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Educational Effects of Stop Smoking in Adolescents in the Covid-19 Pandemic

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ABSTRACT

Smoking not only has an impact on yourself but also has an impact on the people around you. Cigarettes have always been a unique phenomenon worldwide. Stop smoking, but cigarette excise is one of the country's significant foreign exchange. The dangers of smoking can interfere with/inhibit the function of the brain, mouth, throat, lungs, stomach, bones, skin, and reproductive organs. This study aimed to determine the effect of the Covid-19 pandemic on adolescent smoking behavior by providing education through counseling to stop smoking. This study uses a survey methodology and quantitative literature studies. The research locations are in two junior high schools in Jakarta. The sample is 60, with details of each junior high school amounting to 30. The results show that the characteristics of adolescent smokers aged 12 to a maximum of 16 years, there are sources of exposure to smoking most commonly found in their family members. There was no effect found on the characteristics of young smokers on the status of the covid-19 pandemic for young smokers, including stop smoking information sources. This research contributes to providing information about activities of stopping smoking during the Covid-19 pandemic.

Keywords: Covid-19, Stop, Smoking, Teenager, Youngs, Education

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1. INTRODUCTION

The world has proclaimed the dangers of smoking by holding World No Tobacco Day which is celebrated worldwide every year on May 31 (Morty, 2020). Cigarettes are objects that are harmful to health (Brown & Balk, 2020). The prevalence of smoking continues to increase in both men and women. Hammond et al. (2019) stated in the US and Canada, as well as Canada, smoking rates among 16 to 19-year-olds climbed between 2017 and 2018, but there was minimal change in England. The study of Reitsma et al. (2021) stated that the prevalence of smokers aged 15-24 in 2019 was more than 20%, with the criteria of women coming from 43 countries and men coming from 120 countries. According to Lubis and Bukit (2019), one-third of Indonesian adolescents begin smoking while they are under the age of ten.

Smokers and the people around them, even those who have experienced the harmful effects of the dangers of smoking, know how dangerous smoking is for health (Alexander et al., 2019; Gallucci et al., 2020). Likewise, various research activities, surveys, counseling, and other activities provided to smokers and their families/communities in their environment to quit smoking are important. However, the number of smokers is still high, even though the prevalence of smoking among schoolgirls aged 13-15 years is high (Christophi et al., 2008). More than half of the under-five population in Indonesia is exposed to secondhand smoke (Ampera Miko & Satrinawati Berkat, 2018). Although the majority of adults smoke, eight out of ten adults believe that smoking can cause serious illness. Only a small proportion of Indonesian people have the habit of chewing tobacco (Suryati, 2022).

Teenagers are members of society who have this age group. Adolescence is a transition from early childhood to early adulthood, which is entered at approximately 10 to 12 years of age, ends at 18 to 22 years of age, and is still studied at the general high school level (Lestari et al., 2021). Moreover, teenagers have a high risk of replicating the behavior of adults around them, even smoking behavior, either openly at first or openly (Andersson et al., 2020).

As we know during the Pandemic, the community was advised to use PPKM (Community Activities Restrictions) (Tuti et al., 2022) and ISMAN (self-isolation) (Chtourou et al., 2020) for groups with confirmed COVID-19 or even OTG (people without symptoms) during the Pandemic, which is currently entering the third wave of COVID-19 (Marzo et al., 2021).

The group that has a vulnerability to being infected with the Corona virus is smokers (Ahmed et al., 2020). In addition, the degree of severity of COVID-19 experienced by smokers is usually also more severe than non-smokers (Chertok, 2020). That is why smoking habits need to be stopped immediately, especially during this pandemic. COVID-19 can cause mild symptoms like the flu, but can also cause severe and fatal symptoms (Sadeghzadeh-Bazargan et al., 2021). Groups of people who are at high risk for experiencing severe symptoms of COVID-19 are the elderly, people with certain diseases, people with obesity, and smokers (Jirjees et al., 2022).

Jürges and Meyer's (2020) research states to fight smoking in China through education policy. Kwon et al. (2020) stated that the positive impact of innovative policy, which included a price increase on cigarettes, on smokers' efforts to quit differed depending on the subgroup of smokers. According to Viet Nguyen et al. (2021), increasing tobacco taxes and prices can be a valuable strategy for lowering tobacco consumption. Strategies to combat smoking include education, increasing cigarette prices, and taxes. The strategy to fight smoking can be through education before Covid-19 became common. The novelty of this research is to examine smoking cessation education, including the characteristics of smokers during the Covid-19 pandemic. This study aimed to determine the effect of the Covid-19 pandemic on adolescent smoking behavior by providing education through counseling to stop smoking.

