Community Organization Model for Smoking Cessation Behavior in Cimahi Tengah District, Cimahi City

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Abstract. Smoking causes serious health problems that are sometimes fatal. Exposure to cigarette smoke causes adverse health effects including death. Various programs have been carried out by WHO or the government to encourage efforts to stop smoking but have not been successful. One approach that can be done is through community empowerment. The advantages of the community empowerment model with this community organizing approach lie in humanitarian values, through empowerment in increasing the competence of the community itself in encouraging change. This research aims to analyze and identify h community organizing relationship t on behavior quit smoking in the Cimahi Tengah District, Cimahi City . This research method uses mixed methods with sequential explanatory designs. Quantitative research has a population of 40,467 people with a sampling technique using cluster random sampling with a total sample of 51 people determined using the Slovin formula, data collection using a questionnaire and statistical analysis using Chi-square analysis . Qualitative research has key informants namely 5 active smokers and 3 supporting informants consisting of 1 health worker and 2 health cadres, data collection using in-depth interviews, observations and FGDs with the FGD themes developed. The results of the study showed a relationship between community organization and smoking cessation behavior and to quit smoking requires support from various parties ranging from organizations in the community to the participation of the local government. It is hoped that the empowerment of health cadres can be optimized in encouraging efforts to change smoking cessation behavior.

Keywords: Community Empowerment, Community Organizing, Smoking Cessation Behavior

1 Introduction

One of the indicators of Sustainable Development Goals (SDGs) is smoking behavior, the tendency to smoke always increases from time to time. In 2003 it was estimated that there were 1.26 billion smokers in the world, and if there is no adequate handling, it is estimated that in 2030 there will be 1.6 billion smokers. (WHO, 2019). The contribution of active smokers in the world cannot be separated from Indonesia, which is one

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of the countries with the largest population in the world and is also the country with the largest smoking rate in the world, in a period of 10 years (2011-2021) there was a significant increase in the number of active adult smokers by 8.8 million people. (Global Adult Tobacco Survey -GATS, 2022). The problem of smoking in Indonesia is very worrying because in terms of age, smokers in Indonesia come from various age groups. The highest prevalence of smoking is in the 25-44 age group, which is 37.7%. The prevalence of smoking in the 45-64 age group is 33.9%. Then, the prevalence of smoking at the age of 15-24 years is 27.9%. Based on smoking data at the provincial level, the percentage of smoking in the population aged ≥15 years according to the Central Statistics Agency (BPS) in 2022, West Java Province experienced an increasing percentage, in 2020 there were 32.55% of smokers in the population aged ≥15 years and in 2021 it was recorded that it had increased to 32.68% of smokers in the population aged ≥15 years. The Central Statistics Agency (BPS) in 2022, Cimahi City experienced an increasing percentage, namely in 2020 there were 25.08% of smokers in the population aged ≥15 years and in 2021 there was an increase to 26.47% of smokers in the population aged ≥15 (BPS, 2022).

Smoking is a major risk factor for non-communicable diseases (NCDs) and a number of other diseases. Smoking damages lung function, making it harder for the body to fight off many diseases (WHO, 2021). Smoking can be deadly in many forms. Cigarettes smoked, including through pipes, contain more than 7,000 chemicals, including at least 250 known to be toxic or carcinogenic. Smoking causes serious health problems that are sometimes fatal. Exposure to secondhand smoke also has adverse health effects, including death. Long-term smokers lose at least 10 years of their life. Globally, more than 22,000 people die from tobacco use or exposure to secondhand smoke every day, one person in 4 seconds every day. The impact of smoking can affect almost all organs of the human body. The habit of smoking can interfere with health and reduce the quality of life (WHO, 2021) in addition, if smoking behavior cannot be controlled properly, it is estimated that in 2023 there will be deaths with a percentage of 20% - 25% due to cigarette consumption (WHO, 2019).

