

Peer family

by Iqbal Nurmansyah

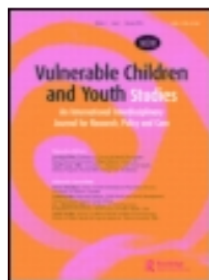
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ARTICLE



Peer, family and teachers' role on smoking behaviour among Islamic high school students in Depok, Indonesia

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ABSTRACT

Social environments like family, peers, schools, communities and media with which adolescents interact; live and grow up influence their personal behaviour (including smoking behaviour). This study aimed at investigating the social environmental factors related to smoking among adolescents. This study was a cross-sectional one involving 587 participants. Targeted social environmental factors were categorized into; the peer group, family group and school group. The approval and discouragement statements approach about smoking were used in these groups. Univariate and multivariate statistical analyses were performed to determine the relationship between cigarette smoking and the social-environmental variables. Respondent students of age 16 years dominated the study (39.7%), with the prevalence of smokers among respondents being 16.8% (n = 99). This study found social environmental factors of; peer (friend), family and teacher who smoked to be significantly associated with the smoking behaviours of students. The study highlighted the importance of strategies to prevent smoking which targeted both the adolescents and among their social environments; including their parents and teachers. This was because their smoking statuses and permissive attitudes towards smoking were significantly associated with the smoking habit among adolescents.

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Adolescents; family; peer; smoking behaviour; teacher

Introduction

Smoking among the youth in Indonesia is considerably high. According to the Global Youth Tobacco Survey 2014, 20.3% of the students used tobacco in smoked and/or smokeless form (World Health Organization Regional Office for South-East Asia, 2015). Initiating of smoking at a young age would enhance the harmful dangers of tobacco with long-term consequences that may affect the health and the economy of an individual and the nation in the future (U.S. Department of Health and Human Services, 2012). Moreover, tobacco use by adolescents could be a gateway to substance

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use and other risky behaviours like carrying weapon and violence, not wearing a seat belt, not using helmets when riding a motorcycle, and having suicide plan (DuRant et al., 1999; Park, 2011). Therefore, protecting youth from tobacco use is an important key to the ending of the tobacco use epidemic and its consequences (U.S. Department of Health and Human Services, 2010).

The social environments with which adolescents interact and live; including families, peers, schools, communities and media may influence the adolescents' behavioural and risk-taking habits (Institute of Medicine [IOM] and National Research & Council [NRC], 2011). Assessing the influence of social environments such as the family, school and peers are important for the proper understanding of the patterns of the influence of social environments on the adolescents' smoking vice. This form of assessment could add insights in making practical strategies and policies to decrease the prevalence of teenage smokers. Therefore, this study was focussed on assessing the influence of social environments (peer, family and teacher) on adolescents' smoking behaviour.

6 **Materials and methods**

A cross-sectional research method was conducted in January 2018 with data obtained from six private senior high schools that were managed by the Muhammadiyah. Muhammadiyah¹ is a well-known Islamic organization which has many follower members; manages schools, hospitals, orphanages and mosques all over Indonesia. A total of 587 respondents were recruited in this study. Our study deployed four trained research assistants who collected and assisted participants in the data collection process. We used a self-administered questionnaire to assess smoking behaviour without the presence of teachers; after which participants returned the questionnaires completely filled.

The survey as a part of a wider research¹ project (Nurmansyah et al., 2019) included three parts of the questionnaire, with the first part comprised of socio-demographic variables, including age, sex, school type and school grade. The second part comprised⁸ of questions regarding smoking behaviour. Current tobacco smokers were the people who had smoked cigarettes in the past 30 days⁴ (World Health Organization Regional Office for South-East Asia, 2015).

The third part of the questionnaire identified peer, family and teacher smoking statuses and their views regarding adolescents' smoking behaviour; with questions in⁵ this part consisting of approval and discouragement about smoking. Parental, teacher and peer smoking behaviour was assessed by five questions: "do any following people smoke: (a) parents, (b) siblings, (c) best friend, (d) teacher, (e) school staff". These variables' answers were coded 0: smokes yes, daily/sometimes; 1: nonsmoker/do not know/do not see that person (Poulsen et al., 2002).

