

OVERVIEW OF THE IMPLEMENTATION OF THE NO SMOKING AREA (KTR) POLICY IN THE INDONESIAN CAMPUS ENVIRONMENT: LITERATURE REVIEW

Hamidah Qudus, Ella Nurlaella Hadi

Faculty of Public Health, Universitas Indonesia
hamidahqudus@gmail.com

ABSTRACT

Every teaching and learning place (including campuses) is required to implement the No Smoking Area Policy (KTR) in accordance with Law on Health No. 36 of 2009. The campus itself is one of the seven KTR areas in Indonesia. The smoking ban policy in seven KTR areas is expected to reduce the prevalence of Indonesian smokers and control risk factors for non-communicable diseases caused by smoking. The purpose of this study is to know and obtain an overview of the implementation of KTR policies in the Indonesian campus environment. This research uses *systemic literature review* design by studying articles. The reviewed articles use qualitative studies. There were 2120 articles according to keywords and were selected again into 9 articles according to the topic, namely about KTR policies in the Indonesian campus environment. The articles used were published between 2015 and 2020. That the KTR implementation policy has been implemented on Indonesian campuses but has not been optimal with various problems. The problems encountered were lack of socialization, no KTR supervision system, no enforcement of rules, no data collection and evaluation as well as factors of smoking habits. The implementation of campus KTR policy is considered not going well and optimally because there are many violations and implementation obstacles in the form of socialization, law enforcement, monitoring, and evaluation of KTR.

Keywords: *KTR Implementation, KTR Policy, No Smoking Area (KTR), Campus KTR*

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INTRODUCTION

Health is a human right as stated in Article 28 H paragraph 1 of the UUD 1945. Health is one of the elements of welfare that must be realized in accordance with the ideals of the Indonesian nation. This is as stated in Pancasila and the Preamble to the Constitution of the Republic of Indonesia in 1945.

One of the things that threaten public health is smoking behavior. *The World Health Organization* (WHO) reports that as many as 8 million deaths from smoking occur worldwide each year and most (80%) of the world's total smokers live in low- and middle-income countries including Indonesia. Indonesia is the third most country in the world in consuming cigarettes (Tobacco Atlas, 2020; Widyastuti Soerojo, 2020). The results of Basic Health Research in 2013, 2016 and 2018 showed that the prevalence of novice smokers aged 10-18 years increased significantly by 7.2%, 8.8% and to 9.1%. Nationally, 75.5% of people are exposed to secondhand smoke in enclosed spaces and 67.2% of Indonesians are exposed to secondhand smoke in public spaces. Data from the *Global Youth Tobacco Survey* (GYTS) in 2019 shows that there is an increase in smoking prevalence among Indonesian school children aged 13-15 years from 18.3% in 2016 to 19.2% in 2019 (Global Youth Tobacco Survey, 2019).

Smoking behavior is one of the risk factors for non-communicable diseases (NCDs). Most of these NCDs are *preventable diseases* by controlling risk factors including smoking (Kementerian Kesehatan RI, 2014; U.S Department of Health and Human Services, 2014). In Indonesia, cigarettes kill 290,000 people every year, and are the biggest cause of death from

NCDs, namely tracheal, bronchial and lung cancer 59.6%, chronic obstructive pulmonary disease (COPD) 59.3%, heart disease 28.6%, diabetes mellitus 20.6% and stroke 19.7% (Levy et al., 2004).

WHO in 2003 has agreed on the importance of tobacco control efforts to prevent various negative impacts caused by smoking behavior, especially the consequences of NCD disease. The Indonesian government responded in the form of making a policy in the form of a KTR policy. KTR policy is public policy. According to Thomas R. Dye, the definition of public policy is whatever the government chooses to do or not to *do*. This understanding shows that the government has the authority to make choices on which policies to do or not, depending on the problems that arise or the achievements to be aimed at from the policies made (Winarno, 2008).

Indonesia's KTR policy is mandated in Undang Undang No 36 tahun 2009 Tentang Kesehatan (hereinafter abbreviated to Law 36/2009) and derivative rules, namely Peraturan Pemerintah Nomor 109 Tahun 2012 concerning Safeguarding Substances Containing Addictive Substances in the Form of Tobacco Products for Health (hereinafter abbreviated to PP 109/2012).

KTR is one of the best ways to control cigarette consumption. The implementation of KTR requires the concern and commitment of all parties to participate in creating a healthy environment without cigarette smoke as a manifestation of health protection for the community.

