

Smoking Should be Restricted in all Public Places: A Case Study Focus on Cyberjaya Inhabitant, Malaysia

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Abstract: *Malaysian government redacted regulations that smoking is banned in several places in Malaysia. This study is specially focused on Cyberjaya resident. This is a short survey and to complete this study, a specialized questionnaire is distributed online in different social media group. The findings indicate that all are smokers and non smokers known about the side effects of smoking. And the survey shows, greater portion smokers are in the age group of education proprietries. Which may be scary to face that most of our smokers come from a young age. As have been proposed in recommendations, there are many viable methods in order to ensure the success of the smoke free campaign.*

Keywords: Cyberjaya, Inhabitant, Young Age, Smoke free campaign

1. Introduction

Smoking should be restricted in all public places.

Smoking is bad and injures for health tobacco leaves in the main and only ingradient of smoking. The dry leaves of the tobacco plant, which are inserted a rolled into a small thin square pad, are called "cigarettes."

In the development of the smoking habit, the teenage years are a crucial time. Smoking is also on the rise among adolescents globally. The smoking habit is considered a true drug problem and is prevalent across the globe. Study findings currently suggest that smoking is a possible health risk factor, causing increased morbidity and mortality that could be avoided. Over 4 million deaths reported annually worldwide are linked to smokes, according to the World Health Organization (WHO). [Md.Shakeel, Madipally, P.Prashanti, M. Monica, Kyadav, A. Sheetal, 2020]. Day by day, the number of people who smoke is rising every year. They are mainly young people who prefer smoking as a trend, and they use public places to smoke. Sex and all ages of people are addicted to it everywhere in public places.

Recently Malaysian government restricted for smoking all eateries and restaurants. The mandatory restrictions was announced on New Year's day on 2019 and applied all restaurants, cafe's also the nation open air street food stall and all air conditioned mall. Smokers may now only light up three meters away from the premises. And smoking in public public got fine of 10,000 ringgit.[Wani Muthiah, et al., 2019; 2019; Ainaa Aiman, 2019]. Malaysia, has some of the world's toughest anti-smoking regulations. It is at the forefront of anti-smoking efforts in the region and has implemented a host of restrictions on the tobacco industry, including cigarette advertising bans, smoking bans in most public areas, and cigarette purchase bans for Thai teenagers under the age of 18. In 2006, it also implemented provisions

for all cigarette packs to contain graphic images showing the harmful health effects of tobacco. [Shukry Zawahir et al, 2013]. In the same time in Bangkok, the number of smokers dropped from 32.3 percent to 13.9 percent (Malaysia National News Agency, 2007). Tobacco usage is approximately 5 percent among Thai adolescents aged 15-18 years (Jategaonkar, 2007). Nevertheless, results from a recent recent population-based study show that while the percentage percentage of current smokers among adolescents between the ages of 13 and 17 in both Malaysia and Thailand is relatively low at 2.4 percent and 3.2 percent, the percentage of those experimenting with cigarettes is relatively small. [Shukry Zawahir et al, 2013].

Furthermore the Malaysian Ministry of Health led a campaign to help smokers quit, gave tobacco users a six-month sympathy period, in which they would be warned but no penalties. And the Ministry of Housing and Local Government found it only for designated smoking areas. The Ministry of Health also intended to expand the smoking restrictions to schools, colleges and universities.

Many individuals die every year because of cancer or some other tobacco-related disease due to smoking. People who smoke have ample knowledge of how dangerous it can be to smoke. They are hooked on it until they try one cigarette. And they're getting deeply addicted. However it is not only harmful to smokers, but also harmful to those around them because the smoke spreads all over the air while people smoke in public places. Therefore smoke should be restricted in all public areas.

