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Why Do People Fail to Comply with the Smoking Ban in Public Places? (The Case of Jayapura City, Indonesia)

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1 ABSTRACT

Cigarettes are addictive substances (nicotine); their content can cause users to feel relaxed and become addicted. This substance comes from tobacco leaves and Tar, which consists of more than 4,000 chemicals, of which 60 are carcinogenic. Cyanide, a chemical compound that contains a cyano group. The government has made various attempts to prevent people from smoking. As was done in Jayapura City, the government has issued a regional regulation on Smoke-Free Zone No. 1 of 2015. Still, it was not until November 2018 that a study was conducted on community compliance with provincial laws. It was found that 17% of the 192 locations had a group of community compliance with the Non-Smoking Regional Regulations. This study aims to determine the factors that cause low community compliance in implementing Perda KTR No 1/2015 in Jayapura City. This research is a qualitative study using observation, in-depth interviews, and documentation. The number of informants in this study was 14 informants consisting of the community, students, teachers, and the local government of Jayapura City related to the No Smoking Area. The analysis model used is an interactive model data analysis and descriptive data analysis. This study found that the factors causing the low community compliance in implementing the KTR Regional Regulation in Jayapura City were such as lack of socialization, both direct socialization and print media, insufficient funding for the KTR program, and smoking rooms for perpetrators were uncomfortable so that these factors made smokers violate. The KTR program should be sustainable because it is related to changes in people's behavior. This program does not synergize with the private sector or NGOs that can assist in enforcing local regulations. The KTR program is only based on the government's annual budgeting. If there is no funding budgeting, the program is not implemented, there is no reward and punishment (giving clear and real penalties to anyone who violates the rules).

Keywords: Low, Compliance and No Smoking Area, Jayapura, Indonesia

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INTRODUCTION

The lifestyle of a person at this time greatly determines the health of his life, as well as the lifestyle in the use of tobacco which is everyday called smoking. Globally, tobacco products kill an estimated 6.4 million people per year (1-3). Smokers not only harm themselves but also harm others through the pollution and harmful cigarette smoke that they emit from their bodies (1,4). Second Hand Smoke (SHS), inhaling a mixture of tobacco smoke which contains the same toxic components as smoke that is inhaled by active smokers and is the leading cause of illness and death in children and adults worldwide (3,5). If current trends are out of control, this figure is expected to increase to 10 million per year in the 2020s or early 2030s with 80% of those deaths occurring in developing countries. To date, tobacco remains a threat to population health (2,3). Therefore, the World Health Organization (WHO) maintains that a 100% smoke-free environment is the only effective way to reduce exposure to secondhand smoke (3).

The law is the key to effective tobacco control. It institutionalizes and commits countries to tobacco control, creates a focus for tobacco control activities, and regulates private and public behavior in ways that voluntary action cannot (3). In the last two decades, smoke-free laws have been enacted or strengthened in several developed countries or territories to reduce secondhand smoke exposure among non-smokers including children. Since

the mid-1990s, the statement that 'no amount of cigarette smoke is at a safe level when inhaled into a person's lungs has even achieved hegemony status in the public health sector (1,3).

Data found from the Indonesian Basic Health Research conducted in 2013, found that as many as 85% of households in Indonesia are exposed to cigarette smoke. From this calculation, it is estimated that at least 25 thousand people have died as a result of being passive smokers, while the death rate for active smokers is eight times greater than that figure (6). For Indonesia, the application of smoke-free areas is still diverse in the application of smoke-free laws, some areas have implemented 100% and not 100%, and some have not implemented it at all, but some regions have enacted laws but the level of implementation and very minimal compliance.

Quoted from Detik News, Thursday 06 Apr 2006 10:27 WIB which contained news about Smoking Prohibited Where? This news contains news about Jakarta as a whole, in restaurants, hotels, office buildings, airports and public transportation as well as public areas, it doesn't matter. Restaurants wishing to smoke must provide separate smoking areas (7-9). As in several other Asian countries, it remains to be seen whether this can be implemented. The construction of separate facilities for new smokers was carried out in half of the building in June 2007. Finally,

in November 2011 in Bali the Smoking Free Zone Regulation was implemented and to support the regulation a new, stricter law was issued on 1 June 2012 with tough provisions fine. And now in 2020 Bali as one of the provinces that is consistent and as a pilot area in Indonesia **2** implementing a smoking ban, both in tourist locations, including restaurants and hotels; Plus schools, government buildings, places of worship and other public places. A ban on the sale and advertisement of tobacco in schools was also enforced, although it was not linked to sponsoring tobacco offers to schools. This also happened when smoking was prohibited on the trains of the state company PT. Indonesian Trains have been banned since March 1, 2012 (10).

