

Available online on 15.10.2022 at <http://ajprd.com>

Asian Journal of Pharmaceutical Research and Development

Open Access to Pharmaceutical and Medical Research

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Research Article

Family Support with Adolescent Smoking Behavior in High School

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ABSTRACT

Adolescents are residents with an age range of 10-18 years. At this stage of adolescence, adolescents are still looking for their identity so they need guidance and support from their families. The family support provided can influence the behavior of adolescents and shape adolescents for the better. In adolescents, health problems often occur, one of which is smoking so that the number of adolescents who smoke in Indonesia has increased from 2013 with a prevalence of 7.20% to 9.10% in 2018. Meanwhile, the prevalence in DKI Jakarta Province is adolescents aged 10-18 years by 4.51%. Therefore, it is important to know whether or not there is a relationship between family support and smoking behavior. This study used a cross sectional design with a sample of 116 adolescents. Data were collected using a questionnaire. The results of this study there is no relationship between family support and smoking behavior in adolescents at senior high schools in DKI Jakarta province with value = 0.267, value = 0.05 ($p > \alpha$).

Keywords: Adolescents; family support; smoking behaviour**ARTICLE INFO:** Received 15 June 2022; Review Complete 25 August 2022; Accepted 05 Oct. 2022; Available online 15 Oct. 2022**Cite this article as:**

Widagdo W, Basuki PA, Family Support with Adolescent Smoking Behavior in High School, Asian Journal of Pharmaceutical Research and Development. 2022; 10(5):10-14.

DOI: <http://dx.doi.org/10.22270/ajprd.v10i5.1173>***Address for Correspondence:**

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INTRODUCTION

Adolescence is a time when individuals who have just become adults, just getting to know the opposite sex, know what is right and wrong. Therefore, adolescents need to be supported in the process of growth and development, if the supporting factors are not provided adequately then problems can occur in adolescents. Problems that can often arise in adolescents, namely the risk of accidents, violence, suicide, drug abuse, eating disorders, sexually transmitted infections, pregnancy and smoking.¹⁻⁴

Many adolescents have started smoking to become smoking behavior. We find smoking behavior a lot in various places, both markets, and schools where school is a place to gain knowledge. Adolescents with smoking behavior have started since they were still in school. Adolescent smoking behavior can be seen from the smoking prevalence rate among adolescents in various countries, the percentage of smokers

aged 13-15 in the world is 13.6% in Africa; 19.3% in America; 8.3% in Southeast Asia; 34.9% in Europe; 17.3% in the Eastern Mediterranean, and 40.5% in the Western Pacific.⁵⁻⁷

The prevalence of the population aged 10-18 years who smoked in Indonesia increased from 2013 with a prevalence of 7.20% to 9.10% in 2018. Meanwhile, in 2018 the number of men aged > 15 years who were smokers was 62, 9%. In DKI Jakarta province, adolescents aged 10-18 years were 4.51%, adolescents aged > 15 years were 25.06%.⁸

Smoking that has become a habit in adolescents can gradually cause addiction (addictive) in smokers permanently which is difficult to get rid of. This can be seen when in public places or public spaces many people smoke. The habit of smokers in public places can also harm others. Smoking can also have a financial impact on the people of Indonesia, the money spent on smoking is approximately 90 trillion

every year. This figure is greater than the debt owned by the Indonesian state.⁹⁻¹²

Smoking behavior in adolescents can be prevented through the family. The family is the environment that most influences adolescents in their growth and development, also plays a role in the formation of norms and inculcation of cultural values in adolescents that can shape the behavior of these adolescents. Family support can influence a person's behavior and work together to form a person into a good person. The family can be an example for teenagers how to live a healthy life without smoking.¹³⁻¹⁵

A person's behavior is determined by several factors according to the theory of Lawrence Green in, namely the first factor is the predisposing factor, which is a factor that makes it easier for a person to behavior. The second factor is the supporting factor, namely the factor that allows the behavior. The third factor, namely reinforcing factors are related factors that can encourage behavior.^{16,17}

Research results Amyuriani there are 14 respondents (46%) is a study of factors related to smoking behavior with results, namely smoking behavior related to knowledge, attitudes, environment, infrastructure, parents, advertising, and friends. Subsequent research on the relationship between adolescent smoking habits with the level of knowledge, peer group communication, family interaction, cigarette advertising, and attitudes in Makassar. This study involving 471 participants found that there was no relationship between the level of adolescent knowledge and smoking behavior, but there was a relationship between peer interaction, family interaction, cigarette advertising, and smoking attitudes with smoking behavior in adolescents, as well as the most significant

influence on behavior. teen smoking. The impact of peers and cigarette advertisements on adolescent smoking habits.^{18,19}

The results of the above study indicate that the number of teenagers who smoke in private high schools is still high. High smoking behavior in adolescents proves that adolescents still need to be given supervision over the actions or behaviors that adolescents do. In addition to supervision, adolescents also need to be directed and given knowledge about their smoking behavior. So it takes support from the family so that adolescents can become better individuals. Therefore, the authors feel the need to examine the relationship between family support and smoking behavior in adolescents.