2. Literature Review

The Ministry of Health in Malaysia issued a new smoking ban on all eateries and restaurants on 1 January 2019, as well as an open-air hawker stall in Malaysia.[Kelly buchanan. buchanan. 2019]. According to the Control of Tobacco

Products [Amendment] Regulations 2018, which were issued in December 24, 2018, smoking is banned in all eating place; which has been defined as any premises whether inside or outside building, where food is prepared, served or sold and includes any room or area on a ship or train where food is prepared, served or sold; any area on a vehicle where food is prepared, served or sold, and any surrounding area within a radius of three meters from the vehicle; and any area within a radius of three meters from any chair or table which is placed for the purposes of preparing, serving or selling food; as well as any eating place or air-conditioned. [Amendment] Regulations 2018, (FEDERAL GOVERNMENT GAZETTE).

The main regulations, the Control of Tobacco Products Regulations 2004, force a fine that's worth of 10,000 Malaysian Ringgit and imprisonment of two years for anyone caught smoking in a prohibited area. (Control of Tobacco Products Regulations 2004, the Tobacco Control Laws website) owners and occupiers of relevant areas who fail to display a no-smoking sign might get a fine that goes up to RM3,000 or punished with imprisonment that goes up to six months. Also they have to make sure that there are no one smokes in the area, with a fine of up to RM5,000 or up to one year of imprisonment applying. (Control of Tobacco Products Regulations 2004). On the other hand, the Ministry of Health in Malaysia stated that it "will give offenders a grace period of six months to comply with the ban, during which it would warn and educate smokers and restaurant owners." (Teething Problems Reported in Enforcing Malaysia's Smoking Ban, CHANNEL NEWS ASIA).

Earlier before the 2018 amendments, the smoking was only prohibited in air-conditioned eating places, until amendments were made in the year of 2017, which allowed smokers to smoke in a designated smoking area. (Control of Tobacco Products Regulations 2004, Control of Tobacco Products (Amendment) Regulations 2017.) While announcing the plans of the extended ban in September 2018, the Deputy Health Minister stated that the amendments were intended to support the law with the guidelines for the implementation of article 8 of the World Health Organization (WHO) Framework Convention on Tobacco Control. (No Smoking at Outdoor Restaurants from December, Deputy Health Minister Statement) [Codeblue, 2020; B.Suresh Ram, 2019].

Under the 2015 Regulations, as amended, "smoking" is characterized as "inhalation and expulsion of any tobacco product's smoke or vapor and includes the holding or control over any tobacco product ignited, heated or vaporized." Vaping is thus included in the ban (Control of Tobacco Products (Amendment) (No. 2) Regulations 2015).[Kelly Buchanan, 2019].

Since 22,047 written alert notices were released on the day the new smoking ban took effect, 20,351 were issued to property owners who refused to show the no-smoking warning signs, and 1,696 were issued to people who were discovered at the restaurants smoking. (Datuk Seri Dr Dzulkefly Ahmad, Minister of Health, The Star Online)

Malaysia has over 5 million smokers who are classified as children who is younger than 18 years old as of 2010. (Adolescent tobacco use and health in Southeast Asia. Asia-Pacific J Public Heal) in 2015, 1 in 10 Malaysians in the 13 up to 17-year-old age group were smokers. (The National Health and Morbidity Survey 2015 Report on Smoking Status among Malaysian Adults) [Hum, Hsien, Nantha, 2016].

The prevalence of cigarette smoking among male secondary school children was 33.2% who were current smokers (Family influence on current smoking habits among secondary school children in Kota Bharu, Kelantan) or within the ranges 29.7 to 43.0%, (Prevalence and factors related to smoking among secondary school students in Kota Tinggi District, Johor, Malaysia.) with a male to female proportion of 63.5% to 17.5%. (Prevalence of Smoking Among Secondary School Students and Its Associated Factors in the District of Kuantan, Malaysia, Master Of Science Thesis. Universiti Putra Malaysia) This is consistent with the highest prevalence of smoking found among schoolboys from the vocational schools. (Factors related to smoking habits of male adolescents) In a longitudinal knowledge, attitude and practices study among form 5 students over 1 year, the prevalence decreased from 29.7 to 26.7% after a year. (Smoking among form five students Kota Tinggi, Johor, Malaysia: Knowledge, Attitude and Smoking Status at One Year Follow Up. Malaysian J Public Heal Med).[Tumer Ulus, et al, 2012].

