Santri Smoking Behavior Determinant At "X" Islamic Boarding School in Jember Regency

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ABSTRACT

Background: *Smoke is a risk factor for various infections and increased severity of respiratory tract disease. Deaths due to smoking in the world in 2019 reached 8 million people per year, while death as a consequence of cigarettes in Indonesia reached 230,000.* ***Objective:*** *The aim of this study was to know the determinant behavior of teenage student smokers at boarding school X and including predisposing factors, enabling factors, and reinforcing factors.* ***Methods: T****his study was conducted with a quantitative method with a cross-sectional approach. Population is santris in cottage boarding school X on SMP and SMA levels as many as 325 students with a total sample of 198 students who are determined with probability sampling.* ***Results:*** *Study shows as many as 59.6% respondents smoked (respondents aged 12-15 years (65.7%) with a stay of 1-3 years (86.9%). Knowledge good (53%), negative attitude (94.9%) and negative values (79.3%) means no health support (70.2%), facilities infrastructure supporter no support (54%), kiai no support (96.5%), boarding school administrator no support (88.4%) and friend no support (80.8%). Bivariate analysis Results show variables that have a connection - age (p-value=0.004), education level (p-value=0.000), attitudes (p-value=In the majority of santri smoking, were 12-16 years old with a duration of 1-3 years and for level highest education is junior high school / equivalent. Smoke behavior was influenced by variables of age, level of education, attitudes, values, and health facility. Application rule ban smoke among santris needs to be upgraded with signs warning of a smoking ban in certain places that are often frequented by santri the form of posters or board warning as well as accompaniment from public health centers.*

Keyword: *Islamic Boarding School, Smoking Behavior, Students.*

INTRODUCTION

Smoking can cause interference with health conditions. Smoking is a risk factor for various infections and able to increase the severity of the disease especially disease in the respiratory tract such as pulmonary tuberculosis, lung cancer, coronary heart disease and so on (Fransiska & Hartati, 2019).

The prevalence of smokers is widespread in all parts of the world. The ASEAN region has a population of 10% of global smokers and accounts for 20% of global deaths from tobacco use (World Health Statistics Data Visualizations On Prevalence of Tobacco Smoking Country, 2018). Indonesia as a member of ASEAN is a region with a relatively high percentage of smokers. Based on Riskesdas data in 2018, it was found that there was an increase in the prevalence of smoking in adolescents aged 10 -18 years from 7.2% in 2013 to 9.1% in 2018 (Ministry of Health RISKESDAS, 2018). The increase in the prevalence of adolescent smokers is in line with data from the *Global Youth Tobacco Survey* (GYTS) in 2020 which shows the prevalence of using tobacco products in Indonesian students 13-15 years is 40.6% (Global Youth Tobacco Survey, 2015). The number of santri who smoke currently reaches 19.2% and 60.6% of that number is found they could furnish cigarettes unless there is ban related their age (World Health Organization, 2020). The smoking prevalence of the population aged 10-18 years in East Java province increased from 23.9% in 2013 to 23.91% in 2018. The prevalence of smokers aged 10 years in Jember Regency based on riskesdas data in 2018 was 32% (Ministry of Health, Riskesdas 2018). The existing prevalence data is still worrying, especially at the age of adolescent santri which continues to increase.

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The Indonesian government took action by publishing regulation about no-smoking areas (KTR) through the Minister of Health and the Ministry of Home Affairs in 2011. The purpose of this regulation is to provide protection to the public from the impact of smoking behavior straight away for cleanliness and health public by general constant awareness. The scope of the KRT includes health service facilities, public places, places for teaching and learning processes including Islamic boarding schools in them, workplaces, places for children to play, places of worship, public transportation and other public places (Ministry of Health, 2011).

Islamic boarding school is an Islamic educational institution that provides teaching Islamic sciences to santri with methods and techniques of typical teaching. **The b**oarding school was established and led by the same kiai (caregivers), the owner of a boarding school. A kiai is assisted by a cleric/teacher in giving teaching to students (Boarding School Management and Leadership , 2011). Kiais are among the most important figures in the pesantren who become a role model and every command and word is an obligation for the santri to obey. The boarding school community is dominated by santri who are studying in the pesantren environment and mainly santris are still in the adolescent age category (Ishomuddin MAM, 2012).

