

## IMPLEMENTING SMOKE FREE POLICY (SFP) IN BINJAI CITY : COMPLIANCE AND OPORTUNITY

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### ABSTRACT

*Since 2018, Binjai City has implemented a Smoke-Free Policy (SFP), yet there is still Smoke-Free Policy (SFP) facilities where people smoke. The Smoke-Free Policy (SFP) is intended to allow community members to breathe clean air free of cigarette smoke. This study's objective was to describe the conformance of public facilities in Binjai City to a no-smoking area policy. Utilized is qualitative research employing a case study methodology. Interviewing, observing, and documenting were employed as data-gathering strategies. This research employs a descriptive qualitative approach to thematic analysis for its data analysis. The study's findings imply that the policy has not been operating effectively. This is supported by observations conducted at 210 facilities within the Smoke-Free Policy (SFP) of Binjai City. The observations' findings indicate that each monitored facility continues to commit numerous violations. Facility managers are expected to play a more active part in implementing Smoke-Free Policy (SFP) and taking violations of Smoke-Free Policy (SFP) in their facilities very seriously. Similarly, the citizens of Binjai City are expected to be better aware of the Smoke-Free Policy (SFP) and able to implement it in any institution they visit in a complying manner.*

**Keywords** : Facilities, Regulation, Smoke , Smoke-Free Policy (SFP).

### ABSTRAK

Kota Binjai telah menerapkan kebijakan Kawasan Tanpa Rokok (KTR) sejak tahun 2018, namun masih terdapat fasilitas Kawasan Tanpa Rokok (KTR) tempat masyarakat merokok. Kebijakan Kawasan Tanpa Rokok (KTR) dimaksudkan agar anggota masyarakat dapat menghirup udara bersih bebas asap rokok. Penelitian ini bertujuan untuk mendeskripsikan kesesuaian fasilitas umum di Kota Binjai dengan kebijakan kawasan tanpa rokok. Penelitian yang digunakan adalah penelitian kualitatif dengan metodologi studi kasus. Wawancara, observasi, dan dokumentasi digunakan sebagai strategi pengumpulan data. Penelitian ini menggunakan pendekatan kualitatif deskriptif dengan analisis tematik untuk analisis datanya. Temuan studi tersebut menyiratkan bahwa kebijakan tersebut belum berjalan secara efektif. Hal ini didukung dengan observasi yang dilakukan di 210 fasilitas di Kawasan Tanpa Rokok (KTR) Kota Binjai. Temuan pengamatan menunjukkan bahwa setiap fasilitas yang dipantau terus melakukan berbagai pelanggaran. Pengelola fasilitas diharapkan berperan lebih aktif dalam mengimplementasikan kebijakan Kawasan Tanpa Rokok (KTR) dan menangani pelanggaran kebijakan Kawasan Tanpa Rokok (KTR) di fasilitas mereka dengan sangat serius. Demikian pula, warga Kota Binjai diharapkan lebih mengetahui kebijakan Kawasan Tanpa Rokok (KTR) dan mampu mengimplementasikannya di instansi manapun yang mereka kunjungi dengan patuh.

**Kata kunci** : Fasilitas, Kawasan Tanpa Rokok, Kebijakan, Merokok

### INTRODUCTION

Cigarettes are one of the biggest causes of death, accounting for over 8 million deaths annually across the globe. Southeast Asia, one of the main manufacturers and consumers of tobacco products, was responsible for 1,6 million

deaths due to cigarette smoking. India and Indonesia are two of the world's top five tobacco producers. Southeast Asia has 81% of the world's smokeless tobacco users. Southeast Asia is also home to approximately 22 per cent of the world's adult smokers aged 15 or older. Southeast Asia is home to 34% (14.8 million) of the

world's adolescents aged 13 to 15 who use tobacco in various ways (WHO, 2022)

The Global Youth Tobacco Survey was administered to 5,125 students aged 13 to 15 in Indonesia in 2019 by the National Health Research and Development Agency under the Ministry of Health. The findings revealed that 19.2% of pupils, including 35.6% boys and 3.5% girls, used processed tobacco (WHO, 2020). In 2018, 28.8% of the 10-year-old population in Indonesia were smokers, according to data from the Indonesian Ministry of Health. This number declined by 0.5% from 2013 when 29.3% of the population younger than ten smoked (Kementerian Kesehatan RI, 2018b).

