

## The Relationship between Family Support and Smoking Behavior in Adolescents in the Donggala Health Center Work Area, Donggala Regency, Central Sulawesi

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ARTICLE INFO	ABSTRACT
<p><b>Manuscript Received:</b> 8 Oct, 2024  <b>Revised:</b> 23 Nov, 2024  <b>Accepted:</b> 23 Nov, 2024  <b>Date of Publication:</b> 9 Dec, 2024  <b>Volume:</b> 7  <b>Issue:</b> 12  <b>DOI:</b> <a href="https://doi.org/10.56338/mparki.v7i12.6352">10.56338/mparki.v7i12.6352</a></p>	<p><b>Background:</b> Adolescence is a time to determine choices about what to do, including smoking behavior. Smoking is an action that is considered normal by today's society, even though it has high health risks. This study aims to determine the relationship between emotional support and assessment/appreciation support on smoking behavior in adolescents in the Donggala Health Center work area. Smoking behavior in adolescents is a serious health problem that can have long-term impacts on their well-being.</p> <p><b>Method:</b> This study is a quantitative study with a cross-sectional approach. The sample consisted of 73 adolescents who actively smoke in the area. Data were collected through a questionnaire that measured the level of emotional support and assessment support and adolescent smoking behavior.</p> <p><b>Results:</b> This study shows a significant relationship between emotional support and smoking behavior, (<math>p &lt; 0.05</math>), as well as assessment support and smoking behavior in adolescents (<math>p &lt; 0.05</math>). This study highlights the important role of family support in preventing smoking behavior in adolescents. Emotional support and positive assessment from the family can help adolescents make healthier decisions about smoking.</p> <p><b>Conclusion:</b> This study concludes that the existence of other factors that influence smoking behavior indicates the importance of a comprehensive prevention approach, involving various parties such as educational institutions, communities, and further research, to develop effective prevention strategies for adolescents.</p>
KEYWORDS	
<p>Family Support; Smoking Behavior; Adolescents</p>	
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### INTRODUCTION

Adolescence is a time to determine choices about what to do, including smoking behavior. Smoking is an action that is considered normal by today's society, even though it has high health risks. The highest smoking behavior occurs in adolescence and increases to permanent smokers over a period of several years (1).

A person in adolescence begins to search for their identity (2). The search for self-identity involves the exploration process. Adolescents will try to find and discover new things that they do not yet know so that they need a lot of information, both from reading and observing the activities of people around them such as parents and teachers (3). Therefore, adolescents are very susceptible to being influenced by things that happen around them, both positive and negative (4). In addition, adolescence is a time to start experimenting with various things so that adolescence is associated with several health problems, one of which is smoking (5).

Smoking is no longer a strange thing at this time. Indonesia is ranked 3rd as the country with the highest number of smokers in the world. In the Southeast Asia region, Indonesia is the country with the largest number of

smokers (6). Around 33.8% of the population of Indonesia are smokers, even smokers aged 10-18 years (teenagers) in Indonesia have also increased by around 9.1% Jaringan Pemberitaan Nusantara Negeriku (JPNN) 2021. According to WHO (World Health Organization) Tobacco kills half of its users, tobacco kills more than 8 million people each year and more than 7 million of these deaths are the result of direct tobacco use, while 1.2 million are the result of non-smokers exposed to other people's cigarette smoke (7). Data from the WHO Global Report On Trends In Prevalence Of Tobacco Use 2000-2025 Third Edition (2019) predicts that in 2015 globally around 24 million (6.5%) adolescents aged 13-15 years, as many as 17 million (9%) boys and 7 million (4%) girls globally currently have smoking behavior.

The highest average smoking rates are seen in the Americas and Europe region at around 8.5% of adolescents aged 13-15 years while the lowest average smoking rates are in the Eastern Mediterranean region where 4.7% of adolescents aged 13-15 years smoke. High-income and upper-middle-income countries have smoking rates among adolescents aged 13-15 years of 7% - 8%, while low-income and lower-middle-income countries have lower rates at 5% - 6% (8).

The latest information from the Global Youth Tobacco Survey (GYTS) 2019 presented shows that 40.6% of students in Indonesia (adults aged 13-15 years), 2 out of 3 adolescent boys, and 1 in 5 adolescent girls have used tobacco products: 19.2% of students currently smoke and of these, 60.6% are not prohibited from buying cigarettes because of their age, and 66% of them can buy cigarettes in retail (7).

GYTS information also shows that almost 7 out of 10 students have seen cigarette advertisements or promotions on TV or in offers in the past 30 days, and 33% of students feel they have seen notifications on the internet or web-based media. These figures are clearly very emphasizing because they show that younger ages continue to be influenced by tobacco use and cigarette advertisements with planned disguised messages, to attract children to tobacco and nicotine addiction. Exposure to tobacco at an early age not only creates lifelong achievements, but can also contribute to stunting and stunted growth (9).

