INVESTIGATING HEALTH BELIEFS AND INTENTION FOR SMOKING CESSATION BASED ON THE HEALTH BELIEF MODEL

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ABSTRACT

This study investigates the relationship between perceived health belief factors and the intention for smoking cessation in utilizing the Health Belief Model (HBM) as the theoretical framework. HBM identifies health components— Perceived Susceptibility, Perceived Severity, Self-Efficacy, Perceived Benefits, Perceived Barriers, and Cues to Action—that influences an individual's decision-making to engage with a health-promoting behavior, such as smoking cessation. The research objective focuses on determining significant correlations between HBM determinants towards the active smokers' intentions in quitting. A cross-sectional survey examined a sample of 200 smokers classified between ages 18-60 years residing in Indonesia, which was selected through a non-probability sampling to participate in the questionnaire. Kendall's Tau-B correlation coefficient was employed within the study to analyze the correlations between the health belief components towards the intention to quit smoking. Results showed that Perceived Susceptibility (P=.000), Perceived Severity (P=.000), Self-Efficacy (P= .000), Perceived Benefits (P=.000), and Cues to Action (P=.014) had significant positive correlations with the Intention for Smoking Cessation. Research findings emphasized the importance in addressing smokers' beliefs regarding the health consequences and risks, self-efficacy in quitting, and perception towards challenges within smoking cessation as a health promoting behavior. Tailoring public health awareness and prevention programs with deeper insights to the beliefs and perceptions among smokers is suggested to reduce perceived barriers and enhance cues to action as a more effective strategy in promoting smoking cessation.

Key Words: Health Belief Model (HBM), Cigarette Smoking, Health-Promoting Behavior, Intention for Smoking Cessation.

INTRODUCTION

Smoking is recognized as a global health issue with an estimation of more than 8 million people dying prematurely within each year (World Health Organization, 2023). Medical evidence proclaiming the serious health risks of smoking cigarettes have raised concerns regarding public health, as the IHME Global Burden of Disease Study (2021) surveyed that smoking was ranked as the third highest risk factor accounting for major diseases associated with cancer, heart, and respiratory function. Indonesia has a moderate smoking prevalence with 28.62% of the population are active smokers between the ages 15 and above (Statista, 2023), residing throughout rural (31.09%) and urban regions (26.87%).

Smoking-attributable diseases significantly impact Indonesia by contributing to a dangerously high morbidity and mortality rate affecting public citizens' health. Research from the Asia Pacific Journal of Public Health revealed that a study discovered an abundant proportion amounting 925,611 males (93.27%) and 66,719 females (6.93%) suffering from smoking-related diseases involving Hypertension, Chronic Obstructive Pulmonary Disease (COPD), and Stroke (Kristina et al., 2015, as cited by Holipah et al., 2020).

The government initiated preventions in accordance with *Undang-Undang Nomor 36 tahun 2009 tentang Kesehatan* to combat smoking. Efforts to promote smoking cessation included providing hotline services, clinical consultations in public health centers, enforcing regional regulations on Non-Smoking Areas (*Kawasan Tanpa Rokok*), and commemorating the World No Tobacco Day (*Hari Tanpa Tembakau Sedunia*). Despite these initiatives in helping to alleviate the number of smokers, the statistics on smoking continue to persist.

According to the *Badan Pusat Statistik* (2022), it surveyed that over 17 out of 100 Indonesians who smoked within the past year have tried to quit (see Figure 2), proving evident intentions on smoking cessation among the people. Smoking cessation, or quitting smoking, is a health-promoting behavior in contributing to reducing serious health risks (Josling, 2016). Cessation can be challenging for people struggling to quit due to nicotine addiction and withdrawal symptoms (Qadeer, 2012), as well as facing personal barriers during the

cessation process. People should not suffer the health consequences first, only for them to finally understand the damaging risks that smoking presents.