Compliance with Local Regulations on No-Smoking Areas regarding the behavior of people indoors not to smoke. There are 6 criteria for compliance indicators for smoke-free areas, namely: presence or absence of a prohibition board, no smoking sign, no smoking room, no ashtray, no smoking in smoking rooms, and no sales / promotion / advertisement of cigarettes in cigarettes area (11).

At first Jayapura received socialization on the No Smoking Regional Regulation in 2013. Where all agencies were invited to get socialization from the Ministry of Health of DKI Jakarta and in 2015 the Mayor of Jayapura submitted and ratified Regional Regulation Number 1 in June concerning No Smoking Areas, although Papua Province and other Papua regions have not issued No Smoking Areas regulations.

Jayapura city as the capital city of Papua Province is located in the easternmost part of Indonesia which has 5 sub-districts consisting of Muara Tami, Heram, Abepura, South Jayapura and North Jayapura. The results of the field data that the researchers observed in the coverage of 7 Smoke-Free Areas in Jayapura City at 192 places consisting of 6 Hospitals and 4 Public health center in Jayapura City, only 50% were obedient and 50% were not compliant, from 69 education places from kindergarten to Only 29% of tertiary institutions obey the rules and 71% do not comply, from 52 business establishments consisting of malls, restaurants, hotels / restaurants, cafes and recreation areas, 6.55% obey the rules and 93.45% do not comply. Of the 29 places of worship only 3.44% obeyed the rules and 96.56% were disobedient, of the 7 children's playgrounds and 5 sports places, 100% were disobedient, of the 13 offices 15.38% were applicable and a total of 84 , 61% did not comply with regulations, and out of 7 public transport facilities and terminals it was found 100% non-compliant, each of the 3 public transport terminals and 4 public transport vehicles did not apply Smoke-Free Area rules (12).

Based on these results, **1** researchers are interested in researching and formulating why do people fail to comply with the smoking ban in public places at Jayapura City?

METHODOLOGY

The research locations are government offices and smoke-free areas that have been designated by the City of Jayapura. Since 2013 only the city of Jayapura has issued a No Smoking Area regulation in Papua.

The research method used is qualitative with a purposive sampling method and a descriptive approach with observation, conducting in-depth interviews of community behavior, and systematically recording the symptoms that appear on the object of research. According to Spradley (13) that the focus of observation is carried out on three main components, namely: Location, Actors, and

Activities, the Interview Guide is a guide to several important questions to obtain the data studied. and documentation is a technique in collecting data, obtaining data, regarding the general description of the implementation of the Jayapura City Regional Regulation Number 1 of 2015, Jayapura City.

The informants of this study were people living in smoke-free areas in Jayapura City. The information in this study is divided into two parts, namely: There are 2 (two) key informants in this study, namely the Mayor of Jayapura as a policy maker, in this case represented by the Head of the Legal Department, and the Head of the Jayapura City Health Office, and permanent informants in this study are agencies. involved in fostering and developing a Smoking Free Area in the Education Office area. Department of Transportation, Office of Manpower, Office of Tourism, Empowerment of Children and Women, and Civil Servants of Jayapura City, as well as people living in smoke-free areas.

Researchers use triangulation to confirm and confirm the information gathered. According to Hamidi (2005), in qualitative research, the number of informants is usually small. Therefore, the validity used in qualitative research is called triangulation which includes triangulation of sources, triangulation of methods, triangulation of researchers, triangulation **9** of theories, and triangulation of situations. To determine the validity of the data in this study, three triangulations were used, namely: Data triangulation was carried out using various data sources such as documents, archives, observations, interviews, and informant interviews in order to obtain feedback. This feedback is useful for improving the quality of data and the results obtained from the information obtained (14). The triangulation of these sources was carried out using different groups of informants. Time triangulation is a source of data obtained through in-depth interviews with informants at different times.

RESULTS

The issuance of the Regional **7** Regulation of the City of Jayapura Number 1 of 2015 concerning Smoking Free Areas which is the mandate of the Health Law Number 36 of 2009 which requires all regions at the provincial and district/city levels to have Regional Regulations on Smoking Free Areas. Regions are given the authority to make regional regulations based on Law no. 34 of 2003 concerning regional autonomy.

