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**Mixed Analysis (Mix Method) of the Relationship between Subjective Norms and Intention to Quit Smoking in the North Cimahi District Area Cimahi City**

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**Abstracts**

**Introduction:** Smoking can be deadly in many forms. The impact of smoking can affect almost all organs of the human body. The smoking habit can disrupt health and reduce quality of life. Various programs from WHO and also the Ministry of Health to control smoking cases, but the results cannot yet be seen significantly, smoking cases are increasing and efforts to stop smoking are still being made. This research aims to analyze the relationship between subjective norms and intention to quit smoking in the North Cimahi sub-district, Cimahi City. **Methodology:** The method used in this research is mixed methods. This research uses a sequential exploratory design type. The research subjects for the qualitative approach were active smokers, their families, 3 health cadres each. Meanwhile, for research using a quantitative approach, the population was 42,128 people with a sampling technique using Cluster Random Sampling. Cluster random sampling so that the total sampling was 53 people. The qualitative research instrument used in-depth interviews, while the quantitative research used questionnaires and statistical analysis using Chi-Square. **Conclusions:** The results of this research are that there is no relationship between subjective norms and the intention to quit smoking in the North Cimahi sub-district, Cimahi City. It is hoped that the realization of concern between individuals and the environment needs to be increased in society itself. Mutual support for the realization of positive behavioral changes among the community itself

**Keywords :** Subjective Norms, Intention, Quit Smoking

**1. Introduction**

Smoking is a major risk factor for non-communicable diseases ( NCDs ) as well as a number of other diseases. Smoking damages lung function making it more difficult for the body to fight many diseases (WHO, 2021). Smoking can be deadly in many forms.

Cigarettes smoked, including through pipes, contain more than 7000 chemicals, including at least 250 chemicals that are known to be toxic or cause cancer. Smoking causes serious health problems that are sometimes fatal. Exposure to other people's cigarette smoke also causes bad health

effects, including death. Long-term smokers lose at least 10 years of their life. Globally, more than 22,000 people die from tobacco use or exposure to cigarette smoke every day, one person in 4 seconds every day. The impact of smoking can affect almost all organs of the human body. The smoking habit can disrupt health and reduce quality of life (WHO, 2021).

Problem in Indonesia is very worrying because in terms of age, smokers in Indonesia come from various age groups. The prevalence of smoking was highest in the 25-44 year age group, namely 37.7%. The prevalence of smoking in the 45-64 year age group was 33.9%. Then, the prevalence of smoking at the age of 15-24 years was 27.9%. Based on smoking data at the provincial level, the percentage of smoking in the population aged  $\geq 15$  years according to the Central Statistics Agency (BPS) in 2022 West Java Province experienced an increase in the percentage, in 2020 there were recorded 32.55% smokers in the population aged  $\geq 15$  years and in 2021 there was a recorded increase to 32.68% smokers in the population aged  $\geq 15$  years. Central Statistics Agency (BPS) In 2022, Cimahi City experienced an increase in the percentage, namely in 2020 there were 25.08% smokers

recorded in the population aged  $\geq 15$  years and in 2021 there was a recorded increase to 26.47% smokers in the population aged  $\geq 15$  (BPS, 2022).

Quitting smoking is one of the best things anyone can do for their own health (Cimahi Health Office, 2021). Various programs from WHO and also the Ministry of Health to control smoking cases, but the results cannot yet be seen significantly, smoking cases are increasing and efforts to stop smoking are still being made. One approach that can be taken to measure the intention to stop smoking so that it will have an impact on smoking cessation behavior is using subjective norms in accordance with the *Theory of Planned Behavior* (TPB) (Sulaeman, 2016). This approach emphasizes the importance of intention in behavior. Furthermore, the *Theory of Planned Behavior* (TPB) tries to explore the relationship between intentions and subjective norms that surround individuals (Ediana, 2016).

