

Smoke-free Zone in Indonesia: Who is Doing What Now

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Smoke-free Zone in Indonesia: Who is Doing What Now

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Abstract

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BACKGROUND: Although all environments whom applied smoke-free zones (SFZs) have sufficient compliance rate (over 80%) in Indonesia particularly in Bogor City, it is still unclear who is doing what now on SFZs activities to assess the effectivity and efficiency of this tobacco control program.

OBJECTIVES: This review aimed to present the evidence of tobacco control on SFZs programs and activities of these zones based on the several indicators set by the local government's regulation.

MATERIALS AND METHODS: A review was held to observe the SFZs local regulation archives. Data were derived from secondary sources and observation data of law enforcement teams' generic activities and programs in Bogor City in the Province of Jawa Barat, Indonesia.

RESULTS: There were eight (eight) zones designated as SFZs according to the local regulation, namely: (1) Public places, (2) workplaces, (3) places of worship, (4) children's playgrounds and/or other gathering places, (5) public transportation, (6) teaching and learning environments, (7) health facilities, and (8) sports facilities. It resulted that 55% of these zones still uncomplied to SFZs regulation. It is still tobacco control homework in Indonesia while it is remembering that Indonesia has the only largest country of six developing countries that have not ratified Framework Convention on Tobacco Control of the World Health Organization.

CONCLUSION: The role of the SFZs' enforcement team is crucial and consists of relevant stakeholders to optimize activities and programs of SFZs regulations with clear targeting, rewards, and punishments. However, further studies are needed to determine the effectiveness of non-smoking areas specifically.

Background

Indonesia is the largest of the six countries that have not ratified the Framework Convention on Tobacco Control of the World Health Organization. However, in an effort to control and confine the tobacco industry, which has dominated decision-making regarding public health policies in the central government, several regions (provinces and municipalities) such as Bogor City have already largely implemented a policy against the tobacco industry by establishing smoke-free zones (SFZs).

In maintaining the sustainability compliance, SFZs local regulation is not only assessed at moment as well as mentioned but also it has developed both of short-term by 4–6 months assessment and long-term by 1–3 years assessment [1]. Short-term indicators comprised there SFZs sign is installed, there is room for smoking as well as applicable terms, and there is

any promotion and socialization regarded to SFZs. On the other hand, long-term consisted of: SFZs policy is accepted and held by management and visitors of public places, supporting facilities regarded to this regulation have obeyed and utilized, no one is smoking as well as no sales and no cigarette smokes are found in these environments [2].

However, several studies decided only to monitor and evaluate how these activities and programs progressed [3], [4], [5], [6] We consider ways to briefly describe the kinds of activities and programs along with their targets and implementers that are relevant and being considered proactively for family medicine's enforcement toward SFZs implementation. These focused on activities and programs for the implementation of SFZs local regulation in Bogor City. This review describes several programs and activities that were implemented by stakeholders to support actions against tobacco abuse.

Materials and Methods

Study design and data collection

Analyses of the activities and programs were based on a review of their availability as local government regulations in 2014. Data were derived from secondary sources and observation data of law enforcement teams' generic activities and programs in Bogor City in the Province of Jawa Barat, Indonesia, based on the current SFZs' implementations by government stakeholders.

Ethics statement

This research was conducted from February to June 2014 and was granted ethical approval legally from both Bogor City's local government officials: No. 070/509-Kesbangpol; and from the Faculty of Public Health at the University of Indonesia: No. 2901/UN2.F10/PDP.04.00/2015.

Results

There were eight (eight) zones designated as SFZs according to the local regulation, namely: (1) public places, (2) workplaces, (3) places of worship, (4) children's playgrounds and/or other gathering places,

(5) public transportation, (6) teaching and learning environments, (7) health facilities, and (8) sports facilities.

All activities and programs are generated by law enforcement teams for SFZs implementation that supervised and regulated the SFZs local regulation of Bogor City's local government. These consist of stakeholders of Bogor City's local government, such as its Public Health Department, and Office of Tourism. Data evaluation of the SFZs local regulation on Bogor City found that several events were held regarding its implementation (Table 1).

Discussion

In an effort to control the harmful impacts of tobacco use, Bogor City initiated the implementation of local regulation No. 12 of 2009 on SFZs and Bogor's Mayor Regulation (*Perwali*) No. 7 of 2010 on the Implementation Guidelines of local regulation on SFZs [7]. The implementation and enforcement of SFZs local regulation No. 12 of 2009 began in May 2010, a year after completing its socialization activities and programs, through anti-cigarette campaign activities, sympathetic actions, SFZs notification, minor crime enforcement, strengthening the role of the community through the establishment of non-smoking communities, smoking-cessation counseling, etc. [3].