Quitting smoking is one of the best things anyone can do for their own health (Dinkes Cimahi, 2021). Many countries make tobacco control a priority and save lives, but there is still much work to be done because among the world's 1.3 billion smokers, 60% want to quit, but only 30% have done things to quit smoking (WHO, 2021). Various programs from WHO and also the Ministry of Health to control smoking cases, but the results have not been seen significantly, smoking cases are increasing and efforts to stop smoking are still being made. One approach that can be taken to measure the intention to stop smoking so that it will later have an impact on smoking cessation behavior is by empowering the community with a community organizing approach model. Empowerment in increasing smoking cessation behavior needs to be done, Syariadi (2018) stated that in the case of controlling smoking and encouraging smokers to stop smoking, this is done by empowering in reducing the number of smokers who are still very rarely done.

One of the empowerment models used is the community organizing approach model, this model focuses on three things, namely (1) the local development model; (2) the social planning model; (3) the social action model. Community organizing is a model

of community empowerment that mobilizes certain community groups to be actively involved in making changes (Sulaeman, 2021). The advantages of the community empowerment model with this community organizing approach lie in humanitarian values, through empowerment in increasing the competence of the community itself in encouraging change. (Sulaeman, 2020). Community organizing can be successful if the role of the community in the social environment can run well and support each other between communities. Brand (2019) analyzed the success of quitting smoking among employees who participated in a workplace smoking cessation intervention associated with social support from the community and people in their environment. The results of the researcher's initial observations showed that smokers felt that smokers were social creatures who needed support from their surroundings to be able to quit smoking, community organizations in the community were needed to help those who smoked to be able to quit smoking with the support provided.

The advantages of the organizing model are numerous, but the community organizing model also has disadvantages. has several weaknesses, including the difficulty of gaining community support and participation if they are not from the same geographic area (Sulaeman, 2011). In addition, the weakness of the community organizing model is the failure to adequately handle the evaluation process and results of activities . Several factors that hinder meaningful evaluation of the success of activities include funding, lack of evaluation skills, and difficulty identifying appropriate results from the work. The evolving nature of community organizing initiatives and the fact that projects often face changes at multiple levels can make traditional evaluation approaches inappropriate or unsuitable for community organizing efforts (Sulaeman, 2013).

Based on the above problems, further research and observation can be conducted on realizing smoking cessation behavior using a community organizing model. This needs to be done because in realizing smoking cessation behavior, it is necessary to see how the community environment and organizations in the community are concerned about the existence of behavioral problems in the community and it is necessary to see how big the community's role is in efforts to change the problem. In this study, the researcher will conduct an analysis of the relationship between the community organizing model t on behavior quit smoking in the Cimahi Tengah District, Cimahi City. The analysis used is a mixed analysis (Mix Method) which will provide broader and deeper results about the relationship between community organizing models t on behavior quit smoking.

2 Method

The method used in this study is mixed methods. The combination research method (mixed methods) is a research method that combines quantitative methods with qualitative methods to be used in a research activity, so that more comprehensive, valid, reliable and objective data is obtained (Sugiyono 2014). In this study, the researcher used the type sequential explanatory designs. Sequential explanatory designs begin with the researcher conducting the quantitative phase and continue with more specific

results in the second phase, namely the qualitative phase, with the aim of explaining the initial results in depth (Creswell, 2018).

This research was conducted in the Cimahi Tengah District, Cimahi City. Cimahi Tengah District is one of the districts with the highest number of active smokers in Cimahi City. Data collection using quantitative and qualitative through in - depth interviews. In quantitative research, independent variables include community organizing (local development, social planning and social action), while the dependent variable is smoking cessation behavior.

The population in this study was the total number of active smokers in Cimahi Tengah District of 40,467 people, while to determine the sample size was by using the Slovin formula and the number of research samples was 51 people. The sampling technique used the technique purposive sampling is a technique for taking data source samples with certain considerations, one of which is that the research sample has made efforts to have a smoking cessation behavior. The hypothesis in this study is that the community organization model (X) is suspected to have a significant influence on smoking cessation behavior (Y), to answer this hypothesis, the researcher conducted a bivariate analysis using Chi-square analysis. because this analysis is used to determine the relationship between two variables and then measure the strength of the relationship between the two variables. The strength of the relationship between the two variables will be further explored in qualitative research.

