

Original research

# A Qualitative Evaluation of Smoke-Free Policy Implementation among the Hospitality Industry in Yogyakarta, Indonesia

Sutantri Sutantri<sup>1,2</sup> , Dianita Sugiyono<sup>1,2</sup> , Resti Yulianti Sutrisno<sup>1,2</sup> , Enrico Aditjondro<sup>3</sup> , Bertha Tesma Wulandari<sup>2</sup> , Noven Tri Wandasari<sup>2</sup> , Riska Putri Rachmawati<sup>2</sup> , Arumi Wulansari<sup>4</sup> 

<sup>1</sup> School of Nursing, Faculty of Medicine and Health Sciences, Universitas Muhammadiyah Yogyakarta, Jln. Brawijaya, Tamantirto, Kasihan, Bantul, Yogyakarta, Indonesia 55183

<sup>2</sup> Muhammadiyah Steps, Universitas Muhammadiyah Yogyakarta, Jln. Brawijaya, Tamantirto, Kasihan, Bantul, Yogyakarta, Indonesia 55183

<sup>3</sup> Vital Strategies, 100 Broadway, 4<sup>th</sup> Floor New York, NY 10005

<sup>4</sup> Yogyakarta Health Office, Jln. Kenari No. 56, Muja Muju, Umbulharjo, Yogyakarta 55165 Indonesia

Corresponding author:

**Sutantri Sutantri, MSc., PhD**

School of Nursing, Faculty of Medicine and Health Sciences, Universitas Muhammadiyah Yogyakarta, Jln. Brawijaya, Tamantirto, Kasihan, Bantul, Yogyakarta, Indonesia 55183

Phone: +62 812 4973 8833 ORCID ID: <https://orcid.org/0000-0002-2848-9616>

Email: [tantri@umy.ac.id](mailto:tantri@umy.ac.id) or [ns.tantri@gmail.com](mailto:ns.tantri@gmail.com)

DOI: <https://doi.org/10.36685/phi.v10i2.799>

Copyright: © 2024 the Author(s). This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium provided the original work is properly cited.

## Abstract

**Background:** The Indonesian government has implemented various regulations, including smoke-free policies aimed at reducing exposure to second-hand smoke and improving public health. However, the implementation of these policies has encountered challenges.

**Objective:** This study aimed to investigate the implementation of smoke-free policies in the hospitality industry in Yogyakarta, Indonesia.

**Methods:** Three focus group discussions with the managers of hotels, restaurants, and coffee shops (n=19) were conducted in November 2021. Thematic analysis was used to analyze the data.

**Results:** Three themes were identified: 1) Efforts to implement smoke-free policies at hospitality premises; 2) Reasons for adopting smoke-free policies; and 3) Challenges in policy implementation. Many establishments in the hospitality industry have undertaken efforts to implement smoke-free policies, though they are not comprehensive. The reasons for implementing smoke-free policies include protecting non-smokers, meeting guest preferences, and creating a fresher environment. Resistance from customers has become a significant challenge, as some view smoke-free policies as an infringement on personal freedom. Furthermore, participants highlighted unclear sanctions and enforcement from the government as the main barriers to the implementation of smoke-free policies.

**Conclusion:** Overall, while there is significant effort to implement smoke-free policies in hospitality venues, challenges such as customer resistance and unclear government guidance persist. This situation underscores the need for clearer policies and support mechanisms for successful implementation.

## Article history:

Received 21 May 2024

Revised 22 April 2024

Accepted 23 May 2024

*Keywords:* Compliance; hospitality; hotel; restaurant; smoke-free policy

## Background

Each year, exposure to second-hand smoke leads to 1.220 million deaths worldwide, of which 1.091 million occur in low and middle income countries (Institute for Metrics and Evaluation, 2019). In Indonesia, the number of adult smokers has continued to increase over the last 10 years, despite efforts to promote a smoke-free environment. The 2021 Global Adult Tobacco Survey (GATS) showed an increase of 8.8 million adult smokers, from 60.3 million in 2011 to 69.1 million smokers in 2021 (Ministry of Health of Republic Indonesia, 2021).