Islamic boarding schools as a place for the teaching and learning process as well as places of worship are also included in the scope of KTR. As the scope of KTR, Islamic boarding schools should be free from smoking behavior; however, based on Khoirunnisa's research in Islamic boarding schools there are still many who smoke by 63.5% with 68.7% being teenagers with a variety of reasons (Khoirunnisa, 2019).

Factors such as knowledge, attitudes, beliefs, and traditions that arise from within the individual or society itself could play a role in the formation of smoking behavior. The availability of facilities that facilitate the formation of behavior also contributes to create smoking behavior. In addition, the encouragement that is manifested in the attitudes and behavior of health workers or other people who are a reference group from the community will also shape behavior. These factors are concluded into three factors, namely, *Predisposing factors* including knowledge, attitudes, beliefs, values and so on, *Enabling factors* including the presence or absence of health facilities or facilities and *Reinforcing factors* which include attitudes and behavior of officers health or other forms of support and support from the applicable laws and regulations (Notoatmodjo, 2012).

"X" Islamic boarding school is one of the Islamic boarding schools in Jember district. Islamic boarding schools belong to the category of semi-modern Islamic boarding schools which teach the yellow book and general education. This Islamic boarding school has regulations in the form of a smoking ban for santri with the status of junior high school santri and high school students; breaking this rule is a serious violation. The sanctions given for serious violations range from the lightest as being shaved, put on display and paying *Kafarot* to be returned to his parents as the heaviest form of sanction. In addition to the prohibition against santri, administrators or teachers who teach in Islamic boarding schools are also prohibited from smoking in public or in front of santri directly. Based on the data in the case book of the boarding school of santri smoking between August and September 2021, from these data, it shows that there are still many santri who smoke even though there are written regulations regarding the prohibition of smoking in Islamic boarding schools. Therefore, based on the urgency of some of the problems that have been explained, researchers need and want to conduct a study to determine the determinants of students' smoking behavior in "X" Islamic boarding school.

METHODS

This study used quantitative methods with a cross-sectional research design approach. The population in this research is male santri of junior high and high school in "X" Islamic boarding school with a total population of 325. Determination of the sample used *Probability Sampling* with a sample of 198 santri and *proportional stratified random sampling technique* was used in study this with the results of a sample of 64 male high school santri and 134 junior high school students.

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The variables in this study were divided into two, the first independent variables included predisposing *factors* (age, length of stay, education level, knowledge, attitudes and values), *enabling factors* (health facilities and supporting infrastructure), and *reinforcing factors* (kiai support), the support of pesantren administrators, and the support of friends. The two dependent variables were the smoking behavior of adolescent santri in Islamic boarding school X.

The data collection was done by distributing questionnaires that had previously been tested for validity and reliability. The questionnaire was tested on 30 male santri at the Nurul Ulum Situbondo boarding school. Data analysis was performed using univariate and bivariate analysis with *Chi Square* test to determine the relationship between the independent and dependent variables.

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RESULTS

Table 1. Results of Univariate and Bivariate Analysis

Variable	f	%	Smoking Behavior				*p-value*	OR (95% Confidence Interval)
			Yes		Not			
			n	%	n	%		
Age								
12-15 Years	130	65.7	68	34.3	62	31.3	0.004	0.3 (0.20-0.74)
16-20 Years	68	34.3	50	25.3	18	9.1		
Long stay								
1-3 Years	172	86.9	99	50.0	73	36.9	0.198	0.5 (0.20-1.25)
4-6 Years	26	13.1	19	9.6	7	3.5		
Level of education								
Junior High School/Equivalent	134	67.7	68	34.3	66	33.3	0.000	0.3 (0.15-0.57)
High School/Equivalent	64	32.3	50	25.3	14	7.1		
Knowledge								
Well	105	53	56	51.4	49	45.0	0.127	0.9(0.11-6.44)
Currently	89	44.9	60	64.5	29	31.2		0.5(0.06-3.60)
Not enough	4	2	2	2.2	2	2.2		1
Attitude								
Positive	10	5.1	10	5.1	-	-	0.006	-
Negative	188	94.9	108	54.5	80	40.4		
Values								
Positive	41	20.7	32	16.2	9	4.5	0.012	2.9 (1.31-6.55)
Negative	157	79.3	86	43.4	71	35.9		
Health facility								
Support	59	29.8	43	21.7	16	40.4	0.020	0.4 (0.22-0.84)
Does not support	139	70.2	75	37.9	64	32.3		
Supporting Infrastructure								
Support	91	46.0	59	29.8	32	16.2	0.215	0.6 (037-1.18)
Does not support	107	54.0	59	29.8	48	24.2		
Kiai Support								
Support	7	3.5	26	13.1	12	6.1	0.443	0.6 (0.29-1.32)
Does not support	191	96.5	92	46.5	68	34.3		
Islamic Boarding School Support								
Support	23	11.6	18	9.1	5	2.5	0.086	0.3 (0.13-1.04)
Does not support	175	88.4	92	46.5	68	34.3		
Friend Support								
Support	38	19.2	3	1.5	4	2.0	0.294	2.0 (0.43-9.26)
Does not support	160	80.8	115	58.1	76	38.4		