The definition of KTR based on PP 109/2012 is a room or area that is declared prohibited for smoking activities or activities of producing, selling, advertising and/or promoting tobacco products. There are 7 KTR areas designated by the government, namely in health service facilities and their environment, places for teaching and learning processes and their environments, places of worship and their environments, public transportation and their environments, workplaces and their environments, public places and their environments, and other places designated to protect the public from exposure to cigarette smoke. The discussion of teaching and learning places in this *review literature* is the campus. Campus as a place of activity for students as well as lecturers and educators, has great potential to support the formation of healthy living behavior and become an *agent of change* for clean and healthy living behavior. One of the efforts to support clean and healthy living behavior is the implementation of KTR in the Indonesian campus environment with the hope that it can contribute to realizing superior human resources.

KTR policy is followed by implementation or implementation. Policy implementation is a crucial stage in the public policy process. This is because the policy program will have an impact or can achieve the desired goals after implementation. Pressman and Wildavsky (1984) suggest that, "*implementation as to carry out, accomplish, fulfill, produce, complete*", means to carry, complete, fill, produce, complete. So implementation can be intended as an activity related to the completion of a job with the use of means (tools) to obtain results. If the definition of implementation above is coupled with public policy, then the word public policy implementation can be interpreted as the activity of completing or implementing a public policy that has been determined/approved with the use of means (tools) to achieve policy objectives (Pressman & Wildavsky, 1984). The implementation of KTR itself is the entire process starting from understanding the laws and regulations regarding KTR, law enforcement, compliance, to

monitoring and evaluation in the KTR area (Direktorat Pencegahan dan Pengendalian Penyakit Tidak Menular, 2015; Kementerian Kesehatan, 2015).

Various research results have shown efforts in the implementation of KTR policies carried out by the government. The legal umbrella of KTR policies from the center to the regions, as well as ministerial and institutional regulations, as well as KTR regulations on campus have been widely made, although the prevalence of smokers from time to time remains high, especially in novice smokers.

Research on the implementation of KTR policies on Indonesian campuses was conducted to find out and get an idea of the extent to which the implementation of the policy is carried out in one of the settings required for KTR, namely teaching and learning places. From the results of the study, it is hoped that efforts to strengthen tobacco control, especially KTR, can plan health intervention programs and promote a healthy lifestyle without smoking, especially for children and adolescents. Based on the description above, researchers are interested in conducting *a review* based on previous studies.

METHOD

This study used a *literature review* method guided by PRISMA (*Preferred Reporting Items for Systematic Review and Meta-Analysis*). The strategy used in article search is to use research articles that match the topic in the *Google Scholar database*. This *literature review* limits the search for articles within a period of 6 years (2015-2020), using the keywords, "implementation of KTR, "KTR policy, "No Smoking Area (KTR)", "campus KTR". The inclusion criteria in this study are articles obtained from domestic and foreign research using qualitative research methods, *full text*, and *open access* articles, articles in the form of journals, articles that have been published before, data sources both primary and secondary, ranging from 2015-2020 (six years) and articles that have conformity with the objectives of the research conducted.

In accordance with the research topic, namely the implementation of KTR policies in the campus environment, researchers look for and select relevant sources. Articles found as many as 2120 articles. A selection stage was carried out according to inclusion criteria and then 9 articles were selected according to the topic, namely KTR policy research articles on the Indonesian campus. Furthermore, the data obtained from the article is analyzed and synthesized including looking at the similarities and differences in the article. The process of selecting articles is illustrated through the diagram below:

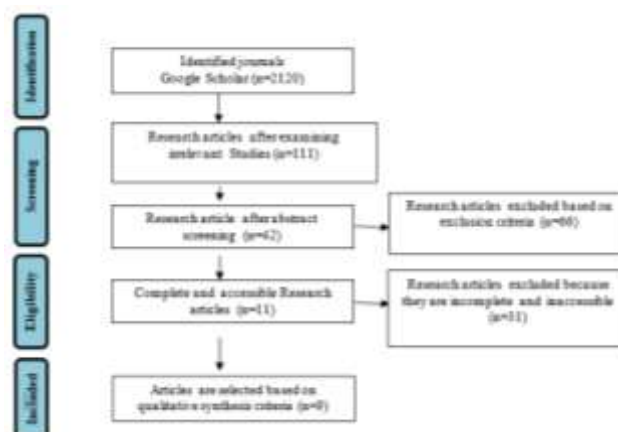


Figure 1. Research Flow

RESULTS AND DISCUSSION

Results and article details are presented in table 1 below

Table 1. Summary of the No Smoking Area (KTR) Policy Article in the Campus Environment in 2015-2020