The problem lies within the beliefs regarding cigarette smoking, which influences the perceptive reality and decision-making one must make that is detrimental to their health and well-being within the long-term. Which is in accordance with Glanz et al. (2015) and Poss (2001) perspectives of healthy behavior being determined through personal health beliefs or perceptions towards certain diseases, as well as the necessary strategies to reduce the health risks from contracting them. Health beliefs are the construction of individual perceptions concerning health based on ones' own susceptibility towards risks, considerations on root causes, and decisions to overcome them (Misra and Kaster, 2012). Within the context of smoking cessation, health beliefs can heavily influence how an individual perceives smoking as a health-risk behavior.

The public perception towards cigarette smoking in Indonesia is circulated with misconceptions and opposes individual health. Rusma et al (2020) discovered that Indonesian smokers believed that they were invulnerable towards smoking-related risk factors (55,6%). Smokers believed that their susceptibility to smoking behavior would not increase gradually or immediately attract hypertension, cancer, heart disease, tuberculosis, or other medical conditions (Rusma et al., 2020, as cited by Widyowati et al., 2023). However, over (51,9%) did not believe cigarette smoking provided benefits, yet continues the smoking behavior. Other studies have supported these findings, also suggesting that Indonesian smokers disacknowledge the severity of smoking-related risks by dismissing symptoms, such as coughing and chest pains (Widyowati et al., 2023) considering it insignificant towards their health.

Previous research has stated that health considerations served as a primary motivator for people endeavoring to quit smoking (Rattigan, 2001), as individual health beliefs performed a critical role on an individuals' awareness of perceived susceptible risks and decision-making process on taking accountable health-promoting action, such as smoking cessation. Unfortunately, people still accept smoking as a way to improve concentration (Nichter et al., 2009, as cited by

Ayuningtyas et al., 2021) and stress-coping method within demanding working environments (Chen et al., 2019) despite warnings in the norm society. Reports have medically justified the misleading belief as a fallacy, since it is based on temporary relief obtained from withdrawal symptoms (Taylor et al., 2014) and influences health perceptions on encouraging the smoking behavior further (Wu et al,. 2023).

Firm intentions for smoking cessation are formulated through processing acquired knowledge, perception, and more importantly, health motivation leading towards a decision. Pribadi and Devy (2020) suggested that people with low self-efficacy on quitting smoking can lead to low intentions in engaging health-promoting actions to quit on smoking behavior. Although the logical decision is to choose smoking cessation after taking into account health beliefs on smoking (perceived risk factors) towards the intention of quitting, the reality on cigarette smoking and the path towards cessation suggests otherwise.

The decision for smoking cessation requires much more than rational thinking. Aside from influencing health beliefs and perceived smoking-related risks, there exists

barriers ranging from physical, emotional, and mental areas that associate dependence with nicotine, in which smokers must undergo in order for them to achieve smoking cessation. Oftentimes, people can underestimate the health risks and overestimate their ability to quit, diminishing their motivation (Vallone et al., 2016; Borland et al., 2009).

Moreover, acknowledgement and considerations from health belief factors alone cannot determine behavioral change in smoking cessation sufficiently. A stimulus or trigger action can also influence decision-making over an individuals' own health by bridging the gap between individual awareness regarding health risks and executing the health behavior (Nortje, 2024). Through the exposure of information regarding the smoking-related risks, consequences, and negative impact towards society, it is capable of further stimulating the smokers' desire to adopt smoking cessation as a health-promoting behavior.

However, a study found that Indonesian smokers often ignored health warnings from broadcasted media channels (4.4%), magazines or newspapers (40%), and cigarette packaging (28.9%) that

encouraged quitting intentions (Kaparang et al., 2021). Other different mediums used for promoting smoking cessation can include, but are not limited to, social media content, healthcare campaigns or programs, medical professional advice, intervention among family or friends on smoking behavior, newspaper articles, and advertisements narrating the dangers from smoking (Urich, 2017; LaMorte, 2022; National Center for Chronic Disease Prevention and Health Promotion, 2023; Centers for Disease Control and Prevention, 2022).

The proposed argument within this study affirms that individuals—specifically active smokers—with their own perception regarding the health risks and smoking-related illnesses permits them to have in-depth understanding towards negative health consequences associated with continuous smoking behavior. As a result, strengthening the smokers' intentions in quitting.