Riskesdas 2018 data, the percentage of smokers over 15 years old is 33.8%. The percentage of the total number of male smokers is 62.9% and the percentage of the total number of female smokers is 4.8% (10). Basic Health Research (Riskesdas) data states that there is an increase in the prevalence of smoking in the population aged 10 years from 28.8% in 2013 to 29.3% in 2018 and the prevalence of smoking in the population aged 10 to 18 years is 1.9% from 2013 (7.2%) to 2018 (9.1%) (11). This places Indonesia as the country with the third largest number of active smokers in the world after China and India (12). Meanwhile, the city of Palu has a number of smokers (in the age group  $\geq 15$  years) of 29.4%. The data is quoted from the survey results table (13). Based on data in Palu City, data on smokers under the age of 20 ( $< 20$ ) has fluctuated, namely in 2015 there were 153 children smoking and 602 children not smoking, in 2016 there were 315 children smoking and 1,530 children not smoking, in 2017 there were 1,073 children smoking and 3,436 not smoking, while in 2018 there were 969 children smoking and 1,699 children not smoking (14).

Based on data from the Donggala Health Center in 2023, in January there were 57 teenagers smoking, in February there were 29 teenagers, in March there were 47 teenagers, in April there were 74 teenagers (15). Therefore, this study aims to determine the relationship between family support and smoking behavior in adolescents in the Donggala Health Center work area in 2023 and to contribute to the development of effective prevention strategies to reduce the prevalence of smoking in adolescents.

## **METHOD**

This type of research is quantitative research with a cross-sectional research design, namely the cause-and-effect variables on the research object are measured and collected at the same time. The research location will be in the Donggala Health Center Working Area in (14 Villages) Banawa District, Donggala Regency, Central Sulawesi Province. The research will be conducted in July - August 2023. This research was conducted after the issuance of the ethics committee statement letter and research permit letter. The sample in this study used the Slovin formula as many as 73 samples. The data collection technique in this study was through interviews, questionnaires, observation and documentation. While the data analysis in the study used univariate analysis and bivariate data analysis.

## RESULTS

### Univariate Analysis

Univariate analysis in this study aims to describe the frequency distribution of each variable. Below are data on emotional support, appreciation support, and smoking behavior.

#### Emotional Support

In this study, the value of emotional support obtained is based on the number of statements from each respondent of the emotional support questionnaire. Univariate analysis of the independent variable of emotional support in adolescents in the Donggala Health Center work area can be seen in Table 1.

**Table 1.** Frequency Distribution of Respondents Smoking Adolescents based on Emotional Support in the Donggala Health Center Work Area

Emotional Support Category	Frequency (n)	Percentage (%)
Good	16	21.92
Enough	25	34.25
Not enough	32	43.84
<b>Total</b>	<b>73</b>	<b>100</b>

Source: Primary Data, 2023

Based on Table 1, the majority of respondents, around 43.84%, are included in the category of "Lack" of family emotional support. This indicates that a large number of adolescents who smoke may feel a lack of emotional support from their family environment, which could be a contributing factor to smoking behavior. Meanwhile, around 34.25% of respondents are in the category of "Enough" emotional support. Although it has a better level of support than the "Lack" group, this figure still indicates that there are a large number of adolescents who smoke in this group. The category of "Good" emotional support, with a percentage of 21.92%, reflects the presence of adolescents who smoke and feel stronger emotional support from their families.

#### Assessment/Appreciation Support

In this study, the value of the appreciation support obtained was based on the number of statements from each respondent to the appreciation support questionnaire. Univariate analysis of independent variables of support appreciation for adolescents in the work area of the health center in Donggala can be seen in Table 2.

**Table 2.** Frequency Distribution of Respondents Who Smoke Adolescents Based on Family Appreciation Support in the Work Area of the Donggala Health Center

Award Support Category	Frequency (n)	Percentage (%)
Good	16	21.92
Enough	50	68.49
Not enough	7	9.59
<b>Total</b>	<b>73</b>	<b>100</b>

Source: Primary Data, 2023

Table 2 provides insight into the extent to which family appreciation support is related to smoking behavior in adolescents. As many as 68.49% of respondents are included in the "Enough" category of family appreciation support. This indicates that the majority of respondents feel that they get adequate appreciation support from their families. The "Good" category of family appreciation support has a percentage of 21.92%. This reflects the presence of adolescents who smoke and feel that they get positive appreciation support from the family environment. Although the number is lower, this shows that family appreciation support can have a positive influence on smoking behavior. The "Less" group of family appreciation support has a lower percentage, namely 9.59%. Although the number is the

smallest, this figure indicates that some respondents may feel that they do not get enough appreciation or recognition from their families in dealing with their smoking behavior.

### Smoking Behavior

In this study, the smoking behavior value obtained was based on the number of statements from each respondent's answer to the smoking behavior questionnaire. The univariate analysis of the dependent variable of adolescent smoking behavior in the Donggala Health Center work area is described in the form of table 3.

