



Compliance to Smoke free in Timor-Leste

The Union

International Union Against
Tuberculosis and Lung Disease
Health solutions for the poor



Aliansa Nasional Controlu Tabaku
LUTA BA VIDA SAUDE TIMOR OAN

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1. Background

Timor-Leste has one of the highest smoking rates in the world. World Health Organization (WHO) estimates that, in 2020, about 35.4% (60.7% of males and 9.4% of females) of Timor-Leste's population aged 15 years and older were current tobacco users (approximately 267,900 people). About 60% of these users, or 179 000 adults, use tobacco daily¹. Cigarettes are the most common form of tobacco used, but smokeless tobacco is also popular with 19.8% of adults using it daily².

Recognizing the detrimental impact of smoking on public health, the promotion of smoke-free environments has emerged as a crucial public health strategy. By limiting the areas where smokers can light up, non-smokers are protected from the harmful effects of second-hand smoke, which contains approximately 7,000 chemicals, many of which are toxic. It is important to note that there is no safe level of exposure to second-hand smoke. Smoke-free environments not only safeguard the health and well-being of individuals but also encourage smokers to quit by reducing the social acceptability of smoking and making it more inconvenient to smoke in public places.

In line with global efforts, Timor-Leste ratified the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) in December 2004, demonstrating its commitment to tackling the tobacco epidemic. Subsequently, in 2016, the Timor-Leste government achieved a significant milestone by approving Law No. 14/2016, which encompasses comprehensive tobacco control policies. Smoke-free regulations are explicitly addressed within Chapter 2, specifically articles 5, 6, and 7 of the law, highlighting the country's dedication to promoting smoke-free environments and protecting the population from the harmful effects of tobacco smoke.

2. Objective and Expected outcomes

Objective: This survey aims to assess the compliance to the current compliance of ban of smoking in public places, workplaces and public transport.

Expected outcome:

- To strengthen the implementation and enforcement of the ban of smoking in public places, workplaces and public transport by providing evidence-based data to Municipality leaders.

3. Methodology

3.1 Study design

This survey was conducted between May to October 2022. Sample size was determined based on proximity to the main centre of each jurisdiction. The samples were selected using a snowball method. A total of 1051 venues were selected. This observational survey was conducted at 10 types of venues 1) Educational Facilities; 2) Healthcare Facilities; 3) Hotels and other lodging; 4) Indoor Offices and Workplaces; 5) Other Public places; 6) Public transportation; 7) Religious places; 8) Restaurants; 9) Shopping places and 10) Sports Facilities. Each type of venue is further defined in Table 1.

12 Municipalities chosen because a separate survey was conducted in Dili in 2019. Small Atauro and Jaco islands were also excluded. Jaco island is uninhabited and Atauro island is only to be approved as a municipality in 2023.

Table 1: Definition of each type of venues

No.	Type of Venue	Definition
1	Educational Facilities	Educational facilities are physical locations where education and learning take place. They can range from elementary schools to universities and research institutions.
2	Healthcare Facilities	Healthcare facilities are physical locations where healthcare services are provided, including hospitals, clinics, medical centres, nursing homes, and other healthcare institutions.
3	Hotels and other lodging	Hotels and other lodging are commercial establishments that provide Hotels and other lodging to customers for a fee.
4	Indoor Offices and Workplaces	Indoor offices and workplaces are physical locations where people conduct work-related activities indoors. Offices can be found in a variety of settings, including corporate buildings, government agencies, and small businesses. Workplaces may also include manufacturing plants, warehouses, and other industrial settings.
5	Other public places	Other public places include indoor and outdoor spaces utilized by the public that are not listed above including but not limited to parking garages, museums, cinemas, banking institutions, cyber cafes and others outlined in article 4.
6	Public transportation	Public transport refers to transport that is available to the public and includes places where travellers gather to take some form of transportation that is available to the general public and is operated by government or private entities. These include stations for buses, trains, subways, trams, taxis and ferries.
7	Religious places	Religious facilities are physical locations designed for religious practices and worship. Types of religious facilities include churches, temples, mosques, synagogues and other places of worship.
8	Restaurants	Restaurants are commercial establishments that provide meals and beverages to customers for a fee.
9	Shopping places	Shopping places are physical locations where consumers can browse, select, and purchase goods and services from various retailers. These places can include including shopping malls, department stores, strip malls, outlet centres, minimarket and specialty shopping places.
10	Sports Facilities	Religious facilities are physical locations designed for religious practices and worship. Types of religious facilities include churches, temples, mosques,

		synagogues and other places of worship.
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Below is a table showing the breakdown of different kinds of venues surveyed in each Municipality:

