Factors Affecting Participation Levels among College Student in the Implementation of Smoke Free Area (SFA) in Universitas Airlangga Surabaya

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Abstract: Smoking has become a major issue for public health that needs to be overcome, because it involves various aspects of life such economic, social, political and especially health aspects. Indonesia in 2007 was ranked as the fifth largest consumer of cigarettes (239 billion) behind China (2163 billion). The objective of this study is to get to know the participation of students in the implementation of Smoke Free Areas (SFA) both in relation to smokers and non-smokers, and the factors that influence the level of student participation in the implementation of SFA in Universitas Airlangga. An observational analytic study using a cross-sectional approach was selected. The population in this study is 1-7 semester student of Universitas Airlangga. The research sample was taken by using the simple random sampling method. This obtained a large sample of 95 respondents. Univariate and bivariate analysis was conducted by using a Chi-Square test and the research instrument was a questionnaire. The result of chi-square test showed that there is a relationship between knowledge and participation in the Smoking Free Area implementation (p=0.024). The attitude about SFA cannot be analysed because all of the respondents show constant results; all of the respondents have a good attitude toward SFA implementation.. The conclusion of this study is that there is a significant relationship between the level of knowledge and the participation in the Smoking Free Area implementation.

1 INTRODUCTION

Smoking has become a major issue for public health because it involves various aspects of life such economic, social, political and especially health aspects. The smoking habit is a lifestyle that can affect human health, and not only affect the users of the cigarette itself but it can have a negative impact on others around them. More than 6 million of the deaths listed are the result of direct tobacco use while around 600,000 are the result of non-smokers being exposed to second-hand smoke. Nearly 80% of the more than 1 billion smokers worldwide live in low- and middle-income countries, where the burden of tobacco-related illness and death is heaviest (WHO, 2011).

Based on WHO (2011), Indonesia in 2007 ranked as being the fifth largest consumers of cigarettes (239 billion) behind China (2163 billion), the USA (351 billion), Russia (331 billion), and Japan (259 billion). In Indonesia, the smoking behaviour of the population at 15 years of age is likely to increase from 34.2 percent in 2007 to 36.3 percent in 2013. In 2013, the most regular smokers initiated smoking between 15-19 years old (55.4%). The prevalence of smoking based on age at the start of smoking, starting from age 5-9 years is as much as 1.6%, age 10-14 years at 18%, age 15-19 years at 55.4%, age 20-24 year at 16.6%, age 25-29 years at 4.6% and at the age of more than 30 years at 3.8% (Badan Penelitian dan Pengembangan Kesehatan Kementrian RI, 2013).

This is a serious problem because the increase in smoking behaviour in the population aged ≥15 years greatly affects the quality of the younger generation in Indonesia. One effort that can be done by the government is to establish public policies. Public policies essentially aim to solve the problems that occur in society, as well as on the exact issue of smoking behaviour.

The Government enacted Law No. 36 in 2009 concerning health in section seventeen about ensuring the safe use of addictive substances. In article 115, section 2, it is the obligation of the local governments to designate smoke free zones in their jurisdiction. The government also enacted a Government Regulation of the Republic of Indonesia No. 109 in 2012 'Concerning Materials that Contain Addictive Substances in Tobacco Products in the Interests of Health', specifically in part five to regulate Smoke Free Zones. In article 49, it is the obligation of the central government and local governments to designate Smoke Free Zones. Surabaya City government also enacted Government Local Regulation No 5 in 2008 'About No Smoking Area And Restricted Smoking Areas'. According to Government Local Regulation No 5 in 2008, smoke free areas are a space or area which has been declared to be prohibited for smoking activities or the activities of producing, selling, and/or promoting cigarettes. Areas declared prohibited in the local regulations include health care facilities, educational facilities, children's playing grounds, religious places and public transport.

Universitas Airlangga as an educational facility for student, additionally as a working place for employees, it is necessary that it should have implemented a Smoke Free Area based on the local regulations. However, since the enactment of Government Local Regulation No 5 in 2008 About Smoke Free Area and Restricted Smoking Areas, until now, not all areas in Universitas Airlangga have implemented this policy. In the enforcement and implementation of a Smoke Free Area, it should be supported by the participation and contribution of the entire community of Universitas Airlangga especially the students as they are the main actors of the campus world. The contribution is not limited to funds and finance but can also take the form of power and ideas.

Therefore, the objective of this study is to know level of the participation of students in the implementation of a Smoke Free Area (SFA) both in smokers and non-smokers, and the factors that influence the level of student participation in the implementation of SFAs at Universitas Airlangga.

2 METHODS

This was an observational analytic study using a cross-sectional approach was selected. The population in this study is 1-7 semester student of Universitas Airlangga. The research sample was taken by using the simple random sampling method. This obtained a large sample of 95 respondents. The study was conducted from early August to early September. The instrument used in this research was a questionnaire. Data collection was done by distributing an online questionnaire.