**Table 3.** Frequency of Respondents Based on Smoking Behavior in the Donggala Health Center Work Area

Smoking Behavior	Frequency (n)	Percentage (%)
Light Smoker	55	75.34
Moderate Smoker	15	20.55
Heavy Smoker	3	4.11
<b>Total</b>	<b>73</b>	<b>100</b>

Source: Primary Data, 2023

Table 3 shows the results of the analysis of smoking behavior in the sample taken. The majority of respondents, as many as 75.34%, fall into the category of "Light Smokers," indicating that most individuals in this sample tend to have lower cigarette consumption. Conversely, only 20.54% of respondents fall into the category of "Moderate Smokers," indicating that a small proportion of adolescents in the area have more moderate smoking behavior. The category of "Heavy Smokers" accounts for 4.11% of the total respondents, indicating that intensive smoking behavior with a higher number of cigarettes is limited to a small portion of the sample population. The overall results of this table illustrate the variation in adolescent smoking behavior in the area, with an expanded understanding of the factors that drive more intensive smoking behavior can help formulate more effective prevention strategies in this context.

### Bivariate Analysis

The bivariate analysis in this study aims to describe the variables of emotional support and esteem support on the variables of smoking behavior.

The relationship between family support and adolescent smoking behavior in the Donggala health center area. This bivariate analysis was conducted by researchers to test the relationship between emotional support variables and smoking behavior variables using the chi-square test, explained in the form of table 4 as follows:

**Table 4.** Cross Tabulation Test between Emotional Support and Adolescent Smoking Behavior in the Donggala Health Center Work Area.

Emotional Support	Smoking Behavior						Total		P	R
	Light		currently		Heavy		F	%		
	F	%	F	%	F	%				
Good	2	13.33	3	6.67	10	83.33	16	21.92	0.02	-0.641
Enough	3	20.00	20	44.44	3	16.67	25	34.25		
Not enough	10	66.67	22	48.89	0	0.00	32	43.83		
<b>Total</b>	<b>15</b>	<b>100</b>	<b>45</b>	<b>100</b>	<b>13</b>	<b>100</b>	<b>73</b>	<b>100</b>		

Source: Primary Data, 2023

Table 4 illustrates the relationship between the level of emotional support and smoking behavior in the sample investigated. In the group that received "Good" emotional support, as many as 83.33% had smoking behavior that

could be categorized as "Heavy," while a much lower percentage was owned by "Light" (13.33%) and "Moderate" (6.67%). The p-value in the chi-square test of 0.02, which is lower than the significance level of  $\alpha$  (0.05), indicates that there is a significant relationship between emotional support and smoking behavior. Furthermore, the correlation coefficient value (R) of -0.641 indicates a strong relationship between these two variables. Emotional support can influence smoking behavior by 64%, while the remaining 36% is likely influenced by other factors. A negative value in the correlation coefficient indicates a reciprocal relationship between higher emotional support and lower smoking behavior, indicating that the better the emotional support, the lower the likelihood of heavy smoking behavior. This finding supports the hypothesis that emotional support can play an important role in influencing smoking behavior in this sample.

### **The relationship between support for rewards and smoking behavior of adolescents in the Donggala Health Center area**

This bivariate analysis was conducted by researchers to test the relationship between the support for rewards variable and the smoking behavior variable using the chi-square test, explained in the form of table 4.8 as follows:

**Table 5.** Cross Tabulation Test between Support for Awards and Smoking Behavior of Adolescents in the Donggala Health Center Work Area

Support Awards	Smoking Behavior						Total			
	Light		currently		Heavy		F	%	P	R
	F	%	F	%	F	%				
Good	2	13.33	13	23.21	1	33.33	16	21.92	0.03	-0.563
Enough	9	60.00	40	71.43	2	66.67	50	68.49		
Not enough	4	26.67	3	5.36	0	0.00	7	9.59		
<b>Total</b>	<b>15</b>	<b>100</b>	<b>56</b>	<b>100</b>	<b>3</b>	<b>100</b>	<b>73</b>	<b>100</b>		

Source: Primary Data, 2023

Table 5 provides significant information regarding the relationship between the level of reward support and smoking behavior in this study sample. The results of the chi-square test with a p-value of 0.03 which is lower than the significance level of  $\alpha$  (0.05) indicate a significant relationship between the level of reward support and smoking behavior in this sample. This illustrates that the level of reward support received by individuals can influence their smoking behavior statistically significantly. Furthermore, the correlation coefficient (R) value of -0.563 indicates a strong relationship between the level of reward support and smoking behavior. This negative value indicates that the higher the level of reward support received by individuals, the lower the likelihood that they will have heavy smoking behavior, and vice versa. This is an important finding because it suggests that good reward support may be an effective factor in reducing heavy smoking behavior. Furthermore, these results also reveal that the reward support variable is able to influence 56% of the smoking behavior variable, while the remaining 64% may be influenced by other factors outside the reward support variable. These results provide a strong understanding of the important role of reward support in controlling smoking behavior and can be used as a strong basis for the development of more effective intervention programs in reducing the level of heavy smoking behavior in this population.

