

IMPLEMENTATION OF SMOKE-FREE AREA POLICY TO FULFILL THE RIGHT TO PUBLIC HEALTH

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Abstract: The Smoke-Free Area policy can create a healthy environment, protect the community's right to clean air, reduce the prevalence of smokers, and reduce diseases caused by exposure to cigarette smoke, especially in public spaces such as health care facilities. This study examines the implementation of the Smoke-Free Area policy at the Bojong Rawalumbu Health Center, Bekasi City, using a normative legal approach. The findings show that the implementation of this policy still faces obstacles such as low public awareness, lack of supervision, limited supporting facilities, and sanctions that are not yet firm. This study recommends strengthening supervision, consistent application of sanctions, and continuous socialization of policies to ensure the fulfillment of the right to public health.

Keywords: Smoke-Free Areas, public health, health policy

I. INTRODUCTION

The right to health is recognized as a fundamental human right, stated in Article 28H paragraph (1) of the 1945 Constitution, which states that every citizen has the right to live in prosperity and have a good and healthy living environment. In this context, the government is responsible for creating an environment that supports public health, including controlling risk factors such as exposure to cigarette smoke.

Smoking is one of the main causes of public health problems, endangering both active and passive smokers. The latest data from the 2023 Indonesian Health Survey (SKI) shows that the prevalence of active smokers in Indonesia reached 28.62%, an increase from 28.26% in the previous year. The highest prevalence was in the 25-34 age group (27.93%), while the age group over 65 years had the lowest prevalence (2.85%).

The increase in the number of smokers has an impact on the increase in non-communicable diseases such as heart disease and cancer. Since 2020, non-communicable diseases have become the leading cause of death in Indonesia, with smoking as one of the risk factors. The causes of the increase in smoking behavior include household income growth, increasing population, and relatively low cigarette prices.

To address this issue, the Smoke-Free Area (SFA) policy needs to be strengthened. Bekasi City Regional Regulation No. 15 of 2019 regulates the implementation of SFA to create a healthy environment and protect the community's right to clean air. Further research is needed to evaluate the effectiveness of the implementation of this policy in health care facilities such as the Bojong Rawalumbu Health Center, in order to understand the obstacles and steps that have been taken by the local government. Thus, strengthening the SFA policy is very important to reduce the prevalence of smoking in all age groups and protect the community's right to health.

II. RESEARCH METHOD

This study uses a normative legal method with a descriptive approach. Primary data were obtained through interviews and observations at the Bojong Rawalumbu Health Center, while secondary data came from official documents such as Regional Regulation No. 15 of 2019 and related literature. The analysis was conducted to identify gaps between regulations and their implementation in the field.

III. RESEARCH RESULT

A. Policy Implementation

The implementation of the Smoke-Free Area (KTR) policy at the Bojong Rawalumbu Health Center, Bekasi City, aims to protect the community from the dangers of exposure to cigarette smoke and ensure the right to health is guaranteed. However, the implementation of this policy faces various challenges that need to be overcome so that it can run effectively and consistently.

Barriers to KTR Implementation:

1. **Lack of Public Awareness:** Smoking is still considered part of the culture by some people, making it difficult to change behavior. Many do not yet understand the importance of KTR and its impact on health.
2. **Limitations of Supervision:** Law enforcement against KTR violations is hampered by a lack of human resources and infrastructure for supervision. This makes violators feel that the rules are not being monitored seriously.

3. **Limitations of Supporting Facilities:**The designated smoking area separated from the main area is inadequate, leaving smokers with no alternative location and more likely to break the rules.
4. **Lack of strictness of sanctions:**The approach that is only a warning often does not provide a deterrent effect. The lack of coordination between health center leaders and law enforcement authorities is also an obstacle.

The Concept of the Rule of Law

The rule of law emphasizes the supremacy of law in the administration of the state and community life. In the context of KTR, the implementation of laws related to the prohibition of smoking reflects the state's efforts to protect the community's rights to health and a clean environment.