The issue of cigarettes is still a concern in all parts of the world because the impacts of cigarette smoke are very harmful to health (S. F. Siregar, 2021); (Nasution, 2020). In addition, the issue of smoking in public areas is extremely distressing (Nurhayati, 2022). This habit is hazardous to those who engage in it and those who desire clean air and do not wish to be exposed to cigarette smoke (Nasution, 2022; Yunarman, 2020). This is because combusted cigarettes produce twice as much side smoke as main smoke and include larger concentrations of hazardous substances (Kementerian Kesehatan RI, 2018b).

These factors demonstrate the need for an effective smoke-free strategy (SFP) (Veruswat, 2020); (Suarjana, 2020). SFP is associated with reductions in smoking rates in the United States, indoor smoking in the United Kingdom, indoor air pollution in North America and Europe, secondhand smoke exposure in New Zealand, and population rate of myocardial mortality in Belgium, according to studies from high-income countries (J.Hahn, 2008); (Connolly, 2009); (Wahyuti, 2019). As a form of implementation of the MPOWER policy established by WHO the WHO point of Monitoring tobacco use and prevention policies by establishing

regulations related to Smoke-Free Areas (SFA) (Yunarman *et al.*, 2021). The Indonesian government is attempting to combat the negative effects of cigarette smoking by limiting the space for smokers in several locations and public buildings (P. A. Siregar, 2021), the government then authorized local governments to impose restrictions on smokers via their separate local legislation. As stated in Article 115 of Law No. 36 of 2009 relating to health (2): Local Governments must establish and implement SFA in their territories.

Binjai City is one of the Regional Governments that have enacted the existing SFA legislation in Regional Regulation Number 3 of 2018 pertaining to Smoke Free Area (SFA), which came into effect on May 14, 2018. The drafting of Binjai City By law Number 3 of 2018 pertaining to SFA is the legal basis for individuals or entities in Binjai City to achieve equal rights to healthy and smoke-free spaces. Additionally, this legislation applies to safeguard the environment. According to Binjai City Bylaw No. 3 of 2018, the following locations became Smoking Free Area (SFA): health service facilities, teaching and learning places, children's playgrounds, places of worship, public transit, workplaces, and public places.

Binjai City has a high number of smokers, with some smoking every day, as much as 19.58%, sometimes smoking as much as 4.66%, and former smokers smoking as much as 5.94%. Binjai City has smokers aged 5–9 years as much as 1.99%, smokers aged 10–14 years as much as 23.63%, and smokers aged 15–19 years as much as 60.90% (Kementerian Kesehatan RI, 2018a).

Four years have passed since the promulgation of Binjai City Bylaw Number 3 of 2018 about Smoke-Free Areas (SFA). However, the policy has not been optimally implemented because smokers do not care about creating a healthy environment for passive smokers. These avid smokers frequently disregard

those around them. This is done in places with clearly marked smoking ban signs, such as health facilities and places of worship, so as not to bother others with cigarette smoke .

## METHOD

The type of research used is qualitative research with a case study design regarding the analysis of facility compliance in implementing Smoke-Free Areas (SFA) in Binjai City: Study of Binjai City Regional Regulation No. 3 of 2018. The location of this study was carried out in facilities included in Smoke-Free Areas (SFA) according to Binjai City Regional Regulation Number 3 of 2018, namely health service facilities; the place of the teaching and learning process; where the child gathers and plays; places of worship; public transport; workplace; and public places in Binjai City. This research was conducted from March 2022 – September 2022.

