Awareness on the Implementation of Anti-Smoking Ordinance No. 1S. 2012

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Abstract - This study aimed to identify the respondent's profile variable such as gender, age, educational attainment, occupation, and frequency of smoking; to identify the level of awareness of the public on Anti-Smoking Ordinance and to determine the significant difference on the level of awareness in the implementation when grouped according to profile variables. The researchers used the descriptive method of research and utilized two hundred-four (204) respondents. The result showed that the respondents are dominated by male, college graduate and under graduate and most of them are private employees. They agreed that they are aware on the implementation of anti-smoking ordinance no. 1S 2012 because the ordinance was clearly stated, well disseminated, there are authorities prohibiting it and there is a usage of signage. But they agree also that they are less aware about the specific boundary that the ordinance covered, that there is regular monitoring and there is enough number of personnel implementing the ordinance. The researchers recommended that the Pamahalaang Panglunsod may continue to maintain the strict implementation of the Anti-Smoking Ordinance; authorities should specify the boundary covered by the Ordinance and should have enough personnel to implement it,

Keywords: Anti-Smoking Ordinance, Implementation, Awareness

I. INTRODUCTION

Most people know that smoking is bad for their health. But do they really understand how dangerous smoking really is? Tobacco contains nicotine, a highly addictive drug that makes it difficult for the smokers to kick the habit. Tobacco products also contain many poisonous and harmful substances that cause disease and premature death (Harry 2005).

Smoking causes heart attacks and stroke, causes disease and is a slow way to die. It slowly rots the lungs. In younger people, three (3) out of the four (4) deaths from heart disease are due to smoking. Cigarette smoking during pregnancy increases the risk of low birth weight, prematurity and abortion. According to reports, ten (10) persons every day in the Philippines are dying due to cancer caused by smoking. Every year, hundreds of thousands of people around the world die from disease caused by smoking cigarettes (Ordinance NO. 1S. 2012).

In the study of Solas et.al (2011), they found out that the populations at risk for new smoking behavior are children, in particular teenage girls. A lifetime of cigarette smoking will shorten lifetime expectancy by 10 years.

On the other hand, smokers often say that smoking keeps them alert and calm and it adds concentration. Some researchers assert that tobacco's calming effects simply result from alleviation of the nicotine withdrawal syndrome (New Book of Knowledge, 2006).

In 2003, the Philippines enacted a smoke free law that restricts smoking in enclosed public places and work places. Smoking areas are permitted in most public places other than health care and educational facilities. In July 2011, Manila implemented a smoke free ordinance for schools, gyms, parks, hospitals, elevators and stairwells, of all buildings, buses and bus depots, restaurants, and government facilities. The city of Las Piñas adopted a smoke free ordinance that covers government workplaces and many public places. The local ordinance is stronger than the national law, but still exempts many private workplaces and all hospitality establishments (Rillorta, 2011).

The City Government has to protect our environment and protect our children, our youth, our women, the unborn and our constituents from the pernicious effects of tobacco, cigarettes or their derivatives which has been proven to produce cancer (Ordinance NO. 1S. 2012).

The local government of Batangas City share the same view about the alarming and disastrous effects of smoking on health, therefore, the Sangguniang Panglungsod created an ordinance called "The Anti-Smoking Ordinance of 2012" or the No Smoking Ordinance No. 1S.2012 with its noble objectives to promote the health and safety of our people, particularly the protection of youth, children and the unborn from the hazard of the cancer-producing habit of smokers. This Ordinance of Batangas City shall take effect fifteen (15) days after its complete publication in a newspaper of general circulation and compliance with he posting required by Republic Act 7160. This ordinance was enacted by SangguniangPanlungsod of Batangas City on 28th day of February 2012 and approved on March 8, 2012 by Mayor Vilma A. Dimacuha (Ordinance NO. 1S. 2012).

This however is not enough guarantee that the problem has been addressed unless said ordinance was properly implemented, that the concerned individuals are fully aware of its implementation, and that they are supportive of its implementation.

