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THE ANALYSIS OF SELF-CONTROL TOWARDS THE COMMUNITY DISOBEDIENCE ON REGIONAL REGULATION CONCERNING NON-SMOKING AREA AT HOSPITAL OF UNIVERSITAS HASANUDDIN

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Abstract

Non-Smoking Area policy in hospital has been established for long time as an intervention strategy to control non-communicable disease. Regional regulation regarding Non-Smoking Area also has been approved by various countries as a regulation embodiment of tobacco throughout the world. Regional policy that has been issued must be implemented by all regional government in Indonesia. The present research discussed factors related to the community in Non-Smoking Area in the Hospital of Universitas Hasanuddin. This quantitative research was conducted using cross-sectional study. The total research samples were 100 people selected through non-probability sampling using convenience sampling technique. The data collected were then processed and analyzed using statistical test of Chi-Square Test. Based on the analysis performed, it was obtained that there was a relationship between understanding on instruction (p=0.023), belief (p=0.006), attitude (p=0.000) and self-control (p=0.000) on the community disobedient on the regional regulation concerning non-smoking area in the Hospital of Universitas Hasanuddin. It is suggested that the government can reevaluate the regional regulation concerning the non-smoking area in the hospital to support positive change of smoking behavior such as decreasing ad stopping smoking in the hospital. It is also suggested to the management of the hospital to be better and more assertive in implementing the non-smoking area policy so that the smoking attitude can be decreased and controlled more. The health workers are also expected to be more active in promoting and socializing the danger of smoking and smoking prohibition in the hospital by decisively follow up the smoker who disobedient towards the policy.

Keywords: *Disobedience, Non-Smoking Area, hospital, policy, regional regulation*

INTRODUCTION

Cigarette has been commonly consumed in our daily life [1, 2]. Nowadays, smoking becomes part of cultures and trend in Indonesia both among the elders and teenagers [3, 4]. Its high prevalence and tendency of users to increase makes smoking reaches pandemicity level due to its high occurrence in many countries in the world. The five highest

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percentage of smoking are in China (38%), Russia (7%), United States of America (5%), Indonesia (4%) and Japan (4%) [5].

According to Organization and Control [6], smoker has 2-4 times greater risk of suffering from heart disease than non-smoker. Cataract also occurs 50% higher among the smoker than non-smoker. Furthermore, death due to lung cancer also 20 times greater among the smoker than non-smoker. Seen from various point of view, smoking is useless, both for the smoker himself and the people around him. Smoking produce smoke which is very dangerous for the active smoker or passive smoker's health. Passive smoker smokes more dangerous compounds than the active smoker who only smokes 25% of the smoke, while the remaining 75% is smoked by passive smoker added by smoke produced by the active smoker [7].

There has been several regulations or policies made to control the effect of smoking, one of them is the policy regarding Non-Smoking Area [8, 9]. However, there are several factors causing the community to be disobedient towards the government policy regarding Non-Smoking Area so that the regulation cannot be implemented well, such as: the lack of awareness from the community regarding the dangerous of smoking, the lack of assertiveness from the government to stipulate the policy and the absence of officer unit in controlling the existing non-smoking area [10].

Factors affecting the disobedience can be categorized into four parts; a) understanding of instruction which is understand the information given by the officer to the community, b) interaction quality which is an important thing that needs to be built between the officer and the community since it determines the obedience level of the community, c) social isolation and family is the factor affecting the healthy attitude and behavior causing by the family role that can be accepted well, and d) belief and attitude which is the most important factor in social psychology discussing good element as an individual or group [11].

Socialization is actually done by the government by providing information to the community through stakeholder, in this case is the Public Health Office, mass media and electronic media regarding the dangerous of smoking both for active and passive smoker and regarding the establishment of non-smoking area as stated in the Joint Regulation of the Ministry of Health and Ministry of Home Affairs, among them is in the healthcare service facility which is hospital. The effectiveness of the implementation of Makassar regional policy concerning non-smoking area in the effort of decreasing active smoker in South Sulawesi in 2013 indicating that the implementation of the policy was still lacking, so that it had not shown significant result [12].

As health promotor, hospital [13-15] is one of public service facilities functioning in providing service of health medication and healing. In addition to health service provider, hospital is also one public places which is not only for sick person but also for healthy person who visit it. Therefore, hospital has the obligation to implement Non-Smoking Area to all of its area based on the Law Number 44 of 2009 concerning hospital [16].

Universitas Hasanuddin Hospital is educational hospital under the Ministry of Research, Technology and Higher Education. This makes Universitas Hasanuddin as a pilot for other hospitals [17]. All of the employees and person in charge in the hospital must have understood the regulation or policy of Non-Smoking Area, especially the officer unit of Non-Smoking Area policy who are in charge of regulation, guiding and supervising the community who violates the regulation, because one of the way in succeeding the implementation of Non-Smoking Area policy in on the officer unit [18].

