

THE INFLUENCE OF EMOTIONAL AND SPIRITUAL INTELLIGENCE ON SMOKING CESSATION INTENTION IN COLLEGE STUDENT

Dewi Masithah¹, Oedojo Soedirham², Rika S. Triyoga²

¹Post graduated student of Department of Health Promotion and Behavior Science, Public Health Faculty, Airlangga University

²Staff of Department of Health Promotion and Behavior Science, Public Health Faculty, Airlangga University

Abstract-The number of smokers in Indonesia is the highest in the Southeast Asia region. 53.3% of male smokers over 15 years old was smokers. The results of Basic Health Research 2013 stated that every year tobacco users was increase. To stop smoking, a smoker needs strong intentions. The study was conducted at State University in Madura Island with male smoker student respondents with a sample size of 300 students. The sampling technique used the proportionate stratified random sampling method. The result showed that emotional and spiritual intelligence significantly influence on smoking cessation intention

Keyword- Intention, Smoking cessation, Emotional Intelligence, Spiritual Intelligence, Theory of planned behavior

Correspondence author : *Dewi Masithah (email : demas_1981@yahoo.com)

INTRODUCTION

Smoking is one of the behaviors that can trigger various types of diseases. Research conducted in the United States in 2014 showed that cigarettes are a major cause of chronic bronchopulmonary disease. Every year more than 7 million people worldwide died because of tobacco use and 80% of deaths occur in middle and low income countries.^{1,2}

Globally, 942 million men and 175 million women aged 15 or more are smokers.³ The results of The Indonesia Basic Health Research (IBHR) 2007 showed that the prevalence of tobacco users was 34.2%. In 2010, the prevalence of tobacco users was 34.7%, and increase to 36.3% in 2013. This showed that tobacco users was increased every years.⁴ Quitting smoking causes unpleasant physical and psychological symptoms. Physical symptoms such as felt include chest tightness, heart palpitations, and sweating. Psychological symptoms that occur include feeling sad, restless, angry, insomnia, difficult to concentrate, and irritable.⁵

To stop smoking, smokers need strong intention. Intention is a motivating factor that influences behavior. Intention indicates how hard someone is willing to try and how much effort someone makes to do a behavior. Intention is influenced by attitude toward behavior, subjective norm, and perceived behavior control. Attitude toward behavior is a function of

trust about the consequences of behavior and an assessment of that behavior. Subjective norms are related to one's normative beliefs about behavior. Perceived behavior control describes a person's feelings, whether the person is capable or not able to perform the behavior. Attitude toward behavior, subjective norm, and perceived behavior control was influenced by background factors. One of this background factors is emotional and spiritual intelligence.⁶

Today there are many studies that connect emotional and spiritual intelligence with healthy living behaviors. The concept of emotional intelligence (EI) was originally introduced by Salovey and Mayer in 1990. Emotional intelligence is the ability to feel emotions, express emotions, regulate emotions, and use emotions to increase emotional and intellectual growth.⁷ Spiritual intelligence (SI) is the ability to handle and solve problems of meaning and value. Intelligence that makes one can judge actions or ways of life that are more meaningful than others.⁸ The purposed of this study was analyses the influence of emotional and spiritual intelligence on smoking cessation intentin in college student.

MATERIAL AND METHOD

This research is an observational analytic study with a cross sectional design with a quantitative approach. The sample in this study was male students. The male sex was chosen because from the initial survey there were no female smokers. The sampling technique was using the proportionate stratified random sampling method with a sample size of 300 respondent.

