



Self Efficacy and Barriers to Smoking Cessation in Men and Women in Medan: Case Study in the Lower Class Economic Community

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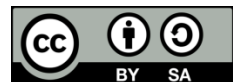
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ABSTRACT

Self-efficacy is an important factor in quitting smoking. The goal of this study was to describe the self-efficacy of quitting smoking and to investigate the factors that contribute to smoking cessation in low-income communities with pedicab drivers and traders working on the outskirts of Medan City. This study took an exploratory research approach, with data collected first through a questionnaire and then through additional interviews. The SSQ, which has been standardized in Indonesian, is used for interview guidance, and expert validity is used. The study included 39 people (32 men and 7 women) who worked as pedicab drivers and market vendors. The results showed that low self-efficacy was 15.3%, smokers with low self-efficacy had barriers to smoking cessation dominated by the mastery experience factor (56.4%). Barriers to quitting smoking are due to mastery experience, namely weak intentions and failure to learn from one's own experience. While the barriers to vicarious experience are due to the factor of seeing a peer group that remains healthy and happy because of smoking. Meanwhile, verbal persuasion is caused by a friend's invitation to women, while men are afraid of getting a bad image. Low self-efficacy was 15.3 percent, sufficient self-efficacy was 61.6 percent, and high self-efficacy was 23.1 percent, according to the findings. The mastery experience factor dominates the barriers to quitting smoking in smokers with low self-efficacy (56.4 percent). It is hoped that the suggestions in this study will help smokers develop a strong will and a strong belief that they can quit smoking. It is also recommended that psychoeducation and counseling approaches be used to help people quit smoking.

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1. INTRODUCTION

Smoking is dangerous because cigarettes contain over 7000 ingredients that have been linked to immune system damage. About half of all smokers develop lung cancer, which is followed by other diseases such as stroke, respiratory infections, diabetes, and, especially in women, breast cancer (2).

According to WHO, Indonesia is the world's third largest cigarette consumer, trailing only China and India (1). Increased cigarette consumption leads to increased smoking-related diseases and mortality. It is estimated that 10 million people will die from smoking by 2030, with developing countries accounting for 70% of the total. Smoking is prevalent in 29 percent of the population in the United States. West Java has the highest smoking prevalence in Indonesia (23.7 percent), while Papua has the lowest smoking prevalence (21.9 percent).

In North Sumatra, smoking is prevalent at 28.4 percent (15). In Indonesia, smoking is prevalent at all ages, particularly among men (children, adolescents and adults). The smoking rate in both men and women continues to rise year after year. Men have a smoking prevalence that is 16 times higher (65.8 percent) than women (4.2 percent). (7). Female smokers, on the other hand, increased from 4.1 percent to 6.7 percent between 2010 and 2013. (8). According to the Centers for Disease Control and Prevention in the United States, women are three times more likely than men to quit smoking. This is due to the fact that women experience emotional changes more frequently than men, particularly during menstruation (2).

According to one study, men who smoke feel more energized and confident. Women, on the other hand, believe that smoking can provide a sense of calm and reduce stress. Furthermore, women believe that smoking can help them lose weight. This is consistent with previous research, which found that women smoke due to low income, a lack of education, and emotional disorders. These female smokers were less likely to quit smoking while pregnant and more likely to resume smoking after childbirth. This makes it difficult for both men and women to quit smoking (8).

In line with this opinion, other studies have also shown that economic conditions are important as an initial determinant of someone to smoke (18). Research conducted by Barbeau, Krieger, & Soobader (2004) also says that socio-economic factors are associated with smoking behavior. Smokers with low levels of education and income tend to choose to show smoking behavior (19).

The negative effects of smoking must be addressed; the problem is that quitting smoking is not an easy task. According to previous research, 66.2 percent of smokers tried to quit but continued to smoke (9). According to the findings of other studies, of the 45 million Americans who smoke, 70% say they want to quit, and some addicted smokers make serious attempts to quit but are only able to quit for a few hours, with only 3% of smokers successfully quitting (10). Another study in Japan revealed the difficulty of quitting smoking, with 113 of 130 patients (86.9%) smoking again after nicotine treatment (11).

