

Smoking Behavioral Intentions of Nursing Students in Kendari

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ABSTRACT

This study aims to analyze the smoking behavioral intentions of nursing students in Kendari. The type of research used is qualitative with a case study design. The analysis takes the form of domain analysis using Focus Group Discussion data collection techniques for eight nursing students in Kendari. The research results show that smoking behavior is not based on intention. They start smoking by trial and error and are influenced by social friends. The need for an interpersonal communication approach is supported by policies to implement strict and sanctioned no-smoking areas, both on campus and in nursing students' workplaces, to minimize their chances of having the intention to smoke.

INTRODUCTION

Smoking behavior is a common phenomenon in Indonesian society. For most Indonesians, smoking is a behavior pattern that occurs every day. Smoking is a behavior that is often found in various places and is considered a habit in Indonesian society.

Regulation of the Minister of Health of the Republic of Indonesia Number 40 of 2013 is used as a reference for the Government, regional governments, and the community in making policies and strategies to control the impact of cigarette consumption in Indonesia. The expected achievement of this Road Map is the formation and implementation of public policies/regulations that protect the public from the dangers of smoking, for example, No-Smoking Area (KTR) regulations.

Meanwhile, the DPR-RI has tried to discuss the Tobacco Bill (RUU). Since the beginning of its drafting, this bill has attracted controversy, but it will soon be brought to the plenary session to be ratified as legislation. Even though there have been these efforts, it is evident that efforts to control the number of smokers still require community participation. Most people view that smoking behavior has many negative impacts. However, some people think that smoking behavior can have a relaxing and calming effect on them, even though strangely enough, they understand that the smoking behavior they carry out is a considerable danger for themselves as people who smoke (active smokers), as well as people around them who are not smokers (passive smokers).

Even though the writing on cigarette packaging, these smokers already know that cigarettes can negatively impact health, including cancer, heart attacks, impotence, pregnancy and fetal disorders, strokes, cataracts, tooth decay, osteoporosis, and sperm abnormalities. , even now, the writing on cigarette packs reads warning that smoking kills you (1).

Characteristics of social smoking among students. To date, there is no standard way to define social smoking. However, their research described the characteristics of a social smoker as someone who smokes more commonly with other people than alone and smokes in certain social situations, such as at parties or when socializing with other people.

In the Kendari Nursing campus environment, students tend to smoke. They smoke due to various factors, from trial and error or the influence of friends who smoke. The results of the interview with Mr. A, who is a security officer at the Kendari Nursing campus, said that most of the male students at this health campus are

smokers. Even Mr. A noted there were also smokers among female students. Places often used for smoking are campus canteens, parking lots, and building lobbies.

These students tend to smoke when hanging out with friends when they come home from college and during their leisure time when there are no lectures. Smoking is a habit in society often found in everyday life, in various places and occasions. Smoking behavior is the activity of burning tobacco, inhaling, and then exhaling the smoke. Cigarettes are one of the biggest causes of death in the world. The World Health Organization (WHO, 2014) states that around 6 million people die yearly from smoking.

Research conducted by Pasco (2012) stated that among 165 people with major depressive disorder and 806 controls, smoking was associated with increased odds of major depressive disorder (age-adjusted odds ratio (OR) = 1.46, 95% CI 1.03- 2.07). Compared with non-smokers, the odds of major depressive disorder are more than double for heavy smokers (>20 cigarettes/day). Among 671 men with no history of depressive illness at baseline, 13 of 87 smokers and 38 of 584 non-smokers developed de novo major depressive disorder during a decade of follow-up. Smoking increased the risk of depressive illness by 93% (hazard ratio (HR) = 1.93, 95% CI 1.02-3.69); this was not explained by physical activity or alcohol consumption.

The condition of smokers in Indonesia is also increasingly worrying because cigarette consumption continues to increase rapidly yearly, exceeding the population growth rate. In 2010, it was known that the prevalence of smoking in Indonesia was 34.2% and increased further in 2013 to 36.3%. Daily cigarette consumption per person in Indonesia in 2013 was 12.3 cigarettes/day (equivalent to one pack). Global Youth Tobacco Survey 2014 data (GYTS 2014) states that 20.3% of school children smoke (36% boys, 4.3% girls), 57.3% of school children aged 13-15 years are exposed to cigarette smoke at home, and 60% are exposed to cigarette smoke in public places or six out of every ten school children aged 13-15 years are exposed to cigarette smoke at home and in public places (2). Data from the Global Adult Tobacco Survey (GATS, 2014) also shows that the prevalence of smoking in Indonesia is 34.8%, and as many as 67% of men in Indonesia are the most giant smokers in the world (3).

According to Basic Health Research (Riskesdas, 2013), 24.3% of active smokers smoke daily, 5% are occasional smokers, 4% are former, and 66.6% are non-smokers. Nearly 80% of smokers smoke when they start smoking from a young age and do not know the risks regarding the dangers of addictive cigarettes (9). A person's intention to act is related to their health or health care (behavior intention). Behavioral preferences, according to Ajzen (2006) in Hanafiah (2012), in general, the better the subject's attitudes and norms, the greater the control one feels, and the stronger a person's intention to carry out that behavior (4).

Jogiyanto (2007) argues that intention is a function of two essential determinants, namely the individual's attitude towards behavior (a personal aspect) and the individual's perception of social pressure to carry out or not to carry out behavior, which is called subjective norms. In short, according to the Theory of Reasoned Action (TRA), practice or conduct is influenced by intentions, while attitudes and subjective norms influence intentions. Beliefs about the results of previous actions influence attitudes themselves. Subjective norms are influenced by ideas about other people's opinions and motivation to comply with those opinions. More simply, this theory says that a person will do an action if he views it as positive and believes that other people want him to do it.

