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Determinants of Passive Smoking Behavior in State Elementary School Children 59/IV in Jambi City in 2024

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Absract. *Background : Smoking is a dangerous habit that causes various diseases and death. Passive smokers, especially children and teenagers, are more susceptible to disease than active smokers. The prevalence of passive smoking in Indonesia is quite high, especially among women (66%) and teenagers (12.7%). Jambi Province has a high number of active smokers (27.47%), resulting in an increase in passive smoking among children and teenagers. Therefore, this study aims to analyze the factors that influence passive smoking behavior among elementary school children in Jambi Province. Methods : This research uses quantitative methods with an analytical observational design. The design of this research is cross-sectional, where each subject is only observed once. Data collection was carried out through approaches, observations and data collection simultaneously on students at Elementary School 59/IV, Jambi City. Results : The results showed that 9 respondents (13.8%) were passive smokers, while 56 respondents (86.2%) did not smoke passively. Statistical analysis found a significant relationship between knowledge and attitudes and passive smoking behavior ($p < 0.05$). However, the influence of peers and family did not have a significant relationship. Conclusion : This research concludes that increasing knowledge and positive attitudes can reduce the risk of passive smoking behavior in elementary school children. Therefore, prevention programs should focus on health education and the formation of positive attitudes.*

Keywords*: Children, Elementary School Children, Passive Smokers*

1. INTRODUCTION

Smoking is an attitude that has the potential to cause various diseases, including heart disease, stroke, lung cancer, and others, and can even be fatal. This habit is very detrimental to smokers' health and also risks causing disease in passive smokers, namely people around them who inhale cigarette smoke.(Ashari, Darwis, & Kisworo, 2023)

Inactive smokers (passive smokers), also known as secondhand smoke, is a term for people who do not smoke but accidentally inhale smoke from active smokers.(Jannah, 2021) Not only does it harm smokers, but cigarette smoke also harms the people around them. When other people inhale this smoke, they become passive smokers which are considered riskier than active smokers. This is because 75% of the harmful substances from cigarettes are released through exhaled smoke, while active smokers only inhale 25% of these substances because the smoke passes through the cigarette filter. So, passive smokers inhale three times more harmful substances than active smokers.(Perdana, 2014)

The smoking habit has a negative impact on individual health. It's not just smokers who are affected, but also the people around them.(Yulviana, 2015) The addictive nature of nicotine makes this habit difficult to stop. These cigarettes are a type of tobacco that is designed to be smoked, such as white cigarettes, cigars, kretek cigarettes, as well as other products made from plants such as *nicotiana sylvestris* and n*icotiana tabacum*, including

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synthetic versions, which produce nicotine and tar in the smoke.(Iriyanti & Mandagi, 2022)

Smoking has become a widespread habit throughout the world, influenced by factors such as social pressure, culture, advertising and tradition. WHO (World Health Organization) states that smoking behavior can cause the most deaths throughout the world, with 1 in 10 deaths in the world related to cigarettes. Every year, this habit causes almost 5 million deaths, and is expected to increase to 8 million by 2030. This high death rate is in line with the increasing number of young smokers every year.(Aderita, Ningsih, & Yuliyanti, 2023) In Asia, which accounts for 10% of people who smoke worldwide, 20% of global deaths are tobacco related. In addition, Indonesia has the highest percentage of smokers in ASEAN, with more than half of the population smoking. The number of teenagers aged 10 to 18 years who actively smoke increased from 7.2% in 2013 to 9.1% in 2018.(Almaidah et al., 2020)

According to the Tobacco Atlas, every year there are 16.4 million novice smokers aged 10-19 years, and around 45,000 children start smoking every day. Meanwhile, according to the 2018 Basic Health Research report, the national proportion of smokers was 12.7% of the 15-19 year age group. In addition, the 2019 Global Youth Tobacco Survey (GYTS) found that 38.3% of the 19.2% of students in Indonesia smoked, while 2.4% were girls.(S. H. Dewi, Yunita, Gustina, Ismainar, & Mitra, 2023) Because there are so many active smokers, more and more people are exposed to it. People who inhale cigarette smoke are more susceptible to disease compared to active smokers.(Sihombing & Notohartojo, 2016) The prevalence of passive smoking in Indonesia shows a figure of 31.8% for men and 66% for women. In all provinces, the number of women who smoke passively is higher than men. In addition, the prevalence of passive smoking among married women was recorded at 70.4%.(Hanum, 2022)

