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Stages of Early Adolescent Smoking Behavior Development in Tegal City, Indonesia: A Qualitative Study

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ABSTRACT

Early adolescent smoking behavior is a complex activity, which is formed through several stages. Not all teenagers who take the initiative to smoke will end up as active smokers. Many factors influence the formation of adolescent smoking behavior. The study aims to explore the stages of early teenagers' cigarette encounters until becoming a smoker in Tegal City, Province of Central Java, Indonesia. The researcher has done in-depth qualitative interviews with thirty-five participants. Study participants are male smoker adolescents. Data analysis used themes. The researcher broke the finding down into four stages. The four stages are to encounter cigarettes, try smoking, consider being a smoker, and enjoy smoking. Most teenagers learn from parents and peers about cigarettes. The reason for most adolescents' attempts was that older playmates threatened them. Peers and parents are crucial factors in shaping early adolescent smoking behavior. To stop smoking behavior, both parties must be actively interested in health promotion activities. The results of the study can be used as a reference in the preparation of adolescent smoking behavior prevention programs based on the condition of adolescents.

Keywords: Early teen, smoking behavior, smoking formation, qualitative study

Introduction

Using tobacco is one of the leading causes of preventable death (Lariscy, 2019; Yousuf et al., 2020). It has killed over 7 million people each year, so it is one of the most severe challenges of public health worldwide. Over 6 million of those deaths result from the active use of cigarettes, while the impact of passive smoking is almost a million. In 2030, tobacco is likely to be the leading cause of death and disability in the world. It would kill over 8 million people every year, particularly in developing countries. Smoking and adolescents have a close relationship. WHO estimated that among adolescents, around one in five smokers worldwide (WHO, 2019). Some studies claimed that about half of them smoke at a young age for fifteen to twenty years (Hu et al., 2020). Its studies reported smoking as a gateway to other illegal drug abuse (Ren & Lotfipour, 2019; Nowak et al., 2018). Smoking adolescents are three times more likely to use alcohol, which is eight times higher in marijuana use and 22 times higher in cocaine use (Ramo et al. 2012). Tobacco smoke contains a toxic mixture of over 7000 chemicals. Hundreds of them are harmful, and about 70 can cause cancer (Benjamin, 2011; Mendel et al., 2018). They consumed tobacco in the form of tobacco chewing and snuff, such as cigarettes, cigars, pipes, and water pipes (O'Connor, 2012).

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Smokers and passive smokers are both influenced by smoking (Hackshaw et al., 2018; Naeem, 2015). Non-smokers prone to fatal and non-fatal heart events in everyday life are at increased risk (Cao et al., 2015). The leading cause of smoking-related mortality is lung cancer, coronary atherosclerosis (CVD), and chronic pulmonary obstructive disease (COPD) (Hackshaw et al., 2018; West, 2017). Lateral pressure by smoking friends and family, tobacco advertisements, and easy access to tobacco products and low prices are key factors that lead to rising the risk of smoking among adolescents (Benjamin, 2011; Mulvihill, 2014; Hawkins et al., 2016).

Basic health research (Riskesdas) by the Ministry of Health of the Republic of Indonesia in 2018 shows that the prevalence of smoking among adolescents aged 10-18 years has increased. It began from 7.20 percent in 2013 to be 9.10 percent in 2018. This figure is a long way of 5.4% of the reduction target of the national medium-term development plan (RPJMN) for 2019 (Balitbang Kemenkes Republik Indonesia, 2018). Whereas male smokers aged under 15 years in 2018 are at a high rate (62.9%). The highest prevalence of adolescent smokers are boys (Kodriati et al., 2014)

Human factors dominated the analysis of factors influencing adolescent smoking. However, some previous studies identified social environmental factors. Smoking, race, age, focus, allowance, and sound perception are included in different variables (Chezhian et al., 2015; Pandayu et al., 2017). They considered tobacco detrimental to health. But people are likely to smoke if they have believed that smoking promotes positive psychology. Sometimes they smoke to avoid tension (Hana et al., 2018; Choi et al., 2015).

Adolescent smoking behavior close relates to peers. The greater number of peers who smoke influences them significantly to smoke. Besides these factors, we also identify family members as factors that influence the use of smoking in immature people as social-environmental factors. Children learn to imitate parental behavior, including smoking because parents represent the most critical environmental force of their children (Du et al., 2015; Bird et al., 2016).