The researchers would like to gain fresh hand information about the awareness of the public on the implementation of Anti-Smoking Policy in Batangas City. For this reason, the researchers intend to contribute to effective implementation of the said ordinance. Sangguniang Panlungsod of Batangas City. More so, the researchers believe that success in the implementation of any Law or Ordinance requires two things: awareness and Obedience

II. OBJECTIVES OF THE STUDY

The study generally aimed to assess the awareness of the public on the Anti-Smoking Ordinance NO. 1S. 2012. More specifically, it ought to describe the profile of the respondents in terms of gender, age, educational attainment, occupation, and frequency of smoking; to identify the level of awareness of the public on Anti-Smoking Ordinance and to determine the significant difference on the level of awareness in the implementation when grouped according to profile variables.

III. METHODS
Research Design
The researchers utilized the descriptive method of research to assess the perception of the public about the awareness on the Implementation of Anti-Smoking Ordinance No. 1S 2012. The descriptive method is a fact-finding method with adequate interpretation dealing with questions base on the present and current phenomenon (Good, 2000). As its name connotes, this method simply describes what exist.

Participants
The respondents of the study composed of 204 residents out of 312,109 total population of Batangas City and the respondents were grouped into four: Students, Government Employee, Private Employee, and Unemployed. The sample was based from 7percent margin of error. Also, the respondents were represented equally to come up with substantial output of the study and were selected randomly from the different barangays in Batangas City.

Instrument
The researchers used structured self-made questionnaire supported by the study of Solaset.al (2011) and verbal interviews to gather data and information from the respondents. The respondents were asked to complete the questionnaire and respond honestly. They were given assurance that their identities will be kept confidential. The questionnaire is composed of three parts. Part I is designed to know the profile of the respondents, while part II focused on the level of awareness on the implementation of anti-smoking ordinance and part III will determine the significant difference on the level of awareness in the implementation when grouped according to profile variables.

Procedure
A validated questionnaire was distributed to the participants after they were briefly oriented about the purposes of the study. Each respondent was asked to answer the questionnaire honestly with the assurance that their identity will be kept confidential.

After answering the questionnaire, the same was retrieved for tallying, interpreting and evaluating purposes.

Data Analysis
The data were tallied and interpreted using different statistical tools. Frequency distribution was used to describe the profile of the respondents, weighted mean

to assess the level of awareness on the Anti-Smoking Ordinance and Analysis of Variance (ANOVA) to determine the significant difference on the level of awareness on the implementation of the ordinance. All data were computed using PASW version to further analyze the result using 0.05 alpha levels.

IV. RESULTS AND DISCUSSION

Table 1. Distribution of the Respondents' Profile (N = 204)

Profile Variables	f	%
Gender		
Male	118	57.80
Female	86	42.20
Age		
Below 18 years old	30	14.70
18 - 24 years old	62	30.40
25 - 30 years old	26	12.70
31 - 40 years old	37	18.10
41 - 50 years old	20	9.80
51 – 60 years old	16	7.80
60 years old and above	13	6.40
Educational Attainment		
Elementary Undergraduate	7	3.04
Elementary Graduate	20	9.80
High School Undergraduate	14	6.90
High School Graduate	39	19.10
College Undergraduate	62	30.40
College Graduate	62	30.40
Occupation		
Students	51	25.00
Government Employee	50	24.50
Private Employee	52	25.50
Unemployed	51	25.00
How many sticks of cigarette do you consume in one day?		
0	51	25.00
1 – 3	50	24.50
4 – 6	52	25.50
7 – 9	51	25.00
10 – 12	51	25.00
13 – 15	50	24.50
16 and above	52	25.50

Table 1 presents the distribution of the respondents' profile. It was observed that the study was dominated by male since it obtained the highest frequency of 118 or 57.80 percent and only 42.20 percent are female. The male population has the most number of smokers than female. The World Health Organization's data on Filipino smokers indicate that about 60 percent of men smoke. A recent survey of Filipino adult smokers found 99.8 percent cited tobacco advertisements as one factor for initiating smoking. More than half of Filipino households are not smoke-free. About 200,000 Filipino men will develop smoking-related diseases in their productive years of age. Every year, there are about 20,000 smoking-related deaths in the country (The Kubrick Them, 2007).

