

THE ROLE OF THE FAMILY SUPPORT IN THE QUIT SMOKING DECISION: A Literature Review

Abstract

Cigarettes are still a source of health problems in Indonesia. Several non-communicable diseases, which are increasing in number, are mostly caused by smoking behavior. Diseases caused by smoking include prolonged cough, lung disease, pregnancy disorders, atherosclerosis infertility, and several types of cancer. The contribution of smoking to the occurrence of cardiovascular disease is also quite large. The role of the family in supporting the decision to stop smoking is very important. Families can provide the emotional and practical support needed to achieve smoking cessation goals. This study aims to disseminate research results related to the theme of the Role of the Family in Supporting the Decision to Stop Smoking. In addition, it also conducts an analysis of what family roles are needed to support smokers to quit. This research is a systematic review (Systematic Review) using the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-analyses) method. Research is carried out systematically by following the correct research steps or protocols. A search for research articles relevant to the topic of this study was carried out using the keywords: role, family role, family, support, decision support, smoking, smoking cessation, family in decision support, and supporting smoking cessation decisions, which were obtained from Google Scholar and PubMed. In this study, the results obtained were that several indicators in supporting smoking cessation included an environment that supports smoking cessation decisions, the role of the family in supporting smoking cessation decisions, enforcement of family rules, and barriers to quitting smoking.

Keywords: The role of the family, smoking cessation, literature review

INTRODUCTION

Cigarettes are a product produced by tobacco. Cigarettes are enjoyed by burning and inhaling through the stem which is covered with tobacco leaves and wrapped in paper. The number of cigarette sales continues to increase along with the amount of consumption of these tobacco products. The increase in cigarette consumption occurs not only in adult smokers but also in children. This increase is also the cause of increasing deaths from diseases caused by smoking. We often encounter smoking activities in everyday life, occur anywhere, and do not look at gender. Even though smokers realize that this behavior is not beneficial, it is difficult for them to abandon this habit (Bustan, 2007).

Data from the Ministry of Health of the Republic of Indonesia shows that there has been an increase in cigarette sales in 2021, namely an increase of 7.2% from 2020. Where 276.2 billion cigarettes in 2020 increased to 296.2 billion cigarettes in 2021. There were 70.2 billion cigarettes. adults who consume cigarettes. There has been a 10-fold increase in electronic cigarettes from 0.3% in 2011 to 3% of users in 2021. The number of child smokers showed an increase in 2013 by 7.20% and increased to 8.80% in 2016, then to 9.10% in 2018 and shows a percentage of 10.70% in 2019 (Ministry of Health of the Republic of Indonesia, 2022). If this is not controlled, the prevalence of child smoking will increase to 16% in 2030.

Diseases caused by cigarette consumption according to WHO are (WHO, 2019): heart attack, stroke and other cardiovascular diseases, then mouth cancer and other oral diseases, throat cancer, other cancers, fetal death, slow fetal growth, low birth weight and premature birth, lung cancer, asthma, chronic obstructive pulmonary disease, tuberculosis, other respiratory diseases and decreased lung function, type 2 diabetes, dementia, decreased

fertility rates in men and women, erectile dysfunction, sudden infant death syndrome, menstruation illness, severe menopausal symptoms, birth defects, vision loss, hearing loss, a weakened immune system, weak bones, and skin damage. With this exposure, efforts are needed to reduce cigarette consumption to avoid contracting diseases caused by smoking. Meanwhile, the diseases caused by smoking described by (Bustan, 2007) are prolonged coughs, lung disease, pregnancy problems, atherosclerosis, infertility, and several types of cancer.

A family is a group of people who have a bond through marriage, birth and adoption with the aim of creating, maintaining culture and improving the physical, mental, emotional and social development of family members. (Duvall and Logan 1986, Setiawati, 2008). Families are responsible for providing emotional, economic and social support for family members. The family is also responsible for educating and raising children, as well as maintaining relationships with relatives and maintaining harmony within the family. The family is a place where individuals learn and develop, pursue goals, and overcome problems.