In qualitative research, the approach used is the study approach. descriptive case. Key informants in this study were smokers. active smokers who have smoked for >6 months and have visited the smoking cessation clinic at the Community Health Center in the Cimahi Tengah District, Cimahi City, while Supporting informants in this study include community leaders , religious leaders, health cadres, and health promotion officers at the Community Health Center. The sampling technique used in this study was to determine Key informants and also primary informants are determined using the snowball sampling, while for the sampling technique used in this study for supporting informants using the Purposive Sampling technique. The data collection technique is through in-depth interviews with research informants, interviews are conducted 2 to 3 times with a duration of each session of 30 - 45 minutes. In addition, data collection is also through observation and Focus Group Discussion (FGD).

Focus Group Discussion (FGD) was conducted to align perceptions from several research informants according to the objectives and findings or results in the field . Participants and Focus Group Discussion (FGD) are all key informants and all supporting informants. The themes discussed in the Focus Group Discussion (FGD) activities include forms of local development, social planning and social actions that have been carried out to change the environment and form smoking cessation behavior. In addition, to validate the data using the triangulation method.

3 Results

3.1 Results of Phase I Research (Quantitative Research)

Table 1. Frequency Distribution of Respondents

No	Category	Frequency (n)	Percentage (%)
1	**Gender**		
	Man	40	78.4
	Woman	1 1	21.6
	Total	51	100.0
2	**Age**		
	Teenagers 12 – 25 Years	5	9.8
	Adults 26 – 45 Years	24	47.0
	Elderly 46 – 65 Years	22	43 . 2
	Total	51	100.0
3	**Marital status**		
	Marry	28	5 4 . 9
	Widow	1	1.9
	Widower	3	6 . 0
	Not married yet	19	37 . 2
	Total	51	100.0
4	**Level of education**		
	Graduated from junior high school	7	1 3 . 7
	Graduated from high school	30	58 . 8
	Graduated from College	14	2 7. 5
	Total	51	100.0

Based on the table above, it can be seen that the proportion of male samples is greater than female, which is 40 people (78.4 %), while females are 1 1 people (21.6 %). Based on age , the adolescent group is 5 people (9.8 %), adults are 24 people (47.0 %) . and the elderly are 2 2 people (43.2 %). Based on marital status, most are married, which is 28 people (5 4.9 %), and unmarried are 19 people (37.2 %). When viewed based on the characteristics of education level, most respondents have a high school education level, which is 30 people (58.8 %).

Table 2. Distribution of Respondents Based on Community Organization for Smoking Cessation Behavior

Community Organizing		Score	Amount	Percentage %
-	Support	> 41.00	31	60.8
-	Does not support	< 41.00	20	39.2
			51	100

Source: Primary Data Analysis (2024)

The distribution of respondents based on community organization towards smoking cessation behavior in the table above is very diverse. There are 31 respondents or 60.8% of respondents who have community organization that supports smoking cessation behavior with a score of > 41.00 which means supportive community organization, while 20 respondents or 39.2% of respondents have community organization that does not support smoking cessation behavior with a score of < 41.00 which means non-supportive community organization.

Table 3. Distribution of Respondents Based on Smoking Cessation Behavior

Smoking Cessation Behavior	Score	Amount	Percentage %
- Good	> 19.00	37	72.5
- Not good	< 19.00	14	27.5
		51	100

The distribution of respondents based on their smoking cessation behavior in table 3 is very diverse. There are 37 respondents or 72.5% of respondents who have good smoking cessation behavior with a score of > 19.00 which means good smoking cessation behavior, while 14 respondents or 27.5% of respondents have poor smoking cessation behavior with a score of < 19.00 which means poor smoking cessation behavior.