The Framework Convention on Tobacco Control (FCTC) from the World Health Organization (WHO) aims to guide countries in the world to respond to the global tobacco epidemic, through the implementation of smoke-free policies (SFPs) (WHO, 2013). Despite the fact that smoking prevalence in Indonesia is amongst the highest in the world, and Indonesia is the only nation in the Asia Pacific region that has not ratified the FCTC (Ahsan et al., 2022).

Even though the Indonesian government has not ratified the WHO FCTC, it has still taken steps to address the issue of tobacco use. The Indonesian government has implemented various regulations aimed at reducing exposure to second-hand smoke and the promotion of a healthier environment for its citizens. These regulations include law number 36 of 2009 on Health, Government Regulation (PP) number 109 of 2012 on Control of Materials Containing Addictive Substances in Tobacco Products, as well as a Joint Regulation between the Ministry of Health and Ministry of Home Affairs of the Republic of Indonesia number 188/Menkes/PB/1/2011 on the Guidelines for Implementing Smoking Free Areas. These policies require that all public places, including government buildings, hospitals, schools, and public transportation, be designated as smoke-free areas. Additionally, these regulations also restrict the advertising and promotion of tobacco products, with the goal of reducing the overall consumption of tobacco in the country. However, studies have shown that the implementation of the SFPs in Indonesia, have not been effective (Amaliah, 2018), including the enforcement of the Yogyakarta City SFP Regional Regulation No. 2 of 2017 (A'yuni & Nasrullah, 2021; Andini et al., 2022; Institute for Global Tobacco Control, 2019).

Yogyakarta, known as the cultural heart of Indonesia, is a vibrant city, a popular tourist destination and boasts a thriving hospitality industry. With its rich history, captivating landmarks, and traditional arts, Yogyakarta attracts visitors from all over the world. The hospitality industry, including hotels, restaurants, and cafes has the potential to significantly impact public health by creating a smoke-free environment for employees and customers. However, a prior survey conducted in Yogyakarta, which aims to assess compliance with smoke-free policies across various locations, revealed that hospitality settings exhibit the lowest compliance with smoke-free policies compared to government buildings (38.5%), places of worship (16%), and shopping centers (17.4%). Overall, compliance was low across all locations, but the lowest compliance rate was observed in hospitality settings, with a rate of 8.8%. Studies have been conducted to assess the implementation of SFP policies in various countries' business and hospitality sectors (Odukoya et al., 2016; Singh et al., 2021), and some of the studies have identified challenges faced by the hospitality sector in implementing smoke-free policies, including resistance from customers, employees, and the tobacco industry (Odukoya et al., 2016; Robertson et al., 2018; Sebríe & Glantz, 2007). Nevertheless, no research has specifically focused on the implementation of these policies in the hospitality sector in Yogyakarta, which could provide valuable insights into the challenges and barriers faced by businesses in adhering to these policies.

Given the low compliance of previous smoke-free policy implementation in hospitality settings in Yogyakarta, it is important to explore the implementation of these policies and identify the barriers to their effective implementation. This study aims to assess the implementation of smoke-free policies in hospitality settings and assess the barriers to their execution. By conducting focus group discussion with hospitality managers, we intend to assess potential solutions to enhance smoke-free compliance in these settings. It is anticipated that this study will offer valuable insights to guide policy development in this area in order to foster a smoke-free environment for both employees and customers within the hospitality sector.

## Method

### Study Design

We conducted a descriptive qualitative research study using phenomenological approach. Qualitative research aims to investigate experiences, understandings, attitudes, and meanings of a phenomenon for individuals or groups in their natural context (Moser & Korstjens, 2017).

### Setting

This study was conducted in November 2021 in Yogyakarta City, an administrative part of the Yogyakarta Special Region, Indonesia.

### **Sample/Participants**

We employed a purposeful sampling design centered on homogeneity to ensure coherence in our focus group discussions. Specifically, we sought participants with similar characteristics. For this study, we enlisted business sector managers and representatives from coffee shops, hotels, and restaurants in the Yogyakarta City area. By selecting individuals from these professions, we aimed to deepen our understanding of smoke-free policy implementation within hospitality settings.