Researcher, Year	Journal Title	Purpose	Observed indicators	Methods used	Results/Findings
Aprilda, 2019 (19)	Student Perceptions of the Implementation of KTR (No Smoking Area) at Aufa Royhan University Padang Sidempuan.	1) Observing the KTR implementation process at the Aufa Royhan University Padang Sidempuan campus 2) Identifying the causes of the failure to implement KTR properly at the Aufa Royhan Padang Sidempuan campus	1) Observing the KTR implementation process at the Aufa Royhan University Padang Sidempuan campus 2) Identifying the causes of the failure to implement KTR properly at the Aufa Royhan Padang Sidempuan campus	In-depth Interview	1. Students understand the definition of KTR 2. Known: <ul style="list-style-type: none"> • There are already regulations regarding the implementation of KTR on the Aufa Royhan campus with related pamphlets • Students do not know since when the KTR implementation rules were enforced • Absence of socialization about the implementation of KTR 3. Absence of strict sanctions 4. Students consider the implementation of KTR very important. 5. Students suggested that socialization, sanctions should be affirmed, and there should be a special room for active smokers
(Glorioso et al., 2020)	Evaluation of Non-Smoking Areas (KTR) at the Faculty of Public Health, University of Indonesia.	Analyzing the implementation of KTR within the Faculty of Public Health, University of Indonesia both in terms of socialization,	Analyzing the implementation of KTR within the Faculty of Public Health, University of Indonesia both in terms of socialization,	Interviews and Observations	1. Goals: UI to become a smoke-free campus has not been achieved 2. Purposes : There are still many KTR violations found

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		supervision and coaching	supervision and coaching		3. Activites : a. Socialization is less than optimal, because the minimal socialization method is only in the form of a no-smoking sign and only at some points in FKMUI, information about smoking fines is not conveyed. b. Supervision of the implementation of KTR has never been carried out. c. Coaching for KTR violators was also never carried out. d. The application of sanctions in the form of fines is also uneven and not firm FKMUI residents are aware of the implementation of KTR, but there is no data collection on matters related to KTR, there are still KTR violations
Dewi Kusumastuti, Dr. dr. Arlina Dewi, M.Kes, AAK, 2016 (21)	Evaluation of Smoke-Free Campus Policy at the University of Muhammadiyah Yogyakarta	Knowing the evaluation of smoke-free campus policiesUniversitas Muhammadiyah Yogyakarta	Knowing the evaluation of smoke-free campus policiesUniversitas Muhammadiyah Yogyakarta	Qualitative research with phenomenological research design, data collection is carried out by means of in-depth interviews	The smoke-free campus policy at UMY has not been implemented perfectly
FGD (Focus Group Discussion)					
(Kamajaya et al., 2017)	Hopes and Reality of the Implementation of "No Smoking Area (KTR)" in the Campus	Examining the rationalization of smokers who continue to smoke their cigarettes even though KTR boards have been	Examining the rationalization of smokers who continue to smoke their cigarettes even though KTR boards have	Qualitative research with phenomenological research design, data collection is carried out by means of in-depth interviews.	The implementation of KTR is not going well, it is impossible to expect the absence of smokers in the campus

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	Environment of Udayana University Denpasar	planted in various places within Udayana University, Denpasar	been planted in various places within Udayana University, Denpasar	<p>FGD (Focus Group Discussion) on:</p> <p>1) FGD 1: the majority of groups accept the existence of cigarettes and smokers.</p> <p>2) FGD 2 : majority group of those who reject cigarettes</p> <p>3) FGD 3 : a balanced number of cigarette pros and cons</p>	environment of Udayana University.
Zul Arifin, 2016 (23)	Implementati on of No Smoking Area Policy on University of Riau Campus	<p>1) To understand and explain the implementation of KTR in Unri</p> <p>2) Identif y problems affecting the implementation of KTR policy in Unri</p> <p>3) Identif y factors that hinder the implementation of KTR policies on the Unri campus</p>	<p>1) To understand and explain the implementation of KTR in Unri</p> <p>2) Identif y problems affecting the implementation of KTR policy in Unri</p> <p>3) Identif y factors that hinder the implementation of KTR policies on the Unri campus</p>	Descriptive qualitative Interviews, observations and documentation	<p>1) Application of KTR conducted by studying aspects of the KTR policy, regarding policy adoption and evaluation</p> <p>2) Identify KTR problems Related (communication, Resources, tendencies or forms of behavior in policy implementati on), Bureaucracy and bureaucratic structure, Policy Source, Characteristics of the parties involved, 3. Identification of inhibiting factors: Social conditions, culture of campus residents</p>