Table 4. Relationship between Independent Variables and Dependent Variables

Variables Community Organizing	Smoking Cessation Behavior				Total		*P value*
	Good		Not good				
	n	%	n	%	n	%	
Support	25	69.4	11	30.6	36	100	0,000
Does not support	6	40.0	9	60.0	15	100	
Amount	31	60.8	20	39.2	51	100	

Table 4 show there is 2 5 people (69.4 %) of research respondents who have community organizations that support quitting smoking and have good quitting smoking behavior, while there are 6 people (40.0 %) community organizations that do not support quitting smoking but have good smoking behavior. The results of the statistical test obtained a p value of 0.000 <value α(0.05) so it can be concluded that there is a relationship between community organization and quitting smoking behavior.

3.2 Results of Phase II Research (Qualitative Research)

Qualitative data collection was conducted through in-depth interviews , observations and FGDs . Interviews focused on efforts to obtain information about the relationship between community organization and smoking cessation behavior obtained in quantitative research. All interview recordings were transcribed. Furthermore, qualitative data

analysis was obtained by means of data reduction, data presentation, and drawing conclusions and verification. Data analysis was conducted using the Nvivo program 12. Data validity is done by matching the interview results with observations, and interviews are conducted 2-3 times on each research informant. On several informal occasions, informants are re -interviewed briefly to validate the informant's experiences, feelings, and thoughts. The results of qualitative data analysis are presented in the following table.

Table 5. Analysis of Findings in Qualitative Research

Analytic Framework	Concept	Themes	Sub-themes	Results
Community organizing	Methods , practices and strategies that address problems in society and also strengthen the capacity of communities to work together and exercise power to address problems in society.	Local development	- The potential for people to quit smoking. - Environmental support to quit smoking.	The culture of sharing cigarettes is still often practiced by the community
		Social planning	- Rules and sanctions for smokers - Form of smoking ban rule	Government regulations regarding smoking bans are still weak
		Social action	- Campaign against the dangers of smoking. - Form of community concern.	Community action and role are still very low

Table 6. Analysis of Findings in Quantitative and Qualitative Research

Phase I Research Findings (Quantitative Research)	Phase II Research Findings (Qualitative Research)	Conclusion
There is a relationship between community organizing models and smoking cessation behavior.	Government regulations regarding smoking bans are still weak	There needs to be a revision of the rules. Government regulations regarding the smoking ban are firm and clear. Government regulations regarding the smoking ban are a fundamental factor that comes from external individuals in changing smoking behavior.

Phase I Research Findings (Quantitative Research)	Phase II Research Findings (Qualitative Research)	Conclusion
	The Culture of Sharing Cigarettes is Still Often Done	The culture of sharing cigarettes needs to be stopped, this is because a negative culture like this is a fundamental factor that comes from outside the individual in changing smoking behavior.
	Community action and role are still low	It is necessary to strengthen the action and role of society. Action and the role of society is a long process and takes time, so this is needed for individuals to produce new behavior, namely the behavior of quitting smoking.

4 Discussion

Community organizing is a set of methods, practices, and strategies that address problems in a community and also strengthen the capacity of communities to work together and exercise power (Andini, 2013). It takes many forms, and community organizers have different views on how to do it depending on the composition of the community itself. Community organizing suggests that its focus is a community, often geographical, such as a neighborhood or city. In this respect, community organizing differs from organizing such as labor organizing which focuses on employers or industries and building unions and social movement organizing, which often bring together people who are far apart to achieve a common agenda. However, these lines can become blurred in practice. For example, a union can be part of a community organizing strategy, or vice versa.

Efforts require setting an agenda for action. Some organizers have an agenda, such as a specific policy they know they want to implement. They try to identify supporters and encourage them to vote, protest, or take other specific actions. This approach is sometimes called mobilization. Other organizers try to bring community members together to discuss and vote on an agenda. Their goal is to strengthen the community's capacity to act on issues. This approach is sometimes called relational organizing because of its emphasis on human relationships (Adenansi, 2017).

