
Case Study Of Smoking Behavior Among Suku Anak Dalam Adolescents In Tanjung Village, Bathin VIII Sub-District, Sarolangun Regency, 2025

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Abstract

Smoking behavior among adolescents is a concerning public health issue, especially in remote indigenous communities such as the Suku Anak Dalam. In their daily lives, smoking has become an ingrained habit and is considered normal. This study aims to understand the smoking behavior of Suku Anak Dalam adolescents in Tanjung Village, Bathin VIII Sub-District, Sarolangun Regency, and to identify the social and cultural factors that influence this behavior. This study employed a qualitative approach. Data were collected through in-depth interviews and participant observation involving seven active-smoking adolescents and nine supporting informants (parents, traditional leaders, and community facilitators). The study found that adolescent smoking behavior is influenced by peer pressure, weak parental supervision, and a social environment that normalizes smoking. Cigarettes are perceived as something ordinary and even a necessity. Parental control is weak and the advice given tends to be inconsistent. Smoking behavior among Suku Anak Dalam adolescents results from the interaction of peer influence, permissive parenting, and the normalization of smoking within their environment. This behavior develops from a young age and continues without adequate supervision from parents or community figures.

Keywords: Adolescents, Smoking, Peers, Parenting

INTRODUCTION

Smoking behavior refers to the act or activity of smoking, which begins with lighting, inhaling, and exhaling cigarette smoke¹. Cigarettes are addictive substances that cause physical and psychological dependence and result in a decline in mental and psychological well-being². Types of cigarettes include kretek cigarettes, filter cigarettes, cigars, or other tobacco products made from *Nicotiana tabacum*, *Nicotiana rustica*, or other varieties, or synthetics whose smoke contains nicotine and tar³.

In Jambi Province, the prevalence of smoking is quite significant among residents over the age of 10, with 24.3% smoking daily and 4.6% smoking occasionally. Specifically, 21.5% of the population smokes every day, and 3.8% smokes from time to time⁴. Among adolescents, the proportion of smokers is also relatively high: 0.7% of adolescents aged 10–14 years smoke daily and 1.4% occasionally, while among those aged 15–19 years, 12.7% smoke daily and 6.9% smoke occasionally⁵.

Furthermore, according to Lawrence Green's theory, there are several factors that influence behavior, namely predisposing factors (attitudes, beliefs, and knowledge), enabling factors (access and resources that facilitate behavior), and reinforcing factors (social support or environmental pressure that strengthens the behavior)⁶. In this study, the factors influencing smoking behavior include the role of parents and peers.

The role of parents involves the entire process of interaction between parents and children, which includes caring for, protecting, and educating the child. Good parenting means that parents consistently enforce rules that prohibit smoking while also providing their children with guidance and explanations about the dangers of smoking. This is supported by research conducted by Suryawan et al. (2023), which showed that the statistical test produced a p-value (2-tailed) of 0.045, which is less than α (0.05). This indicates a significant relationship between parenting style and smoking behavior among adolescents⁷. Peer groups are the primary reference source for adolescents in forming opinions

and attitudes related to lifestyle. Peers have a profound influence on one another and can encourage experimentation with risky behaviors when there is normative pressure to do so⁸. Therefore, peers are a factor that significantly influences smoking behavior among adolescents. The more negative the environmental factors, the higher the likelihood of adolescents engaging in smoking behavior. Thus, there is a strong relationship between environmental factors and adolescent smoking behavior. Additionally, adolescents with low self-concept are more easily influenced by their peers to engage in smoking.

RESEARCH METHODS

The type of research used in this study is qualitative research with a case study design. A case study is a research method aimed at gaining an in-depth understanding of a particular case within its real-life context. The case study approach is used to provide a comprehensive and detailed description of the conditions, background, and factors that influence adolescent smoking behavior within a specific social and cultural environment.

A qualitative approach was employed to gain deep insights through direct interaction with informants. The researchers collected data using in-depth interviews, observation, and documentation as the main techniques. The researchers also acted directly as the primary instrument in the data collection and analysis process.