The independent variables in this study are emotional intelligence and spiritual intelligence. Emotional intelligence was measured by using modified Assessing Emotional Scale (AES) consisting of 20 questions and score range of 20-80. Spiritual intelligence is measured using a modification of The Spiritual Intelligence Self-Report Inventory (SISRI) which consists of 16 questions with a score range of 16-64. The intervening variable in this research is the attitude toward smoking cessation behavior, subjective norm, and perceived behavior control. Attitude toward smoking cessation behavior and subjective norms is measured by a questionnaire, each of which consists of 6 items with a score range 6-24. Perceived behavior control was measured by a questionnaire consisting of 8 item questions with a score range of 8-32. Intention to quit smoking is a dependent variable. The intention to quit smoking was measured by a questionnaire consisting of 8 item questions with a score range of 8-32. The influence between variables was analyzed by multiple linear regression analysis.

FINDINGS

Respondents in this study were college students aged 18-24 years with mean 20.60 years and standard deviation (SD) 1,314. The age of most research respondents was 20 years with a total of 29.33%.

Table 1. The influence of emotional and spiritual intelligence on attitude toward smoking cessation behavior

Independent variable	p	b	Significance
EI	0,849	0,007	Not significant
SI	0,024	0,083	Significant

Table 1 show the independent variables that influence attitude toward smoking cessation behavior was spiritual intelligence (SI) with $p < \alpha$ ($0.024 < 0.05$). The emotional intelligence (EI) variable does not significantly influence attitude toward smoking cessation behavior. Both EI and SI have a positive effect on the attitude toward smoking cessation behavior.

Emotional intelligence (EI) includes the ability to understand, regulate emotions, assess emotions of yourself and others and use emotions to support better thinking skills.⁷ A person with high EI has a better ability to regulate emotions. With better emotional regulation, the person does not feel stress and pressure when dealing with peers who force him to smoke.⁹

Spiritual intelligence (SI) is one's ability to think existentially critical, make personal meaning, have transcendental awareness, and expand conscious states.¹⁰ A person with high spiritual intelligence, the ability to make personal meaning and critical existential thinking is also high. Amirian & Pour (2015) states that someone with high spiritual intelligence, his health status is better than someone with lower spiritual intelligence. This indicates that spiritual intelligence provides support to deal with daily pressures and makes someone more adaptable to competition.¹¹

Table 2. The influence of emotional and spiritual intelligence on subjective norms

Independent variable	p	b	Significance
EI	0,065	0,059	Not significant
SI	0,087	0,067	Not Significant

Smoking was a behavior that many student college did. Based on the initial survey, 71% of male college students were smokers. Quitting smoking is difficult if the environment

around smokers is not supportive. Family is one of the factors that can influence someone to stop smoking. Family pressure and discomfort when having to smoke in front of family members is a reason given by smokers.^{12,13}

Since ancient times spirituality has become an integral part of human life. Spirituality is something that is related to the religiosity of a society. Spirituality is something that is related to the religiosity of a society. The practice of spirituality in a society can be based on the religion embraced in that society.¹⁴ Differences in ways of thinking and ways of looking at the community towards smoking cessation behavior can influence the norms that exist in these communities. Norms that exist in society can influence individual subjective norms.

Table 3. The influence of emotional and spiritual intelligence on perceived behavior control

Independent variable	p	b	Significance
EI	0,008	0,097	Significant
SI	0,599	-0,030	Not Significant

Behavior control is the extent to which an individual controls desire to quit smoking and the individual feels that quitting smoking is easy. This study showed that behavioral control of smoking cessation behavior is low if the respondents gathered with friends. Trinidad et al (2004) state that emotional intelligence is related to the variable risk factors for smoking. Emotional intelligence has a protective association with psychosocial risk factors for smoking. Individuals who have high emotional intelligence feel the greater negative social consequences associated with smoking. This causes the individual to be more able to refuse the offer of smoking and has a low intention to smoke. Individuals with higher emotional intelligence are better able to accept the feeling that if they don't smoke they will have fewer friends or feelings that they are not desirable to be part of the group.¹⁵

Spiritual intelligence is a mechanism that enhances people's lives through the creation of more effective and deeper interpersonal and internal communication. Spirituality in a person allows individuals to give meaning to difficulties, tensions, and losses that cannot be predicted in everyday life. Spirituality can also make an individual look optimistic.¹⁶ If spirituality can make a person optimistic, someone with high spiritual intelligence should be optimistic about how he feels about quitting smoking. Smoking cessation behavior requires an optimistic view of smokers who intend to quit smoking. This optimistic mind encourages smokers to continue to quit smoking despite experiencing various difficulties.

