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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 non-complied 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

6 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>Puskemas</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>Puskemas</i> |
| Workshop on capacity-building of SFZs | Twenty-four peer implementers | Health promotion section of Bogor City's <i>Puskemas</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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