Self-efficacy is an important factor in quitting smoking. Self-efficacy is defined as the ability to achieve the desired results or influence, with self referring to the individual. Self-efficacy will grow gradually and continuously as abilities and related experiences grow (12). The first source of self-efficacy is self-experience (mastery experience), which is learning from self-experience to be able to quit smoking behavior or vice versa experiences that are felt to be positive strengthen behavior to keep smoking. Substitute experiences, or caring for others, are the second source of self-efficacy. When people see others (in similar situations to theirs) successfully handle difficult situations, social comparison and behavioral imitation can strengthen self-efficacy beliefs. Third, verbal persuasion can be used to change self-efficacy beliefs. The perception and interpretation of physiological desires is the fourth source.

To summarize, self-efficacy is a meaningful and malleable belief that is critical for initiating and managing a healthy behavior such as quitting smoking (15). Smoking means spending more money on cigarettes and increasing your risk of disease. According to the results of a field survey, there were many groups of smokers from low-income households in the market, including pedicab drivers, super angkot drivers, and street vendors. Those who are struggling to make ends meet continue to waste money by smoking. Therefore, The goal of this study is to describe the self-efficacy of quitting smoking and to investigate the factors that contribute to failure to quit smoking in low-income people who work as pedicab drivers and traders on the outskirts of Medan City.

2. RESEARCH METHODE

This type of research employs mixed research methods, specifically expolanatory research, which is a research approach that incorporates both quantitative and qualitative data. In the formulation of research problems, the goal is to provide a more comprehensive understanding than just one approach (17).

The study's sample size was 39 people, including pedicab drivers and women who sell on the outskirts of the market. The sampling technique used in this study was accidental sampling, which included respondents who were encountered by the researcher during data collection. Respondents will be given a self-efficacy questionnaire, and those with low self-efficacy will be interviewed to delve deeper into information that can answer the research objectives..

Informants in this study were male and female smokers with the following criteria:

1. Found in the market when research is done
2. Active smoker
3. Try to quit smoking
4. Willing to be interviewed

3. RESULT AND ANALYSIS

Based on a descriptive analysis test regarding the description of self-efficacy and smoking inhibition factors in women and men in the city of Medan, the results of the study are described as follows:

Table 1.1 Distribution of Types of Work

Type of Work	f	(%)
Pedicab driver	32	82.0
Marketside Merchant (woman)	7	18.0
Amount	39	100

Based on table 1.1 regarding the type of work, it is found that as many as 82% are workers as pedicab drivers and 18% are women who work as roadside traders.

Table 1.2 Frequency Distribution of Smoker Self Efficacy

Self efficacy	f	(%)
Tall	9	23.1
Enough	24	61.6
Low	6	15.3
Amount	39	100

From the distribution table 1.2 regarding the self-efficacy of smokers, it is found that the majority of respondents have sufficient self-efficacy in an effort to stop smoking, namely 61.6% and respondents who have low self-efficacy in an effort to quit smoking are 15.3%.

Table 1.3 Frequency Distribution of Self-Efficacy Sources That Inhibit Smoking Quitting

Source of Efficacy	f	(%)
Mastery experience	22	56,4
Vicarious experience	11	28,2
Verbal persuasion	6	15.4
Fisiological affect	0	0.0
Amount	39	100

From table 1.3 regarding the sources of self-efficacy that inhibit smoking cessation, it can be seen that the majority of sources that inhibit smoking cessation are mastery experience, namely self-experience, which is 56.4%. Then followed by sources of vicarious experience by 28.2% and verbal persuasion by 15.4%.

Table 1.4 Interview results

No	Informan	Source self efficacy	Evidence Behavior
1	MN (Man)	Low self efficacy with verbal persuasion and vicarious experience as a barriers to stop smoking	So together we smoke here. I don't always have money to buy cigarettes. But friends here usually offer me, whoever has the right money will buy it, so it's our turn. I'm hard to stop when offered by this person (pointing to his friends), hehehe. The name is free, it's nice to be offered if I want to. My friends, the older ones haven't quit, still smoke. He's not sick, I can see he's healthy. Especially since I'm still younger. My wife is angry when she smokes, she said that life is hard and it's still a waste of money, but later on here, it's thought that this person will make money if you don't smoke.
2	SW (Man)	Low self efficacy with mastery experience as a barriers to stop smoking	I really don't want to quit smoking, because I've been smoking for almost 20 years. So if you don't smoke, it doesn't taste good. Like something is missing. I've tried to stop smoking but instead it feels like I want to get sick, so I think that smoking is what makes me feel good at work
3	AD (Man)	Low self efficacy with mastery experience as a barriers to stop smoking	Smoking was originally a trial and error now, it's just occasionally depending on money. If you can't buy two sticks, even one, the important thing is to have a cigarette every now and then. I can't stop because I don't have the desire, I don't smoke a lot, at least one cigarette a day, two cigarettes. Smoking just calms the mind, so you don't have to

