

DETERMINANTS OF SMOKING BEHAVIOR AMONG ADOLESCENTS IN PADANG CITY IN 2023

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ABSTRACT

The World Health Organization (WHO) in 2012 showed that Indonesia was ranked third with the largest number of smokers in the world after China and India. Riskesdas data shows that the smoking behavior of people aged 15 years and over has not decreased from 2013 to 2018, tends to increase from 32.8 percent in 2013 to 33.8 percent in 2018. The behavior of people aged 15 years and older has increased. The aim of this research is to determine the determinants of smoking behavior in Padang city teenagers in 2023. The type of research used was descriptive analytical funding with a cross sectional design, which was carried out in July-October 2023. The population in this study were all young men at SMP Negeri 15 Padang. The sample was taken using a total random sampling method of 87 people. Data collection was carried out through questionnaires. Then processed with SPSS and analyzed with the Chi-square test with a degree of significance ($\alpha = 0.05$). The results of the research showed that as many as (74.7%) students smoked and had a negative attitude (50.6%), there was parental influence (41.4%) and there was (48.3%) peer influence. Factors of smoking behavior in teenagers at SMP N 15 Padang are attitude ($p = 0.008$), parental influence ($p = 0.028$), peer influence ($p = 0.016$). Based on the results of this research, it can be concluded that all independent variables are related to the dependent variable. To minimize the incidence of smoking behavior among students at SMP Negeri 15 Padang, it is hoped that there will be cooperation between the school and parents, such as providing education about the dangers of smoking.

Keywords : Smoke., Attitude., Influncer Of Parents and Peer Influence

PENDAHULUAN

Smoking is a world health problem because it can cause various diseases and even death. Smoking has become a habit that is commonly found in everyday life and is widespread in society. Data from the World Health Organization (WHO) in 2012 shows that Indonesia is ranked third with the largest number of smokers in the world after China and India. WHO has designated May 31 as World Tobacco Free Day. This shows that the world is increasingly paying attention to the negative effects of smoking on human health and welfare.¹

The results of basic health research (Riskesdas) show that the smoking behavior of the population 15 years and over has not decreased from 2013 to 2018, tends to increase from 32.8 percent in 2013 to 33.8 percent in 2018. 62.9 percent are men and 4.8 percent of women still smoked cigarettes in 2018. The prevalence of smoking in the population aged 10-18 years based on data from 2007 to 2018, the results of the 2013 Basic Health Research were 7.2 percent, based on data from the 2018 National Health Indicator Survey there was 8.8 smoking prevalence, and data released by Basic Health

Research shows a smoking prevalence of 9.1 percent. From this data it can be concluded that there has been an increase in smoking prevalence in every three years and the last two years.²

Especially in Padang City, more than 50% of children under 18 years old started smoking before the age of 13 years. Some people start smoking at the age of 11-13 years, and 85% start smoking before the age of 18 years. At the age of 15 years, 46.5% of male teenagers said they had tried smoking, even though at the age of 11, only 20.8% had ever tried smoking.³

Deviations in children's behavior occur due to lack of attention from parents. This happens because children and parents are never the same in everything. This dependence of children and parents can be seen from the child's desire to receive protection, support and care from parents in all aspects of life. Apart from that, children who become "problems" may be the result of a dysfunctional social system in the environment where they live, in other words

the child's behavior is a reaction to the environment's treatment of him.⁴

Behavior is determined by 3 factors, namely supporting factors (availability of health facilities, health services, availability of resources, rules and laws), driving factors (attitudes and behavior of health workers as a group that is an example of community behavior and people who become role models such as community leaders, parents, siblings, and peers). The factors that influence teenagers to smoke are predisposing (knowledge, attitudes, beliefs), enabling factors (advertising, pocket money), reinforcing factors (parents, friends).⁵

Based on research conducted by Elpasa, et al (2021), it shows that there is parental influence in 34 respondents (64.2%) with bad smoking behavior, the P value is obtained (> 0.05), so it can be interpreted that there is a relationship Parental influence on smoking behavior. Then the results also obtained that there was peer influence in 38 respondents (53.5%) with a P value (>0.05), this also means that there is a relationship between peer influence on smoking behavior in adolescents. The aim of this research is to find out the factors related to adolescent smoking behavior in Padang.

