

Increase Compliance Implementation Regional Regulation No 5 Year 2008 above SFA and SRA in Surabaya Used Monitoring Team Methods

Kurnia D. Artanti, Santi Martini, Hario Megatsari, Sri Widati, and Kusuma S. Lestari
Faculty of Public Health, Universitas Airlangga, Mulyorejo, Surabaya, Indonesia
kurnia-d-a@fkm.unair.ac.id

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Abstract: The monitoring team for assess compliance facilities to implemented regulation about Smoke Free Areas (SFA) and Smoke Restricted Areas (SRA) has been established by decree of the Mayor. The aim of the study was a comparison between the facilities with a monitoring team and without a monitoring team. This was a case control study. Cases is the places that are in the category of health facilities where there is a monitoring team. A survey of 300 places (100 places were Case and 200 places were Control). Cluster Random Sampling was used based on the different areas of Surabaya (East, West, Center, North, and South). Data collection was done by an observation check list. The study found that places where the monitoring team is significantly affects the implementation of the regulation. They showed that signage 'no smoking' ($p=0.00$;OR3.58), No found smokers ($p=0.00$; OR13.68), No Smell of cigarette smoke ($p=0.00$;OR32.33), No found Ashtrays ($p=0.00$;OR2.9), no found cigarettes butts ($p= 0.00$; OR5.6) and no cigarette sellers ($p=0.00$;OR3.69) significantly. Only one variable (There are no smoking rooms) ($p = 0.06$,OR 1.85) showed no significance. The monitoring team is very important to increase the effectiveness of the compliance with the regulation's implementation.

1 INTRODUCTION

The establishment of a Smoke Free Area (SFA) regulation is an obligation that all district and city governments should implement. This is based on Article 8 of the FCTC (Framework Convention on Tobacco Control) has regulated the provision of Smoke Free areas as an effort to protect against exposure to secondhand smoke (World Health Organisation, 2005). Beside that Government Regulation of health No. 36 2009 on article 115 which states that every local government is obliged to establish a Smoke Free Area in their Territory. There are seven areas included in the Smoke Free Area. These are health care facilities, teaching and learning places, children's playgrounds, places of worship, public transportation, workplace and public places (Presiden RI, 2014).

Surabaya is one of the pioneer cities regarding the regulation, as one of the cities in Indonesia which already has a Smoke Free Area (SFA) and a Smoke Restricted Area (SRA). This came with the issuance of the regulation, namely Perda Kota Surabaya no 5 2008 regarding SFA and SRA (Walikota Surabaya 2008b).

A Smoke Free area is an area where it is prohibited to produce, sell, advertise, promote and

use cigarettes. A Smoke Restricted Area is a place or area where smoking activities are restricted to occurring within.

A Smoke Free area referred to in local regulations includes children's play spaces, learning facilities, health facilities, places of worship and public transport. Smoke Restricted Areas are workplaces and public places such as malls, restaurants, hotels, sports venues, terminals, stations. (Walikota Surabaya 2008b)

This regulation is designed to protect Surabaya residents from exposure to second-hand smoke. This regulation was enacted in 2008 and implemented in 2009. The Surabaya city government has established a Smoke Free Area Monitoring Team and a Smoke Restricted Area in Surabaya city to monitor the implementation of Surabaya regulation no 5/2008 on SFA and SRA. The team was formed in 2009 based on Surabaya Mayor's Letter Number 188.45 / 330 /436.1.2/2009. (Walikota Surabaya 2008a) Many argue that the rules on SFA have not been properly implemented. This is because there are still many violations found in facilities that fall into the category of SFA or SRA.

Currently, the SFA and SRA monitoring team is only active in Surabaya City Health Office. Surabaya City Health Office monitors only the

health facilities. While other facilities include a Smoke Free Area and a Smoke Restricted Area, there is no monitoring team that does monthly monitoring visits. The aim of this study was comparison between the facilities with the monitoring team actively visiting and those that are not visited by the monitoring team.

2 METHODS

This was case control study. The cases were in places that are in the category of health facility in which there is a monitoring team. The control sample is in places in other categories for facilities where there is no monitoring team. A survey of 300 places (100 places Case and 200 places for the Control) that were categorised as Smoking Restricted Areas and Smoking Free Areas under the Regulation was conducted.

Cluster Random Sampling was used based on the different areas of Surabaya (East, West, Center, North, and South). Data collection was done by an observation check list. The observation check list have been modified based on the Guideline to Assessing Compliance with Smoke-Free Laws, Second Edition A “How-to” Guide for Conducting

Compliance Studies was used (Birckmayer et al. 2014). The variables consisted of people still found to be smoking inside the building, found smoking ban, the presence of smoking rooms, ashtrays, cigarette butts and cigarette sellers found in the Smoke-Free Area.

Data analysis in this study was conducted univariate and bivariate. Univariate analysis is performed to describe each variable. While bivariate analysis using chi square statistical test to get how much influence between independent variable to case or control.