Second Hand Smoke, also known as exposure to SHS, is associated with a number of adverse respiratory health effects across a range of groups, such as children and young adolescents. In addition to numerous adverse health effects such as otitis media, decreased cognitive capacity, decreased elasticity of the arterial cardiovascular system, diminished prospective memory, and increased information markers, involuntary exposure to SHS among children was frequently correlated with respiratory effects. (Asian Pacific Journal of Cancer Prevention, Vol 15, 2014).

Homes have historically been recognized as the primary indoor source of SHS exposure among children and young adolescents, but recent studies have shown that exposure to public places is another significant source of second hand smoke that can potentially increase the health risk of individual exposures. Data collected from 1998 to 2006 reported that 47 percent of young people in the South-East Asia region were exposed to SHS in public places, as recorded in the Global Youth Tobacco Survey. Approximately 75.7 percent of adolescents were confirmed to have Second Hand Smoke exposure outside the home in the Malaysian context. (The Global Youth Tobacco Survey 2013).

The FCTC (Framework Convention of Tobacco Control) was introduced in 2003 by the World Health Organization with the main purpose of protecting the public from the repercussions of tobacco consumption and SHS exposure. As a signatory to the treaty, Malaysia and other various countries, they developed and implemented a smoke-free legislation also known as the SFL that prohibit smoking in public places in order to provide the citizens with a

smoke-free environment. Malaysia has implemented a partial smoke-free legislation which prohibits smoking in 21 types of public spaces. (Asian Pacific Journal of Cancer Prevention, Vol 15, 2014).

Recent tobacco control development has prompted the introduction of a comprehensive smoking prohibition; the comprehensive smoking restriction extends to non-air-conditioned public spaces. The comprehensive smoking restriction was implemented in five urban areas namely Dunia, Bandar Warisan Dunia, Melaka Raya, Melaka International Trade Centre. Non-compliance with the legislation could result in fines up to RM10, 000 or 2 years' imprisonment. Among its member states, the introduction of Framework Convention of Tobacco Control's SFL has been shown to be associated with subsequent health improvements. In other SFL-related studies, smoking restrictions were found to be associated with improved lung function of SHS-exposed non-smoking adults and linked with lowered SHS exposures among children. These findings indicate SFL implementation was linked to improvements in respiratory health among a range of population sub-groups. (Asian Pacific Journal of Cancer Prevention, Vol 15, 2014).

3. Research Methodology

The present study is mainly descriptive in nature, as it seeks to accurately reflect the characteristics of a specific individual circumstance, team. or group. This is a short one week survey, the instrument of the research questionnaire using demographic characteristics included age, occupation, gender, smokers or non smokers and so on. Participants were asked different questions, like; why do they smoke; How often they do smoke; How long have they been smoking; experienced any health issues; and so on. For this survey take support from online google survey form and distributes it in group of people living in cyberjaya. This research is focused on 21 responses from individuals living in Cyberjaya.

4. Analysis and Discussion

This chapter focuses upon the analysis of the questionnaire data. As it addresses the topic of restrictions on smoking in public places in Malaysia focusing in Cyberjaya.

