



Public Attitudes Towards Smoking Bans in Non-Airconditioned Restaurants in Malaysia

KEYWORDS

Public, attitude, bans, smoking, restaurants, Malaysia

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ABSTRACT

The government of Malaysia implemented regulations that banned smoking in several public places. This study was conducted in order to determine the agreement of Malaysian general population of smoking bans in outdoor restaurants. A specialized questionnaires were distributed among 300 participants in outdoor restaurants in Shah Alam, Selangor, Malaysia. The highest knowledge sources about harmful effects of smoking was reported among the participants was peers (35%). Lung cancer was reported the main harmful smoking effect among participants (96%). The main factors influenced the agreement of ban cigarette smoking in restaurant were marital status. However, 75.7% of the study participants agreed to ban smoking in the out-door restaurants so ban selling smoking in restaurants is highly recommended.

Introduction

Tobacco use is one of the ten leading health indicators for the Healthy People 2010 agenda, and remains to be a major focus in the proposed Healthy People 2020 objectives [1]. The World Health Organization warns that if current smoking patterns continue, it will cause some 10 million deaths yearly by the year 2020 [2].

In the past 20 years, the Malaysian government has recognized the importance of reducing smoking rates. The national prevalence of smoking among adults 18 years and above obtained from the Third National Health and Morbidity Survey conducted in 2006 was 21.5%, male smoking rate was many fold higher (46.4%) than that of female (1.6%). Current smoking rate was higher in rural areas and the highest rates were recorded among respondents who were in their twenties and early thirties [3]. Meanwhile, since 1993, the government of Malaysia implemented regulations that banned smoking in healthcare institutions, some public places, air-conditioned eating venues, and public transportation. Under the revised Control of Tobacco Regulations 2004 (effective September 7, 2004), smoking bans were broadened to include more public places and workplaces, such as educational and governmental institutions, air-conditioned shopping centres, airports, and stadiums [3]. Hence, in Malaysia, since the 2004 smoke-free regulations came into force, the percentage of indoor workplaces in Malaysia that have adopted complete smoking bans has increased. In 2009, more than half of smokers across seven states reported that smoking was not permitted in their workplaces [4]. There were no major changes in the prevalence of smoking in restaurants in Malaysia. In 2009, one-third or more of smokers still noticed smoking in restaurants [4].

Restaurants are one of the most frequently visited public places where both smokers and non-smokers are involuntarily exposed to second hand smoke and the risk of serious adverse health effects [5]. Many studies in the West have indicated strong public support for smoke-free restaurants, but few studies have been reported from Asia [5]. Since, smoking is still allowable in outdoor (non air-conditioned) restaurants in Malaysia, which are the most daily visited public places; therefore, more evidence is needed on public preferences for smoke-free dining to support this area of tobacco control. Therefore, this study was conducted in order to determine the agreement of Malaysian general population of smoking bans in outdoor restaurants, to determine the associated

factors between agreement and socio-demographic characteristics, and finally to determine the associated factors between agreement and clinical factors

METHODOLOGY

This study conducted from 5/4/2012 until 12 May 2012. The questionnaire small parts of topic given were personal detail, diseases, knowledge about smoking, smoking banned awareness and opinion about banning smoking in restaurant. Leader divided 300 questionnaire to 6 members of group included himself which is 50 questionnaire for each member to respondents in restaurants in around section 13 Shah Alam, Selangor, Malaysia. There are U1 Prima restaurants, Hameed restaurant, Tesco's food court, Qaseh restaurant and Jailani restaurant.

The 300 respondents were adult males and adult females either they smoking or not and their age should be 18 years and above, and selected randomly The data received is collected and recorded then data analysis was done.

RESULTS

A total number of 300 participated in this study from 5th of April until 12th of May 2012 from adult Malaysian general population. Majority of the participants were older than 22 years old (62.7%) and the mean age was 27.32±9.13 (SD); the minimum age was 17 and maximum was 74 years old. The majority of the participants were male, Malay, single and non smokers (52%, 53%, 69%, 64.7%; respectively) (Table 1).

Table 1 Socio-demographic of the Malaysian general participated in this study from study participants (n=300)

Variable	Categorize	Number	Percentage (%)
Gender	Male	156	52.0
	Female	144	48.0
Age (Years)	≤22	112	37.3
	>22	188	62.7
Race	Malay	159	53.0
	Chinese	65	21.7
	Indian	72	24.0
	Others	4	1.30

Marital status	Single	207	69.0
	Married	88	29.3
	Divorced	5	1.70
Smoker	Yes	106	35.3
	No	194	64.7
Living with smoker	Yes	145	48.3
	No	155	51.7

Few of the study participants suffer from diseases related to smoking, 17% of them were suffering from Asthma, 3% from chronic bronchitis, 3.7% from heart disease, 0.7% from emphysema, 3% lung disease, 14.3% hypertension, 3.3% diagnosed with cancer and 14% reported family history of cancer (Table 2).

Table 2 History of the diseases among the Malaysian general population participated in this study (n=300)

Variable	Categorize	Number	Percentage (%)
Asthma	Yes	51	17.0
	No	249	83.0
Chronic bronchitis	Yes	9	3
	No	291	97.0
Heart disease	Yes	11	3.7
	No	289	96.3
Emphysema	Yes	2	0.7
	No	298	99.3
Lung disease	Yes	9	3.0
	No	291	97.0
Hypertension	Yes	43	14.3
	No	257	85.7
Diagnosed with cancer	Yes	10	3.3
	No	290	96.7
Family history of cancer	Yes	42	14.0
	No	258	86.0

Regarding the source of information about the harmful effects of smoking, the highest sources reported among the participants was peers (35%). The lowest source reported by the participants was TV (7.7%) (Table 3).