CIGARETTE

Cigarettes are the product of processed dried tobacco wrapped in a shape like a cigar. Most cigarettes contain tobacco and the plant *Nicotiana tabacum*, *Nicotiana rustica* and other species or contain nicotine and tar with or without other additives. Cigarettes pose a danger to individual and public health, because cigarettes are an addictive substance and various safety measures need to be taken. Active smokers are people who consume cigarettes regularly, no matter how small, even if it is just one cigarette a day. People who smoke cigarettes, even if it's not a routine, or just experimenting and how to smoke cigarettes, only exhale smoke even though it's not sucked into the lungs.^{6,7}

The main ingredients in cigarettes are carbon monoxide (CO), tar and nicotine. Carbon monoxide (CO) is a poisonous gas that can reduce oxygen levels in the blood, which can reduce concentration and cause dangerous diseases. Tar is one of the dangerous substances in cigarettes, usually used as a basic ingredient for making asphalt which can cause cancer (carcinogenic) and various other diseases. The effect of tar on the human body is that it can kill cells in the blood vessels, increasing. Nicotine is the strongest and most dangerous substance in cigarette smoke, it can cause addiction and it is difficult to stop smoking, it can damage brain tissue, cause blood to clot quickly, and can harden artery walls.⁸

Based on how they work, they are divided into two types, namely conventional cigarettes and electronic cigarettes. There are 3 types of conventional cigarettes based on their raw materials, namely white cigarettes, kretek cigarettes and klembak cigarettes. White cigarettes are cigarettes made

from tobacco leaves which are given sauce to get a certain taste and aroma effect. Kretek cigarettes are cigarettes whose raw materials are tobacco leaves and cloves which are given sauce to get a certain effect and aroma. Meanwhile, klembak cigarettes are cigarettes whose raw materials are the same as white and kretek cigarettes, and are added with kekenyayang and also given a special sauce to get a certain effect and aroma. 12 electronic cigarettes themselves are modern cigarettes and are in the form of electronic devices with batteries as an energy source.⁹

As is generally known, smoking can have a bad impact or effect on a person's health, especially on heart and lung health. Cigarettes have a negative effect on a person's body and as the main system directly affected by cigarette smoke, 13 most of the health effects are focused on the pulmonary tract, which can cause irritation of the upper and lower respiratory tract, bronchospasm and coughing, as well as inflammatory reactions through oxidative stress. Apart from the respiratory tract, other effects caused by smoking include heart disease, cancer, lowering the immune system, and damaging the nervous system by changing brain function, affecting mood, learning ability, memory, and causing dependency. Smokers consider that a safer alternative to help them quit smoking is to switch to using electronic cigarettes which are believed to have a lower level of danger than conventional cigarettes. But the aerosols activated by e-cigarettes contain the addictive substance nicotine, flavorings and various other chemicals that can cause cancer. The nicotine content in it still has negative effects on human health.

In this case Abrams, et al. (2018) showed that heart rate increased sharply after consuming electronic cigarettes. In addition, Yan & D'Cruiz C (2015), found that e-cigarettes increased diastolic blood pressure and heart rate in smokers, but at a lower level when compared to conventional cigarettes. Data from 14 controlled trials also conducted by Czogala, et al. (2014) stated that the impacts or diseases that occur due to smoking are chronic lung disease, lung cancer, severe heart disease that can cause death.