The data collection technique was carried out by observation on 210 facilities that became Smoke-Free Areas (SFA) in Binjai City. The data analysis method carried out in this study is descriptive qualitative using a thematic analysis approach. We visited the facilities and collected data using a paper-based observation checklist that was subsequently entered into Excel. The second objective of the qualitative technique was to investigate SFP implementation obstacles. We conducted

in-depth face-to-face interviews with six important informants who had a solid grasp of the SFP and the local environment. Two religious leaders, two community leaders, and two health practitioners were present. Seven trained interviewers and enumerators collected the data. Researchers provided questions about participants' responses regarding the smoke-free policy in Binjai City, whether it supported or rejected it.

We utilized both quantitative and qualitative analysis (e.g., descriptive and geographical analyses, thematic content analysis). Using JASP version 16, descriptive analysis yielded compliance rates by facility group and overall. Using QGIS version 3, spatial analysis analyzed any spatial patterns in the compliance. We utilized the geoprocessing buffer tool to build 1km buffers (about 15minutes of walking) around the primary SFP supporters, including the governor, mayor, and health agencies. Figure 1 compares the compliance rates of establishments within and outside of the buffer zone. We acquired geolocation information for every institution using Google MyMaps (post survey). We utilized content analysis on qualitative data to investigate SFP implementation problems.

## RESULTS

Researchers made direct observations by visiting SFA facilities, as many as 210 locations. The 210 locations can be seen in the following table.

**Tabel 1. Distribution Type and number of Facilities Smoke Free Area (SFA) in Binjai City, 2022**

Categories	Description	Number of Facilities
Health Care Facilities	Hospitals, Polyclinics, Public health facilities, Laboratories, Private Health Practices.	30 Facilities
Educational Facilities	Schools, Colleges, Tutoring/Courses.	30 Facilities
Children's Playground	Preschool, Kindergarten, Children's playground.	30 Facilities
Places of Worship	Mosque/mushalla, Vihara.	30 Facilities
Public Transport	Bus, Public transport, Train.	30 Facilities
Workplace	Government Offices, Police / Army, Offices, Private Offices, Gas Stations.	30 Facilities
Public Places	Malls, Taxes, Markets, Tourist Attractions, Restaurants, Parks, Sports Venues, Bus Terminals and Railway Stations.	30 Facilities

The object considered in this study is a place or facility designated as a Smoking Free Area (SFA) according to Binjai City Regional Regulation Number 3 of 2018. The places or facilities included in the Smoking Free Area (SFA) are hospitals, polyclinics, public health facilities, laboratories, private health practices,

schools, colleges, tutoring/courses, preschool, kindergarten, children's playground, mosque/mushalla, vihara, bus, public transport, train, government offices, police / army, offices, private offices, gas stations, malls, taxes, markets, tourist attractions, restaurants, parks, sports venues, bus terminals and railway stations.

**Tabel 2. Compliance rates of smoke free policy by facility group in Binjai City, 2022**

Facility	n	Violance								Total
		smoking	No sign	Smoking	Ashtrays	Cigarette butts	Smoking in Quit entrance	Advert Cigarette	Sale Cigarette	
Health Care Facilities	30	8	2	4	0	19	19	0	0	52
Educational Facilities	30	8	12	3	4	23	23	0	0	73
Children's Playground	30	5	21	2	0	17	10	0	2	57
Places of Worship	30	5	18	2	1	23	13	0	0	62
Public Transport	30	12	21	8	2	8	9	0	1	61
Workplace	30	10	9	4	4	28	19	0	2	76
Public Places	30	21	25	15	14	24	22	4	9	134
<b>Total</b>	<b>210</b>	<b>69</b>	<b>108</b>	<b>38</b>	<b>25</b>	<b>142</b>	<b>115</b>	<b>4</b>	<b>14</b>	<b>515</b>