MATERIAL AND METHOD

Research Area and Design

The present research was done in Universitas Hasanuddin Hospital quantitatively through cross-sectional study. The effect between the independent and dependent variables were analyzed in one time and for once.

Population and Sample

All smokers in Universitas Hasanuddin Hospital including the hospital staff (medical and non-medical staff), patient, and visitor are the research population. Since the amount of the population was not known, then lame show theory was applied in which the researcher must take at least 100 smokers as the research sample.

Data Collection Method

Data were collected through interview and questionnaire. the questionnaire applied likert scale to measure the questions regarding the variable of understanding the instruction, belief, attitude and self-control with the scores of 1 as strongly disagree, 2 as disagree, 3 as agree and 4 as strongly agree. Questions included in the research were positive/favorable and negative questions. The questionnaire used in this research referred to the questionnaire from the previous relevant research.

Data Analysis

The data collected were analyzed using univariate technique in order to give description regarding the population characteristics. The descriptive result is presented in the forms of frequency and distribution of independent and dependent variable. Bivariate analysis was also applied in this research aiming to find whether there was relationship or not between the independent and dependent variables using chi-square test. Multivariate analysis was also applied to see the most dominant variable in affecting the community disobedience on regional regulation of non-smoking area in hospital.

RESULT

This research was performed in Universitas Hasanuddin Hospital in February – April 2020. The result is described in the following table.

Table 1. Distribution of Respondents' Characteristics Frequency

Variable Characteristics	**Total**	
	n	**%**
Gender		
Male	99	99.0
Female	1	1.0
Age		
≤ 20 years old	2	2.0
21 – 30 years old	35	35.0
31 – 40 years old	19	19.0
41 – 50 years old	21	21.0
≥ 50 years old	23	23.0
Education Level		
Elementary School	18	18.0
Junior High School	26	26.0
Senior High School	23	23.0
Diploma	4	4.0
Undergraduate	29	29.0
Occupation		
Civil Servant/ Army/Police	8	8.0
Private Employees	32	32.0
Entrepreneur/Trader	8	8.0
Have not/Does not work	39	39.0
Hospital worker	6	6.0
Student	6	6.0
Age Starting to Smoke		
< 18 years	87	87.0
≥ 18 years	13	13.0
Number of cigarettes/day		
1-5 cigarettes	43	43.0
6-10 cigarettes	38	38.0
11-15 cigarettes	12	12.0
16-20 cigarettes	7	7.0
Total	**100**	**100**

Based on the table above, it shows that most of the respondents were male by 99 (99.0%) respondents, while the remaining one was female (1.0%). Based on the age, most of the respondents were at the age range of 21-30 years old by 30 (35.0%) respondents, while the lowest proportion of the respondents' age was ≤ 20 years old by 2 (2.0%) respondents.

According to the education level, most of the respondents were undergraduate by 29 (29.0%) respondents, while only 4 of them were diploma graduate (4.0%). Most of the respondents have not worked or did not work by 39 people (39.0%), while the lowest proportion of them worked as the hospital staff and students by 6 people (6.0%), respectively. Regarding the distribution of the age starting to smoke showed that most of them started to smoke before 18 years old by 87 people, while the remaining 13 respondents (13.0%) started to smoke at ≥18 year's old. The highest proportion of cigarettes consumed per day was 1-5 cigarette sticks per day by 43 respondents (43.0%), while the lowest proportion was 16-20 cigarette sticks per day by 7 respondents (7.%).

Table 2 Distribution of Variable Frequency Based on Category

Variable	**Category**	**n**	**%**
Self-Control	Low	72	72.0
	High	28	28.0

Based on the table above, it can be known that the respondents who had low understanding regarding the instruction was 35 (35.0%) respondents, while those who had high understanding was 65 (65.0%) respondents. Respodents who had low belief was 82 (82.0%) respondents, while those who had high belief was only 18 (18.0%) respondents. Low attitude was owned by 65 (65.0%) respondents, while the remaining 35 (35.0%) respondents had high attitude. Low self-control was owned by 72 (72.0%) respondents, while the remaining 28 (28.0%) respondents had high self-control.

Table 3 Relationship between self-control and disobedience of the community towards the regional regulation of non-smoking area policy in Universitas Hasanuddin Hospital

Self-Control	**Community Disobedience**				**Total**		***p***
	Low/Obey		**High/disobey**				
	N	**%**	**n**	**%**	**N**	**%**	
Low	23	31.9	49	68.1	72	100	
High	23	82.1	5	17.9	28	100	0.000
Total	**46**	**46.0**	**54**	**54.0**	**100**	**100**	

Table above presents that respondents who had low self-control were more in the category of high disobedience by 49 (67.1%) respondents, compared to the respondents which were in the category of low disobedience which is as many as 24 (32.9%) respondents. For those who have high self-control, the respondents were more in the category of low disobedient which was by 22 (81.5%) respondents, compared to the respondents with high disobedience which was by 5 (18.5%) respondents. Statistical test result using chi-square obtained p = 0.000 with probability value of $\alpha < 0.05$, which means that Ha was accepted, thus there was relationship between the community disobedience and regional regulation of non-smoking area in Universitas Hasanuddin Hospital and can be continued by multiple logistic regression test.

