

Communication Information and Education (CIE) in Changing Smoking Behavior on Poor Urban Society in Makassar City

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Abstract: The aim of this study was to find Communication Information and Education (CIE) models for public health counselor to change smoking behavior of urban poor society in Makassar City. This study is conducted in Mamajang District, Makassar. There are 11 informants in this study which was selected by purposive technique. This study used qualitative and empirical studies is done by observation interview, documentation and focus group discussion by analyzing the factors that underlie the smoking behavior and the effects of smoking behaviors perceived by poor smokers. Result shows that predisposing, enabling and reinforcing factors are the trigger in perpetuating smoking behavior and impact of smoking perceived poor smokers as a result of the lack of information. All informants are reluctant to consider cigarettes as things that worsen their poverty. Poor smokers utter that even without smoking they are already live in poverty and by smoking they feel more productive.

Key words: Communication information, education, smoking behavior, more productive, effects, documentation

INTRODUCTION

Smoking causes about 8.8% deayhs and about 4.1% disease. If this trend is not reversed in the begining of 2010 or in the early of 2020 that number will increase to 10 million deaths per year with 70% of deaths occur in developing countries in various parts of the world including Indonesia (WHO, 2003).

The number of smokers in Indonesia increased every year the losses obtained due to the impact of smoking is also increased. This condition also found in Bangladesh that the amount of youth in smoking and drug increased (Hossain and Mamun, 2006). There are many factors that cause the increasing number of smokers, especially internal factors such as knowledge and social environment. Sadly, among all smokers there are 70-80% of them are poor. The lack of knowledge due to the lack of information and tobacco dependency effect led to the need for non recurring and become sedentary behavior.

Poor smokers families in Makassar City, mostly comes from job seekers who are migrants. They generally have lower skills and educational level. Most of them work in informal sector such as pedicab drivers, garbage collectors, construction workers who trapped in urban poverty. It's not hard to find poor smokers in some of the slums area. However, some of them are not aware that smoking is bad for their health and their families. These reality shows that their lack of knowledge about bad

effect of smoking resulted in the increasing number of cigarette consumption and worsened the household economy of the urban poor society.

Health Department in Makassar City has made various efforts against the problem of smoking such as advocacy to Makassar City government and parliament to publish the mayor regulation about free smoking area but on the contrary the number of poor smokers and demands on cigarettes increased every year.

Based on the previous background this research's is held to find appropriate communication information and education model in reducing the number of poor smokers in Makassar City. The aim of this study is to analyze communication information and education model for public health advocates in changing behavior of poor smokers behavior.

MATERIALS AND METHODS

This research was conducted in Mamajang District. This research used qualitative methods which is used to explore the phenomenon about reasons behind the smoking behavior of the poor urban society by doing observation interview and documentation during research. There are 11 informant in this research which are poor smokers who lives in Mamajang District.

Table 1 shows that informant's age varies from 17-68 this results confirms that there are no age discrimination when it comes to smoking. The average age of informant

Table 1: Informant's characteristics

Informant's initial	Age (years)	Educational level	Address
Ri	35	Senior high school	Insp.Kanal
Rb	68	Elementary school	Insp.Kanal
Dg.Tr	50	Elementary school	Lorong PKBI
Yns	34	Elementary school	Pasar prgtambung
Dg.Mk	50	Elementary school	Pasar Parangtambung
Rn	24	Senior high school	Belakang Stadion
Ss	42	Senior high school	Insp.Kanal
Za	44	Elementary school	Pasar Prngtambung
Dg.Sr	60	Elementary school	Lorong PKBI
Nr	17	Senior high school	Jl. Serigala
An	28	Senior high school	Jl. Mawas

Table 2: Informants reason's to smoke

Informant's initial	Reason's to smoke	First age when smoking (years)	Smoking duration (years)
Ri	Trying	5	47
Rb	parental influence	14	25
Dg.Tr	Parent's request	25	27
Yns	Friends influence	15	15
Dg.Mk	Stress	14	22
Rn	Friends	11	13
Ss	Trying	12	30
Za	Parents	16	28
Dg.Sr	Stress	20	40
Nr	Friends	11	6
An	Family	11	17

when they smoke for the first time are still very young or teenager which at this phase of life people are still trying to find their identity. It is also increasingly conditioned by external factors that becomes trigger for teenagers to smoke. In this phase of life, young people tend to think that by smoking they will be seen as an adult. When we saw it from informant's low educational background indicates their lack of knowledge which cause them more easily to get influence from social environment on their smoking behavior.

