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Customer's Acceptance Level towards Smoke-Free Policy at Restaurants in Terengganu

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Abstract

Smoke-free policy at restaurants has gained great support among Malaysians since its implementation. However, the evidence of acceptance level among people eating at the restaurants is limited. This study aims to investigate customers' acceptance level towards smoke-free policy at restaurants in Kuala Terengganu, Malaysia. Quantitative, cross-sectional study was conducted using convenience sampling technique. Survey questionnaires using five-point Likert scale were distributed and 384 usable questionnaires were analyzed. Descriptive analysis showed a majority of the respondents perceived that they have their rights to enjoy the food without worry about inhaling cigarette smoke ($M=4.58$, $SD=.685$). It can be concluded that the implementation of smoke-free policy in restaurants received high level of acceptance among customers. Therefore, customers supported the smoke-free policy in reducing exposure to secondhand smokes and prohibit smoking behavior at restaurants in Malaysia.

Keywords: Acceptance Level, Descriptive Analysis, Restaurant, Smoke-Free Policy, Secondhand Smoke

Background of the Study

Smoking activities offer a major health issue to human especially secondhand smoke (SHS). SHS is defined as the smoke inhaled by a person who is a non-smoker in the vicinity of a smoker (Moravej-Salehi, Moravej-Salehi & Hajifattahi, 2015) and also known as environmental smoke (Öberg et al., 2010). Tobacco smoke is harmful and there is no safe level for exposure to SHS. It is similarly if not more injurious to health (Diethelm, Rielle, & McKee, 2005). Data from Institute for Public Health (2011) found that more than 40 percent of Malaysian adult was exposed to SHS in cafes, bistros, coffee shops and restaurants. Preventing tobacco smoke exposure to SHS is vital in order to protect the lives of civilians from the danger of smoking.

Malaysia has taken a proactive action in solving adverse effects of smoking and SHS exposure by signing the World Health Organization - Framework of Convention on Tobacco Control

agreement (Abidin, Zulkifli & Abidin, 2016). Moreover, since smoke-free policy implementation imposed by Malaysia Government effective January 1, 2020, all restaurants be made 100 percent smoke-free. Former Health Minister Dr. Lee Boon Chye stated that the non-smokers have the right to enjoy their meals without being annoyed by cigarette smoke which would affect their health and comfort (Mansor, 2018).

Apart of the effort of reducing number of smokers especially SHS, it is particularly important to understand the impact of smoke-free policy to the public. The implementation of smoke-free policy has taken its place for more than two years now, however, studies on acceptance level among customers towards it seems scarce. Therefore, this study investigates customer's acceptance level at restaurants in Malaysia.

Review of Literature

Introduction

Smoke free policies in the US and worldwide have been related with rapid increasing of the air quality and the citizen health as well as the reduce in smoking prevalence (Hahn et al., 2008) and a sign that decreasing opportunities for smoker may help to encourage cessation and pressure initiation by de-normalizing smoking in open areas (Bayer & Bachynski, 2013). According to Anger Kvasnicka and Siedler (2011) stated smoke-free policies have been implemented in many nations as a means of decreasing the people to second-hand smoke. This article is supported by Farrelly and Shafer (2017) who asserted that almost the thirty states currently have smoke free policies that restrict smoking in the restaurants, covering nearly two-thirds which is around 65.7 percent of the US citizen. In few years after the implementation of the policies, the awareness of the bad effects of smoking has increased and led to the tobacco control laws throughout the industry (Anger et al., 2011).