## **DISCUSSION**

### **Family Support (Emotional and Assessment/Appreciation)**

#### **Emotional Support**

Based on the results of the study, it shows that the frequency distribution of adolescent respondents who smoke, based on the level of emotional support received from their families, in the Donggala Health Center work area. The

distribution results reflect the extent to which the level of emotional support from the family plays a role in adolescent smoking behavior. Three categories of emotional support, namely "Good," "Enough," and "Less," provide insight into the extent to which this factor influences adolescents' decisions to smoke.

Based on table 5 of the 73 respondents studied, the results obtained were Good emotional support for 16 respondents (21.92), Sufficient support for 25 respondents (34.25), Lack of support for 32 respondents (43.83).

The majority of respondents, around 43.83%, were included in the category of "Less" emotional support from the family. This indicates that a large number of adolescent smokers may feel a lack of emotional support from their family environment, which could be a contributing factor to smoking behavior.

According to the assumption of the researcher in this study, it indicates that the level of family support, especially in terms of emotional support, has a crucial role in preventing smoking behavior in adolescents in the Donggala Health Center work area. This assumption is based on the view that emotional support from the family is a key factor in forming positive perceptions of adolescents towards themselves and their surroundings. Adolescents who receive sufficient emotional support from their families tend to have higher levels of self-confidence and are able to cope with stress and pressure that may arise in their lives. Conversely, lack of emotional support from the family can increase the risk of adolescents smoking as a form of coping with stress or challenges they face.

According to the Indonesian Ministry of Health in Muntiamar (2019), basically the family influences the formation of adolescent behavior (16). Given that the role of the family greatly influences adolescent behavior, the attitude of the family can be a role model or role model for other family members. If family members show positive behavior, then other family members will follow. Likewise, vice versa, for example if the father is a smoker, the child will find it easier to smoke, considering the bad behavior of the father that tends to be shown by the child. It is as if smoking is something that is allowed.

This is also supported by Triswanto in Nurmanita (2019), stating that parents' habits can be role models for teenagers (17). Teenagers can imitate their parents' smoking behavior, if the behavior is continuously seen by teenagers. According to Odop in Wahyuni (2018), role models can have an impact on behavior and also values in a person, especially in teenagers who are in their developmental age (18). Teenagers will tend to see the values that have been instilled by parents, especially fathers, in dealing with everyday life.

When entering the teenage phase, the attachment figures who play a major role are parents. Santrock (2016), Attachment between adolescents and parents is considered important, because it can protect adolescents from emotional stress, depression, deviant behavior related to the stage from childhood to adulthood (19). However, this secure attachment cannot be established instantly, but requires stages starting from the beginning of child development as an important foundation in psychological development in the future. Adolescents who have attachment to their parents tend to have low deviant behavior, and vice versa. Attachment that is not built between family members can be a predictor of the emergence of deviant behavior. When the family atmosphere is filled with conflict, it will cause feelings of discomfort that cause children to be stressed. Children who grow up in a family atmosphere like this are at risk of deviant behavior, such as smoking. When the family and adolescents have emotional closeness, the messages or advice given by the family, especially parents, will be listened to more, to be considered in improving adolescent behavior. Teenagers will feel that the delivery of this information is a form of attention and affection, not a form of prohibition in regulating the life of the teenager, which is restrictive. According to Purwandari in Wahyuni (2018), a good family atmosphere will be formed when parents supervise, communicate, and involve children and parents in activities, becoming elements that can prevent the formation of deviant behavior (20). Friedman, Bowden, and Jones (in Sugiarto, 2017) said that emotional family support is an affective function of the family that must be assigned to all family members in meeting the psychosocial needs of family members by loving each other, loving, warm, and supporting each other and respecting each other (21). emotional support is a form of support that can provide a sense of security, love, raise spirits, reduce despair, feelings of inferiority, feelings of limitations as a result of physical disabilities and disorders experienced. With the emotional support provided by the family in preventing smoking behavior in adolescents by involving open communication that allows adolescents to talk about feelings and problems, giving enough attention and time so that adolescents feel appreciated, listening attentively and understanding adolescents' views, providing positive advice as a guide in dealing with problems, helping to overcome stress with healthy coping strategies, creating a sense of security and comfort for adolescents, providing positive behavioral models that teach how to overcome challenges without smoking. Through this support,

the family plays a role in helping adolescents overcome stress and negative emotions and develop skills in dealing with problems without having to smoke.

### **Assessment/Appreciation Support**

Based on the results of the study, it shows that the frequency distribution of adolescent respondents who smoke, taking into account the level of appreciation support given by their families, in the Donggala Health Center work area. This table divides respondents into three categories based on the level of appreciation support they receive from their families, namely "Good", "Enough", and "Less". This table provides an overview of the extent to which family appreciation support is related to smoking behavior in adolescents.

Based on table 4 of the 73 respondents studied, the results obtained were Good Appreciation Support as many as 16 respondents (21.92), Sufficient support as many as 50 respondents (68.49), Lack of support as many as 7 respondents (9.59).

In the frequency distribution analysis in Table 4 which describes the level of appreciation support from families towards adolescents who smoke in the Donggala Health Center work area, there is an implication that the level of appreciation support given by families still requires attention in efforts to prevent smoking behavior in adolescents. This assumption can be drawn based on the percentage of respondents in the "Less" category of family appreciation support which reached 9.59%.

