

Refusal of Smoking Among Male Adolescents in Sampang Madura: A Qualitative Study

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ABSTRACT

Background: *The high prevalence of smoking among adolescents is a serious concern for society and the government. Many studies have been conducted to examine the reasons why adolescents start smoking and how to prevent smoking behavior among adolescents. In the midst of high rates of smoking behavior among adolescents, it is also very interesting to study smoking refusal among adolescents which can later provide information for prevention programs in helping adolescents avoid smoking behavior.* **Objectives:** *to describe the phenomenon regarding the rejection of adolescent smoking behavior.* **Methods:** *This research is qualitative research that uses in-depth interviews with 17 teenagers as informants. This research was conducted in the District of Sampang Madura from February 2021 to June 2021. The selection of informants then followed the information from the informants who completed the interview (snowball sampling).* **Results:** *Based on the results of the study it was found that adolescents who have peers who do not smoke tend to easily reject smoking behavior. Refusal to smoke by adolescents includes health factors, impact on quality of life, societal norms, and appearance. The existence of orders from the family environment to avoid smoking behavior was also mentioned by adolescents as a reason not to smoke.* **Conclusions:** *Adolescent rejection of smoking behavior can be used as a reference in smoking behavior prevention programs and also as material for evaluating intervention programs that can help adolescents to quit smoking.*

Keyword: *Adolescent, Qualitative, Preventive, Smoking, Tobacco control.*

INTRODUCTION

The level of cigarette consumption in Indonesia is still quite high (Ritchie & Roser, 2022). The data shows that Indonesia is ranked first in the ASEAN countries with the highest smoking rate, and number three in the world (Databoks, 2019). The number of teenage smokers themselves has also increased every year, based on the 2019 Indonesia Global Youth Tobacco Survey (GYTS), as many as 18.8% of Indonesian youth aged 13-15 years are smokers (WHO, 2019). Consuming cigarettes in their teens can increase the risk of health problems. In addition, the addiction to nicotine that has been formed in their teens will make it difficult for smokers to get rid of this dependence. Attempts to quit smoking in their teens can reduce the health risks that may arise as a result of smoking behavior.

Much research has been done on smoking behavior by adolescents and the factors that influence it, and the role of the environment, such as family, friends, and people around, contributes to the formation of adolescent smoking behavior. Adolescents who have peers who smoke tend to have smoking behavior too, and this also applies to the family environment. Adolescents who live with family members who have smoking behavior tend to also have smoking behavior (Joung et al., 2016).

The massive smoking behavior carried out by adolescents and the support from the surrounding environment which is strong in maintaining this smoking behavior turns out that there are teenagers who choose to remain unaffected to smoke even though the strong influence of the surrounding environment can make them smokers. This phenomenon is very interesting to study, the phenomenon of teenagers' rejection of smoking behavior amidst the increasing number of teenagers involved in smoking habits and exposure to massive cigarette advertisements.

One factor that may explain this resistance is the change in public awareness regarding the health and risks of smoking. Information that is easily accessible through social media, the internet, and health campaigns has increased adolescents' understanding of

the negative effects of smoking on adolescent health (Kostygina et al., 2020). Teenagers are becoming more aware of the risks of serious diseases such as cancer, heart disease, respiratory problems, and the negative impact on the immune system (Masiero et al., 2018).

In addition, adolescents' refusal to smoke is also influenced by changes in social norms that lead to lifestyle. Many teenagers are currently active in sports activities, maintain a healthy diet, and focus on their physical and mental well-being. Smoking behavior is not in harmony with a healthy lifestyle, so teenagers are more likely to avoid or reject this habit. However, despite strong denial, there is still an increasing number of adolescents engaging in smoking behavior. One of the factors that influence this is massive exposure to cigarette advertisements. Tobacco companies often use marketing strategies that are attractive to teenagers, such as using celebrities, popular icons, or displaying pictures that look cool and attract the interest of teenagers which are freely marketed on the internet and can be easily accessed by teenagers (Bigwanto et al., 2022; Collins et al., 2019; Jackler et al., 2019). These advertisements can form wrong perceptions about smoking and interest youth to try or continue smoking.

Research on adolescents' denial of smoking behavior has the potential to make a significant contribution to efforts to prevent smoking among adolescents in creating a future generation that is healthier and smoke-free. This study involved 17 male adolescents as the main informants, who did not have smoking behavior and had never tried smoking before, but was surrounded by close friends and family who had smoking behavior. This study uses a qualitative approach to describe the phenomenon regarding the rejection of adolescent smoking behavior.

