

Factors Relating to Visitor Compliance to No Smoking in General Hospital of Dr. Mohammad Hoesin Palembang

Nasibah¹, Lita Sri Andayani², Juanita³

^{1,2,3}Universitas Sumatera Utara, Indonesia

Corresponding Author: Nasibah

ABSTRACT

Determination of non-smoking areas (KTR) is an effort to protect the community against the risk of health problems because the environment is contaminated with cigarette smoke. In general, the determination of KTR aims to reduce the number of morbidity and mortality due to smoking, and in particular, the aim of determining the KTR is to create a clean, healthy, safe and comfortable environment, provide protection for non-smokers, reduce smoking rates, prevent novice smokers and protect younger generations from the abuse of narcotics, psychotropic substances, and addictive substances (drugs). This study aims to analyze the relationship between information, supervision, suppression (punishment and threats) with visitor compliance to no smoking in General Hospital of Dr. Mohammad Hoesin Palembang. This type of research was a survey, the research design used was cross sectional. The population in this study was 7,695 with a sample size of 95 obtained using accident sampling. The instrument in this study was a questionnaire. The data obtained in this study were analyzed by means of the rank spearman correlation analysis. The results showed that there was a relationship between information ($p=0.0001$), supervision ($p=0.0001$), punishment ($p=0.0001$) with visitor compliance to no smoking in General Hospital of Dr. Mohammad Hoesin Palembang. It is recommended that the hospital requires an increase and additional resources in terms of staff for the hospital KTR environment, criminal sanctions for fines for violations of non-smoking areas need to be enforced, and it is hoped that the hospital health promotion officer (PKRS) will provide health

promotion services visually, audiovisually and partnerships with related parties.

Keywords: Information, Supervision, Punishment, Visitor Compliance to No Smoking

INTRODUCTION

Health is a human right mandated by the 1945 Constitution of the Republic of Indonesia. Health is an important thing for every human being, because health is everything without health, everything will not mean anything. Healthy and good behavior is the dream of all people who are a basic need for a degree of public health, one aspect of which is to prevent our lungs from smoke, either directly or indirectly, because cigarette smoke is very harmful to health.

The smoking habit is not only a personal health problem but also disturbs others, especially when smoking in any place such as public places, children's playgrounds, health services, public transportation, workplaces and other places. This habit problem will greatly disturb the comfort of the people around it and can affect health, also this happens because the burning cigarette produces side smoke as much as 2 times more than the main smoke and contains higher levels of hazardous substances.

Cigarettes continue to kill nearly 6 million people every year, according to the World Health Organization more than 600,000 passive smokers die from exposure to cigarette smoke and it is estimated that

this will continue to increase by 2030 and will kill more than 8 million people worldwide each year, so that half of 1 billion smokers the world will eventually die of smoking-related diseases.

The cigarette problem is currently a national problem and efforts to overcome it are prioritized. Based on data from Rikesdas 2018, the smoking prevalence of adolescents aged 10-18 years has increased from 7.2 percent.

Health Law No. 36 of 2009 Article 115, stipulates a no-smoking area policy. A non-smoking areas (KTR) is a room or area that is declared prohibited from carrying out cigarette production, selling, advertising, promotion and/or use of cigarettes. The aim is to protect public health in the environment by ensuring that public places are free from reach of secondhand smoke. The public places in question include: a)health service facilities, b)teaching and learning places, c)children's play areas, d)places of worship, e)public transportation, f)workplaces, and g)places has been determined. Smoking-free areas are the responsibility of all components of the nation, including individuals, communities, parliaments and governments to protect current and future generations. Joint commitment from various elements will greatly influence the success of KTR. Only the Law or Perda KTR can provide legal protection for non-smokers against exposure to secondhand smoke.

Determination of non-smoking areas (KTR) is an effort to protect the community against the risk of health problems because the environment is contaminated with cigarette smoke. In general, the determination of KTR aims to reduce the number of morbidity and mortality due to smoking, and in particular, the aim of determining the KTR is to create a clean, healthy, safe and comfortable environment, provide protection for non-smokers, reduce smoking rates, prevent novice smokers and protect younger generations from the abuse of narcotics, psychotropic substances, and addictive substances (Drugs).

Hospital health promotion plays an important role in promoting measures not to smoke in the hospital environment which is one of the responsibilities of hospital health promotion (PKRS). Health promotion in hospitals aims to increase public knowledge by providing counseling, education and training as well as strengthening human resources to increase awareness, willingness, and people's ability to live clean and healthy and also provide information by providing leaflets, pamphlets, and posters for visitors to stop smoking in the patient's waiting family.

Posters, leaflets, and pamphlets are health promotion media which is one of the health promotion strategies, namely community empowerment that can increase knowledge and can change attitudes as well as health media to socialize the dangers of smoking for visitors in the hospital environment (Mohamad et al., 2012).