Parent's attitude and perception to the adolescent's smoking behaviour was measured with one item question, 'do your parents permit you to smoking cigarette?'. Friend's attitude towards adolescent's smoking behaviour also was measured with a one-item question, 'do your friend persuade you to smoke?'; whereas teacher's perception towards smoking was measured with one question, 'do your teacher permit you to smoke?'. Answers were recoded as 1 'yes' 2 'no'.

Parents' disapproval of smoking was measured with two questions, 'do your parent remind you not to smoke?' and 'do your parents get anger with smoking behaviour?'

Friends' disapproval of the adolescent's smoking was measured with one item question, 'do your friend remind you to not smoke?'. Teacher disapproval was measured with three questions 'do your teacher remind you not to smoke?', 'do your teacher reprimand students who smokes?' and 'does the school have a rule for nonsmoking areas?'. Answers were recorded as 1 'yes' 2 'no'.

Multivariate analysis was performed to assess the most significant social environment factors in regards to the smoking behaviour and thereby presenting the adjusted odds ratio (AOR). Ethical approval for this study was obtained from the Ethics Committee of the University of Muhammadiyah Prof. Dr Hamka.

Results

In this study, 16.8% of the participants were defined as smokers, with the prevalence of male smokers (35.2%) higher than female smokers ($p < 0.001$). The highest percentage of smokers was found in the ≥ 17 age group (25.7%) as compared to the other age groups (Table 1).

Table 2 shows that the adolescent's peer group's smoking status and their views regarding smoking behaviour were statistically associated with the respondent's smoking status. Students who had smoking friends were 7.5 times more likely to smoke compared with those who did not have smoking ones. Having a friend who reminded them not to smoke was a protective factor against students' smoking behaviours (OR = 0.5, 95% CI: 0.3–0.9). In this study, we also found that smoking habits among family members were associated with students' smoking behaviour; while having a family member who smoked was found to be a significant factor ($p = 0.044$) for the student's smoking habits compared to those students that never had smoking relatives. However, having family members who were angered by the students' smoking was a protective factor for the smoking behaviour among students (OR = 0.2, 95% CI: 0.1–0.3). Similar findings were observed with the school environment factor. Having a teacher who reprimanded smoking students was a protective factor against the students' smoking behaviour (OR = 0.3, 95% CI: 0.1–0.8). However, students who had a teacher that smoked were at 2.1 times more risk of smoking than those who did not have.

Table 1. Respondent's characteristics and smoking behaviour

Characteristic	Total n = 587 (%)	Smokers n = 99 (%)	Nonsmokers n = 488 (%)	p-value
Sex				0.000
Male	261 (44.5)	92 (35.2)	169 (64.8)	
Female	326 (55.5)	7 (2.1)	319 (97.9)	
Age group (years)				< 0.001
≤ 15	183 (31.2)	20 (10.9)	163 (89.1)	
16	233 (39.7)	35 (15.0)	198 (85.0)	
≥ 17	171 (29.1)	44 (25.7)	127 (74.3)	
School grade				0.060
10	283 (48.2)	37 (13.1)	246 (86.9)	
11	208 (35.4)	42 (20.2)	166 (79.8)	
12	96 (16.4)	20 (20.8)	76 (79.2)	
Cigarette consumption per day				-
≤ 5		74 (74.8)		
6–10		12 (12.1)		
> 10		13 (13.1)		

Table 2. Peer group, family and teacher smoking status, and views regarding smoking behaviour