2. LITERATURE REVIEW

Smoking is the leading cause of lung cancer, and lung cancer has historically occurred among current smokers or recent quitters (Bayley et al., 2022). The relative risk of developing lung cancer decreases in ex-smokers by about twice that of never-smokers after 20 years of quitting but remains elevated indefinitely.

2.1. The Dangers of Smoking

Most children aged 13 – 15 can freely buy cigarettes in shops/stalls (Pamungkas, 2015). ore than half of passive smokers are vulnerable groups, as data from 192 countries are women and toddlers (Öberg et al., 2011). Eight of ten people in Indonesia are exposed to secondhand smoke in public restaurants (Perdana & Wiryawan, 2020). The prevalence of passive smoking is higher in the youth group of young school age (13-15 years), most of which is due to parents who smoke. Seven out of every ten school children aged 13-15 years are exposed to secondhand smoke in the home. Seven out of every ten school children aged 13-15 have parents who smoke.

Figure 1
Content of cigarettes

Source: Pacitan (2014)

Figure 1 shows the dangers of smoking can interfere with/inhibit the function of the brain, mouth, throat, lungs, stomach, bones, skin, and reproductive organs. In addition to physical ailments, smokers also experience higher levels of stress than those who do not smoke. So far, smokers may think smoking can make them more relaxed. Smokers think that nicotine can calm their minds, but that is wrong. Moreover, making smokers nervous and anxious is a symptom of nicotine withdrawal, so that the dangers of a teenage smoker can be predicted..

Even though not all smokers will die from heart disease, lung cancer, or stroke, smoking can be very disturbing and reduce the quality of everyday life. The effects of cigarettes that smokers can feel every day are coughing (Kanezaki et al., 2012), shortness of breath, getting tired more easily, being more susceptible to infection, or experiencing sleep disturbances, characterized by difficulty breathing at night and feeling tired in the morning (Yao et al., 2017).

Smokers are used to hearing about the dangers of smoking to the body, but smokers still do not stop smoking because they feel that their health is still acceptable (Salsabila, 2019).

2.1. Models to Strengthen the Stop Smoking

Smoking has been recognized as a risk factor for many diseases and deaths (Corrales et al., 2020). Nevertheless, the number of young smokers is rising (Levy et al., 2019). It is anticipated that interventions to raise smoking cessation rates will be successful. How strong the desire to stop smoking is may have an impact on the intervention's design (Lindson et al., 2019).

There are several models that are often used to stop smoking, including; 1) Self-Efficacy; 2) Cognitive behavior Method; 3) Community Based; 4) Stop smoking models; 5) Model of Behavior – Rehabilitation (Nurhaeni & Badrin, 2019).

3. METHOD

This study uses a survey methodology and quantitative literature studies. Knowledge about smoking, the dangers of smoking to health, and the role of friends/family using the instruments of The Mini-Mental State Examination (Orr et al., 2021) and SF36 (Mariani et al., 2019). These have been modified by researchers with question items about orientation (time, place, and date), questions about attention and counting, recall, and language use quickly about some of the dangers of smoking with correct (1) and incorrect (0) answers with a maximum score of 30 and treatment 5-10 minutes. The research used informed consent conducted with the Ethics Committee from Poltekkes Jakarta I. The samples were taken in 2 (two) locations of junior high schools, with each sample size of 30 respondents with a total of 60 respondents.

4. RESULTS AND DISCUSSION

4.1 Results

4.1.1 Univariate Results

Table 1
Scores of Respondents' Characteristics Based on Age and Knowledge Score about Smoking

Variable	Groups	N	Mean	Median	SD	Min-Max
Age	XY	30	14	14	0.983	12 – 16
	YX	30	13.87	14	1.042	12 – 16
Knowledge of smoking	XY	30	14.90	15	2.279	7 – 19
	YX	30	13.26	13.5	2.242	10 – 18
Perceptions of the covid-19 Pandemic Period		30	41.80	43.50	6.598	24 - 51

Table 1 shows the average age of respondents in the intervention and control groups was almost the same, with the youngest being 12 years old and the oldest being 16 years old. And the score of knowledge about smoking was higher in the intervention group with an average value of around 14.90. The Pandemic Period Perception Score with an average value of around 41.80 in the control group