While smoking is a significant issue for teenagers, but research on it is limited. Therefore, it is necessary to expand research on school teenage smoking behavior. Smoking in a teen is a complex issue affected by various factors. This action is not instant. Not all teenagers who exposure to smoking behavior would be a smoker. Only teenagers who get firm pressure and have an interest in smoke are likely to become smokers. The process and stages of becoming an active smoker vary with each individual. Through this report, we will see the development of the smoking behavior of these adolescents. This study specifically aims to describe the experience of adolescents in their encounter with smoking to the stage of becoming a smoker.

Material and Methods

Study settings and participants

The researcher conducted this research for two months from October to November 2019 in Tegal City, Researcher conducted this research for two months from October to November 2019 in Tegal City, Central Java Province, Indonesia. The researcher chose the city because of the high prevalence of early adolescent smokers. Research by the health office of Tegal City in 2014, showed that 33.61 percent of junior high school students had tried smoking, and 9.58 percent were actively smoking (Dinkes Kota Tegal, 2015; Media, 2010).

Participants in the research were junior high school male students. The reason was strict local culture prohibits youthful women smoke. It affects, rarely young women who smoke. But boys have a high tendency to smoke (Kodriati et al, 2014; Wilopo et al., 2019). Participant criteria of study are junior high school students and had a smoking experience. The number of participants in the study was 35 students spread across 9 public schools in Tegal City, Indonesia.

Ethical considerations

The Ethics Committee for Health Sciences, Universitas Sebelas Maret of Surakarta, Indonesia approved this research. It is stated in letter 344 / UNS27.06 / KEPK / EC/2019. Students were told that all of it would use the information collected solely for research, and their data and

answers would remain confidential. The study concluded that the student who answered the question agreed to take part in the study.

Procedure and data collection

During the recruitment phase, the researcher included adolescents in this study if they can communicate well. The interview with the participant was conducted by the AS (first author) in person in Indonesian and interspersed with Javanese (local language). All of the interview activities were conducted all interviews in the counseling teacher's office during class hours with school permission. The interviewer interviewed participants separately and at different times. Interviews with each participant lasted about 20-30 minutes.

In-depth interviews are semi-structured with open-ended questions. It seeks to achieve an accurate understanding of the experiences of adolescent smokers. Open questions are the key to further discussion. By the tradition of qualitative research, the interviewer began discussions with specific questions on general issues. And then based on their answers, the interviewer continues more comprehensive questions and samples relevant to participant responses. During the interview, the interviewer always referred to the interview guide so all questions were under the objectives of the study. All the interviews were audio-recorded, verbatim transcribed in Indonesian.

Data analysis

The researcher used the content review in a comprehensive interview to define common trends. Content analysis is an important method when knowledge or experience on a phenomenon is inadequate (Vaismoradi et al., 2013). The study of content helped us to consider the concept of health from an emic worldview perspective (Olive, 2014). Following the qualitative content analysis protocols, the researcher analyzed data in three phases: planning, organization, and reporting. The researcher established pre-existing classifications (themes) during the preparation process, based on the study aim. Members of the study team then read the transcripts several times, so that authors absorbed the findings fully. After that, the researcher extracted every problem to thematic topics. The researcher coded the content independently in the organizational phase. Following autonomous coding, research team members met to discuss the thematic codes created during an open code. Some major inconsistencies existed, but contradictory phrases and meanings were discussed and resolved. After all the data was accessed and analyzed, research team members concluded that the data was deeply saturated.

Results and Discussion

Student characteristics

Most participants were 15 years old, 12 people (34%). The majority come from families exposed to cigarettes. 24 people (68%) claimed their parents were active smokers. A detailed overview of the study participants' characteristics is provided in Table 1.

Table 1: Descriptive data

Variable	N	%
Age (year)		
13	7	20,0
14	9	26,0
15	12	34,0
16	3	8.5
17	1	3,0
Do parent smoke?		
Yes	29	83

To be continued

No	6	17
When did you first smoke		
Early	1	3,0
Grade 4	3	9,0
Grade 5	6	17,0
Grade 6	12	34,0
Grade 7	13	37,0
How long can you enjoy smoking?		
No smoking after the first experience	4	11,0
Under 1 month	10	28,5
1- 6 months	8	23,5
6-12 months	10	28,5
Above 1 year	3	9

Stage of cigarette meetings

Teen smokers mostly start from a cigarette encounter. But meeting with cigarettes would not make teenagers a smoker. Intense encounters with smoking and there are strong triggers to allow teens to be interested in smoking. Most teens know about cigarettes for the first time because of their families. The following notes describe:

My parents smoke at home, and my brother smokes too. Teen 20.

My parents did not smoke, but my brother smoked. Teen 22.