On the other hand, according to Ulinuha (2021), subjective norms describe beliefs or confidence in the behavior that will be taken, regardless of whether other people agree or disagree with smoking behavior. It was observed from the environment that many of the research subjects were

smokers, especially social interactions from both the work environment and the home environment, so it was concluded that the environment was very influential in the smoking behavior of health workers. Complaints and smoking prohibitions from the family were ignored because the research subjects did not have a strong basis or the subjects already had difficulty breaking away from the smoking habit (Ulinuha, 2022) . In this study, researchers will carry out a mixed method analysis of the relationship between subjective norms and intentions to stop smoking in the North Cimahi sub - district, Cimahi City. Mixture analysis ( Mix Method ) will provide broader and in-depth results regarding the relationship of subjective norms to intention to stop smoking.

## 2. Methods

The method used in this research is mixed methods. Mixed research methods are a research method that combines quantitative methods with qualitative methods to be used in research activities, so that more comprehensive, valid, reliable and objective data is obtained (Sugiyono 2014).

In this research, researchers used sequential exploratory designs. Sequential exploratory designs are

designs for researchers to first start by exploring qualitative data and analysis and then use the findings in the second quantitative phase (Sugiyono 2014). The research subjects for the qualitative approach were active smokers, their families, 3 health cadres each. Meanwhile, for research using a quantitative approach, the population was 42,128 people with a sampling technique using Cluster Random Sampling. Cluster random sampling so that the total sampling was 53 people.

The qualitative research instrument uses in-depth interviews to collect data, while for quantitative research using questionnaires to collect research data and for data analysis using univariate and bivariate analysis with the statistical analysis used is chi-square.

This research was designed and carried out with ethical principles established by FITKes, Jenderal Achmad Yani University. Therefore, ethical approval was obtained from the FITKes Research Ethics Committee of Jenderal Achmad Yani University with Number 41/KEPK/XI/2023.

## 3. Results

Phase 1 Research Results  
(Qualitative Research)

Respondents' Subjective Norms

"...Most of the people around me smoke and I haven't seen them stop smoking, so I just have the desire to stop but it's still difficult because everyone around me is still smoking..." (SP1)

"...I don't feel anything about being able to stop smoking, there is no encouragement from people around me to stop smoking..." (SP2)

"...People around me, like friends or family, don't care about me smoking and they don't forbid me from smoking so I don't have the urge to stop smoking..." (SP3)

## Phase 2 Research Results

### (Quantitative Research)

Variable	Frequency	%
<b>Gender</b>		
Man	46	86.8%
Woman	7	13.2%
<b>Age</b>		
>30 years	35	66%
<30 years	18	34%
<b>Education</b>		
Elementary School	4	7.5%
Junior High School	11	20.8%
Senior High School	33	62.3%
Higher Education	5	9.4%

Based on Table 1, it can be seen that the majority of respondents' characteristics based on gender are men with a total of 46 people with a percentage of 86.8%. Meanwhile, the majority of respondents' characteristics based on age were >30 years with a total of 35 people with a percentage of 66.0%. On the other hand, the majority of respondents' characteristics based on education were high school with a total of 33 people with a percentage of 62.3%.

Subjective Norms for Smoking Cessation	Frequency	%
Not good	39	73.6%
Good	14	26.4%
Total	53	100%

Based on Table 2, it can be seen that the majority of respondents' subjective norms for quitting smoking are in the poor category with 39 people

with a percentage of 73.6%, while the respondents' subjective norms for quitting smoking are in the good category with 14 people with a percentage of 26.4%.

Intention to Quit Smoking	Frequency	%
No	40	75.5%
Yes	13	24.5%
Total	53	100%

Based on Table 3, it can be seen that the majority of respondents' intention to stop smoking is in the category of having no intention to stop smoking with a total of 40 people with a percentage of 75.5%, while the respondents' intention to stop smoking in the good category has the intention to stop smoking with a total of 13 people with a percentage of 24.5%.