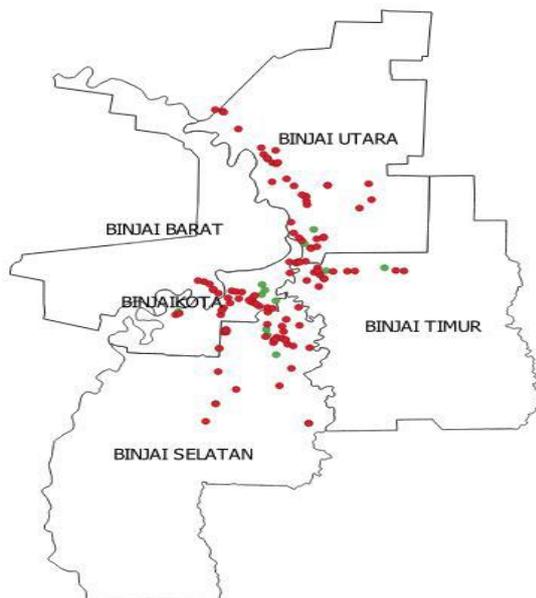
In direct observations done by researchers at 210 facilities of the Smoking Free Area (SFA) in Binjai City concerning the findings of persons smoking in SFA facilities, it was determined that the majority of facility visitors/users who smoked were observed in the No Smoking Area. There are smokers in only 69 establishments within the the Smoking Free Area (SFA).

Observations relating to the findings of the smoking ban sign indicate that 51.4% of establishments still lack a smoking prohibition sign (108 facilities). In contrast, just 48.6% (102 sites) have installed a sign prohibiting smoking. Observations about the findings of cigarette smoke exposure at Smoking Free

Area (SFA) facilities revealed that 81.9% (172 facilities) did not detect outdoor cigarette smoke. However, 18.8% (38 facilities) of the surveyed areas included cigarette smoke.

Observations about cigarette ash/lighter ash receptacles in Smoking Free Area (SFA) facilities revealed that most facilities lacked ash receptacles. 88.1% (185 facilities) did not provide ash receptacles for cigarettes or lighters, while 11.9% (25 facilities) did. Observations about cigarette nipples in Smoking Free Area (SFA) facilities revealed that several facilities still included cigarette nipple marks. There were 67.6% (142 facilities) where cigarette nipple marks were still present, while 32.4% (68 facilities) had no cigarette nipple marks.

Observations relating to the findings of facility visitors who smoked in front of the entrance/exit of the Smoking Free Area (SFA) facility revealed that there were still a significant number of facility visitors who smoked in front of the entrance/exit. People smoking at the entrance/exit was discovered in 54.8% (115 facilities) and not discover 45.2% (95 facilities) of the facilities. Observations about the placement of cigarette advertisements at Smoking Free Area (SFA) facilities revealed that only a small number of facilities displayed such advertisements. There were 1.9% of establishments that marketed cigarettes and 98.1% (206 establishments) that did not. Observations about the occurrence of cigarette vendors in Smoking Free Area (SFA) facilities indicate that cigarette vendors are infrequently spotted in the observing facilities. There are 196 facilities, or 93.3%, that cigarette vendors do not find, whereas cigarette sellers discover 6.7% of facilities.



**Figure 1. Mapping Compliance rates of smoke free policy by facility group in Binjai City**

This picture shows that the facilities of the Smoking Free Area (SFA) in Binjai City are mostly non-compliant (redpoint) with various violations and are scattered in

various sub-districts in Binjai City. Smoking Free Area (SFA) facilities in Binjai City that comply with the Smoking Free Area (SFA) (green point) are still very little spread in various districts in Binjai City.

## DISCUSS

The existence of Binjai City Bylaw No.3 of 2018 concerning Smoking Free Area (SFA), which is the execution of Health Law No. 36 of 2009 mandating that each province or district have a local rule for Smoking Free Area (SFA). In addition, the smoking-free area (SFA) is included in PP No.19 of 2003 about the safety of cigarettes for health and the Joint Regulation of the Minister of Health No. 188 / MENKES / PB / I / 201 about the smoking-free area (SFA), which in the second point of Article 2 of the joint regulation becomes a benchmark for each region in determining regional policies about smoking free area (SFA).