### **Data Collection**

#### **Focus group discussions (FGDs)**

Three focus group discussions (FGDs) were conducted in a private meeting room with 19 participants from 19 hospitality outlets, including four coffee shops, six hotels, and nine restaurants in Yogyakarta City. The researchers explained the purpose of the study to the participants, and written informed consent was obtained before conducting the FGDs. The FGDs lasted about 60-90 minutes each and were facilitated in Bahasa Indonesia by three proficient public health researchers (SS, DS, and RYS) fluent in the language. All authors are Indonesian nursing academics and active members of the Muhammadiyah Tobacco Control Centre (MTCC). SS, DS, and RYS possess significant expertise in supporting both local and central government initiatives to enhance tobacco control measures in Indonesia. We used FGD guidelines to facilitate data collection.

### **Interview guides**

The discussion began with open-ended questions: "What do you know about the regional regulation of Smoke-Free Areas in Yogyakarta? How did you become aware of it?". The facilitators then proceeded with the following questions:

- a. What is the benefit of implementing the SFA regulation?
- b. What measures have you taken in your business to comply with the SFA regulation?
- c. How have you ensured that your employees effectively communicate and enforce the SFA regulation to customers?
- d. What challenges have you encountered in implementing the SFA regulation in your business venue?
- e. How have the customers responded to the SFA regulation?
- f. What additional efforts do you believe are necessary to optimise the implementation of the SFA regulation?

These discussions were recorded, transcribed, and translated into English by the first researcher. The second author-verified all transcriptions and translations to ensure accuracy. The Consolidated Criteria for Reporting Qualitative Research checklist was followed throughout this paper (Tong et al., 2007).

### **Data analysis**

Focus groups were transcribed in Bahasa Indonesia and analysed using inductive thematic analysis. Thematic analysis is a method used to identify, organize, and understand in depth and systematically the patterns or themes in data (Braun & Clarke, 2006). We followed the six steps of inductive thematic analysis by Braun & Clarke, including familiarization (reading and re-reading the transcripts), coding, reviewing the codes, assembling codes into initial themes, refining themes, naming themes, final analysis, and report writing (Braun & Clarke, 2006). We used Atlas.ti 8 software to facilitate the data analysis.

### **Trustworthiness**

To ensure the credibility, we dedicated ample time to both data collection and analysis. Enhancing transferability, we provided a comprehensive description of the research context, setting, methods, participants, and sampling methods. Dependability was maintained by qualitative analytical software, Atlas.ti 8, to systematically organize and manage data, thereby facilitating the creation of an audit trail. We carefully maintained an audit trail during the data collecting and analysis stages, recording all decisions made and methodological adjustments made, in order to ensure confirmability.

### **Ethical consideration**

This study was approved by the Health Ethics Committee of the University of 'Aisyiyah Yogyakarta (Number 1883/KEP-UNISA/IX/2021)

## Results

Three FGDs with 19 individuals were conducted. The majority of participants were restaurant managers and male, as shown in Table 1. The results of the data analysis found three main themes: 1) Efforts to implement smoke-free policies at premises; 2) Reasons for adopting SFPs; 3) Challenges for policy implementation.

**Table 1.** Participants' characteristics

Characteristics	Frequencies	
	N	%
Gender		
Female	6	31.6
Male	13	68.4
Venue types (n=19)		
Restaurant	9	47.4
Hotel	6	31.6
Coffee shop	4	21

### 1. Efforts to implement SFPs at premises.

The analysis showed that many hospitality venues have endeavoured to implement the SFPs in their businesses, although they are not yet comprehensive. In implementing the policies, the participants mentioned several efforts such as designating separate areas for smoking and non-smoking patrons, placing no-smoking signs at the entrance and throughout the establishment, enforcing sanctions, refusing cigarette sales or sponsorship activities, installing smoke detection alarm in hotel rooms, as well as providing a designated outdoor smoking corner.

*"In our place, we have run almost all outlets in the city by separating the smoking and non-smoking areas; the standard regulations are like that." (P13, Restaurant)*

*"We posted no smoking signs from the local Health Office. We received many posters, so we put them in rooms that are non-smoking areas. We also put signs in front of our cafe" (P10, cafe)*

*"Although we offer outdoor seating, we don't provide any ashtrays. We don't provide it." (P1, Restaurant)*

Some representatives from the hotel explained that they had implemented a fine system for guests who violated the SFPs. In implementing this system, the hotel informed the guests regarding the smoke-free policy upon check in, including information about the fines for violation of the policy. The guests were then required to sign a consent form indicating their agreement to not smoke in designated non-smoking areas.

