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Original Research

Noncompliance to smoke-free law: which hospitality premises are more prone?



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ABSTRACT

Objectives: In Turkey, smoking has been banned in hospitality establishments since July 2009. The objective of this study was to determine noncompliance to the smoke-free law and its change in 2 consecutive years in enclosed spaces of hospitality venues and also to evaluate the factors associated with noncompliance.

Study design: This is an observational study.

Methods: Hospitality venues in Istanbul were visited, and data were collected through direct observation and interviews. Observation of smoking, cigarette butts or existence of ash-trays were defined as noncompliance. The survey was repeated in 2 consecutive years; the venues were visited both in 2013 and 2014. Logistic regression was used to evaluate factors associated with noncompliance.

Results: In 2013, 450 establishments were visited, and in the next year, 367 (81.6%) were revisited. Noncompliance for 2013 and 2014 were 49.0% and 29.7%, respectively. The highest violation was observed in bars and traditional coffeehouses. There was a significant decrease in noncompliance from 2013 to 2014 among restaurants and cafés, while such a change was not observed among bars and traditional coffeehouses. In the multivariate analysis, venues other than restaurants, venues that did not have no-smoking signs and venues which had been issued fines previously had increased probability of noncompliance.

Conclusions: While compliance to smoke-free law had increased significantly within 1 year, almost one third of the venues were still violating the law in 2014. The venues which were issued fines continued to violate the law. There is a need to strengthen enforcement efforts and revise the methods of enforcement and penalties in hospitality establishments.

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Introduction

Globally, more than 30% of nonsmokers are regularly exposed to second-hand smoke.¹ The consequences of this exposure are substantial. It is estimated that 603,000 deaths per year worldwide are attributed to second-hand smoke, which is about 1% of the global mortality.¹ Protection from exposure to second-hand smoke is considered as a fundamental human right and freedom. Effective measures to provide protection from this exposure, as envisioned by Article 8 of the WHO Framework Convention, require the total elimination of smoking and tobacco smoke in a particular space in order to create a 100% smoke-free environment.^{2,3}

In Turkey, policies regarding smoke-free environments date back to 1996 when the first tobacco control legislation which banned smoking in public transportation and in other indoor public places was introduced.⁴ In 2008, the Turkish Parliament passed an amendment prohibiting smoking at hospitality establishments.⁵ Since July 2009, smoking is banned in all types of hospitality venues, including restaurants, bars, cafés and traditional coffeehouses. Almost 3 years after the implementation of the law, the Global Adult Tobacco Survey showed that one in four adults were exposed to second-hand smoke in cafés or traditional coffeehouses and nearly one in eight in restaurants.⁶

Turkey is known as the leader in tobacco control among middle-income countries in Eastern Europe and Middle-Eastern regions. Many countries in Asia and North Africa have tried to take after Turkish example. Any weakness in the implementation of tobacco control legislation may not only negatively affect Turkey, but also the region. So, it is vital to document the effectiveness of the smoke-free law through studies assessing compliance.^{7,8} The objective of this study was to determine noncompliance and its change in 2 consecutive years in enclosed spaces of hospitality establishments in Istanbul. In order to strengthen enforcement efforts, it is also important to document which premises are more prone to noncompliance. So, this study explored the following venue characteristics that might be associated with violations: the type of the venue, absence of no-smoking signage in the venue, purchase of a ventilation system, whether the venue had ever been inspected and issued fines for noncompliance.

Methods

This is an observational study. Four out of 39 districts in Istanbul, namely Besiktas, Beyoglu, Kadikoy and Sisli, were determined as the study area. These districts were selected because they feature a high concentration and variety of hospitality establishments that cater to a diverse range of customers with different socio-economic and cultural characteristics.

Sample size was determined assuming a violation rate of 25% with a margin of error of 0.05 and a confidence level of 95%. A design effect of 1.5 was set since cluster sampling was used. Sample size was calculated as 434 which were rounded up to 450 establishments.

A cluster was defined as a main street with more than 15 hospitality establishments on it. The number of clusters from each district was determined proportionate to the population size of the district, and they were chosen through random sampling method for each district. A total of 30 clusters were selected in this manner. For each cluster, a main street and adjacent streets encompassing a length of ≈ 1.5 km were sketched on a map. Data collectors visited the sketched area, listed all the hospitality establishments (restaurants, cafés, traditional coffeehouses and bars) located in the cluster and chose 15 of them through the systematic sampling method.

Data were collected through direct observation and interviews. The observation form and the questionnaire were developed on the basis of the guide on assessing compliance with smoke-free law.⁷ Observation time was set as 12:00–15:00. Data collectors visited the chosen establishments and observed the entire venue for a period of 10 min for the presence of smoking, cigarette butts and existence of ashtrays, as well as no-smoking signage and appropriateness in terms of mandated standard size, design and information.

If smoking was not observed during noon time, the same establishment was revisited after 21:00 and the observation was repeated. We did not seek consent from the manager for the observation since enclosed spaces are defined as public domains. After finishing all the observations in the cluster, an interview was requested from the manager of each establishment. The aim of the interview was to explore the venue characteristics that were associated with noncompliance. Managers were asked if their venues have ever been inspected and issued fines for noncompliance. Purchase of a ventilation system within the last 5 years was questioned because such systems are mostly observed in establishments which are noncompliant. Also, managers were asked if they have ever had contact with representatives of the tobacco industry. Oral consent was sought for the interview, and it was carried out face to face.

The survey was repeated in 2 consecutive years, in 2013 and 2014. Initially, data were collected from 450 venues in February and March of 2013; then, the survey was repeated in 2014 again in February and March; the same venues were revisited and observed.

Violations of the smoke-free law were documented through direct observation of the venue. The presence of smoking, cigarette butts or existence of ashtrays in enclosed spaces was defined as noncompliance. In this paper, violations are presented separately for 2013 and 2014. For further analysis, establishments were categorized in two groups. The first group included venues which violated the law in both 2013 and 2014, and the second group encompassed the ones that showed consistent compliance in 2 consecutive years. These two groups are compared in order to determine the factors associated with noncompliance.

In the univariate analysis, categorical variables are compared through the Chi-squared test. Paired proportions were compared by McNemar's test. Logistic regression was used in order to control for confounding. Strengths of associations were expressed as odds ratios (OR) and at 95% confidence intervals (CIs). $P < 0.05$ was set as the level of statistical significance.

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