

Overview Of Family Support Towards Motivation to Quit Smoking in Students at SMAK Makassar

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Submitted: 03-10-2022,

Revised: 23-10-2022,

Accepted: 19-12-2022

ABSTRACT

Smoke is serious problem _ Because its influence on various aspect, ie aspect health, aspect economic, aspect social. According to WHO (2008), there are 10 countries with the largest number of smokers in the world, one of which is Indonesia, which ranks third after China and India. In Indonesia, in 2014 the prevalence of smokers was 34.7%, in 2015, the number smoker Indonesian population aged ≥ 15 years has reached 36.3%. Objective study is for now description support family to motivation stop smoking among students at SMAK Makassar. Type study This is descriptive observational. Sample in study is student There are 44 people in class XI who smoke at SMAK Makassar technique total sampling. Research result show that of the 44 respondents studied, some big respondents get support family that is as many as 24 people (54.5%), and some big respondents who did not motivated for stop smoke that is as many as 26 people (59.1%). Concluded that the better support family to student will give motivation to they for can stop smoking. Recommended to nurse to get it give motivation to family in give support for teenagers No own habit cigarette. Nurses can to give education to danger smoking in adolescents.

Keywords: *Support _ Family, Motivation Stop Smoke*

INTRODUCTION

Cigarettes are dangerous psychoactive substances that contain 4000 chemical substances, and 20 types of them are deadly poisons (Walters, 2020). According to WHO (2008), there are 10 countries with the largest number of smokers in the world, one of which is Indonesia, which ranks third after China and India. Tobacco Atlas (2012), reports that around 35% of male smokers come from developed countries and 50% from developing countries.

In the past decade at least 50 million people have died from tobacco-related diseases. If this is not addressed, it is estimated that 1 billion lives will be lost in the 21st century. Most deaths occur in middle-income and poor countries, namely around 80% of deaths, including Indonesia (Komalawati & Martha, 2023).

The smoking habit in Indonesian society is still high and is a health problem (Fithria et al., 2021). The prevalence of smoking in Indonesia still tends to increase in 2014 by 34.7% compared to survey data in 1995, namely 27%. If the government's target is to reduce smoking prevalence by 1% per year, the government requires quite a big effort involving various parties, implementing multiple strategies and firm and directed leadership because this is a challenge in itself for the government.

Nelwan et al., (2016), 34.7% of the Indonesian population aged ≥ 15 years are smokers. The prevalence of smoking for all age groups has increased, especially a sharp increase in the age group starting to smoke 10-14 years by approximately 80% during the 2001-2010 period. Meanwhile, in 2015, the number of Indonesian smokers aged ≥ 15 years had reached 36.3%. Compared with *Global Youth research Tobacco Survey (GYTS)* (2015) the percentage of smokers aged 15 years and over continues to jump every year (Kishun et al., (2022). GYTS research on 5,986 teenagers, especially vulnerable Indonesian students aged 13 to 15 years, showed that 19.6% of male and female teenagers were tobacco smokers, while only 3.4 percent of teenage girls were tobacco smokers.

Around 70% of smokers in Indonesia started their habit of smoking before the age of 19 because of a drive from within them, namely high curiosity, they always want to know how it can be beneficial for themselves or vice versa and they show their curiosity by carrying out an experiment to smoke. The results of the study show that heavy smokers have started this habit since they were teenagers, and almost no heavy smokers have started smoking as adults. For this reason, adolescence is often considered a critical period that determines whether they will become smokers or not (Khouja et al., 2021).

Viewed from a health perspective, the influence of chemicals contained in cigarettes such as nicotine, carbon monoxide and tar will stimulate the work of the central nervous system and sympathetic nervous system, causing blood pressure to increase and heart rate to speed up, stimulating cancer and various other diseases such as narrowing of blood vessels, high blood pressure, heart disease, lungs and chronic bronchitis (Astuti et al., 2020).

Smoking activities have recently become increasingly worrying. Currently smoking is a symptom that we can see every day in all places such as on the streets, crowded places, city buses, hospitals, schools and so on. Even though everyone knows about the dangers that smoking can cause, smoking behavior has never subsided and seems to be behavior that can still be tolerated by society (Masitha et al 2021). What is worrying is that the age at which people start smoking is getting younger every year. If in the past people started to dare to smoke usually when they were in junior high school, now you can find elementary school children in grade 5 who have started to dare to smoke secretly.