Smoker teen parents often have no limit on their act. They used to smoke in front of their children and other family members. They often ask their children to buy cigarettes at a stall near home too. Several participants revealed in the following transcript:

My father asked me to buy cigarettes at a stall. Teen 20.

My father is a heavy smoker, so he always smokes at home. Teen 2.

My father spends one pack of cigarettes a day, he often smokes at home. Teen 4.

Aside from knowing parents' cigarettes, teenagers can easily see stall cigarettes. Most of the stalls around the residence sell cigarettes freely. Teenagers and even children are free to buy cigarettes. They can buy cigarettes on the pretext of being told by their parents. The observations show that children and adolescents in Tegal City have such easy access to smoking. According to the health office and education Office of Tegal City, no regulations govern underage smoking in public places.

Stage of smoking behavior initiation

Based on field findings, the most significant encounter with cigarettes in the development of smoking behavior is playmates and school friends. Most of the informants said they were trying to smoke because older playmates asked them.

My older friend asked me to try it while hanging out. Teen 24.

My older playmates asked me for smoking. Teen 27.

Some teens voluntarily try smoking because they want to know about it tastes, but some say smoking because of outside encouragement. Some of his friends' forced and made fun of them, so they tried hard on cigarettes. They are afraid that if they did not smoke because their friends' stay away. As stated by the following informants:

I smoke because a friend smoked. Teen 28.

I often saw friends smoking. Then my friend gave it to me, and I tried it. Teen 31.

A friend initially offered me, I refused, but they insist. Finally, I tried it. Teen 26.

However, some teenagers aware of smoking dangers avoided smoking. Likewise, teenage parents who firmly enforce smoking bans have kept them away from smoking. The next smoking encounter is because of a classmate who smokes first. The friend asks them to smoke after school.

Some teenagers show it happens just before their elementary school graduation. They feel that they have entered adolescence. They assume smoking makes them more mature, calm, and masculine.

Recently, smoking starting is their initiative. Although consciously started by oneself, others influence it. Some informants claim to smoke on their initiative because of curiosity about the cigarette's taste. They used to look at their friends' smoke. Curious about the cigarette taste makes them smoke. As stated in the following transcript:

I smoke because of my desire. I am curious, my friend said, it is tasty. Teen 19.

My initiative, because of my older friends' smoke. They suggest me; it tastes good. Teen 21.

The experience of participants smoking was very diverse. Some of them knew about cigarettes and start smoking at a very young age. Most participants started smoking at the time of the transition from elementary to junior high school. But some informants started smoking in the 5th or 6th grade of elementary school. Some of them smoked in the 7th grade of secondary school. A participant claimed to smoke since Grade 1 elementary school. As shown by the following informant:

I smoked since 1st grade. I seek secondhand cigarettes with my cousin. We smoked secondhand cigarettes until grade 3 in elementary school. When I was in 3rd grade, I bought cigarettes. Teen 23.

Stage of smoking behavior consideration

The consideration of smoking or not varies by the individual. The consideration may be quick but may take a long time. It depends on the first smoking experience, the individual's knowledge, and environmental support. However, not everyone who has enough knowledge and gets environmental supports would not smoke. Sometimes, teenagers get pressure from their peers. Peers often force them to smoke, even though they dislike it.

The individual experience of trying cigarettes is different. Most of them have the impression of a bad about the cigarette. Some informants also have coughing, shortness of breath, sore throat, and received treatment at the hospital. Even though they did not enjoy it and got sick, they continued to smoke because of curiosity and suggested by friends' it was common for novice smokers. However, some teens stop smoking. They were not too interested in smoking because of prohibited by their parents, or aware of smoking's health hazards. It facilitated them to avoid smoking. The following interview results explain:

My friends' asked me to smoke, but I refused it. My father banned me to smoke. I am also afraid of being sick. Cigarettes cause throat cancer and mouth cancer. Teen 34.

I never tried. My parents prohibited it. They said: It could damage the lungs. I am afraid of being sick and scolded by my parents. Teen 35.

Stages of consideration for non-smoking are not always smooth. Some people decided not to smoke for a while, but they smoked again because of influence from their friends. As explained by the following informant:

I rarely smoke because of my asthma relapse if I smoke. I once got hospital treatment because of it. The doctor asked me to stop smoking. However, at the moment my friend offered a cigarette, I could not refuse. They offered cigarettes continually. Teen 24.

I started smoking when I was in 7th grade. And I did not smoke when I was in 8th grade. However,

Most informants keep smoking even though they strived to stop smoking. But some informants could continue to stop smoking permanently. They assumed cigarettes undermine their health. Unfortunately, some informant only lasts a while. They would smoke again if they are old enough.