Subjective Norms	Intention to Quit Smoking				Total		PR (95%CI)	p-value
	No		Yes					
	n	%	n	%	n	%		
Not Good	2	73.3%	1	26.7%	3	10.0%	0.720	
Good	8	7%	0	3%	8	0%		
Good	1	93.3%	1	6.7%	1	10.0%	(95%CI: 0.075-6.889)	1.000
	4	3%		5	0%			
Total	4	79.6%	1	20.4%	5	10.0%		
	2	2%	1	8%	3	0%		

Based on Table 4, it can be seen that there were 28 respondents with a percentage of 73.7% who had unfavorable subjective norms and had no intention of quitting smoking. On the other hand, there were 14 respondents with a percentage of 93.3% who had good subjective norms but did not have

the intention to stop smoking. The intention to stop smoking is still very small to be implemented, this is because the subjective norms felt by respondents still have very little impact. The statistical test results obtained  $p$  value = 1,000 so it can be concluded that there is no relationship between subjective norms and the intention to quit smoking in the North Cimahi sub-district, Cimahi City.

#### **4. Discussion**

Subjective norm (SN) refers to the extent to which relevant people or individuals support or do not support the performance of a particular behavior. In research, SN is usually measured by asking participants to what extent they think those closest to them - family members, friends, or colleagues will support them in getting involved in changing their behavior (Mahyarni, 2013). According to Saeroji (2015), normative belief is a belief held by an individual that the environment and people around him support what he does. Based on this opinion, it can be concluded that normative belief is a form of belief held by an individual to do something. Behavior based on the people closest to him (preference group) and also because of the environment around him which has an

influence on what decisions an individual will make (Saeroji, 2015).

The research results obtained in this study in all 2 stages obtained results that mutually support each other. In the first stage, qualitative research was carried out, the result of which was that the subjective norms possessed by the research subjects were still very small, felt by the research subjects themselves, this was because the research subjects felt that the environment, which was one of the factors driving the realization of subjective norms, itself had a fairly small role. . There is a lack of mutual concern between individuals in the respondent's environment related to supporting each other to stop smoking. The research subject has the desire to stop smoking, however, because the environment does not really support this change, the behavior or intention to stop smoking cannot be had by the research subject themselves. In the second stage of research quantitatively, results were obtained that were not much different from the results obtained in the first stage of research, namely that there was no relationship between subjective norms and the intention to quit smoking in the North Cimahi sub-district, Cimahi City, this was because respondents had poor subjective

norms, so the respondent also indirectly had no intention of quitting smoking (Ajzen, 2005).

The research results obtained in this study are supported by several studies, theories and previous research results where subjective norms can describe beliefs or beliefs about the behavior that will be taken, regardless of whether other people agree or disagree with smoking behavior. Subjective norms act as a person's beliefs in making positive or negative decisions in behavior (Arifin, 2021). Families had varying responses regarding research subjects who smoked. Most parents and wives did not agree and tried to remind the research subjects to stop smoking. In accordance with the statement from Sari (2014) which states that normative beliefs held by family and society also shape a person's behavior and even culture. The environment around the smoker plays an important role in maintaining and motivating the smoker's intention to leave the habit. Individuals must have a strong intention or determination to stop smoking and be supported by their environment, especially family (Droji, 2011). It can be concluded that to encourage the intention to stop smoking, subjective norms must be good, in this case the role of the

environment is very influential in smoking cessation behavior. Complaints and smoking prohibitions from the family must be given because for respondents research on smoking behavior is still being carried out because there is no encouragement from environmental factors to make them stop smoking.

## **5. Conclusions**

There is no relationship between subjective norms and the intention to quit smoking in the North Cimahi subdistrict of Cimahi City. There are several reasons why these two research variables are not related to each other, such as the lack of support from the environment around the research subjects or research respondents to encourage the creation of good subjective norms for the subjects. research or research respondents. It is hoped that the realization of concern between individuals and the environment needs to be increased in society itself. Mutual support for the realization of positive behavioral changes among the community itself. On the other hand, encouragement from health workers as well as cadres and religious leaders is needed in an effort to increase the subjective norms of individuals in

society to be able to have the intention to stop smoking.

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