







Smoking Therapy: Effective Ways to Stop Smoking in RW 13 Jayagiri, Lembang, Bandung Regency

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Abstract

One of the healthy living behavior programs is to prevent good smoking behavior in the community. This service aims to increase knowledge about smoking behavior and improve clean and healthy living behavior in RW 13 Jayagiri, Lembang, Bandung Regency. The method used in this service is to use the pre-test method and the delivery of material in the form of counseling, as well as carrying out evaluations. Data collection using questionnaire sheets as evaluation material. The results obtained in this service were obtained distribution based on high school education as many as 16 people (64%), S1 4 people (16%), junior high school 3 people (12%), elementary school 2 people (8%) with ages 10-15 years 2 people (8%), ages 16-20 years 13 people (52%), ages 21-25 years 5 people (20%), ages > 25 years 5 people (20%) The pre-test results on knowledge about smoking behavior are as follows whose knowledge is lacking as many as 13 people (52%), Enough knowledge 9 people (36%), good knowledge 3 people (12%) after counseling the knowledge obtained increased with the results of less knowledge as many as 7 people (28%), enough knowledge 9 people (9%), good knowledge 9 people (36%). So, it can be concluded that there is an influence of knowledge before being given and after counseling on smoking behavior. Therefore, it is necessary to continue socializing about the dangers and risks of smoking behavior to improve clean and healthy living behavior.

A. Introduction

Smoking behavior has become a serious problem affecting public health around the world (Basir et al., 2023). Smoking is the leading cause of a variety of deadly diseases, including heart disease, cancer, and respiratory diseases. In addition, smoking also causes a significant economic burden on the health care system and reduces people's productivity (Claire et al., 2020).

Smoking is one of the main risk factors for non-communicable diseases (NCDs) in Indonesia (Wahidin et al., 2023). The results of Basic Health Research 2022 data, the prevalence of smoking in Indonesia at the age of 15 years and over is 34.9%. This prevalence is higher in males (60.7%) than females (10.7%) (Istiqomah & Azizah, 2022). NCDs caused by smoking include coronary heart disease, stroke, lung cancer, chronic obstructive pulmonary disease (COPD), and diabetes mellitus (Budreviciute et al., 2020). NCDs are the leading cause of death in Indonesia, accounting for 76% of all deaths in Indonesia (Arifin et al., 2022; Widayarsi, 2017).

Based on the results of the National Socioeconomic Survey organized by the Central Statistics Agency, it was revealed that 26.93 percent of West Java's population were smokers. The number of people who smoke in districts / cities in West Java is between 21.6% and 31.9%, currently the most in Cianjur regency (31.89%) and the least Depok city (21.2%). The age range of smokers between 15-19 years 20%, 35-39 years 80%, 55-59 years 60%, and > 75 years 40% of the age range of the youngest smokers are aged 5-14 years 1% (Satria & Ihlasuyand, 2023). Smoking habits are dominated by the male population, while female smokers are only a small few. As many as 50.95% of the male population smoked tobacco in the past month, while the female population only 1.34% smoked. Most smokers (58.7%) smoke more than 60 cigarettes per week, and between 30 and 60 cigarettes / week is carried out by 26.53% of smokers (Fitria et al., 2023). Smoking habits are almost not affected by the conditions of the Covid-19 pandemic. As many as 24.92% smoked every day in 2019, and not much different habits despite experiencing economic difficulties due to the pandemic in 2020, which was 24.78% (Satria & Ihlasuyand, 2023).

Public awareness of the dangers of smoking and the importance of a healthy lifestyle are key factors in addressing the problem of smoking behavior (Suryani et al., 2019). With better knowledge of the adverse effects of smoking and the benefits of a healthy lifestyle, people can make better decisions in maintaining their health and avoiding smoking behavior. However, knowledge alone is not enough to raise awareness and encourage behavior change; these strategies must include a variety of approaches, including health education, strong anti-smoking campaigns, and community support for individuals trying to quit smoking (Kelly & Barker, 2016). With an effective strategy, it is expected to reduce smoking rates, improve public health, and create people who are more aware of the importance of a healthy lifestyle.

Jayagiri Village is one of the villages in Lembang District, West Bandung Regency, West Java. This village has an area of 974,066 Ha, consisting of 19 Rukun Masyarakat (RW). RW 13 is one of the RWs in this village. RW 13 has a population of 990 people consisting of 265 Heads of Families (KK), the results of the study conducted, found several health problems that occur in RW 13, including the tendency to have risky health behaviors, namely smoking, especially among adolescents and adults.

Based on the description above, this community service aims to increase knowledge about smoking behavior and improve clean and healthy living behavior in RW 13 Jayagiri, Lembang, Bandung Regency, about strategies to increase public awareness in preventing smoking behavior and improving healthy lifestyles.

B. Research Method

This community service activity was carried out in the form of health counseling with the title of the activity "Smoking Therapy: Effective Ways to Stop Smoking". This community service activity was carried out at posyandu RW 13 Jayagiri, Lembang, Bandung Regency on Friday, September 22, 2023. Participants of community service activities are teenagers, adults, both women and men in the Jayagiri Puskemas work area in RW 13 Lembang, Bandung Regency who were invited to attend the activity.