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						<ul style="list-style-type: none"> ○ The tendency of the leadership. ○ Factors related to policy adoption, including human resources <p>Policy pathways, and their implementation.</p>
Munaya Fauziah, Sugiati, 2018 (24)	Flow of Implementation of No Smoking Area Policy in Student Perspective at University of Muhammadiyah Jakarta	Knowing the flow of implementation of the No Smoking Area policy in the perspective of University of Muhammadiyah Jakarta students in 2018	Knowing the flow of implementation of the No Smoking Area policy in the perspective of University of Muhammadiyah Jakarta students in 2018	1) 2)	Qualitative phenomenology with 22 students selected by <i>purposive sampling</i> . In-depth interviews were conducted on 8 informants and 14 informants divided into two <i>focus group discussion (FGD)</i> groups	<ul style="list-style-type: none"> ● KTR among students is not running ● Socialization is carried out during the issuance of the KTR policy decree only ● The flow of KTR policy implementation to be implemented requires complex changes in policies at the university and student organization levels. <p>Understanding of KTR, policies, the willingness of decision makers, the role of students can have an influence in the implementation of KTR</p>
(Sandika & Waliyanti, 2016)	Student Attitudes Towards the Smoke-Free Campus Policy at the University of Muhammadiyah Yogyakarta	To find out how the attitude of students of Muhammadiyah University of Yogyakarta towards the smoke-free campus policy	To find out how the attitude of students of Muhammadiyah University of Yogyakarta towards the smoke-free campus policy	1) 2)	Qualitative with a phenomenological approach. Data were taken using the <i>Focus Group Discussion (FGD)</i> method of in-depth interviews	<p>The results showed:</p> <ul style="list-style-type: none"> ● Active smoking students agree and disagree ● Non-smoking students agree to KTR implementation on their campus <p>Continuous socialization is needed to provide an understanding of information about KTR for all campus residents in order to create a smoke-free campus</p>

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(Sendall et al., 2020)	Going smoke-free: University staff and students' qualitative views about smoking on campus during the implementation of a smoke-free policy,	Exploring the views of the <i>academic community</i> at major universities in Queensland, Australia on smoking on campus in relation to the implementation of smoke-free policies.	Exploring the views of the <i>academic community</i> at major universities in Queensland, Australia on smoking on campus in relation to the implementation of smoke-free policies.	Interview	<ul style="list-style-type: none"> • In order for implementation to run well, there must be <i>agreement</i> from all relevant parties in creating a culture of no smoking. • Policy implementation failure occurs because it is not followed by policy enforcement • Creation of smoking areas • Suggestions for better implementation
(Yang et al., 2022)	Non-compliance with university tobacco-free policies: A qualitative exploration,	1) To analyze perceptions and behaviors of students who smoke (conventional smoking and vaping) towards tobacco-free policies on campus (universities in Southern California)	1) To analyze perceptions and behaviors of students who smoke (conventional smoking and vaping) towards tobacco-free policies on campus (universities in Southern California)	FGD (Focus Group Discussion) stratified based on the university of origin,	<ol style="list-style-type: none"> 1. Participants were generally aware that smoking and <i>vaping</i> were not allowed on campus 2. There are different attitudes towards KTR policies between groups in the campus environment (students, university employees) 3. Compliance violations relate to individual, institutional, and interpersonal factors 4. Formal enforcement or sanctions for offenders who smoke or vape

All campuses studied already have a KTR policy with the issuance of a campus KTR SK. The KTR policy must be implemented, but it seems difficult to implement. In the majority of articles, the focus of research is aimed at the process of implementing KTR. There are slight differences in research focus, such as in the Udayana campus research article which examines the rationale for the "*ajeg*" (staunch/stubborn) smoking behavior of campus residents even though there are regulations. According to the results of the article, smoking behavior occurs

due to factors of smoking habits from the age of children, other family members of smokers, the influence of scattered cigarette advertisements and "habituation" factors in society that consider smoking as normal behavior, making smokers feel that they have not done wrong to smoke anywhere. Differences also exist in studies at overseas campuses (Sendall et al., 2020; Yang et al., 2022) that include vape smoking (e-cigarettes) as part of the KTR policy.