Parents are very influential in providing good behavioral boundaries to children to shape children's behavior, in preparing for adult life. In this case, open communication between teenagers and their parents is very important to foster the maturity of teenagers' personalities. If these limits are not implemented it will have a bad effect and it will be easier to become a smoker.

Family support is a form of attention, encouragement that individuals get from other people through interpersonal relationships which include attention, emotion and assessment (Susianti et al., 2022). The family is seen as a system, if a disturbance occurs in one family member it can affect the entire system. On the other hand, family dysfunction can also be one of the causes of disturbances in family members.

Smoking in teenagers can arise because of a family environment that also has this behavior. If no one in the family smokes, then the parents' permissive attitude reinforces the emergence of smoking behavior in teenagers. The family's lack of knowledge about smoking and then consuming cigarettes can also result in children doing the same thing. Yamlean Muliyani (2011) shows that the number of smokers has reached 70% of Indonesia's population, or 141.44 million people. Another source in 2001 stated that 20% of the number of active smokers in Indonesia were teenagers aged 15-18 years. A drastic increase in tobacco consumption among teenagers occurred in 1995, namely 13.7% and in 2012 it became 22.4%. This percentage increase occurred in male adolescents aged 15-19 years who were regular smokers regularly). Further research conducted by Tandra in 2012 in Jakarta showed that 64.8% of men and 9.8% of women over 13 years of age were smokers. Even in the youth group, 49% of male students and 8.8% of female students in Jakarta smoke (Pinandhika, 2014).

That matter The above is also consistent with what happened at SMAK (School Intermediate Chemical Analysis) Makassar, as one school intermediate quality vocational skills and become Very favorite in the city of Makassar guard ethics and behavior students and female students , based on supervisor data guidance counseling , it is known that in 2011/2012 there were five people who were caught smoke in area school , then 2012/2013 is known there are 13 people who are students from accumulation class X-XII who were caught smoke behind class , in 2014/2015 it was found that 8 students were caught smoking in the environment school . Students who get caught smoke the given guidance and counseling as well as get accompaniment from parents / guardians (SMAK Makassar, 2015).

METHODS

Type study This is *descriptive observational*. Study This held at SMAK Makassar, Makassar City. Population in study This is all student class XI who smokes at SMAK Makassar with amount

as many as 44 people. Sample in study This is student There were 44 people in class XI who smoked at SMAK Makassar. Retrieval technique sample use technique *total sampling*. Analysis used in research This is an analyst univariate namely the analysis is carried out to every variable results study. Analysis This produce presentation each variables studied _ with use computerization of the SPSS program.

RESULTS

In this study, 44 respondents from class XI students who smoked at SMAK Makassar were obtained using *total sampling techniques according to* predetermined inclusion and exclusion criteria. The research results are presented as follows:

Respondent Characteristics

Table 1. Characteristics of Respondents Based on Age at SMAK Makassar, Makassar City

2017		
Age (Years)	n	%
15	7	15.9
16	31	70.5
17	6	13.6
Amount	44	100.0

Source: Primary Data

Table 2 shows that of the 44 respondents studied, the most respondents were 16 years old, namely 31 people (70.5%), 7 people aged 15 years (15.9%), and the least were 17 years old, namely 6 people (13.6%).

Characteristics of Research Variables

Family support

Table 2. Description of family support for students who smoke at SMAK Makassar, Makassar City 2017

Family support	n	%
Support	24	54.5
Less Supportive	20	45.5
Amount	44	100.0

Source: Primary Data

Table 3 shows that of the 44 respondents studied, there were 24 respondents who received family support (54.5%), while there were 20 respondents who received less support from their family (45.5%).

Motivation to Quit Smoking

Table 3. Description of Motivation to Quit Smoking in Students at SMAK Makassar, Makassar City 2017

Motivation to Quit Smoking	n	%
Motivated	18	40.9
Not motivated	26	59.1
Amount	44	100.0

Source: Primary Data

Table 4 shows that of the 44 respondents studied, 18 respondents were motivated to quit smoking (40.9%), while 26 respondents were not motivated to quit smoking (59.1%).

