



IMPLEMENTATION OF NON-SMOKING AREA IN VARIOUS HEALTH INSTITUTIONS OF OGAN ILIR REGENCY

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ABSTRACT

The establishment of anti-smoking campaigns, regulations on tobacco control, and non-smoking areas with strict rules by health institutions, is essential. This study, therefore, aims to provide an in-depth implementation of non-smoking areas in health institutions in Ogan Ilir. This is a qualitative research with the purposive sampling method used to obtain data from 38 people, by using the interview method and assessed using the Rapid Assessment Procedure. The results showed some employees, staff, and students smoked in health institutions. The implementation of non-smoking areas is in the form of an appeal, by university leaders. In addition, the challenges associated with these rules are due to lack of individual awareness, poor socialization, repudiated regulations, lenient sanctions, and unavailable smokers' room. In conclusion, there is a need to create efforts to implement a better policy for socialization, strong sanctions, and written regulations, in implementing non-smoking areas in various health institutions located in Ogan Ilir regency.

Keywords: Implementation, non-smoking areas, institution

Introduction

Indonesia is among the leading tobacco-producing countries in the world. In 2007, it produced 164,851 tons, which led to an increase in the number of cigarette industries and the consumption rates of tobacco products. In accordance with the surveys from 1995 to 2010, the prevalence of adult smokers in the country increased by 12.5%. (1) The Ministry of Health through the Basic Health Research in 2018 reported that 28.9% of the population above 15 years were active smokers, this means that the habit started since they were adolescence. (2)

However, approximately 60-80% of smokers are dispersed in both the rural and urban areas. (3) In addition, its percentage in accordance with work status shows that there is precisely 30% of active smokers on a daily basis in almost all types of occupations. (4) Farmers, fishermen and laborers have the largest distribution of active smokers (44.5%) on a daily basis, followed by entrepreneurs (39.8%) and employees (33.6%). (4) It is therefore concluded that the habit of smoking has become an epidemic in all sectors of the community.

In accordance with the health perspective, this attitude has a significant negative impact on both the individuals and the environment. This habit tends to trigger various diseases such as ARI, pneumonia, and pulmonary tuberculosis (Pulmonary Tb). Incidents of ARI and pneumonia in South Sumatra were discovered to be higher than the average national case discovery rate (8.10 and 0.63). At the same time, the pulmonary Tb (0.15) was observed to be lower. Ogan Ilir Regency is a district in South Sumatra Province with a population of 400,000, and it has a large number of case discoveries. According to research conducted in 2009, it was reported that 32,991 residents suffered from ARI, and following microscopic examination of Acid Resistant Basil, it was discovered that 343 had BTA (+).(5)(6)

The effect of smoking is felt by people in the surrounding environment by breathing polluted air. These category of people, are also known as passive smokers. Every year, a total of 600,000 passive smokers consisting of a ratio of 3:4 women and children, are affected in indonesia.(7) This condition is partly due to the lack of public information on the importance of prohibited smoking areas.

In Indonesia, the awareness of limiting the impact of smoking has increased in the last 5 years as a local and international problem. The various anti-smoking campaigns, regulations on tobacco control and the establishment of non-smoking areas are increasingly enhanced both locally, and internationally through government regulation (PP) No. 19 of 2003, Health Law No. 36 of 2009. The prohibited non-smoking areas are public places, companies, worship centers, arenas for children's activities, public transportation, institutions, and health centers. (8)(9)(10)

Subsequently, health institutions such as the public health office, hospitals, health centers, and education providers need to be a clear example for the community in adhering to the rules of non-smoking areas. Those that smoke in various health institutions, tend to adversely affect an individual's health.(11) Therefore, the purpose of this study is to examine the in-depth implementation of non-smoking areas in various health institutions in Ogan Ilir Regency.

Methods

This study is a qualitative research, and it employed the Rapid Assessment Procedure (RAP). The RAP was selected because this study was conducted at public health office, hospitals, health centers, and the Faculty of Medicine and Public Health, Sriwijaya University, within a very short time. The purposive sampling method was used to obtain data concerning the implementation of non-smoking areas in the regency through in-depth interviews and observations. The interviews were conducted using a recording device, in accordance with the standard guidelines, while observations were carried out with the aid of a checklist sheet.