Table 1: Activities and programs of SFZs local regulation implementation in Bogor City

Sub-activities and programs	Targets/frequency annually	Implementers
Coordination meeting on the implementation and enforcement preparedness of SFZs local regulation	Standing team of SFZs Bogor City	Health promotion section of Bogor City's Public Health Department
Incidental inspection of SFZs integration	Eight selected zones (21 times)	SFZs team of Bogor City
Socialization/Information Dissemination of SFZs	Eight selected zones at 3 times per zone or (24 times)	Health promotion section of Bogor City's Health Office
Strengthening with a No-Tobacco Community	Sixty-eight sub-districts in 24 districts (<i>Puskesmas</i>)	Health promotion section of Bogor City's Health Office
Monitoring and evaluation of SFZs local regulation regularly	Eight zones (2 times)	Health promotion section of Bogor City's <i>Puskesmas</i>
Workshop on capacity-building of SFZs	Twenty-four peer implementers	Health promotion section of Bogor City's <i>Puskesmas</i>
Health Seminar	Youth organizations	Standing team of SFZs
Countess of SFZs ambassador	Bogor City's society	Health promotion section of Bogor City's Health Office, Tourism, and Cultural Offices
Awarding	Those institutes that apply best practices for the implementation of SFZs	Standing team of SFZs
Minor-crime offenses	All of 8 SFZs (5 times)	<i>Pamong Praja</i> Police Department (Civil Servants' Police Department)
Media procurement	All of 8 SFZs	Health promotion section of Bogor City's Health Office
Internal team coaching	Land transport organization, hotel, minimart	Health promotion section of Bogor City's Health Office
SFZs seminar on local government institute	250 civil servants in Bogor City	Health promotion section of Bogor City's Health Office
Teams' capacity building	Sub-district team, law enforcer team, and standing team	Health promotion section of Bogor City's Health Office
Integrated monitoring and evaluation	Hotels, restaurants, and malls (20 times)	Integrated standing team of SFZs
Facilitating of community groups' care of SFZs	Eleven community groups	Health promotion section of Bogor City's Health Office
Making of SFZs' movie	Bogor City's society	Third party
Compliance survey of SFZs in high schools	Twenty-two high schools with 10,808 students	Adolescent section of Bogor City's Educational Offices
Fitness test on at-risk adolescents	2000 high school students	Primary health and referral services of Bogor City's Health Office
Assessment of high health risks for adolescents	600 high schools students	Non-communicable disease section of Bogor City's Health Office
Promotion roadshow for smoking harmful and SFZs	Twenty-two schools	Health promotion section of Bogor City's Health Office
Several contests	Primary, junior, and high school	Health promotion section of Bogor City's Health Office
SFZs campaign on society at large	750 members of Bogor City's society	Health promotion section of Bogor City's Health Office integrated with National Health Day Committee of Bogor City
Training of trainer for SFZs implementation at schools	420 counseling teachers and all health school units in Bogor City	Health promotion section of Bogor City's Health Office and adolescent section of Bogor City's Educational Offices
Seminar on the harmful aspects of smoking and SFZs implementation	250 primary, junior, and high schools	Health promotion section of Bogor City's Health Office and adolescent section of Bogor City's Educational Offices
Strengthening of society's role	Thirty-five families of SFZs care	Health promotion section of Bogor City's Health Office

SFZs: Smoke-free zones.

Adequate targeting of societies is considered as the core for maximizing the dissemination of information toward SFZs implementation [8]. Position level is one of the factors that influence knowledge [9], especially in regard to SFZs managers. Previously, socialization by enforcement teams has strived to convince managers to comply [10], [11]. Therefore, powerful formal regulation is essential that can force SFZs management not only to attend socialization activities and programs but also to implement them proactively.

Naturally, the terms of successful implementation of the rules are all that is involved to know and support any subjects that are regulated, protected, make the rules, oversee the rules, and/or enforced the rules [12]. The same understanding will prevent ambiguity and ensure consistency of SFZs' local regulation. Learning from the New York City model, which follows the Implementation Guidelines of the 2003 "Clean Act in Space," [13] a source that offers practical suggestions in clear language in the form of questions and answers, or frequently asked questions, that have proven effective for the socializing of a regulation.

Conclusion

The role of the SFZs' enforcement team is crucial and consists of relevant stakeholders to optimize socialization through brief tasks conducted through activities and programs of information on SFZs regulations and clear targeting, rewards, and punishments. Better compliance indicators are considered essential for revising the articles in the SFZs' local regulation, especially in relation to the rules for smoking areas in environments with no additional land. Otherwise, every SFZs manager needs to initiate the importance of these local regulations at various service levels. Moreover, further studies are needed to determine the effectiveness of non-smoking areas specifically.

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