In Jambi Province, the high number of active smokers is one of the factors causing the large number of passive smokers, especially among children and teenagers. In 2021, as many as 27.47% of the population of Jambi Province aged over 15 years are smokers. Among teenagers, the prevalence of smoking is also quite high, with 0.7% of teenagers aged 10-14 years smoking every day, and 1.4% smoking occasionally. This figure increases in the 15-19 year age group, where 12.7% smoke daily and 6.9% smoke occasionally. In 2018, there were 535 teenage boys aged 10-14 years and 1,198 teenagers aged 15-18 years in Jambi City who smoked, as well as 20 teenage girls aged 10-14 years and 68 teenage girls aged 15-18 years who were also involved in the smoking habit. This phenomenon shows that exposure to passive smoking in Jambi, especially among young

people, is increasing along with the high number of active smokers.(Badan Pusat Statistik, 2024)

2. LITERATURE REVIEW

Passive smoking means people who do not smoke, but are still exposed to cigarette smoke from people around them who smoke. The smoke inhaled by smokers consists of the smoke emitted by the smoker and smoke from cigarettes that are still lit. Too frequent exposure to cigarette smoke can reduce the quality of life because it contains around 4,000 dangerous chemicals, such as carbon monoxide (CO), polycyclic aromatic hydrocarbons (PAHs), tar, and nicotine, which can cause addiction, both passive and active.(Lathifah, Hermawati, & Putri, 2020)

One of the toxic chemicals found in cigarette smoke is carbon monoxide (CO), which can increase blood pressure, constrict blood vessels, and damage blood vessel walls. Cigarette smoke not only contains nicotine, but also contains nitrogen oxide, hydrogen cyanide and free radicals. All of these are toxic and carcinogenic substances that can harm human health.(Parwati, 2018)

Exposure to cigarette smoke can also cause lung damage, throat irritation, coughing, and cardiovascular system disorders. Coughing is often an early symptom of the negative effects of smoking, especially in people who have just started smoking. This is caused by sensitive nerves in the throat being damaged by harmful ingredients in cigarette smoke. Nicotine and carbon monoxide in cigarette smoke can also damage blood vessels, cause blood clots, and disrupt heart rhythm.(Indriani, Mulyatina, & Andriaty, 2022)

3. METHODS

This type of research is quantitative research with an analytical observational design which aims to determine the determinants of smoking behavior in students at Elementary School 59/IV, Jambi City. This study used a cross-sectional design, which means that each research subject was only observed once at a time through simultaneous approach, observation and data collection methods.

4. RESULTS

Univariate Analysis

Respondent Characteristics

Respondents in this study consisted of 67 students aged 10-13 years. Respondent characteristics include age, gender and class. Distribusi identitas responden dapat dilihat dalam table berikut :

Table 1.

Distribution of Respondent Characteristics

Variable	n	%
Age		
10 years	22	32,8
11 years	33	49,3
12 years	11	16,4
13 years	1	1,5
Total	67	100,0
Gender		
Man	32	47,8
Women	35	52,2
Total	67	100,0
Class		
Class 5	31	46,3
Class 6	36	53,7
Total	67	100,0

Source: Primary Data 2024

Based on table 1, it is known that 22 respondents (32.8%) were 10 years old, 33 respondents were 11 years old (49.3%), 11 respondents were 12 years old (16.4%), and 1 respondent was 13 years old (1.5%). Meanwhile, based on gender, it is known that of the 67 respondents, there were 32 male students (47.8%), and 35 female students (52.2%). Meanwhile, based on class, namely class 5 there were 31 respondents (46.3%), and class 6 there were 36 respondents (53.7%).

Determinants of Passive Smoke Behavior

Based on the results of research that has been carried out, the frequency distribution of passive smoking behavior variables, knowledge, attitudes, peer influence and family influence is obtained as follows :

Table 2. Frequency Distribution of Behavioral Determinants Passive Smoke

Variable	n	%
Passive Smoke Behavior		
Passive Smoke	9	13,4
Not Passive Smoking	58	86,6
Total	67	100,0
Knowledge		
Good	46	68,7
Not Good	21	31,3
Total	67	100,0
Attitudes		
Positive	46	68,7
Negative	21	31,3
Total	67	100,0
Peer Influence		
Yes	28	41,8
No	39	58,2
Total	67	100,0
Family Influence		
Yes	33	49,3
No	34	50,7
Total	67	100,0