*"When guests check in, there is a special form. In our hotel, the fine is 2 million IDR. If they smoke in a non-smoking room, the fine is two million, and it is signed when guests check in." (P14, hotels)*

*"(...) in our hotel, all the rooms are no smoking, but you can smoke on balconies and must close the door. If they don't close it, the alarm will ring, and they will be fined one million, so that's what we did." (P11, hotels)*

Another important step that the businesses took to support a smoke-free environment was by banning cigarette advertising, promotion and sponsorship activities in their business areas. Some participants conveyed that they also refrained from selling cigarettes. Participants stated:

*"In the past, we sold cigarettes at our outlets, but in 2015 we withdrew the cigarettes, we did not sell cigarette products for promotion anymore, nor did we accept sponsorship." (P14, Restaurant)*

*"We also don't accept sales and don't accept sponsorship of cigarettes, (...) we prohibit things like sales promotion girls for selling cigarettes in our premises, we don't allow it." (P10, Café)*

### 2. Reasons for adopting smoke-free policy

The focus group discussion revealed several reasons why managers in the hospitality sector adopted a smoke-free policy in their place of business. The protection of second-hand smokers, guest preferences, creating a fresher environment, as well as enhancing reputation and image were described as the major considerations in implementing smoke-free policies. A smoke-free environment can provide a more comfortable and pleasant experience for customers. This can be seen from the following statements:

*"We wanted to reduce pollution, that's for sure. Sometimes those of us who are not smokers, it's a bit difficult to find a place that's free from smokers." (P1, Restaurant)*

*"In my opinion, smoke-free policies are perfect for non-smokers, (...), so customers can feel more comfortable in public places, for example, mothers with kids will be more comfortable" (P19, hotel)*

From the FGDs, the participants also revealed that implementing a smoke-free policy aims to increase sales turnover for their business. This is supported by the statement of one participant:

*"So, we give smokers around 10% of the total restaurant's capacity. On the positive side, if the SFP is enforced, it can increase our sales turnover, that's for sure because the number of smoking customers is very low. The majority of smokers typically only order coffee, or beverages, they rarely order food. Since we are in the business sector, we are looking for money, so money." (P4, Restaurant)*

### **3. Challenges for policy implementation**

#### **a. Resistance from customers**

One of the major challenges in implementing SFP in hospitality venues is resistance from the customers. Many smoking customers would typically raise complaints when reminded about the smoking ban at the premises. These types of customers view SFP as an infringement on their personal freedom and personal choice, making it difficult for hospitality businesses to fully enforce smoke-free policies.

*"When we remind the visitors, some of them argued like this, "It shouldn't be me who is being scolded, but the government! They are the ones who make and sell cigarettes." (P6, Restaurant)*

To handle customers who were unwilling to comply with the smoking ban, some participants imposed a sanction system. However, this approach was sometimes less effective. The participants described that some customers would get angry when they were reminded about the SFP, thus triggering a conflict with the business owner. This situation became a concern for the participants since it could affect the brand image of the business. Participants explained this through the following statements:

*"Sometimes when the guests check-in, we have informed them that the room is a non-smoking room, and if they violate the regulation, they will get a fine of one million IDR. But still, some of them still smoke inside the room; and when we impose the fine, they will get angry at us." (P2, hotels)*

*"... we were faced with an insistent customer, which can be challenging. When we say wrong words, we will get bad reviews, and so on." (P7, Restaurant)*

#### **b. Unclear sanctions/punishment from the government**

The participants described that the main challenges they faced also came from the government as the leading initiator SFPs implementation. Participants said that the government should play a more active role in providing clear and consistent guidance about SFP to hospitality businesses, which was currently still lacking. This could include regular training and information sessions, as well as access to resources and support to help businesses comply with the policies. According to participants, there was no clear sanction system and enforcement mechanisms to ensure that SFPs are being implemented effectively. Some restaurant and coffee shop managers expressed their concerns about losing customers when implementing a stricter smoke-free environment. This is supported by the statements of the participants as follows:

