

The Relationship of Family Role With Smoking Behaviour in Adolescent

^{1*}Ambo Anto, ¹Firman Telaumbanua, ¹Sapriadi, ¹Nurul Fuadah

¹Program Studi Ilmu Keperawatan, STIK FAMIKA, Makassar

Korespondensi: amboanto38@gmail.com

Abstract: This study aimed to determine the relationship between family roles and smoking behavior in young men at Tut Wuri Handayani Senior High School Makassar. The research design used a cross-sectional approach where the role of the family is the independent variable, and smoking behavior is the dependent variable. This research has been carried out at SMA Tut Wuri Handayani Makassar. The population is all male students in class I and class II. A sample of 50 respondents was obtained by total sampling technique. Based on the results of the study, it was found that as many as 18 (81.8%) respondents assessed the role of the family as good and had good smoking behavior; on the contrary, 4 (18.2%) respondents rated the role of the family as good but had less smoking behavior. The results of statistical tests using the Chi-Square test obtained the value of $X^2_{hit} = .000 < 0.05$. So the conclusion is H_0 is rejected, or H_a is accepted, meaning that there is no relationship between family roles and smoking behavior in young men at Tut Wuri Handayani High School Makassar. It can be concluded that there is a relationship between family roles and smoking behavior in young men at Tut Wuri Handayani High School Makassar.

Keyword: Adolescent, Family Role, Smoking

INTRODUCTION

Cigarettes are one of the leading causes of death in the world and are the only legal product that kills up to half of them. The smoking habit causes at least 30 types of disease in humans; in fact, this smoking habit is difficult to break, and people rarely recognize it as a bad habit (1). If teenage smokers continuously smoke cigarettes, there will be a buildup of nicotine in the brain (2). In one cigarette that is smoked, around 4000 dangerous chemicals are released (3). The impact of smoking behavior on health is that it can cause cancer, heart attacks, impotence, pregnancy and fetal disorders, stroke, cataracts, tooth decay, osteoporosis, and sperm disorders (4).

At the end of the 1980s, it was estimated that more than one billion people in the world smoked, and they consumed more than five trillion cigarettes a year. Experts from the World Health Organization (WHO) estimate that in industrialized countries, around a third of men over the age of fifteen have the habit of smoking; the United States ranks second in terms of cigarette consumption after China (5). The smoking habit is not only known in various parts of the world but has also been known for a long time in Indonesia. Indonesia has become the third country with the largest cigarette consumption in the world, with the number of active smokers at 34.7% or around 82 million people (6).

In South Sulawesi, according to data from Riskesdas 2010, age at first smoking is 5-9 years 2.1%, 10-14 years 21.7%, age 15-19 years 41.1%, age 20-24 years 13, 4%, aged 25-29 years 3.9% and > 30 years 3.4% (7). The smoking habit is allegedly influenced by the ongoing cigarette advertising in the media, especially television, but is also influenced by the most miniature environment, namely the family. Nearly 75% of households in Indonesia have a cigarette spending budget, which means there is at least one smoker in the household.

Smoking has become a habit at all ages, both among adults and teenagers. Those who are addicted to smoking have a need that must be met. Not least at school age, many children smoke cigarettes casually and have to spend their pocket money to buy one cigarette. Adolescence is a period of the life span, a transitional period, a period of change, a problematic age, a period where individuals search for self-identity, a scary age, a period of unrealism, and the threshold to maturity (8).

At first, teenagers smoke only for the outer appearance or peripheral side of their personality, but the more profound the teenager goes, the more they will change the motivation that is just trying to become an autonomous functional proprium motivation where smoking is felt as a basic need and becomes their lifestyle (9).

The importance of the role of family of teenagers who smoke is the central support system in providing health education to each family member who can overcome problems will be able to prevent smoking behavior in teenagers. In the context of the family's role in adolescent smoking behavior, the family provides a parenting style in the form of health education that more firmly emphasizes every influence from outside to be able to maintain, maintain, and improve health so that they do not make mistakes in finding their identity. Family and friend environment is related to smoking behavior. Friends are a more dominant factor in influencing smoking behavior (10).