Hospital health promotion (PKRS) is a hospital effort to improve the ability of patients, clients and community groups so that they are able to independently accelerate the recovery process, prevent health problems and develop community-based health efforts through learning from, by, for and together. Society in accordance with the socio-culture supported by health-minded public policies (Depkes RI, 2012).

Research at Haji Hospital and Stella Maris Hospital in Makassar there are still visitors who casually smoke in the hospital area even though there are warning signs that smoking is prohibited, even though the Hajj Hospital and Stella Maris Hospital already have a special team (Committee or policy-making working group KTR) which consists of K3 and PKRS officers and PKRS officers have also made smoking stickers, banners and posters that have been installed in every corner and corridor of the hospital.

Research at RSUD Dr. Pirngadi Medan previously found that the inhibiting factor for the implementation of KTR in Dr. Pirngadi Medan is the lack of information or advice about the No Smoking Area in Dr.

Pirngadi to all employees and visitors to the hospital and less firm policies (Siregar, 2015).

This study aims to analyze the relationship between information, supervision, suppression (punishment and threats) with the compliance of visitors not to smoke at the General Hospital of Dr. Mohammad Hoesin Palembang

RESEARCH METHODS

This type of research is a survey, an explanation that aims to collect information by compiling questions asked of respondents and used to examine the symptoms of a group or individual behavior. The research design used in this study is cross sectional, namely the research data is collected in accordance with conditions when the research took place or data collection was carried out once, regardless of past or future events.

The population in this study was 7,695 with a sample size of 95 obtained using accident sampling. The instrument in this study was a questionnaire.

The data obtained in this study were analyzed by means of the rank spearman correlation analysis. Spearman rank test with a significance value of $\alpha=0.05$ with a confidence interval. Spearman rank correlation (spearman rho) is used to measure the level or closeness of the relationship between two variables with an ordinal scale (Hidayat, 2014).

RESULT AND DISCUSSION

Relationship of Information on Application of Non-Smoking Areas (KTR) with Visitor Compliance

The results of the bivariate analysis are intended to determine the relationship between each independent variable and the dependent variable. This analysis was performed using the Spearman rank correlation test with the criteria significant or significant if $p<0.05$.

Table 1 below shows the frequency and percentage of the relationship between information on the application of non-smoking areas (KTR) and non-smoking compliance as follows:

Table 1. Relationship of Information on Application of Non-Smoking Areas (KTR) with Visitor Compliance

Information on Application KTR	Visitor Compliance						p
	Good		Less		Total		
	n	%	n	%	n	%	
Good	35	94.6	2	5.4	37	100	0.0001
Medium	3	25.0	9	75.0	12	100	
Less	2	3.6	54	96.4	56	100	

In this study, of the 37 respondents who had good information on the implementation of KTR, there were 94.6 percent who had a good level of compliance. After analyzing using the Spearman rank correlation test, it was found that the value of $p=0.0001$ means that there is a relationship between information on the implementation of KTR and the compliance of visitors not to smoke at Dr. Mohammad Hoesin Palembang.

Sources of information are media that play an important role for a person in determining attitudes and decisions to act. Sources of information can be obtained freely from peers, books, films, videos, and

even easily opening sites via the internet (Taufia, 2017).

Information obtained from various sources will affect a person's level of knowledge. A person gets a lot of information so he tends to have broad knowledge. The more often people read, the better knowledge will be than just hearing or seeing (Notoatmodjo, 2003). According to Rahmawati (2015) exposure to health information for individuals will encourage health behavior. Communication that occurs between related health workers is often not overheard or there are trivial or pretentious assumptions that cause people to pay less attention to the no-smoking area policy.

Visitors revealed that officers rarely provide information about smoking-free areas through leaflets, smoking prohibition posters, which only use loudspeakers. However, visitors are often ignored because through the loudspeaker they do not feel afraid about their smoking habit and feel noisy with the shouting from the loudspeaker. Notification by loudspeaker does not reach the entire hospital area, only

in the outpatient waiting room where smoking prohibition notices are often heard.

Relationship of Supervision on Application of Non-Smoking Areas (KTR) with Visitor Compliance

Table 2 below shows the frequency and percentage of the relationship between monitoring the implementation of KTR and non-smoking compliance as follows:

Table 2. Relationship of Supervision on Application of Non-Smoking Areas (KTR) with Visitor Compliance

Supervision on Application KTR	Visitor Compliance						p
	Good		Less		Total		
	n	%	n	%	n	%	
Good	24	77.4	7	22.6	31	100	0.0001
Medium	14	63.6	8	36.4	22	100	
Less	2	3.8	50	96.2	52	100	

In this study, of the 52 respondents who had less control over the implementation of KTR, 96.2 percent had less compliance. After analyzing using the Spearman rank correlation test, it was found that the value of $p=0.0001$ means that there is a relationship between information on the implementation of KTR and the compliance of visitors not to smoke at Dr. Mohammad Hoesin Palembang.