Institute for Public Health (2011) reported that 43.9 percent of men, 1.0 percent of women, and 23.1 percent of adults overall (4.7 million) smoked tobacco. The report also found that 7 in 10 adults were exposed to SHS when visiting restaurants, which equates to 42 percent of the entire adult population. The government should establish law preventing smoking activities at public places and to reduce exposure to SHS. Lim et al. (2018) explained that the Malaysian government are implementing the smoke free policies to protect the people from the SHS that expose in public places such as parks and restaurants via the Control of Tobacco Product Regulation (CTPR) 1993. Further elaborated that there are eight areas were restricted including hospital, public vehicle or theatres, hospitals or health clinics, public lifts, air-conditioned eating places, the building of Island & Peninsular Kuala Lumpur, of Malaysia property developer and also in any area of the petrol station and Esso Tower building. After that, in 1997 the smoke-free policies were expanded to the public places through the amendment of the provision to the CTPR (Lim et al., 2018). Later, in 2017, there are 29 types of public places and nine localities had been announced as the new smoke-free policies places.

Methodology

Research design and sampling

A quantitative, cross-sectional study was employed in this study. This research used survey questionnaires to gather information from respondents, employing convenience sampling

technique. It was carried out among customers at selected restaurants in Kuala Terengganu. Out of 450 questionnaires that were distributed, 384 usable questionnaires were collected.

Instrumentation

The questionnaire divided into two sections. Section A containing five questions consisted of demographic information such as gender, age group, race, income range and smoking status. Section B consisted of 12 items evaluated respondent's perceptions towards smoke-free policy. The structured questionnaires using five-point Likert scale ranged from "strongly disagree" to "strongly agree". The alpha value of this 12-item instrument was 0.94 that showed an excellent reliability coefficient (Hair, Money, Samouel & Page, 2007).

Pilot Study

A pilot study conducted among 30 respondents with them main objective to test the instrument internal consistency. The test provided an average alpha value of 0.97, confirming an excellent reliability coefficient (Hair et al., 2007). Adding to that, the researchers provides a comment section for the respondents to give their feedbacks according to the format, length of questionnaires and item statement. Amendments were made regarding the comments given.

Plan for Data Analysis

The usable questionnaires were analysed using SPSS. Frequencies and descriptive analysis were employed in order to achieve the research objective. The data were presented using mean score (*M*) and standard deviation (*SD*).

Data Analysis and Results

Demographic background

The following table displays the demographic profiles of the respondents. The table illustrates that the dominant groups of respondent were male, between 18 and 24 years, Malay, income range below RM1000 and non-smokers.

Table 1. Demographic Background of the Respondents

Variable	Category	Frequency	Percentage (%)
Gender	Male	197	51.3
	Female	187	48.7
Age Group	Below 18 years	8	2.1
	18-24 years	212	55.2
	25-34 years	129	33.6
	35-44 years	16	4.2
	45 and above	19	4.9
Race	Malay	349	90.9
	Chinese	19	4.9
	Indian	16	4.2
	Others	0	0
Income Range (RM)	Below 1000	234	60.9
	1000-2000	85	22.1
	2001-3000	38	9.9
	3001 and above	27	7.0
Smoking Status	Smoker	82	21.4
	Ex-Smoker	19	4.9
	Non-Smoker	283	73.7

Descriptive Analysis

The following table presents the acceptance level of customers towards smoke-free policy at restaurants in Malaysia. The data is arranged from highest to lowest score.

Table 2. Mean Score and Standard Deviation for the Customers' Acceptance Level towards Smoke-free Policy at Restaurants

Items	<i>M</i>	<i>SD</i>
I think all customers have their right to enjoy their meal without any smoke at restaurant	4.58	.685
I will make sure my family and friends get the valuable memories during eating at the restaurant without any smoking activities	4.50	.782
I feel enjoyable to consume any food at the restaurant without any smoking activities	4.49	.843
I want my family and friends have freedom from the smoke at the restaurant	4.42	.855
It is convenient for me to follow the smoke-free policy rules during eating at restaurant	4.41	.770
I will tell my family and friends about the benefits of smoke-free policy in restaurant	4.33	.823
I support the smoke-free policy implementation at restaurant	4.33	.887
I agree with the smoke free policy implementation in Malaysia	4.33	.889
I think the smoke free policy give more positive effect for the customers in restaurant	4.32	.920
I will tell them about the long-term effect of smoke on their health	4.30	.844
I know about the smoke free policy that already implemented at restaurant in Malaysia	4.22	.903
I am aware about the smoke free policy in Malaysia	4.19	.888