Local regulations regarding smoke-free areas aim to suppress the growth of smokers and hand smokers in Indonesia. As is well known, smoking is a risk factor for various diseases, one of which is cancer, heart disease, and other non-communicable diseases which are currently the largest contributor to morbidity and mortality in Indonesia. With the existence of smoke-free areas, it is expected to be able to change people's behavior to live healthily and increase optimal work productivity, create healthy and clean air quality free of smoke, reduce the number of smokers and prevent novice smokers, give birth to healthy young people (6).

Jayapura City Regional Regulation Number 1 of 2015 concerning No Smoking Areas has been in effect for about five years ago. The purpose of this Regional Regulation is to increase public awareness of healthy living and provide **8** protection to the community from the negative impacts of smoking, both directly and indirectly and to reduce the growth of novice smokers. However, in practice there are still many people who have not complied. Based on the

research results, there are two factors that influence people's behavior, namely inhibiting factors and supporting factors. The inhibiting factor for the community not to apply the Local Regulation of Smoke-Free Area is the lack of socialization, both direct and printed media, such as interviews with community informants below:

"I see the government is still lacking in disseminating Smoke-Free Area, for example displaying bans on billboards and pamphlets that are distributed in public places such as Imbi Park which is the center of family crowds, there is no information on smoking bans in that place" (MT, Community member of North Jayapura)

... "I think the government's socialization on Smoke-Free Area has not been going well, because there are still many office employees such as those in the health office who still smoke, as well as supervision, socialization from related agencies can support the implementation of Smoke-Free Area regulations" (YP, Community member of Abepura)

"There has been no socialization many have not put a smoking ban on" (US, community member of South Jayapura).

In addition, another inhibiting factor is the absence of enforcement of regional regulations, as seen in interviews with community informants and the Civil Service Police Unit as the government agency appointed to control the Smoking-Free Zone, and several informants commented on the obstacles to enforcing Smoke-Free Area as follows:

"...Parking lots are often used as smoking places, and the problem is the lack of smoking places, not only here, but there are also less public places" (Ag, SATPOL PP, Jayapura City).

"One of the obstacles in reprimanding smokers in public places is if we know them so we feel uncomfortable reprimanding" (YP, community member of Abepura).

"The government is not firm! Who has to put in order? Who should do it? It must be the government! Self-Awareness, maybe that's all" (JW, student).

"The government does not strictly implement the Smoking Free Zone Regional Regulation." (JN, Head of the Department of Manpower).

"...Socialization is still lacking, because behavior change requires a long process, and this is also a human right" (DN, Section for Non-Communicable Diseases, Health Office).

"There are still many who violate because in my opinion the fines that were given did not work" (DM, Health Office, Health Promotion Section)

"There is no budget for Smoke-Free Area, because it was only programmed in 2019" (NR, SATPOL PP).

"This year (2018) we are not running a Smoke Free Zone, it is not budgeted, so it stagnates. In 2018 we did not receive any allocation of funds. This is related to the policy of the regional head, until this year there are no

smoking area activities" (DN, Section for Non-Communicable Diseases, Health Office).

"Supervision on Smoke Free Zones does not yet exist, even though it is mandatory, initially PERWALI (mayor regulation) was processed to become Local regulation" (DN, Section for Non-Communicable Diseases, Health Office).

"Supervision has not been carried out by the health department. Main Duties and Functions of the Health Office and SATPOL PP have not been implemented due to budgeting. When I was in the province, this Regional Regulation was issued because the funds were there. As far as I know, the funds were 3 billion in a few years. The cigarette tax fund is calculated based on the number of residents divided from the center. The funds are used for Non-Smoking Areas (promotion, preventive). But the fact is, this year Zero" (NY, head of the health department)

The researcher triangulated the statement from the head of the Jayapura City health office regarding the obstacles in the implementation of the Regional Regulation on KTR to the Mayor, in this case represented by the Head of the Legal Department stating that:

"Funds this year (2018) have indeed decreased, the central allocation funds provided by the state have decreased, so that there are supporting programs being eliminated" (MzL, Head of the Mayor's Law Section).

Based on the news from KABAR Papua (2017), the health office has procured smoking areas at city government offices (3 points), autonomous offices (3 points), 1 point council office, One Stop Integrated Service Agency (2 points) and Sport Centre Abepura. However, at the time of observation, it was found that the smoking area was not functioning properly because the room was not comfortable, the air suction was not functioning and was locked. In addition, the provision of facilities as a smoking room is still considered insufficient to be one of the obstacles to the implementation of the Regional Regulation on No Smoking Areas in Jayapura City. As the results of interviews with Civil Service Police Unit (SATPOL PP) informants.