Analyzing the issue through the application of the health communication theory, particularly the Health Belief Model (HBM), can offer profound insights into the intention to quit smoking. This model considers health determinants such as perceived threat, evaluation of preventive behaviors, and self-efficacy to predict public health risks and understand the motivation behind quitting cigarette smoking. By assessing the perceived risks associated with cigarette smoking, it takes into account different areas related with health-behavior that can influence (whether direct or indirect) the intention in preventing oneself from contracting smoking-related health risks and developing serious illness that would negatively impact one's own health and well-being.

RESEARCH OBJECTIVE
This study was conducted to examine the correlation between perceived susceptibility, perceived severity, self-efficacy, perceived benefits, perceived barriers, and cues to action from the Health Belief Model (HBM) towards the intention for smoking cessation.

THEORETICAL FRAMEWORK
Health Belief Model (HBM)
The Health Belief Model (HBM) was originally developed in the 1950s to investigate the failure behind individuals to participate in health programs in preventing or detecting diseases. Researchers further extended the health model to make it more applicable and broader to include the public

health behavior, including responses towards health-related symptoms and behavior towards medical diagnosis (Hochbaum, 1958; Rosenstock, 1960, 1974; Kirscht, 1974; Becker, 1974, as cited in Glanz et al., 2008, p.46). This contribution expanded the relevance of HBM beyond preventive measures for health, which helped establish HBM as an effective tool for understanding how personal beliefs regarding health risks influence behavioral change.

Health beliefs on smoking is referred to as the perception and attitude regarding the potential health risks associated with cigarette smoking. It is composed of several factors based on the Health Belief Model (HBM) components within the context of cigarette smoking cessation as the health-promoting behavior. Which, as according to Glanz, Rimer, and Viswanath (2015), the health components are as described below:
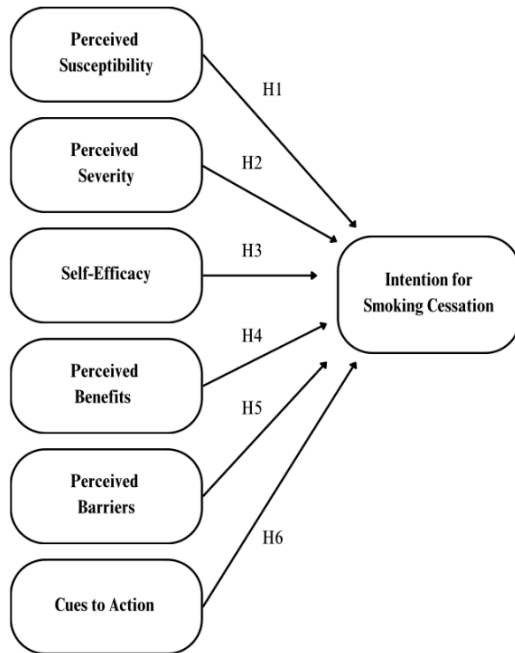
(1) Perceived Susceptibility: Beliefs regarding the possibility of an individual contracting a particular illness or condition from the health-risk behavior.

(2) Perceived Severity: Beliefs regarding the seriousness of an individual contracting a particular illness, condition, and health consequences.

(3) Self-Efficacy: Beliefs regarding an individuals' own capability to perform the recommended health behavior.

(4) Perceived Benefits: Beliefs regarding the positive aspects of adopting the recommended health behavior in reducing the risk or consequences.

(5) Perceived Barriers: Beliefs regarding the challenges and the negative aspects (both tangible and psychological costs) to performing the health behavior once it is adopted.

(6) Cue to Action: The internal or external factors in triggering the action to adopt the recommended health behavior

The Health Belief Model (HBM) has been incorporated and adapted into broad public health settings, particularly on prevention, maintenance, and risk assessment towards health-risk. Smoking cessation is among the numerous health-promoting behavioral outcomes that has been used within HBM (Li et al., 2003, as cited in Orji et al., 2012). Communicating the health risks and consequences associated with cigarette

smoking is beneficial to increase knowledge of smoking as a health-risk behavior towards the public. Greater knowledge and concern on future health effects from smoking is proven to increase quit intentions and cessation efforts.