Determinants of Student Smoking Behavior Univariately

"X" Islamic boarding school was a semi-modern Islamic boarding school which mainly taught Islamic religious knowledge. Students' activities were not only focused on teaching and learning activities in schools, both in the form of religious knowledge and general knowledge. Santri were also busy with ubudiah activities in the form of congregational prayers, qiamullain and other routine practices. In Islamic boarding school X, there was a smoking ban for santri with the same level of education in junior high and high school, but there was no prohibition smoking for santri who were students.

The predisposing factor in this study based on univariate analysis showed that most of the santri who were the respondents admitted that they had smoked (59.6%). Respondents in this study were aged 12-15 years (65.7%) with a length of stay of 1-3 years (86.9%) and the majority of junior high school education was equivalent (67.7%). The knowledge of santri regarding the dangers of smoking behavior was in the good category (53%) with negative attitudes toward smoking behavior (94.9%) and negative values toward smoking behavior (79.3%).

The supporting factor (enabling factor) in this study based on univariate analysis showed that most of the santri stated that health facilities did not support

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the application of smoking ban regulations in Islamic boarding schools (70.2%). The supporting infrastructure was in the form of shops or stalls that sold or allowed santri buy cigarettes. The majority of santri stated that the infrastructure did not support smoking behavior (54.0%).

The results of the univariate analysis of the reinforcing factor in this study showed that there was no support for smoking behavior from kiai (96.5%), there was no support from pesantren administrators (88.4%) and from friends there was also no support for the creation of student smoking behavior (80.8%).

Predisposing Factors Relationship, Supporting Factors, and Encouragement Factors with Students Smoking Behavior

The regulation on the prohibition of smoking in Islamic boarding school X did not rule out the possibility of smoking behavior in the pesantren environment. The results of the analysis of the relationship between predisposing factors and smoking behavior showed that 68 (34.3%) OF santri with smoking behavior were age 12-15 years and the Chi-Square test results obtained a p-value of 0.004 <0.05 which stated that there was a relationship between age with smoking behavior of students. Santri with a stay of 1-3 years were more likely to smoke (50%) with p-value = 0.198 > 0.05 which meant that there was not a relationship between length of stay and smoking behavior of students. The level of education in junior high school and equivalent was more dominant in smoking behavior by 68 people (34.3%) and from Chi-Square test it showed that there was a relationship between the level of education and smoking behavior of students, p-value 0.000 <0.05.

While the knowledge variable showed that santri had good knowledge about the dangers of smoking but still smoked as many as 56 santri (51.4%) with a p-value of 0.127 > 0.05 which means that there was no relationship between the knowledge of santri about the danger of smoking with smoking behavior of students. As for the attitude variable with the smoking behavior of students, the results of the Chi-Square test state that there was a relationship between the two and the results of p-value = 0.006 and the p-value of the variable values with the smoking behavior of santri was 0.012 which meant that there was a relationship between the variable values and the incidence of smoking behavior of santri and the OR value of 2.9.

For the relationship between supporting factors (enabling factors) consisting of health facilities and supporting infrastructure with smoking behavior of students. the results of the bivariate analysis showed that health facilities and smoking behavior of santri were related as indicated by the results of the Chi-Square test with a p-value = 0.020 and an OR value of 0.4. As for supporting infrastructure, there was no relationship with smoking behavior of santri because of the p-value > 0.05.