The role of the family in supporting the decision to stop smoking is very important, because the family can provide the emotional and practical support needed to achieve the goal of quitting smoking. Success in quitting smoking is influenced by support from the family. Support from families to create a smoke-free environment is explained by the Ministry of Health of the Republic of Indonesia, namely (Ministry of Health of the Republic of Indonesia, 2018): not providing support to smokers, not providing opportunities to smoke for anyone in the family and wherever they are, carrying out outreach activities not to smoke, creating family agreement without smoking, warning family members who smoke, not asking children to buy cigarettes, prohibiting smoking for children for health reasons, not economic reasons, and being a role model for not smoking.

The role of the family is important in the decision to stop smoking. So in this research the aim of the author is to find out the role of the family in supporting the decision to stop smoking.

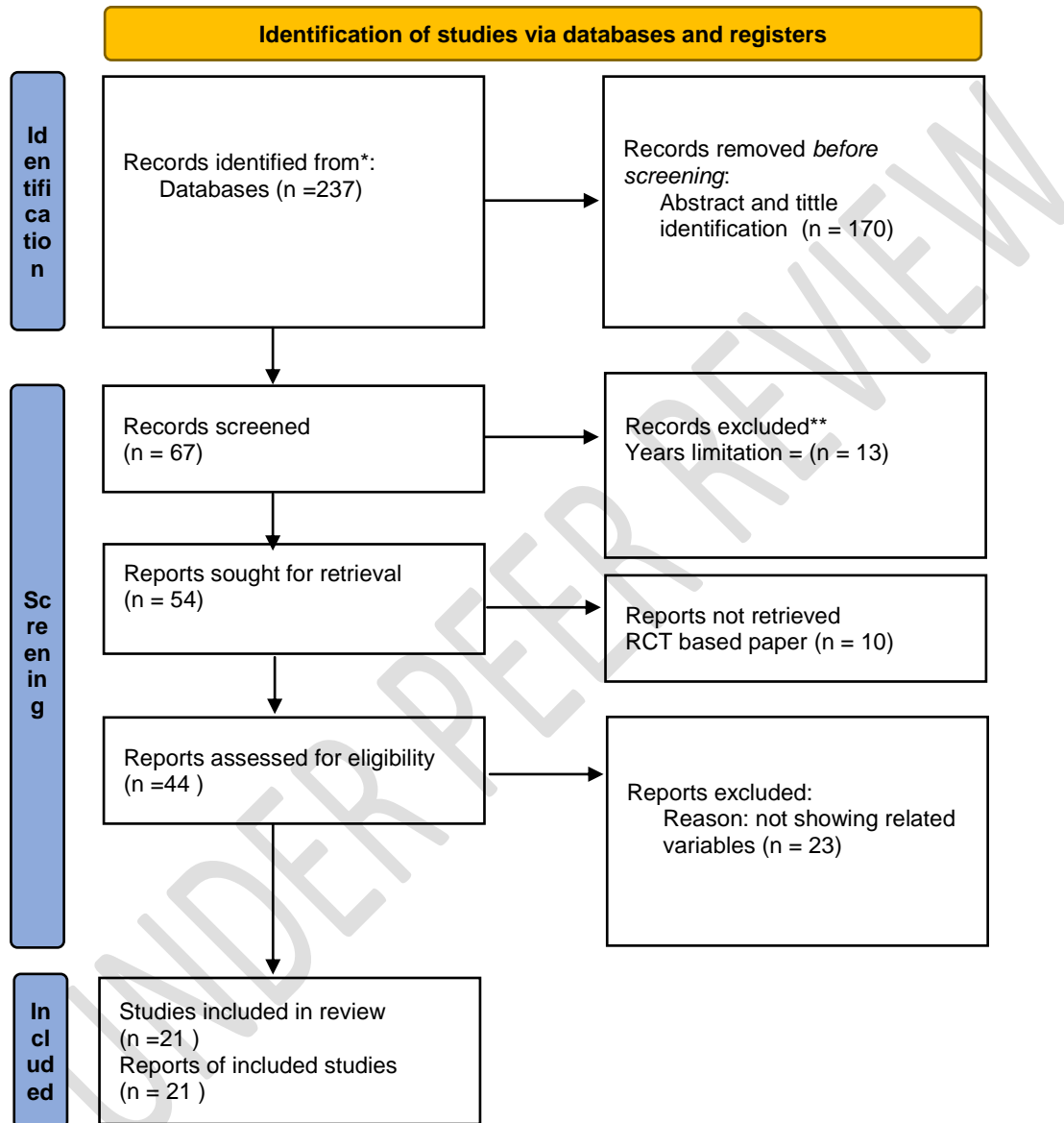
METHOD

This research is a systematic review (Systematic Review) using the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-analyses) method. The procedure for this systematic review consists of several steps, namely 1) preparing Background and Purpose, 2) Research Questions, 3) Searching for the literature 4) Selection Criteria 5) Practical Screen 6) Quality Checklist and Procedures 6) Data Extraction Strategy, and 7) Data Synthesis Strategy (Fitriyani, 2021).

This research was conducted in January 2023 in Yogyakarta. A search for research articles relevant to the research topic was carried out using the keywords: role, family role, family, support, decision support, cigarettes, smoking cessation, family in decision support, supporting the decision to stop smoking, which were obtained from Google Scholar and PubMed. The inclusion criteria for selecting articles were research articles published in 2018-2023 and discussing the role of the family in the decision to stop smoking. The aspects discussed are the environment that supports the decision to stop smoking, the role of the family in supporting the decision to stop smoking, enforcement of rules in the family, and obstacles to stopping smoking.

During the search, 199 articles were found in PubMed and 38 articles from Google Scholar which discussed smoking and the role of the family in supporting smoking cessation. Then, reviewing the proximity of the object, 15 national articles found on Google School and 6 international articles found on PubMed were selected to discuss research on the role of the family in supporting the decision to stop smoking.

List 1 :Identification of studies via databases and registers



RESULTS AND DISCUSSION