The independent variable in this research is the knowledge and attitude about the Smoke Free Area (SFA), and the dependent variable in this research study was the participation level to do with the implementation of a Smoke Free Area (SFA). The data analysis was done by using univariate analysis and bivariate analysis. Bivariate analysis using Chi-square test ($x2$) aims to determine the relationship between the independent variables and is bound to a scale of nominal and ordinal data.

3 RESULTS

3.1 Univariate Analysis

Table 1 shows the characteristics of the respondents and their level of knowledge, attitudes and participation about the implementation of a Smoke Free Area (SFA). The total of 95 respondents had a distribution of 16 male respondents (16.8%) and 79 female respondents (83.2%). The distribution of respondents in the 1st semester was 4 respondents (4.2 %), 3rd semester 38 respondents (40.0%), 5th semester 21 respondents (22.1%), and 7th semester 32 respondents (33.37%).

Based on the univariate analysis results, the respondent's distribution at a low knowledge level about SFA policy consisted of 23 respondents (24.2%) and the respondents with a high knowledge level was made up of 72 respondents (75.8%). The distribution of respondents with a bad attitude about SFA was 0 respondents (0%) and the respondents with a good attitude was made up of 100 respondents (100%). The distribution of the respondents based on the participation rate of SFA was that those with a low participation rate was 21 respondents (24.2%) and those with a high participation rate was 74 respondents (77.9%).

Table 1: Univariate Analysis Result Resume

Characteristics	n	(%)
Sex		
Male	16	16.8
Female	79	83.2
Semester		
1st	4	4.2

Characteristics	n	(%)
3rd	38	40.0
5th	21	22.1
7th	32	33.7
Knowledge level about SFA		
Low	23	24.2
High	72	75.8
Attitude level about SFA		
Bad	95	100
Good	0	0
Participation level about SFA		
Low	21	22.1
High	74	77.9

3.2 Bivariate Analysis

Table 2: Relationship between Knowledge and Participation level on SFA

Knowledge	Participation				Total	
	Low		High			
	n	%	n	%	n	%
Low	9	39.1	4	60.9	23	100
High	12	16,7	60	83.3	72	100

*p value = 0.024

Based on Table 2, the results show that 23% respondents had a low level of knowledge, 39.1% had a low level of participation and 60.9% had a high level of participation. The respondents with a high amount of knowledge were as many as 72 respondents with a presentation of 60.9% with a low level of participation and 83.3% had a high level of participation. The statistical analysis using Chi square test obtained p = 0.024 (p <0.050), which means that there is a relationship between knowledge and the level of participation to do with the implementation of SFA.

In this study, the attitude variable has not been calculated because the result is constant. All of the respondents have a good attitude, so it cannot be analysed by way of bivariate analysis.

4 DISCUSSION

Most of the respondents have a high level of knowledge about SFA (75.8%), especially in terms of understanding SFA and areas included in SFA. Only a few had knowledge about the implementation of SFA regulations. Most of the students do not know about government regulations and local regulations about Smoke Free Areas. The Chi square test result obtained a value of significance at 0,024

so it can be concluded there is a relationship between knowledge with the level of participation.

Some previous research results have illustrated the existence of a negative influence between cigarette consumption and health status, both self-health status and national health status. Cigarette illnesses such as lung infections, coronary heart disease and chronic obstructive pulmonary disease have become one of the leading causes of death in the world. Both for active smokers and second-hand smokers, the health problems that appear because the toxic substances in cigarettes are endangering them. Therefore, it can be predicted that decreasing cigarette purchasing patterns after increasing cigarettes taxes will reduce the risk of smoking-related diseases in Indonesia.

This study shows similar results with Renaldi's research in 2013 on Students at the Health Science High School of Hang Tuah Pekanbaru, which states that there is a significant relationship between SFAknowledge with the implementation of SFA (p=0,000). However, this is different to the results from Saptorini's research in 2013 at the University of Dian Nuswantoro Semarang which states that there is no relationship between knowledge and participation (p = 0.065). Many previous studies have reported on the association between knowledge and participation in policy implementation. In theory, the knowledge base that is possessed will affect the whole environment of society. This makes the community understand or not understand the stages and forms of participation that exist (Yulianti, 2012). Knowledge of a policy is needed to understand how the implementation of a policy works, and that understanding can support a person in their participation with a policy. The community's knowledge of the participation process will determine the nature and direction of a decision that is to be taken (Ramla, 1992). One way to increase public participation, especially for students, is to have knowledge of SFA policy, and knowledge of how the course will increase with the information received. Therefore, socialisation is needed regarding the policy and application of SFA as a form of information that can increase knowledge about the implementation of SFA.

5 CONCLUSIONS

This research study has concluded that 75.8% of the respondents have a high level of knowledge about Smoke Free Areas, 100% of the respondents have good attitude about SFA and 77.9% of the

respondents have a high rate of participation towards SFA implementation. There is a correlation between knowledge of SFA with SFA participation with a significance value of 0.024. The attitude about SFA cannot be analysed because all of the respondents have a good attitude toward SFA implementation.

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