

Knowledge and Attitude of Elderly Man toward Smoking Behavior in Tuncung Village, Maiwa District, Enrekang Regency

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Abstract – Elderly is someone who reaches the age of 60 years and over. Smokers classified as old age are smokers who are at least 60 years old. Based on the age factor, the elderly are expected to adopt a healthy lifestyle one of them by stopping smoking. However, smoking behavior is sometimes described as a source of pleasure. This is due to the level of knowledge about smoking-related diseases and the risk of smoking is very low. This study aims to analyze the knowledge and attitudes of older men towards smoking behavior. This research is qualitative research with a case study approach. Data obtained by in-depth interviews and observations on 13 informants consisting of elderly men who still smoke, elderly men who stop smoking, families, health workers, and religious leaders. Content analysis is used to identify topics or themes in the data. The results showed that informants 'knowledge about cigarettes was still lacking, informants' attitudes towards smoking behavior were influenced by the perceived impact, family support, health workers and local government were very important in efforts to stop smoking and increase knowledge about the dangers of smoking. Therefore, it is important for health workers to provide counseling about the dangers of smoking and provide counseling facilities for smokers who have intended to stop smoking.

Keywords – Knowledge, Attitude, Behavior, Older Men, Cigarettes.

I. INTRODUCTION

Elderly is someone who reaches the age of 60 years and over, based on Law Number 13 of 1998 concerning Elderly Welfare. Laslett states aging (aging) is a process of continuous biological change experienced by humans at all levels of age and time (Sudirman, 2011). Quality healthy elderly refers to the concept of WHO's active aging which is an aging process that remains physically, socially and mentally healthy so that it can remain prosperous throughout life and continue to participate in order to improve the quality

of life as a member of society (Ministry of Health of the Republic of Indonesia, 2016).

The elderly are expected to adopt a healthy lifestyle one of which by stopping smoking. This is considering the physical condition of the elderly who have decreased and are at risk for serious health problems such as heart disease, cancer, stroke, and lung disease (Støvring et al., 2004; Schmitt, 2005). However, the prevalence of elderly smokers in Indonesia is still quite high.

Smokers classified as old age are smokers who are at least 60 years old (WHO in Sulisty, 2005). The Susenas (2017)

results show that almost a quarter of the elderly smoke during the past month. Elderly smokers are dominated by men (43.83% men and 1.75% women). Maybe older smokers think they are too old to stop smoking or too old to benefit from quitting. Even though smoking can worsen the health condition of the elderly who are already susceptible to disease (Central Bureau of Statistics, 2018).

The views of elderly smokers in Greece-Australia about smoking behavior are described as a cause of fatigue, and stress, but are also a source of pleasure. The level of knowledge about smoking-related illnesses and the risk of smoking is very low. The number of cigarettes smoked per day, the type of smoking (ie pipes rather than cigarettes), and previous family history of smoking were identified as indicators that limit the dangers of smoking. Most of the participants had a positive attitude towards smoking and described their own life experiences and cultural norms as supporting smoking acceptance (Mohammadnezhad et al., 2015).

The elderly have the belief that smoking is not dangerous, as a drug and the decision to smoke is a decision that is free. Elderly also considers that smoking is important to them. This value is influenced by the time context of the view of smoking, the existence of addiction factors to the substance, and the function of smoking itself for the elderly (Fibriani, 2018).

Knowledge also influences in creating healthy behavior (Morris et al., 2013). However, the knowledge of rural communities about matters relating to health is still lacking. Therefore, verbal persuasion is needed which can be obtained by informants from family, closest people, lectures, and health information. This will increase knowledge and be a considerable social support in the decision-making process to stop smoking (Firdayanti, 2017).

Tuncung Village is the village that has the second-highest number of elderly people, 173 people (L = 107, P = 66) in 2019 with an average level of education graduating from Elementary School. Tuncung Village is an area that has not been accessed by telephone and internet networks, so that the community is still limited to receive information related to health, this affects the level of public knowledge is still low, especially in the health sector (Tuncung Village, 2018). PHBS (Clean and Healthy Life Behavior) data in the household order for Tuncung Village is the third highest at 40.48%. One of the causes of not achieving the target is because there are still many smoking indicators in the area (Maiwa Community Health Center, 2019). Therefore, the purpose of this study is to analyze the knowledge and attitudes of older men towards smoking behavior.