3 RESULT

The result of this research found 300 facilities consisting of 100 facilities that were entered in the case category and 200 facilities included in the control category. There were 7 variables used to assess the compliance of the facilities with the local regulation, namely the existence of smoking prohibitions in accordance with local regulations, no smoking room found, no smoke smell, no ashtrays, no cigarettes, no cooperation with the cigarette industry and no cigarette sales.

Table 1. Distribution of the percentage of facilities with and without monitoring facilities

Variable		Facilities with Monitoring team		Facilities Without Monitoring team		P< 0.05 OR
		Number	%		%	
signage”no smoking	Yes	73	73	86	43	P 0.00 OR 3.58
	No	27	27	114	57	
No found smoker	Yes	91	91	85	42,5	P 0.00 OR 13.68
	No	9	9	115	57,5	
No Smoking room	Yes	83	83	145	72,5	P 0.06 OR 1.85
	No	17	17	55	27,5	
No Smell cigarette smoke	Yes	97	97	100	50	P 0.00 OR32.33
	No	3	3	100	50	
No found Astray	Yes	64	64	76	38	P 0.00 OR 2.9
	No	36	36	124	62	
no found cigarettes butts	Yes	68	68	55	27,5	P 0.00 OR 5.60
	No	32	32	145	72,5	
No Corporation with Tobacco Industry	Yes	100	100	66	33	P 0.00 OR Undefine
	No	0	0	134	67	
No Cigarette Seller	Yes	78	78	98	49	P 0.00 OR 3.69
	No	22	22	102	51	

The results showed that facilities which had a monitoring team have a smoking ban of 73% while for facilities that did not have monitoring team, only

43% put up signage of the smoking ban. Based on statistical calculations, it shows that facilities with a monitoring team are more than 3 times (p <0.05; OR

3.58) likely to be against the installation of a smoking ban.

The Facilities which had a monitoring team easier to prevent smoker at that facilities. This study found that 91% facilities no smoker founded. The facilities with monitoring team are more than 13 times ($p < 0.05$; OR 13.68) no found smoker than others.

The 'No Smoking room' variable showed that 145 (72.5%) facilities in the control group provide a smoking room. According to local regulations No. 5 2008 states that public facilities and facilities are included in the Smoke Restricted Area (SRA) category. The SRA is still allowed to provide a smoking. It should be separate with an area declared as a place for otherwise forbidden smoking, equipped with exhausts and with adequate ventilation.

Many smoking rooms were not accordance with local regulations at the time of observation. The room was still inside the main building, there were no exhausts that immediately emitted the tobacco smoke outdoors and the room's smoking door was often open so that the cigarette smoke got in to the main building and resulted in second hand smoke exposure.

The facilities which had monitoring team can avoid some violation like as Smell cigarette smoke, Found Astray and Found cigarette butts. This study showed that three variabel showed significant difference between facilities had monitoring team or not.

Other results related to non-smoking compliance indicated that the relevant variables of cooperation with the tobacco industry shows the highest compliance, as all of the monitoring team facilities do not cooperate with the tobacco industry. Based on statistical calculations, it shows that facilities with a monitoring team have a significant influence on the compliance variable in the form of no cooperation with the tobacco industry.

Beside that, Facilities with a monitoring team can decrease shop sell cigarette. This study show that the facilities with monitoring team no found seller cigarette 3 times than nor.

4 DISCUSSION

The present study showed that facilities that have a monitoring team have a higher level of compliance with local regulations. This is influenced by the fact that the Surabaya city health office has a monitoring team consisting of the staff of the Surabaya city

health office, professional organisations such as the Indonesian Public Health Association (IPHA), Indonesian Pharmacist Association (IPA), Satpol PP and academics. Job description of monitoring team is monitoring every month in health facilities that include Hospitals, Primary Health Care, Apoteks, Drug Stores, Clinics and General Practitioners regularly. The role of monitoring has shown improvement every year. It is like in the previous study, which stated a decline in the violation in some of the indicators used to assess implementation compliance with SRA and SFA from 2012 to 2014 (Artanti et al., 2015).

While the facilities as controls in this study are facilities that the categories of public places and workplaces. The public places consist of hotels, restaurants, malls, markets and parks. In fact all the facilities in Surabaya have a monitoring team that has been formed by the mayor in the mayor's decree, but not all do their job well.

This has led to violations, especially in facilities that monitoring team has not been well served. This is like other studies in Greece and Bulgaria showing that daily Greek smokers reported that they systematically violated the existing smoking restrictions at work, compared to the Bulgarian employees (Lazuras et al., 2012). Nevertheless smoking should not be allowed anywhere in public places (Li, J., & Newcombe, 2013).

Many suggest that the implementation of local regulations on SRA and SFA is not optimal, due to the absence of strict sanctions on violations that have been committed. Another study conducted by Borland et al declared that current cigarette smokers would support smoking bans associated with living in a place where the law prohibits smoking. Smokers adjust, and both accept and comply with smoke-free laws (Borland et al., 2006). Therefore the role of the monitoring team needs to function optimally because it consists of Prevention, Monitoring, Action, Evaluation and Reporting (Walikota Surabaya, 2017).

5 CONCLUSIONS

The monitoring team is very important to increase the effectiveness of compliance implementation. There is a need to revitalise the function of the monitoring teams coordinated by local government officials.

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