Crosstabs Analysis (Cross Tables)

Table 4. Description of Family Support for Motivation to Quit Smoking on Students in SMAK Makassar, Makassar City 2017

Family support	Motivation to Quit Smoking				Amount	
	Motivated		Not Motivated		n	%
	n	%	n	%		
Support	14	58.3	10	41.7	24	100.0
Less Supportive	4	20.0	16	80.0	20	100.0
Amount	18	40.9	26	59.1	44	100.0

Source: Primary Data

Table 5 shows that of the 44 respondents studied, there were 24 respondents who received family support, 14 respondents who were motivated to quit smoking (58.3%), and 10 respondents who were not motivated to quit smoking (41.7%). Meanwhile, there were 20 respondents who did not receive enough support from their families, 4 people who were motivated to stop smoking (20.0%), and 16 people who were not motivated to stop smoking (80.0%).

Respondent Characteristics

The results of the study showed that of the 44 respondents studied, the most respondents were 16 years old, namely 31 people (70.5%), 7 people aged 15 years (15.9%), and the least were 17 years old, namely 6 people (13.6%). Adolescents who have entered adulthood have a tendency to start consuming cigarettes as an effort to show their identity as teenagers who will become adults. Apart from that, at this age teenagers have a tendency to use peers as models where peer groups have a high influence on a teenager's behavior, including consuming cigarettes.

Age is an age that is generally an indicator of maturity in every decision making that refers to every experience. The older you are, the more mature a person's level of maturity and strength will be in thinking and logic. Smoking behavior is often synonymous with male teenagers, and this seems to be considered normal in eastern culture, but it is considered taboo if female teenagers are seen in public consuming cigarettes. In this regard, in this study there were no female adolescents who consumed cigarettes and only male adolescents were found who consumed cigarettes and were used as subjects in this study.

Similar research was also conducted by Mukminin (2010) who also examined the relationship between smoking behavior and insomnia in adolescents. This research also shows that all respondents were male as research respondents. Regarding the age of the respondents who are still teenagers, it can be said that in fact maturity based on age in this study is not too dominant where all respondents are teenagers who still have an unstable emotional level. Intelligence in thinking has not become a reference in every decision making where outbursts of feelings, anger and emotions are given more priority so that in behavior, deviations sometimes occur, including the behavior of consuming smoking.

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Description of Family Support for Motivation to Quit Smoking among Students at SMAK Makassar

Family support consists of informational support, assessment support, instrumental support, and emotional support. Good family support is found in the aspect of informational support.

The research results showed that of the 44 respondents studied, the majority of respondents received support from their families, namely 24 people (54.5%). This shows that parents provide good information support by telling their teenagers about the dangers of smoking. Meanwhile,

there were 20 respondents who received less support from their families (45.5%). This proves that parents are sometimes less appreciative of their children when they are able to do something good, even though giving good appreciation to their children will indirectly influence their children's self-confidence to take a permanent stand, including not following their peers who consume cigarettes.

The above is in accordance with research conducted by Syarta, Ilyati (2015), namely the results of research for each family support show that assessment support is the support factor that has the largest value, namely 85%, emotional support 80%, informational support and instrumental support respectively. -each by 74%. Assessment support is support that can make teenagers feel appreciated, instrumental support is parents' ability to provide facilities and infrastructure to teenagers, informational support will direct teenagers to act and behave correctly and emotional support is a form of bond of love between parents and children.

Family support is the attitude, actions and acceptance of the family towards the sick sufferer. Family members perceive that supportive people are always ready to provide help and assistance if needed. Family support can be an influential factor in determining an individual's health beliefs and values. Families also provide support and make decisions regarding the care of sick family members. The degree to which a person is isolated from the assistance of others, social isolation, is negatively related to health behavior.

CONCLUSION

Of the 44 respondents studied, the majority of respondents received family support, namely 24 people (54.5%). Of the 44 respondents studied, the majority of respondents were not motivated to quit smoking, namely 26 people (59.1%).

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