Despite strong resistance to smoking behavior, the number of adolescents engaging in smoking is still increasing. Research on adolescent rejection of smoking behavior is an interesting and relevant topic for research. Through a deeper understanding of the factors that influence adolescents' refusal to smoke, these results can develop more effective

prevention strategies, improve health campaigns aimed at adolescents, design better policies, and increase public awareness about the risks of smoking. In this context, this study aims to present research results that can provide valuable information about adolescent rejection of smoking behavior and its implications for efforts to prevent smoking among adolescents.

METHODS

This research is qualitative research that uses in-depth interviews to explore and explore adolescent resistance to smoking behavior, adolescent views on smoking behavior, and adolescent knowledge of smoking behavior. The researcher chose in-depth interviews for this research because they are often used as a qualitative interviewing approach that encourages understanding of individual experiences and opinions on a particular set of issues (Legard, R., Keegan, J. and Ward, 2003).

This research was conducted in the District of Sampang Madura. This research was conducted from February 2021 to June 2021. The criteria for informants in this study were male adolescents who were junior and senior high school students in the Sampang District area, aged between 10-19 years, did not have smoking behavior, and had never tried the product, or any type of tobacco. The selection of informants then followed the information from the informants who completed the interview (snowball sampling). Until the end of this research, there were 17 teenagers as informants.

The youth involved in the study were informed about the research objectives and research procedures. The researchers approached the participants and their parents (or guardians of students) by telephone before collecting data. Unless individuals were 18 years of age provided direct consent, written consent to participate in the study was obtained from the parents or guardians of the participants. A written informed consent form was distributed to parents by the school administration. A total of seventeen met the requirements to participate in this study. All correspondence with children and their

parents is handled by the school authorities.

Data collection was carried out directly using in-depth interviews conducted by DWS (first author). In this study, data collection was carried out using in-depth interview data sources with selected research informants. Researchers investigate data about the problem using a predetermined interview procedure. This technique was chosen because the researcher aims to identify the subjective meaning felt by research informants related to the problem being investigated, as well as to investigate the phenomenon of concern (Banister et al., 2011). In-depth interviews were conducted based on interview guidelines compiled based on previous studies (Creswell, 2016; Creswell & Poth, 2018).

In building informants' trust, researchers try to establish relationships with informants before conducting in-depth interviews. Telephones and informal meetings were used to communicate directly with all participants and their parents/guardians. Research objectives are determined, research information is provided, and students are assured that their identity will be kept confidential from the public, other students, and their teachers. Teachers and parents were not involved in data collection, allowing participants to freely explore their ideas and opinions. Due to the in-depth nature of the interviews, the researcher informed all potential informants that they could ask questions or present their points of view. The researchers also highlighted that their honest opinions and responses were valuable and welcome in this study.

Interviews were conducted at schools that had accessible rooms or in public spaces that had previously been mutually agreed upon between the researcher and the participants. The interview lasted between 40-60 minutes. In-depth interviews with each participant were conducted at least three times before it was considered sufficient for data saturation. This is also supported by previous research using in-depth interviews as a data collection approach. The researchers devised a discussion procedure based on the literature studied, and reviewed it in group sessions with multiple qualitative research

specialists before in-depth interviews. The researchers led the interview process using expert-validated methods. The interviews were audio-recorded and transcribed by two research assistants with master's degrees and experience in in-depth interviews and qualitative studies. To obtain comprehensive information about the views, attitudes, and feelings of adolescents towards smoking behavior, and about adolescent rejection of smoking behavior. The in-depth interviews began with questions about "Have they ever been asked to smoke". The next question is, "What things make them not to smoke?". The participants were then asked to describe their smoking habit in response to the question: "How do they perceive youth who smoke?" and "What does smoking behavior mean to them?".

Information from all interviews was collated and transcribed. To gain a complete understanding, the transcript was reviewed several times by two qualitative research experts and researchers. The data is then divided into meaningful units and labeled with codes (Guion, 2006). The codes are compared sequentially based on their similarities and differences and then formulated into categories and themes.