The implementation of community service activities uses lecture and discussion methods. Before the speaker gave the material, a pre-test was carried out using a questionnaire sheet about participants' knowledge about smoking, then continued with the delivery of material in the form of lectures through the help of power points containing material on Smoking Therapy: Effective Ways to Stop Smoking and video playback. Furthermore, a discussion was held with participants related to the material provided, ending with an evaluation of the material presented.

This community service activity was attended by adolescents and adults, both men and women, as well as cadre mothers with a total of 34 people present. The stages of implementing this community service activity are first the preparation stage for service, then the stage of implementing service which contains the opening, implementation of the pre-test and continued with the delivery of material as well as discussion and question and answer. After that, the closing stage and evaluation, this activity was carried out using questionnaires filled out by the community as evaluation material for service activities.

C. Result and Discussion

Based on the results of the evaluation by giving questionnaires to community service participants, the following results were obtained:

1. Characteristics by Age

Table 1. Characteristics of Respondents
by Age in RW 13 Jayagiri Village, Lembang

No	Age	N	%
1	10-15	2	8
2	16-20	13	52
3	21-25	5	20
4	>25	5	20
	Total	25	100

Based on table 1 characteristics of respondents based on age in RW 13 Jayagiri village, Lembang, the results of distribution based on the age of respondents to health counseling activities were 8% in the age range of 10-15 years, ages 16-20 years 52%, ages 21-25 years 20%, and ages > 25 years 20%.

2. Characteristics Based on Education

Table 2. Characteristics of Respondents based on Education
in RW 13 Jayagiri Village, Lembang

No	Education	N	%
1	SMA	16	64
2	S1	4	16
3	SMP	3	12
4	SD	2	8
	Total	25	100

Based on table 2 characteristics of respondents based on education in RW 13 Jayagiri village, Lembang, the results of distribution based on education were obtained, respondents to health counseling activities were 64% still in high school, 12% still in junior high school, 8% graduated from elementary school and 16% graduated from S1.

3. Characteristics Based on Knowledge

Table 2. Characteristics of Respondents based on Knowledge
in RW 13 Jayagiri Village, Lembang

No	Knowledge	N	%
1	Good	9	36
2	Enough	9	36
3	Less	7	28
	Total	25	100

Based on table 3 characteristics of respondents based on knowledge in RW 13 Jayagiri village, Lembang, distribution results were obtained based on knowledge, respondents to health counseling activities, namely 36% were in the good category, 36% in the sufficient category and 28% in the less category.

Based on these results that respondents who have sufficient knowledge after being given counseling about smoking therapy: effective ways to stop smoking, so it can be said that respondents who take part in this health counseling activity become aware and know about the dangers of smoking and how to smoke therapy. Based on table 3, it can be judged that respondents have a positive response and enthusiasm, this can be seen from table 3 that the results of respondents' knowledge in the category are sufficient and good, which is as much as 36%.

Having knowledge is one of the factors for behavior change, especially knowledge about health (Masito et al., 2022). The level of knowledge is strongly influenced by several factors including access to health information, age, and the role of health workers in providing health information (Winarti et al., 2017). In addition, the level of education can be an influence on knowledge. The level of education is a social factor that influences behavior change because social factors are the environment in which a person is located and interacts (Fahri & Qusyairi, 2019).

In the results of the evaluation of community service, it is seen from the age characteristics of respondents are in the age range of 16-20, which means this is the stage of transition from adolescence to adulthood. During this time, a person will experience significant physical, psychological, and social changes. These changes can affect a person's knowledge and education process (Haidar & Apsari, 2020). The knowledge process at this time is characterized by an increase in critical and analytical thinking skills. A person at this

age begins to be able to think abstractly and complexly. They also begin to be able to understand cause-and-effect relationships and make rational decisions.

There are various methods and media that can be used in conducting health education, such as electronic media (TV, Radio, Social Media), print media such as leaflets, banners, posters, newspapers, including card media that can be adjusted to the target and the number of targets to be achieved (Nurlaela et al., 2018). In community service activities, the methods carried out, namely lectures, questions and answers and video playback, are the right methods to be used for targets in the community. The following is documentation of community service activities that have been carried out.



Figure 1. Pre-Test Sheet Filling Activities



Figure 2. Material Delivery Activities



Figure 3. Group Photo

This devotion is in line with the devotion carried out by (Amin, 2017) which states that smoking habits have a bad impact, especially on health and economic matters. In Indonesia itself, there are still many residents who have the habit of smoking. Quitting smoking provides many benefits. Doctors have an important role in helping patients stop smoking. In addition, this devotion is in line with the devotion carried out by (Aminuddin et al., 2019) which states that health counseling can increase public knowledge about the dangers of cigarettes and is expected to increase public awareness to behave healthily by quitting smoking. SEFT therapy can reduce the intensity of people's smoking habits in the Samarinda City Welcome Village.

D. Conclusion

After carrying out community service activities, it was found that there was a good impact on the community. From the results of the evaluation that has been carried out using questionnaire sheets filled out by the community, it shows an increase in knowledge from the community, both in terms of age, education, and knowledge. From the results obtained, there is an influence of knowledge before and after counseling on smoking behavior. Therefore, it is necessary to continue socializing about the dangers and risks of smoking behavior to improve clean and healthy living behavior.

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