RESULTS AND DISCUSSION

1. Smoking Behavior

The results of the study show that smoking behavior among Suku Anak Dalam adolescents is strongly influenced by peer factors and the family environment. The main reasons they start smoking are because they are accustomed to seeing friends or parents smoke, combined with curiosity and direct encouragement from peers. The first experience of trying a cigarette is usually accompanied by physical discomfort such as coughing, but curiosity and environmental encouragement lead them to continue until it becomes a habit. The number of cigarettes consumed varies, but most male adolescents can smoke one to two packs per day, while female adolescents tend to consume fewer cigarettes. Cigarette consumption increases with the availability of money, especially from work such as farming or collecting forest products. The situations that most often trigger the urge to smoke are during breaks from physical activity, hanging out with friends, or relaxing at a small shop (*warung*). Smoking is seen as a way to relieve fatigue, socialize, and create a relaxed atmosphere. For most adolescents, cigarettes are not just a habit but have become a daily necessity. They admit to feeling uncomfortable, dizzy, and unfocused without smoking, and some even prefer to buy cigarettes rather than food. This indicates that cigarettes play an important role in their daily lives and have caused significant physical and psychological dependence.

2. Peers

The results of the study show that peers play a very significant role in influencing the smoking behavior of Suku Anak Dalam adolescents. Close friendships make adolescents feel the need to adapt to the habits prevailing in their environment in order to be accepted and not seen as different. Several informants mentioned that they initially had no desire to smoke; however, because they often gathered with friends who smoked, curiosity arose, and they eventually tried it. Peer invitations to smoke often do not come in the form of coercion but rather through jokes, light teasing, or social pressure that makes adolescents feel ashamed or afraid of being seen as immature if they refuse. In many cases, smoking becomes a symbol of solidarity and a sign of courage or maturity among peers. This makes social pressure stronger than prohibitions or supervision from parents. In addition, peer support is also

evident in how they help each other obtain cigarettes, such as by sharing cigarettes, pooling money to buy cigarettes, and even working together to earn money to buy cigarettes. Some adolescents are even willing to go to the plantation to collect loose palm fruits (*brondol sawit*) and sell them so they can buy cigarettes together with friends. This habit strengthens group bonds while normalizing smoking behavior in their daily lives. Thus, it can be concluded that peer influence not only encourages adolescents to start smoking but also facilitates and maintains this habit through intense social interaction. For most adolescents, smoking is no longer merely an individual behavior but has become a symbol of togetherness, social acceptance, and group identity.

3. Parental Role

The results of the study show that parenting patterns among the Suku Anak Dalam tend to be permissive and lack supervision. Most parents allow their children to make decisions on their own without clear rules, including regarding smoking habits. Children are allowed to smoke at home without significant reprimands, and most parents have no clear control or behavioral boundaries. In some cases, parents admit that they rarely pay attention to or supervise their children's social interactions. The absence of rules or prohibitions makes children feel free and accustomed to smoking openly. In fact, some parents or extended family members, such as grandparents, even support this by giving cigarettes, making smoking behavior seem normal in everyday culture.

Parental involvement in preventing children from smoking is also very minimal. Although some parents do give warnings, they are usually occasional and inconsistent. There is no follow-up effort or concrete support to help children quit smoking. Children who continue to smoke rarely receive serious reprimands, so the habit persists without obstacles. In some cases, parents even reinforce the smoking habit by smoking together with their children or buying cigarettes for them if they have no money. This indicates that parents not only fail to set a good example but also indirectly justify smoking behavior. The lack of supervision, inconsistency, and permissiveness from parents make the smoking habit increasingly difficult to eliminate and embed it as part of the child's daily routine.

Discussion

1.Smoking Behavior

This study found that smoking behavior among the Suku Anak Dalam community in Tanjung Village has become a deeply rooted habit practiced routinely by both adults and adolescents. Smoking is believed to provide a sense of calm, help relieve stress, improve focus, and complement various activities such as working, gathering, and relaxing. This activity also functions as a social means to strengthen bonds between individuals. Most adolescents start smoking between the ages of 10 and 14, driven by curiosity, peer influence, and the smoking habits within the family environment. Although many experience discomfort when first trying cigarettes, they continue due to environmental encouragement. Some adolescents even consume more than one pack per day, depending on the income they earn.

These findings align with previous studies indicating that stress and social influence contribute to increased smoking behavior, while the nicotine in cigarettes triggers dopamine release, providing a temporary calming effect but causing addiction. Based on these findings, efforts to prevent smoking should begin at an early age through education that is appropriate to the age group and local culture, involving families, health workers, educators, and community leaders. Psychoeducation programs and alternative activities such as skills training, arts, or sports can be positive channels for adolescents to express their energy. Additionally, the government and relevant stakeholders need to strengthen child protection systems in indigenous communities to reduce early-age smoking rates and break the cycle of long-term smoking habits.