This study obtained ethical approval from the Medical and Health Research Ethics Committee (MHREC) Faculty of Medicine, Public Health and Nursing Universitas Gajah Mada - Dr. Sardjito General Hospital, Indonesia, Ref: KE/FK/1390/EC/2021. Participants had the right to refuse to participate at any time. They knew the purpose of the study and that their identities are kept confidential.

RESULTS

The characteristics of the informants consisted of ten high school students and seven junior high school students involved in this study. The teenager had never smoked at all, nor had he ever tried any type of tobacco product. The teenager admitted that he often saw smoking behavior by people around him, such as friends, family members who smoked, and school members such as teachers, school guards, and school guests who smoked. Teenagers in this study also

said it was very easy to get cigarette products around them, one of which was a shop near the school. They also find cigarette advertisements very easily on the big roads leading to their school.

In direct content analysis, coding is done based on the research questions. The results of the interviews were classified into 3 themes and 11 categories. The appearance of the themes and categories produced in this study is shown in Table 1.

Table 1. Analysis of Adolescent Rejection of Smoking Behavior

Theme	Category	Coding	Quotation
Family and environmental conditions	Smoking family members	Father Uncle Brother None	"Smokers at home, only father, but not often. smoking is only done when there are guests" "no one smokes at home" "..... Uncle who smokes, but his house is a bit far from home, but sometimes he stays at home" "My older brother smokes, his smoking behavior is often done when hanging out with his friends outside, when he's alone at home sometimes he doesn't smoke" "no one smokes at home, mom doesn't like cigarette smoke"
	Teachers/school members who smoke	Some	"There are teachers who smoke, but not during teaching time" "school guard smoking" " Sometimes there are guests from outside the school who smoke in the school environment and we can see it"
	My closest friend smokes	Some None	"School friends who smoke a lot, usually come home from school to hang out at the shop near the square or gather at other friends' houses, if close friends are not around, on average they don't smoke" "I don't have close friends who smoke, but many of my classmates do, as far as I know, there are lots of boys who smoke"
	The most trusted person	Parent Friend	"Parents are the most trusted because they raised us" "There are close friends who are always a place to tell stories and are very close" "No one is trusted if you have a problem, you rarely tell anyone"
	Invite to smoke	Ever Never	"I was invited by a classmate, but I refused" "So far no one has ever taught me or offered me a cigarette"
	intention to smoke	None	"There was never a desire to smoke even though many of my friends at school smoked" "from the start, I didn't like cigarettes, the smoke alone was annoying"
	Reasons not to	Parent	Forbid

smoke		Fear of being scolded	"I was afraid of being scolded by my parents if I smoked, from the beginning it had been forbidden not to smoke. my parents are crazy" "There is already a prohibition against smoking from my parents"
	Health	Coughs Easily hurt Fear of pain Smoke makes cough	"Smoking is injurious to health" "I don't want to get sick, just inhaling cigarette smoke I already feel tightness in my chest. The smell is very disturbing" "My friend who smokes a lot often coughs" "Smoking can make the body weak and susceptible to disease, at my school there was no counseling about the dangers of smoking, but there was an appeal during school lessons. cigarette smoke can be harmful to the lungs. and I believe smoking is not good for health" "cigarette smoke is very disturbing and can make bad breath"
	Ambition	Become a member of the TNI Basketball player	"I want to take care of my body so that it stays healthy because later I want to become a member of the TNI" "I like sports, and my goal is to become a basketball player" " I want to study hard, so I can study at 'Universitas Negeri'"
	Other activities	OSIS member Pramukan (Scout)	"OSIS members at school rarely have smoking behavior, here all members do not smoke" "Scouting children must be healthy, they must not smoke, the coach once gave information that smoking is a behavior that is detrimental to health"
Smoking behavior	Unhelpful behavior	Unhelpful behavior Annoying behavior	"cigarette smoke makes me uncomfortable, I hate cigarette smoke" "People who smoke carelessly annoying"
	Brat	Likes to fight Not polite Love racing have rude behavior	"Students who like to smoke, on average, are stubborn children, like to skip school, like to fight, and are rude" "here children who like to smoke include children who like wild racing" "Students who smoke are never neat, like people who never take a bath, always look messy"

Rejection of smoking behavior and smoking behavior itself was interpreted variously by the informants in this study. Most of the informants interpreted smoking behavior as negative behavior and behavior that did not bring benefits. They think smoking is a nest of diseases and bad behavior for teenagers to do because it is easy to cause disease. There were also informants in this study who had been asked/offered to smoke by schoolmates but refused because they knew that smoking was not good for their health. The refusal of smoking by adolescents in this study was based on the fact that they did not want to get sick, that smoking behavior was a source of disease, was prohibited by their parents, there was a goal, namely to pursue goals, and had other activities that made them not think about smoking behavior.