Smoking behavior is the act of burning, sucking and inhaling tobacco, including that produced from the *Nicotina tabacum*, *Nicotina rustica* plants and other species whose smoke contains nicotine and tar. Smoking behavior is a concrete form that individuals take towards the smoking habit. Smoking behavior can be caused by many factors from the individual himself, both internal factors (biological factors and psychological factors, such as smoking behavior done to reduce stress) and external factors (social environmental factors such as being influenced by friends).¹⁰

Laventhal and Clearly in Sitorus (2018), and Aulya, 2022 reveal that there are four stages in smoking behavior, including (1) preparatory stage, namely the stage when someone gets a pleasant picture about smoking by hearing, seeing, or reading, resulting in the intention to

smoke; (2) initiation stage, namely the stage where someone starts smoking. The stage where a person feels whether or not to continue smoking behavior; (3) the stage of becoming a smoker, namely the stage when someone has consumed four cigarettes per day so that they have a tendency to become a smoker; and (4) the maintaining of smoking stage, namely the stage where someone's smoking has become a part of their self-regulation method. Smoking will be done to obtain pleasure.

Smoking behavior is the act of burning, sucking and inhaling tobacco, including that produced from the nicotina tabacum, nicotina rustuca and other species whose smoke contains nicotine and tar. Smoking behavior is a concrete form that individuals take towards the smoking habit. Smoking behavior can be caused by many factors from the individual himself, both internal factors (biological factors and psychological factors, such as smoking behavior carried out to reduce stress) and external factors (social environmental factors such as being influenced by friends. Smoking is a symbol of coolness, smoking is a symbol of rebellion, smoking is a way of getting pleasure. Cigarettes are loyal friends and friends to share with. Cigarettes themselves are a poison that many people like. 15 Based on the description above, it can be concluded that smoking is the act of smoking and inhaling smoke from rolls containing tobacco from various species of nicotine plants, so that the smoke produced can be inhaled by people around them.

Teenager

Adolescence or "adolescence" comes from the Latin word "adolescere" which means "growing" into adulthood. When interpreted in a broader context, it will include mental, emotional, social and physical maturity. Adolescence is defined as a period of transition, namely a period where individuals physically and psychologically change from childhood to adulthood. Adolescents can be divided into three categories based on psychosocial and sexual maturity, namely: early adolescence (early 14 adolescence), middle adolescence (middle adolescence), late adolescence (late adolescence).¹¹

According to the Ministry of Health (2017), factors that can influence a person's smoking behavior are (1) wanting to try flavors (menthol, cappuccino, black tea, etc.) which are promised by many cigarette advertisements and which are cheap and easy to obtain; (2) want to appear macho, social, and considered mature; (3) loyal friend factor; (4) the perception that cigarettes can relieve stress; (5) often gather or hang out with the smoking community; and (6) want to get rid of feelings of loneliness, boredom and confusion.

Another factor that influences smoking behavior according to Gottfredson and Hirschi (1990) in Wulaningsih & Hartini (2015) is the involvement of individual control in responding to stimuli in the form of cigarettes. Individual

self-control is formed by parents through education (self-control) in raising children.

The behavior of parents in providing parenting to children can vary in positive or negative behavior which can have an impact on the child's behavior.¹²

MATERIALS AND METHODS

This type of research is descriptive analytical research with a cross sectional design. Observation and measurement of independent variables (attitudes, parental influence, peer influence) and dependent variables (smoking behavior) at the same time or just once to identify factors related to smoking behavior in adolescents. This research was conducted at SMP 15 Padang City, in 2023. The population was 77 male students, with the sampling method being total sampling so the total sample in this study was 77 people. The research was carried out by collecting all the male students of the school mosque. The inclusion criteria for this research are students who can communicate with and Respondents who are active smokers and passive smokers. Exclusion criteria are respondents who are absent or not present at the time the research takes place.

