



## ADOLESCENT'S PEER AND FAMILY INFLUENCE IN SMOKING RELAPSE

**Aryanti, Putu Indraswari, Kristanti, Erva Elli**

Medical Surgical Nursing Department, Undergraduate Nursing Program, STIKES RS Baptis Kediri, Indonesia

Article info	ABSTRACT
<p><b>Corresponding Author:</b></p> <p>Putu Indraswari Aryanti <a href="mailto:Putu.aryanti@gmail.com">Putu.aryanti@gmail.com</a> STIKES RS Baptis Kediri</p>	<p>Background: Psychologically, adolescents are still in the identity-seeking phase so they often follow or imitate the people around them in order to be accepted in their environment. It is necessary to identify the influence of peers and family on adolescent smoking relapse. Objective: To identify the influence of peers and family on the incidence of relapse of adolescent smoking. Method: Quantitative with cross-sectional design. The target population is teenage respondents aged 12-15 years in classes VII, VIII, and IX at SMP X Kediri. The inclusion criteria were adolescent smokers and those who had smoked. The sample size is 45 respondents and was selected by simple random. The independent variable is the incidence of smoking among peers and family members and the dependent variable is the incidence of smoking relapse in adolescents. The instruments used were peer and family smoking questionnaires. Analysis of the data used to analyze the relationship using the Spearman correlation test with <math>\alpha = 0.05</math>. Results: Selected 46 respondents participated in this study. The results of statistical tests showed that smoking relapse behavior in adolescents was not related to family interpersonal relationships (<math>p = 0.879</math>) or peers (<math>p = 0.379</math>). Conclusion: There is a shift in values in a society where interpersonal relationships with peers and family are not predictors of smoking relapse in adolescents.</p>
	<p><b>Keywords:</b> <i>relapse, smoking, adolescent, peer and family influence</i></p>
<p>This article distributed under the terms of the Creative Commons Attribution-Share Alike 4.0 International License (<a href="https://creativecommons.org/licenses/by-sa/4.0/">https://creativecommons.org/licenses/by-sa/4.0/</a>)</p>	
<p>Contact : WA 081216979420</p>	

### INTRODUCTION

Smoking is a challenging behavior to get rid of. Smokers who try to get rid of cigarettes often experience cigarette absence, lapse, and then relapse into smoking (Blok et al., 2017). It is also possible that the phase of smoking absence to cigarette relapse occurs in adolescent smokers (Villanti et al., 2019). Attempts made by adolescent smokers to get rid of smoking are only efforts that depend on self-confidence without the help of health workers considering that they do not have a source of income (Song et al., 2012). Most adolescent smokers keep their smoking behavior secret from their parents and family so

that the family cannot provide health assistance in their efforts to stop smoking (Rosdiana, Nyorong, M. & Thaha, I. L. M., 2013).

Attempts to quit smoking are very common among adolescents who smoke and start trying to quit smoking soon after realizing that they have an addiction to cigarettes (Mohammadpoorasl et al., 2013). Based on the results of the 2014 GYTS survey (Kementrian Kesehatan Republik Indonesia, 2014) it was found that the desire to quit smoking among students is quite high. As many as 81.8% wanted to try to quit smoking in the last 12 months, 88.2% wanted to quit now, 91.8% believed they could quit smoking when they wanted to quit, and 24% said they had received help from programs or professionals to quit smoking (Kementrian Kesehatan Republik Indonesia, 2014).

The efforts that have been made by adolescents to stop smoking need to be considered by all parties whose roles intersect with adolescents, adolescent smokers, especially nurses. Curative efforts need to be carried out by nurses for adolescent smokers in their efforts to get rid of smoking. Trying to give up smoking is one way to improve the quality of life for a healthier life (Abdulmohsen Hamdan et al., 2015). According to Green in Aligood, Martha Raille (2017), quality of life is the main goal to be achieved and one of them is influenced by health behavior. This is in line with what young smokers want, namely a quality life without dependence on cigarettes (Town, S. et al., 2015).