Interview result showed on Table 2, described that most of the informant have been smoking for over 5 years which can be categorized as an smoke addict. It is strongly believed that all informants are already have difficulties to stop their smoking behavior considering the length of time they have been exposed with smoking. It requires persuasive communication to raise awareness in changing the smoking behavior. The influence of social environment such as parents and friends who smoke, encourage the process of imitation to other people. Along with their low educational level consider to be predisposing factor in the creation of smoking behavior of urban poor society (Moleong, 1996).

RESULTS AND DISCUSSION

Research shows that poor smokers knowledge about the impact of smoking is only limited about general matters such smoking is harmful to health. But they don't

know what kind of harm it can effect to their health, family and people around them by becoming passive smokers. The information obtained is very limited due to the lack of counseling related to the effects of smoking not only about it's impact on health alone. This was revealed from interviews with poor smokers as follows.

“Smoking can be harmful to other people? Maybe just for me... I've never heard about it ma'am.... I always smoke at home while there is my wife and my children but everything is fine” (Yns).

“How could it be ma'am? Why does I'm the one who smoke but other people get the sick? All I know is only smoker themselves who have risk to get heart attack, impotence... just like what it written on its cover” (Ss).

This was confirmed by one of the cadre who said: “there has never held counseling about the bad effect of smoking to other people, so no one here knows about it.” Clearly, knowledge of ordinary people based solely on information given by a health worker. The less information they get then their action was in accordance with their knowledge. Just as poor smokers who keep maintain their smoking behavior and used to smoke when gathered with other family members due to their lack of knowledge for themselves and their families. Similar statement comes from different informant when they were asked about the issue of perceived health.

“I don't feel any any disturbance..... and I thing having cough is very common....” (Za) “sometimes I feel breathless but just becuse i'm tired... yes, I do get cough sometimes. I was already thin from the begining, if we smoke we won't be fat so it can also be used a diet drug” (Dg.Sr)

Similar thing stated by other informant: “if smoking is really harmful so why it sold everywhere... there are many doctors who smoke, many people in village also smoke but they're just fine” (Rn).

Lack of knowledge about the effects of smoking is one of the determining factors and encourage the perpetuation of smoking behavior. When knowledge factor is balanced with other behavior forming factors such as friendship, stress and parents role there will be a permissive attitude towards smoking that adopted by society then becomes sedentary behaviors.

There are many different factors that can cause the occurance of smoking behavior. However, social environment tend to be common reason that encourage the forming of smoking behavior. This was revealed by these informant as follows.

“I started smoke since the age of 12 years old because many of my friends already smoke too. My friends always give me cigarettes that why I still smoke until now” (Ss).

Similar things stated by informant Rm and Mk but different from other informant as follow: “I feel stressfull at the time, I can’t continue my study, my father is also passed away. Whenever I have money, I buy cigarette. Whenever I smoke I feel relieve from my stress” (Mk).

“The first time I smoke, I take my father’s smoke secretly. I thought he would be angry but he never looking for his cigarette, maybe he didn’t realized that I take it. I can easily get cigarette that’s why I continue to smoke until now. It’s hard for me to stop, I’d rather not eat” (An).

At the begining informant’s smoking behavior are triggered by their easy acces to get cigarette, solidarity of friendship and stress factors. This also stated by the local headman as follows.

“Most of people in here are urban people which comes from Bantaeng and Jeneponto who wants to increase their life eventough they have to work as pedicab driver and construction worker. They spend most of their leisure time together and some of them are not so concerned about education so that children imitate what their parents do, especially their house is very close” (HD).