Community organizing can bring together individuals and create a new organization that has people as members and also new programs based on the community itself (Agricultur, 2016). One example of community organization in the community to encourage smoking cessation efforts in the community environment and is able to encourage the emergence of new policies and programs in changing community behavior related to smoking. Based on the view of this community organization, in this study community

organization contributes to encouraging and inhibiting smoking cessation behavior that there are 75 people (74.3%) community organizers who support quitting smoking well and there are 36 people (36.4%) community organizers who do not support quitting smoking well. The results of the statistical test obtained a p value of 0.000 <value α(0.05) so it can be concluded that there is a relationship between community organization and smoking cessation behavior.

The results of this study are similar to the results of a study conducted by Brand (2019) whose aim was to investigate whether the success of quitting smoking among employees participating in a workplace smoking cessation intervention was associated with social support from, and smoking behavior from, people in their environment. The results of Brand's (2019) study presented how supportive the social environment was during the initial period until after the smoking cessation program was completed. The majority (78%) of participants thought that their colleagues who also participated in the smoking cessation group training were very supportive. In contrast, only 39% of participants reported that their colleagues were very supportive.

Support from friends and family was roughly evenly divided between not very supportive and very supportive. Of the participants, 20% did not have a partner. Among participants who reported having a partner, 68% (277 of 410) considered their partner to be very supportive of their efforts to quit. On the one hand, having very supportive coworkers was significantly and positively associated with successful smoking cessation immediately after completing the smoking cessation program (odds ratio (OR) = 3.63, 95% confidence interval (CI) = 2.07–6.37, $p < 0.001$). Thus, it can be concluded that there is a positive relationship between having an environment that supports smoking cessation and successful smoking cessation. The results of a separate analysis of social influences on the social environment conducted to select variables to be included in the multivariable analysis showed comparable effects to the multivariable analysis (Brand, 2019).

Still related to Brand's research (2019) in his research, social support from coworkers is strongly associated with the success of quitting smoking in the long term in employees who participate in a smoking cessation training program at work. The success of quitting efforts also depends on the smoking behavior of the partner and the proportion of smokers in the social environment. Current research implies that it is better to involve the social environment in the smoking cessation process to increase the likelihood of successful quitting. The workplace can be a great place to conduct smoking cessation interventions, because coworkers can be a valuable source of support. It should be noted that people in a smoker's social environment, especially coworkers, have a strong relationship with the success of quitting smoking. Therefore, the workplace may be a suitable place for smoking cessation interventions (Brand, 2019).

The community organizing studied and the research results obtained by researchers and also the results of Brand's research (2019) are strengthened by the research results obtained by McGeechan (2016) with research highlighting that asset-based community development in communities where local residents become equal partners in service development can help improve health and well-being. This study describes the basic results of a co-production evaluation of an asset-based approach to improving the health

and well-being of small communities through promoting tobacco control. Local residents were recruited and trained as community researchers to conduct smoking prevalence surveys in their local communities and become local health activists, promoting health and well-being.

While traditional approaches to health promotion services are based on meeting needs and providing treatment, with a specialist deployed into disadvantaged communities to improve outcomes, research suggests that by working with communities, it is possible to develop services that capitalise on the community's own assets and are meaningful to local people. As part of a project aimed at using community assets to improve health and wellbeing, a group of community researchers conducted a survey of smoking prevalence in a small community in the North East of England. The results of this survey will be fed back to the community in the hope that it will help community assets develop meaningful services that can help reduce smoking prevalence (McGeechan, 2016).