Ethics in this research are informed consent, anonymity and confidentiality. The type of data used in this research is primary data related to direct observation and research in the form of filling out questionnaires and secondary data related to data collection carried out by the researcher himself, including data about attitudes, the influence of smoking parents and smoking peers on smoking behavior in adolescents. The steps taken by the researcher in collecting data were as follows: The researcher took care of a research permit letter from the campus to be given to the Padang City Education Office, the researcher received a reply letter from the Padang City Education Office to apply for a research permit at SMP N 15 Padang, then the researcher submitted letter of request for research permission to the student affairs department to be processed by the Principal of SMP N 15 Padang, followed by conducting research by explaining the aims and objectives of the research, data collection was carried out for students who met the established criteria with the assistance of the teacher/homeroom teacher then the researcher explained to teacher how to fill out the questionnaire, where later the teacher will help in carrying out research for each student. Continue by conducting research on Monday, November 13 2023, by distributing questionnaires to students at SMPN 15 Padang, after filling in the questionnaire has been completed. complete, then the researcher will thank the students who have helped to become respondents.

RESULTS

After collecting and processing the data, the following results were obtained:

Table 1 Frequency Distribution of Smoking Behavior, Attitudes, Parental Influence and Peer Influence

Variable	<i>f</i>	%
Smoking Behavior		
Do Not Smoking	22	25.3
Smoking	65	74.7
Attitude		
Negative	44	50.6
Positive	43	49.4
Parental Influence		
There is Influence	36	41.4
No Influence	51	58.6
Peer Influence		
There is Influence	42	48.3
No Influence	45	51.7
Total	87	100

Based on the table, it is known that out of 87 students, it shows that more than half of class VIII students have smoking behavior as many as 65 people (74.7%) while 22 students (25.3%) do not smoke. Based on the table, it can be seen that more than half of the 44 students (50.6%) have negative attitudes, while 43 students (49.4%) have positive attitudes about smoking. Based on the table, it can be seen that more than half of the 51 students (50.6%) had no parental influence, while as many as 36 students (41.4%) had parental influence. Based on the table, it can be seen that more than half of the 45 students (51.7%) had no peer influence, while as many as 42 students (48.3%) had peer influence.

Table 2 Relationship between parental influence and adolescent smoking behavior

Variable	Smoking Behavior						P value
	No Smoking		Smoking		Total		
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	
Attitude							
Negative	17	38.6	27	61.4	44	100	0.008
Positive	5	11.6	38	88.4	43	100	
Pengaruh Orang Tua							
There is Influence	14	38.9	22	61.1	36	100	0.028
No Influence	8	15.7	43	84.3	51	100	
Peer Influence							
There is Influence	16	38.1	26	61.9	42	100	0.016
No Influence	6	13.3	39	86.7	45	100	

Based on the table, it can be seen that 27 students (61.4%) have smoking behavior with a negative attitude and 17 students (38.6%) have non-smoking behavior with a positive attitude. The results of statistical tests (Chi-Square) obtained a value of $p = 0.008$ ($p < 0.05$), meaning that there is a relationship between attitudes about smoking and adolescent smoking behavior at SMP N 15 Padang in 2023.

Based on the table, it can be seen that 22 students (61.1%) had smoking behavior with parental influence and 43 students with non-smoking behavior without parental influence (84.3%). The statistical test results (Chi-Square) obtained a value of $p = 0.028$ ($p < 0.05$), meaning that there is a relationship between parental influence and adolescent smoking behavior at SMP N 15 Padang in 2023.

Based on the table, it can be seen that 26 students (61.9%) had smoking behavior with peer influence and 39 students with non-smoking behavior with no peer influence (86.7%). The statistical test results (Chi-Square) obtained a value of $p = 0.016$ ($p < 0.05$), meaning that there is a relationship between peer influence and adolescent smoking behavior at SMP N 15 Padang in 2023.

DISCUSSION

Frequency Distribution of Adolescent Smoking Behavior

Based on the research results, the results showed that from 87 class VIII students, it showed that more than half of class VIII students had smoking behavior, 65 people (74.7%) while 22 students (25.3%) did not smoke. In line with previous research conducted by Prautami, (2018) regarding the relationship between attitudes and smoking behavior in adolescents at SMP PGRI 2 Palembang in 2017, the results obtained were that (63.3%) of adolescents were smokers and also research by Riadinata, (2018) regarding the relationship family and peer environment with smoking behavior in adolescents aged 12-16 years in Gonilan Kartasura Village, the results showed that (78.18%) of the respondents were smokers.