*"The enforcement must be consistent. The government authorities must enforce the regulation directly, not us the business owner, so we will not lose customers, with a bad image. If the enforcer is the government authorities, the customers would not give us bad reviews, right?" (P4, restaurant)*

*"We can only encourage our customers, and if I can say, without clear sanctions, it won't work. No matter how good the regulation is, without a clear sanction, it won't work. The sanction system should not come from us, the business owners, but should come from the government. If there is no clear sanction from the government, it's useless." (P1, Restaurant)*

#### **c. Lack of enforcement**

Most FGD participants stated that they had not received proper socialization from government officials regarding smoke-free policies. This situation had been noted as a significant challenge for businesses trying to comply with SFPs, since they do not have a clear understanding of the policies or the enforcement mechanisms in place. Lack of socialization from the government also resulted in confusion relating to the implementation of SFPs for the business owners. In addition, there were also a lack of enforcement mechanisms to ensure that smoke-free policies are being followed. Participants stated:

*"For socialization, we don't get at all, but for the separation of rooms, we have always had rooms for smoking and which ones are not." (P12, Restaurant)*

*"We knew the regional regulations for smoking-free areas from the internet." (P16, Café)*

## Discussion

Business managers have attempted to implement SFPs in their businesses, however this implementation still faces various challenges. Health and safety reasons as well as increased revenue were amongst the most cited reasons for implementing SFPs in hospitality venues. Efforts to implement SFPs in the hospitality sector that have been made included: designating separate areas for smoking and non-smoking, placing no-smoking signs, enforcing sanctions, refusing cigarette sales or sponsorship activities, installing smoke detection alarms in hotel rooms, as well as providing designated outdoor smoking corners. However, there are still many challenges faced by the management related to the implementation of the SFPs. These challenges comprise of resistance from smokers, a lack of guidance from government authorities, unclear sanction systems, and concern regarding obtaining a negative brand image when implementing a stricter smoke-free environment. Moreover, there are no actual examples of the government authorities enforcing a sanction system for customers that violate the regulation. This situation made it more difficult for business owners to enforce this policy within their premises.

These findings were similar to the results of a previous study in Ghana (Singh et al., 2021). A majority of hospitality staff supported the implementation of Ghana's SFPs in their venues, such as a smoking ban in indoor areas, refusing tobacco advertisements, providing enforcement and warnings, and placing anti-smoking signs. They believed that SFPs did not hurt businesses, protected the employee's health, and increased comfort. Nonetheless, this implementation faced challenges from the enforcement authorities, as found can be seen in this present study.

Business managers in Bali, Indonesia, also supported SFPs. However, the implementation of SFPs by hospitality managers (cafés, bars, and pubs) in Bali was low because they thought that SFPs would decrease revenue (Putra et al., 2019). In previous studies, revenue was the most cited reason given by hospitality owners, managers, or employees for not implementing SFPs (Alaaeddine et al., 2013; Odukoya et al., 2016; Putra et al., 2019). However, some existing studies proved that the implementation of SFPs did not affect revenue (Gonzalez-Rozada et al., 2022; Talias et al., 2015). Overall, this implementation had a positive impact on the business sector (Scollo et al., 2003; Talias et al., 2015). This is in line with the results of the present study: the majority of managers believed that SFPs could increase revenue. This is an important consideration that needs to be recognised by hospitality managers.

The implementation of SFPs in the hospitality industry has various impacts. High SFPs compliance has a positive effect on smoking cessation (Troelstra et al., 2016), decreased second-hand smoking, improved air quality, and reducing the risk of cardiovascular diseases (Bakhturidze et al., 2021). Similarly, most managers in the study implemented SFPs because of health considerations.

This finding showed that hospitality managers in Yogyakarta support SFPs and had a good awareness of SFP implementation as well as its potential effects on business. However, there were numerous difficulties encountered by hospitality management in the implementation process. Support for SFPs from hotel management plays an important role in increasing compliance (Devhy et al., 2014). Nevertheless, this compliance is also influenced by political and government commitment (Asyary & Veruswati, 2018; Robertson et al., 2018) as well as individual awareness (Robertson et al., 2018; Suarjana et al., 2020; Wahyuti et al., 2019). Most hospitality managers in this study found that customer resistance, unclear sanctions, and a lack of socialization from the government were three interconnected obstacles to enforcing SFPs. Moreover, the enforcement process often led to conflict which threatened the business's image, which reflects the result of the previous study (Singh et al., 2021).