In addition, 69.5% of smokers indicated that they wanted to quit smoking and 45.1% of smokers had made at least one attempt to quit smoking in the 12 months prior to the survey. Smokers indicated that they would consider using a variety of methods to help them quit smoking, with the most common responses being through consultation with a general practitioner or local chemist (McGeechan, 2016). The placement of health workers and community development based on the utilization of assets or potential in the community has its own benefits for the community. The selection of health workers such as doctors and the utilization of health cadres has an influence on community organizing processes to encourage community plans and actions. to realize efforts to stop smoking behavior. However, this needs to be adjusted to the needs and plans for developing the potential of the community itself in encouraging efforts to control smoking to stop smoking. So that the presence of health workers can encourage efforts to plan programs and actions that will be taken by the community to encourage efforts to stop smoking behavior.

In theory, the results of quantitative research analysis and previous studies are supported by the findings of researchers in qualitative research. It should be noted again that community organizing is closely related to community empowerment. Both have the same goal, namely to provide strength and empowerment for the community and to build aspects that exist in the community to be better in the future by identifying needs that are in accordance with the conditions of the target community, and identifying all threats that occur as a form of anticipation for the target community. Organizing *is* deciding how best to group the activities and resources of the organization (Griffin, 2004). There is a strategy in community organizing, namely the global strategy or WHO Strategy 1984, namely Community *Empowerment* , this strategy leads to community empowerment which is carried out by holding a meeting or a kind of discussion and also counseling related to public health which has an output target, namely the ability of the community to maintain and improve their health and it is hoped that the community has the ability to maintain and improve their own health (*self-reliance in health*) (WHO, 1998).

Community organization is one of the indicators or variables in this study that qualitatively has not been able to provide a major impact in encouraging smoking cessation

behavior. The findings of researchers in the field in general have many regulations from the government to suppress and reduce the number of smokers in Indonesia, as well as in Cimahi City itself where many regulations have been issued, but the existing regulations are not effective in reducing the number of smoking habits. The existing regulations in Cimahi City are such as Smoke-Free Areas (KTR). These regulations are only in written form, but in their application the government as policy makers often violate these regulations so that the community as the target of change does not follow and violates the existing regulations because the government itself violates these regulations. Existing regulations need to be revised or improved, such as adding strict sanctions and all elements of society to the government are required to obey the regulations that have been issued.

Another finding in the field by researchers is that culture in Indonesia is still very strong in influencing the behavior of its people, especially old cultures or habits. Smoking behavior is closely related to the strong influence of culture in society. Like the culture when gathering with friends or relatives, the usual thing to do is to share cigarettes. For people, sharing cigarettes is a common thing and can increase intimacy between people. This habit is still often found in Cimahi City, and inhibits changes in smoking behavior so it needs to be stopped and changed with habits and forms of culture like this, so that the perspective and habits of this society can be changed and stopped. A new positive habit is to support each other and open up insights to achieve health together, not to plunge each other into pain. In addition, the government must be firm in trying to change this habit, this is because the government is one of the providers of this cigarette sharing culture that continues to run.

Organizations within the community also play an important role in encouraging and striving for change in the community itself. We know the term from the community by the community and for the community, this term must be realized in real action. The community must care about change and change their environment together. There are many community organizations and most importantly their concern must also be great to achieve change. The changes that will be arranged or programmed must be based on the community itself, and the preparation of the program also involves the community or community organizations, so that the program that will be issued later becomes a shared responsibility to achieve the success that has been expected.

On the other hand, the research subjects or smokers provide views based on experience, knowledge and what is seen and felt while in the midst of society, namely related to local development. The research subjects provide their views that the characteristics of the Cimahi City community are very unconcerned with smoking behavior and also that efforts to stop smoking can be realized. This is because the characteristics of the Cimahi City community still assume that the cigarette problem is a common problem and there is no urgency to be resolved and handled together by members or groups in the community itself. While related to social planning in organizing this community, it is the same, namely there is no program or plan carried out by the community itself in an effort to encourage smoking cessation behavior. research subjects or smokers revealed that social planning in encouraging a smoking cessation program was only felt to come from health cadres with the Health Center and this program was also very rare.

