

Analysis of Smoking Habits to Community Attitudes and Behavior Intention Concerning No-Smoking Area (KTR)

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ABSTRACT

Kediri Regency has made a joint commitment to the establishment of a no-smoking area (KTR) in 2019. No Smoking Area (KTR) is set in the Joint Regulation of the Minister of Health and Minister of Home Affairs No. 188/Menkes/Pb/I/2011, No. 7 of 2011 on Guidelines for Non-smoking Areas. The purpose of this study was to analyze the influence of smoking habits on the attitudes and behavioral intentions of the community towards a No Smoking Area if applied in Kanigoro Village, Kras District, Kediri Regency. The research methodology used in this research is the method quantitative. This research using design cross-sectional. The population in this study is the Kanigoro village community, Kras District, Kediri Regency with a total sample of 237 respondents. Statistical tests used in data analysis of the research is linear regression test simple with degrees of freedom = 0.05. The results showed that there was an influence of smoking habits on people's attitudes about a non-smoking area in Kanigoro Village, Kras District, Kediri Regency with a significance value of 0.023. Besides that of this research also found that there is no influence smoking habit to behavior intention to the community concerning the region without cigarette in the village Kanigoro Kras District Kediri Regency with the significance of 0,250. The community of Kanigoro Village, Kras District, Kediri Regency give positive attitude about the plan to implement KTR in their area, this shows their full support for the government to implement KTR in the area.

Keywords : Attitude, Behavior intention Smoking habit, No smoking area

INTRODUCTION

Smoking is a habit of smoke cigarettes carried out in daily life. Smoking is a life style that can cause health problems. Smoking is considered a risk factor for several diseases. Some of the diseases include chronic cough, lung disease, infertility, pregnancy disorders, heart attacks, and cancer. Smoking is a major cause of global death. Smoking activities have been rooted in life and become a culture in Indonesian community.

WHO said almost 6 million deaths per year are caused by cigarettes. This figure is expected to increase to more than 8 million deaths in 2030 (Global Youth Tobacco Survey, 2014). Globally, the increase in cigarette consumption occurs mainly in developing countries. It is predicted that currently the number of smokers worldwide reaches 1.3 billion people (Tobacco Control Support Center, 2015).

Based on Riskesdas data in 2018, the proportion of smokers who smoke daily in the population aged greater than or equal to 10 years in Indonesia is 24.3%, meanwhile the proportion of smokers occasional to those age of more of or similar to 10 years in Indonesia is 4,6 %. The average number of cigarettes per day (kretek, white, rolled) smoked by a population aged greater than or equal to 10 years in Indonesia is 12.8 cigarettes. Meanwhile, the average number of cigarettes per week (kretek, white, rolled) smoked by a population aged greater than or equal to 10 years in Indonesia is 8.6 cigarettes.

Riskesdas data in 2018 shows that in Indonesia aged 17 years and over who smoke and

chew tobacco in 2018 57.2% as much as. Of the 33 provinces in Indonesia, West Java Province has the highest number of tobacco use, which is 51,428 cigarettes, while East Java Province occupying the second-highest position with a total of 37,701 people who smoke everyday. The number of smokers in Kediri Regency own is 23.94% with an average consumption of 10.16 cigarettes per day and is included in the top 15 highest with smoking habits in East Java Province. The highest smoking habit is found in Malang Regency.

The results of interviews conducted on Tuesday, October 27, 2020, of 10 respondents with the status of smokers, 8 of them agreed to the implementation of the No Smoking Area in Kanigoro Village, Kras District, Kediri Regency. Then the researchers interviewed 8 smokers, only 1 would not turn off cigarettes in a no-smoking area.