Related to what it feels as a result of smoking behavior, poor smokers never think of it as a problem especially when they relate it to perceived fatigue caused by working activity. It is obvious that they don’t understand that it’s all caused by their smoking behavior.

It is associated with a predisposition factor theory by L. Green regarding behavior formation was due to knowledge. Although, knowledge is not always linear to the action but in this findings perpetuating poor’s smoking behavior is due to the lack of knowledge and the permissive attitude of the people around them, causing their behavior conditioned positively. Minimum information about smoking and its effects certainly make poor smokers become careless. Although, there are already regulations regarding free smokin area made by government of Makassar but it still does not have significant effect because sanctions are not imposed maximum.

The level of knowledge greatly influenced by educational background of the poorer which is low. Moreover, most of them are working in informal sector such as construction workers and pedicab driver which is not conducive to get adequate information about smoking effects. This is what inhibits a change in attitude because of the absence of considerations in the process of behavior change.

Various things are interrelated not to mention the lack of knowledge of the urban poor society. According to

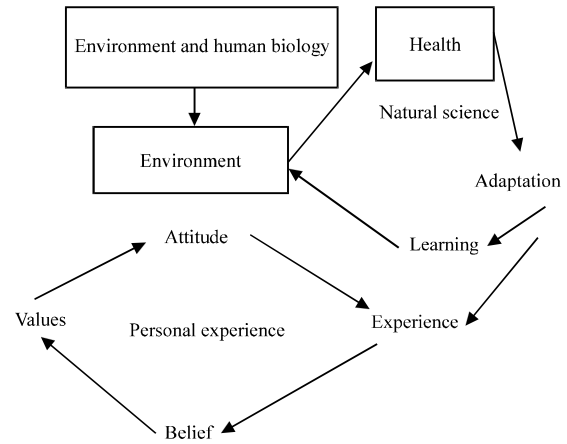


Fig. 1: Predisposing theory (Asrina, 2014)

Notoatmodjo (2003), knowledge is a form of knowing gained from experience, feelings, sense, mind and intuition after someone does a sense to a particular object. Knowledge is the result of knowing that occur when someone has done a sensing to a particular object.

Social environment is another external factor that supports the strengthening of behavior. In poor urban society on this study the initial trigger of smoking behavior are varies such as from the influence of friends who had smoked beforehand. This reason is the most frequently heard as to be accepted into one group then the individual should follow what is done by other individuals in that group. It is very convincing that one of the reasons for someone to be smoker is because they involve with smokers, so there is a bigger chance that individual become smoker because friends are agents of behavioral imitation. These facts indicate that in the friendship occurs interplay between one individual to another which eventually lead to solidarity in friendship.

Asrina (2014) revealed that the predisposing factors that can serve as targets for changes in public health programs interact with each other. For example, awareness leads to cognitive learning which in turn will generate knowledge. Cognitive learning as well as experience, produce conviction. Changes in one of that will affect the other because of the human drive for consistency. However, the impact of these factors in behavior change often depends on their support of enabling and reinforcing factors. Interaction between predisposing factors on the occurring of behavior change can be describe as follow (Fig. 1).

Although, knowledge is necessary but not always become a sufficient cause on changes in behavior. There are other factors that can trigger the formation of behavior

such as attitudes, experiences, beliefs, values and external factors as predisposing and reinforcing factors that also have influence. The importance of knowledge act as a domain in forming individual's action.

Stress and easy access to get cigarettes is another reason that cause the initial of smoking behavior. When a individual experiences stress in life, then they will need distraction, smoking is a common thing done by someone when under pressure which is believed can help to release the burden they have to deal with. Likewise in this study when life needs of the poor become urgent while their economic is very limited, then cigarette is a way of distraction. The belief that cigarettes can release them from their problems reinforce smoking behavior so that it becomes looping and settled. That belief is based more on the psychological factors which positively perceived subjectively by poor smokers. Addiction effects, pleasure and peace feeling they get every time they smoke is an effect of nicotine that contain in cigarette that are not known by poor smokers.