Winurini, S. (2012) researched the causes of smoking relapse in adult heavy smokers with results showing that smokers' perceptions of smoking behavior, smoking motivation, environmental situational influences, and the influence of interpersonal relationships from family, friends, and colleagues can trigger a heavy smoker to back to smoking. Other studies related to smoking relapse in adults reveal that self-confidence affects someone who smokes relapse (Rosdiana, Nyorong, M. & Thaha, I. L. M., 2013). This is in line with the results of Song's research (2012) which explains that apart from self-efficacy, there are barriers to quitting smoking due to increased stress and difficulties in social life, smokers' susceptibility to disease, the severity of illness, and the health benefits of not smoking.

Based on this explanation, researchers are interested in researching the influence of peers and adolescent families on smoking relapse behavior in adolescents. This study is expected to be able to identify external factors, especially the influence of peers and family that influence adolescent smoking relapse therefore the efforts which need to be made to develop management of smoking cessation in adolescents.

## **METHOD**

This study used a cross-sectional design. The research location was the High School X Kediri in December 2022. Based on the calculation of the sample size with a prevalence of adolescent smokers of 3%, the confidence interval set by the researchers was 95% ( $\alpha = 0.05$ ) and the predicted deviation of the proportion was 5%, the total minimum sample required in the study is 40 respondents. The selection of respondents was based on research inclusion criteria, which students were teenagers aged 12-15 years. Then the exclusion criteria for this study were students with hearing impairments, and students with visual impairments other than those who could be helped by glasses. Researchers used Peer

and family smoking questionnaire. This questionnaire have been tested for their validity and reliability on smoking adolescent clients. Filling out the questionnaire was carried out by the respondents themselves with directions/guidance given by researchers/research assistants who assisted during data collection. The duration of completing the questionnaire by respondents was approximately 5 minutes. The filling was carried out simultaneously at the same time to prevent bias in the responses given by the respondents. After all the questionnaire data was filled in by the respondents, a brief cross-check was carried out by the research assistant to ensure that all questionnaire question items had been filled in by the respondents without missing a single one. Bivariate analysis using the Spearman correlation test. The error rate ( $\alpha$ ) used is 0.05. This research has received research ethics permit from KEPK STIKES Baptist Hospital Kediri no. 105/7/XII/EC/KEPK-3/STIKES RSBK/2022

## **RESULT AND DISCUSSION (UPPERCASE,BOLD,CALIBRI,12PT)**

### **Finding**

The sample size based on the calculation is 40 respondents but the sample size obtained was 45 respondents. The number of respondents in this study matched and even exceeded the expected large sample size. Respondent characteristic data were broken down based on age, gender, duration of smoking, cigarette consumption per day, the longest duration of absence from smoking, and the number of attempts to quit smoking in one year. Table 1 shows the characteristics of the respondents based on age, spread over the teenage years with the majority being early adolescents (12-15 years) with a percentage reaching 100%. Characteristics of the sex of the majority of women as much as 62.2%. The majority of respondents said that they had smoked for more than 6 months as much as 31.1%. Most of the respondents did not smoke as much as 68.9% and were currently not smoking.

Table 2 shows that the correlation between the interpersonal relationship variable, especially interpersonal relations with family, it was declared insignificant with a significance value of 0.879, which means that  $H_0$  accepted, that there was no correlation between the influence factors of family interpersonal relationships on relapse of adolescent smoking behavior. The correlation value of 0.014 indicates that the direction of the correlation is positive with a very weak correlation strength. Table 2 illustrates the correlation between interpersonal relationships with peers on adolescent smoking status. A significance value of 0.379 was obtained, which meant that there was no correlation between peer interpersonal relationships and adolescent smoking behavior relapse. The correlation value of -0.083 shows a negative correlation direction with a very weak correlation strength.