The data were tested to determine their effectiveness using the following triangulation methods: (a) Source Triangulation: this implies cross-checking the answers of different informants,

for example, the reports from health service staff are reviewed with the information from the Health Office(b) Method Triangulation: this study employed two types of data collection methods, namely in-depth interviews and observation through the checklist sheet, (c) Data Triangulation: the data analysis was carried out by more than one person to determine the similarities between the interpretation.

Results

The results from the interviews on the description of smoking behavior in health institutions showed that some employees, students, patients, and few workers of public health services smoke in the non-smoking areas. The following are excerpts from the interviews on workers smoking habit in health institutions.

“In health centers filled with female workers, it is impossible to find smokers, however, the reverse is the case with men (B2).

“Some employees smoked, despite the restricted rules that prohibit the act during working hours.”(C1)

*“In this place, not all employees smoke, however those that portray such behavior also consider the surrounding environment by not smoking during work hours or in the presence of patients. Whenever they urge to smoke comes up, they head to the smoking areas.”(D4) *

The smoking behavior exhibited by patients or visitors is often a problem in public health service institutions as reported by the following interview result.

“We realized that most patients smoke, however, when they meet the workers, they pretend not to, and during during treatment, they tend to cough and experience shortness of breath. Therefore, we always advise them to reduce the habit because of its adverse effects on the lungs. This room consists of only a few male employees and numerous female workers, therefore, there is a reduced rate of cigarette smoking.”(C2)

According to the interview, some employees no longer smoke in the room.

“In this institution, people rarely smoke probably because this is an office and the team aims at reducing the smoking habit of patients.” (A2)

“...on the average only a few employee smoke and they usually leave the room to the smoking areas.” (A3)

The results from the department of health in the university showed that despite the fact that majority of the student smoke, it is not noticed within the institution.

“Due to the fact that the majority of the students are females, therefore, smoking behavior does not exist, as it is common amongst men.” (E1)

“Students do not smoke, except staff.” (F4)

However, there are also students in the faculty of health that smoke, as stated in the following excerpt.

“...there are some students in the campus environment that smoke.” (E8)

This behavior is carried out by mostly male employees, irrespective of their education status. The following are excerpts from interviews on the smoking habit of workers at the health faculties in the University.

“Occasionally reports we obtained that some people smoke, and they are always reminded of the negative impact. This problem is common amongst our senior students. However, disciplinary actions have been taken, as they are reprimanded and scolded. (F1)

“Despite the fact that some students smoke, they do not conduct this attitude with the school environment.” (F1)

“...a lot individuals exhibit this character, particularly the administrative staff ...” (E8)

In accordance with the results from the interview, it was discovered that a huge number of the residents exhibit the habit of smoking.

“Generally, smoking behavior is quite severe and it turns out that most of the individuals, find it difficult to stop this habit.” (A2)

The majority of health service institutions do not have written rules on non-smoking areas. However, there are accepted policies concerning the prohibition of smoking in these areas and defaulter are reprimanded. This act has also been prohibited by putting up pamphlets around the health facility. This is observed in the results of the following interviews.

“The policy is feasible while the written rules are yet to be achieved.” (B1)

“The implementation is in the form of an appeal, by putting up pamphlets with the writing

“This region is a non-smoking areas” all over the hospital facility.”(B1)

“People that smoke needs to be reprimanded. The use of pamphlets is effective, although whenever an individual is caught, that person is usually scolded.” (C1)

Sanctions are also imposed on health workers that smoke, however, there are institutions that are yet to implement these laws. In addition, the approval of patients or visitors to smoke within the

premises is not yet in existence. A description of the implementation of these sanctions is stated below.

“Our employees are firmly sanctioned because they are part of the health workers and do not need to smoke in the hospital areas.” (B1)

“Health workers need to live an exemplary life.” (D2)

“The health workers tend to remind both the patients and visitors not to smoke because there are no rules that forbid the public from inculcating in such habit.” (B1)

The implementation of non-smoking areas in district-level health authorities is in the form of socialization, circulars, and reprimands. However, the imposture of sanctions has not been firmly implemented because the authorities have not provided a special room to serve as non-smoking areas. This is evident in the following interview excerpt.

“The implementation of non-smoking areas has not been maximized due to unsupportive conditions, therefore, a special room is needed for smokers” (A3)

“The new regulations tend to reprimand office workers from conducting no official punishment.” (A3)

The report on the implementation of non-smoking areas in the faculty of health shows that some departments have enforced firm sanctions, while others only issue out warnings on the grounds that they are referred to as the University policies.