Table 4. The Effect of Self-Control on the Community Disobedience on Regional Regulation regarding the Non-Smoking Area in Univeristas Hasanuddin Hospital

Variables in the Equation

							95% C.I.for EXP(B)	
Variable	B	S.E.	Wald	df	Sig.	Exp(B)	Lower	Upper
Self-Control	1.685	.641	6.910	1	.009	5.394	1.535	18.949

Self-control affected the community disobedience significantly. Based on the OR value, it was known that community with low self-control had risk of 5.394 times greater to disobey the regional regulation of non-smoking area compared to the community which had high self-control.

DISCUSSION

Respondents who have high self-control usually can control their inner urge, so that they can control to decrease or omit their smoking behavior. In addition, respondents who have low self-control cannot avoid their inner urge to smoke continuously, so that the amount of cigarettes they consume each day increases continuously, without any consideration of the negative effects occur, both towards himself or people around him [19].

The strongest predictor of someone disobedience with the policy of non-smoking area is the level of their smoking. The possibility of someone disobedience towards the policy increases as the increase of cigarette they consume. This might be the direct reflection from the opportunity because the more often they smoking, the more possibility of them to disobey the policy. However, it also needs to be a consideration that the heavier smoker has stronger nicotine dependence, so that it will force them to look for place for smoking as soon as possible [20].

This research result is in accordance with the research conducted by Ramdani [21] stating that self-control is an internal factor which has relationship with smoking behavior. The high or low self-control will give different response. High respondents' self-control will cause the decrease of smoking behavior. Meanwhile, the obedience towards the regulation is the external factor which affects the smoking behavior as well.

During the transition period, someone is not able to control their impulse so that they tend to have wrong life style and behavior in smoking. In such situation, self-control is needed to help them in regulating and directing someone. Factors affecting smoking behavior include self-control in which someone can control each of their negative impulse. Hence, the tendency of someone's smoking behavior is affected by self-control and cause the lack of disobedience towards the regulation due to the inability in controlling behavior and making decision [22].

Result of research conducted by Kan [23] argued that when someone will have self-control issue when they have inconsistent time preferences. Inconsistent time preference in terms of smoking causes smokers who want to quit will have a demand for self-control in avoiding it in a sustainable period of time. Hence, their intention to stop smoking has a positive effect on their obedience towards public policies including no-smoking areas, smoking prohibition in public places and workplaces, cigarette excise tax increases that impose costs on smokers.

Self-control is like an umbrella of a construction that bridges concepts and measurements from various disciplines. Self-control may be relevant at every stage of developing a person's smoking habit which also may affect the level of obedience. In order to decrease the desire to smoke and obey the policy which requires a person to comply with, someone must have high self-control. Policy makers may want to consider conveying how to establish self-control so that it can help to remove smoking habit in public places and someone needs to understand the exact mechanism of relating smoking to health [24].

Self-control is an individual's effort to manage the environment around him as well as control and direct the consequences of their own behavior. Smokers' main issue is to stop their smoking habit, even though they realize that smoking is bad and can threaten them. The smoking intention on adults is more caused by factors from within them which are related to self-control. This is in line with the subjects' experience that he found it to be difficult to control their inner urge/desire that comes from within him not to smoke, even though the subject is aware of the dangers and effects of smoking to his health [25].

Martínez, et al. [26] research stated that people strongly supports the hospital model's role in obeying the non-smoking areas policy with the expectation that it can help strengthen smoking cessation services in hospital and empower health workers in treating smoking dependency at the hospital level. Promoting non-smoking areas policy in hospital regularly may affect the smokers' health significantly. This non-smoking area policy will also certainly have relationship with how to improve the quality of health services in health care institutions. Being healthy needs to be interpreted in a broad context both from the environmental factors and social factors [27].

CONCLUSION AND RECOMMENDATION

The present research concluded that self-control variable (p-value=0.000) has relationship with community disobedience towards the regional regulations of non-smoking areas in Universitas Hasanuddin Hospital. Self-control is found to affect the community disobedience towards the regional regulations of non-smoking area policy in Universitas Hasanuddin Hospital with a p-value = 0.000. It is recommended that the Government shold re-evaluate the regional regulations of non-smoking area policy in the hospitals to support the positive changes in smoking behavior such as decreasing and quitting smoking habit in hospitals. To the hospital management of Self-control and attitudes, the community disobedience towards the regional regulations of non-smoking areas in hospitals can be reduced and controlled by the percentage level if the policies can be implemented properly and firmly, in which the environment must truly implements a non-smoking area policy and apply a healthy lifestyle which will affect an individual's self control and attitude so that they obey the policies. Health workers are also expected to be more active in promoting and socializing the dangers of smoking and smoking prohibition in hospitals and following up decisively for smokers who do not obey the policy.

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