4.1 Characteristics of respondents

This analysis is based on 21 responses of people living in Cyberjaya, 61.9% of the respondents are between age twenty-four to twenty-eight, followed by 33.3% are between age of nineteen to twenty-three (Table 4.1) 76.2% were students in Cyberjaya and 23.8% are employed (Table 4.2). 47.6% of the respondents were females and 52.4% were males (Table 4.3). Majority of respondents are smokers which are 61.9% and 38.1% are not smokers (Table 4.4). Based on the survey, reason being on what made them started smoking are social influence which consists of 53.8% followed by stress with 15.4%. Most of all, what made them started smoking are due to social influence, stress, and interest with 23.1% who chose the option of all on above (Table 4.5). 76.9% of smoker's smokes less than one pack a

day and 23.1% smokes one pack a day (Table 4.6). Furthermore, with the respondents given back it is identified that 53.8% of the respondents smokes up to three years with the equal of 15.4% smokes two years, four to eight years and above eight years (Table 4.7). 76.9% of smokers does not experienced any health issues but 23.1% of the smokers does experience health issue due to smoking (Table 4.8). Since January 2019 onwards, Malaysia has started new rules with systems to go no-smoking rule at all eateries. 61.5% chooses no and 38.5% agrees that it made them smoked lesser (Table 4.9). 66.7% says that it is not reasonable of RM10,000 and a year in prison as penalty if they break the smoking rules (Table 5.0) and 52.4% does not agree on more restrictions on the smoking penalties (Table 5.1). Lastly, 66.7% of respondents agrees that with the new system on the restrictions of smoking has made public places cleaner (Table 5.2).

Table 4.1: Age

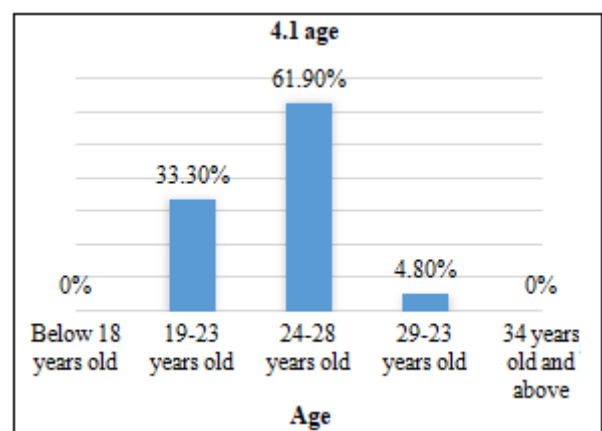


Table 4.1 shows that the research survey is mostly based on age twenty-four to twenty-eight years old which consists of 61.9% and nineteen to twenty-three years old of 33.3%.

Table 4.2: Occupation

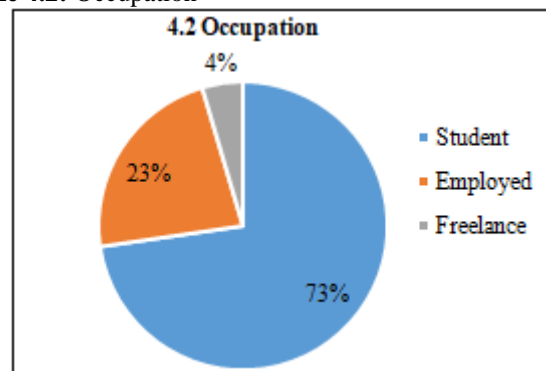
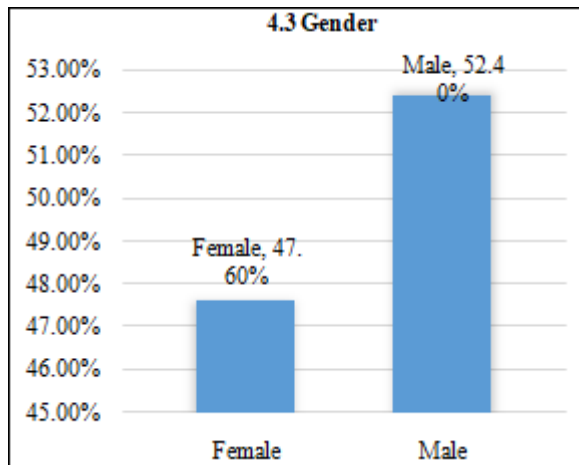