Tabel 4. The influence of attitude toward smoking cessation, subjective norm, and perceived behavior control on the smoking cessation intention

Independent variable	p	b	Significance
Attitude toward smoking cessation	0.000	0.499	Significant
Subjective norm	0.000	0.390	Significant
Perceived behavior control	0.001	0.189	Significant

Tabel 4 showed attitude variables toward smoking cessation, subjective norms, and perceived behavior control have a significant influence on the intention to quit smoking. These three variables have a positive influence on the intention to quit smoking. This means that the more positive the attitude toward smoking cessation the greater the intention to quit smoking that person has. The higher the subjective norm, the greater the intention to quit smoking that person has. The higher the perceived behavior control the higher the intention to quit smoking that person has. The lower the perceived behavior control the less the intention to stop smoking is owned by that person

Asare (2015) showed that attitude is a variable that significantly influences intention.¹⁷ The same finding (Sulpat, 2018) showed that the attitude toward smoking cessation is an attitude towards smoking cessation behavior whether or not smoking cessation behavior is beneficial. A person's attitude is influenced by various backgrounds.¹⁸ This background can come from individual factors, social factors, and information. Individual factors include personality, emotions, and intelligence. Social factors include age, gender, education, and religion. Information factors include experience, knowledge, and media exposure. Attitudes have aspects of thought (cognition), feeling (affection), and action predisposition (conation) but there is no assumption that one component easily overtakes the other components. This tripartite model only stipulates that there will be pressure for three components to be consistently evaluative of each other.¹⁹

Subjective norms can be a social pressure on individuals to carry out a behavior. The existence of social pressure to stop smoking, for example, a campaign to stop smoking, or the opinion of important or influential figures about smoking cessation behavior is something strong to change behavior.²⁰

Perceived behavior control describe a person's feelings of being able or unable to perform the behavior. Perceived behavioral control refers to the individual's trust in his ability to perform the behavior in question. Along with subjective norm and attitudes toward smoking cessation behavior, perceived behavior control are other important predictors of intention.¹⁹ Martinez & Lawell (2016) stated that low perceived behavior

control can be caused by lack of skills or the existence of environmental barriers to individuals.²¹

A person who believes that he cannot do behavior, even if he has a positive attitude or strong subjective norm to stop smoking, will have a reduced effect or weakening the formation of intention. An individual can have positive subjective attitudes and norms towards this behavior, but the perception of behavioral control acts as a precondition in forming intentions. behavioral control perceptions also tend to vary as a function of various factors, such as previous individual experience, representative experience, persuasion, and physiological conditions. In the context of lifestyle or behavior, for example, perceptions of behavioral control can be influenced by previous individual failures. Perceived behavior control can adjust the 'volume' of intentions and the norm-intention relationship that is felt by blunting it between those with lower perceptions of behavioral control, and strengthening it among those whose perceptions of behavior control are higher. This proposition is also consistent with the conceptualization of perceptions of behavioral control as a motivating element in behavior formation and behavior change.²²

CONCLUSION

Emotional and spiritual intelligence influenced the intention of smoking cessation. Emotional intelligence influenced the intention to stop smoking through perceived behavior control. Spiritual intelligence influenced the intention of smoking cessation through attitude toward smoking cessation. Both emotional intelligence and spiritual intelligence did not influence intentions of smoking cessation through subjective norms.

CONFLICT OF INTEREST

The authors declare that we have no conflict of interest

SOURCE OF FUNDING

This research used personal funds

ETHICAL CLEARANCE

This research was approved by Health Research Ethic Committee Faculty of Public Health Airlangga University (No : 351-KEPK).