Based on research conducted by Komalasari says that this phenomenon is a tobacco dependency, means that smoking behavior is a fun behavior and has shifted become obsessive activity this is due to the addictive nature of nicotine. Humanly speaking, people always avoid the inconvenience and preserve what gives pleasure. So, it can be understood when the smoker have difficulties to stop their smoking behavior.

Many factor that encourage sedentary behavior for poor smokers. According to this study, people set health workers as an example on smoking behavior. There are smokers who think that smoking is not considered harmful because they see health workers who also smoke when they are supposed to show an act of good for society. This is parallel with the theory of L. Green (Notoatmodjo, 2003) who stated that the health workers are one of reinforcing factors in forming smoking behavior of poor people.

Based on behavioral determinants factor by L. Green, the approach that should be taken and considered appropriate are by giving communication information and education on population target-in this case poor smokers. Activities should be aiming to predisposing, enabling and reinforcing factor in forming smoking behavior. Interventions were taken through, communication information and education can straighten poor smoker's belief and knowledge also to provide the ability to adopt behaviors that suggested by health educator.

Communication and information become very important on growing awareness to poor society in changing non-healthy habits become profitable for

themselves and their families. Based on this research it is believed that by giving persuasive communication information and education to poor smokers and their family can encourage changes in knowledge for behavioral change based on the awareness rather than changing behavior in the form of compelling sanctions which is not based on knowledge. Massive communication information and education for poor smokers involving family members can be more effective because that way they can remind each other to control the urge to smoke which affecting to family's health and economic problems.

Research conducted by Sutresna, revealed that the Communication Information and Education (CIE) is a learning activity that forms the knowledge for the community this activity is surely have three important issue which is input, process and output. In this case, the health education had already formed knowledge which is later becomes factors that cause the formation of an attitude so that society that already have high knowledge level is expected to have an attitude that will ultimately affect them in performing good action which in this case the behavior of early detection of disease. When individual has high level of knowledge it automatically will create good attitude. This is due to health education that will lead their knowledge in performing an attitude. So that, if someone has a high knowledge level then they are expected to have a good attitude as well.

The application of Communication Information and Education (CIE) through, training for the urban poor society and their families is considered necessary to be conducted as an awareness efforts because so many health information has been done in written communication, so for those who are illiterate can not understand the message given and so that the positive message or information can't reach the target population.

Based on this research findings the poor and their families are anxious to learn more about the content in cigarettes and incidence relations with complaints experienced. This can be seen when doing limited counseling regarding smoking. It can be stated that despite their lack of education but with appropriate communication method given based on their background and in accordance with their needs there will be changes in the level of knowledge. Communication Information and Education (CIE) for urban poor society and their family as an efforts to stimulate more positive action, so it should be given in stages according to the knowledge background of the urban poor society. Rogers revealed that before people adopt new behaviors, people will experienced sequential process which are:

- Awareness (consciousness) where the subject realized in the sense of knowing stimulus (object) in advance
- Interest, became interested in the subject of stimulus
- Evaluation the subject began to weigh the positive and negative of stimulus for themselves
- Trial, the subject began to try new behaviors
- Adoption, subject has forming new behavior in accordance with the knowledge, awareness and attitude to stimulus

Although, knowledge is covered behavior that happens to the people who receive communicated (stimulus) messages and can not be observed clearly by others but it is expected that response to stimulus in overt behavior can be seen in the form of action or practice that can easily be observed or seen (Notoatmodjo, 2003).

In the process of communication the message that has been delivered needs feedback from the target who shows interest in the subject matter. Similar to the finding in this study, poor smokers can also mention long term effects caused by smoking after being given limited counseling. Although, it is clear that knowledge factors (predisposition) is not the sole cause of the smoking behavior, there are many things that can also be related such as the external environment: friendship, stress, health workers, etc. However, it is expected that knowledge can reduce or even prevent the increased number of poor smokers in Makassar.