Table 2: Breakdown of different kinds of venues surveyed in each Municipality

Municipality	Place Category									
	Educational Facilities	Healthcare Facilities	Hotels and other lodging	Indoor Offices and Workplaces	Other public places	Public transportation	Religious Places	Restaurants	Shopping places	Sports Facilities
Aileu	7	3	5	34	3	3	3	14	5	1
Ainaru	13	1	2	38	1	0	1	5	1	0
Baucau	33	7	14	55	6	50	0	11	14	1
Bobonaro	14	5	13	25	6	10	2	13	3	6
Covalima	33	8	6	31	5	0	7	18	10	3
Ermera	7	1	5	45	3	0	1	8	0	1
Lautem	16	6	1	34	1	0	1	8	2	0
Liquisa	4	3	3	30	5	1	4	9	9	0
Manatuto	6	3	1	37	6	3	2	4	11	0
Manufahi	8	2	6	45	1	0	2	6	0	0
Oekusse	4	1	3	51	6	0	0	5	2	0
Viqueque	10	5	5	44	2	0	4	8	0	1
	155	45	64	469	45	67	27	109	57	13

3.2 Setting

Timor-Leste, is a nation located in Southeast Asia. It encompasses the eastern portion of the Timor Island, with Indonesia governing the western half, in addition to the exclave of Oecusse located on the island's northwestern side and the small Atauro and Jaco islands. The Timor Sea separates the country from its southern neighbor, Australia. The total land area of the country is approximately 14,874 square kilometers (5,743 square miles), and its capital and largest city is Dili.

Timor-Leste is comprised of fourteen municipalities, each of which is further divided into 64 administrative posts, 442 villages called sucos, and 2,225 hamlets known as aldeias. These municipalities include Aileu, Ainaro, Atauro, Baucau, Bobonaro, Cova Lima, Dili, Ermera, Lautém, Liquicia, Manatuto, Manufahi, Oecusse, and Viqueque. Although the constitution mentions decentralization, the national government based in Dili typically retains administrative control.

Table 3: Population of each Municipality

Map of Timor-Leste



No.	City	Population 2015
1	Aileu Municipality	20 830
2	Ainaro Municipality	15 558
3	Baucau Municipality	46 500
4	Bobonaru Municipality	23 854
5	Ermera Municipality	33 530
6	Covalima Municipality	25 164
7	Lautem Municipality	29 236
8	Liquica Municipality	20 938
9	Manatutu Municipality	12 555
10	Manufahi Municipality	27 554
11	Oecuse Municipality	35 226
12	Vikeke Municipality	24 387

3.2.1 Current smokefree Laws in Timor-Leste

Table 4: Provisions of Article 5 of Tobacco control Law No. 14/2016

Tobacco control Law No. 14/2016, Chapter 2, Article 5	
No.	Provision
1	It is prohibited to smoke in all enclosed public places, work places, and public transportation, particularly a) In health care institutions, namely hospitals, clinics, healthcare facilities, medical consulting offices, emergency rooms, laboratories, pharmacies and places where non-prescription medications are dispensed;
2	b) In homes and other institutions that accommodate the elderly, the handicapped or the disabled;
3	c) In places intended chiefly for minors, such as preschool and day-care facilities and other child care institutions, homes for children and young people, primary and secondary schools, leisure centres, summer camps and other similar establishments;
4	d) On the premises of government bodies, offices and agencies and public institutions;
5	e) In institutions of higher learning and vocational training centres;

6	f) In day care centres for the elderly, community centres, sheltered workshopping places, rehabilitation centres and facilities for confinement and support for drug addicts and alcoholics;
7	g) In correctional institutions;
8	h) In hotels, lodging houses and other tourist facilities where accommodation is provided;
9	i) In restaurants, bars, dance halls, karaoke bars and gaming rooms;
10	j) In cafeterias and dining rooms of public and private institutions intended exclusively for the respective staff;
11	k) In establishments where recreational machines and video games are operated, pool halls and cyber-cafes;
12	l) In establishments that sell flammable products and at filling stations;
13	m) At manufacturing or industrial units that produce, use or in any way engage in the processing of inflammable materials or products;
14	n) At banking institutions, including enclosed places for automatic teller machines;
15	o) In large shopping centres, supermarkets, markets and retail shopping places;
16	p) In cinemas, theatres, venues and facilities for shows and other premises intended for the dissemination of the arts and spectacles;
17	q) At enclosed athletic facilities and public swimming pools;
18	r) In covered shelters and terminals for mass transit passenger vehicles;
19	s) In covered parking garages;
20	t) In museums, public collections, cultural centres, archives, libraries, conference rooms, reading rooms and lecture halls;
21	u) In health clubs, gyms, spas, barber shopping places, hair dressers and beauty salons;
22	v) In elevators, lifts, and the like;
23	w) In port and airport facilities;
24	x) In taxis, vehicles and boats intended for public transportation of passengers;
25	y) In ambulances and vehicles to transport the infirm

3.3 Data collection and variables

The data was collected using a checklist of key indicators. The indicators are as follows:

- 1) Presence of no smoking signages
 - a. Language of no smoking signages (Tetun, Portuguese, other)
- 2) Presence of active smoking
- 3) Presence of designated smoking areas

This survey was conducted by a total of a total of 10 trained data collectors (approximately 2 data collectors per municipality).