REFERENCE

1. US Department of Health and Human Services. *The health consequences of smoking-50 years of progress : a report of the surgeon general*. Rockville, USA : US Department of Health and Human Services; 2014.
2. World Health Organization (WHO) . *Tobacco threatens us all: say no to tobacco protect health, reduce poverty and promote development*. Switzerland : WHO; 2017.
3. Drope, J, Schluger, NW, Cahn, Z, et al. *The tobacco atlas 6th edition*. Georgia : American Cancer Society Inc; 2018.
4. Indonesia Ministry of Health. *Basic health research 2013*. Jakarta : Department of research and development ministry of health ; 2013.
5. Jarvis MJ. Why people smoke. *British Medical Journal*. 2004; 328: 277-9.
6. Montana D, Kasprzyk D. Theory of reasoned action, theory of planned behavior, and the integrated behavioral model. In Glanz K, Rimer BK, Viswanath K (Eds). *Health behavior and health education, theory, research, and practice*. USA : Jossey-Bass; 2008.
7. Salovey P, Mayer JD. Emotional intelligence. *Imagination, Cognition, and Personality*. 1990; 9(3): 185-211.
8. Zohar D, Marshall I. *SQ :Utilizing spiritual intelligence in integralistic and holistic thinking to mean life*. Bandung : Mizan press; 2002.
9. Trinidad DR, Johnson CA. The association between emotional intelligence and early adolescent tobacco and alcohol use. *Personality and individual differences*. 2002; 32 : 95-105.
10. King DB, DeCicco TL. A viable model and self-report measure of spiritual intelligence. *International journal of transpersonal studies*. 2009; 28(1): 68-85.
11. Amirian ME, Pour MF. Simple and multivariate relationships between spiritual intelligence with general health and happiness. *Journal of religious and health*. 2015; 55(4) : 1275-1288.
12. Su X, Li L, Griffiths SM, et al. Smoking behaviors and intentions among adolescents in rural china: the application of the theory of planned behavior and the role of social influence. *Addictive behaviors*. 2015; 48: 44-51.
13. Merakou K, Tsikrika S, Thireo E, et al. Intention to quit smoking of firefighters in greece. *International journal of caring sciences*. 2014; 7(3): 898-906.
14. Vaughan F. What is spiritual intelligence?. *Journal of humanistic psychology*. 2002; 42(2): 16-33.
15. Trinidad DR, Unger JB, Chou CP, et al. Emotional intelligence and smoking risk factors in adolescents : interactions on smoking intentions. *Journal of adolescent health*. 2002; 34(1),46-55.
16. Amram, Y. What is spiritual intelligence? an ecumenical, grounded theory. Institute of transpersonal psychology. *Working paper*. Palo Alto, California; 2007.
17. Asare, M. Using the theory of planned behavior to determine the condom use behavior among college student. *American journal of health study*. 2015; 30(1), 43-50; 2015.
18. Sulpat, E. The influence of attitude, subjective norms, and perceived behavior control on th intention of cervical cancer early detection in Alun-alun health center. *Tesis*. Public health faculty airlangga university; 2018.
19. Ajzen I. The theory of planned behavior. In Lange PAM, Kruglanski AW, Higgins ET (Eds). *Handbook of Theories of Social Psychology*. London : Sage; 2012. p.438-459.

20. De Wilde K, Maes L, Boudrez H., et al. Analysis of smoking cessation beliefs in pregnant smokers and ex-smokers using the theory of planned behavior. *Journal of public health*. 2017; 25(3): 267-274.
21. Martinez LS, Lewis, N. The moderated influence of perceived behavior control on intentions among the general us population : implications for public communication campaigns. *Journal of health community*. 2016; 21(9): 1006-15.
22. Yzer MC. The integrated model of behavior as a tool for designing health messages : theory and practice. In Cho H. (Ed). *Designing messages for health communication campaigns : theory and practice*. California : Thousand Oaks; 2012. p. 21-40.