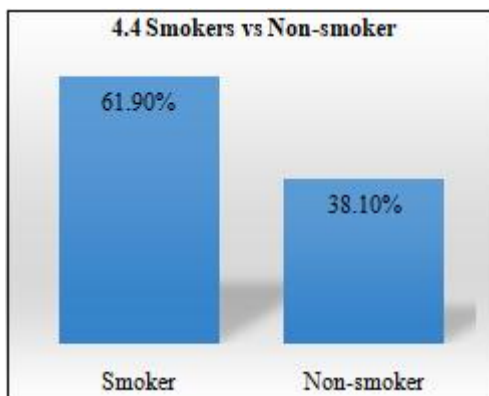
Table 4.2 shows that 73% of the survey are students in Cyberjaya and 23% are employed. It shows that most people in Cyberjaya are mainly students due to universities in the area.

Table 4.3: Gender



Based on table 4.1, the responses from the survey questionnaires 47.6% are females and 52.4% are male respondents of people living in Cyberjaya.

Table 4.4: Smokers vs Non-smoker



Based in table 4.4, with the results of twenty-one respondents from the questionnaire has allow us to know that 61.9% are smokers and 38.1% are non-smokers in Cyberjaya. This has made an alert that most people in Cyberjaya are smokers.

Table 4.5: Why do you smoke?

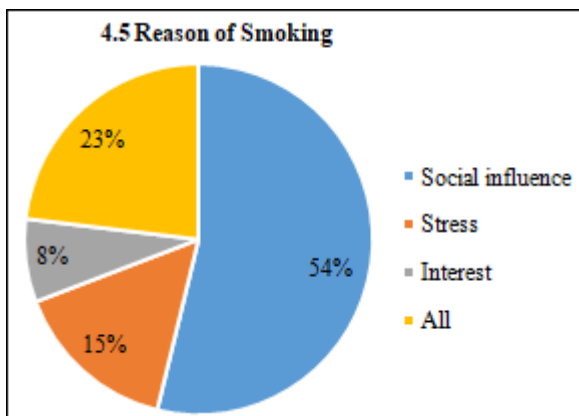
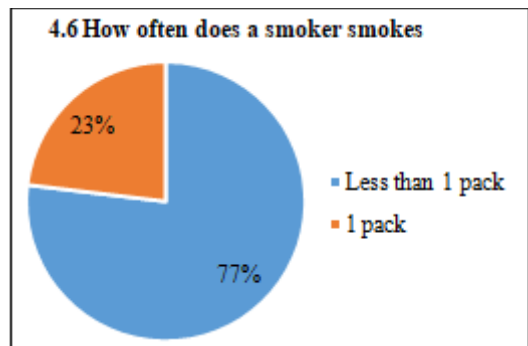


Table 4.5 has educated us that, the reason smokers started smoking is due to social influence and stress. But, most of

all it is all above which are social influence, stress and interest that accumulated up together.

Table 4.6: How often do you smoke?



Based on table 4.6, it has shown that 77% of people smokes less than one pack a day. And 23% of people smokes one pack a day.

Table 4.7: How long have you been smoking?