The main obstacles to implementing SFPs were a lack of individual awareness and an insufficient government role in policy enforcement. Mass and sustained education and promotion together with enhanced supervision, must be carried out to increase individual awareness and promote compliance with SFPs in public (Suarjana et al., 2020; Wahyuti et al., 2019), as well as increase the capacity of staff and hospitality management regarding the enforcement mechanism (Robertson et al., 2018). However, the most important action that must be taken is to gain the commitment of the government and stakeholder authorities in enforcing the policy. This study and previous studies found that violations of SFPs occurred because of poor enforcement and a lack of sanctions handed out by the government (A'yuni & Nasrullah, 2021; Robertson et al., 2018). Therefore, rigorous policy enforcement from the government and stakeholder authorities would be a significant step to make the implementation of SFPs more effective. Surveillance and frequent inspection of venues by authorized enforcement officials in order to increase compliance were essential components of effective enforcement (Robertson et al., 2018).

This study was conducted in the Yogyakarta City area, where specific regulations on smoke-free

policy implementation and enforcement may differ from those in other cities in Indonesia that also implement smoke-free policies. Therefore, the findings of this study cannot be generalized to other regions. Further research is needed to evaluate compliance with smoke-free policies in the hospitality sector in other cities.

## Conclusions

The implications of this research highlight several key points regarding the implementation of Smoke-Free Policies (SFPs) in the hospitality industry. Business managers have made efforts to implement SFPs, citing health and safety reasons and increased revenue as motivators. However, numerous challenges persist, including resistance from smokers, lack of guidance from government authorities, unclear sanction systems, and concerns about negative public perception. This study's findings underscore the importance of government commitment and stakeholder involvement in enforcing SFPs effectively. It is crucial to enhance individual awareness through extensive education and promotion, as well as to increase the capacity of staff and hospitality management regarding enforcement mechanisms. Additionally, rigorous policy enforcement by the government, including surveillance and frequent inspections, is necessary to improve compliance and ensure the effectiveness of SFP implementation.

### Declaration of Conflict of Interest

The authors declare that there is no conflict of interest.

### Funding Statement

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

### Acknowledgment

The authors thank all the business owners/managers who participated in the study as well as the Yogyakarta's Health Office team that provided support and help during the process of data collection.

### Author contribution

Study design: SS, DS, RYS, AW

Data collection and transcription: SS, DS, RYS, NTW

Data analysis: SS, BTW, DS, RYS

Manuscript writing and revisions for important intellectual content: SS, RPR, BTW, NTW

### Author biography

*Sutantri* MSc., Ph.D is a lecturer and the head of the School of Nursing at the Faculty of Medicine and Health Sciences, Universitas Muhammadiyah Yogyakarta. She is also the director of Muhammadiyah Steps, a university research center focused on tobacco control. Email: [tantri@umy.ac.id](mailto:tantri@umy.ac.id)

*Dianita Sugiyo*, MHID is a lecturer at the School of Nursing, Faculty of Medicine and Health Sciences, Universitas Muhammadiyah Yogyakarta. She is the vice director of Muhammadiyah Steps, a university research center focused on tobacco control. Email: [dianita.sugiyo@umy.ac.id](mailto:dianita.sugiyo@umy.ac.id)

*Resti Yulianti Sutrisno*, M.Kep., Sp.Kep.MB is a lecturer at the School of Nursing, Faculty of Medicine and Health Sciences, Universitas Muhammadiyah Yogyakarta. She is the advocacy manager at Muhammadiyah Steps, a university research center focused on tobacco control. Email: [restiyulianti@umy.ac.id](mailto:restiyulianti@umy.ac.id)

*Enrico Aditjondro* is Deputy Director of Policy and Advocacy Communication for Southeast Asia at Vital Strategies. Email: [eaditjondro@vitalstrategies.org](mailto:eaditjondro@vitalstrategies.org)