According to the researcher's assumption, this may indicate that a number of adolescents who smoke may feel less appreciated by their families, which can encourage them to seek recognition and appreciation from other environments, especially peers. This implication also refers to the view that high levels of appreciation from families to adolescents can contribute to forming positive behavior, while lack of appreciation can lead to seeking recognition from other social environments. This result is in line with the research of Rahmat, Thaha & Syafar (2013) which showed a significant relationship between peer factors and smoking behavior in adolescents (22). Therefore, the results of this study indicate the relevance of the importance of social environmental factors, including family support and interaction with peers, in forming smoking behavior in adolescents.

### **Smoking Behavior**

Table 5 above illustrates the frequency and percentage of three categories of smoking behavior, namely "Light Smokers," "Moderate Smokers," and "Heavy Smokers," in a sample of 73 respondents. The striking result of this table is that the majority of respondents, around 75.34%, fall into the "Light Smokers" category, indicating that the majority of them have a lower level of cigarette consumption. On the other hand, the "Moderate Smokers" category accounts for around 20.55% of the total respondents, indicating that there is a group that has smoking behavior with a moderate level of consumption. Meanwhile, the "Heavy Smokers" category only accounts for around 4.11% of the total respondents, indicating that a small portion of the respondents have more intensive smoking behavior. These data provide an initial understanding of the variation in smoking behavior in the sample. The characteristics of the study of adolescent smoker respondents are in the age range between 11 to 20 years, with a significant number of respondents at the ages of 16 and 17 years, as many as 14 and 13 respondents, respectively. The age of 20 years has the highest number of respondents, which is 18 respondents, while the age of 11 to 15 years has a lower number. Although the younger age group has a smaller number of respondents, this indicates that smoking behavior also occurs at an earlier age. Santrock (2012) explains that adolescence is a transitional period in the human life span, which will bridge childhood to adulthood (23). Adolescence is a period of age where individuals become integrated into adult society, an age where a child does not feel that he is below the level of older people but feels the same or equal (Ali & Asori, 2016) Borderias et al. (2015) stated that smokers start smoking at the age of 15-25 years because at this age teenagers are still looking for their identity, experimenting and have a high curiosity about new things such as smoking behavior (24,25). The early age at which teenagers start smoking can influence someone to become a heavy smoker. especially at the age of under 16 years, the level of dependence on smoking will be higher later on, compared to someone who starts smoking in adulthood (26). NIDA (2018) stated that they are more likely to experience dependence on cigarettes and withdrawal syndrome symptoms than women (27). One of the reasons teenagers engage in smoking behavior is to socialize with peers and the world of adolescent relationships includes

cigarettes as one of the builders of self-extension, causing an indifferent attitude to the negative impacts it causes (28).

From the table, the majority of respondents, around 69.86%, are included in the category of "Moderate Smokers." This is in line with the assumption that adolescence is often identified with experimentation and the search for self-identity (29)

On the other hand, there are around 30.14% of respondents who are included in the category of "Heavy Smokers." Factors such as nicotine dependence, interaction with a smoking environment, and social norms around them can contribute to the transition from moderate smokers to heavy smokers (30). In this context, the behavioral theory stating that smoking behavior can develop into a habit and dependence due to the positive influence of nicotine and the emotional impact caused by smoking behavior can be relevant (31).

The presence of these two categories of smoking behavior underscores the need for different prevention approaches for each group. For adolescents who are classified as "Moderate Smokers," the prevention approach can focus on providing an understanding of the health risks and negative impacts of smoking as part of experimentation and the search for identity. Meanwhile, for "Heavy Smoker" adolescents, a more intensive approach is needed in overcoming nicotine dependence and changing social norms that influence intensive smoking behavior.

In the context of this study, table 4 provides a valuable initial view in identifying the profile of smoking behavior in adolescents in the Donggala Health Center work area. In formulating an effective prevention strategy, it is important to understand the factors that drive each category of smoking behavior, so that preventive measures can be more appropriate and in accordance with the situation faced by adolescents. This is in line with the purpose of the study to contribute to the development of effective prevention strategies in reducing the prevalence of smoking in adolescents in the area.

### **The Relationship between Emotional Support and Adolescent Smoking Behavior in the Donggala Health Center Work Area**

Table 5 displays the results of the cross-tabulation test between "Emotional Support" and "Smoking Behavior" in adolescents in three categories (Light, Moderate, and Heavy) in the Donggala Health Center work area. This analysis uses the chi-square test to evaluate whether there is a relationship between these two variables. The results of the chi-square test produce a p-value of 0.02, which is smaller than the significance level of  $\alpha$  (0.05). This indicates a significant relationship between "Emotional Support" and "Smoking Behavior" in adolescents in the area.

This table also lists the correlation coefficient (R) value of -0.641. This negative correlation value indicates a strong relationship between better levels of emotional support (eg, "Good") and lower levels of smoking behavior (eg, "Light"). In other words, the higher the level of emotional support received by adolescents from their environment, the lower the level of smoking behavior they exhibit. This correlation value also indicates that the emotional support variable has a significant impact on adolescent smoking behavior in the area.