As to age distribution, most of them fall on the age bracket of 18 – 24 years old followed by 31 to 40 years old and below 18 years old with 18.10 and 14.70 percent, respectively. The smokers who are 18 years old to 24 years old have the most number of smokers because it is the legal age. This result supports the fact that smoking is a hard habit to break because tobacco contains nicotine, which is highly addictive. Like heroin or other addictive drugs, the body and mind quickly become so used to the nicotine in cigarettes that a person needs to have it just to feel normal. People start smoking for a variety of different reasons. Some think it looks cool. Others start because their family members or friends smoke. Statistics show that about 9 out of 10 tobacco users' start before they're 18 years old. Most adults who started smoking in their teens never expected to become addicted. That's why people say it's just so much easier to not start smoking at all. (The Nemours Foundation, 2013).

The study also revealed that there is an equal distribution of college undergraduate and graduate with 30.40 percent which is 62 out of the total population. The college undergraduate and college graduate has the most number of smokers because of their legal age to decide that they are smoking because for them, smoking is a stress reliever. The rates of the college students smoking in the United States have fluctuated for the past twenty years. Majority of the lifelong smokers begin smoking habits before the age of 24, which makes the college years a crucial time in the study of cigarette consumption (Schorr, 2013).

It was also found out that private employee got the highest frequency of 52 who consumed 4 to 6 and 16 and above sticks in one day. The private employee has the highest frequency who consumed cigarette because they are the one who earn money to sustain their vices.

As seen from the result, the over-all assessment of the respondents on the level of awareness on the implementation of anti-smoking ordinance was 2.63 and verbally interpreted aware. Among the items mentioned, the respondents are aware that the ordinance is clearly stated which ranked first with weighted mean score of 2.85. On the other hand, items no. 4and 10 ranked 8.5 while item no. 5 states that the ordinance is not regularly being monitored.

Table 2. Level of Awareness on the Implementation Anti-Smoking Ordinance of Batangas City

Level of Awareness	WM	VI	Rank
1. The ordinance is clearly stated.	2.85	Aware	1
2. The ordinance is properly disseminated to the community.	2.67	Aware	4
3. There is a strict implementation of the ordinance.	2.65	Aware	5
4. The ordinance is stated within the specific boundaries and scope.	2.48	Less Aware	8.5
5. The ordinance is regularly being monitored.	2.43	Less Aware	10
6. The penalty is clearly stated and the public knows it.	2.64	Aware	6
7. The authorities (TDRO, DSS, and PNP) are prohibiting smoking within Batangas City.	2.77	Aware	3
8. There is use of signage (tarpaulin, sign boards, leaflets, etc..) in Batangas City prohibiting smoking on designated places.	2.79	Aware	2
9. There is a system followed in implementation.	2.52	Aware	7
10. There is enough number of personnel implementing the ordinance.	2.48	Less Aware	8.5
Composite Mean	**2.63**	**Aware**	

Legend: 3.50 – 4.00 = Highly Aware; 2.50 – 3.49 = Aware; 1.50 – 2.49 = Less Aware; 1.00 – 1.49 = Not Aware

Low monitoring of an Ordinance will result into the disobedience of the public because if the public will see that the authorities are not monitoring the ordinance the public will not be afraid to ignore and disobey the said ordinance.

It was followed by there is use of signage (tarpaulin, sign boards, leaflets,etc..) in Batangas City prohibiting smoking on designated places, authorities (TDRO, DSS, and PNP) are prohibiting smoking within Batangas City and ordinance is properly disseminated to the community with mean value of 2.79, 2.77 and 2.67 respectively. Upon the implementation of anti-smoking ordinance of Batangas City, they use signage to state the ordinance clearly. Every public place of employment where smoking is prohibited shall have posted at every entrance a conscious sign indicating NO SMOKING. It shall be unlawful for any person to remove, deface or obscure any posted sign. The operator, manager, or other person having control of an area where smoking is prohibited shall remove all ashtrays and other smoking paraphernalia intended for use where smoking is prohibited (Dundee, 2009).