Source: Primary Data 2024

Based on table 2 above, it can be concluded that the distribution of respondents' passive smoking behavior is divided into two categories. Passive smoking behavior was 9 respondents (13.4%), and 58 respondents (86.6%) were not passive smokers. In the knowledge variable, it can be concluded that 46 respondents had good knowledge (68.7%), and 21 respondents (31.3%) had poor knowledge. In the attitude variable, it can be concluded that 46 respondents (68.7%) had positive attitudes, and 21 respondents (31.3%) had negative attitudes. In the peer influence variable, it can be concluded that 28 respondents felt influenced (41.8), and 39 respondents felt they were not influenced (58.2%). Meanwhile, in the family influence variable, it can be concluded that 33 respondents felt influenced (49.3), and 34 respondents felt they were not influenced (50.7%).

Bivariate Analysis

Relationship between Knowledge and Passive Smoker Behavior

The following is a table showing the relationship between knowledge and passive smoking behavior :

Table 3.

Relationship between knowledge and passive smoking behavior

Knowledge	Passive Smoke Behaviar				Amount		*P value*	Pevalence Ratio (PR)
	Passive Smoke		Not Passive Smoking					
	n	%	n	%	n	%		
Not Good	6	9,0	15	22,4	21	31,3		
Good	3	4,5	43	64,2	46	68,7	0,014	0,174
Total	9	13,4	58	86,6	67	100,0		

Source: Primary Data 2024

The relationship between knowledge and passive smoking behavior shows that 6 respondents (9.0%) had poor knowledge of passive smoking behavior and 15 respondents (22.4%) did not have passive smoking behavior. Meanwhile, 3 respondents (4.5%) had a good level of knowledge regarding passive smoking behavior and 43 respondents (64.2%) did not have passive smoking behavior.

The results of bivariate analysis using the Chi-Squere test showed a significant relationship between knowledge and passive smoking behavior, with a p-value of 0.014. In addition, the PR value is 0.174, which indicates that respondents with poor knowledge are 0.174 times more likely to have passive smoking behavior compared to respondents with good knowledge.

The Relationship between Attitudes and Passive Smoker Behavior

The following is a table showing the relationship between attitudes and passive smoking behavior :

Table 4.

Relationship between attitudes and passive smoking behavior

Attitudes	Passive Smoke Behavior				Amount		*P value*	Pevalence Ratio (PR)
	Passive Smoke		Not Passive Smoking					
	n	%	n	%	n	%		

Positive	3	4,5	43	64,2	46	68,7		
Negative	6	9,0	15	22,4	21	31,3	0,014	0,174
Total	9	13,4	58	86,6	67	100,0		

Source: Primary Data 2024

The relationship between attitudes and passive smoking behavior shows that 3 respondents (4.5%) had positive attitudes towards passive smoking behavior and 43 respondents (64.2%) did not have passive smoking behavior. Meanwhile, 6 respondents (9.0%) had a negative attitude towards passive smoking and 15 respondents (22.4%) did not behave passively.

The results of bivariate analysis with the Chi-Squere test showed a significant relationship between attitudes and behavior of passive smokers, with a p-value of 0.014. In addition, the PR value is 0.174, which indicates that respondents with a negative attitude are 0.174 times more likely to have passive smoking behavior compared to respondents with a positive attitude.

The Relationship Between Peer Influence and Passive Smoker Behavior

The following is a table showing the relationship between peer influence and passive smoking behavior :

Table 5. Relationship between Peer Influence and Behavior Passive Smoke

Peer Influence	Passive Smoke Behavior				Amount		*P value*	Pevalence Ratio (PR)
	Passive Smoke		Not Passive Smoking					
	n	%	n	%	n	%		
Yes	6	9,0	22	32,8	28	41,8		
No	3	4,5	36	53,7	39	58,2	0,104	3,273
Total	9	13,4	58	86,6	67	100,0		

Source: Primary Data 2024

The relationship between peer influence and passive smoking behavior shows that respondents who had influence (yes) with passive smoking behavior were 6 respondents (9.0%) and 22 respondents (32.8%) did not have passive smoking behavior. Meanwhile, 3 respondents (4.5%) had no influence (no) and 36 respondents (53.7%) did not have passive smoking behavior.