Factors that influence readiness to quit smoking are: *perceived benefit*, while three other factors, namely knowledge about the dangers of smoking behavior, social support and perceived barriers have no effect on readiness to stop smoking. In several areas, smoking cessation behavior efforts are very high and intensively implemented, as revealed in Novita Elfrida's research in 2018. Smoking cessation behavior in adolescents shows indicators of modifying variables with age (51.9%), high school education level (40.2%) , living with

parents (66.2%), and the influence of friends' environment (62.3%); perceived susceptibility & seriousness in the high category (59.7%), perceived benefit (64.9%) in the high category, perceived barrier (58.4%) in the low category, cues to action (71.4%) in the high category, and likelihood (72.7%) high category (Sitinjak & Kurniajati, 2018). In an effort to support smoking cessation behavior, there are several indicators summarized from the research articles discussed, including:

1. Supportive Environment for Quitting Smoking

In an effort to stop smoking behavior, a supportive environment is needed. Efforts can be made in the form of collaboration with other parties to reduce and stop the smoking behavior of family members at home. For example, collaborating with peers. Peers are the most dominant factor that influences adolescent smoking behavior, where there is a relationship with smoking behavior, especially in adolescent boys (Siahaan et al., 2021). Students are also expected to be smarter in making friends so that they are not easily influenced by the bad environment around them (Anwary, 2020).

In Dina Ediana's research in 2021, the role of health workers also influenced smoking habits (Endurance et al., 2022). Health workers can convey information about the dangers of smoking to family members and smokers themselves. The better the role of health workers and family support, the better the control of smoking behavior (Widiyaningsih & Setyowati, 2021). Students majoring in health also have a social responsibility towards the environment, one of which is by supporting efforts to stop smoking in their living environment. (Provenzano et al., 2019). In a broader sense, health workers need to actively participate in building a smoke-free environment. This support must be carried out comprehensively so that Indonesian teenagers are protected from the negative impacts of smoking (Kumboyono et al., 2020).

2. The role of the family in supporting the decision to stop smoking

The problem of smoking is a major health problem that needs to be addressed. One of them is by providing education to residents to stop smoking (Siahaan et al., 2021). One way to support smoking cessation behavior is to choose a family member as a partner *agent of change* (Kurniawati et al., 2022). Next, it is necessary to provide outreach and outreach for cadres *agent of change* to increase the rate of non-smoking at home as in Ratna's research in 2022 (Kurniawati et al., 2022).