Figure 1. The Health Belief Model (HBM)

HYPOTHESES

H1: There is a correlation between Perceived Susceptibility from the Health Belief Model (HBM) towards the Intention for Smoking Cessation.

H2: There is a correlation between Perceived Severity from the Health Belief Model (HBM) towards the Intention for Smoking Cessation.

H3: There is a correlation between Self-Efficacy from the Health Belief Model (HBM) towards the Intention for Smoking Cessation.

H4: There is a correlation between Perceived Benefits from the Health Belief Model (HBM) towards the Intention for Smoking Cessation.

H5: There is a correlation between Perceived Barriers from the Health Belief Model (HBM) towards the Intention for Smoking Cessation.

H6: There is a correlation between Cues to Action from the Health Belief Model (HBM) towards the Intention for Smoking Cessation.

DESIGN & METHOD

Type of Research

Quantitative research method, as it relies on analyzing accumulated numerical data in describing, predicting, or controlling the variables and phenomena within the study (Gay et al., 2009). The type of research that will be used is explanatory research, by gaining a deeper understanding of the underlying reasons for, causes of, and relationships on particular phenomena (Damyanov, 2023). The researcher focuses on several independent variables within the study, such as Perceived Susceptibility (X1), Perceived Severity (X2), Self-Efficacy (X3),

Perceived Benefits (X4), Perceived Barriers (X5), Cues to Action (X6), and one dependent variable, which is the Intention for Smoking Cessation (Y), in search for the significant correlation.

Population

The population within the research study will focus on men and women between 18-60 years old, active-smokers, knows about the health risks and consequences associated with cigarette smoking, and has not intended for cessation. Respondents are selected through a purposive sampling method and based on the specific criterias required within the scope of the research. Considerations on age classification (young adults) are made due to them becoming susceptible to nicotine dependence and having access to cigarette smoking.

Sampling Technique

Non-probability sampling is used as the sampling method. According to Shukla (2023), the non-probability sampling method refers that all units from a certain population do not have a certain or fixed probability to be selected as a sample. The researcher will use purposive sampling by selecting research participants based on the judgment, convenience, or specific criterias in accordance to the objectives.

Sample Size

The number of samples that will be accumulated for the study is 300 individuals. According to Roscoe (1975), sample sizes greater than 30 and less than 500 are appropriate for research, therefore becoming an ideal standardization.

Research Instrument and Data Collection Technique

The research instrument used to accumulate the research data within this study is through a self-administered questionnaire. According to Creswell (2012), questionnaires are a form of survey administered for research participants to describe their specific attitudes, beliefs, or characteristics within the sampled population. The researcher will distribute the questionnaire via social media in collecting quantitative data from respondents in answering the structured questions or statements provided.

Research Data Analysis Technique

Kendall's Tau-B Rank Correlation method is used to determine if a monotonic relationship exists between an independent variable (X) and a dependent variable (Y). It

measures the strength and direction of association between variables, with values indicating the degree of correlation: very weak (0.00-0.25), moderate (0.26-0.50), strong (0.51-0.75), and very strong (0.76-0.99) (Sarwono, 2015). A perfect correlation results in a value of 1.00 (Raharjo, 2021). The coefficient ranges from -1 (negative) to +1 (positive), with 0 indicating no correlation. Kendall's Tau-B requires ordinal data and is appropriate for quantitative analysis, often conducted using SPSS. This data analysis method is appropriate for examining quantitative research with ordinal-based data. In addition, the study will analyze the association in using the Statistical Package for Social Sciences (SPSS) tool.

RESULTS AND DISCUSSION

Perceived Susceptibility

The first independent variable, Perceived Susceptibility (X1), is defined as the individual belief regarding the possibility of an individual contracting a particular illness or condition from the health-risk behavior (Glanz et al., 2015). According to the table below, respondents are classified with High Perception Category on the Perceived Susceptibility variable, which interprets that respondents have a high perception

regarding their individual susceptibility towards smoking-related health illnesses on both high-risk and low-risk affecting their well-being.