Smoking behavior is a phenomenal activity, meaning that even though many people know the terrible effects of smoking, the number of smokers has not decreased. It continues to increase. Currently, the age group of smokers is varied and is not just dominated by men. Current facts show that smoking is becoming a trend. There is a tendency for the age to start smoking to be younger.

Efforts to overcome smoking behavior in students include reducing cigarette consumption gradually and with a firm intention and motivation not to smoke. Therefore, a high level of awareness is needed from each student. Realizing the negative impact of smoking activities carried out by cigarette users for themselves and those around them, this needs to be reviewed further so that in the future, it can reduce the number of cigarette users and the number of health problems due to smoking activities.

Students also smoke quickly because the regulations are less strict about prohibiting smoking in campus areas, and it is easy to see cigarette advertisements with their idols. Then, their models boldly use cigarettes so that from the access they see or get, the students imitate their heroes. Moreover, we know that nursing or health

students must behave healthily and be free from smoking because they are an example of improving the quality of health, especially regarding smoking.

METHOD

The qualitative approach is an approach to building knowledge statements based on a constructive perspective. This research was conducted at the PPNI Akper Kendari City. The informant is a DIII Nursing student. Data processing was performed in the following stages: 1) Data collection using the FGD technique. 2) Data reduction: the data obtained is focused on the problem being studied. 3) Presentation of data in the form of narrative text and ensuring the confidentiality of informants. 4) Concluding (concepts) from the data presented and then discussing and comparing with the results of previous research and theoretically with health behavior. 5) Conclusions are drawn using the induction method.

Data obtained from in-depth interviews were carried out manually by qualitative data processing instructions and by the objectives of this research and then analyzed using the content analysis method. The data collected is non-numerical, so data analysis begins with writing down the results of observations FGD results, then classified and interpreted, and finally presented in narrative form.

RESULTS

The results of FGD activities carried out on students regarding smoking behavior (behavioral intention) showed that almost all of them had no choice but to smoke and only followed their friends' behavior. As quoted from the informant as follows:

"... initially I started smoking from my friend when I had just registered at this campus. I didn't want to smoke, but because my friends mostly smoked, I joined in..." (An. I, 21 years old).

"... I started smoking because of my friend Jhi. He offered me to smoke because everyone smoked, and then I didn't anyway..." (An. A, 21 years old).

"...if I started smoking because of my social circle, many of my friends used to smoke, so I also started smoking, but if I had no intention of smoking, I didn't have any..." (An. F, 23 years old).

However, some students say different things regarding how they started to know and behave about smoking, they have not yet thought about how to stay away from smoking, as stated by the following two informants:

"... you intend to smoke, hi, you're just curious and want to try it..." (An. S, 20 years old).

"... I started smoking recently, not many months ago, because I just wanted to try it..." (An. R, 20 years old).

The same thing was also stated by the informant as follows:

"... at that time I started to get to know cigarettes because I was just trying it out..." (An. I, 24 years old).

DISCUSSION

According to Hanafiah (2012), behavioral intentions, in general, the better the subject's attitudes and norms, the greater the perceived control, and the stronger a person's intention to carry out the behavior (4). Intention is the heart's movement towards what it considers the goal: obtaining benefits or preventing harm. Villas (2000) describes intention as setting a plan that estimates behavior. Conner and Norman (2005) explained that in social cognitive theory in social psychology regarding health, intention is a core construct in understanding behavioral intentions related to health, actions, or changes in behavior. The behavior that will be carried out is behavioral intention (intention), which is the intention (intention) to carry out regular health actions where there is an increasing possibility of carrying out these health actions.

According to informants in research that has carried out both moderate and heavy smoking behavior, they have no intention of smoking. A person's behavior starts from choice, so from that intention, they can manifest it in the form of actions or behavior, but the informants studied stated that their smoking behavior was not based on existing definitions but because of other factors, whether from the environment or the relationships they experienced. This statement is supported by Jogiyanto (2007), who believes that intention is a function of two essential determinants, namely the individual's attitude towards behavior (which is a personal aspect) and the

individual's perception of social pressure to carry out or not to carry out behavior which is called subjective norms. In short, according to the Theory of Reasoned Action (TRA), practice or conduct is influenced by intentions, while attitudes and subjective norms influence preferences. Beliefs about the results of previous actions influence attitudes themselves. Subjective norms are influenced by ideas about other people's opinions and motivation to comply with those opinions. More simply, this theory says that a person will do an action if he views it as positive and believes that other people want him to do it.

Some informants thought they started smoking based on trial and error and influence from friends until they finally became dependent on cigarettes. Social impacts and the environment in which they live are some factors that cause them to start smoking. This is in line with research by Rachmat et al. (2013) that there is a significant relationship between the influence of friends or peer groups and smoking behavior, and the results of research by Komalasari (2006) that in fact, most teenagers start the smoking habit because they follow their friends or because of the influence of the social environment. During adolescence, several changes can occur, including a difference in the things that interest him and his relationships with others. New and more mature things replace many exciting items from childhood during adolescence. This fact is supported by Liem (2014), namely that friends influence smoking behavior. Therefore, researchers' results regarding smoking behavior with intention were not obtained in the field when conducting in-depth interviews with each informant.

CONCLUSION

Based on the discussion of the research results regarding the intention to smoke behavior in Kendari nursing students, it was concluded that intention is the basis for a person to do something, manifested through attitudes and actions. Intention to smoke behavior was not obtained from the results of information related to the research conducted. From the data obtained, they smoked because of their social interactions and the influence of friends who were smokers, so it was from this social interaction that the informants started smoking. From trial and error until they have made cigarettes one of the needs they must fulfill daily.

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