Most of the respondents are strongly agreed that they can enjoy their meal without any smoke activities at the restaurant ($M=4.58$, $SD=.685$) and they agreed that they can feel an enjoyable moment to consume any food at the restaurant without any smoking activities with the mean score ($M=4.49$, $SD=.843$). Other than that, the data shows that it was easy for the customers to follow the smoke-free policy rules at the restaurants ($M=4.41$, $SD=.770$).

In addition, most of the respondents want their family and friends have the freedom from the smoke activities ($M=4.42$, $SD=.855$) and also get the valuable memories during eating at the restaurants ($M=4.50$, $SD=.783$). Lai (2018) mentioned that customers are paying for their meal and the services, thus, they seek freedom from any smoking activities that could interrupt their time with family and friends.

Most of the respondents supported the smoke-free policy implemented at restaurants ($M=4.33$, $SD=.887$) and most of them know about the smoke-free policy that have been implemented at restaurants in Malaysia ($M=4.22$, $SD=.903$). Similarly, majority of the respondents agreed with the implementation of the smoke-free policy in Malaysia with a mean score ($M=4.33$, $SD=.889$) and also they aware about the smoke-free policy ($M=4.19$, $SD=.888$). The finding is supported by a longitudinal study of Hock, Li, Huey, Yuvanewary, Sayan, Yusoff, Mohd (2019). The authors found that 70 percent of the respondents were satisfied with the implementation of smoke-free policy in Malaysia. It seems that the smoke-free policy in restaurants was supported and accepted by Malaysian (Ahmed, Mathialagan & Hasan, 2020). It indicates that customers support the government's ambition to create a smoke-free policy at restaurants.

Moreover, the respondents agreed that they are willing to tell their family and friend about the benefit of smoke-free policy ($M=4.33$, $SD=.823$) and also the long terms effect of smoke on their health ($M=4.30$, $SD=.844$). Ading to that, the analysis shows that most respondents think that the smoke-free policy gives a more positive effect on the customers in restaurants with a mean score ($M=4.32$, $SD=.920$). According to Chang, Delgermaa, Mungun-Ulzii, Erdenekhuu, Odkhuu and Huang (2009), the smoke-free policy has lots of benefits for the customers especially their healthy lifestyles.

Discussions and Conclusion

The objective of the research is to identify the customer's acceptance level towards smoke-free policy at restaurants in Terengganu. The statistics showed that, in general, the respondents agreed that smoke-free policy is beneficial to them, regardless of smoking status. Among the questions asked, most of the respondents strongly agreed that all customers have their right to enjoy their meal without any smoke activities at restaurants. It indicates that that the customers perceived that they have the rights to dine in without worry about inhaling cigarette smoke that can cause various diseases.

The customers are taking serious about the harm from cigarette smoke especially exposure to SHS because it has adverse effect of health. This is further supported by Sureda, Fernández, Martínez-Sánchez, Fu, López, Martínez and Saltó (2015) as they discovered that the people supported smoke-free policy in public places especially in restaurants, particularly from non-smokers, as the customers are conscious of the risk of exposure to SHS. In addition, Miller, Wakefield, Kriven, & Hyland's (2002) research identified an increase in the customers'

acceptance of the smoke-free policy. Similarly, a research carried out by Hyland, Higbee, Borland, Travers, Hastings, Fong and Cummings (2009) as they discovered that customers' acceptance improved over time after they understood the benefits of the smoke-free policy.

Hence, the acceptance level among customers towards smoke-free policy was considerably high as the statistics proved positive outcomes. Further research might investigate the effectiveness of smoke-free policy in intention to quit smoking among smokers and reducing SHS exposure.

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