On the other hand, there are some items that were not clear to the respondents, items no. 4, 5 and 10 because they are less aware on the ordinance stated within the specific boundaries and scope, there is enough number of personnel implementing the ordinance and the ordinance is regularly being monitored. Many people and shopkeepers are not aware of the ban on smoking of cigarettes in public places in the city. Also, selling of cigarettes is banned within 100 yards of educational institutions. The central government has banned smoking in public places in October 2, 2008 (Mangalore, 2008). Smoking in enclosed or partially enclosed public places, workplaces, public conveyances, or other public places (Section 5. Prohibited Acts of Clean Air Act of 1999 or RA.No. 8749).

Table 3. Difference of Responses on the Level of Awareness on the Implementation Anti-Smoking Ordinance When Grouped According to Profile Variables (α = 0.05)

Profile Variables	F_c	p-value	Decision	Interpretation
Gender	1.857	0.159	Accepted	Not Significant
Age	2.489	0.024	Accepted	Not Significant
Educational Attainment	4.627	0.001	Rejected	Significant
Occupation	2.792	0.027	Accepted	Not Significant
Number of Sticks Consumed	0.956	0.456	Accepted	Not Significant

Legend: Significant at p-value < 0.01; HS = Highly Significant; S = Significant; NS = Not Significant

Based from the table, the computed F-value of educational attainment (F = 4.627) was greater than the critical value at 0.05 level of significance, thus the null hypothesis of no significant difference on the level of awareness on the implementation of anti-smoking ordinance when grouped according to profile variables (educational attainment) is rejected. This means that a significant difference exists and implies that the respondents' awareness vary according to the degree that they earned. It was supported using Post Hoc Analysis that the level of awareness of elementary undergraduate differs with those who are elementary

graduate, college undergraduate and graduate. The elementary undergraduate are not aware in the implementation of the Anti-Smoking Ordinance because in their generation the smokers are limited while in the generation of the latter the smokers population had inflated. This also supports a research claiming that Approximately 10,000 undergraduates from 12 Texas colleges and universities and 350 health care students completed a Web-based survey assessing the prevalence and awareness of cigarette smoking. There were few differences between health care and undergraduate students on trying smoking or quitting smoking. Health care students reported lower rates of current smoking than undergraduate students, even though both groups demonstrated similar knowledge of tobacco-related health risks. Gender differences are discussed. Findings suggest that tobacco awareness programs should continue to target young adults as an at-risk population, and that health care training programs should place a greater emphasis on tobacco cessation (Morrell, Cohen, & Dempsey, 2008).

While in the Philippines, there are 17% or 4 million Filipino youth with the ages 13-15 year or high school students are already smoking. Of these early starters, 2.8 million are boys and 1.2 million are girls (Global Youth Tobacco Survey, 2007).

V. CONCLUSIONS AND RECOMMENDATIONS

Majority of the respondents were malewithin the age bracket of 18-24 years old, College graduates and undergraduate and most of them are private employees. The respondents were aware on the implementation of anti-smoking ordinance No. 1S 2012. The null hypothesis was accepted and showed that there is no significant difference on the level of awareness on the implementation of anti-smoking ordinance when grouped according to profile variables except for educational attainment which demonstrate a significant difference.

It is recommended that the Educational institutions may continue to enhance the information campaign programs about the harmful effects of smoking so as to increase young adults awareness. To the Pamahalaang Panglungsod ng Batangas, they may maintain the strict implementation of Anti-Smoking Ordinance. The authorities may device effective means of how to specify the specific boundaries covered by the ordinance. There may have enough personnel to implement the ordinance and the public authorities may serve as a role model for the public. The street vendors should not sell cigarettes near the places where smoking is prohibited. For future researchers, continue conducting study about smoking implementation using other significant variables.

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