

Why Preadolescent Smoke? Intention and Smoking behavior of elementary students in a Rural Area in Central Java

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Abstract. The prevalence of child smokers (10-18 years) increased by 26% from 7.2% (2013) to 9.1% (2018). The GYTS 2019 reported that 39.6% of students aged 13-15 years had smoked (boys 67.7% and girls 12.8%). The school-based health survey in 2015 found that male students started smoking for the first time before age 13. In Grobogan Regency, the age started smoking under 19 years was 69.64%, and even those who began smoking under 15 years was 12.8%. This research aims to determine the causes of smoking intention and behavior in preadolescents (9-12 years old) in the Penadaran Village area, Grobogan District, Central Java. This study used an observational design with a cross-sectional approach. The population is all 5th-grade elementary school students in Penadaran Village. The respondents were students in three public elementary schools in the research area and were permitted by parents to participate in the research, which included a total of 83 students. Data were collected using self-administered questionnaires guided by researchers. Data analysis with Chi-Square ($\alpha = 0.05$). The respondents who had the intention to smoke and ever smoked were 37.3%. The percentage of current smokers was 8.4%. Variables related to smoking intention were Tobacco Advertising Promotion and Sponsorship (TAPS) exposures, attitude, expectation, enforcement from friends, and availability of cigarette sellers around the school. Factors related to the smoking trial were gender and friend's reinforcement. Furthermore, only the intention to smoke was correlated to current smoking. Environmental influences such as TAPS exposure, peers, and availability of cigarettes should be controlled to prevent smoking in children.

Keywords: intention, smoking behavior, preadolescent, rural area

1 Introduction

Indonesia is the three third greatest country in the world, with an absolute increase in the number of deaths attributable to tobacco smoking between 1990 and 2019 (from 112,800 deaths in 1990 to 246,400 deaths in 2019, a 118% increase). (1) The Global Adults Tobacco Survey in Indonesia (15 years old and older) reported that the current tobacco use and current tobacco smoking prevalences did not significantly change from 2011 to 2021. The current tobacco use in 2011 and 2021 were 36.1% and 34.5% (65,5% of men and 3.3% of women), respectively, and the prevalences of current tobacco smoking in 2011 and 2021 were 34.8% and 33.5% (64.7% of men, and 2,3% of women), respectively. (2–4)

However, the prevalence of children (10-18 years old) smokers increased significantly from 7.2% in 2013 to 9.1% in 2018, which is double the national target to reduce it to 5.4% (5,6). The National School-based Health Survey found that 21.47% of the students were smokers, while 17.32% of all students and 32.82% of male students started smoking for the first time when they were less than 13 years old. The 2019 Global Youth Tobacco Survey (GYTS) on students aged 13-15 in Indonesia showed that 39.6% of students (67.7% of males and 12.8% of females) had ever smoked. The current tobacco smokers among students were 18.8% (35.5% males and 2.9% females). (7)

There are many factors related to smoking behaviors among adolescents. The comprehensive discussion that includes factors related to intention and smoking behavior is The Theory of Triadic Influence (TTI)(8–11), which integrates many variables from various sociological and psychological theories in behavior change. TTI explains smoking behavior and intention to smoke are influenced by three groups or streams: the personal stream, the social stream, and the environmental stream. Each stream leads to self-efficacy (12–14), social normative belief (10,15–18), and attitudes (12,15,18,19), respectively, which influence the intention to smoke. (20–22) Social normative belief is formed by social or interpersonal variables, such as friends (23,24) and parents' smoking behavior. (17,23,25,26) The attitude is shaped by expectation (14,27) and opportunities, for example, availability and affordability of cigarettes (26), and Tobacco Advertising Promotion and Sponsorship (TAPS) exposures. (19,25,26,28)

Regarding the TAPS exposures, media literacy is one variable that influences intention and smoking behavior. TAPS may be more decisive in encouraging adolescents to initiate smoking than exposure to peer or family smokers or socio-demographic variables. (28) Non-smoker adolescents who are exposed to cigarette advertisements or accept them are more likely to try cigarettes and become smokers in the future. (29) The perception that cigarette advertising targets adolescents, attitudes towards TAPS, and the possibility of smoking are consistently associated with smoking status. (19) Exposure to smoking-related media correlated with smoking behavior, likelihood, and intention to smoke in the future. (30–32)