The regulation on cigarette smoke-free is an attempt was made to control cigarette consumption in the community. Control referred to is that given this regulation the community can no longer smoke in any places. Implementation of smoke-free laws and policies can help stop smoking and reduce the prevalence of smoking in the community. Based on the Joint Regulation of the Minister of Health and the Minister of Home Affairs No. 188/Menkes/Pb/I/2011 No. 7 of 2011 concerning Guidelines for the Implementation of Non-Smoking Areas, Non-smoking area (KTR) is a room or area that is declared prohibited for smoking or producing, selling, advertising, and or promoting tobacco products. Special Place for Smoking is a room specifically designated for smoking activities within the KTR. KTR includes: health service facilities; place of teaching and learning process; where children play; worship place; public transportation; workplace; public places; and other designated places. The leadership or person in charge of these places is obliged to determine and implement No Smoking-Area (KTR). No smoking-Area (KTR) is prohibited from providing a special place for smoking and is a KTR that is free from cigarette smoke to the outer limit. No smoking-Area (KTR) may provide designated smoking areas. A special place for smoking must meet the following requirements: an open space or a space that is in direct contact with the outside air so that the air can circulate properly; separated from the main building/place/room and other spaces used for activities; far and entrances and exits; and far and away where people go.

The establishment of a non-smoking area is an attempt to protect the community against the risk of health problems because the environment is polluted with cigarette smoke, including the household PHBS indicator, namely not smoking in the house which can harm active and passive smokers, especially pregnant women and children. In Kediri Regency in 2019, a joint commitment to the establishment of a smoke-free area has been formed by the Health Office and related agencies. Regulations related to the Non-Smoking Area in Kediri Regency will be discussed further at the Kediri Regency regional regulation meeting in 2021.

Based on the description of the background above, the researcher wants to further examine the influence of smoking habits on people's attitudes and behavioral intentions towards Non-Smoking Areas in Kanigoro Village, Kras District, Kediri Regency.

The role of the community, in this case, is from individual awareness of behavioral intentions in realizing a No Smoking Area policy that limits smokers from smoking, so that people can fulfill their rights to breathe healthy, clean, and smoke-free air.

METHODS

This study uses quantitative methods. This study uses a cross-sectional design, where the researcher analyzes the influence of smoking habits on the attitudes and behavioral intentions of the community towards a No Smoking Area in Kanigoro Village, Kras District, Kediri Regency. This research was carried out in Kanigoro Village, Kras District, Kediri Regency on February 24 - May 28, 2021. The population in this study was the Kanigoro village community, Kras District, Kediri Regency. The number of samples in this study was 237 respondents. The sampling method was carried out by non-probability sampling using the

purposive sampling method, which was based on a certain consideration made by the researcher him self, based on the characteristics or characteristics of the population that were previously known.

RESULTS

A. Variable characteristics

Table. 1. Distribution of Respondents Based on Characteristics in Kanigoro Village, Kras District, Kediri Regency

Characteristics		n	(%)
Gender			
Male		237	100
Female		0	0
Age			
17-25	39		16.46
26-55	176		74.26
>55	22		9.28
Education			
SD	9		3.79
SMP	6		2.53
SMA	141		59.5
D3	0		0
S1	73		30.8
S2	8		3.38

Respondents in this study were active smokers who live in Kanigoro Village, Kras District, Kediri Regency, aged 17 years and over, totaling 237 respondents. The number of respondents consisted of 237 male or 100% and female totaling 0 people or 0%. Respondents who became active smokers were 39 people aged 17-25 years or 16.46%. Furthermore, the age group of 26-55 years amounted to 176 people or 74.26%, the group 56 years and over amounted to 22 people or 9.28%. Respondents who became active smokers whose education level was SD were 9 people or 3.79%. SMP amounted to 6 people or 2.53%, SMA amounted to 141 people or 59.5%, S1 amounted to 73 people or 30.8%, S2 amounted to 8 people or 3.38%.