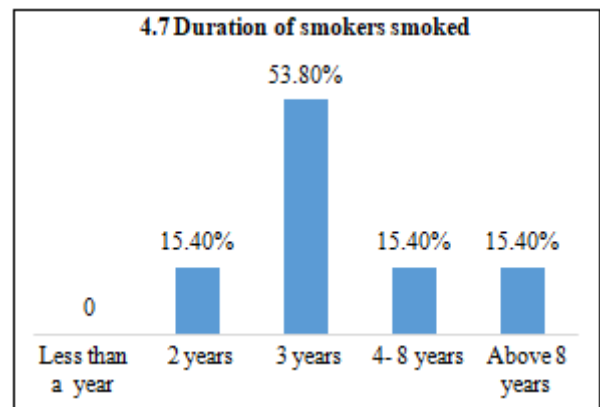
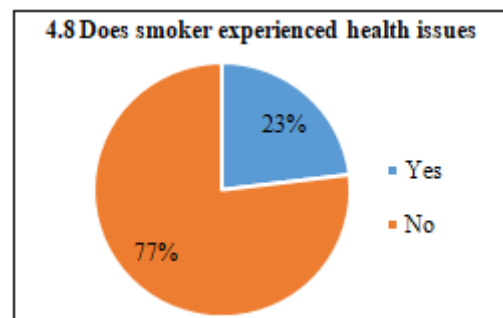


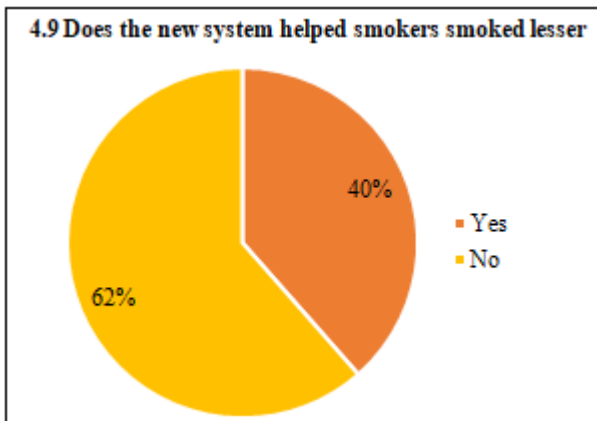
Table 4.7 shows the duration of smoker, majority has smoker three years and above.

Table 4.8: Has smokers experienced health issues?



Based on table 4.8, it is shown that 23% of smokers does experienced health issue due to smoking. And 77% does not encounter any health issues do to smoking.

Table 4.9: Does the new system helped smokers to smoker lesser?



Based on table 4.9, this survey has let us know that with Malaysia’s new system on the restrictions on smoking did not help smokers to smoke lesser.

Table 5.0: Do you think, the penalty of RM10,000 and a year in prison is reasonable when caught due to breaking the new system of smoking?

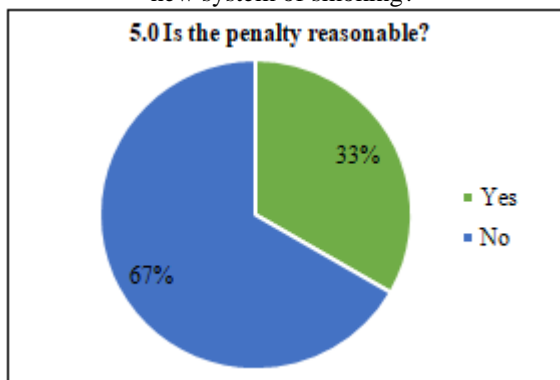


Table 5.0 has told us that 67% does not agree with the penalty when caught due to breaking the new system of smoking rules in Malaysia. The penalty of RM10,000 with one year in prison is not reasonable.

Table 5.1: Agree or disagree of more restrictions on smoking penalties?