After the researchers obtained initial data, 67 male students were registered at Tut Wuri Handayani Senior High School, with details in class II, 10 people, and class III, 12 people. Tut Wuri Handayani Senior High School found 2 students smoking during break times. Some smoked outside the school, and some smoked in the canteen near the school. This problem made researchers want to know the relationship between family roles and smoking behavior among young men at Tut Wuri Handayani Senior High School.

METHODS

This research uses a descriptive-analytic method with a Cross-Sectional Study approach to see the relationship between family roles and smoking behavior in young men at Tut Wuri Handayani High School, Makassar. The population in this study is all male students, namely class II and class III whose names are registered in There are 22 Tut Wuri Handayani High Schools in Makassar. The sample in this research is male students whose names are registered and will be used as respondents using a total sampling method of 22.

RESULT AND DISCUSSION

Result

Respondent Characteristics

Table 1. Role of Family

Family Role	Frekuensi (f)	Percentage (%)
Good	18	81,8
No. Good	4	18,2
Jumlah	22	100,0

Source : Data Primary, Year 2023

Table 1. The research results showed that 18 (81.8%) respondents assessed the role of the family as good, while 4 (18.2%) respondents assessed it as poor.

Table 2. smoking behavior

Smoking behavior	Frekuensi (f)	Persentase (%)
enough	22	100,0
Total	22	100,0

From the research data, there were 22 (100.0%) respondents who had less smoking behavior.

Analysis Bivariate

Table 3. Role of Family

		smoking behavior					
		Baik		Kurang		Total	
Role of Family		n	%	n	%	n	%
Good	Good	18	81,8	0	0,0	18	81,8
	No. good	4	18,2	0	0,0	4	18,2
	Total	22	100	0	0,0	22	100,0

Source : Data Primary, Year 2023

To determine the relationship between family roles and smoking behavior among young men at Tut Wuri Handayani High School, Makassar. The results of statistical tests with data analysis using the Chi-Square (X²) formula can be seen as follows:

Based on the research results, it was found that 18 (81.8%) respondents assessed the role of the family as good and had good smoking behavior, whereas 4 (18.2%) respondents assessed the role of the family as good but had poor smoking behavior. Meanwhile, it was found that 0 (0.0%) respondents evaluated the role of the family as poor and had good smoking behavior, whereas 0 (0.0%) respondents assessed the role of the family as poor and had poor smoking behavior.

The results of statistical tests using the Chi-Square (X²) formula show that the X² hit value = .000 < α = 0.05. So the conclusion H₀ is rejected or H_a is accepted, meaning that there is a relationship between the role of the family and smoking behavior at Tut Wuri Handayani High School Makassar.

Discussion

Based on the research results, data was obtained that as many as 18 (81.8%) respondents considered the role of the family to be good and had good smoking behavior. According to researchers' assumptions, the role of the family is good if parents can balance love and emotional support with structure and guidance to change behavioral domains in adolescent children. According to theory, the importance of the role of the family in teenagers who smoke is the central support system in providing health education to each family member, where having the ability to overcome problems will be able to prevent smoking behavior in teenagers (11).

Based on the research results, data was obtained that as many as 4 (18.2%) respondents rated the role of the family as good but had poor smoking behavior. According to researchers' assumptions, families

play an excellent role in educating children so that children are less likely to smoke; according to the theory of Baer and Corado (2012), teenagers who come from conservative families will find it more challenging to get involved with smoking than those from permissive families (12).

The results of statistical tests using the Chi-Square (X^2) formula show that the value of $X^2_{hit} = 000 < \alpha = 0.05$. So the conclusion H_0 is rejected or H_a is accepted, meaning that there is a relationship between the role of the family and smoking behavior among young men at Tut Wuri Handayani High School, Makassar. According to researchers' assumptions, the lack of family roles will influence teenagers' lifestyle behavior, especially in terms of smoking behavior. The family is an example and model for teenagers, but families who don't know enough about health indirectly teach unhealthy behavior or 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 imitated by their children for generations (13-15).

