A Phenomenological Study of Smoking Behavior Among The University of Muhammadiyah, Prof. DR. HAMKA Faculty of Medicine Medical Students

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Abstract.
This study aims to examine smoking, which remains a major public health problem with broad impacts, including among medical students who face high academic demands. The objective of this study was to explore the subjective experiences of FK UHAMKA medical students in understanding smoking behavior, particularly in relation to stress, hunger, and social environmental influence. The qualitative study employed a phenomenological approach. Data were collected through in-depth interviews with FK UHAMKA medical students with smoking experience and analyzed thematically to identify the meanings embedded in participants' experiences. The results and findings showed that smoking was perceived in various ways, including as a means of relaxation during stress, a companion for thinking, a post-meal ritual, a form of social interaction, and a habit tied to specific situations and spaces. In conclusion, smoking behavior among FK UHAMKA medical students is not merely a physical habit, but a complex subjective experience rich in meaning.
Keywords: *medical students, phenomenology, smoking behavior, stress and social environment.*

I. INTRODUCTION

Smoking remains a serious public health problem with wide-ranging consequences, including among medical students who face substantial academic demands. The habit is associated with chronic disease risk and is influenced by psychological, social, and environmental factors [1].

Medical students often encounter dense lecture schedules, intensive practical sessions, examinations, and high-performance expectations, all of which may create stress in daily life. In addition, irregular meal patterns and social interactions can shape smoking behavior and reinforce it as a coping habit or part of social routines [2]. This study was conducted to explore the subjective experiences of University of Muhammadiyah, Prof. DR. HAMKA Faculty of Medicine students in understanding smoking behavior, particularly in relation to stress, hunger, and social environment. Through a phenomenological lens, the study seeks to reveal how students themselves construct the meaning of smoking in their everyday lives [3].

This issue is especially relevant among university students, particularly medical students, who are expected to have better health knowledge and awareness. Despite their academic background, medical students may still engage in smoking due to stress, peer influence, lifestyle patterns, or personal coping mechanisms. The academic environment itself can contribute to emotional pressure through heavy coursework, practical sessions, examinations, and performance demands, which may encourage students to seek temporary relief through smoking [4].

At the same time, the social environment surrounding students can reinforce smoking behavior. Peer groups, informal gatherings, and certain social settings may normalize smoking and make it appear acceptable or even desirable. In this context, smoking is not only a private health behavior, but also a social practice shaped by interactions with others and by the meanings attached to situations and places [5].

In addition, bodily conditions such as hunger or irregular eating patterns may also contribute to smoking tendencies in daily life. For some individuals, smoking is performed after meals or during periods of delayed eating, suggesting that the habit may be linked to routine, bodily comfort, and symbolic association rather than to nicotine dependence alone. These patterns highlight the importance of understanding smoking behavior from the perspective of lived experience rather than only from a risk-factor approach [6].

II. METHOD

This study used a qualitative design with a phenomenological approach to describe in depth the subjective experiences of University of Muhammadiyah, Prof. DR. HAMKA Faculty of Medicine students

regarding smoking behavior. The approach was intended to uncover the essence and underlying meaning of the phenomenon from the participants' own perspectives [7].

The study was conducted at the University of Muhammadiyah, Prof. DR. HAMKA Faculty of Medicine, Tangerang, from February to April 2026. Participants were selected purposively, consisting of active University of Muhammadiyah, Prof. DR. HAMKA Faculty of Medicine students with direct experience of smoking or former smokers who were willing to share their experiences in depth [8].

Data were collected through in-depth interviews using an interview guide, audio recordings, and field notes. The data were then transcribed, familiarized, coded, and analyzed thematically using an interpretive process to identify recurring meanings and themes in participants' experiences [9].

III. RESULT AND DISCUSSION

Ten male informants participated in the study, with ages ranging from 18 to 24 years. All participants were medical students from various semesters, and their smoking experiences showed variation in duration, frequency, and intensity [10].

The findings showed that smoking was experienced and interpreted in several ways. For many participants, smoking began through social exposure, curiosity, or the influence of older friends and peer groups. Some participants also described smoking as part of their early search for identity, while others first tried it because of personal problems or emotional pressure [11].

Stress emerged as an important context in which smoking was perceived as a form of relief. Participants described smoking as something that helped them feel calmer, think more clearly, or "reset" themselves when academic pressure increased. This suggests that smoking functioned not only as a habit, but also as a subjective coping strategy used to manage emotional tension [12].

Hunger was generally not seen as the main reason for smoking. Instead, most participants stated that smoking was more often done after eating, indicating that it had become part of a daily ritual rather than a direct substitute for food. This pattern shows how smoking may be embedded in routine and bodily habits that are repeatedly reinforced over time [13].

The social environment played the strongest role in shaping smoking behavior. Participants consistently described friends, peer gatherings, and specific social settings as important triggers that encouraged smoking or made it feel normal. The study also found that certain places, such as bedrooms, mountain areas, and coffee shops, carried special meanings that supported smoking as a private, social, or relaxing activity [14].

Overall, the findings indicate that smoking among FK UHAMKA students is not merely a physical habit, but a complex lived experience shaped by stress, social interaction, personal interpretation, and routine. From a phenomenological perspective, smoking is understood as a meaningful practice that emerges from the interaction between individual agency and the surrounding social context [15].