METHODS AND MATERIALS

This research is a quantitative research using a correlative research design. Correlative research is a study that is used to see a relationship between two variables, the researcher in his research wants to see the relationship between family support and smoking behavior. The approach used is a cross sectional approach with data collected using a questionnaire.

This research was conducted at the Widuri Family High School with a total of 164 students. The sample required is 116 students. Sampling using consecutive sampling technique, namely the selection of samples in which subjects who have met the inclusion criteria will be used as research subjects until the number of samples is met according to the calculation. Data were analyzed univariately, namely gender, religion, ethnic origin, family support, and smoking behavior, while for bivariate analysis was the relationship between family support and smoking behavior.

RESULTS

Table 1: Frequency distribution of respondents based on their characteristics, family support and smoking behavior

Characteristics		f	%
Gender	Man	54	46.6
	Women	62	53.4
Religion	Islam	106	91.4
	Non-Muslim	10	8.6
Ethnic	Javanese	53	45.7
	Outside Java	63	54.3
Family support	Good	34	36.6
	Less	59	63.4
Smoking behavior	Yes	47	50.2
	No	46	59.5

The gender distribution of respondents is almost evenly distributed across all genders. The majority of respondents were women, 62 (53.4%) were men and 54 (46.6%) were men. The distribution of respondents according to religion is not the same for each religion. The majority of respondents adhere to Islam, 106 (91.4%) and the number of respondents

who adhere to a religion other than Islam is 10 (8.6%). The distribution of respondents by ethnic origin is almost evenly distributed for each ethnic origin. The majority of respondents came from outside Java, namely 63 people (54.3%), while respondents from Java were 53 people (45.7%). The distribution of respondent's family support is

not evenly distributed for each family support. The majority of respondents with good family support are 115 (99.1%) and 1 (0.9%) with less family support. The distribution of respondents' smoking behavior is not evenly distributed for

each smoking behavior. The majority of respondents have non-smoking behavior, namely 85 people (73.3%) while for respondents with smoking behavior as many as 31 people (26.7%).

Table 2: Relationship between Gender, Religion, Ethnic Origin, Family Support and Smoking Behavior.

Variable	Smoking behavior				Total		p-value	OR
	Yes		No		f	%		
	f	%	f	%				
Gender								
Man	23	42.6	31	57.4	54	100.0	0.001	5.008
Women	8	12.9	54	87.1	62	100.0		
Religion								
Islam	29	27.4	77	72.6	106	100.0	0.897	1.506
Non muslim	2	20	8	80	10	100.0		
Ethnic								
Javanese	11	20.8	42	79.2	53	100.0	0.262	0.563
Outside Java	20	31.7	43	68.3	63	100.0		
Family Support								
Good	30	26.1	85	73.9	115	100.0	0.267	0.261
Less	1	100	0	0	1	100.0		

Table 2 shows that the chi-square test results obtained p-values for gender ($p=0.0001$), religion (0.897), ethnic (0.262) and family support (0.267), meaning that there is no relationship between family support and smoking behavior in adolescents.

DISCUSSION

The results of the research that have been described previously are the results of the analysis of the data that the researchers have collected. The results of the analysis obtained are students who behave smoking there are 31 people (26.7%), students who behave not smoke there are 85 people (73.3%). This is in line with other studies which prove that almost 70% of smokers in Indonesia start smoking before the age of 19. It has been found among teenagers, because teenagers are still in a transitional period, have not been able to weigh the impact of smoking on health and the addictive effects that can arise due to nicotine. In addition to the impact on themselves, smokers can also have an impact or even harm others around them without the smoker realizing it.²⁰