			stop.
4	KF (Woman)	Low self efficacy with verbal persuasion and vicarious experience as a barriers to stop smoking	<p>At first, my mother smoked from these sales. It was said that this person should try it first. Finally until now mother smoked. Mother smokes only here because there is a friend of the mother, while talking, waiting for people to buy while smoking.</p> <p>How do you want to stop, if you are still friends with them, you invite this person, give you a stick, two sticks, and finally, you buy cigarettes.</p> <p>We often gather here while smoking together.</p>
5	RP (Woman)	Low self efficacy with vicarious experience as a barriers to stop smoking	Those who smoke are healthy, not sick. It's nice to be seen again even though life is mediocre. I just follow, everyone must die, not because of cigarettes. Many people who often smoke, live healthy. He said "the important thing is a calm mind."
6	FR (Woman)	Low self efficacy with mastery experience as a barriers to stop smoking	<p>I've been smoking for a long time, son, from a girl. My mother used to be stubborn, so now I'm just a salesperson. If you don't already wear your mother's work uniform. Ha ha ha ha.</p> <p>I haven't stopped because I'm addicted, I can get a pack a day. The mother's son is just angry with him, he doesn't like the smoke.</p> <p>I can't stop, I don't feel good if I don't smoke. Don't feel calm mom</p>

From the results of the analysis of quantitative and qualitative results, it can be explained that the self-efficacy of smokers is obtained that the majority of respondents have sufficient self-efficacy in an effort to stop smoking, namely 61.6% and respondents who have low self-efficacy in an effort to quit smoking are 15, 3%. When viewed from the sources that inhibit smoking cessation, it is found that the source of self efficacy that inhibits quitting smoking shows that the majority of sources that inhibit smoking cessation are mastery experience, namely self-experience, which is 56.4%. Then followed by sources of vicarious experience by 28.2% and verbal persuasion by 15.4%.

According to the findings of the quantitative and qualitative analyses, self-efficacy can influence someone to quit smoking. A smoker with high self-efficacy, or strong self-confidence, will be able to overcome obstacles both inside and outside of himself to quit smoking. In line with the findings of this study, another study found a strong positive correlation between willingness to quit smoking and self-efficacy, as well as efforts to quit smoking. The higher a person's level of self-efficacy for quitting smoking, the more likely he or she will succeed. Someone with low self-efficacy uses cigarettes to control their emotions and improve their ability to cope in social situations. Smokers believe that smoking will provide them with positive benefits such as stress relief, the ability to respond to stress and anger, and the ability to cope effectively with environmental anxiety (14).

This is in line with the results of research showing that informants who have low self-efficacy do not try to quit smoking for subjective reasons such as feeling pleasure and calm. Self-efficacy to quit smoking can be formed from 4 sources, namely: Enactive mastery experience, vicarious experience, verbal persuasion, and physiological and affective states. The results of this qualitative study indicate that men and women who fail to quit smoking are equally influenced by factors from the source of self-efficacy, namely the source of mastery experience, vicarious experience and verbal persuasion. At the source of mastery experience, "will" is low and there is no seriousness of belief to stop being the main factor. Even though there are attempts to quit, the failure factor from previous experiences becomes a reinforcer for continuing to consume cigarettes. The duration of consuming cigarettes so that they think that cigarettes are difficult to stop also becomes a weak self-efficacy in terms of self-learning. In terms of vicarious experience, it can be seen that male informants stated that their friends who consume cigarettes still look healthy and emotionally happy. Meanwhile, women stated that the factor of friends, groups became a reinforcement to continue to consume cigarettes. In terms of verbal sources of persuasion, both female and male informants stated that their friends invited them to make smoking behavior.

There are numerous sources that can reinforce or weaken behavior.