KTR violations encountered in the literature are "the discovery of people who smoke" in the KTR area and the existence of convenience stores that sell cigarettes. The action given to violators, only in the form of a reprimand to put out cigarettes.

The author finds that the University of Muhammadiyah Yogyakarta (UMY) campus has a better and more complete KTR policy than other campuses in Indonesia, by offering KTR activity funds, smoking area prohibition decrees, the existence of KTR monitoring officers, the inclusion of clear sanctions, having a KTR integrity pact, and campus cooperation with the Muhammadiyah tobacco control network (MTCC) for KTR support activities, but implementation is not as expected. According to the results of the study, the absence of a supervision system, and enforcement of rules are considered the source of the cause of the lack of implementation.

Interestingly, the results of a review of four articles suggest the provision of smoking places. In fact, the teaching and learning place is one of the seven KTR areas that should one hundred percent (100%) implement KTR without smoking areas according to Law 36/2009 and PP 109/2012. This was suggested by the participants of the article above with the aim that smokers can be gathered somewhere so that they can smoke without having an impact on others. This is also attributed to the conclusion of Udayana's research article which states it is "impossible" to eliminate people who smoke on campus.

The identified KTR implementation problems are lack of socialization, monitoring problems, sanctions and enforcement problems, KTR monitoring officer problems, and evaluation problems.

Finally, we get an overview of the implementation of campus KTR policies in Indonesia, where the implementation process has been running, but not optimal with the occurrence of KTR violations on all campuses which are reviewed and identified obstacles/implementation problems which are summarized into 4 components:

1. Socialization of Regulations/Policies on KTR

Socialization carried out by the university is only carried out once at the beginning of the issuance of the policy and only on campus management and is not carried out on an ongoing basis. The campus does not set strict no-smoking rules as part of the academic regulations of the academic community. The campus only relies on information in the form of no-smoking signs which are also not evenly distributed. The limitations of the information media are the cause of the failure to optimally convey the KTR policy.

The results suggest that campuses should be able to maximize the socialization of KTR policies, especially if funds are available for KTR activities such as the UMY campus which is committed to providing funds.

When compared with the findings of research results in other countries such as the results of campus research in the United States and Australia above, other countries' campuses did not mention socialization constraints as an inhibiting factor in the implementation of KTR policies.

2. Enforcement of KTR rules

All journals reviewed wrote about weak enforcement contributing to the non-enforcement of KTR rules on various campuses in Indonesia. The campus does not set strict sanctions against KTR violators, only in the form of reprimands, although there are some campuses that have set fines with a certain nominal, as well as warning letters as sanctions for violations, but they are not implemented. Meanwhile, according to Marquietta in his research on Queensland campuses in Australia, to strengthen enforcement, it is necessary to agree on an agreement (agreement) agreed for all academic communities as part of enforcing rules.

3. Compliance monitoring / Supervision

In policy implementation, the absence of a supervisory system and resources that support the running of the supervision system, be it human resources or technology, is another problem in implementation. As a result of the review, all campuses do not have special officers who oversee KTR policy compliance, except UMY. Surveillance can actually use technology such as surveillance cameras (CCTV). In addition, there is also no KTR monitoring instrument. In foreign research, monitoring and supervision are not the dominant problems, but rather the emphasis on enforcing rules.

4. Evaluation of the implementation of KTR rules

The next problem is the absence of an evaluation of policy implementation. There were no specific reports of KTR activities. Neither the implementation nor policy enforcement mechanisms have ever received special attention and are evaluated.

Regarding solutions so that implementation runs well, the literature suggests increasing socialization, forming a supervision and monitoring system, forming a KTR task force/task force, conducting data collection, reports and evaluation of the KTR program, and providing smoking areas in the campus environment.

Discussion

We know that tobacco control policies in general and KTR in particular from the beginning have made pros and cons in the community. This is because on the health side it is very important to protect the public from "toxic" air due to cigarette smoke, while on the other hand, it is described that smoking activities and activities are related to the lives of many people who are economically dependent on the cigarette industry. Evidently, even though the KTR policy has been made, smoking promotion in the form of advertising, and sponsorship from the cigarette industry still exists even in the world of education. However, apart from the debate above, the determination of the campus as KTR should have implications for obeying and complying with these regulations, especially in this case the campus as an institution that cannot be separated from the state or government (Kamajaya et al., 2017).

