the existence of regulation and its implementation at the bureaucratic level. Based on the analysis using Edward III's theory, the main obstacles are found in the communication aspect, which remains formal and has not fully developed officials' substantive understanding of the contents of the regional regulation; the resource aspect, which has shown initial support through no-smoking signs, the Smoke-Free Area Task Force, and smoking areas, but has not been followed by consistent supervision; the implementer disposition aspect, which still depends on individual awareness and has not fully become part of organizational culture; and the bureaucratic structure aspect, which remains administrative because it is not yet supported by internal rules, understanding of sanctions, and measurable violation-handling mechanisms.

Therefore, the effectiveness of the implementation of Tegal Regency Regional Regulation Number 4 of 2022 requires continuous strengthening of socialization, optimization of the role of the Smoke-Free Area Task Force, leadership role modeling, provision of technical guidelines, and stricter rule enforcement so that the Smoke-Free Area policy does not merely become a formal regulation, but truly becomes an institutional practice in creating a healthy and smoke-free government work environment.

REFERENCES

- Andini, H. S., Syakdiah, & Kusumawiranti, R. (2022). Reflecting the Effectiveness of Yogyakarta City Government's Policies in Creating a Smoke-Free Zone. *Pranata: Jurnal Ilmu Pemerintahan*. <https://doi.org/10.37631/widyapranata.v4i1.566>
- Bou-Karroum, L., El-Jardali, F., Hemadi, N., Faraj, Y., Ojha, U., Shahrou, M., Darzi, A., Ali, M., Doumit, C., Langlois, E. V., & Akl, E. A. (2017). Using media to impact health policy-making: An integrative systematic review. *Implementation Science*, 12(1), 52. <https://doi.org/10.1186/s13012-017-0581-0>
- Caci, L., Nyantakyi, E., Blum, K., Sonpar, A., Schultes, M.-T., Albers, B., & Clack, L. (2025). Organizational readiness for change: A systematic review of the healthcare literature. *Implementation Research and Practice*, 6, 26334895251334536. <https://doi.org/10.1177/26334895251334536>
- Cejudo, G. M., & Michel, C. L. (2017). Addressing fragmented government action: Coordination, coherence, and integration. *Policy Sciences*, 50(4), 745–767. <https://doi.org/10.1007/s11077-017-9281-5>
- Christanto, D., Widati, S., Wulandari, A., & Martini, S. (2023). Implementation level indicators of public facilities in Surabaya to smoke-free area regulation. *Public Health and Preventive Medicine Archive*, 11(1), 25–34. <https://doi.org/10.53638/phpma.2023.v11.i1.p03>
- Creswell, J. W., & Poth, C. N. (2018). *Qualitative Inquiry and Research Design: Choosing Among Five Approaches*. SAGE Publications. <https://journals.sagepub.com/doi/book/10.4135/9781506335193>
- Dearing, J. W., & Cox, J. G. (2018). Diffusion of Innovations Theory, Principles, and Practice. *Health Affairs*, 37(2), 183–190. <https://doi.org/10.1377/hlthaff.2017.1104>
- Egeland, K. M., Borge, R. H., Peters, N., Baekkelund, H., Braathu, N., Sklar, M., Aarons, G. A., & Skar, A.-M. S. (2023). Individual-level associations between implementation leadership, climate, and anticipated outcomes: A time-lagged mediation analysis. *Implementation Science Communications*, 4, 79. <https://doi.org/10.1186/s43058-023-00459-7>