II. METHODS

This research was conducted in Tuncung Village, Maiwa District, Enrekang Regency. This type of research is a qualitative research with a case study approach. Informants in this study were selected by purposive sampling based on predetermined criteria. The informants in this study were elderly men, immediate families, health workers, and community leaders. Characteristics of the informants are elderly men who have quit smoking, elderly men who smoke, families who live in the same house, health workers who are active in the health program and have served for 2 years, and community leaders who have lived in Tuncung Village for 5 years and considered to have enough knowledge about cigarettes. Data collection methods used in this study are in-depth interviews and observation. Analysis of the data used in this study is content analysis. The data obtained is made in the form of a matrix and then summarized to be stated as a reduction. The results of the reduction will be categorized in detail by dividing the data into small pieces and then collecting in similar groups.

III. RESULTS

Informant Characteristics

Table 1. Characteristics of Elderly Male Informants

Informant Code	Age (Year)	Sex	Education	Employment
AU	65	Male	Elementary School	Planter
WN	70	Male	Elementary School	Farmer

WB	69	Male	Elementary School	Farmer
WC	72	Male	Elementary School	Farmer
MS	70	Male	Elementary School	Farmer
ND	63	Male	Elementary School	Farmer

Source: Primary Data, 2020

Table 1 shows the characteristics of the elderly men who were informants in this study. The informants selected were men aged 60 to 74 who had stopped smoking and smoking.

Based on the table it can be seen that there are 4 informants quitting smoking and 2 informants still smoking.

Table 2. Characteristics of Family Informants, Health Officers and Religious Figures

Informant Code	Age (Year)	Sex (F/M)	Education	Pekerjaan	Hubungan dengan pria lanjut usia
HR	70	F	Elementary School	House Wife	Wife
DD	48	F	High School	House Wife	Wife
IL	23	M	High School	Student	Grand Son
NS	34	F	Bachelor of Health Promotion	Health Promotion Staff	-
YT	32	F	Bachelor of Nurse	Elderly Staff	-
AR	46	M	High School	Tuncung Head Village	-
MS	53	M	Vocational School	Tuncung Village religious figure	-

Source: Primary Data, 2020

Table 2 shows the characteristics of supporting informants consisting of immediate family members, health workers, and religious leaders. The results in this study indicate knowledge about the dangers of smoking is still a cigarette, attitudes toward smoking behavior are influenced by the perceived impact and support of families, health workers, and local government influence efforts to stop smoking.

Knowledge

Smoking at a young age for older men has been considered a safe behavior, this is supported by the absence of information in youth about the content of substances in cigarettes that are harmful to health. The elderly men at that time did not know if smoking would endanger their health.

"...mappelo una ra yaku is ordinary, very indifferent kaleengngi ko ede pale danger na, inda bappa know the officer ki ... ". (I used to smoke only, because I did not know if there were dangers, because at that time no one told me)

(WB, 69 Years Old, 2020)

"...as far as I know the smoke is dangerous for people, but in the past when we were little we didn't know that, people from the community health center who told me only found out ... "

(AU, 65 Years Old, 2020)

In addition, all elderly male informants started smoking since they were still in elementary school, and parents at that time did not forbid their children from smoking.

"...when it was just finished elementary school, yeah right after graduating elementary school, it was due to environmental influences, actually try and try to be finally addicted until now ... "

(WC, 72 Years Old, 2020)

The average knowledge of elderly male informants who stopped smoking or who still maintained their smoking behavior was very poor at a young age. This is due to the lack of information about the dangers of smoking what else some informants since young are not prohibited from smoking by parents

Support

The WN informant stated that the environmental influence was the factor that caused him to smoke, the neighbor who invited him to smoke, as stated in his interview:

"...you bali my ball is mappelo in Dara, malolo mopa ro, nappa siddi anakku... "

(My neighbor smokes, at that time He was young, I only had one child)

(WN, 70 Years Old, 2020)

Elderly men started smoking since elementary school, and at that time also the influence of the environment and parents who have never banned smoking which was a trigger factor for smoking.