The students participating in GYTS noticed tobacco advertisements or promotions at points of sale (65.2%), while 56.8% noticed someone using tobacco on television, videos, or movies. A school-based survey of 2820 students (13-18 years old) in seven cities in Indonesia found that children exposed to high online TAPS on Instagram (29.6%) and high offline TAPS via television (74.0%), billboards (54.4%), and live music events (46.2%). (33) In Semarang City, where this research was conducted, children were highly exposed to outdoor tobacco advertising. The mapping of 3,453 tobacco advertisements in Semarang City found that as many as 2,556 (74%) were within 300 m of schools, and a total of 378 schools (39%) were in the high density of tobacco advertising. (34) Another study revealed that students at schools with a medium and high density of outdoor tobacco advertising were up to 2.16 times more likely to smoke compared to those with low density. (35) Several studies have shown that the higher the Smoking Media Literacy (SML), the lower the smoking behavior and the possibility of becoming a smoker in the future, which is also low. (36–39)

This research was located in the Grobogan District, Central Java Province, since the proportion of smokers in the age group ≥10 years was 23.78%, smokers who started smoking before 19 years old were 69.64%, even 12.8% started smoking at the age of under 15 years. The proportion of children who first tried smoking was 10-14 years old (14.26%), while 15-19 years old was (54.08%). The average cigarette consumption by each smoker is 11.68 cigarettes/day. The proportion of indoor smoking behavior among smokers is very high (89.21%) and causes 68.72% of Grobogan residents to be exposed to cigarette smoke, including children. (40) Penadaran Village represented the rural area in the Grobogan district, located 30 km from the Grobogan district center. The Penadaran Village intended the Child-Friendly Village Program, which should have tobacco control and smoking prevention programs for children.

This research aims to determine the causes of smoking intention and behavior in preadolescents in the Penadaran Village area, Grobogan District, Central Java. The fifth grade (9-12 years old) was selected as respondents to represent the preadolescent population.

2 Methods

This study used an observational design with a cross-sectional approach. The population is all 5th-grade elementary school students in Penadaran Village. The respondents were students in three public elementary schools in the research area and were permitted by parents to participate in the research, including 83 students. Data were collected using self-administered questionnaires guided by researchers.

The questionnaires contained thirteen variables. The demography characteristics (gender and age), TAPS exposures (12 questions), media literacy (9 questions) (41), attitude (7 questions) (41), subjective norm (3 questions) (41), self-efficacy (4 questions)(12), expectation (6 questions) (14), smoking parent (Yes-No question),

smoking friend (Yes-No question), availability of cigarettes around school and home(Yes-No question), smoking intention (3 questions), and smoking behavior. The total scores of perceptual variables, such as attitude, media literacy, subjective norm, self-efficacy, and expectation, were categorized as Low and High with the median cut of point. The intention to smoke was categorized as "No" if all the questions answered absolutely No. If there were one or more questions answered, "Yes", "Maybe Yes," or "Maybe N,o," the intention was coded as "Yes." Data analysis with Chi-Square and Fisher Exact test ($\alpha = 0.05$).

3 Results

Table 1. The relationship between TAPS exposure, media literacy, Attitude, subjective norm, self-efficacy, Expectation, smoking parents, friend reinforcement to smoke, intention, and smoking behavior.

Independent variable	Category	f	%	
Gender	Male	38	45.8	
	Female	45	54.2	
Age	9-10	72	86.7	
	11-12	11	13.3	
TAPS exposures	Television	72	86.7	
	Radio	8	9.6	
	Internet	47	56.6	
	Social media	34	41.0	
	Billboard	76	91.6	
	Banner	77	92.8	
	Neonbox	61	73.5	
	Flags	35	42.2	
	Poster/sticker	78	94.0	
	Point of Sales	80	96.4	
	Merchandise	13	15.7	
	Event sponsored by cigarette	33	39.8	
Have smoker parent	Yes	66	79.5	
	No	17	20.5	
Friend	Yes	26	31.3	
	No	57	68.7	
There are cigarette sellers	Yes	27	32.5	
around the school	No	56	67.5	
There are cigarette sellers around	Yes	70	84.3	
the home	No	13	15.7	
Intention to smoke	Yes	31	37.3	
	No	52	62.7	
Ever smoke	Yes	31	37.3	
	No	52	62.7	

Independent variable	Category	f	%	
Current smoke	Yes	7	8.4	
	No	76	91.6	

The research results showed that more students were female (54.2%), aged 10-12 years. Children's exposure to cigarette advertising, promotions, and sponsorship massively. They knew of cigarette advertisements in many places, outdoors and online. The highest exposure of cigarette advertising to students was from point of sale (96.4%), followed by posters/stickers (94.0%), banners (91.8%), billboards (91.6%), television (86.7%), neon boxes (73, 5%), internet (56.6%), social media (41.0%), and attending cigarette sponsored events (39.8%).

The reinforcing factors around students who could influence students to smoke were smoking parents (79.5%) and friends (31.3%). In rural areas, many stalls or shops sell cigarettes. The cigarette sellers were more around their house (84.3%) than the school (32.5%).