“Some lecturers were admitted in the hospital, due to their smoking behavior with difficulty experienced by health workers in educating them on the need to stop smoking.” (F1)

“Presently, students are carrying out research on individuals that smoke cigarettes by interviewing fellow undergraduates and other people. The results of the study show that some of the undergraduates are smokers. Subsequently, some of the students do not show this habit in the school because they are aware that smoking is prohibited in the premises, and there are sanctions attached to the act.” (A1)

“When people smoke within the premises, they are reprimanded.” (E2)

Generally, information concerning the enforcement of non-smoking areas in the Ogan Ilir community is stated in the following interview citations.

“Health workers carry out this process through socialization and stickers with “non-smoking area” inscribed on all areas..” (A1)

“There is a regulation concerning this policy, and this interaction is to be held on the 12th of November.” (A1)

“Presently, a number of villages have started implementing the policy while a few are yet to enforce this rule due to the fact that there is no socialization concerning its follows up due to the advocacy and cooperation.” (A2)

“The implementation of this program needs funds generated through cigarette taxes by the central government. Although this has been in existence since 2014, it was finally realized in 2016. In 2015, the total budget realized was approximately 9 billion, excluding 3 provinces in the regency that was awarded 70 million. Conversely, in 2016, 3 billion was generated. Recently, all non-smoking areas activities such as promoting socialization need to be budgeted for, because the funds acquired in 2016 are quite large. In 2015, the revenue generated was not so large because there is no budget in the regency, rather external funds were obtained.” (A3)

Obstacles encountered during the enforcement of this policy within health service provider institutions are the unavailability of strict sanctions and lack of public awareness on the importance of not smoking in public places, particularly health service centers.

“The difficulty is that there is a need for binding rules, such as strict sanctions or laws, for an effective policy. Presently, there is only an appeal.” (B1)

“According to researches, a lot of patients and individuals are not aware of the adverse health effects associated with cigarette smoking” (C3)

Difficulties associated with the implementation of this program in the health institution are funding and the unavailability of a special space for smoking.

“Obviously, there are no regulations or sanctions for the prohibition of smoking behavior. Therefore, there is a need for awareness and the demand for a special room for smokers.” (A2)

Some obstacles were encountered due to lack of awareness, facilities, and infrastructure such as smoking rooms, unbinding regulations, unclear sanctions, inadequate supervision, and superiority. The following are citations from the interviews concerning the difficulties encountered.

“Two obstacles were encountered. The first is the organizational factors, such as the recent implementation of this policy in health centers, education institutions, etc. This regulation has been in existence for the past 5 years ago. The second obstacle is associated with individuals. Initially, a lot of people perceived smoking as a way of life and tend to stop it when they are ill.”(E1)

“The barrier seems to be due to human behavior.” (E2)

"In accordance with self-opinion, there are no obstacles, unfortunately, one of the senior colleagues was constantly reminded of the hazards." (F1)

"The first obstacle is the lack of awareness for both employees and students. The second obstacle is due to inadequate facilities and infrastructure. Subsequently, regulations and policies have been issued however due to lack of supporting facilities and infrastructures, this policy has not been maximized. Therefore, the poor enforcement of this law is an obstacle." (E7)

"Another difficulty is that the law was written and severe sanctions do not exist, only reprimands" (H3)

"Actually, in order to be fair, smokers need to be provided with a room, despite being an unacceptable habit. In the real sense, there is no room for smoking at the University. Although in all fairness, there is a need for a room with proper ventilation."(G2)

"There is no proper supervision, sanctions are less strict and not supported by the rules of the chancellor. There is no decree concerning non-smoking areas." (E9)

The difficulties encountered during the implementation of this law in the community are as follows:

"The triggering process is effective one, and requires funding occasionally, for 3 days. The essence of this process is to identify the areas where smokers reside and other factors. After the acquisition of data, they are directed to the socialization unit in order for the program to be effectively enforced." (A2)

The support offered by the health service providers is prohibiting smoking in an institutional environment, is through counseling, and by banning the sell of cigarettes in canteen. The excerpts of the interviews are reported below.

"The use of pamphlets promotes the law and the dangers of smoking." (C1)

"Posters with the inscriptions non-smoking areas, as well as counseling, and community coaching, tend to be effective." (C3)

"The sale of cigarettes needs to be banned in several canteens around the hospitals' premises."(B1)

The support by the district-level health authorities is in the form of socialization, motivation for the implementation of non-smoking areas in villages, and collaborating with health centers in Ogan Ilir Regency. This support is observed in the results of the in-depth interviews conducted.