Smoking behavior seen from various points of view is very detrimental both to oneself and to others. When smoking, a person inhales approximately 4000 dangerous chemicals. These dangerous substances are nicotine, tar, carbon monoxide, and other toxic chemicals. Nicotine causes dependence or addiction. Tar is carcinogenic. Meanwhile, carbon monoxide has a very strong affinity for

hemoglobin so that oxygen levels in the blood are reduced. Fuadah M (2009).

There are three important clinical phases in tobacco addiction, namely: trying, sometimes using, and using every day. Like the use of other substances, there are several factors that cause teenagers to become smokers, for example psychological factors, biological factors and environmental factors. Subanada IB, (2008). Smoking behavior that was considered detrimental has shifted to become a pleasurable behavior and an obsessive activity. The biggest factor in smoking behavior is social or environmental factors. Regarding this, we certainly know that a person's character is shaped a lot by the surrounding environment, whether family, neighbors or social friends.¹³

The researcher's assumption regarding the research results is that in the study it was found that smoking behavior was more experienced by teenagers than non-smokers. This was also proven by the answers to the questionnaire where teenagers who smoked had smoked for >10 years, namely (32.3%), as many as (46.8 %) smoking behavior was obtained from fathers and also as many as (32.3%) teenagers smoked 1-2 cigarettes every day. According to researchers, smoking among teenagers cannot be avoided by these teenagers, because of the large influence that comes from outside and the desire from within to try cigarettes, so that this activity occurs every day and becomes a behavior that makes them become smokers.

Frequency Distribution of Adolescent Attitudes

Based on the research results, it was found that more than half of the 44 students (50.6%) had negative attitudes, while 43 students (49.4%) had positive attitudes about smoking. In line with previous research conducted by Maseda, (2013) regarding the relationship between knowledge and attitudes about the dangers of smoking and smoking behavior in young men at Sma N 1 Tompasobaru, the results showed that (73.7%) had a negative attitude and also Handayani's research, (2019) regarding the relationship between knowledge and attitudes and the smoking behavior of students at the Al-Jihad Islamic Boarding School in Surabaya, the results showed that (58.8%) of teenagers had negative attitudes about smoking.

Attitude is the opinion or assessment of people or respondents regarding matters related to health, health and illness and factors related to health risk factors. Newcomb, a social psychologist, stated that attitude is readiness or willingness to act, and not the implementation of certain motives. In other words, the function of attitude is not yet an action (open reaction) or activity, but is a predisposition to behavior (action) or a closed reaction.¹⁴

The researcher's assumption regarding the research results is that teenagers' attitudes towards smoking are still negative. This shows that the attitude of teenagers in this study shows a desire to smoke with a bad attitude, such as teenagers not caring about people around them being

disturbed by cigarette smoke and they are more confident when smoking, so that when teenagers have a crisis of self-confidence, smoking is one thing they have to do to increase their self-confidence. This is also proven by the answers to the questionnaire where as many as (59.7%) teenagers agreed that they felt more confident if they were smoking, as many as (75.8%) teenagers agreed they would continue smoking even if someone was bothered by their cigarette smoke, as many as (62.9%) teenagers agree with cigarettes offered by friends and also as many (69.4%) teenagers agree that if their friends smoke, they will smoke.

Frequency Distribution of Parental Influence

Based on the research results, it was found that more than half of the 51 students (50.6%) had no parental influence, while as many as 36 students (41.4%) had parental influence. In line with previous research conducted by Sunandari, (2014) regarding the relationship between the role of the family and smoking behavior in class VIII teenage boys at Tunas Bangsa Sukoharjo Middle School, it was found that as many as (61.2%) had a family role in smoking and also Riadinata's research, (2018) regarding the relationship between family environment and peers with smoking behavior in adolescents aged 12-16 years in Gonilan Kartasura Village, the results showed that (60%) there was a family role in smoking. Parents are examples and models for teenagers, but for parents who don't know much about health, they indirectly teach unhealthy behavior and lifestyle patterns. One of the reasons for the large number of teenagers who smoke is their parents' poor parenting patterns, for example the behavior of parents who smoke and this behavior is imitated by their children for generations.¹⁵