CONCLUSION

Based on the research carried out, the researcher can conclude that There is no relationship between the role of the family and smoking behavior in young men at Tut Wuri Handayani Senior High School Makassar with the manifestation of Chi-Square results (X^2) obtained by the value of $X^2_{hit} = .000 < \alpha = 0, 05$.

ACKNOWLEDGMENT

We want to thank TUT WURI HANDAYANI Senior High School in MAakassar and everyone involved in this research.

REFERENCES

1. Hamadneh S, Hamadneh J. Active and passive maternal smoking during pregnancy and birth outcomes: A study from a developing country. *Ann Glob Heal*. 2021;87(1):1–8.
2. Fan J, Zhou Y, Meng R, Tang J, Zhu J, Aldrich MC, et al. Cross-talks between gut microbiota and tobacco smoking: a two-sample Mendelian randomization study. *BMC Med*. 2023;21(1):1–16. Available from: <https://doi.org/10.1186/s12916-023-02863-1>
3. Campagna D, Alamo A, Di Pino A, Russo C, Calogero AE, Purrello F, et al. Smoking and diabetes: Dangerous liaisons and confusing relationships. *Diabetol Metab Syndr*. 2019;11(1):1–12. Available from: <https://doi.org/10.1186/s13098-019-0482-2>
4. Tobaiqy M, Maclure A, Thomas D, Maclure K. The impact of covid-19 on smoking behaviours and support for smoke-free zones in Saudi Arabia. *Int J Environ Res Public Health*. 2021;18(13).
5. Wheaton AG, Liu Y, Croft JB, Vanfrank B, Croxton TL, Punturieri A, et al. Morbidity and Mortality Weekly Report Chronic Obstructive Pulmonary Disease and Smoking Status-United States, 2017. *US Dep Heal Hum Serv Dis Control Prev*. 2019;68(24):1–12. Available from: https://www.cdc.gov/mmwr/cme/conted_info.html#weekly.
6. Momtazmanesh S, Moghaddam SS, Ghamari SH, Rad EM, Rezaei N, Shobeiri P, et al. Global burden of chronic respiratory diseases and risk factors, 1990–2019: an update from the Global Burden of Disease Study 2019. *eClinicalMedicine*. 2023;59(10).
7. RISKESDAS. RISKESDAS 2018. 2018.
8. Prijic Ž, Igić R. Cigarette smoking and medical students. *J BUON*. 2021;26(5):1709–18.

9. Sunday S, Clancy L, Hanafin J. The associations of parental smoking, quitting and habitus with teenager e-cigarette, smoking, alcohol and other drug use in GUI Cohort '98. *Sci Rep* [Internet]. 2023;13(1):1–11. Available from: <https://doi.org/10.1038/s41598-023-47061-4>
10. Nishanth K, Tariq E, Nzvere FP, Miqdad M, Cancarevic I. Role of Smoking in the Pathogenesis of Multiple Sclerosis: A Review Article. *Cureus*. 2020;12(8).
11. Chen J, Luo M, Gan L, Li H, Liu S, Ren N, et al. The association between smoking and family health with the mediation role of personality among Chinese people: nationwide cross-sectional study. *BMC Psychiatry* [Internet]. 2024;24(1):1–16. Available from: <https://doi.org/10.1186/s12888-024-05654-x>
12. Allen AM, Weinberger AH, Wetherill RR, Howe CL, McKee SA. Oral contraceptives and cigarette smoking: A review of the literature and future directions. *Nicotine Tob Res*. 2019;21(5):592–601.
13. Ho YCL, Mahirah D, Ho CZH, Thumboo J. The role of the family in health promotion: a scoping review of models and mechanisms. *Health Promot Int*. 2022;37(6):1–14.
14. Dale C, Compas B. Processes in the Context of Parental Depression. *J Clin Child*. 2023;51(6):982–96.
15. Jia X, Huang Y, Yu W, Ming WK, Qi F, Wu Y. A Moderated Mediation Model of the Relationship between Family Dynamics and Sleep Quality in College Students: The Role of Big Five Personality and Only-Child Status. *Int J Environ Res Public Health*. 2022;19(6).