"The Health Department motivates the inhabitants of the village, to adhere to these rules. They need to cooperate with the health center to ask for help when necessary for the

successful implementation of this policy. In addition, health centers are urged to carry out more counseling programs on narcotics, particularly on cigarettes. On average, these hospitals also attend awareness classes on cigarettes.” (A2)

Conversely, some employees participated in training related to the control of smoking behavior. It is observed in the excerpts from the interview.

“A few people from P2 participated in the training session. However, the sponsors sometimes, failed to carry out the practice. In this room, only 2 people were trained.” (A2)

The support offered by the faculty of health in the University is in the form of researches and seminars related to non-smoking areas, rejecting scholarship in accordance with cigarette socialization and the inclusion of materials concerning cigarettes in the courses.

“The researcher tends to reject sponsors of scholarship in accordance with cigarettes, and secondly, students need to be motivated to hold seminars concerning this issue with the theme “cool campus without smoking.” Thirdly, the researcher is willing to sign an initial commitment to implement non-smoking areas.” (E1)

“One of the lecturers had a meeting with the students, vice-chancellors, and other lecturers to discuss the implementation of non-smoking areas. This issue was initially conveyed to the chancellor, and there was an agreement to enforce this policy. In the Faculty of Public Health, it was also established as Sriwijaya Tobacco Control. The students organized awareness on how to suppress the use of tobacco on the campus.” (E7)

“This support is also carried out in accordance with academics. Education provides important information in accordance with the smoking of cigarettes and its dangers to the students, in order for both the undergraduates and employees to be aware that the environment is a non-smoking areas.” (E9)

Discussion

The results from in-depth interviews show that the habit of smoking is carried out in several health institutions in Ogan Ilir Regency. However, this habit tends to be controlled when health workers or employees that used to smoke no longer exhibit such an attitude in the room.

Men generally practice this behavior, and the majority of students that enrolled in the health programs are female, therefore this habit is not apparent. In accordance with the results from interviews, it is an obvious fact that there are some students that smoke, although they do not display this behavior in the teaching/learning environment. Usually, they smoke in the canteen outside class hours. Some of the staff or employees in the faculty or study program smoke. They practice this habit outside the room or in a place that is not visible to the students or faculty/study

program leaders. One of the goals of non-smoking areas is to protect the rights of individuals that do not indulge in this act. Therefore, the habit of smoking in health institutions has led to the achievement of this goal.

In the University environment, there are some faculties or study programs where the staff or employees smoke in the room. This shows that the implementation of non-smoking areas was not entirely successful even within the health institutions. An employee's smoking habit is influenced by desire, social support, affordability of information, and situations that tend to influence the staff's personal autonomy to desists from the practice.(12)

The results from the interviews conducted on the analysis of smoking behavior in Ogan Ilir shows that this habit is greatly practiced in the community. It has become a practice that is difficult to separate from people's daily lives. A recognized non-smoking area is the environment of health service facilities such as hospitals and health centers. The smoking habit of the people in the health services is not good, and they tend to display this attitude in the hospitals where some patients and visitors have the right to breathe in air free from cigarette smoke.

The implementation of non-smoking areas in several health institutions both inside and outside the University environment has not been carried out optimally. It is only an appeal, there are no strict sanctions, and socialization is minimal. In the University, this policy is influenced by the head of the faculty or study program. Some faculties have firmly established sudden inspections, sanctions for violators and have put up cigarette-related pamphlets. In contrast, some study programs have not been able to impose strict sanctions, due to the unavailability of a written binding regulation from the heads of departments. One of the factors that support the successful implementation of this policy is the involvement of all elements of society in the process of executing it.(13)

Ogan Ilir Regency already has a regional regulation on non-smoking areas. Regional Regulation No. 3 of 2015 was launched in November, however, it requires socialization in its execution. The health office is one of the parties involved in making this law, and it has been enforced in its work environment. The establishment of this policy in West Sumatra is less than two to three years. Therefore the effectiveness of this law in decreasing active smokers in the three cities has not shown any significant result.(14) Ogan Ilir recently included socialization in the regional regulations, it is natural that the execution of this program has not been carried out optimally.

The establishment of non-smoking areas requires lots of hard work, this is because a large number of communities, particularly in Indonesia, do not consider it detrimental to health. However, for some parties, particularly the health workers, its establishment reduces the exposure of secondhand smokers. The discoveries in this study showed that there are several obstacles

associated with smoking, such as lack of awareness, funds, facilities/infrastructure, and supervision systems.