The results of bivariate analysis using the Chi-Squere test showed that there was no significant relationship between peer influence and passive smoking behavior. In addition, a PR value = 3.273 was found from bivariate analysis, which shows that

respondents who are influential have a 3.273 times greater risk of having passive smoking behavior compared to respondents who are not influential.

Relationship between family influence and passive smoking behavior

The following is a table showing the relationship between family influence and passive smoking behavior :

Table 6. Relationship between family influence and behavior Passive Smoke

Family Inluence	Passive Smoke Behavior				Amount		*P value*	Pevalence Ratio (PR)
	Passive Smoke		Not Passive Smoking					
	n	%	n	%	n	%		
Yes	6	9,0	27	40,3	33	49,3		
No	3	4,5	31	46,3	34	50,7	0,261	2,296
Total	9	13,4	58	86,6	67	100,0		

Source: Primary Data 2024

The relationship between family influence and passive smoking behavior shows that respondents who had an influence (yes) with passive smoking behavior were 6 respondents (9.0%) and 27 respondents (40.3%) did not have passive smoking behavior. Meanwhile, 3 respondents (4.5%) had no influence (no) and 31 respondents (46.3%) did not have passive smoking behavior.

The results of bivariate analysis using the Chi-Squere test showed that there was no significant relationship between family influence and passive smoking behavior. In addition, a PR value = 2.296 was found from bivariate analysis, which shows that respondents who are influential have a 2.296 times greater risk of having passive smoking behavior compared to respondents who are not influential.

5. DISCUSSION

Relationship between Knowledge and Passive Smoker Behavior

The results of this study found that elementary school 59 children's knowledge had a significant relationship with passive smoking behavior. These findings are in line with the Health Belief Model proposed by Becker and Rosenstock (1984), which states that knowledge plays an important role in shaping health behavior.(Malinda, 2024)

This finding is in line with research by Sulastri (2022) which found a significant correlation between the level of knowledge and the dangers of passive smoking. Respondents with good knowledge tend to have a positive attitude in avoiding exposure

to cigarette smoke.(Indriani et al., 2022) Pramutomo and Sari's (2023) research also found a close relationship between knowledge about the impacts of cigarette smoke and the prevention efforts they took. Research shows that respondents with better knowledge tend to be more proactive in avoiding exposure to cigarette smoke. This shows that increasing knowledge can encourage more proactive behavior in avoiding exposure to cigarette smoke.(Sukun & Malang, 2024)

A study by Sari (2021) revealed a significant relationship between the level of knowledge about the dangers of smoking and smoking behavior.(Mauliddiyah, 2021) Research by Seprianty, D., Darwis, & Abrar, E. A. (2024) also revealed that students' knowledge regarding the dangers of smoking has a significant relationship to their smoking behavior. These two studies have the implication that knowledge plays an important role in shaping health awareness and behavior, so that it can also be applied to preventing passive smoking behavior.(Arna Abrar, Nani Hasanuddin, Perintis Kemerdekaan VIII, & Makassar, 2024)

This research is not in line with the results of research conducted by Gustiawan, Mutmainnah, and Kamariyah (2021) which concluded that there is no relationship between the level of knowledge and health behavior.(Gustiawan, Mutmainnah, & Kamariyah, 2021)

The Relationship between Attitudes and Passive Smoker Behavior

The results of this study found that there was a significant relationship between the attitudes of SD 59 students and their behavior as passive smokers. This finding is in line with the Health Belief Model proposed by Becker and Rosenstock (1984), which states that attitudes influence health behavior.(Malinda, 2024)

These results are in line with research conducted by Novryani Rani Bawental, Grace EC Korompis, and Franckie RR Maramis (2019) which found a relationship between attitudes and health behavior.(Bawental et al., 2019) This finding has the same meaning as research by Simon et al (2023) which shows a significant relationship between attitudes and smoking behavior.(Simon, R, & Limbu, 2023) And also in research by Muzaffar and Ayu Wulandari (2020) also identified a significant relationship between attitudes and smoking behavior. This is explained because individual attitudes play an important role in shaping lifestyles that have an impact on health, thereby influencing health behavior.(Muzaffar & Wulandari, 2020)

Attitude is the way a person acts or responds to something, such as feelings that support or do not support, take sides or not, like or dislike. This will have an impact on a person's behavior so that they ultimately feel physically, mentally, spiritually and socially

healthy, including health. People who have a good attitude towards their health tend to pay more attention to their health by avoiding behavior that could harm it, such as smoking. On the other hand, people who have a negative or unfavorable attitude towards their health tend to pay less attention to their health. This shows that respondents who have a positive perception of exposure to cigarette smoke are less likely to become passive smokers.(Sartika & Kurniawan, 2022)