Table 2
Distribution of Respondent Characteristics Based on Class, Smokers in the Same House, Source of Exposure, Duration of Smoking and Place of Obtaining Cigarettes

Variabel	Intervention Group		Control Group	
	N	%	N	%
Class				
1. Grade 7	9	30	10	33.3
2. Grade 8	11	36.7	10	33.3
3. Grade 9	10	33.3	10	33.3
House smokers				
1. Just me	4	13.3	7	23.3

2. Family Members	24	80	19	63.4
3. Nothing	2	6.7	4	13.3
Exposure source				
1. Media	13	43.3	18	60
2. Try it yourself	11	36.7	8	26.7
3. Forced\	4	13.3	1	3.3
4. Never	2	6.7	3	10
smoking duration				
1. < 1 week	20	36.7	8	26.7
2. > 1 month	5	36.6	9	30
3. Never	5	6.7	13	43.3
Place to get cigarettes				
1. Take from the family	1	3.3	4	13.3
2. Friends	6	20	-	-
3. Brothers	1	3.3	-	-
4. Buy at the stall	17	56.7	13	43.3
5. Never	5	16.7	13	43.3

Table 2 shows that the characteristics of the two groups of students above are that the majority are in grade 8, the father is a smoker, is exposed to smoking through the media, has smoked for less than 1 week and gets cigarettes by buying them at a shop.

4.1.2 Bivariate Results

Table 3
Analysis of Class Equality, Environmental Conditions, Smokers in the Household, Sources of Exposure, Duration of Smoking and Places to Obtain Cigarettes

Variabel	Intervention		Control		
	N	%	N	%	P-value
Class:					0.951
1. Class 7	9	30	10	33.3	
2. Class 8	11	36.7	10	33.3	
3. Class 9	10	33.3	10	33.3	
Smoker at home:					0.548
1. myself	4	13.3	7	23.3	
2.Another family member	24	80	19	63,4	
3. None	2	6.7	4	13.3	
Educational Resources:					0.069
1. Family	2	6.6	4	13.3	
2. Cadre	6	20	-	-	
3. Officer PKM	17	56.7	13	43.3	
5. No info	5	16.7	13	43.3	

Based on the table 3, the analysis showed that there were no differences in class, household smokers, source of exposure, duration of smoking and stop smoking education resources between the "XY" and "YX" groups.

The table 3 showed that there were differences in smoking behavior (p = 0.049) and pandemic conditions (p = 0.066) between the "XY" and "YX" groups after the survey was conducted during the pandemic. While health status showed no significant difference between the "XY" group and the "YX" group.

From the results of Mancova's multivariate test, it was found that the independent variables, namely educational resources to stop smoking and sources of exposure to smoking, had no effect on the dependent variable smoking behavior and the condition of the Covid-19 pandemic in students with a p value> 0.05

4.2 Discussion

The results of the study said that adolescent smokers started at the age of under 15 years. Adolescents who smoke have high levels of stress, and individuals are heading towards a complicated stage of how adolescents compose, think about, and have plans for their future.

Adolescents through goals and actions, remember their ability to anticipate themselves to be stronger in facing everyday life (De France et al., 2022). The guiding principle of today's youth is the ability to "anticipate for oneself", so many young people try something they perceive as providing "something different". Di et al. (2022) said that many young smokers were found under the age of 15 years.

The dangers of smoking have been disseminated to the general public, including teenagers. However, many teenagers still do not adequately understand the dangers of smoking for their health, especially the side effects in the future. Cigarettes kill one out of two smokers, and there are 40 diseases caused by smoking, especially lung malignancy, heart disease, chronic bronchitis, emphysema, stroke, and stomach ulcers caused by smoking. Smokers are easily infected with flu viruses, coughs, and lung infections compared to non-smokers. Pacek et al. (2017) conveyed similar findings, that adolescents' participation in trying to smoke introduced them to marijuana or morphine due to the nature of exploration and curiosity about "new flavors", even though information about the dangers of smoking had been partially exposed.

5. CONCLUSION

Characteristics of adolescent smokers aged 12 to and a maximum of 16 years, there are sources of exposure to smoking most commonly found from their own family members, There was no effect found on the characteristics of young smokers on the status of the Covid-19 Pandemic for young smokers, including stop smoking information sources. This research contributes to providing information about activities of stopping smoking during the Covid-19 pandemic.

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