1051 venues were surveyed from 12 Municipalities; Aileu, Ainaro, Baucau, Bobonaro, Covalima, Lautem, Ermera, Liquica, Oecuse, Manatuto, Manufahi and Viqueque municipalities). The data collectors observed each location for approximately 5 minutes. The data collectors did not speak to the venue managers, employees or patrons during the observation except to enquire of presence of other public places nearby.

The observations were conducted from 09:00 to 16:00 from Monday to Friday for two weeks in each city.

3.4 Data Analysis

To describe the data, we calculated descriptive statistics such as number, percentages for violations found in each city for each variable.

3.5 Ethical approval

Ethical clearance is a key requirement in our research, therefore approval of the ethical teams of the Ministry of Health and the National Health Institution (INS) was taken in advance to collect data and publish the results. Furthermore, this study has obtained authorization from the local governments in each jurisdiction in addition to INS approval.

4. Results

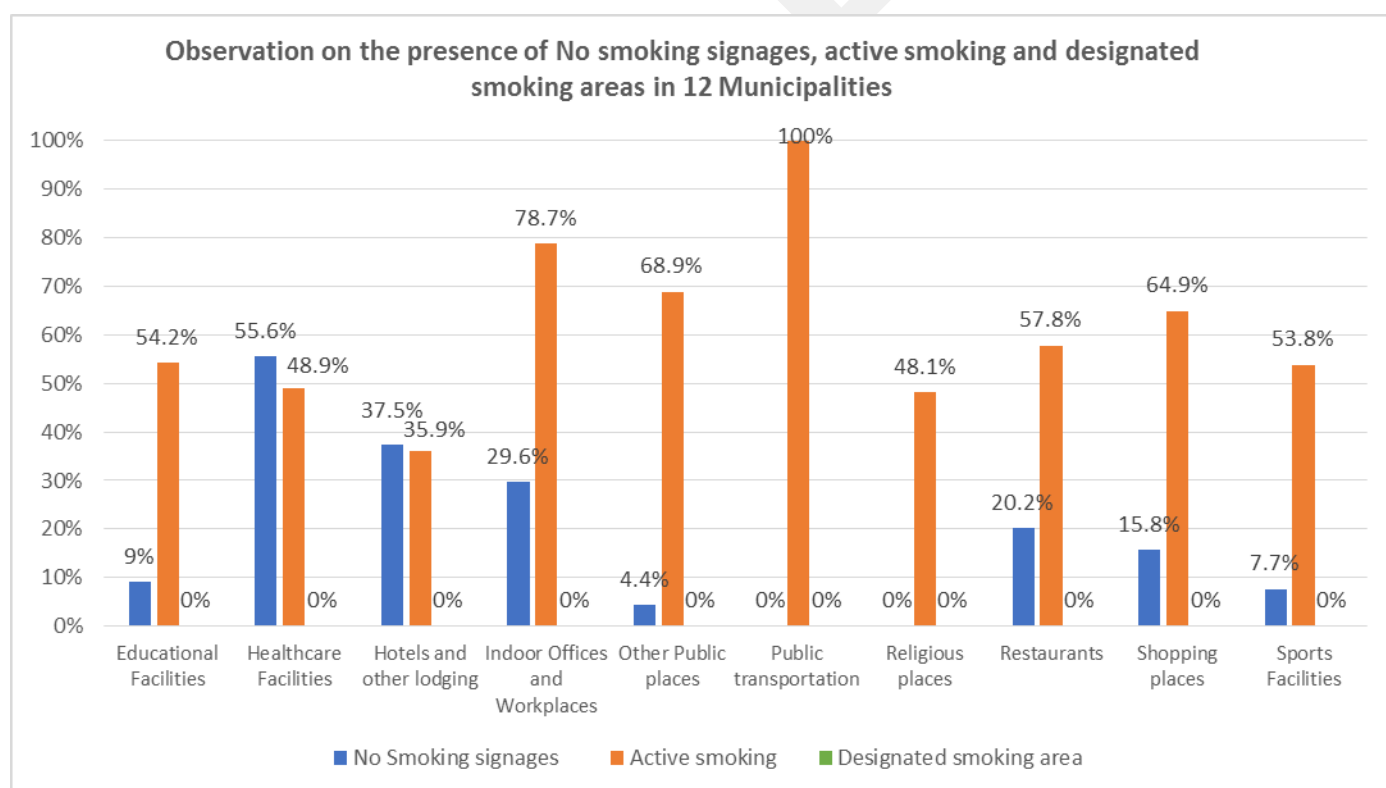


Figure 1: Observation on the presence of No-smoking signages, active smoking and designated smoking areas in 12 Municipalities