Table 3 Sources of the information about the harmful effects of smoking cigarettes among the Malaysian general population (n=300)

Variable	Categorize	Number	Percentage (%)
Radio	Yes	57	19.0
	No	243	81.0
TV	Yes	23	7.7
	No	277	92.3
Peers	Yes	105	35.0
	No	195	65
Internet	Yes	54	18.0
	No	246	82.0
Campaign	Yes	96	32.0
	No	204	68.0

As for the harmful effects of the smoking reported by the participants were lung cancer (96%), followed by difficulty sleeping (75.3%) (Table 4).

Table 4 The harmful effects of smoking reported among the study participants (n=300)

Variable	Categories	Number	Percentage
Shortness of breath (SOB)	Yes	117	39.0
	No	183	61.0
Difficulty sleep	Yes	226	75.3
	No	74	24.7
Chest pain	Yes	119	39.7
	No	181	60.3
Bad breath	Yes	129	43.0
	No	171	57.0
Lung cancer	Yes	288	96.0
	No	12	4.0

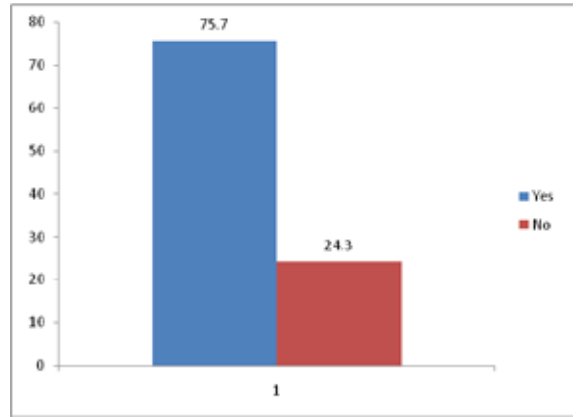


Figure 1. ban smoking agreement among the general population in Malaysia

Univariate analysis showed that age, gender, smoking status, living with smokers, diagnosed with cancer and ever smoke in the restaurant were significantly influenced the agreement of ban smoking among general Malaysian population (p=0.036, p<0.001, p<0.001, p<0.001, p<0.001; respectively) (Table 5).

Table 5 Socio-demographic characteristics that influenced the agreement of ban cigarettes smoking among the general population (n=300)

Variable		Mean ±SD	t	p-value
Age	≤22	0.18±0.38	2.02	0.036
	>22	0.28±0.45		
Gender	Male	0.37±0.307	5.66	<0.001
	Female	0.10±0.485		
Smokers	Yes	0.60±0.49	11.13	<0.001
	No	0.50±0.21		
Live with smoker	Yes	0.38±0.48	6.05	<0.001
	No	0.10±0.29		
Diagnosed with cancer	Yes	0.90±0.31	5.11	<0.001
	No	0.41±0.41		
Ever smoke cigarette in a restaurant	Yes	0.06±0.23	10.6	<0.001
	No	0.60±0.49		

For multivariate analysis, marital status, smoking status, diagnosed with cancer and ever smoke cigarettes in restaurant were significantly influenced the agreement of ban cigarette smoking in restaurant (p=0.008, p<0.001, p=0.004, p<0.001; respectively) (Table 6).

Table 6 Prediction Model for factors associated with agreement of ban smoking among the Malaysian general population using multiple linear regression (n=300)

Predictive factors	B	SE	Beta	p-value
(Constant)	0.058			
Marital status	-.0104	0.039	0.122	0.008
smoking status	0.328	0.075	0.365	<0.001
Diagnosed With Ca	0.319	0.108	0.133	0.004
Do you or have you ever smoke cigarette in a restaurant	0.270	0.074	0.299	<0.001

R²=0.44, p-value <0.001

DISCUSSION

To the best of our knowledge, this is the first study on opinions of the general populations in Malaysia about smoking bans in outdoor-restaurants. Understanding the general population attitudes toward smoking bans is potentially important because such understanding can inform appropriate public health interventions to accelerate the spread of new smoke free areas and improve the design of new smoke free laws.

In Malaysia restaurants have licenses to sell cigarettes and this may encourage the people to buy and smoke cigarettes in the restaurants. Therefore, ban selling smoking in restaurants is highly recommended. Furthermore, the current level of tobacco taxation in Malaysia is still below than other Asian countries and around the world [13]. Therefore, increase taxing and increase the price of cigarettes to RM 20per packet is urgently needed.

Regarding the source of information about the harmful effects of smoking, the highest sources reported among the participants was peers (35%). This reflects the lack of media such as TV, radio, newspapers and magazine regarding the harmful effect of second-hand smoking on health.

As for the harmful effects of the smoking reported by the participants was lung cancer (96%). This result is constant with literature and previous studies that showed participants reported that smoking can cause lung cancer. Similar finding was reported by Chawla et al. (2010) [6] which found that the awareness of smoking as a primary risk factor for lung cancer was found to be 100%. Our previous study [7], showed that all the study participants knew that the risk factor of lung cancer is smoking [7]. Similar study reported that the majority of the participants (82.1%) knew that smoking is a risk factor for lung cancer [8].

The main factors influenced the agreement of ban cigarette smoking in restaurant were marital status, smoking status, diagnosed with cancer and ever smoke cigarettes in restaurant. The possible explanation is that married people may bring their children to the restaurants and they are worry about their health.

In this study 75.7% of the study participants agreed to ban smoking in the out-door restaurants. There is an urgent need to increase cigarette taxes – three out of four smokers support stronger government control over tobacco prices, even if it means paying more for cigarettes [9].

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