Category	Frequency	Result (%)
Low	14	7.00%
Moderate	85	42.50%
High	101	50.50%
TOTAL	200	100.00%

Figure 2. Categorization of Perceived Susceptibility Variable

Perceived Severity (X2)

The second independent variable, Perceived Severity (X2), is defined as the individual belief regarding the seriousness in contracting a particular illness, condition, and health consequences (Glanz et al., 2015). According to the table below, respondents are classified with Moderate Perception Category on the Perceived Severity variable, which interprets that respondents have a moderate perception towards the severity of smoking-related health illnesses impacting their health or causing interference on a day-to-day basis.

Category	Frequency	Result (%)
Low	14	7.00%
Moderate	95	47.50%
High	91	45.50%
TOTAL	200	100.00%

Figure 2. Categorization of Perceived Severity Variable

Self-Efficacy (X3)

The third variable, Self-Efficacy (X3), is defined as the individual belief regarding an individuals' own capability to perform the recommended health behavior (Glanz et al., 2015). According to the table below, respondents are classified with Moderate Efficacy Category on the Self-Efficacy variable, which interprets that respondents have a moderate efficacy within their capability, process in achieving, and confidence in themselves in quitting smoking.

Category	Frequency	Result (%)
Low	26	13.00%
Moderate	108	54.00%
High	66	33.00%

TOTAL	200	100.00%

Figure 3. Categorization of Self-Efficacy Variable

Perceived Benefits (X4)

The fourth variable, Perceived Benefits (X4), is defined as the individual belief regarding the positive aspects of adopting the recommended health behavior in reducing the risk or consequences (Glanz et al., 2015). Based on the table below, respondents are classified with High Perception Category on the Perceived Benefits variable, which interprets that respondents have a high perception on the benefits or positive aspects associated with smoking cessation as a preventive measure in reducing serious health-related risks or consequences.

Category	Frequency	Result (%)
Low	8	4.00%
Moderate	84	42.00%
High	108	54.00%
TOTAL	200	100.00%

Figure 4. Categorization of Perceived Benefits Variable

Perceived Barriers (X5)

The fifth variable, Perceived Barriers (X5), is defined as the individual belief regarding the challenges and the negative aspects (both tangible and psychological costs) to performing the health behavior once it is adopted (Glanz et al., 2015). Respondents are classified with Moderate Perception Category on the Perceived Barriers variable, which interprets that respondents have a moderate perception on the barriers or negative aspects associated with smoking cessation as a preventive measure in reducing health-related risks or consequences.

Category	Frequency	Result (%)
Low	34	17.00%
Moderate	131	65.50%
High	35	17.50%
TOTAL	200	100.00%

Figure 5. Categorization of Perceived Barriers Variable

Cues to Action (X6)

The sixth variable, the Cues to Action (X6), is defined as the internal or external factors in triggering the action to adopt the recommended health behavior (Glanz et al., 2015).

Category	Frequency	Result (%)
Low	23	11.50%
Moderate	147	73.50%
High	30	15.00%
TOTAL	200	100.00%

Figure 6. Categorization of Cues to Action Variable

According to the table above, respondents are classified with Moderate External Cues to Action Category on the Cues to Action variable, which interprets that respondents have a moderate engagement with external cues to action that provides information to encourage them to consider quitting smoking, which includes receiving information regarding the matter through media platforms, medical advice, and socializing agents.

HYPOTHESES TESTING

Based on the findings from the statistical analyses (SPSS) and associated interpretation through Kendall's Tau-B rank correlation coefficient method in

determining the correlations between variables, results found that the independent variables: Perceived Susceptibility (X1), Perceived Severity (X2), Self-Efficacy (X3), Perceived Benefits (X4), and Cues to Action (X6), have significant correlations towards the dependent variable, Intention for Smoking Cessation (Y).