In Herma Dewi's research in 2019, outreach efforts to families were carried out by providing education through video screenings about the dangers of smoking and the diseases that accompany it. This education is an effort to convey the message of prohibiting smoking in the home (Anggraheny, 2019).

The role of the family in managing disease includes three themes, namely: family knowledge, family role, and prevention of transmission (Dary & Luhukay, 2018). Eliminating the smoking habit is one effort to prevent disease. In efforts to stop smoking, the family's role includes providing motivation to stop smoking and not providing cigarettes or ashtrays in every activity both at home and in the community (Yanto, 2020).

In Anggraeni's 2021 research regarding the relationship between the role of parents and adolescent smoking behavior in Kupa-Kupa village, South Tobelo District, it shows the sufficient category. Of the 73 (100%) respondents studied, it was found that 35 (47.3%) respondents had smoking behavior (Sofia, 2021).

In Hanifah's 2021 research, to reduce the number of teenage smokers in Indonesia, efforts need to be made to prevent the initiation of smoking in this age segment. In this case, the role of the family is very important (Sholihah, 2021). This is in line with research conducted by Yulia Rahmawati in 2020 where parental parenting influences smoking behavior in students (Rahmawati & ..., 2020).

Prevention of smoking behavior among family members can be achieved through a family-based emotional approach. This can be done through counseling regarding knowledge about smoking, making rules in the family regarding the prohibition of smoking, and preventing smoking again (Zahratul & Neti, 2018).

In educational and motivational efforts for smokers, it is important to emphasize the benefits of quitting smoking. Smokers who have positive perceptions about the benefits of quitting smoking (*perceived benefits*) have 1,152 times more readiness to quit smoking compared to smokers who have negative perceptions (Mai Tiza Husna et al., 2020). Approach *perceived benefits* in line with what happened in England at the start of the Covid-19 pandemic. In the first year of the COVID-19 pandemic there was an increase in the number of smokers who had quit and were trying to quit. This is due to fear of the risk of Covid transmission and increased severity if infected (Cox et al., 2022).

3. Enforcement of rules against smoking behavior at home

It turns out that smoking behavior at home is quite disturbing to other family members. Reprimanding smokers is not enough to make them stop smoking (Ibnu et al., 2019). However, it is important to make strict rules regarding smoking behavior. This rule not only takes the form of a warning against smoking behavior, but also provides education to family members about the dangers of smoking and the diseases caused by smoking activities. By enforcing these rules, families are committed not to provide cigarettes, ashtrays and other items related to smoking activities (Depi Yulyanti et al., 2020).

4. Barriers to making the decision to stop smoking

There are several factors that become obstacles in making efforts to stop smoking. These factors include the addiction factor which has a **p value of 0.002**, the intention factor **0.000** and the environmental factor 0.011 with an α significance level of **0.05**. Here it can be seen that these three factors prevent adult men from quitting smoking. For the family factor, the p value is 0.111 and the friend factor **is 0.325** with an α significance level of 0.05, which means that these two factors do not prevent adult men from quitting smoking. The intention factor is the dominant factor preventing adult men from quitting smoking (Yanto, 2020).

In research presented by Woro Ispandiyah in 2019, it was stated that there was no significant influence between knowledge of the dangers of smoking and smoking behavior. Those who already know the dangers of smoking still continue to smoke for certain reasons. This is also closely related to the character of the smoker. This character is formed from the surrounding environment, whether family, neighbors or social friends. One of them is because of the assumption that smoking in the family environment is normal (Woro Ispandiya, 2019).

CONCLUSION

Factors that influence readiness to quit smoking are: *perceived benefit*. Meanwhile, three other factors, namely knowledge about the dangers of smoking behavior, social support and perceived barriers, have no effect on readiness to stop smoking. In an effort to support smoking cessation behavior, there are several indicators summarized from the research articles discussed, including an environment that supports smoking cessation, the role of the family, the existence of strict rules, and obstacles in making the decision to stop smoking. One of the roles of the family is to elect family members as members *agent of change*. Enforcement of rules regarding smoking in the family is carried out through warnings and education. Meanwhile, the obstacles that occur include addiction factors, intention factors and environmental factors. These three factors are obstacles for adult men to stop smoking.

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