For the relationship of the reinforcing factor with the smoking behavior of the students, the results of the bivariate analysis showed that kiai's support had no relationship with the smoking behavior of the santri with a p-value of 0.443 > 0.05. The support of Islamic boarding school administrators with the smoking behavior of santri had a p-value of 0.086 > 0.05, which meant there was no relationship and the same was true for the variable of friend support with smoking behavior. The Chi-Square test results state that there was no relationship because the p-value was 0.294 > 0.05.

DISCUSSION

Determinants of Student Smoking Behavior

The regulation for prohibiting smoking for junior high school and high school santri in Islamic boarding school X was still not optimal because there were still violations committed by students. Based on the case book of the boarding school security council X, it showed that 40% of students' smoking violation data occurred from August to September.

The results of this study showed that as many as 59.6% of santri admitted that they had smoked and 40.4% stated that they had never smoked. The resulting data illustrated that there were still many teenage santri who did smoking behavior up to more than half of the existing respondents. This result was in line with the results of research conducted by Khoirunnisa which stated that 63.5% of respondents admitted that they had smoked and 36.5% said they had never smoked (Khoirunnisa, 2019).

From the predisposing factors, the research results showed that the 12-15year age range was 65.7% and in the 16-25 age

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range was 34.3% which showed that most of the respondents were in the early teen category. Results obtained had congruence with previous research by Khoirunnisa where 68.7% of santri were in the category of vulnerable early adolescents aged 12-16 years.[13]The length of stay was 86.9% 1-3 years and for the other 32.3% the length of stay had reached 4-6 years. This percentage was in line with the percentage of santri' education level which was more dominant at the junior high level equivalent (67.7%) compared to the equivalent high school level (32.3%) because most santri had just started boarding when they would start junior high school education.

Most of the santri had good knowledge about the dangers of smoking by 53% and most of the santri who smoked had moderate knowledge of 64.5%. The results of this study differed from the results of Handayani's research which stated that most of the santri who smoke, were at a level of less knowledge of 42.9% (Handayani, 2019). However, this was in line with Alamsyah's research which stated that most of those who had smoked high knowledge of cigarettes by 50.6% (Alamsyah, 2017).

The attitude of santri toward smoking behavior was 5.1% positive and the negative toward smoking behavior of adolescent santri was 94.9%. This was different from the results of Khoirunnisa's research which stated that most santri had a permissive attitude toward smoking behavior of 85.7% (Khoirunnisa, 2019). However, this was in line with Alamsyah's research which stated that 86.6% of santri who smoked had negative attitude on cigarettes (Alamsyah, 2017).

From the results of the study, it could be seen that adolescent santri who had positive values for smoking behavior are 20.7% and negative values for smoking behavior were 79.3%. Adolescent santri with positive values on smoking and smoking behavior were 16.2%, while those with negative values for smoking behavior ware 43%. The data illustrate that most had a negative point of view on smoking behavior, but even so, there were still many who did smoking behavior even though they had negative values toward smoking behavior. This was different from the results of Syaifullah's research where santri of the Al-Ihsan Islamic Boarding School had the opinion that smoking the rest of the kiai's cigarettes could get a blessing (Alamsyah, 2017).

From the enabling factors, it could be seen that those stating that health facilities support the smoking ban regulation were 29.8% and those who stated that health facilities did not support smoking behavior were 70.2 %. Most of the santri who smoked were found in health facilities that did not support, 37.9%, compared to health facilities that supported, 21.7%. This was in line with the results of direct observations of researchers at Islamic boarding school X that there was no smoke-free area and no installations are seen warning of the dangers of smoking and the prohibition of smoking for santri in the form of posters or warning boards in the environment hut.

The results showed that 46% of adolescent santri stated that supporting infrastructure suggestions supported the smoking behavior of adolescent santri and 54% stated that the infrastructure did not. It means santri stated that in the boarding school environment no there was roadside stall or shop enabling santri to buy cigarettes. Between supporting and non-supporting facilities, it was found that there were santri who smoked with the same amount of 29.8%. This was different from the results of Khoirunnisa's research which showed respondents who smoked more were found in santri who had easy access to cigarettes by 79.2% (Khoirunnisa, 2019).