4.1 Presence of No Smoking Signages

Article 7, point no. 2 of the Decree Law No: 14/2016 mentions

“The prohibition of smoking inside the places mentioned in Article 5. must be prominently stated in signs by the respective managements, by posting placards with minimum dimensions of 15 cm x 20 cm, or 20 cm x 9 cm, based on templates to be approved by the Minister of Health.”

The survey found that only 22.45% of the monitored public places displayed no smoking signages (Figure 1) with any language. When analysed by municipality, Emera Municipality was observed to have the most signages with 43.7%, followed by Viqueque Municipality and Lautem Municipality with 36.7% and 26.1% respectively. Liquisa had the lowest number of observed No smoking signages, only 7.4% of the venues were observed to have no smoking signages. (Figure 2)

It is noteworthy that none of the religious places and public transportation were found to have No smoking signages during the monitoring.

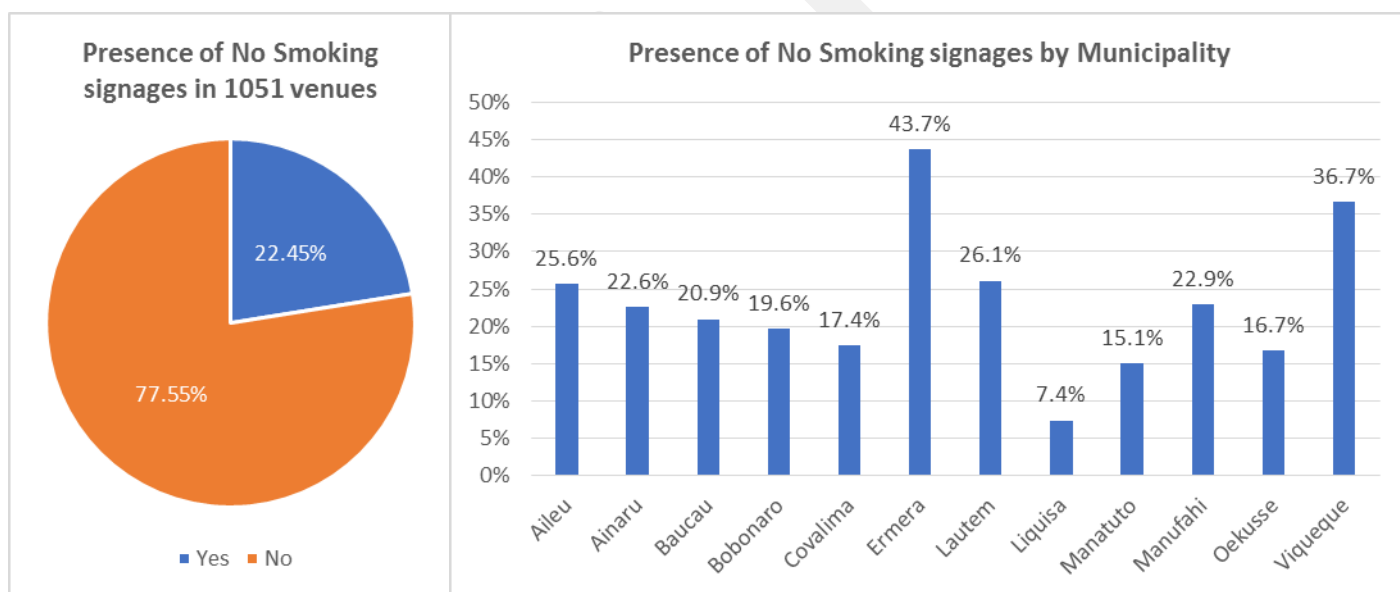


Figure 3: Presence of No Smoking signages in 1051 venues

Figure 2: Presence of No Smoking signages by Municipality

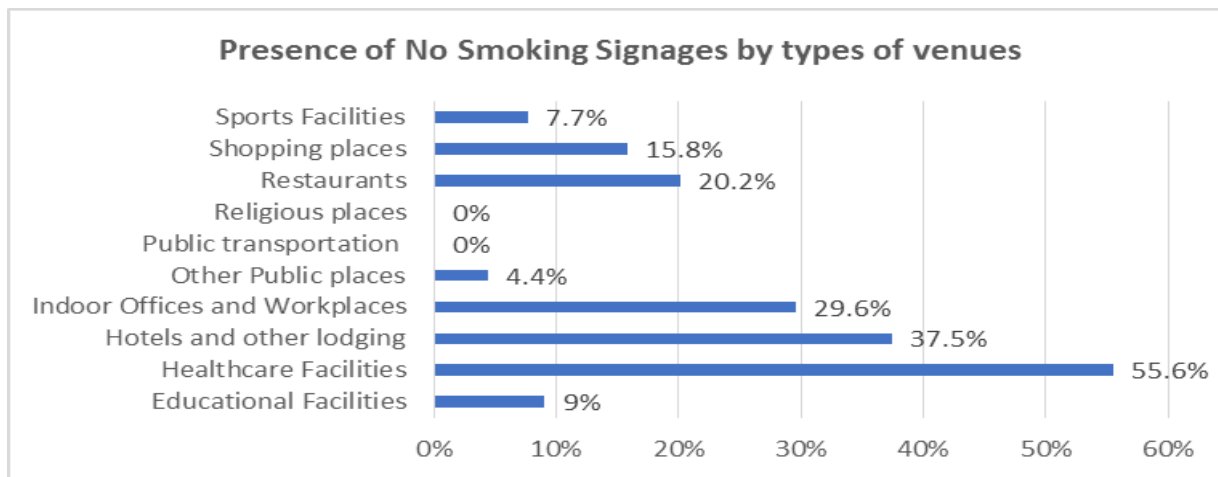


Figure 4: Presence of No Smoking Signages by types of venues

4.2 Languages observed on no smoking signages.

Article 7, point no. 2 of the Decree Law No: 14/2016 mentions

“In the lower part of the templates for placards mentioned in the foregoing paragraph, a caption must be displayed in one of the official languages identifying this Decree-law and the amount of the maximum fine that can be applied to smokers who violate the respective prohibition of smoking”

The survey found that Tetun language was predominantly used in smoking signages that were observed, comprising 46.7% of the signages in healthcare facilities, 29.7% in Hotels and other lodging, 22.4% in workplaces, 14.7% in restaurants, 8.4% in educational facilities, and 7.7%, 7% and 2.8% in sports facilities, shopping places and other public places, respectively.

Signages in Portuguese language were most frequently observed in healthcare facilities at 6.7%, followed by restaurants and Hotels and other lodging at 3.7% and 3.1% respectively and educational facilities and workplaces at 1.3% each. There were no signages with Portuguese language in public transportation, religious places, shopping places and sports facilities.

This survey found that there were quite a large proportion of smoking prohibition signages with other languages, mainly English. 54 out of 1051 monitored public places, representing 5.14% had No-smoking signages with other languages. Lautem and Aileu Municipalities had highest proportion of smoking prohibition signs with other languages, contributing to 15.9% and 12.8% respectively. In contrary, Ainaru, Manatuto and Viqueque Municipalities didn't have any signages with other languages.