These results provide important insights into the role of emotional support in shaping adolescent smoking behavior. The assumption that can be considered in this context is that family emotional support can play an important role in shaping adolescent attitudes and behavior (32). The influence of an emotionally supportive family environment can influence adolescents' thoughts and behavior in dealing with social pressure and stress, including pressure to smoke (33). These results are also consistent with theories that suggest that family social support can be an important factor in preventing smoking behavior (34).

Furthermore, the correlation coefficient (R) value of -0.641 indicates a fairly strong relationship between family emotional support and smoking behavior. A negative correlation coefficient indicates a reciprocal relationship between the two variables. A relevant assumption in this context is that higher emotional support from family can play a role in reducing stress and pressure that may trigger smoking behavior (35). When adolescents feel they have strong emotional support, they may be more likely to develop healthy coping mechanisms rather than relying on smoking behavior as a way out of the pressure.

However, the correlation coefficient value of -0.641 also indicates that there is still around 36% of the variation in smoking behavior that cannot be explained by the family's emotional support factor. Other factors, such as peer influence, social norms, and psychological factors, may also play a role in influencing adolescent smoking behavior (35).



Overall, the analysis of the results in Table 4 provides a deeper understanding of the relationship between family emotional support and smoking behavior in adolescents in the Donggala Health Center work area. The significant and strong relationship between these two variables confirms the importance of the role of the family in preventing smoking behavior in adolescents, but also indicates that there are other factors that influence smoking behavior outside the influence of family emotional support.

### **Relationship of Assessment/Appreciation Support to Adolescent Smoking Behavior in the Donggala Health Center Work Area**

Table 5 displays the results of the Cross Tabulation Test between "Appreciation Support" and "Smoking Behavior" in adolescents in the Donggala Health Center work area. This table divides smoking behavior into three categories, namely "Light," "Moderate," and "Heavy," and three categories of reward support, namely "Good," "Enough," and "Less."

The results of the statistical analysis using the chi-square test show that the p-value is 0.03, which is lower than the significance level of  $\alpha$  (0.05). This indicates a significant relationship between the level of reward support provided by the family and adolescent smoking behavior in the area.

In addition, this table also shows a correlation coefficient (R) value of - 0.563. This value illustrates a fairly strong relationship between a better level of reward support (eg, "Good") and a lower level of smoking behavior (eg, "Light"). This means that the higher the level of reward support provided by the family, the lower the likelihood of adolescents engaging in smoking behavior.

However, although the "Reward Support" variable can explain 56% of the variation in smoking behavior, about 64% of the remaining variation is still influenced by other factors not included in this analysis. Therefore, in designing a more effective smoking prevention program, it is important to consider other factors such as peer influence, social pressure, and psychological factors. Thus, a more holistic and comprehensive prevention strategy can be designed to reduce the level of smoking behavior in adolescents in the area.

The results of this analysis support the researcher's assumption that there is a relationship between esteem support and adolescent smoking behavior. This assumption can be strengthened by theories that link social support to adolescent health behavior. According to Social Support Theory, social support can influence individual behavior through mechanisms such as increasing self-esteem, motivation, and adoption of positive norms in their social groups. Social support can be given to someone in several ways, such as providing attention, encouragement, enthusiasm, positive sentences, statements that are in favor/approval, appreciation, and assistance both psychologically and psychologically. Smeth stated that when someone experiences a problem or faces a stressor, and then there is social support, then the person can feel that the closest people around him are paying attention to him (36).

The role of the family is very important for someone who is in the process of becoming an adult. This is in accordance with the opinion of Ambari (2010) who stated that family support is a perception of assistance in the form of attention, appreciation, information, advice or material (37). Furthermore, Ayuningtyas (2014) added that family support is all assistance received by one family member from other family members in order to carry out the functions contained in a family, namely emotional, instrumental, informative, and assessment support (38). Cobb stated that social support is an important indicator that someone loves, is liked, respected and appreciated (39). The impact of providing social support for someone is that it can change someone's personality to have a sense of sympathy, empathy, and affection for others.

### **Recommendations for Future Research**

For the Community, the community needs to play a role in creating an environment that supports a healthy lifestyle for adolescents. This can be realized by adopting positive norms that emphasize healthy behavior and reducing stigma against adolescents who do not smoke. Public campaigns that educate the community about the risks of smoking in adolescents and encourage them to support smoking prevention can have a significant positive impact. Supporting healthy community and family activities can also help create a positive environment for adolescents.

For Institutions, educational institutions and health services need to increase collaborative efforts in integrating smoking prevention programs into school curricula and health services. This could mean providing space for more intensive education about the health impacts of smoking, involving counselors to provide psychosocial support to

adolescents, and ensuring access to accurate and reliable information about the dangers of smoking. In addition, the active involvement of parents and guardians in supporting these programs will strengthen their positive impact.