*Bertha Tesma Wulandari*, BSN, RN is a lecturer at the School of Nursing, Faculty of Health Sciences, Universitas Muhammadiyah Bengkulu. She is also a research assistant in Muhammadiyah Steps at Universitas Muhammadiyah Yogyakarta. Email: [berthatesma.wulan@gmail.com](mailto:berthatesma.wulan@gmail.com)

*Noven Tri Wandasari*, S.Pd is a research assistant in Muhammadiyah Steps at Universitas Muhammadiyah Yogyakarta. Email: [noventriwanda29@gmail.com](mailto:noventriwanda29@gmail.com)

*Riska Putri Rachmawati*, BSN, RN is a research assistant in Muhammadiyah Steps at Universitas Muhammadiyah Yogyakarta. Email: [riska.putrirachmawati@gmail.com](mailto:riska.putrirachmawati@gmail.com)

*Arumi Wulansari*, MPH is the head of the health promotion department at Yogyakarta Health Office. Email: [wulansari251001@gmail.com](mailto:wulansari251001@gmail.com)

## References

- A'yuni, R. A., & Nasrullah, N. (2021). The implementation of local smoke-free policies in Yogyakarta's Health Office. *Media of Law and Sharia*, 2(2), 172–189. <https://doi.org/10.18196/mls.v2i2.11487>
- Ahsan, A., Afin, R., Amalia, N., Hindriyani, M., Jacinda, A. R., & Kramer, E. (2022). FCTC ratification, smoking prevalence, and GDP per capita: lessons for Indonesia and the rest of the world. *Globalization and Health*, 18(1), 1–6. <https://doi.org/10.1186/s12992-022-00810-y>
- Alaaeddine, G., Al Kuhaimi, T., Al Assaad, R., Dany, M., Diab, R., Hanna, E., Hirmas, N., Ismail, H., Mahmassani, D., Sleiman Tellawi, R., & Nakkash, R. (2013). Assessing knowledge and attitudes of owners or managers of hospitality venues regarding a policy banning indoor smoking. *Public Health*, 127(5), 461–466. <https://doi.org/10.1016/j.puhe.2013.01.015>
- Amaliah, N. A. (2018). Have smoke-free policies in Indonesia been implemented effectively? *Berita Kedokteran Masyarakat*, 12. <https://doi.org/10.22146/bkm.37644>
- Andini, H. S., Syakdiah, S., & Kusumawiranti, R. (2022). Reflecting the effectiveness of local smoke-free policies in Yogyakarta to create a smoke-free area. *Widya Pranata Hukum*, 4(1), 104–123.
- Asyary, A., & Veruswati, M. (2018). Compliance study of hotel and nightclub smoke-free zones in Bogor City, Indonesia. *Tobacco Prevention and Cessation*, 4(July), 9–11. <https://doi.org/10.18332/tpc/92483>
- Bakhturidze, G., Peikrishvili, N., & Gvinianidze, K. (2021). Impact of comprehensive smoke-free policy compliance on SHS exposure and health condition of the Georgian population. *Tobacco Prevention and Cessation*, 7, 1–7. <https://doi.org/10.18332/tpc/143329>
- Braun, V., & Clarke, V. (2006). *Using thematic analysis in psychology Using thematic analysis in psychology* (Vol. 3, Issue 2).
- Devhy, N. L. P., Astuti, P. A. S., & Duarsa, D. P. (2014). Manager factor associated to the compliance of local smoke-free regulation at star hotels. *Public Health and Preventive Medicine Archive*, 2(2), 158. <https://doi.org/10.15562/phpma.v2i2.144>
- Gonzalez-Rozada, M., Prieto-Lara, E., & Sandoval, G. A. (2022). Effect of comprehensive smoke-free legislation on the tourism industry in countries of the Caribbean Community. *Revista Panamericana de Salud Pública*, 46, 1. <https://doi.org/10.26633/rpsp.2022.146>
- Institute for Global Tobacco Control. (2019). Assessment of Compliance with Smoke-free Tobacco Control Policies in Yogyakarta, Indonesia. In *Johns Hopkins Bloomberg School of Public Health*.
- Institute for Metrics and Evaluation. (2019). *Global Burden of Disease (GBD) Results*. Institute for Health Metrics and Evaluation, University of Washington.