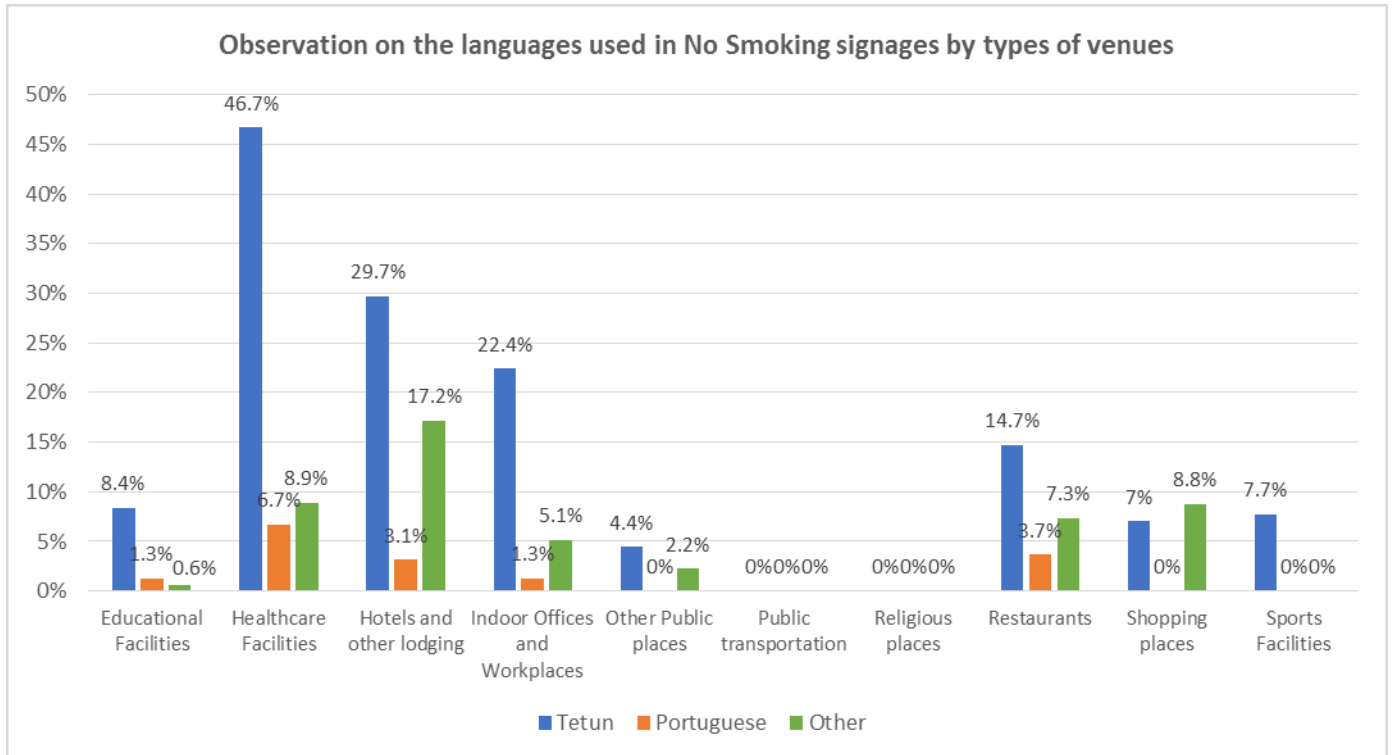


Figure 5: Observation on the languages used in No Smoking Signages

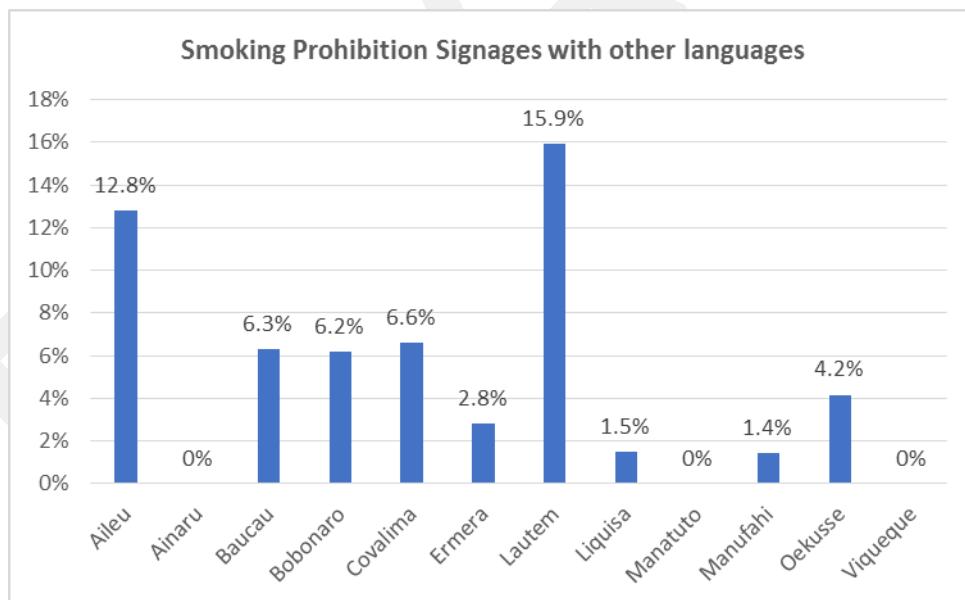


Figure 6: Smoking prohibition signages with other languages

4.3 Presence of active smoking

This survey found that smokers were present in more than two-third (68.13%) of the monitored enclosed public places. The highest could be seen at Ainaru and Manatuto with 100%, followed by Oekusse and Liquisa with 98.6% and 98.5% respectively. The lowest was seen at Bobonaro with 18.6%.