The research findings regarding facility compliance in implementing Smoking Free Area (SFA) in line with Binjai City Bylaw No. 3 of 2018 indicate that the policy has not been efficiently implemented. Observations on 210 establishments within the Smoke-Free Area (SFA) in Binjai City provide evidence. Observations revealed that infractions were still occurring at each of the monitored institutions. The infringement still commonly committed is the lack of smoking prohibition signage in locations that are meant to be smoke-free. In addition, numerous facility users and visitors smoke in front of the door and exit. This is inconvenient for other guests who wish to enter the facility. In addition, numerous cigarette remains were discovered around the observed facility, indicating that there were still users/visitors who smoked in the vicinity, even if researchers did not directly observe them (Sebayang SK, Dewi DMSK, 2018).

Article 115, paragraph 1 of the Government Act No. 36 of 2009 on health prohibits smoking in public locations as part of Indonesia's tobacco control initiative. It governs seven smoke-free zones (SFZs), including health service institutions, teaching and learning environments, playgrounds for children, places of worship, public transit, workplaces, and public places (Asyary, 2018); (Sagala, 2020).

Notably, just 15% of places of worship were compliant, which was mostly owing to a lack of signage due to a possible lack of awareness at these facilities (as shown by our qualitative analysis). It should also be emphasized that compliance in the workplace is relatively low, at 56%. Studies in India and Nigeria demonstrated that smokefree workplaces are connected with a greater proportion of adults reporting a smokefree home (Kaleta, 2015); (Lee, 2014), an initiative that is currently absent in Indonesia (Trisnowati, 2018).

Study The conclusions of Nasution, (2022) should alert local and national officials to increase their commitment to the SPF, notably in terms of finance, in order to improve monitoring and enforcement. Even though our findings indicated that compliance was comparatively greater (but not statistically significant) near the governor's and mayor's offices, efforts to improve compliance should be made throughout the entire city.

Local governments are expected to offer continuing information and education regarding the execution of regulation through the task force (Astuti, 2017). Each local government is constantly pushing the smoking ban and smoke-free area (SFA) control by carrying out routine actions and cooperating with the community in routine and active activities (Sagala, 2020).

Tobacco use has been linked to cancers of the mouth, larynx, oesophagus, pulmonary system, pancreas, and bladder; vascular system diseases like coronary

heart disease, aortic aneurism, peripheral blood vessels, arteriosclerosis, and brain blood vessel disorders; and respiratory system diseases like bronchitis, emphysema, chronic obstructive pulmonary disease, and pulmonary tuberculosis. In other words, an increase in the number of smokers is followed by an increase in the number of diseases caused by tobacco use, including hypertension, stroke, diabetes, cancer, and heart disease (Kopp, 2016); (Nadhiroh, 2020); (Nasution, 2022).

## CONCLUSIONS

The implementation of SFA in Binjai City has begun but has not run optimally. This can be seen from the number of facilities that do not comply with the SFA policy in Binjai City. The Health Service Facility has the lowest violation rate among all categories of facilities. The most common violation is the non-availability of a designated smoking area. Visitors feel free to smoke as long as it is not in the treatment room. In Educational Facilities, the violations often found are that there are still many smoking activities at the entrance/exit of educational facilities. This activity is usually carried out by parents who pick up students and school security guards. In Children's Playground Facilities, violations often encountered are facilities that do not put up a sign prohibiting smoking around the children's playground. In the Facilities of Places of Worship, violations often encountered in these facilities include cigarette butts around the facilities. This indicates that there are still smoking activities at the facility. In public transportation facilities, violations often encountered are the absence of a smoking prohibition sign, the absence of a designated smoking area, and people still smoking indiscriminately. In Workplace Facilities, violations often encountered include the absence of a designated smoking area, many cigarette butts, and many visitors smoking at the

entrance/exit. Public Place Facilities have the highest violation rate among other categories of facilities. Violations often encountered include found smoking, no designated smoking area found, no smoking prohibition sign found, cigarette smoke smelled, ashtray or matches found, cigarette butts found, and visitors smoking at the entrance/exit door.

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