- Fernandez, M. E., Ten Hoor, G. A., Van Lieshout, S., Rodriguez, S. A., Beidas, R. S., Parcel, G., Ruiter, R. A. C., Markham, C. M., & Kok, G. (2019). Implementation Mapping: Using Intervention Mapping to Develop Implementation Strategies. *Frontiers in Public Health*, 7, 158. <https://doi.org/10.3389/fpubh.2019.00158>
- Garritsen, H. H., Vermeulen, J. M., Rozema, A. D., van Lonkhuijzen, L. R. C. W., & Kunst, A. E. (2022). Impact of a smoke-free policy on smoking prevalence on hospital grounds: A before-after study. *Tobacco Prevention and Cessation*, 8(May), 20. <https://doi.org/10.18332/tpc/149476>
- Hudson, B., Hunter, D., & Peckham, S. (2019). Policy failure and the policy-implementation gap: Can policy support programs help? *Policy Design and Practice*, 2(1), 1–14. <https://doi.org/10.1080/25741292.2018.1540378>
- Ismaniar, N. I., Wahyudin, W., & Paratama, F. (2025). Organizational, environmental, and sustainability of inputs to the implementation of a smoke-free area policy: A path analysis of Makassar's health facilities. *Svāsthya: Trends in General Medicine and Public Health*. <https://doi.org/10.70347/svsthya.v2i2.78>
- Lidegaard, L. P., Kristiansen, M., & Pisinger, C. (2021). Readiness for implementation of smoke-free work hours in private companies: A qualitative study of perceptions among middle managers. *Tobacco Prevention and Cessation*, 7(May), 38. <https://doi.org/10.18332/tpc/134800>
- Martini, S., Artanti, K. D., Hargono, A., Widati, S., Ahsan, A., & Prabandari, Y. (2022). Association between percentage of smokers and prevalence of smoking attributable morbidity in Indonesia: one decade after implementation of smoke-free area regulation. *BMC Public Health*, 22. <https://doi.org/10.1186/s12889-022-14435-8>
- Mayansara, A., Yanti, S. D., & Anita, F. (2025). Implementation of the No Smoking Area (KTR) Rule: Progress, Setbacks, and Future Projections of Tobacco Control. *International Journal of Science Technology and Health*. <https://doi.org/10.63441/ijsth.v3i1.23>
- Muazzinah, M., Safitri, W. D., Ayubi, F. Al, Zamharira, C., & Khalil, Z. F. (2024). Policy Implementation Analysis Free Smoke Areas In Banda Aceh City. *JURNAL TRIAS POLITIKA*. <https://doi.org/10.33373/jtp.v8i2.6171>
- Nasution, F., Gurning, F. P., Siregar, P., Ahsan, A., & Kusuma, D. (2022). Implementation of the Smoke-Free Policy in Medan City. *International Journal of Preventive Medicine*, 13. https://doi.org/10.4103/ijpvm.IJPVM_106_20
- Qudus, H., & Hadi, E. (2023). Overview of the

- Implementation of the No Smoking Area (KTR) Policy in the Indonesian Campus Environment: Literature Review. *Journal of Social Research*. <https://doi.org/10.55324/josr.v2i6.941>
- Reskiaddin, L. O., Ahsan, A., Fitri, A., Hubaybah, H., Putri, F., & Sasmita, N. (2025). Evaluating the Impact of Smoke-Free Policies in Jambi, Indonesia: A Mixed-Methods Approach. *Asian Pacific Journal of Cancer Prevention : APJCP*, 26, 1815–1821. <https://doi.org/10.31557/apjcp.2025.26.5.1815>
- Rosmayanti, D., & Permana, I. (2024). Barriers and facilitators to implementation of smoke-free area policy in public places: a scoping review. *Journal of Public Health and Development*. <https://doi.org/10.55131/jphd/2024/220323>
- Sendall, M. C., Lievre, C. Le, Mccosker, L. K., & Brewis, L. (2020). *Going smoke-free : University staff and students ' qualitative views about smoking on campus during the implementation of a smoke-free policy*. 1–10. <https://doi.org/10.1371/journal.pone.0236989>