Someone who smokes can happen because of getting an invitation or influence from other people, such as the results of the analysis that have been described that there are several variables that do not have a relationship with smoking behavior and some are related to smoking behaviour. The variable that has a relationship with smoking behaviour is gender. After being analyzed, the results show that there is a relationship between gender and smoking behaviour. The results of another study showed that gender was a significant determinant, with tobacco use among boys at 5% compared to 1% among girls ($p < 0.001$).²¹ The Global Youth Tobacco Survey surveyed 2,074 Indonesian

students between the ages of 15 and 20 and found that 43.9% (63% of boys and 18.8% of girls) had ever smoked.⁷ Male students were three times more likely to have ever tried e-cigarettes or cigarettes than female students. Male students were more likely to have tried e-cigarettes than female students. Male students are about 1.5 times more likely than female students to use e-cigarettes daily, but less likely to smoke daily. Tobacco consumption behaviour generally differs between men and women due to differences in assessment and attitudes towards smoking risk. Women are more concerned about the health risks of smoking than men, because of the impact that smoking can have on various diseases. Therefore, the factors that motivate smoking may be different for men and women.^{22,23}

The results of the analysis of unrelated variables, namely religion, ethnic origin, and family support. Based on the data that has been analyzed, it is found that there is no relationship between religion and smoking behaviour. Other studies have not shown an association between religion and smoking behaviour with outcomes, namely 5.7% of adolescents who practice the Muslim faith were found to have reported tobacco use, followed by 3.7% among Hindus and 2.6% among those who are Christians.²¹ Religion as a transmitter of social norms and values, religion is one of the most pervasive and influential cultural dimensions on society. This aspect of social norms relates to and influences many aspects of human behaviour, including health. Religious teachings and norms taught can prevent smoking behavior.²⁴

The religious variable above shows that there is no relationship between religion and smoking, the same as the ethnic origin variable, which shows that there is no

relationship between ethnic origin and smoking behaviour. The results of the analysis above are in line with other studies whose results showed no significant differences between white and black men. These results indicate that any ethnicity plays an important role in preventing smoking behaviour in adolescents during development. On racial/ethnic differences that have their respective cultures. One of them is culture plays an important role in parenting. In some cultures, for example, Asian and Hispanic cultures, children are considered the “jewel” of the family”. Because of this perception, children's health and a smoke-free home environment is one of the key priorities for the whole family.^{25,26}

Based on the results of the analysis, it was found that there was no relationship between family support and smoking behaviour. The results of other studies show results that are in line with the results of the analysis above, namely the results of bivariate analysis. The results obtained are that there is no relationship between family and adolescent knowledge at SMP Negeri 29 Samarinda. Statistical results obtained p value = 0.400 which is greater than the value of = 0.05. In addition to family support, the possibility of a teenager's environment and friends are also factors for smoking. Adolescent may smoke because they are influenced by a group of their smoking friends. Based on the theory of Lawrence green factors that can determine a person's behaviour. One of the factors is predisposing factors which include knowledge, beliefs, habits. If the teenager's environment such as teenage friend smokes, the teenager can be affected so that they behave smoking. Other factors such as social media, and social values and norms.¹⁵

REFERENCES

1. Poder U, Ljungman G, von Essen L. Parents' perceptions of their children's cancer-related symptoms during treatment: a prospective, longitudinal study. *J Pain Symptom Manage.* 2010;40(5):661–70.
2. Louw D, Louw A. *Child and adolescent development.* UJ Press; 2014.
3. Matza LS, Patrick DL, Riley AW, Alexander JJ, Rajmil L, Pleil AM, et al. Pediatric patient-reported outcome instruments for research to support medical product labeling: report of the ISPOR PRO good research practices for the assessment of children and adolescents task force. *Value Heal.* 2013;16(4):461–79.
4. Sunitha S, Gururaj G. Health behaviours & problems among young people in India: Cause for concern & call for action. *Indian J Med Res.* 2014;140(2):185.
5. Lovato C, Watts A, Stead LF. Impact of tobacco advertising and promotion on increasing adolescent smoking behaviours. *Cochrane database Syst Rev.* 2011;(10).
6. Thomas RE, McLellan J, Perera R. School-based programmes for preventing smoking. *Evidence-Based Child Heal A Cochrane Rev J.* 2013;8(5):1616–2040.
7. Organization WH. WHO report on the global tobacco epidemic, 2017: monitoring tobacco use and prevention policies. World Health Organization; 2017.
8. Kemenkes RI. Hasil utama riseksdas 2018. Jakarta Kemenkes RI. 2018;
9. West R, Shiffman S. *Fast facts: smoking cessation.* Karger Medical and Scientific Publishers; 2016.
10. Towns S, DiFranza JR, Jayasuriya G, Marshall T, Shah S. Smoking Cessation in Adolescents: targeted approaches that work. *Paediatr Respir Rev.* 2017;22:11–22.
11. Hammado N. Pengaruh rokok terhadap kesehatan dan pembentukan karakter manusia. *Prosiding.* 2014;1(1):77–84.
12. Safitri S. Determinan Perilaku Merokok Pengunjung Cafe di Kecamatan Lubuk Pakam. Universitas Islam Negeri Sumatera Utara; 2021.
13. Chairani R, Hamid AYS, Sahar J, Nurachmah E, Budhi TE. Strengthening resilience in families of street adolescents with embedding spiritual values. *Enferm Clin.* 2019;29:600–5.
14. Salawu F, Danburam A, Isa B, Agbo J. Cigarette smoking habits among adolescents in northeast Nigeria. *Internet J Epidemiol.* 2010;8(1):1.
15. Pranata MAE. Hubungan Lingkungan Keluarga dengan Perilaku Merokok pada Remaja di SMP Negeri 29 Samarinda. *Borneo Student Res.* 2019;1(1):240–7.
16. Purnama T, Rasipin N. Tedi's Behavior Change Model to Improving Brushing Teeth Behavior Parents. *J Appl Heal Manag Technol.* 2020;2(1):1–12.
17. Widiyaningsih D, Suharyanta D. *Promosi dan Advokasi Kesehatan.* Deepublish; 2020.