The Relationship Between Peer Influence and Passive Smoker Behavior

The results of this study found that there was no significant relationship between peer influence and passive smoking behavior among students at SD 59 Jambi City. This shows that other factors such as education about health and the school environment have more influence on children's health behavior. So the limited age and experience of elementary school children makes them less susceptible to peer influence in terms of passive smoking behavior.(Devianti, Sari, & Bangsawan, 2020)

This finding is supported by social development theory which states that children at elementary school age are still strongly influenced by their school environment. Therefore, more intensive prevention and health education efforts are needed in schools to reduce the risk of passive smoking behavior in children. Thus, the results of this research contribute to the development of strategies to prevent passive smoking behavior in elementary school children. (M. P. Dewi, S, & Irdamurni, 2020)(Rahmah Wati Anzani & Intan Khairul Insan, 2020)

This research has a similar meaning to research by Sisilia Indriasari Widianingtyas & Yohana Dinda (2022) which found that socializing with peers had no effect on snacking behavior in elementary school aged children.(Widianingtyas & Dinda, 2022) According to research conducted by Miftahudin, FM in 2019, there is no significant correlation between the role of peers and bullying behavior carried out by elementary school aged children. These results show that bad peers do not necessarily encourage someone to engage in risky behavior, nor do good peers.(Miftahudin, 2020) This result is different from research conducted by Nurlela & Pranoto, H. H. (2024), which found that there was a relationship between a person's behavior and the behavior of their peers.(Pranoto, 2024)

Relationship between family influence and passive smoking behavior

The results of this study found that there was no significant relationship between family influence and passive smoking behavior among students at SD 59 Jambi City. This is due to several factors, such as the majority of respondents not often being exposed to cigarette smoke, a healthy family environment that supports children's health. In addition,

elementary school children are still in a strong stage of social and cognitive development, so family influence is not dominant.

This study also shows that other factors such as the school environment and promotional media from community health centers have a greater influence on passive smoking behavior in children. A school environment that supports health, such as collaboration with community health centers, can influence children's behavior. Schools have a very important role as educational institutions in helping students gain knowledge, skills, and shape their character to become better individuals. Therefore, schools need to provide students with an understanding of good behavior and bad behavior.(Matanari, Lumban Gaol, & Simarmata, 2020)

These results have similarities with the research of Pranata, M. A. E. and Sunart, S. (2019), which found that there is no relationship between the family environment and what a person does or does. This is due to the significant influence of school education on school-aged children, which changes their thinking patterns. As a result, family environmental factors do not always determine children's behavior.(Pranata, Muhammad Alwi, 2019) The results of this study are not in line with the findings of Pasaribu, Komalasari, and Putri (2023) which show that there is a significant relationship between the role of parents and unsafe snacking behavior in elementary school-aged children. This indicates that the role of the family has an impact on children's health behavior, including passive smoking behavior.(Pasaribu, Komalasari, Suheti, & Putri, 2023)

Even though there is no significant relationship, the role of the family is still important in shaping children's health behavior. Parents can influence children by providing health education, supervising children's activities, and creating a healthy family environment. However, in this case, family influence is not strong enough to prevent passive smoking behavior.(Musawamah, 2021)(Asiva Noor Rachmayani, 2015)

6. CONCLUSION

The research findings on the determinants of passive smoking behavior among children at Elementary School 59/IV in Jambi City indicate that 9 children (13.4%) were passive smokers, while 58 children (86.6%) were not. The study found a significant relationship between knowledge and passive smoking behavior ($p = 0.014$), as well as between attitudes and passive smoking behavior ($p = 0.014$). However, no significant relationship was found between peer influence ($p = 0.104$) or family influence ($p = 0.261$) and passive smoking behavior among the children.

7. LIMITATION

The limitation of this research is that this research was only conducted at SDN 59/IV Jambi City, so the results cannot be generalized to other schools. The research sample was limited to grade 5 and grade 6 students, so it did not cover all age levels. The data collection method uses questionnaires and observation, so it does not consider external factors that influence passive smoking behavior. This research does not consider other variables that have the potential to influence passive smoking behavior, such as the influence of social media and so on. Therefore, the results of this research need to be studied further and verified through further research.

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