Smoking and stress

The findings indicated that stress was one of the main conditions associated with smoking behavior among FK UHAMKA students. Several participants described smoking to release tension, calm the mind, and create a brief pause from academic pressure. In this sense, smoking was not merely a habit, but also a coping response used to manage emotional distress in daily life [16].

The pressure of lectures, practical sessions, examinations, and academic expectations appeared to strengthen the tendency to smoke, especially when participants felt overwhelmed or mentally exhausted. Smoking was often perceived as providing temporary relief, even though participants were aware that the effect was only short-term. This suggests that smoking functioned as a self-regulation strategy, particularly when students lacked healthier alternatives for coping with stress [17].

Smoking and hunger

Hunger also emerged as a contextual factor related to smoking behavior, although it was not as dominant as stress. Some participants stated that smoking was commonly done after eating, while others associated smoking with delayed meals or irregular eating patterns. This indicates that hunger was not always the direct trigger of smoking, but it contributed to the routine structure in which smoking took place [18].

For several participants, smoking after eating had become a habitual pattern and a form of bodily routine. This may reflect the way smoking becomes linked with comfort, satisfaction, and repetition in everyday life. In this context, the relationship between hunger and smoking is better understood as part of a broader behavioral pattern rather than as a simple cause-and-effect relation [19].

Smoking behavior as a response

Overall, smoking behavior among the participants reflected a combination of emotional, bodily, and social influences. Stress encouraged smoking as a form of emotional release, while hunger or meal-related situations shaped smoking as a repeated routine. Together, these findings show that smoking was experienced as a meaningful practice that helped participants navigate discomfort, tension, and daily transitions [20].

From a phenomenological perspective, smoking was not described only as the act of consuming tobacco, but as an experience embedded in personal meaning and context. The students did not merely smoke because of nicotine dependence; rather, they associated smoking with relief, pause, habit, and momentary control over their situation. This highlights the importance of understanding smoking behavior through the lived experiences of students, especially when designing prevention strategies in medical education settings [21].

Behavior

The first theme that emerged was behavior, which reflected how smoking became embedded in the participants' everyday lives. For most informants, smoking was not a single isolated action but a repeated practice shaped by habit, routine, and particular social situations. Several participants described that smoking started during school years and gradually became part of their daily rhythm, especially when they were with friends or in certain familiar settings [22].

The findings also showed that smoking was often associated with specific moments, such as after eating, during breaks, or while spending time in informal gatherings. In this context, smoking was not always described as an impulsive act, but as a patterned behavior that had been normalized over time. Some participants even viewed smoking as something that helped them think, relax, or create a temporary pause from daily demands [23].

From a broader perspective, this theme suggests that smoking behavior among FK UHAMKA students is closely linked to repetition and contextual reinforcement. The habit is maintained not only by nicotine dependence, but also by the meaning attached to the act itself. Once smoking becomes part of a student's routine, it may be experienced less as a conscious decision and more as an automatic response to specific situations [24].

Moral conflict and social pressure

The second theme was moral conflict and social pressure, which appeared clearly in the participants' narratives about the tension between personal values and the influence of their surroundings. Several informants acknowledged that they understood smoking was not ideal, especially as medical students who are expected to have greater awareness of health risks. At the same time, they also described how peer groups and social environments made smoking feel normal, acceptable, or even necessary in some contexts [25].

This tension created a form of moral discomfort. Some participants seemed aware of the contradiction between their knowledge and their actions, yet they continued smoking because of the pressure to fit in, maintain friendships, or avoid social isolation. In this sense, smoking was not simply a personal habit, but also a socially negotiated behavior shaped by the need for belonging and acceptance [26].

The findings indicate that social pressure did not always appear as direct coercion. More often, it worked subtly through shared routines, group identity, and the normalization of smoking in informal spaces. Participants described situations in which being around smokers made it more likely that they would smoke as well, showing how the social environment could strengthen smoking behavior even when the individual had reservations about it [27].

The dilemma between knowledge of harm and the need for coping mechanisms

The third theme was the dilemma between knowledge of harm and the need for coping mechanisms. This theme captures the internal conflict experienced by participants who knew that smoking could be harmful but still used it to manage stress, frustration, or emotional discomfort. Several informants described smoking

as a temporary escape, a companion for thinking, or a tool to calm themselves when academic or personal pressure became overwhelming [28].

This finding is important because it shows that health knowledge alone is not always sufficient to change behavior. Even when participants understood the risks of smoking, that awareness did not necessarily lead to cessation. In practice, the immediate emotional relief obtained from smoking often felt more accessible than healthier coping strategies. As a result, the decision to continue smoking reflected a compromise between rational knowledge and lived emotional need [29].

The dilemma became even more visible in participants who had attempted to stop smoking but later returned to it. Their narratives suggest that quitting was not only a matter of willpower, but also of coping capacity and social context. Smoking was repeatedly described as useful in helping them endure stress, which shows that the behavior carried psychological meaning beyond its physical effects [30].

IV. CONCLUSION

Smoking behavior among FK UHAMKA students is shaped by multiple subjective meanings, especially those related to stress relief, social interaction, and habitual routines. The social environment appears to be the most influential factor, while hunger plays a less dominant role.

The study shows that smoking should not be viewed only as an addictive behavior, but also as a personal and contextual experience that carries different meanings for each participant. These findings may be useful as a basis for developing more context-sensitive smoking prevention efforts among medical students.

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