B. Test Result Statistics

Table. 2. The Influence of Respondents Smoking Habits on Public Attitudes about Non-Smoking Areas in Kanigoro Village, Kras District, Kediri Regency

Category	Smoking Habit		Attitude		Total		Value of	
	Positive	Negative					Significance	
		n	%	n	%	n	%	
Light		163	68,8	7	3	170	71,7	0,023
Medium		55	23,2	1	0,4	56	23,6	
Heavy		4	1,7	3	1,3	7	3	
Very heavy		3	1,3	1	0,4	4	1,7	
Total		225	94,9	12	5,1	237	100	

Based on research on all respondents, 94.94% have a positive attitude to the existence of Non-Smoking Areas (KTR). The results of the bivariate analysis are in table 2. The test results show that smoking habits have an effect on respondents' attitudes about the no smoking area (KTR) in Kanigoro Village, Kras District, Kediri Regency. The greater the number of cigarettes smoked by active smokers, the more negative the respondent's attitude to the no smoking area (KTR) with a significance value of 0.023.

Table. 3. The Influence of Respondents' Smoking Habits on Community Behavior Intention of Non-Smoking Areas in Kanigoro Village, Kras District, Kediri Regency

Category	Smoking Habit		Behaviour Intention		Total		Value of	
	Good	Not good					Significance	
		n	%	n	%	n	%	
Light		160	67,5	10	4,2	170	71,7	0,250
Medium		52	21,9	4	1,7	56	23,6	
Heavy		6	2,5	1	0,4	7	3	
Very heavy		3	1,3	1	0,4	4	1,7	
Total		221	93,2	16	6,8	237	100	

Based on the results of the research above, it can be seen in table 3 that the distribution of characteristics of respondents who have good behavior intention is 221 people (93.25%). Meanwhile, smoking habits do not affect the behavior intention of the community about a

non-smoking area in Kanigoro Village, Kras District, Kediri Regency with a significance value = 0.250.

DISCUSSION

A. Smoking habits on the attitudes of the community about a smoke-free area in Kanigoro Village, Kras District, Kediri Regency

Smoking habit is an activity that is done regularly (do everyday) to smoke cigarettes. Smoking habits in some people are generally triggered by the image in each individual and also the association in the community (Aiman Husaini, 2006:27). Theory of Planned Behavior (TPB) is an expansion of the Theory of Reasoned Action (TRA). In the TRA, it is explained that a person's intention towards behavior is formed by two main factors, is the attitude toward the behavior and subjective norms (Fishbein dan Ajzen, 1975), meanwhile in TPB, one more factor is added, that is perceived behavioral control (Ajzen, 1991). The results of the simple linear regression test generate a significance value of $0.023 < \alpha$ (0.05) for the smoking habit variable on attitudes about KTR. This shows that there is an influence of smoking habits on people's attitudes about KTR. The results of this study are in line with Winda Lestari (2019) which says that there is an influence of attitudes on smoking behavior in non-smoking areas.

Attitude is not behavior, but attitude presents a readiness for action that leads to behavior (Lubis, 2010). Referring to this theory, with the non-smoking area (KTR) respondents who have a light smoking habit will have a positive attitude. Following this study, respondents who have a light smoking habit are the highest and give a positive attitude, which is 163 or 68.8%. Respondents who have a moderate smoking habit are 56 people or 23.6%, 55 people have a positive attitude or 23.2%, and 1 person has a negative attitude or 0.4%. Respondents who have a heavy smoking habit are 7 people or 3%, 4 people have a positive attitude or 1.7%, and 3 people have a negative attitude or 1.3%. Respondents who have a very heavy smoking habit are 4 people or 1.7%, 3 people who have a positive attitude or 1.3%, 1 person who has a negative attitude or 0.4%. The results of this study indicate that smoking habits reduce the number of cigarettes smoked, will give a positive attitude towards the existence of a no-smoking area (KTR) in the area.

According to Santi (2013) attitude is an individual's positive or negative evaluation which will then affect behavior. If someone has a positive attitude, then that person will have a good faith, including the applicable rules. However, if in their belief they can not give something good, then if they are given any rules they will be forced and may not even be able to accept the rules. For example, are heavy smokers. If he is ingrained in himself that if he does not smoke, he will be tortured, then when he is in a non-smoking area, it will be considered as torture.