Due to the fact that it's not very difficult for poor smokers to get cigarettes because they can get it at the nearest shop near their house, for those who work as construction workers they can even pay it at the end of weekend after they get salary. This way of course there will be other needs in the family that can not be fulfilled as other primary needs due to limited income that has been allocated to buy cigarettes. This is what supports the persistence of smoking behavior and worsened the poverty of the urban poor. Supporting factors such as facility is linked to Green's theory (Notoatmodjo, 2003), it said that factors which enable individuals to behave in the environmental, physical are supported by whether there is facilities is provided or not provided that allow such behavior to occur.

Related to reinforcing factor on poor smokers behavior in this study the notion that cigarettes are not harmful for health workers who are supposed to be role model on the contrary shows different behavior towards smoking. This reinforces the determinant forming behavior factor by L. Green that in addition to the knowledge and attitudes it is also required sample

(reference) behavior such as from health care workers. In addition, the absence of objections from the other family members toward smoking, reinforces the smoking behavior. That's why communication is important in giving educative information to poor smoker so there is changes on their knowledge and eventually become positive change on their behavior.

Health communication are indispensable in changing behavior because communication on health is a key in achieving increased public health level. When used appropriately, health communication can affect the attitudes, perception, consciousness, knowledge.

According to Notoatmodjo (2003) knowledge or cognitive domain is very important in shaping a person's actions (overt behavior). Behavior based on knowledge will lasts more than behavior that is not based on knowledge. In other words, attitudes can be changed by persuasive strategy by integrating ideas, thoughts, opinions, even new facts through a message delivered through communicative way. Real attitude that shows the connotation of a compatibility reaction to certain stimuli in everyday life is an emotional reaction to the social stimulus. Attitude is not an action or activity but predisposes action behavior. Attitude is a closed reaction not an open reaction or overt behavior.

Health promotion effort through Communication Information and Education (CIE) is expected to provide awareness for the urban poor society in order to change their smoking behavior. This effort is expected to encourage the urban poor society to live with healthy lifestyle in order to maintain and improve their own health and their families. Health promotion effort through Communication Information and Education (CIE) is considered necessary in changing the behavior of the urban poor society because behavior change can not be expected simply by giving sanctions based on existing regulations.

WHO recommends that to overcome problem related to smoking behavior, it is suggested by giving health education to society so that that the existing rules can be adhered to. Health education (health promotion) through Communication information and Education (CIE) aims to make people know and understand about the impacts caused by smoking, so it can change attitudes and manifest into a change of expected behavior.

Health promotion with the IEC conducted by Health extension workers are expected to provide awareness for the urban poor in order to change the behavior of smoking. IEC is expected to encourage the urban poor to live a healthy lifestyle in order to maintain and improve the health of themselves and their families. Health promotion through IEC considered necessary to change

the behavior of the urban poor due to changes in behavior can not be expected simply to sanctions based on existing regulations. WHO recommends tackling the problem of smoking in need nemberikan health education in the community that the existing rules be adhered to. Because health education (health promotion) through IEC aims to make people know and understand about the impacts caused by smoking, so it can change attitudes and manifest into a change of behavior is expected.

CONCLUSION

Poor urban smokers is increased in numbers because there are determinant factors such as predisposing, enabling and reinforcing in forming their smoking behavior. Awareness needs to be done through the provision of communication information and education by health workers so that the poor are aware and without being compelled and can straighten confidence and knowledge of the poor smokers so that they have knowledge and have the ability to adopt behaviors that suggested by health counselor. Communication information and education is one way to reduce the smoking behavior of urban poor society because it is based on awareness and understanding rather than coercion, so expected positive behavior that has been suggested will last for a long time.

RECOMMENDATIONS

It is recommended that there is need for equitable and persuasive information on a regular basis, especially on middle to lower society about the impacts caused by smoking. Health counselor are expected to be proactive in providing the Communication, Information and Education so that poor smokers are not increased.

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