Tabel 1. Characteristics of research respondents on the causes of relapse in adolescent smokers

Characteristic	Total	%
<b>Age</b>		
Early adulthood 12-15 years old	45	100 %
<b>Sex</b>		
Female	28	62,2 %
Male	17	37,8 %
<b>Ever smoked</b>		
Yes	14	31.1 %
No	31	68.9 %
<b>Still smoking</b>		
Yes	32	71.1 %
Trial in smoking	13	28.9 %
<b>Absent smoking period</b>		
Smoking a couple of month	7	15.5 %
Smoking <1 year	35	77.8%
Smoking >1 year	3	6.7%

Tabel 2. Correlation test result

Variable	Relapse smoking status		
	r	p	n
Interpersonal relationship	Family	0.014	0.879
	Peer group	-0.083	0.379

## Discussion

It is believed that a person's relationship with his family has a strong influence on making someone not smoke. In previous research, it was said that a low level of family self-esteem causes a tendency to smoke (Kawabata, K. et al., 2005). This shows a relationship between family and smoking. In addition, it is also said that smoking behavior reduces a person's resistance to drug attacks, and so on. If specific problems related to family relationships can be identified early and these problems can be resolved in adolescence, this could enable future smoking prevention and even reduce the number of drug users among young adults who are currently a problem.

Research shows that there is no influence of interpersonal relationships on adolescent smoking relapse status. This is contrary to previous studies which show that there is an influence between interpersonal relationships between family and peers on adolescent smoking behavior (Blok et al., 2017; Cosci et al., 2013).

The majority of respondents stated that interpersonal relations with family were not related to smoking behavior. Most of the respondents stated that there are members of their family who smoke. The answers to this question were usually respondents who smoked who relapsed by mentioning fathers, uncles, grandfathers, or brothers who lived in the same house as the respondent or even had no family members who smoked at all. Then the number of family members who smoked mainly was answered with the number one,

and none. This shows that smoking activity is not determined by interpersonal relationships with family. Children the age of their teens have started to leave/are not too dependent on their family environment, they are starting to look for their group in society, in this case, the school environment (Omasu, Fumihiko et al., 2015).

The majority of respondents stated that interpersonal relationships with peers were not related to smoking behavior. Most of the respondents who experienced a relapse answered that their peer circle did not smoke, as did the respondents who were not currently smoking, who said that their peers did not smoke. Researchers argue that this statement contradicts the survey therefore these findings are considered inconsistent. In addition, the researcher assumes that the respondent thinks if the respondent writes down the number of friends who smoke at school, then his/ her peer groups will receive punishment from the school. Nevertheless, several respondents who experienced smoking relapse mentioned that many of their friends still smoked. This is supported by the findings of previous studies stating that smokers usually have more friends who smoke than those who don't (Imade, Y. et al., 2007). This also indicates the possibility that respondents who smoked relapsed also had family members or someone respected at school who smoked. At the same time, many parents and guardians at schools think their children non smoker when in fact they are smokers (Omasu, Fumihiko et al., 2015).

This study is limited by the fact that the ratio of smokers to relapse is low among the 45 smokers respondents, with result that there is little survey data generated with regard to relapse smokers. Although the results mean that the study cannot draw clear conclusions about correlations between the influence of family and peers on the incidence of smoking relapse, several suggestions emerged showing the influence of family and peers on smoking. The Minister of Health in Indonesia has designated schools as one of the anti-smoking zones (Ulfa & Damayanti, 2021). Compliance with all school members in this regulation will also help smokers and smokers who experience relapse to stop smoking and prevent smoking among adolescents. Smoking often has specific meanings, such as an expression of loneliness, rebellion, or a lack of love. there are likely to be various environmental factors that can lead adolescents to start smoking, hence there is a need for the establishment of individually designed anti-smoking education programs to be rolled out to each child

## **CONCLUSION**

In conclusion, this study showed that relapse smoking behaviour in adolescents not related to the interpersonal factors of family and peers. Our findings on external factors that could not affect smoking relapse in adolescents was weak therefore further study about increasing sample size and identifying the depth of the relationship between respondents with peers and family can enrich and add insight into how efforts are needed to quit smoking.