- Sufri, S., Nurhasanah, N., Ahsan, A., Saputra, I., Jannah, M., Yeni, C., 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. <https://doi.org/10.1136/bmjopen-2023-072312>
- Sulistyo, M. R., Sutrisno, E., & Indraswari, S. P. (2025). Implementation Of Smoke-Free Area Policy To Fulfill The Right To Public Health. *HERMENEUTIKA : Jurnal Ilmu Hukum*. <https://doi.org/10.33603/hermeneutika.v9i1.9821>
- Sutantri, S., Sugiyo, D., Sutrisno, R. Y., Aditjondro, E., Wulandari, B. T., Wandasari, N. T., Rachmawati, R. P., & Wulansari, A. (2024). A Qualitative Evaluation of Smoke-Free Policy Implementation among the Hospitality Industry in Yogyakarta, Indonesia. *Public Health of Indonesia*, 10(2), 194–202. <https://doi.org/10.36685/phi.v10i2.799>
- Trein, P., Meyer, I., & Maggetti, M. (2019). The integration and coordination of public policies: A systematic comparative review. *Journal of Comparative Policy Analysis: Research and Practice*, 21(4), 332–349. <https://doi.org/10.1080/13876988.2018.1496667>
- Trirasetya, M. U., Leonardi, F., Suhartomi, S., Sihotang, W. Y., & Edison, R. (2024). Effectiveness of Smoke-Free Campus Implementation on Smoking Behavior Control. *Jurnal Kesehatan*. <https://doi.org/10.26630/jk.v15i2.4538>
- Veruswati, M., Asyary, A., Sucipto, E., Sulistiadi, W., & Ahsan, A. (2020). Perceived community support about the implementation of a smoke-free environment regional regulations in the Tegal municipality. *Family Medicine & Primary Care Review*. <https://doi.org/10.5114/fmpcr.2020.98250>
- Wahidin, M., Agustiya, R. I., & Putro, G. (2023). Beban Penyakit dan Program Pencegahan dan Pengendalian Penyakit Tidak Menular di Indonesia. *Jurnal Epidemiologi Kesehatan Indonesia*, 6(2). <https://doi.org/10.7454/epidkes.v6i2.6253>
- Warouw, T., Indriasih, E., Raharni, R., Tarigan, I. U., Siahaan, S., Faisal, D. R., Kusnali, A., Suratri, M. A. L., Yulianti, A., Sholikhah, H., Putro, G., Rachmawati, T., Rachmat, B., Nurlinawati, I., & Susianti, N. (2023). What is the current picture of secondhand smoke exposure among never-smoker adolescents in Indonesia? *Asian Journal of Social Health and Behavior*, 6, 164–173. https://doi.org/10.4103/shb.shb_266_23
- Watson, A. K., Hernandez, B. F., Kolodny-Goetz, J., Walker, T. J., Lamont, A., Imm, P., Wandersman, A., & Fernandez, M. E. (2022). Using Implementation Mapping to Build Organizational Readiness. *Frontiers in Public Health*, 10, 904652. <https://doi.org/10.3389/fpubh.2022.904652>
- Williams, N. J., Wolk, C. B., Becker-Haimes, E. M., & Beidas, R. S. (2020). Testing a theory of strategic implementation leadership, implementation climate, and clinicians' use of evidence-based practice: A 5-year panel analysis. *Implementation Science*, 15, 10. <https://doi.org/10.1186/s13012-020-0970-7>
- World Health Organization. (2023). *Tobacco Fact Sheet*. <https://www.who.int/news-room/fact-sheets/detail/tobacco>
- Yudha, I. gede. (2022). *The Journalish: Social and Government IMPLEMENTASI KEBIJAKAN KAWASAN TANPA ROKOK DI LINGKUNGAN INSTANSI PEMERINTAH KOTA YOGYAKARTA I Gede Yudha Eka Pramana Putra (1), Yuli Setyowati (2)*. <http://thejournalish.com/ojs/index.php/thejournalish/index>
- Yuri, I. M., Widodo, M. D., Abidin, Z., Hanafi, A., & Kamal, Y. (2022). Implementation of Compliance with Non-Smoking Area Policy at Rejosari Health Center, Tenayan Raya District, Pekanbaru City. *Jurnal Olahraga Dan Kesehatan (ORKES)*. <https://doi.org/10.56466/orkes/vol1.iss2.15>