At this stage, peers, especially playmates, are the most influential factor. They became a new reference in behavior for adolescents. Sometimes they required cigarettes as a sign of friendship. It forced them to smoke again. The informants revealed this condition in the following quote :

I have struggled to stop smoking, but I could not, because my friends' offered me cigarettes continuously. Teen 4.

I have strived to quit smoking, but I have failed because my friends offer me a cigarette. Teen 18.

Stage of Becoming an Active Smoker

This stabilization phase is a crucial stage in the development of smoking behavior. At this stage, someone enjoyed smoking. Smokers did it consciously, and no coercion from outside parties. Smokers got benefits from it. They assume cigarettes facilitate to build friendship relation, provide a sense of calm, covered-up inferiority.

The time each person reaches this stage was different. Some did not take a long time to get to this point, but others need months or even years. The following extracts from the interviews with the following informants show this:

I enjoyed it about a week from the first time I smoked. Teen 22.

I enjoyed a cigarette after a month from my first experience. I was not afraid, and no longer felt guilty when I smoke. Teen 3.

I enjoyed it and was no longer pressured when smoking in 4th grade. Approximately 4 years from my first experience. Teen 23.

Being a smoker is not a simple thing. Previous research has shown that smoking behavior formed through several stages. The stages of becoming a smoker start from the encounter with cigarettes to becoming an active smoker (Mohammadpoorasi et al., 2014). Several studies have explained that after the stage of becoming a smoker has passed for a long time, there will be a phase of trying to stop smoking (Mohammadpoorasl et al., 2013). The results reinforce the results of the previous study. But the results of this study have not shown the stages to stop smoking. The reason is Teen smoking experience has not been long. Teen smoking experience has not been long. Most have just reached the stage of becoming a smoker or have not even reached this stage. Their smoking behavior has a big chance to change. If many factors support the behavior of not smoking, then they will most likely stay away from cigarettes.

The initial stage of becoming a smoker begins with an encounter with cigarettes. Some studies suggest that adolescent meetings with cigarettes are closely related to parents smoking behavior (Kapetanovic et al., 2019; Scherrer et al., 2012). The studies explain that parents who smoke have the potential to form adolescent smokers. The findings of the study confirm teens smoker come from the smoker family. The reason is parents are models of children's behavior (de Andrade et al., 2017). However, parents' smoking behavior does not directly encourage adolescents to smoke. The research findings show that the most direct influences that encourage early adolescents to smoke are smoker peers (Roberts et al., 2015). Early adolescents who interact with smoker friends' have a greater chance of becoming smokers than adolescents who do not associate with smokers. In Indonesian society, teenagers who live in rural areas and the town often gather at night. Teens usually smoke together. Older teens will ask younger teens to smoke (Rukmi, 2019).

The stages of becoming a smoker through the stages of consideration. At first, they were afraid of their parents. It's difficult to decide whether to remain a smoker or quit. If they keep smoking, they would face a problem economically. Because they do not have an income yet. However, if they quit smoke, their friends' influence them to keep smoking. Often teens consider smoking to socialize with their peers. They are afraid their group members would not accept them. Therefore, we recommend for health promotion to provide education and guidance for them. It teaches them about the smoking effects has on health, psychology, and the economy. The program needs to involve people who are respected by adolescents. It confirms the results of several studies that show that adolescents are in the stage of searching for identity (Hertel et al., 2020; Hertel & Mermelstein, 2012). They need a powerful figure, could embrace and become a behavior

model (Ryan, 2009). Preventive action is needed to present the role of parents, schools, and government to provide regulation, education, and health guidance (Kumboyono et al., 2020).

Peers are central figures in the formation of adolescent smoking behavior. Therefore, the program must recruit them as anti-smoking cadres. It could also collaborate with a popular teenager who becomes a reference for the behavior of other teenagers. Their job becomes communicators for their colleagues. However, peers are untrained teenagers, then there must be a program to train them before.

Conclusion

Becoming a smoker is an extensive process and requires several stages to go through. Peers and parents are significant factors in influencing smoking activity in early teens. To quit smoking, all parties will take an active role in programs to improve wellbeing. The results of the study suggest health education and health promotion programs involving parents and peers. It may help reduce smoking activity among junior high school students in Tegal City. This research offers valuable information to help enhance health promotion activities to discourage teenage smoking in Tegal City, Indonesia. Further studies are needed to understand the effects of socioeconomic conditions on sustainable development of child and youth growth and development in Tegal City, Indonesia, in particular on smoking behavior.

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