Theory of the Purpose of Law

KTR policy can be analyzed through three main legal objectives:

1. **Justice:**Protecting community rights, especially vulnerable groups such as children and pregnant women.
2. **Legal certainty:**Establish strict rules regarding the prohibition of smoking in certain areas.
3. **Benefits:**Reducing the risk of disease due to exposure to cigarette smoke and creating cleaner public spaces.

Theory of Legal Utility

Laws must provide benefits to the community. In the context of KTR, this includes protecting public health, developing effective regulations, implementing principles of justice, and improving environmental quality. Overall, although there are various challenges in implementing KTR at the Bojong Rawalumbu Health Center, strengthening regulations, increasing public awareness, and good coordination can support the achievement of the objectives of this policy in protecting public health and creating a healthier environment.

Share

B. Law Enforcement of the Smoke-Free Area Policy at the Bojong Rawalumbu Health Center, Bekasi City

The Smoke-Free Area (KTR) policy is regulated in Bekasi City Regional Regulation No. 15 of 2019 to create a healthy environment in sensitive areas, such as the Bojong Rawalumbu Health Center. This regulation prohibits smoking activities, sales, promotions of tobacco products, and toleration of violations in certain areas, and regulates administrative and criminal sanctions for violators.

Administrative and Criminal Sanctions

Articles 42-44 stipulate written warnings in stages as an initial step. If ignored, violators can be removed from the area or their activities stopped. For serious violations, Article 46 regulates imprisonment of up to three weeks or a maximum fine of IDR 15 million, with the aim of providing a deterrent effect. Supervision is carried out by regional apparatus, regional leaders, and the community through reporting violations.

Implementation Challenges

Despite clear regulations, the implementation of KTR policies faces obstacles such as weak law enforcement, lack of socialization, and minimal commitment from implementers. Lack of public awareness worsens the effectiveness of this policy. Inconsistent communication

factors, limited resources, and less supportive bureaucratic structures also hamper implementation.

Analysis Framework

1. **The Concept of the Rule of Law:** This policy reflects the government's efforts to protect public health in accordance with the principles of a state based on law, although its implementation is still not optimal.
2. **Theory of the Purpose of Law:** The aim is to protect the public's right to health, but its implementation has not yet fully achieved the expected results.
3. **Theory of Legal Utility:** Laws must deliver tangible benefits, such as clean air and public health. Implementation barriers reduce the positive impacts of policies.

Edward III's Policy Implementation Model

The success of KTR policies depends on effective communication, adequate resources, commitment of implementers, and supportive bureaucratic structures. Barriers such as conflicting interpretations, inconsistent instructions, and policy complexity need to be overcome with clear and targeted communication. Support from all parties will ensure the success of this policy in protecting future generations from the impacts of cigarettes.

IV. CONCLUSION

Regional Regulation Number 15 of 2019 concerning Smoke-Free Areas aims to protect the public from the impacts of cigarette smoke. However, its implementation at the Bojong Rawalumbu Health Center is still hampered by low public awareness, lack of supervisory resources, limited supporting facilities, and weak law enforcement. These conditions hamper efforts to create a healthy and smoke-free environment, so the effectiveness of the policy needs to be improved.

Law enforcement at the Bojong Rawalumbu Health Center is still weak due to the lack of strict sanctions and minimal supervision. Although the management cooperates with regional apparatus, the absence of clear SOPs and strict sanctions creates uncertainty. Consistent law enforcement, including the imposition of administrative sanctions or minor criminal sanctions, is needed to increase public compliance with this regulation.

Increased Socialization: Educate the public about the dangers of smoking and the importance of Smoke-Free Areas. Strengthening Supervision: Formation of a special team to monitor policy implementation. Implementation of Sanctions: Consistency in imposing sanctions on violators. Provision of Supporting Facilities: Increased number of warning signs and designated smoking areas.

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