From the enforcing factor in the form of kiai's support, the results showed that the kiai's encouragement to support smoking behavior was 3.5 % and the kiai's encouragement to not support the smoking behavior was 96.5%. The data illustrate that kiai were more inclined to not support the smoking behavior of adolescent students. This meant supporting the prohibition of smoking by not smoking in front of students, giving punishment to those who violated and not asking santri for help to buy cigarettes. However, most of the santri who smoked were found to have no support from the kiai by 46.5%. This was different from the results of Khoirunnisa's study which stated that santri who smoked were more common in respondents who received support from the kiai by 78% (Khoirunnisa, 2019).

The results showed that the encouragement of boarding school administrators to support smoking

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behavior was 11.6% and the encouragement of Islamic boarding school administrators not to support smoking behavior of adolescent santri was 88.4%. The data illustrated that pesantren administrators were more inclined to not support the smoking behavior of santri by giving sanctions to those who smoked and the administrators themselves did not smoke in places that could be seen by students. Meanwhile, for the support of friends, the results of the study showed that the encouragement of friends to support smoking behavior was 19.2% and the support of friends who did not support the smoking behavior of adolescent santri was 80.8%. The data illustrated that friends were more inclined to not support the smoking behavior of students. This result was not in line with the results of research conducted by Utari where peers support smoking behavior as much as 102 or 100%.[18]

Predisposing Factors Relationship, Supporting Factors, and Encouragement Factos with Student Smoking Behavior

Connection predisposing factor with behavior smoke students in the form of age was one of the characteristics that existed in the respondents in this study. The results of the study could stated that age had a relationship with the formation of smoking behavior of adolescent santri indicated by the p-value of 0.004 <0.05, which meant that there was a relationship between the two variables. The results of this study were not in line with research conducted by Khoirunnisa whose results also showed that there was no relationship between age and practice. or smoking behavior of santri with a p-value of 0.977 > 0.05 (Khoirunnisa, 2019). The study results matched those of Wijayanti who explained no there was the connection between age with behavior morocco with a p-value 0.005.[21]If viewed from Lawrence Green's theory of behavior predisposing factors that could affect a person's behavior, while in this study it had an influence on the emergence of students' smoking behavior.

The chi-square test on the variable length of stay with the smoking behavior of santri showed a p-value of 0.198 > 0.05, meaning that there was no relationship between the length of stay and smoking behavior of students. These results indicated that the period of time santri are in Islamic boarding schools is not a factor for them to have smoking behavior because it was possible that santri who smoked had been exposed to smoking behavior since before entering the Islamic boarding school.

The level of education in this study was related to significant effect on the smoking behavior of adolescent santri as evidenced by the p-value 0.000 < 0.05. This was in line with Zahrani's research which showed that there was a relationship between the level of education and smoking behavior of santri with a p-value of 0.000 <0.05 (Utari, 2020). The value of OR = 0.3 or OR < 1 means that the level of education in junior high school and equivalent was a protective factor against the smoking behavior of students. This is in contrast to the results of Zahrani's research, which showed that adolescents with a junior high school education level or below have a tendency of 1,318 times to smoke per day compared to adolescents with a high school education level or the equivalent and above (Zahrani, 2019).

The knowledge variable showed no there was connection with santri's smoking behavior, p-value of 0.127 > 0.05. In line with this research, research conducted by Khoirunnisa also showed that there was no significant relationship between knowledge and smoking behavior of adolescent santri with a p-value of 0.429 > 0.05. Results were similar to the results of research at the Al-Jihad boarding school in Surabaya by Handayani, which stated that there was no relationship between knowledge and smoking behavior of santri with p-value = 0.885 > 0.05 (Handayani, 2019).

The attitude of santri toward smoking behavior had a relationship with the formation of smoking behavior of santri based on the p-value of 0.006 <0.05. In line with the results in this study, the same research previously conducted by Khoirunnisa also suggested a relationship between attitudes and smoking behavior of adolescent santri with a p-value of 0.000 <0.05 (Khoirunnisa, 2019). Research results were similar to Prautami's which suggests that there was a relationship between student attitudes with the emergence of smoking behavior of santri with p-value =0.000 < 0.05 (Prautami, 2018).

The values in this study were the values or assumptions that santri had on smoking behavior. The variable value had a significant relationship with the

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emergence of smoking behavior of adolescent santri with p-value = 0.012 < 0.05. Based on the OR value of 2.9 or OR> 1, it meant that positive values for cigarettes were a risk factor for adolescent students' smoking behavior. Positive values on smoking behavior had a 2.9 times greater chance than negative values on smoking behavior. These results were in line with Green's behavioral theory which states that values were a predisposing factor that could influence the formation of a person's behavior.