For Further Researchers, for further researchers, there are several research directions that can be taken to better understand and address smoking behavior in adolescents. Further study of the influence of psychological factors, such as stress, anxiety, and motivational factors, on smoking behavior can provide richer insights. Research can also focus on developing and evaluating more integrated smoking prevention programs, focusing on cross-sector interventions involving families, schools, health services, and communities. In addition, a comparison of the influence of local culture and customs on smoking can provide insights into more contextual and effective prevention strategies.

## CONCLUSION

This study concludes that there is a significant relationship between family emotional support and smoking behavior in adolescents in the Donggala Health Center Work Area in 2023. A good level of emotional support tends to be associated with lighter smoking behavior ( $p$ -value: 0.02,  $R$ : -0.641).

There is a significant relationship between family assessment/appreciation support and smoking behavior in adolescents in the Donggala Health Center Work Area in 2023. A sufficient level of appreciation support is also associated with lighter smoking behavior ( $p$ -value: 0.03,  $R$ : -0.563).

These results confirm that emotional support and appreciation support from the family affect smoking behavior in adolescents in the Donggala Health Center Work Area. Better support tends to be associated with lighter smoking behavior, and these findings provide a strong understanding of the importance of the role of the family in preventing smoking behavior in adolescents.

## BIBLIOGRAPHY

1. Ali, M dan M. Asrori. (2016). Psikologi Remaja Perkembangan Peserta Didik. PT Bumi Aksara. Jakarta.
2. Ambari. M. (2010). Hubungan antara dukungan keluarga dengan keberfungsian sosial pada pasien skizofrenia pasca perawatan di rumah sakit. Skripsi. Program Studi Psikologi. Fakultas Psikologi. Universitas Diponegoro Semarang Indonesia.
3. Amelia, R., & Kurniawati, I. (2020). Hubungan Dukungan Keluarga Terhadap Kepatuhan Diet Hipertensi pada Penderita Hipertensi di Kelurahan Tapos Depok. *Jurnal Kesehatan Saemakers PERDANA (JKSP)*, 3(1), 77-90.
4. Andarmoyo, S. (2012). Buku Keperawatan Keluarga” Konsep Teori, Proses dan Praktik Keperawatan. Yogyakarta : Graha Ilmu
5. Arjoso, S. (2020). Atlas tembakau indonesia 2020. TCSC\_IAKMI.
6. Ayuni, N. D. Q., & SKM, M. K. (2020). Buku Ajar Asuhan Keperawatan Keluarga pada Pasien Post Operasi Katarak. Pustaka Galeri Mandiri. Badan Penelitian dan Pengembangan Kesehatan. Factsheet Global Youth Tobacco Survey in Indonesia. Jakarta: Kementerian Kesehatan. 2019.
7. Ayuningtyas, D. (2014). Kebijakan kesehatan, prinsip dan praktik. PT. Raja Grafindo. Perkasa. Jakarta.
8. Badan Pusat Statistik Kota Palu, 2018. Data Merokok Siswa. Palu
9. Badan Pusat Statistik. Presentase merokok pada penduduk umur  $\geq$  15 tahun. Sulawesi tengah. 2022.
10. Baharuddin. (2017). Faktor-Faktor Yang Berhubungan Dengan Perilaku Merokok Pada Anak Usia Remaja Madya (15-18 Tahun) (Universitas Islam Negeri Alauddin Makasar). Universitas Islam Negeri Alauddin Makasar. Retrieved from <http://repository.uin-alauddin.ac.id/id/eprint/3445>
11. Bilgi, O., Tas, Ibrahim. (2018). Effects of perceived social support and psychological resilience on social media addiction among University Students. *Universal Journal of Educational Research*, 6 (4):751-758,20018. doi: 10.13189/ujer.2018.060418.
12. Boseke, M. B., Engkeng, S., Tucunan, A. 2019. Determinan Perilaku Merokok Kepala Keluarga di Kelurahan Wolan 1 Utara Kecamatan Tomohon Barat Kota Tomohon. *Jurnal KESMAS*, Vol 8, No 7, 319-327
13. Clara, E., & Wardani, A. A. D. (2020). Sosiologi Keluarga. UNJ PRESS.
14. Databoks. 2019. Indonesia, Negara dengan Jumlah Perokok Terbanyak di Asean. <https://databoks.katadata.co.id/datapublish/2019/05/31/indonesia-negaradengan-jumlah-perokok-terbanyak-di-asean>