Variables	Sig. (2-tailed)	Correlation Coefficient
X1	0.000	0.316
X2	0.000	0.317
X3	0.000	0.438
X4	0.000	0.415
X5	0.643	0.026
X6	0.014	0.138

Each variable found to have sufficient correlations that proves its existence, excluding the Cues to Action variable in which it had a very weak correlation that resulted under 0.25 rank category to be considered sufficient. Perceived Barriers (X5) variable, however, is excluded on account to the revelation that it had a significance that surpassed the level of significance (p-value) threshold from 0.05 by a large sum.

The variables performs an influential role as according to the fundamental components from the Health Belief Model (HBM) that associates with the intention for smoking cessation as a health-promoting behavior among smokers. Perceived Susceptibility assesses the individuals' perceived perception regarding their own susceptibility towards smoking-related illnesses that are categorized into high-risk and low-risk levels. How smokers perceive their susceptibility in contracting smoking-related diseases can influence their belief regarding the health risks and probability in developing serious diseases, ranging from lung cancer, coronary heart disease, emphysema, stroke, and other significant illnesses (Kaigang Li and Kay, 2009).

The fatality impact on smoking-related diseases and risks affecting the individual is within Perceived Severity, evaluating the individuals' perceived perception towards the degree of seriousness regarding smoking-related issues with the potentiality interfering with their own livelihoods, which can also affect their physical mobility through day-to-day activities. According to Orji et al (2012), it addresses an individuals' subjective belief in the extent of harm that can be caused from acquiring the disease or unhealthy state, as a result of health-risk

behavior. Often underestimating the risks, smokers may not take into account the severity of smoking-related illnesses as they are more at risk of being susceptible in contracting them compared to non-smokers. This can contribute to a knowledge gap on accurate information, where smokers cultivate beliefs based on misconceptions without scientific-based evidence or reasoning in supporting baseless beliefs that will cost them their health, and even their lives (Barber et al., 2008; Febriyanti et al., 2024; Glantz & Bareham, 2018; Hughes, 2009). Self-Efficacy is considered to be a commonly associated factor within the matter of intentional behavior. Within the context of cigarette smoking cessation, it is the individuals' self-confidence regarding their capability in achieving smoking cessation as a health-promoting behavior. The higher their self-efficacy to believe in themselves as capable in achieving cessation as a feasible goal-based objective, then the higher (positive) their perceived belief in quitting smoking. However, smokers can also struggle from a lack of self-esteem, which can hinder their decision.

Perceptions surrounding the positive and negative aspects in engaging with smoking cessation as a health-promoting behavior is within the Perceived Benefits and Perceived Barriers domain. Perceived Benefits refers to the positive advantages obtained through smoking cessation, consisting of significant benefits within health, finance, social, and environmental matters. According to Chen and Yang (2016), the benefitting perception of quitting cigarette smoking suggests that the health-related decision to stop smoking is more likely the result of a reasonable thought process, appearing as a solutive element when choosing between quitting and continuing to smoke (Zahari et al., 2022).

The process towards cessation has challenges and barriers within engaging with smoking cessation. Perceived Barriers comprises the perceived negative aspects or constraints in quitting smoking, resulting at the cost of effort, finance, and time (Lamorte, 2019), as well as struggles in managing nicotine cravings and physical or emotional withdrawal symptoms. An individual may not perform a behavior despite the smokers' belief about the effectiveness (benefit) of taking the action in reducing the threat if the barrier outweighs the benefit (Rosenstock, 1966, as cited by Orji et al., 2012). Furthermore, the individual perception towards smoking cessation barriers can be influenced by a multitude of influencing factors hindering

smokers to change their behavior, which can range from having low efficacy in quitting, dependence on nicotine as a stress-coping method, and lack of social or environmental support as according to the study.