## BIBLIOGRAPHY

- Abdulmohsen Hamdan, A.-Z., Ayat Roushdy, A., & Reem Ibrahim, A. (2015). Intention to Quit Smoking among Intermediate and Secondary School Students in Saudi Arabia. *Asian Pacific Journal of Cancer Prevention*, 16(15), 6741–6747. <https://doi.org/10.7314/APJCP.2015.16.15.6741>
- Aligood, Martha Raille. (2017). *Nursing Theorist And Their Work* (9th ed., Vol. 1). Elsevier Health Science.
- Blok, D. J., De Vlas, S. J., Van Empelen, P., & Van Lenthe, F. J. (2017). The role of smoking in social networks on smoking cessation and relapse among adults: A longitudinal study. *Preventive Medicine*, 99, 105–110. <https://doi.org/10.1016/j.ypmed.2017.02.012>
- Cosci, F., Zagà, V., Bertoli, G., & Campiotti, A. (2013). Significant Others, Knowledge, and Belief on Smoking as Factors Associated with Tobacco Use in Italian Adolescents. *ISRN Addiction*, 2013, 1–7. <https://doi.org/10.1155/2013/968505>
- Imade, Y., Kawabata, T., Ishikawa, T., Katsuno, S., & Nishioka, N. (2007). Factors Related to the Initiation of Smoking among Japanese Early Adolescents. *Japan Journal of School Health*, 49, 170–179.
- Kawabata, K., Nishioka, N., Ishikawa, T., Katsuno, S., Haruki, T., Shimai, S., & Nozu, Y. (2005). Relationship between Self-Esteem, Cigarette Smoking, Alcohol Drinking, and Use of Illegal Drugs among Adolescents. *Japan Journal of School Health*, 46, 612–627.
- Kementrian Kesehatan Republik Indonesia. (2014). *Perilaku Merokok Masyarakat Indonesia*. INFODATIN.
- Mohammadpoorasl, A., Nedjat, S., Yazdani, K., Fakhari, A., Foroushani, A. R., & Fotouhi, A. (2013). An Algorithm of Smoking Stages Assessment in Adolescents: A Validation Study Using the Latent Class Analysis Model. *International Journal of Preventive Medicine*, 4(11).
- Omasu, Fumihiko, Uemura, Shiori, & Yukizane, Sayaka. (2015). The Impact of Family Relationships on the Smoking Habits of University Students. *Open Journal of Preventive Medicine*, 5, 14–22. <http://dx.doi.org/10.4236/ojpm.2015.51002>
- Rosdiana, Nyorong, M. & Thaha, I. L. M. (2013). *Factors Associated With Smoking Relapse In District Tamalate Makassar*. Universitas Hasanudin.
- Song, F., Holland, R., Barton, G. R., Bachmann, M., Blyth, A., Maskrey, V., Aveyard, P., Sutton, S., Leonardi-Bee, J., & Brandon, T. H. (2012). Self-help materials for the prevention of smoking relapse: Study protocol for a randomized controlled trial. *Trials*, 13(1), 69. <https://doi.org/10.1186/1745-6215-13-69>
- Towns, S., Difranza, J. R., Jayasuriya, G., Marshall, T., & Shah, S. (2015). Smoking Cessation in Adolescents: Targeted Approaches that Work. *Paediatric Respiratory Reviews*. <https://doi.org/10.1016/j.prrv.2015.06.001>
- Ulfa, A. S., & Damayanti, R. (2021). Advokasi Penerapan Kawasan Tanpa Rokok di Sekolah. *Perilaku dan Promosi Kesehatan: Indonesian Journal of Health Promotion and Behavior*, 3(2), 129. <https://doi.org/10.47034/ppk.v3i2.5557>

- Villanti, A. C., Niaura, R. S., Abrams, D. B., & Mermelstein, R. (2019). Preventing Smoking Progression in Young Adults: The Concept of Preescalation. *Prevention Science*, 20(3), 377–384. <https://doi.org/10.1007/s11121-018-0880-y>
- Winurini, S. (2012). Penyebab Relapse (Kembali Merokok) Pada Perokok Berat Ditinjau Dari Health Belief Model. *Aspirasi*, 2(1), 31–46.