CONCLUSIONS

Gender is a variable that has a relationship with smoking behavior, while other variables such as religion, ethnic origin, and family support have no relationship with smoking behavior. This can happen because a person's behavior is influenced by 3 factors according to Lawrence Green's Theory. Predisposing factors include knowledge, beliefs, habits. If teenagers do not know about the dangers of smoking, they can be influenced so that they behave smoking. Adolescents may smoke because they can be influenced by a group of their smoking friends, besides that family support, adolescent environment and friends are also factors for smoking. Other factors such as social media, and social values and norms. This study did not examine the knowledge of adolescents, so it can be done by further researchers to examine the factors that can influence adolescents to behave smoking.

ACKNOWLEDGMENTS

The authors would like to thank the Director of Health Polytechnic of Jakarta I and all respondents who participated in this study.

CONFLICT OF INTEREST

The authors declare that they have no conflict interests.

ETHICAL CLEARANCE

This research has received ethical approval from the Research Ethics Committee, Health Polytechnic of Jakarta I No.012/KEPK/II/2022

18. Amyuriani Y. Faktor-Faktor Yang Berhubungan Dengan Perilaku Merokok Pada Siswa Sltip. 'AFIYAH. 2014;1(2).
19. Rachmat M, Thaha RM, Syafar M. Perilaku merokok remaja sekolah menengah pertama. Kesmas J Kesehat Masy Nas (National Public Heal Journal). 2013;7(11):502–8.
20. Yusra Y. Persepsi Perokok Dalam Menanggapi Label Peringatan Bahaya Merokok Studi Pada Remaja Di Dusun Taeno Negeri Rumah Tiga Kecamatan Teluk Ambon. IAIN Ambon; 2020.
21. Aswathy S, Syama S, Georgy S, Mathew MM, Mohandas S, Menon VB, et al. Tobacco use and exposure to second-hand smoke among high school students in Ernakulum district, Kerala: A cross-sectional study. Public Heal Pract. 2021;2:100213.
22. Walker N, Parag V, Wong SF, Youdan B, Broughton B, Bullen C, et al. Use of e-cigarettes and smoked tobacco in youth aged 14–15 years in New Zealand: findings from repeated cross-sectional studies (2014–19). Lancet Public Heal. 2020;5(4):e204–12.
23. Branstetter SA, Blosnich J, Dino G, Nolan J, Horn K. Gender differences in cigarette smoking, social correlates and cessation among adolescents. Addict Behav. 2012;37(6):739–42.
24. Koenig H, Koenig HG, King D, Carson VB. Handbook of religion and health. Oup Usa; 2012.
25. Chen P, Jacobson KC. Developmental trajectories of substance use from early adolescence to young adulthood: Gender and racial/ethnic differences. J Adolesc Heal. 2012;50(2):154–63.
26. Mai Y, Leonardo S, Soulakova JN. Smoke-free homes among single-parent families: Differences associated with parental race/ethnicity and smoking behaviors. Prev Med reports. 2018;9:18–23.