A person with a light smoking habit will give a positive attitude towards the existence of a No Smoking Area (KTR). The positive attitude is that they will comply with and support regulations if regulations related to smoke-free areas have been ratified by the local government. A person with a positive attitude will comply by keeping the non-smoking area from exposure to cigarette smoke, do not smoke in a non-smoking area and if there are people who will smoke in the area will remind them of the rules in the area. Meanwhile, someone with an increasingly heavy smoking habit will give a negative attitude towards the existence of a no-smoking area (KTR). The negative attitude is that people with increasingly heavy smoking habits will refuse or disobey the rules in non-smoking areas (KTR). The person will continue to smoke and/or will comply with the rules in a no-smoking area by compulsion and feeling heavy.

From the results of interviews with several respondents, they said they agreed if there was a smoke-free area in the area and would comply with applicable regulations. Respondents said they did not know that in Kediri Regency had formed a joint commitment

related to a smoke-free area.

B. Smoking habits on the behavior intention of the community about a smoke-free area in Kanigoro Village, Kras District, Kediri Regency

Behavioral Intention is a person's intention to act in connection with his health or health care (Notoatmojo, 2014). The health behavior of a person or society is determined by the person's intentions towards health objects, the presence or absence of health information, the freedom of the individual to make decisions/actions, and situations that allow him to behave/act or not behave/inaction. A person who is a heavy smoker does not want to follow the rules regarding a no-smoking area, perhaps because he or she has no interest and intention to quit smoking, or perhaps because there is no support from the environment/community. It may also be because they lack or do not have the freedom to choose, for example, neighbors, friendships, work, all are active smokers, which makes the person reluctant and afraid not to be invited to associate.

The results of the simple linear regression test generate a significance value of $0.250 > \alpha$ (0.05) for the smoking habit variable on behavior intention about KTR. This shows that there is no influence of smoking habits on the behavior intention of the community about KTR. The results of this study could occur because it is still only an intention to behave.

The absence of such influence is related to a person's intention to take action in connection with an objector stimulus outside himself, social support or legitimacy from the surrounding community that is needed when taking action, the availability of information about health or health facilities related to the action to be taken (Notoatmojo, 2010).

From the results of research conducted by researchers, there is no influence of smoking habits on people's behavior intention about non-smoking areas (KTR). A person with a light smoking habit mostly gives a good behavior intention towards the no-smoking area policy (KTR). This is because the individual still has the intention to stop smoking in the future because he is afraid that it will affect his health problems in the future. This is the same as what happens to someone who has a heavy smoking habit, from the results of research, more people give good behavior intention. For someone with a heavy smoking habit, this happens because it is still on purpose. The smokers actually understand the consequences that will be caused to their health, but still smoke.

The no-smoking policy is an attempt by the government to limit active smokers from smoking, so that it can improve the degree of public health, protect children and adolescents from exposure and the environment to cigarette smoke, in addition to providing healthy and free air from cigarette smoke.

The researcher hopes that the smoke-free area can be implemented in the Kanigoro village area, Kras district, Kediri regency. Currently, local regulations regarding smoke-free areas have not been ratified. If the local regulations related to smoke-free areas in the Kediri regency have been passed, the researchers hope that the Kanigoro village government can immediately implement them in places that are in accordance with the joint regulation of the Minister of Health and the Minister of Home Affairs Number 188/Menkes/Pb/I/2011 Number 7 Year 2011 concerning Guidelines for the Implementation of Non-Smoking Areas, namely in health service facilities; place of teaching and learning process; where children play; worship place; public transportation; workplace; public places; and other designated places.

CONCLUSION

1. There is an influence of smoking habits on people's attitudes about non-smoking areas in Kanigoro Village, Kras District, Kediri Regency.

2. There is no influence of smoking habits on people's behavior intention about non- smoking areas in Kanigoro Village, Kras District, Kediri Regency.

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