The researcher's assumption regarding the research results is that parents have an influence on teenagers' smoking behavior. According to researchers, parents are an example for children, especially teenage boys who are looking for their identity. If parents set a bad example, such as smoking near them, the desire to smoke will also become stronger. This is also proven by the answers to the questionnaire where as many (69.4%) teenagers said that their parents did not say hurtful words if they smoked, as many as (62.9%) teenagers said that their parents did not immediately stop what they smoked. act if it is contrary to what they want, as many (72.6%) teenagers said that their parents did not offer various possible solutions to the problems they faced and also as many (61.3%) teenagers said that their parents rarely once invited to talk, let alone discuss the dangers of smoking.

Frequency Distribution of Peer Influence

Based on the research results, it was found that more than half of the 45 students (51.7%) had no peer influence, while as many as 42 students (48.3%) had peer influence. In line with previous research conducted by Anggarwati, (2014) regarding the relationship between peer

interaction and smoking behavior in adolescents, the results showed that (67.5%) there was peer influence, as well as research by Riadinata, (2018) regarding the relationship between family and friends. peers with smoking behavior in adolescents aged 12-16 years in Gonilan Kartasura Village, the results obtained were (74.5%) peer influence. According to Rachmad, Thaha, & Syafar (2013), the majority of smoking starts in adolescence. Smoking behavior is caused by several factors, one of which is psychosocial factors, this factor is directly related to smoking behavior in adolescence, including stress and negative effects, peers, coping processes, and family. Teenagers think that cigarettes are a tool that shows that they appear free and mature when they try to adapt themselves to the social environment. Smoking is one of the things that is mandatory when they gather with their friends.¹⁶

The researcher's assumption regarding the research results is that peers are one of the factors that influence teenagers to smoke. Peers are an environment that has a very big influence on teenage boys, in a peer environment that generally smokes, this will make the teenager have a very strong desire to try these cigarettes. This is evidenced by the answers to the questionnaire where as many as (61.3%) teenagers agreed that they felt closely related to friends who smoked, as many (62.9%) teenagers agreed that they liked friends who smoked, as many (58.1%) teenagers agreed that they felt that friendships will become stronger when friends invite me to smoke and as many (50%) teenagers agree that smoking is cool.

Relationship between attitudes and adolescent smoking behavior

Based on the research, the results showed that the proportion of respondents who smoked had a negative attitude (50.6%) compared to those who did not smoke with a positive attitude (49.4%). The results of the statistical test (Chi-Square) obtained a value of $p = 0.008$ ($p < 0.05$) meaning that there is a relationship between attitudes about smoking and smoking behavior at SMP N 15 Padang in 2023.

In line with previous research conducted by Prautami, (2018) regarding the relationship between knowledge and attitudes and smoking behavior in adolescents at PGRI 2 Middle School in Palembang in 2017, the results showed that there was a relationship between attitudes and smoking behavior with a value of $p = 0.000$. And Rahmadi's (2013) research on the relationship between knowledge and attitudes towards cigarettes and the smoking behavior of junior high school students in the city of Padang shows that there is a significant relationship between attitudes and smoking behavior in junior high school students with a p value of 0.000. Attitude is the opinion or assessment of people or respondents regarding matters related to health, health and illness and factors related to health risk factors. Newcomb, a social psychologist, stated that attitude is readiness or willingness to act, and not the

implementation of certain motives. In other words, the function of attitude is not yet action (open reaction) or activity, but is a predisposition to behavior (action) or closed reaction.

The researcher's assumption is that a person's thinking about an object is influenced by the individual's emotional factors, in this case a good attitude will not be implemented as a good belief or belief if the individual himself does not believe in his attitude. The influence of emotions and experiences are thought to be factors that trigger a person to accept the stimulus given, as is the case with smoking behavior.