The intention, smoking trial, and current smoking in the students were high. The intention to smoke was found in 37.3% of the students, as the same number of the eversmoke (37.3%). Furthermore, the percentage of current smokers among students was 8.4%.

Table 2. The relationship between TAPS exposure, media literacy, Attitude, subjective norm, self-efficacy, Expectation, smoking parent, Friend reinforcement to smoke, intention, and smoking behavior.

Independen	Category	Intention to Smoke			Е	ver smoke	d	Current smoking			
t variable		Yes	No	p-value	Yes	No	p-value	Yes	No	p-value	
		f (%)	f (%)	-	f (%)	f (%)		f (%)		f (%)	
Gender	Male	18	20	0.083	27	11	0.000*	7 (25.9)	20	0.550	
		(47.4)	(52.6)		(71.1)	(28.9)			(74.1)		
	Female	13	32		4 (8.9)	41		0(0.0)	4 (100)		
		(28.9)	(71.1)			(91.1)					
Age (years)	9-10	26	46	0.551	27	45	0.942	5 (18.5)	22	0.212	
		(36.1)	(63.9)		(37.5)	(62.5)			(81.5)		
	11-12	5 (45.5)	6 (54.5)		4 (36.4)	7 (63.6)		2 (50.0)	2 (50.0)		
TAPS	Low	14	39	0.006*	17	36	0.187	3	14	0.469	
Exposure		(26.4)	(73.6)		(32.1)	(67.9)		(17.6)	(82.4)		
	High	17	13		14	16		4	10		
	-	(56.7)	(43.3)		(46.7)	(53.3)		(28.6)	(71.4)		
Media	Low	16	34	0.215	20	30	0.539	5	15	1.000	
Literacy		(32.0)	(68.0)		(40.0)	(60.0)		(25.0)	(75.0)		
	High	15	18		11	22		2	9		
		(45.5)	(54.5)		(33.3)	(66.7)		(18.2)	(81.8)		

Independen	Category	Intention to Smoke			Ev	er smoke	d	Current smoking		
t variable		Yes f (%)	No f (%)	p-value	Yes f (%)	No f (%)	p-value	Yes f (%)	No	p-value f (%)
Attitude	Low	14	9	0.006*	6	17	0.189	2	4	0.596
		(60.9)	(39.1)		(26.1)	(73.9)		(33.3)	(66.7)	
	High	17	43		25	35		5	20	
	_	(28.3)	(71.7)		(41.7)	(58.3)		(20.0)	(80.0)	
Subjective	Low	12	14	0.263	6	20	0.069	2	4	0.596
Norm		(46.2)	(53.8)		(23.1)	(76.9)		(33.3)	(66.7)	
	High	19	38		25	32		5	20	
		(33.3)	(66.7)		(43.9)	(56.1)		(20.0)	(80.0)	
Self-	Low	19	31	0.880	20	30	0.539	3	17	0.210
efficacy		(38.0)	(62.0)		(40.0)	(60.0)		(15.0)	(85.0)	
	High	12	21		11	22		4	7	
		(36.4)	(63.6)		(33.3)	(66.7)		(36.4)	(63.6)	
Expectatio	Low	19	19	0.029*	12	26	0.318	1	11	0.201
n		(50.0)	(50.0)		(31.6)	(68.4)		(8.3)	(91.7)	
	High	12	33		19	26		6	13	
		(26.7)	(73.3)		(42.2	(57.8)		(31.6)	(68.4)	
Smoking	Yes	21	45	0.040*	25	41	0.844	6	19	1.000
Parent		(31.8)	(68.2)		(37.9)	(62.1)		(24.0	(76.0)	
	No	10	7		6	11		1	5	
		(58.8)	(41.2)		(35.3)	(64.7)		(16.7)	(83.3)	
Friend	Yes	16	10	0.002*	22	4	0.000*	5	17	1.000
reinforce to		(61.5)	(38.5)		(84.6)	(15.4)		(22.7)	(77.3)	
smoke	No	15	42		9	48		2	7	
		(26.3)	(73.7		(15.8)	(84.2)		(22.2)	(77.8)	
There are	Yes	16	11	0.004*	13	14	0,158	2	11	0.667
cigarette		(59.3)	(40.7		(48.1)	(51.9)		(15.4)	(84.6)	
sellers	No	15	41		18	38		5	13	
around the school		(26.8)	(73.2		(32.1)	(67.9)		(27.8)	(72.2)	
There are	Yes	25	45	0.475	25	45	0.475	6	19	1.000
cigarette		(35.7)	(64.3		(35.7)	(64.3)		(24.0)	(76.0)	
sellers	No	6			6	7		1	5	
around the		(46.2)	7 (53.8)		(46.2)	(53.8)		(16.7)	(83.3)	
Intention to	Yes	_	-	_	14	17	0.256	6	8	0.028*
smoke					(45.2)	(54.8)		(42.9)	(57.1)	
	No	-	-		17	52		1	16	
					(37.3)	(62.7)		(5.9)	(94.1)	