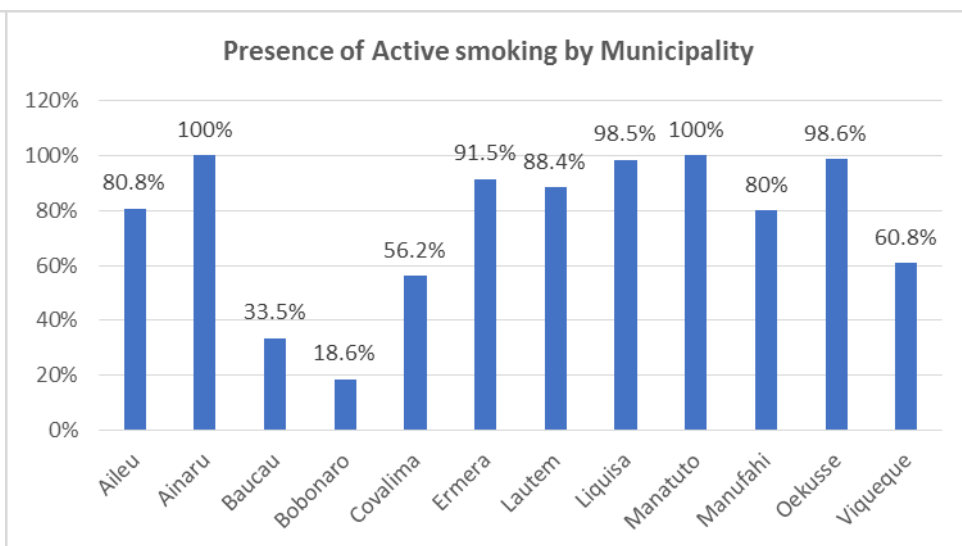
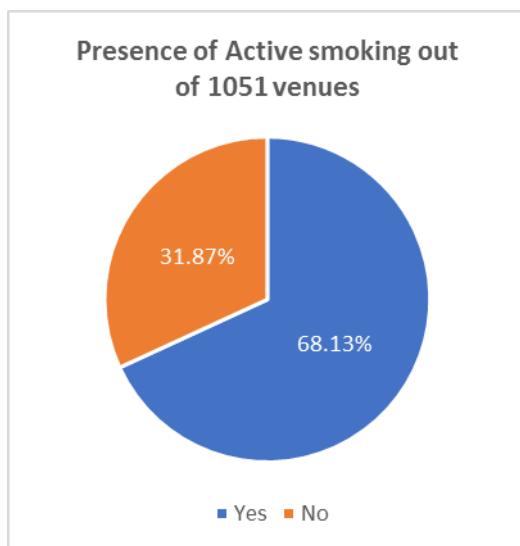


Figure 7: Presence of Active smoking out of 1051 venues

Figure 8: Presence of Active smoking by Municipality

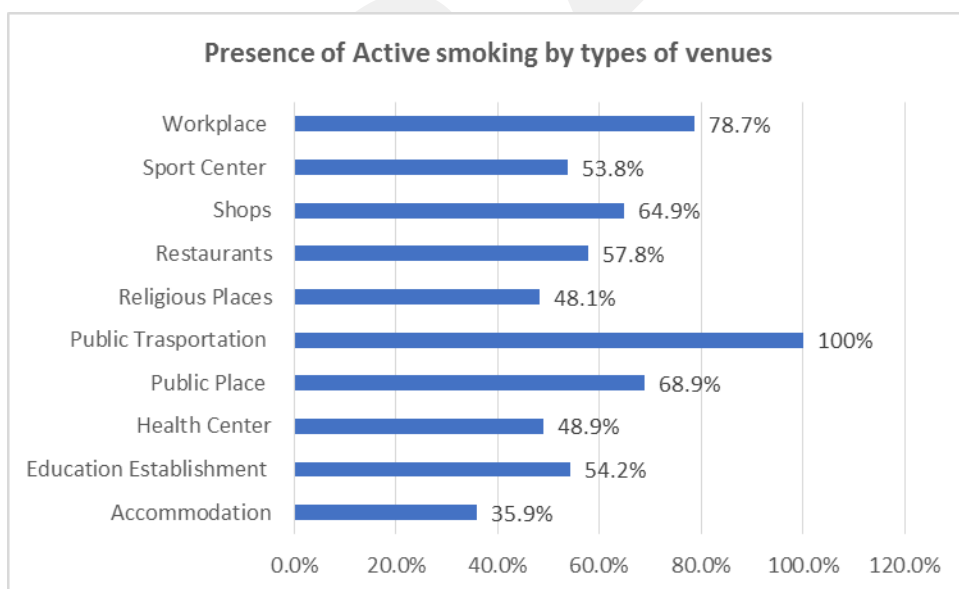


Figure 9: Presence of Active smoking by types of venues

4.4 Presence of designated smoking areas

Article 6 of the Decree Law No: 14/2016 states that

Without impairment to what is set forth in the foregoing article, the consumption of tobacco products is permitted in areas exclusively intended for smokers, in the following spaces or public areas:

- a) In open-air areas placed inside the locations mentioned in sub-paragraphs b), e), f) and h) to k) of the foregoing Article;
- b) In spaces for smokers at the institutions mentioned in sub-paragraph d) of the foregoing Article;
- c) In the establishments mentioned in sub-paragraph g) of the foregoing Article, in areas intended for inmates, expressly set aside for the purpose, by the respective directors;
- d) In open-air areas on the boats mentioned in subparagraph x) of the foregoing Article;
- e) In lodging units or rooms, duly identified, of the establishments mentioned in subparagraph h) of the foregoing Article;
- f) In rooms for smokers at the entities and institutions mentioned in sub-paragraphs l), m) and w) of the foregoing Article;

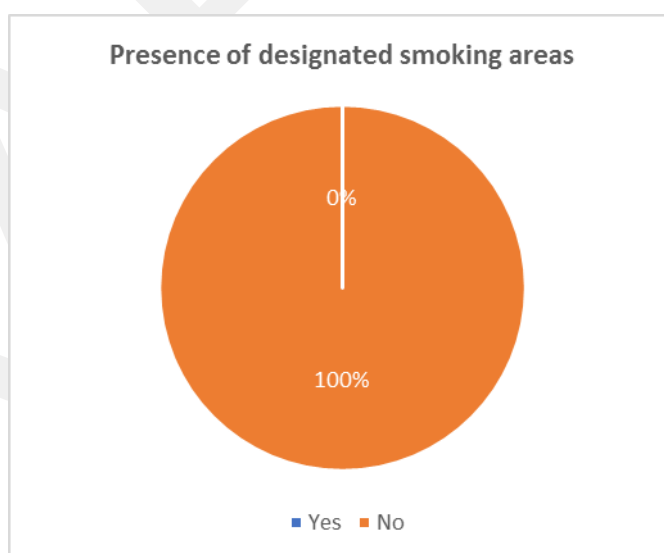


Figure 10: Presence of designated smoking areas

This survey found that none of the monitored public places had designated smoking areas.

5. Discussion

The survey conducted revealed a concerning trend in several municipalities regarding the absence of smoke-free signage in designated areas, or the presence of signage in inappropriate languages. This significant lack of signage poses a potential risk, as it may result in a higher incidence of smoking among patrons, workers, and individuals utilizing these spaces who are unaware of the regulations in place. Notably, the findings indicated that none of the public transport facilities surveyed displayed any "no smoking" signs. Furthermore, it was observed that active smoking was prevalent in 100% of these venues. From these results, the authors can reasonably conclude a correlation between the absence of smoke-free signage and the presence of smoking.

In addition to the previous findings, it is important to note that Law No. 14/2016 allows for designated smoking areas as outlined in Article 6. However, the survey revealed that none of the observed locations had implemented such spaces. This significant oversight has implications for non-smokers who are consequently exposed to second-hand smoke, as smokers do not have designated areas away from others.

The absence of designated smoking areas not only infringes upon the rights of non-smokers to breathe clean air but also fails to provide a balanced approach that respects the needs and preferences of both smokers and non-smokers. By neglecting to create these designated spaces, establishments inadvertently contribute to an environment where non-smokers are adversely affected by second-hand smoke, potentially compromising their health and well-being.

It is crucial for relevant authorities to address this discrepancy and ensure compliance with the provisions outlined in Law No. 14/2016. By actively implementing designated smoking areas, establishments can promote a more inclusive and considerate environment, where smokers have a designated space to indulge in their habit without negatively impacting the health and comfort of non-smokers.

By addressing the issues and installing appropriate smoke-free signage and providing appropriate spaces for smokers, municipalities can effectively communicate the smoking regulations to the public, creating awareness and promoting compliance.

6. Recommendations

Based on the survey findings the author makes the following recommendations:

1. The municipality can form an official smoke free task force containing a group of individuals or organizations that are dedicated to promoting and enforcing smoke free policies. These individuals can be government officials, civil society, law enforcement, public health agencies and other relevant stakeholders.
2. The municipality task force can conduct periodic random inspection of smoke free establishments. Can combine with pre-existing inspections mechanisms such as business licensing inspections; health and sanitation inspections; inspections for workplace health and safety; and fire safety inspections
3. The municipality should distribute and install approved no smoking signages to all smoke free venues
4. The Municipality President should immediately release a circular letter to all venue managers to ensure smoke free implementation

5. The Municipality can conduct public awareness campaigns to increase awareness of local policies and harms of second-hand smoke
6. The municipality can conduct follow up studies such as public opinion polls, air quality monitoring and smoke free surveys that survey all types of venues in more detail that are stated in the national Tobacco control law.

7. Acknowledgements

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