	Smoking status		P-value	OR (95% CI)
	Smoker n = 99 (%)	Nonsmoker n = 488 (%)		
Had friend who is a smoker				
Yes	98 (17.8)	453 (82.2)	0.036	7.5 (1.0–55.9)
No	1 (2.8)	35 (97.2)		
Had friend who persuaded you to smoke				
Yes	69 (42.1)	95 (57.9)	<0.001	9.5 (5.8–15.4)
No	30 (7.1)	393 (83.1)		
Had friend who reminded you not to smoke				
Yes	47 (13.7)	296 (86.3)	0.021	0.5 (0.3–0.9)
No	52 (21.3)	192 (78.7)		
Had family members who are smokers				
Yes	85 (18.6)	371 (81.4)	0.044	1.9 (1.1–3.5)
No	14 (10.7)	117 (89.3)		
Had family members who permitted you to smoke				
Yes	3 (17.6)	14 (82.4)	1.000	1.1 (0.2–3.7)
No	96 (16.8)	474 (83.2)		
Had family members who remind you not to smoke				
Yes	93 (18.0)	424 (82.0)	0.071	2.3 (0.9–5.5)
No	6 (8.6)	64 (91.4)		
Had family members who were angered with smoking behavior				
Yes	76 (14.0)	465 (86.0)	<0.001	0.2 (0.1–0.3)
No	23 (50.0)	23 (50.0)		
Had teachers who were smokers				
Yes	86 (19.0)	367 (81.0)	0.017	2.1 (1.2–4.0)
No	13 (9.7)	121 (90.3)		
Had teachers who permitted you to smoke				
Yes	17 (45.9)	20 (54.1)	<0.001	4.8 (2.4–9.6)
No	82 (14.9)	468 (85.1)		
Had teachers who reminded you not to smoke				
Yes	92 (16.5)	464 (83.5)	0.531	0.7 (0.3–1.6)
No	7 (22.6)	24 (77.4)		
Had teachers who reprimands students who smoke				
Yes	92 (16.2)	476 (83.8)	0.040	0.3 (0.1–0.8)
No	7 (36.8)	12 (63.2)		
Had rules for school nonsmoking areas				
Yes	97 (16.8)	481 (83.2)	0.652	0.7 (0.1–3.4)
No	2 (22.2)	7 (77.8)		

Table 3. Multivariate analysis of peer, family and teachers' role in smoking behaviour

Variables	Smoking status		AOR	p-value**
	Smoker n = 99 (mean)	Nonsmoker n = 488 (mean)		
Friends' attitude*	62.5 (50–62.5)	75 (62.5–87.5)	0.955 (0.937–0.973)	0.000
Family's attitude*	90 (80–90)	90 (90–90)	0.975 (0.95–1.001)	0.063
Teachers' attitude*	92.3 (84.6–92.3)	92.3 (84.6–92.3)	0.986 (0.955–1.018)	0.379

*p-value < 0.05 with Mann Whitney test

**Binary Logistic test; adjusted by age and sex.

Whereas having school rules regarding school smoking-free area was not a significant factor affecting the students' smoking behaviour.

Based on the multivariate analysis, the high scores in the attitudes of peer, family and teacher were protective towards the students' smoking behaviour. Respondents who had the highest scores on the variables of peer, family and teacher, respectively, had a 1.047, 1.027 and 1.014 times greater risk of not smoking compared to those with the lowest scores. However, the peer attitude variable was significantly related to the students' smoking behaviour.

Discussion

This study observed a significant relationship between the roles of peer, family and teachers; with the smoking habits among senior high school students in Depok, Indonesia. The obtained results showed that peer attitude was the most robust predictor of adolescent smoking behaviour. Adolescents of school-age were more likely to perceive smoking as a way of increasing confidence, portraying someone as being masculine and symbolizing adulthood (Nurmansyah et al., 2019). This feeling of being considered to be true gentlemen among their peers was reported as a major factor in the adolescents' smoking behaviour (Ng et al., 2007; Nurmansyah et al., 2019; Subramaniam et al., 2015).

This study suggested that approval of smoking by friends, parents, and other key persons was likely to increase the probability and risk of smoking. Therefore, multifaceted interventions are required to decrease the prevalence of ever-smoking adolescents, that in turn helps to minimize the smoking behaviour among school-aged adolescents. Parents should be encouraged to educate their children to refrain from smoking at an early age, for the children to develop a strong motivation against smoking. The government should therefore engage parents through media (radios and televisions) by providing sensitization, education and a good environment in the home neighbourhoods. As adolescents tend to adopt the parents' behaviours, parents should be encouraged to avoid smoking at home. Whereas a smoke-free policy at school should not only target the students but also teachers and the other school staff. Teachers who smoke should also be encouraged to quit smoking because students' observation of smoking teachers could in turn result into the initiation of smoking by the exposed students.

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7 Disclosure statement

The authors declare that they have no competing interests.

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