"There are many employees who smoke in the parking lot and are often used as a place to smoke, so that is an obstacle... there is still a lack of space to smoke, not only here are other public places too lacking". "But the absence of a smoking room is actually good in my opinion it helps us to keep people from cigarette smoke (AG, SATPOL PP).

To support the implementation of the Regional Regulations on No Smoking Areas, the health office, as key information in implementing the Regional Regulations for No Smoking Areas, has conducted outreach to build local government commitment. According to the quote below:

"OPD (regional organizations) at the leadership meeting talked about how smoking is" (NY, head of the health department).

Supporting factors for the sustainable implementation of the Local Regulation on No-Smoking Areas in Jayapura

City, as shown from the results of interviews with key informants:

"What supports the local regulation on No Smoking Areas is a lot of socialization which actually does not require a lot of funds. For example, if you want to be strong, create a group with the same conscience as the perpetrator to explain smoking areas like that. such as sharing with church groups and sharing funds, Special autonomy for socialization "(MZL, Head of the Mayor's Legal Department)

"The Non-Communicable Disease Program and Health Promotion related to No Smoking Areas, indeed if the cigarette funds for the profit sharing fund (general allocation funds) do not finance just one program, there is public health, Disease control and eradication sector, Health Resources health services, not only focus on Disease control and eradication sector"(DN, Section for Non-Communicable Diseases, Health Office).

"For the socialization of this regional regulation, we do not have a special time to enforce this regional regulation, but we can take part in the deliberation activities of the principal, at the meeting of teachers in the field of study, we remind you that a healthy lifestyle is very important, especially with the regional regulation, more fenced, so the key word is self-vision, you can see examples of teachers who must be role models and self-introspection "(AM, junior high school teacher).

"There are 3 points of smoking rooms that are less effective too ... because of the uncertain punishment given by the city government), ... then, if someone smokes in the corner of the local government, the government should give punishment or sanctions but that does not happen... bite less so that there is a deterrent effect on society. Moreover, sanctions, from the scope of the regional government there are no sanctions "(DM, civil servant of the health promotion department).

Based on interviews, the main factors that hamper the implementation of the Regional Regulation on No Smoking Areas as well as an illustration of the low level of community compliance with these regulations are limited funding for the No Smoking Area Program, penalties or sanctions that are not enforced, and lack of socialization. This program should be a sustainable program because it is related to changes in people's behavior. This program does not work together with the private sector or NGOs that are able to assist in enforcing local regulations. The No Smoking Zone Program is based solely on the government's annual budgeting and if there is no funding budgeting then the program is not implemented. In fact, there are many resources that can be utilized, one of which is by empowering the community (church groups). In addition, there is no good work synergy between sectors, especially agencies that fall within the scope of No Smoking Areas (15–17).

As is the case with research conducted by (Fatonah, 2016) that factors that influence regulatory compliance behavior are inter-personal factors (factors that are influenced by relationships between community members), intra-personal factors (factors that come from the personal itself) (18). which affects behavior for himself),

environmental factors (factors that are influenced by conditions around the environment), reward and punishment (the existence of a clear and real punishment for anyone who violates the rules has not been established).

DISCUSSION

It is hoped that the regulations that have been implemented for approximately five years are implemented as well as possible because the purpose of these regulations is to be obeyed by the local community, and it is hoped that there will be synergies between government agencies related to Smoking Free Areas, or synergies with Non-Governmental Institutions that are able to help the government in enforcing the program. It is hoped that the regulations that have been implemented for approximately five years are implemented as well as possible because the purpose of these regulations is to be obeyed by the local community, and it is hoped that there will be synergies between government agencies related to Smoking Free Areas, or synergies with Non-Governmental Institutions that are able to help the government in enforcing the program. So that the government can provide maximum socialization to the community.

CONCLUSION

The factors causing the low compliance of the community in implementing the Regional Regulation on Smoking Free Areas in Jayapura City are the lack of socialization, both direct and printed media, insufficient funds for the Smoking Free Area program, insufficient human resources at the Health Service, and work synergy between offices, and uncomfortable smoking facilities, no reward, and punishment (enforcement in giving clear and tangible penalties to anyone who violates the rules), and there is no collaboration with parties who can assist in enforcing local regulations on Prohibited Areas Smoke.

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