15. Diananda, A. (2018). Psikologi Remaja dan Permasalahannya. *Istighna*, 1(1), 116- 133.
16. Diakses dari <http://e-journal.stit-islamic-village.ac.id/index.php/istighna>.
17. Erieska Gita Lestari, Sahasi Humaedi, Melainny Budiarti, dan Dessy Hasanah (2017), Peran Keluarga Dalam Menanggulangi Kenakalan Remaja, *Jurnal Penelitian & PKM Juli 2017 Vol 4, No: 2 Hal: 129 - 389 ISSN 2442-448X* (p), 2581-1126 (e)
18. Erieska Gita Lestari, Sahasi Humaedi, Melainny Budiarti, dan Dessy Hasanah (2017), Peran Keluarga Dalam Menanggulangi Kenakalan Remaja, *Jurnal Penelitian & PKM Juli 2017 Vol 4, No: 2 Hal: 129 - 389 ISSN 2442-448X* (p), 2581-1126 (e)
19. Fajriah, N, dan Abdullah.(2017). Dukungan Sosial pada Pasien Hipertensi. *Jurnal Ilmiah Kesehatan*, 9, 1-7.
20. Farmawati, C., & Hidayati, N. (2019). Skala Pengukuran Psikologis. *Jurnal Psikologi Islam Dan Budaya*, 2(1), 19–30.
21. Firmansyah, R. S., Lukman, M., dan Mambang Sari, C. W. (2017). Faktor-Faktor yang Berhubungan dengan Dukungan Keluarga dalam Pencegahan Primer Hipertensi. *Jurnal Keperawatan Padjadjaran*, 5(2).
22. Friedman, L. M. (2014). *Buku Ajar Keperawatan Keluarga Teori & Praktik*. Jakarta : EGC. Gainau, M. B. (2021). *Remaja dan Problematikanya*. Yogyakarta: PT. Kanisius.
23. Izzati. (2018). Pengaruh Peringatan Visual pada Bungkus Rokok terhadap Perilaku Merokok pada Siswa Model Kota Banda Aceh. Banda Aceh: Universitas Sarambi Mekkah. . Diakses pada 25 Juni 2018.
24. JPNN. (2020). Data mengejutkan tentang perokok di Indonesia, sungguh mengkhawatirkan. <https://www.jpnn.com/news/data-mengejutkan-tentangperokok-di-indonesia-sungguh-mengkhawatirkan>
25. Larasati, D. et al. (2019). Hubungan antara konsep diri dengan perilaku merokok pada remaja awal. *Jurnal Psikologi*, 15(1), 20-26.
26. Lestari, E. G., Humaedi, S., Santoso, M. B., & Hasanah, D. (2017). Peran keluarga dalam menanggulangi kenakalan remaja. *Prosiding Penelitian dan Pengabdian kepada Masyarakat*, 4(2).
27. Luthfa, I., & Muflihah, K. N. M. (2019). Komunikasi Keluarga Berhubungan Dengan Perilaku Merokok Pada Remaja Di Kota Semarang. *Jurnal Keperawatan BSI*, 7(1), 7-14.
28. Maharani, Krisnina. 2020. Kesalahan Frasa dalam Karangan Narasi Sugestif Karya Siswa Kelas VII–8 MTsN 1 Blitar. Tulungagung: FTIK IAIN Tulungagung. Daring. <http://repo.iaintulungagung.ac.id/16795/> diakses pada 7 Oktober 2020
29. Marlince Lolo Muri, Joko Wiyono, Ragil Catur Adi W (2018), Hubungan Dukungan Keluarga dengan sikap berhenti merokok pada remaja Usia 15-18 tahun di RT 02 RW 01 Kelurahan Tlogomas Kecamatan Lowokwaru Malang, *Nursing News Jurnal ilmiah keperawatan Home > Vol 3, No 2 (2018) > Muri*
30. Molero Jurado, M. D. M., Pérez-Fuentes, M. D. C., Barragán Martín, A. B., del Pino Salvador,
31. R. M., & Gázquez Linares, J. J. (2019). Analysis of the relationship between emotional intelligence, resilience, and family functioning in adolescents' sustainable use of alcohol and tobacco. *Sustainability*, 11 (10), 2954. <https://doi.org/10.3390/su11102954>
32. Munir, M. (2019). Gambaran perilaku merokok pada remaja laki-laki. *Jurnal Kesehatan*, 12(2), 112-119. <https://doi.org/10.24252/kesehatan.v12i2.10553>
33. Muntiamar ET. Perilaku Keluarga dan Teman Sebaya terhadap Perilaku Merokok Remaja di MAN 2 Ponorogo. Universitas Muhammadiyah Ponorogo.; 2019.
34. Notoatmodjo, S. 2018, *Metodologi Penelitian Kesehatan*, Jakarta: Rineka Cipta.
35. Nurmanita AN. Hubungan Fungsi Afektif Keluarga dengan Perilaku Merokok pada Remaja di SMP 5 N Ungaran Kabupaten Semarang. Universitas Ngudi Waluyo; 2019.
36. Nursalam. (2013). *Konsep dan Penerapan Metodologi Penelitian Ilmu Keperawatan: Pedoman Skripsi, Tesis dan Instrumen Penelitian*. Selemba Medika.
37. Nursalam. (2016). *Metodologi Penelitian Ilmu Keperawatan : Pendekatan Praktis*.
38. Octavia, S. (2020). *Motivasi Belajar Dalam Perkembangan Remaja*. Yogyakarta: CV. Budi Utama.
39. Parama., P.,P.,S & Pande.,L.,K.,A.,S. (2018). Hubungan antara dukungan sosial dan self efficacy dengan tingkat stres pada perawat di rumah sakit umum pusat Sanglah. *Jurnal Psikologi Udayana*. ISSN: 2354 5607.