"...when I was little, sd mold first when I was a child, see people smoke, want to try, finally can continue, so it's hard to stop, only then my father never forbid me to smoke... "

(MS, 72 Years Old, 2020)

"...I remember, I was still in elementary school, started to learn to smoke there, there used to be I had a friend, it used to be at home with me, try and finally addicted until now, until old like this... "

(ND, 63 Years Old, 2020)

The informant stated that the family had an important role to play in stopping smoking, as stated in the following interview excerpt:

"...but there I have children also smoke first and have stopped now, he used to tell me to stop smoking... "

(AU, 65 Years Old, 2020)

"...that's always banned me first, there is also my child that the teacher always banned me first ... "

(WC, 72 Years Old, 2020)

In an effort to reduce the number of smokers in the working area of the Maiwa Community Health Center, health promotion officers have scheduled each year to conduct counseling or outreach about the dangers of smoking. The following is an excerpt from an interview with the informant:

"...for counseling issues, we from the puskesmas (Community Health Center) usually hold counseling on cigarettes at least 2 times a year, but mostly we do it for teenagers, for example in schools, but we have also held socialization to the fathers, but only once a year ... "

(NS, 34 Years Old, 2020)

In addition to counseling, the elderly posyandu (Integrated Service Post) is also a means of delivering information about health problems, and also the problem of the dangers of cigarette smoke. As quoted from the results of interviews with elderly officers at the Maiwa Health Center as follows:

"...We just don't have data on the number of smokers, but if the posyandu (Integrated Service Post) elderly already has routine every month, we go down according to the schedule that has been made, from the puskesmas we go down to just monitor the usual, from the pustu (Assisting Community Health Center) who implements the posyandu at our regular posyandu danger of cigarette smoke ..."

(YT, 32 Years Old, 2020)

From the quotation from the interview with the informant, that the average informant received full support from the family to stop smoking, both from the Puskesmas and the local government has sought the public to obtain information about the dangers of cigarette smoke for health

Attitude

Attitude becomes a predisposition to the action of a behavior. Attitude is a readiness to react to certain environmental objects as an appreciation of the object.

Positive outlook to stop smoking

Positive effects felt by elderly male informants who stopped smoking were physically that is in terms of health, comfortable feelings, sleep well and not cough anymore, as quoted from the interview with the informant as follows:

"...with kassing na denna na sarai na lao sappa pelo, paja ma more-more to, usually go to bongi more le na marekko tigorro me ..."
(it helps me stop smoking, no longer busy looking for cigarettes, I've also stopped coughing, because it's normal when my throat dries at night)

(WN, 70 Years Old, 2020)

"...pants can not be used anymore because of fat, until now many pants have not been used, because it stopped smoking, good feeling, sleep is also good during quitting smoking ..."

(WC, 72 Years Old, 2020)

In addition to feeling the positive effects in terms of the health of stopping smoking for the elderly, there are also informants who feel the positive effects of stopping smoking in economic terms.

"...as long as I stop smoking it makes me feel good, sleep well ... even beneficial for quitting smoking, even that cigarette money can buy chicken food, snacks for me ..."

(AU, 65 Years Old, 2020)

Positive views on smoking behavior

In contrast to the informants who still maintain their smoking behavior because they feel there are also positive effects they feel, such as feeling excited to work after smoking cigarettes and smoking as motivation to work. The following are excerpts from interviews with Informant:

"...usual if there are no cigarettes, I told him to buy, because I lack of going to the garden if not shop ..."

(MS, 72 Years Old, 2020)

While another informant said that when his health condition declined, smoking felt bitter, but after he regained health, the informant felt smoking was everything, following the results of his interview:

"...if you are sick, ordinary cigarettes taste bitter, but if you are healthy again, delicious again ... because actually, the language of cigarettes here make people seem cocky if smoking, because we are looking for expensive cigarettes money is always bagged, basically everything is cigarettes, as a strong medicine to go work..."

(ND, 63 Years Old, 2020)

In general, elderly male informants who stop smoking feel the positive effects of stopping smoking, they feel their health condition becomes better after stopping smoking. While elderly male informants who still maintain smoking habits, declining health conditions do not affect them to stop smoking, because it is strong and eager to work with smoking.

IV. DISCUSSION

Rogers et al (1974) revealed that before a person adopts a new behavior, in that person a sequential process occurs, namely awareness, feeling attracted to the stimulus (object), weighing the good and bad of the stimulus for himself, the subject begins to try to do something in accordance with what is desired by the stimulus, the subject has behaved recently in accordance with the knowledge, awareness and attitude towards the stimulus (Notoatmodjo, 2007).