The characteristics of the community in our area and several areas in Cimahi City are also still the same, for action or moving together to encourage efforts to stop smoking, this is still very minimal, so they still consider the problem of smoking to be a common problem (JN, April 4, 2024) .

Other activities such as social action , there has been no social action carried out by groups or communities in Cimahi City related to efforts to encourage smoking cessation behavior. The absence of social action or joint movements in realizing this smoking cessation behavior is because in Cimahi City, as stated earlier, people still feel that smoking is a common problem, not a big problem that must be solved, so for them the problem of smoking and efforts to realize smoking cessation behavior is returned to each individual to realize the desired behavior. The culture in Cimahi City related to smoking is that smoking is still considered commonplace and the culture in Cimahi City often distributes cigarettes, especially by the government or policy makers. This is considered commonplace even though the government knows that this is wrong and violates the tobacco control policy in Cimahi City and the smoke-free area rules that have been implemented in Cimahi City itself.

The results of observations conducted by researchers discussing with the head of RW or health cadres and also health workers who hold health promotion programs in Cimahi City, they conveyed the same thing as expressed by the research subjects, where in Cimahi City itself, community organization is still very lacking, especially related to encouraging efforts to stop smoking behavior. The same thing was expressed by the research subjects that in Cimahi City itself, the problem of smoking is still a common problem and there is no urgency to be resolved so that concern between individuals, groups and also between communities is still very minimal related to encouraging each other to have the behavior of stopping smoking with each other. It should be remembered that community participation in encouraging and trying to change major behavior is very much needed, this is because community participation and involvement can create community-based programs themselves (WHO, 1998).

Smoking cessation behavior is the final manifestation of this research process. It can be seen that the smoking behavior of the interviewed research subjects and other smokers still have poor smoking cessation behavior. This is because smoking cessation behavior is still a desire or goal of the research subjects and smokers to achieve. Real actions or efforts and big steps taken by the research subjects or smokers to realize smoking cessation behavior have not been seen, only the small things that have just been seen are smoking behavior manifested by research subjects or other smokers only to the extent of reducing cigarette consumption, but for other processes are still ongoing. Another thing that can be seen in other smoking cessation behavior is that the time the research subjects or smokers started the process of realizing smoking cessation behavior has been done since several months ago in this case the process that was gone through and carried out was only limited to reducing cigarette consumption. While the thing that motivates the research subjects to realize this smoking cessation behavior makes themselves the main reason to quit smoking.

Efforts to encourage the realization of smoking cessation behavior require a deeper analysis of the causes and obstacles in efforts to realize it. Research conducted by researchers still requires refinement of findings that can be further studied by other researchers, this is due to the limitations of research obtained by researchers to be further studied by other researchers, including the influence of culture in depth was not studied further in this study. In addition, the role of health cadres was not studied in depth in the analysis in this study, and the last is about the form of leadership of regional heads in encouraging efforts to change smoking cessation behavior needs to be studied in depth.

5 Conclusion

The results of quantitative research show that there is a relationship between community organization and smoking cessation behavior, these results are supported by qualitative findings that illustrate that quitting smoking requires support from various parties ranging from organizations in the community to the participation of the local government, for that efforts to change smoking behavior in Cimahi City require government intervention as a policy maker. The creation of programs that support changes in smoking cessation behavior needs to be held. Supervision and implementation up to program evaluation must be structured and well planned, this requires good planning, so that the existing program will be able to change smoking cessation behavior in Cimahi City which is one of the cities with high smoking intensity in West Java. In addition, it is recommended that community participation in encouraging efforts to change any behavior is very important, especially the role of the community in encouraging efforts to change smoking cessation behavior in the community itself. This is because changes in society must be driven by the community itself. Concern between individuals, groups in society will be able to realize efforts to change smoking cessation behavior. This can be done by empowering health cadres or increasing other community organizing efforts such as Activate community activities by youth organizations so that community-based activities can be carried out .

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