- Ministry of Health of Republic Indonesia. (2021). GATS (Global Adult Tobacco Survey) Comparison Fact Sheet Indonesia 2011 & 2021. *Global Adult Tobacco Survey*, 1–2.
- Moser, A., & Korstjens, I. (2017). Series: Practical guidance to qualitative research. part 1: Introduction. *European Journal of General Practice*, 23(1), 271–273. <https://doi.org/10.1080/13814788.2017.1375093>
- Odukoya, O. O., Ohanusi, U., & Olokodana, B. (2016). Are hospitality venue employees aware and do they support the State-wide Regulation of Smoking Law in Lagos state Nigeria? *Tobacco Prevention and Cessation*, 2(July), 1–8. <https://doi.org/10.18332/tpc/64357>
- Putra, I. A. E., Astut, P., Duana, I., Suarjana, I., Mulyawan, K., & Bam, T. (2019). Evaluation of regional smoke-free policy enforcement in Bali through the assessment of support and implementation possessed by public places' management. *Jurnal Kesmas FK Universitas Udayana Bali*, November, 62–67.
- Robertson, L., Nyamurungi, K. N., Gravely, S., Rusatira, J. C., Oginni, A., Kabwama, S. N., Ndikum, A. E., Bianco, E., Yusuf, S., & Huffman, M. D. (2018). Implementation of 100% smoke-free law in Uganda: A qualitative study exploring civil society's perspective. *BMC Public Health*, 18(1), 1–8. <https://doi.org/10.1186/s12889-018-5869-8>
- Scollo, M., Lal, A., Hyland, A., & Glantz, S. (2003). Review of the quality of studies on the economic effects of smoke-free policies on the hospitality industry. *Tobacco Control*, 12(1), 13–20. <https://doi.org/10.1136/tc.12.1.13>
- Sebrié, E. M., & Glantz, S. A. (2007). "Accommodating" smoke-free policies: tobacco industry's Courtesy of Choice programme in Latin America. *Tobacco Control*, 16(5), 1–10. <https://doi.org/10.1136/tc.2006.018275>
- Singh, A., Dobbie, F., Kinnunen, T. I., Okello, G., Semple, S., Okyere, P. B., Logo, D. D., Lartey, K. F., McNeil, A., Britton, J., Bauld, L., & Owusu-Dabo, E. (2021). Adherence to smoke-free policies in Ghana: Findings from a cross-sectional survey of hospitality venue owners and staf. *Tobacco Prevention and Cessation*, 7(2007), 1–13. <https://doi.org/10.18332/TPC/131058>
- Suarjana, K., Astuti, P. A. S., Putra, I. W. G. A. E., Duana, M. K., Mulyawan, K. H., Chalidyanto, D., Qomaruddin, M. B., & Wahyuni, C. U. (2020). Implementation of smoke-free law in denpasar bali: Between compliance and social norms of smoking. *Journal of Public Health Research*, 9(3), 246–254. <https://doi.org/10.4081/jphr.2020.1747>
- Talias, M. A., Savva, C. S., Soteriades, E. S., & Lazuras, L. (2015). The effect of smoke-free policies on hospitality industry revenues in Cyprus: An econometric approach. *Tobacco Control*, 24(E3), e199–e204. <https://doi.org/10.1136/tobaccocontrol-2013-051477>
- Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*, 19(6), 349–357. <https://doi.org/10.1093/intqhc/mzm042>
- Troelstra, S. A., Bosdriesz, J. R., De Boer, M. R., & Kunst, A. E. (2016). Effect of tobacco control policies on information seeking for smoking cessation in the Netherlands: A google trends study. *PLoS ONE*, 11(2), 1–16.



<https://doi.org/10.1371/journal.pone.0148489>

Wahyuti, W., Hasairin, S. K., Mamoribo, S. N., Ahsan, A., & Kusuma, D. (2019). Monitoring compliance and examining challenges of a smoke-free policy in Jayapura, Indonesia. *Journal of Preventive Medicine and Public Health*, 52(6), 427-432. <https://doi.org/10.3961/jpmph.19.240>

World Health Organization. (2013). *Protocol to Eliminate Illicit Trade in Tobacco Products*. WHO Press.

**Cite this article as:** Sutantri, S; Sugiyo, S. 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>