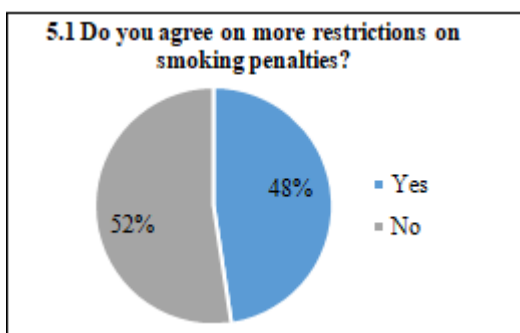
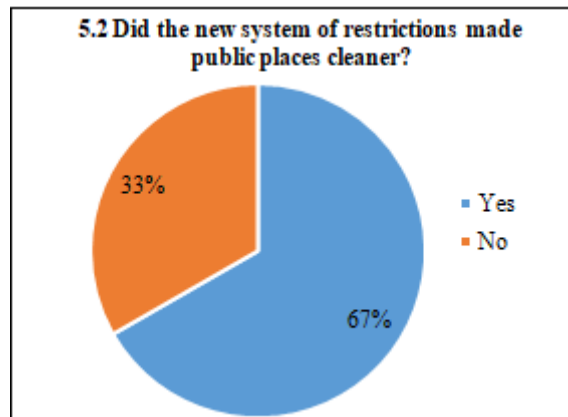


Table 5.1 shows that 52% of respondents disagree on more restrictions on smoking in Malaysia.

Table 5.2: Did the new restriction on smoking made public places cleaner?



According to table 5.2, it has shown that 67% agrees that with the new system in Malaysia it has shaped a cleaner environment in public places as there are no smoke buds or smoke around the eatery area that makes people feel uncomfortable.

5. Recommendations

Malaysia has tried to catch up with neighboring countries such as Singapore and Thailand in tightening smoking bans, but they have not experienced anywhere near the backlash of Malaysia. Singapore enforced a blanket smoke-free law on the famous tourist spot Orchard Road on the day the Malaysian smoking ban came into effect, removing smoking corners in eateries and allowing lighting up only in designated spots in an effort to tackle pollution levels. The Orc, in stark comparison with Malaysia, The majority of customers are not furious. Smokers are a small percentage of the population, with just 23.8% of Malaysians being smokers, but most still do not smoke. No one would argue that it is bad for one’s health to smoke. More people die of tobacco-related illnesses and diseases than in traffic accidents, but in a public place, it is a fundamental question of health and safety issues. Laws traditionally banned smoking under roofs and in five foot ways, but they were not enforced. It must be more visible for signs stating which places are non-smoking. A process of change will take place, but smoking is fundamentally not a right. A right, such as the right to health and clean air, cannot infringe on the rights of others. Smoking is not, therefore a right. In order to ensure a smooth transition into the new smoke free age, there are a few guidelines that can be made. One of which would be avoidance. Prevention is an important and important topic that should be taken more seriously. It usually takes time for an individual to become a smoker, allowing for several opportunities for tobacco control interventions that can either focus on the prevention of experimentation or progression to higher smoking levels. There are identifiable cognitions such as curiosity, peer pressure or outside influences by the media, whether it be first experimentation or progression to a higher level of smoking experience. Some studies have shown that the pre teen years in the range of 15 years old to 18 years old are the most vulnerable age group that could succumb to the lifestyle of smoking. Early experimentation and use is nearly always undertaken in a social context, which emphasises the importance of interventions focused on denormalising smoking. Because during adolescence there is significant change in friendship groups, high-risk cognitions may lead an

adolescent to search for friends who give the chance to smoke. Certainly having peers who smoke is a good indicator of potential adult smoking in almost all studies. What can be done is to impose a slap on the permanent records or real time served to enforce stricter regulations on underage smoking. Moreover, anyone who sell to underage buyers should come under tighter rules. As this age group spends much of their time confined in their classrooms, schools often play a significant role in prevention. Schools should also provide a health advocacy based on the risks of smoking and a detailed overview of the health concerns that would result from smoking. In order to be an advocate outside their school grounds, they should also be aware of the smoking bans that have taken place. Also, smoking should not just be restricted but banned completely in and around school areas or educational institutes to avoid impressionable minds to even have a sight of smoking.