Tobacco control policies, including KTR policies, cannot be carried out by only one sector, such as the health sector. To succeed KTR, especially campus KTR, it is necessary to involve all campus residents consisting of various components, both campus management, academics, employees and students or other components in the environment, or in collaboration with parties outside the campus such as UMY who collaborate with tobacco control networks under

the auspices of the Muhammadiyah organization, especially in socialization activities (seminars, workshops). However, according to the results of the article and the discussion above, the implementation of KTR on campus did not go well due to the problems mentioned.

KTR socialization should be done regularly, and it is recommended to use technology and social media (Instagram, Twitter, Facebook, WhatsApp and similar applications). An example can be seen in the socialization of KTR through the web and social media of the P2PTM Directorate of the Ministry of Health. Other suggestions, by including KTR in campus rules of conduct, socialization to lecturers and campus residents to comply with KTR rules in meetings, socialization in student activities such as seminars on campus KTR policies, installing clear smoking prohibition signs in strategic places, and training KTR security guards/task forces to reprimand smokers.

For monitoring, monitoring instruments are needed as a guide for the task force in working. Monitoring instruments include KTR compliance indicators, namely; The presence or absence of a "no smoking" sign on KTR; Whether or not there are people smoking in places designated as KTR; Whether or not there is a designated smoking area in the building; Whether or not there are cigarette promotion/advertising signs on KTR; Whether or not there are cigarette sales at KTR; The presence/absence of ashtrays and/or smoking support facilities in KTR; Whether or not there is a cigarette smell in KTR; Whether or not there are cigarette butts in KTR.

The formation of special officers/task forces is necessary for the KTR rule enforcement function to be effective. The task force consists of representatives of campus components (campus employees, teachers, students, and other components). Examples in the field regarding the enforcement of KTR rules can be seen with the research of Rin Agustina et al (2021). The results of his research explain that policy enforcement is important in the successful implementation of KTR in the Yogyakarta City Health Office. The support of the KTR monitoring and evaluation team as well as the sanction of violators helped make the implementation at the Yogyakarta Health Office a success. Next in Bogor City. The KTR Task Force and law enforcement tools have been formed such as the PP police force which has the function of conducting periodic KTR raids. To provide a deterrent effect for violators, an administrative sanction is imposed. The implementation is supported by a trial car for the TIPIRING (Minor Crime) trial for KTR violators.

KTR program evaluation is needed to determine whether a program is successful or not, see program weaknesses, and improve the program in the future. According to the KTR Juknis guidelines, routine report submission is carried out by the leader/person in charge/manager of KTR to the head of the agency at least every 6 months. The report contains the results of the evaluation of the implementation of KTR in the order that is the responsibility of supervision which includes supervision/monitoring and actions that have been taken against violations that occur, as well as obstacles/obstacles and suggestions for follow-up actions made.

Regarding smoking areas, according to the decision of the Constitutional Court only allows public places and workplaces that provide them. For this, it is better to prohibit the provision of smoking places in this campus environment, clearly written in the campus KTR policy rules.

The focus of the research article includes about vape smoking (e-cigarettes). In Indonesia until now regulations for the consumption of vape / electric cigarettes do not exist, it is still in the process stage in the revision of PP 109/2012. The only regulations on the importation of

electronic cigarettes (classified in the category of "electronic goods"). This is a loophole for vape/electric smokers by continuing to smoke in KTR areas, while in many countries including ASEAN countries such as Singapore, Thailand, and Brunei, as well as European and American countries, the rules prohibiting e-cigarettes have been equated with conventional cigarettes.

There are still many problems that must be addressed in the implementation of campus KTR. The problems and solutions mentioned in this article need further research in order to succeed the KTR program because in foreign research, KTR policies and increasing tobacco product tariffs have proven effective in reducing smoking prevalence (37) compared to other tobacco control programs such as banning cigarette advertisements and smoking cessation programs.

CONCLUSION

The socialization of the KTR policy on the Indonesian campus has not gone well because it was only carried out at the beginning of the issuance of the KTR policy, not sustainable. There is no enforcement of the law against violators of KTR policies. There has been no supervision/monitoring of campus KTR policy compliance. There is no evaluation system for the course of campus KTR policies

In foreign research, the factor of socialization and supervision/monitoring of KTR is not dominant, more on emphasizing the need for enforcement of rules. Proposal to create smoking areas on campus.

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