Rosenstock (1966) suggested that a combination from the variables focused on threat perception and behavioral evaluation could reach a considerable level of intention without leading to direct action, unless an event occurs to trigger action within an individual (Orji et al., 2012). The variable Cues to Action regards the external sources of information that encourage the individual to contemplate in executing quitting smoking as a health-promoting action. Messages containing the health consequences and associated risks are aimed to provide scientific-based information, whether educational or medically-advised, especially for smokers unable to separate from their dependence with nicotine, as a trigger action to motivate them in executing the health-promoting behavior. Based on the research from Kaparang et al (2021), individuals received information regarding smoking dangers to encourage smoking cessation from sources of information ranging from television, magazines, newspapers, and health warnings on cigarette packets.

Results from the research findings are aligned with other cessation researches towards cigarette smoking. It is most consistent with findings from Zahari et al (2022), which discovered moderate correlations between perceived beliefs towards the intention to quit smoking. With the exception of perceived barriers, as it had a weaker correlation than the remaining variables. Similar results were followed by Chen et al (2019), emphasizing on the mediating effects from self-efficacy. Research from Pribadi and Devy (2020) supported the findings and further mentioned the contradictory belief within self-efficacy and perceived barriers towards the intention for quitting, proclaiming that self-efficacy had concerning effects that it is possible to reinforce individuals' underestimation towards risks, yet it is also necessary in establishing intentions, thus weakening the intention for smoking cessation. Whereas, perceived barriers regarding expected challenges during the process of cessation had weaker and negative correlations, originating from the perception that the more barriers that exist within cessation, the lower the intention for smoking cessation. Leading the individual to abandon their efforts in continuing the health behavior.

However, other cessation studies oppose the outcomes and contradict with the research findings. Rusma et al (2020) found that smokers did not feel susceptible in contracting smoking-related risk factors (55,6%), are not convinced regarding the associated benefits with smoking cessation (51,9%), and do not believe that there are challenges or barriers (72,8%) in engaging with smoking cessation. Another research with similar findings from Widyowati et al (2023) stated that smokers also did not feel vulnerable towards smoking-related diseases due to their perception on the difficulty of quitting smoking, which they believed to still be dependent on smoking due to an absence of environmental support and evident intentions for quitting. Therefore, these studies counteract the main argument on perceived beliefs towards the intention for smoking cessation as according to the Health Belief Model (HBM).

These findings underscore the complexity of perceived health beliefs towards smoking cessation. Smoking cessation is not only a matter of simple health decision-making, but involves numerous considerations that must be taken into account regarding health-risk behavior. Perceived beliefs components as derived from the Health Belief Model (HBM) involves perceived health threats, self-efficacy, behavioral evaluation, and trigger actions or external influences in executing the health-promoting behavior. Based on the accumulated findings, it can be summarized that the proposed research hypotheses and results are accepted. With the recognition that the intention for smoking cessation is significantly aligned with the Health Belief Model (HBM) fundamental health components.

CONCLUSION

Based on the research study, results found that the health determinants from the Health Belief Model (HBM) had significant correlations, which includes Perceived Susceptibility (.316), Perceived Severity (.317), Self-Efficacy (.438), and Perceived Benefits (.415) and Cues to Action (.138) towards the Intention for Smoking Cessation. However, Perceived Barriers is excluded as it was proven to not have a correlation. This suggests that smokers do not perceive certain barriers or challenges within smoking cessation as a health-promoting behavior to be correlated to building their intentions for quitting. Further research is needed to explore the aforementioned perceived health indicators from the Health Belief Model (HBM). The researcher suggests that future research in

communication science, especially within the health communication domain associated with cigarette smoking cessation, can contribute further knowledge and insights by assessing the indicators through an in-depth perspective that accounts negative barriers and external cues to action in predicting the intention for smoking cessation among active smokers within the public society. It can also increase the effectiveness of health awareness and prevention programs targeting smoking-related diseases by gaining deeper insights to the beliefs and perceptions from active smokers in order to strategically communicate and construct a more persuasive message or information. Finally, cigarette smokers must consider and re-evaluate their perceived health beliefs regarding the health consequences and risks associated with cigarette smoking, to prevent themselves from consuming misconceptions and continuing their smoking behavior that would risk their health and well-being within the long-term.

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