Informants who have members who smoke also admit that they are not tempted to join in smoking because they believe smoking is not good for their health and will make it difficult for them to pursue their goals and desire to become TNI. This also applies to the circle of informant friends. Informants who had friends who smoked did not make the informants smoke too, because most of these friends were classmates who were not very close to them.

DISCUSSION

Based on this study, adolescents' rejection of smoking behavior is based on adolescent awareness of the dangers of smoking itself. Smoking is interpreted by them as behavior that is not useful and can make them sick so that later it can hinder their goals or their desires. It was the intention based on this that made them not smoke. Adolescents who have a good understanding of the risks of smoking tend to have a strong intention to reject this behavior (Sutha et al., 2023). Access to information about the dangers of smoking, whether through education in schools, health campaigns, or other sources of information helps them understand the negative consequences of smoking and encourages them to stay away from it (Duncan et al., 2018; Mélard et al., 2020; Xu et al., 2020).

The smoking ban ordered by their parents was also stated by the informants as their reason for not smoking. Parents have a very significant role in the development of children's smoking activities in early adolescence (Susanto et al., 2020; Wang et al., 2019; Xu et al., 2020). Children and adolescents are still very dependent on their parents in several ways. Parents are guides and role models in the development of behavior in children and adolescents (Ruiz-Hernández et al., 2019). Several studies have shown that their children imitate the behavior of their parents who smoke (Aho et al., 2018; Glasser, 2018; Singh et al., 2020). The first thing that is needed to prevent smoking is that parents need to make rules for smoking bans. This regulation has an important role in instilling children and adolescents to stay away from smoking behavior. These rules will help strengthen the intention of teenagers to stay away from smoking behavior. Teenagers still have high respect for their parents, and consider parents as figures who must be obeyed, so the rules proclaimed by parents must be consistent and sustainable. Parents need to warn their children regularly to form anti-smoking children.

A prohibition from parents will continue to be selective in choosing friends. In this study, the youth said that many friends at their school who had smoking behavior had even offered them cigarettes, but not as close friends. In terms of family members who encouraged them to start smoking, they also highlighted the environment around their friends that influenced them to smoke. Friends invite them to try and then they become addicted. These findings are also consistent with previous research on smoking-related variables, which identified peer influence as a significant contributor, and also included having addicted friends, being given cigarettes, and the easy availability of cigarettes.

Teenagers in this study could see the negative impact on their friends who had smoking behavior, such as getting sick easily, looking messy, tending to be naughty, and skipping school. That view is what makes them not smoke. Teenagers tend to be influenced by their social environment (Levin-Zamir & Bertschi, 2018; Sawyer et al., 2018). If they see positive examples from people around

them who don't smoke, such as friends, family, or inspirational figures, this can influence their intention not to smoke. They see the negative impact smoking has on other people's lives and want to avoid the same risks. If the majority of their peers do not smoke, adolescents tend to feel pressured to do so. They want to be accepted and do not want to be different in their social group. Therefore, when group norms refuse to smoke, adolescents tend to have a strong intention to refuse smoking behavior.

Based on the results of this study, the desire not to smoke is supported by the desire to realize their goals, namely to stay healthy so they can achieve these goals. Teenagers may realize that refusing to smoke is a form of self-control. They choose to maintain health and freedom from potentially harmful addictions despite the massive temptations around them. This decision can build their self-confidence so that later they can achieve their goals. Teenagers develop a strong intention to refuse smoking behavior and choose to maintain health and lead a more productive and positive lifestyle. Teenagers realize that smoking can interfere with their ability to achieve their goals. Their aspirations become the motivation to refuse smoking to reach their full potential in achieving the success they dream of.

CONCLUSION

Teenage boys' rejection of smoking behavior is based on parental prohibition, negative image of smoking behavior, awareness of health risks, and motivation to achieve desired goals. Rejection of smoking behavior in adolescent boys from the results of this study can be used as a reference in smoking behavior prevention programs and also as material for evaluating intervention programs that can help adolescents to quit smoking.

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