Determination of smoke-free areas is an effective protection effort from the dangers of cigarette smoke, providing a clean and healthy space and environment for the community and protecting public health in general from the adverse effects of smoking both directly and indirectly. Implementation of smoking-free areas (KTR) at Dr. Mohammad Hoesin Palembang has been running for a long time, but RSMH does not yet have a smoke-free area complaint system (KTR). Due to the absence of a special team to handle KTR, the complaint system does not have a clear direction.

In its implementation, the policy implementer tries hard not to give other people the opportunity to smoke by not providing a special smoking room. However, this turned out to make visitors stubborn by stealing the opportunity to

smoke around the hospital, as a result of having to walk long distances to be able to smoke. Implementers also do not hesitate to directly reprimand people who smoke, be they officers or visitors to the hospital. The community's response to this policy also varies, where there are visitors who understand the regulations for No Smoking Areas and some don't.

This is supported by several studies. Even though there have been many regulations set by the government regarding KTR, but in its implementation there are still various violations, such as the discovery of several visitors to Dr. Mohamad Soewandhi Surabaya who smokes in the car park area, in front of the lobby entrance and garden. This is due to the limited human resources of the hospital so that the monitoring function is not routinely carried out, seeing the empty schedule of officers to take turns monitoring visitors in the KTR area (Yusuf, 2014).

Relationship of Punishment on Application of Non-Smoking Areas (KTR) with Visitor Compliance

Table 3 below shows the frequency and percentage of the relationship between the use of KTR punishment and non-smoking compliance as follows:

Table 3. Relationship of Punishment on Application of Non-Smoking Areas (KTR) with Visitor Compliance

Punishment on Application KTR	Visitor Compliance						p
	Good		Less		Total		
	n	%	n	%	n	%	
Good	26	89.7	3	10.3	29	100	0.0001
Medium	12	44.4	15	55.6	27	100	
Less	2	4.1	47	95.9	49	100	

In this study, of the 49 respondents who understood the punishment for implementing KTR, there were 95.9 percent who had less compliance. After analyzing using the Spearman rank correlation test, it was found that the value of $p=0.0001$ means that there is a relationship between information on the implementation of KTR and the compliance of visitors not to smoke at Dr. Mohammad Hoesin Palembang.

The results of the interview show that based on the analysis conducted by the researcher, it is known that visitors still smoke in the Dr. Central General Hospital. Mohammad Hoesin Palembang, it is proven that there are still cigarette butts in the hospital environment. In addition, it is also based on the explanation from the cleaning service that every day there are still large numbers of cigarettes even though they have been cleaned in the morning and evening.

Based on the results of research on the application of criminal sanctions in the Regional Regulation of the City of Palembang Number 07 of 2009 concerning smoking-free areas in 2009, it is explained that, law enforcement officials agree that the Palembang City Government in this case is the maker of the Palembang City Regional Regulation Number 07 of 2009 concerning Smoking-free areas have not yet optimized operational costs for law enforcement officials in conducting inspections for non-smoking area violators and meeting facilities related to coordination of their implementation have never been taken seriously and tend to be passive. Based on this, it is indicated that the main problem in enforcing the KTR Perda is the problem of operational costs for the implementation of guidance and supervision of the KTR Perda which has not been going well.

Discussion of problems regarding socialization efforts to the public regarding

the efforts of the Palembang City Government in enforcing smoking-free areas is not optimal because the Government has not made any efforts to carry out its obligations which are the roots of enforcing smoking-free areas. Public ignorance or even ignorance of the regulation of smoke-free areas plus its ineffective implementation seems to make it difficult to create a smoke-free area in Palembang City.

The effectiveness of strategies related to compliance with smoke-free policies. Given the weak evidence base, well-designed trials that utilize appropriate evaluation designs are needed. The overall law enforcement strategy related to total smoke-free bans resulted in higher levels of compliance than strategies for policies that had only partial smoke-free bans.

CONCLUSION AND SUGGESTION

The results showed that there was a relationship between information ($p=0.0001$), supervision ($p=0.0001$), punishment ($p=0.0001$) with visitor compliance to no smoking in General Hospital of Dr. Mohammad Hoesin Palembang.

It is recommended that the hospital requires an increase and additional resources in terms of staff for the hospital KTR environment, criminal sanctions for fines for violations of non-smoking areas need to be enforced, and it is hoped that the hospital health promotion officer (PKRS) will provide health promotion services visually, audiovisually and partnerships with related parties.

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