They can also expand the band width of smoke-free policies in addition to that. As of January 2019, except for bars, Malaysia has come out with the full banning of smoking in restaurants and eateries. While it is a great place to start, the government should be looking at more tourist-attracted areas. To enhance the image of the country with cleanliness and overall outlook, they should ban smoking at all tourist attracted areas. Smoking should be banned at all beaches as well as national landmarks, in the footsteps of our neighboring country, Thailand. Not only would this maintain the heritage of the country, but also prevent impressionable eyes as a large number of our own visit said places to relax and also be able to increase tourist attraction in terms of smoking. Recreational areas should follow in the same footsteps, such as bazaars, fairs or concerts. Another approach would be to expand restrictions on smoking through media activism. In raising support for a smoke-free initiative, the media plays a significant role. Most times, the problem often begins from inside, the issue is the individual himself. So it will benefit the cause with the aid of the media to teach proper morals and ethics when it comes to smoking. Next in the success of this smoke-free period, shop owners and cigarette resellers play an enormous role. One of the things that they can play a role in is to not display cigarettes or market them in their shops. This is not to prevent selling of cigarettes at all but to avoid non smokers or curious patrons to have ideas on starting to smoke. Shop owners or sellers can present a list for people who would want to purchase a box and they can choose from that list to buy. Also customers can request their own preferred brand for purchase therefore, in this way cigarettes would not be advertised as much or displayed in shops for non smokers to avoid having the urge or curiosity to start smoking.

Another suggestion will be for the Cigarette makers to appeal. The government has spent too much time targeting buyers while the big fish, who are the tobacco producers, should be targeted. Although it will be a complicated and lengthy process to raise taxes and costs as well as to advise the producer not to sell its goods, the government might convince producers in other ways, such as taking a stand on their packaging. The campaign to reduce smoking in general could benefit from cigarette boxes with clear packaging and big bold health warnings. Without any enticing colors or advertising, cigarette boxes may help reduce the number of

customers actually buying the product. It all comes down to basic psychology and basic strategies of advertising, where we are drawn to the bright colors and compelling taglines as individuals. So with cigarettes having to be sold in plain packaging would reduce the number of buyers. As for the smokers, having a designated space for them is ideal in so many ways. One of the government's reason to induce the smoking restrictions to is achieve a clean environment for the country. However, with this ban, smokers are still allowed to smoke 3 meters away from the restaurant and can still smoke freely elsewhere. This defeats the purpose of a cleaner environment as it may make restaurants cleaners but 3 meters after the fact would still be in the same mess it was before the ban started. Cigarettes buds can be found loitering in streets, walkways, bus stops and piling in the 3 meter away area. It would also be safer if proper designated areas and proper cigarette discard facilities were provided for smokers everywhere, as well as in restaurants. Restaurants should provide smokers with a small room to enjoy a puff that will show non-smokers where to stop sitting. As for bus stops, office buildings, walkways and such, designated smoking areas can increase the cleanliness tenfold as well as ensure a smooth transition towards a smoke free environment because some studies show that smokers are known to quit or smoke less when they are provided only certain places to do their activity. Lastly, another way to ensure change is to limit the number of boxes that can be bought by consumers. As an example in the island of Wilayah Persekutuan Labuan, consumers are limited to 30 packs of cigarettes in a month. The same change in system can be made everywhere where consumers are required to follow the acquired limit of boxes to purchase. This can surely reduce the amount of smoke being produced and smoke inhalation as well as increasing the cleanliness of the environment.

6. Conclusion

For the smokers themselves and for the people around them, there is no denying that smoking is bad. While we still have a long way to go to achieve a smoke-free environment, it takes every individual to participate and create their own initiative to create a better future for themselves and for the nation. Health is the most important factor to take into account when it comes to advocating for the campaign, as it appeals to not only the governments itself but also to the proper NGO organisations to take charge. As per our survey shows, most smokers are in the age group of education proprietries. Although it may be scary to face that most of our smokers come from a young age, but with that young age comes the benefit of time, time to change and time to rehabilitate. As have been proposed in recommendations, there are many viable methods in order to ensure the success of the smoke free campaign.

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