The connection is an enabling factor with students' smoking behavior. In this study, it could be seen that the variable health facilities associated with smoking behavior of santri had a p-value of 0.020 <0.05. Based on the OR value was 0.4 or OR < 1, it meant that health facilities were a protective factor against the smoking behavior of adolescent students. Health facilities that did not support smoking behavior have 0.4 times greater protection than health facilities that support smoking behavior. The absence of health facilities in the form of smoke-free areas and posters warning of the dangers and prohibitions of smoking in the X Islamic boarding school environment affects the formation of smoking behavior of adolescent students.

The supporting infrastructure in this study was based on the p-value 0.215 > 0.05, indicating that there was no relationship between the supporting infrastructure and the smoking behavior of students. The presence or absence of infrastructure in the form of stalls or shops selling cigarettes in the pesantren environment did not affect the santri not to smoke. In a previous study by Khoirunnisa put forward different results, and explained the ease of access had a significant relationship with the smoking behavior of santri with a p-value generated.000 < 0.05 (Khoirunnisa, 2019).

The reinforcing factor relationship with student smoking behavior was the kiai support variable which showed santri who smoked were more dominant found in santri who did not receive kiai's support for smoking behavior as much as 46.5% compared to santri who received support from kiai on smoking behavior. The results of the Chi-Square test show no there was connection between the kiai endorsement variable with student smoking behavior with obtained p-value = 0.443 > 0.05. Khoirunnisa stated that there was linkages or a relationship between kiai support and students' smoking behavior with p-value = 0.002 < 0.05 (Khoirunnisa, 2019). It means results obtained in this study differ from results in research conducted previously by Khairunnisa.

For the support of pesantren administrators, the results of the Chi-Square test show a p-value of 0.086 > 0.05, which meant that there was no significant relationship between the support of the administrators and the smoking behavior of adolescent students. This study had inconsistent results with study previously done by Utari who obtained results of p-value 0.016 which stated that teacher support was related to student smoking behavior with a p-value of 0.016 <0.05 (Utari, 2020). Meanwhile, the support of friends also showed that there was no relationship with the smoking behavior of santri with p-value 0.294 > 0.05. The results of this study were not in line with the results of Utari's research which explained that there was a relationship between peer support and the smoking behavior of santri with a p-value of 0.000<0.05 (Utari, 2020).

CONCLUSION

The majority of santri are aged 12-15 years with a length of stay of 1-3 years and the most education level is junior high school/equivalent. Knowledge of adolescent santri related to cigarettes is classified as good with negative attitudes and values toward smoking behavior. In the supporting factors (enabling factors) such as health advice and supporting infrastructure are categorized as not supporting the smoking behavior of adolescent students. As for the reinforcing factor in the form of encouragement from kiai, pesantren administrators and friends do not support the smoking behavior of adolescent students.

Teenage santri mostly admitted to smoking behavior by 59.6%. There is a relationship between predisposing factors and smoking behavior of adolescent santri of Islamic boarding school X, especially on the variables of age, education level, attitudes and values. Variables of age, education level, and attitude are protective factors against the smoking behavior of adolescent students., while the variable values, especially positive

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values on cigarettes, are a risk factor for the smoking behavior of adolescent students.

There is a relationship between the supporting factors (enabling factors) and smoking behavior of santri of "X" Islamic boarding school, especially on the health facility variable. Health facilities do not support being a protective factor against the smoking behavior of adolescent students, while the supporting infrastructure variables did not have a significant relationship with the smoking behavior of students.

There is no significant relationship between the reinforcing factor and the smoking behavior of adolescent santri at Islamic boarding school X, both on the support variable from kiai, boarding school administrators and friends.

Islamic boarding schools further improve the application of smoking ban rules to santri by providing warning signs for smoking bans and the dangers of smoking in certain places, collaborating with related health centers to increase the boarding school area free from smoking behavior and provide counseling to every student who violates the smoking ban. kiai, boarding school administrators and student santri do not smoke in public places that can be seen by students. The related health centers provide socialization and assistance related to the dangers of smoking behavior to santri and pesantren administrators and facilitate health promotion facilities. For further researchers, it is expected to use qualitative research methods to find out more deeply the reasons or risk factors that allow for the emergence of smoking behavior in students.

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