The types of information sources used to build self-efficacy so that it becomes a failure in quitting smoking are:

1. Mastery experience

The biggest source of inhibiting smoking behavior felt by respondents in the study was mastery experience. Bandura stated that the source of information in the form of the individual's own experience is the main source of information on self-efficacy. The success obtained will increase a person's self-efficacy while failure will reduce his self-efficacy. If the success that a person gets is more due to factors outside of him, usually it will not have an effect on increasing self-efficacy. However, if success is obtained through great obstacles and is the result of one's own struggle, it will have an effect on increasing self-efficacy (15). Enactive mastery experience is the source of information that most influences the self-efficacy of a person's smoking behavior, because it is directly based on the experience of success in stopping smoking behavior.

In this study, mastery was seen from the experience of failure to quit smoking, there was no intention to quit smoking. The experience of failing when ever to stop smoking makes the respondent feel that he will not be able to stop smoking. A low feeling of being able to quit smoking results in ongoing smoking behavior, so that even if there is previous successful experience, if it is not accompanied by a strong intention, it will not affect the informant to quit smoking. A smoker who has tried hard to quit may experience failure in achieving a goal that has been set by him, this incident will temporarily weaken their self-efficacy and retreat from their goal because of the failure of past experiences.

2. Vicarious experience

Sources of information are also influenced by the experiences of others by looking at what others have achieved. People who have high self-efficacy can learn from the failures of others and try to do better. The efficacy is obtained through social models which usually occurs in someone who lacks knowledge about his abilities so that he does modeling. However, the self-efficacy obtained will have no effect if the observed model is not similar or different from the model (15).

The vicarious experience in this study can be seen from the existence of a social model in front of the informants who still continue to consume cigarettes but still look physically healthy and mentally happy. The experience of other people is shared by the informants and becomes a reinforcement to keep smoking. The absence of a significant figure as an example to stop smoking also prevented the informants from quitting smoking. Observation of other people's experiences will affect the self-efficacy assessment, this is because the informant does not or does not know for sure the extent of the abilities he has, so he cannot compare it with the abilities of the people who are used as models/examples.

Based on the results of previous studies, it shows that the self-efficacy of smokers to quit is to stay away from association with fellow active smokers, and the obstacles felt by the informants are because the informants find it difficult to control their smoking behavior due to the environment of the informants who are active smokers. Thus, low self-efficacy is influenced by vicarious experience factors (experience with friends who smoke), and what strengthens smokers' self-efficacy is a source of physiological affect, namely diagnosed with disease so that there is an attempt to quit (13).

3. Verbal persuasion

Verbal persuasion, according to Bandura, is a method of strengthening beliefs about an individual's ability to achieve goals. According to Bandura (1997), the effect of advice on self-efficacy is closely related to the adviser's status and authority. Furthermore, social persuasion contributes to a person's belief that he or she is capable of achieving what they desire (15).

Female informants in this study who were offered and invited to smoke were usually hesitant to refuse from friends. Smoking activities are carried out in public places, but cigarettes cannot be consumed at home. In contrast to men, the verbal persuasion factor is also accompanied by a fear of being judged as "not manly." As a result, it's difficult to say no to a friend's invitation to smoke. Thus, in terms of verbal persuasion, the informant receives a conversation from coworkers in the form of an invitation to smoke cigarettes. While advice from family members to quit smoking had no effect on their smoking behavior. People who are verbally positively persuaded that they are capable of quitting smoking will develop a greater effort to overcome feelings of fear and failure. In the persuasion study, the invitation to smoke was more intensely faced by the informants than advice from the environment to stop smoking.

According to Pokras et al., one of the challenges of quitting smoking is the peer factor or association, namely the desire to be accepted and involved in social groups in order to maintain smoking behavior (4).

According to several studies, there are several ways to quit smoking, including adopting a healthy lifestyle and employing appropriate coping strategies. Such as regular exercise, adequate rest, and family support to avoid resuming smoking and to be able to quit smoking (3).

4. CONCLUSION

This study's recommendations are that informants learn from their own experiences and the experiences of others in order to be consistent with their smoking cessation behavior. Increase your self-efficacy by gaining confidence and learning from the experiences of others who have

successfully quit smoking. It is also suggested that the government provide psychoeducation and counseling to help people quit smoking.

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