2.Peers

The findings of this study show that peers have a very strong influence on the smoking behavior of Suku Anak Dalam adolescents. Most informants admitted that their smoking habit began out of curiosity after seeing their friends smoke, then feeling encouraged to try it so as not to be seen

as different. Invitations to smoke often do not come in the form of direct coercion but through jokes, light teasing, or remarks that make adolescents feel the need to conform to their group. For example, jokes like “everyone smokes, why don’t you?” serve as subtle social pressure but are effective in shaping conformity. This is in line with Kharisma’s (2023) research, which showed that peer conformity has the strongest influence on adolescent smoking behavior. Adolescence is indeed a phase of identity-seeking where they tend to try new things and imitate behaviors around them to gain social acceptance. Hanifah Sholihah and Astrid Novita (2021) also found that most adolescents first become familiar with cigarettes through their circle of friends. Initially, it is just a matter of curiosity, but gradually it becomes a habit that is hard to break. Furthermore, according to Sukmawati (2019), adolescents’ need for acceptance within a group makes them strive to conform, including imitating smoking behavior that is seen as a symbol of togetherness. In the context of the Suku Anak Dalam, cigarettes even become a means of strengthening social bonds. It is not uncommon for adolescents to get cigarettes for free from their peers or to pool money together to buy cigarettes, which further normalizes this behavior in their daily interactions. Cigarettes are seen not only as a consumable product but also as a ‘bond’ of solidarity among them.

In everyday life, the closeness between peers is evident in how they often spend time together, whether working on palm oil plantations, collecting loose palm fruits (*brondol*), relaxing at local stalls, or playing together. During these moments, smoking often occurs in groups, further reinforcing the perception that smoking is a normal part of social interaction. This situation becomes even more difficult to control when family supervision is loose, allowing adolescents to smoke freely without fear of reprimand. From these findings, it can be concluded that peers act not only as a supporting factor but also as a significant driving factor in the formation and reinforcement of smoking habits among adolescents. This influence emerges through daily interactions, modeling, invitations, and even free sharing of cigarettes. In many cases, group solidarity is stronger than parental prohibitions, making prevention efforts less effective. To reduce the negative influence of peers, a comprehensive approach is needed. Research by Fitriani et al. (2020) suggests that establishing anti-smoking youth ambassador training in adolescent communities can be an alternative solution. These youth ambassadors can serve as role models and agents of change to promote healthier group activities without smoking.

3. Parental Role

The findings show that parents among the Suku Anak Dalam generally do not set strict rules regarding their children’s smoking behavior. Children are left to make their own decisions without supervision or deep communication about the risks of smoking. Most parents remain passive even though they know their children smoke, and many parents themselves are active smokers, failing to set a good example. This situation reflects a parenting style that tends to be permissive or neglectful, causing children to view smoking as a normal behavior within the family. This aligns with previous findings that emphasize how parenting patterns and parental habits serve as direct examples for children. This negative modeling is worsened by the lack of education and open communication between parents and children. In addition to influencing the formation of smoking behavior, parents’ smoking habits also affect their children’s health, both through exposure to secondhand smoke and the diversion of household budgets that should be allocated for nutrition.

These findings highlight the importance of parents playing an active role through firm and healthy parenting. Parent education on the impacts of smoking, family communication training, and the empowerment of positive parenting styles need to be strengthened. Moreover, parents are expected to serve as role models by reducing or quitting smoking, especially in front of their children. Family intervention programs and support from local governments are essential steps to create a home environment that supports the prevention of smoking behavior from an early age

CONCLUSION

This study shows that smoking behavior among the Suku Anak Dalam has become a deeply rooted habit from an early age, influenced by curiosity, social environmental factors, and lack of supervision. A parenting style that tends to be permissive, weak supervision, poor communication, and the parents' own smoking habits reinforce the perception that smoking is normal behavior. Negative role modeling and lack of education make children vulnerable to adopting smoking habits that persist into adulthood. Therefore, preventive interventions through education and family empowerment, the implementation of firm parenting practices, and real examples set by parents are needed to support the development of healthy behavior from an early age.

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