The Relationship between Parental Influence and Adolescent Smoking Behavior

Based on the research, the results showed that the proportion of respondents that students had smoking behavior with parental influence was 22 people (61.1%) and students with non-smoking behavior without parental influence were 43 people (84.3%). The statistical test results (Chi-Square) obtained a value of $p = 0.028$ ($p < 0.05$) meaning that there is a relationship between parental influence and adolescent smoking behavior at SMP N 15 Padang in 2023. This research is in line with research conducted by Sundari, (2014) regarding the relationship between the role of the family and smoking behavior in class VII male teenagers at SMP Tunas Bangsa Sukoharjo. The results showed that there was a relationship between the role of the family and smoking behavior among boys, $p = 0.000$ and also research by Riadinata, (2018) regarding the relationship between the family environment and peers and smoking behavior in adolescents aged 12-16 years. In Gonilan Kartasura Village, the results showed that there was a relationship between the family environment and smoking behavior in adolescents with $p = 0.009$.

The family is an environment that is very influential on children's development and is responsible for instilling values and norms in shaping children's behavior. Parents are role models for their children, both positive and negative behavior. Wrong parenting patterns from parents can cause their children to fall into deviant behavior such as smoking, using illegal drugs, promiscuity. In a family, if one of the family members smokes, it will most likely influence them or other family members to smoke, especially children, they smoke to continue their identity so they can look more mature like their father or other siblings other.¹⁷

The researcher's assumption regarding the research results is that it is proven that there is a relationship between the influence of parental smoking and smoking behavior in adolescent boys. This is because of the habit they see every day in the house where a father usually smokes while watching TV and after eating, so this sight becomes normal for boys and this influences their desire to smoke.

The Relationship between Peer Influence and Adolescent Smoking Behavior

Based on the research, it was found that 26 students had smoking behavior with peer influence (61.9%) and 39 students with non-smoking behavior with no peer influence (86.7%). The statistical test results (Chi-Square) obtained a value of $p = 0.016$ ($p < 0.05$), meaning that there is a relationship between peer influence and adolescent smoking behavior at SMP N 15 Padang in 2023. In line with previous research conducted by Anggarwati, (2014) regarding the relationship between peer interaction and smoking behavior in adolescents, the results showed that there was a relationship between peer interaction and smoking behavior in adolescents with $p=0.000$ and also research by Amelia, (2019) regarding the relationship between peer influence and smoking behavior in adolescents at SMP Negeri 29 Samarinda showed that there was a relationship between peer influence and students' smoking behavior with $p=0.000$.

The high level of peer interaction can be influenced by similarities in activities and enjoyment, as stated by Hurlock (2012) that teenagers tend to form interactions with peers who have similarities in activities and enjoyment. Hansen et al (in Wismanto, 2007) stated that factors that influence smoking behavior include environmental factors, factors that can have a direct influence such as offering cigarettes, persuading to smoke, challenging and tempting to smoke. In accordance with research conducted by Ariani RD (2012), most teenage smokers first learned about cigarettes from their friends, so it can be said that their peers are the closest people in their social life.

The research assumption regarding the research results is that it is proven that there is a relationship between peer influence and smoking behavior in adolescent boys. This proves that peers are a factor that has a significant influence on smoking behavior in adolescents. If they are surrounded by friends who smoke, this will influence teenagers' desire to smoke and vice versa.

CONCLUSIONS AND SUGGESTIONS

Based on the results of research and discussions that have been carried out, information has been obtained that there is a relationship between attitudes (p -value = 0.008), parental influence (p -value = 0.028) and peer influence (0.016) with adolescent smoking behavior. It is recommended for students to avoid smoking behavior and know the impacts of this smoking behavior. Researchers also hope that teenagers will not be influenced by smoking, either by influence from parents or by influence from peers. Schools are expected to collaborate with local health officials regarding providing education or information about the dangers of smoking.

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