The results showed that in general elderly male informants started smoking in their teens. The informant also claimed that they knew of cigarettes from smoker's friends because of the reasons for trial and ignorance about the dangers of smoking. at that time the informant did not get much information about the dangers of smoking. This is in line with research by Wikanto et al (2014) on the efficacy of ex-smokers who say their smoking desire changes from wanting to try to want to benefit from smoking.

According to Notoatmodjo (2007), there are several factors that influence knowledge, namely education, information, socio-cultural and economic, environment, experience, and age. This means that if older men have good knowledge, they will not be easily affected by negative behaviors that are around and will have good behavior, as well as in the lives of elderly men as teenagers, they will not be easily affected by smoking behavior if they have knowledge which is good for the dangers of smoking.

Thus, based on the description above it can be explained that the knowledge of elderly men is greatly influenced by the limitations of knowledge because of the low level of education and is influenced by the surrounding environment who have been friends with smokers since their teens.

Every human being needs other people's presence in his life. Individuals cannot live alone even though the individual is very independent. Social support generally describes the role or influence that can be caused by significant others such as family members, friends, relatives, work colleagues.

To realize the attitude of being a real deed required supporting factors or a condition that allows, among others, is a facility. In addition to the facility factor, support factors from other parties are also needed. Kumalasari (2013) revealed that one of the factors that influenced the intention to stop smoking was family support.

Support for information on the problem of the dangers of smoking in this study has been fulfilled, this has been revealed by the health promotion officer at the Maiwa Community Health Center that counseling about cigarettes is held twice a year in each village working area of the Maiwa health center. In addition, the Elderly officer also said that although there was no data on the number of smokers, the elderly Posyandu (Integrated Service Center) was routinely held every month, in addition to the inspection the Elderly officer also held counseling about health, especially the dangers of cigarette smoke.

Based on the description above, it can be concluded that all elderly male informants have received support from families, health workers, and the local government.

Ajzen (2005) says that attitude is a disposition to respond positively or negatively to a behavior. Attitudes toward behavior are determined by beliefs about the consequences of a behavior called behavioral belief.

Attitudes are determined by individual beliefs about the consequences of displaying a behavior weighed based on the results of the evaluation of the consequences. From these beliefs, ultimately make smokers continue smoking

activities, or vice versa makes smokers have the intention to stop smoking.

The results of this study indicate that the informant had a positive effect during quitting smoking, after quitting smoking the informant felt his health condition was better because the informant had previously been stated to have a lung disease by a doctor. The desire to stop smoking is driven by strong intentions, it is evidenced by the efforts made by the informants to replace the habit of chewing sugar if there is a desire to smoke. Other informants in their efforts to stop smoking by using the fasting month as an exercise in restraint to smoke.

This is in line with the analytical study of the stage of forming self-efficacy in efforts to stop smoking in Semarang which states that the informant is confident that his efforts will not be in vain, especially for health. Some informants even claimed to routinely carry out fasting to practice patience, especially in terms of smoking. And some informants said that there were many ways to overcome obstacles, namely by replacing cigarettes with other things or habits (Amaliah et al., 2018).

Another study by Insani et al (2018) about the sources of self-efficacy in efforts to stop smoking in the city of Watampone said, health reasons are usually the main thing in stopping smoking, the next reason is family and economy. The results of this study in addition to causing health problems, cigarette consumption also caused economic losses, it was proven by informants who claimed to stop smoking because of declining economic factors.

The results of research for elderly male smoker's informants, they still maintain smoking behavior while they know the adverse effects on health. Smoker informants say they have an important role in daily life. Smokers informants feel there are positive effects felt during smoking, for example, are motivated to work while smoking, as a strong drug, and eager to work.

V. CONCLUSION

Knowledge about the dangers of smoking is still lacking due to lack of information obtained. This knowledge influences the attitude taken related to smoking behavior. Smoking behavior was chosen because it felt the positive effects of smoking and did not know the negative effects. Meanwhile, quitting smoking behavior was chosen because it felt a positive impact after quitting smoking both in terms of health and economy. Social support for stopping smoking is obtained from families, health workers, and the government.

To support efforts to reduce the number of smokers, especially in the elderly, it is recommended for health workers to provide counseling about the dangers of smoking both to smokers and to families or other people who are exposed to cigarette smoke. In addition, approaching families provides more support and attention to efforts to stop smoking.

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