The highest interest in establishing non-smoking areas is in tertiary health services (hospitals), followed by offices, public organizations, and residential areas.⁽¹⁵⁾ Hospitals are health service facilities that offer special responsibilities and aids in the promotion of healthy ways of life in the community. However, from the discoveries in Ogan Ilir Regency, the existing regional hospitals have not been able to create optimal non-smoking areas due to a lack of awareness that visitors need not smoke on the premises. In fact, without the availability and access to be separated from exposure to cigarettes, patients tend to be at risk after they have undergone treatment.⁽¹⁶⁾

The implementation of this policy in Indonesia encountered numerous obstacles, particularly at the regulator level. Health regulations in the country are not strict enough in the monitoring and evaluation systems. The fact that Indonesia has not signed the framework convention on tobacco control is proof of the government's commitment to tackling all issues related to smoking. In India, laws on cigarettes and other tobacco products (Prohibition of Advertisement and Regulation of the Trade, Commerce, Production, Supply, and Distribution) Act (COTPA) 2003' have been regulated. The inception of the implementation of non-smoking areas started from the educational institutions. However, in Indonesia, there are few academic organizations, including the tertiary institutions that have executed it. A strict regulation at the university level is associated with less exposure and the discovery of active smokers on campus. At the same time, the supervision system is a supplementary attribute for the law.⁽¹⁷⁾

Some difficulties encountered during the execution of this policy in Ogan Ilir regency are lack of socialization concerning non-smoking areas, particularly in the community, unbinding laws, strict sanctions, and the unavailability of a special room for active smokers. The government of this regency made regional regulations that need socialization and supervision in order to achieve the expected goals. The factors hampering these laws are the lack of optimal social interaction, maximum educational media, the unavailability of anti-smoking experts, functional smoking cessation clinics, physical form and the location of smoking areas that are not in accordance with the requirements for the establishment of these places, and the unavailability of non-smoking rules from other faculties.¹⁽¹⁸⁾

In the context of health promotion, the social interaction of this policy is the most common effort in preventing the harmful effects of smoking. Its effectiveness needs to be supported by the allocation of adequate funds, particularly in the monitoring and evaluation of non-smoking areas enforcement and in the production of promotional media such as billboards, banners, and leaflets.¹¹ The barriers encountered during the execution of this program is the lack of willingness to participate in seminars and other dissemination.⁽¹⁹⁾

The majority of the informants in this study support the existence of non-smoking areas. It is also supported by numerous organizations and the existence of pamphlets or posters displayed in the health institutions. The government of Ogan Ilir also conducted an activity referred to as triggering in order to succeed in the regional regulation on cigarettes that have been issued.

The support offered for this program by the faculty of health in the University is in the form of research and seminars related to non-smoking areas, rejecting cigarette-related scholarships, socialization, and materials concerning cigarettes in the course. Support from students by participating in social interactions, offering awareness of smoking and upholding the creation of policy in the University environment.

Conclusion

The description of the smoking habit in the health institutions located at Ogan Ilir Regency shows that some employees, staff, and students smoke within and outside the University. However, this attitude of employees, staff, and students are prohibited. Another problem is the behavior of the people during visits to the facilities. Generally, the implementation of non-smoking areas in health institutions in the regency is in the form of appeals, lenient sanctions, and regional regulations that were recently launched. Additionally, there are no written regulations from the departmental heads. However, some faculty leaders have successfully implemented non-smoking areas in their work environment. The barriers encountered are lack of individual awareness, socialization, unbinding laws, lenient sanctions, and the unavailability of special rooms for active smokers. The support is in the form of appeals, reprimands, the prohibition of smoking, issuance of regional regulations, implementation of village rules, the existence of triggering programs from the health department, rejecting scholarships sponsored by cigarette factories, and carrying out research on cigarettes by lecturers as well as students.

In accordance with the results from this study, it is recommended that the socialization of regional regulations needs to be optimized, and there need to be strict sanctions for individuals that violate the policy. Furthermore, there needs to be a binding regulation concerning this program in universities, special rooms need to be provided for active smokers, the promotion of health needs to be improved (such as billboards/posters/pamphlets on the effects of smoking), triggering programs needs to be carried out continuously, and the location of its implementation needs to be expanded. There is a need to support the commitment of all parties involved in the non-smoking policy.

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Conflict of Interest

The authors declare that they have no conflict of interest.

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