Table 2 shows that only the intention to smoke was correlated to current smoking (p-value 0.028). The smoking trial (ever smoking) was associated with gender (p-value 0.000) and reinforcement to smoke from friends (p-value 0.000). Male students have a

higher probability to try smoking (71.1%) compared to females (8.9%), and having friends who reinforce to smoke made students more likely to try smoking (84.6%) compared to those who do not have (15.8)

The students intending to smoke more were males (47.4%) and students with smoking friends (61.5%). The variables associated with smoking intention were TAPS Exposure (p-value 0.006), attitude (p-value 0.006), expectation (p-value 0.029), smoking parent (p-value 0.040), friend reinforcement (p-value 0.002) and the availability of cigarette seller around the school (p-value 0.004).

4 Discussion

The research on smoking behavior in preadolescence (elementary students) is essential since the age of smoking in Indonesia is getting younger (5,7). Surprisingly, although the age of the respondents is younger than the Health National Survey and Global Youth Tobacco Survey, the number of elementary students who tried to smoke in this survey is 37.3,% and the current smoking is 8.4%, which is almost the same as the other surveys. This implies that the smoking prevention program should start from an early age (preadolescent). The program should prevent the intention to smoke because it is a strong predictor of smoking behavior in the future. Factors that build the intention to smoke could come from cognitive or individual, interactional, and environmental factors. (9,22)

The environmental factor that could initiate smoking in children is TAPS exposure. The students were highly exposed to TAPS from outdoor tobacco advertising such as point of sales, posters/stickers, billboards, banners, and television. TAPS may be more decisive in encouraging adolescents to initiate smoking than exposure to peer or family smokers or socio-demographic variables. (28) Non-smoker adolescents who are exposed to cigarette advertisements or accept them are more likely to try cigarettes and become smokers in the future. (29). Exposure to smoking-related media correlates with experimental smoking, smoking behavior, likelihood, and intention to smoke in the future (29–32,42). Moreover, Tobacco marketing is more decisive in encouraging adolescents to initiate smoking than exposure to peer or family smokers or socio-demographic variables (28).

Having a friend who smoked was the strongest predictor of smoking experimentation. Initial receptivity to tobacco marketing increased the risk of smoking experimentation independently of having friends who smoke (25). Furthermore, the smoking behavior of people around preadolescents could influence children to try to smoke. Parental smoking, fraternal smoking, and best friends who smoke were the predicted factors of experimental smoking cigarettes by age eleven. Children with a best friend who smoked were over five times more likely to report experimentation with cigarettes compared with children with a non-smoking best friend (23), moreover, a study found that peers could increase the risk of smoking by 9.1 times in adolescents. (47) Qualitative research in West Jakarta found that the motives or factors driving late childhood smoking were friends, personal, family, and advertising factors. The friend factor is the most potent driving force for smoking behavior in children who are in the

late childhood period (43). In this survey, reinforcement from friends to smoke ke also associated with ever smoking without having the intention to smoke.

5 Conclusion

The study found that the smoking intention was associated with TAPS exposures, attitude, expectation, enforcement from friends, and availability of cigarette sellers around the school. The government should enact and implement the policy that protects children from tobacco initiation, such as the TAPS ban policy and prohibiting cigarette display in point of sales and selling cigarette to children. Furthermore, the educational intervention should include peers empowerment. Schools could develop programs like peer educators that empower children to share with their friends about healthty behavior and smoking prevention.

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References

- Tobacco Collaborator. Articles Spatial, temporal, and demographic patterns in prevalence of smoking tobacco use and attributable disease burden in 204 countries and territories, 1990 2019: a systematic analysis from the Global Burden of Disease Study 2019. Lancet [Internet]. 2021;397:2337–60. Available from: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01169-7/fulltext
- WHO. Global Adults Tobacco Survey (GATS) Indonesia 2021 [Internet]. 2021. Available from: https://cdn.who.int/media/docs/default-source/ncds/ncd-surveillance/data-reporting/indonesia/indonesia-national-2021-factsheet.pdf?sfvrsn=53eac4fd 1&download=true
- 3. WHO-SEARO. Global Adult Tobacco Survey (GATS): Indonesian Report [Internet]. New Delhi; 2012. 1–182 p. Available from: https://www.who.int/tobacco/surveillance/survey/gats/indonesia_report.pdf
- 4. WHO. GATS (Global Adult Tobacco Survey) Comparison Fact Sheet, Indonesia 2011 and 2021, 2021;2021–2.
- Ministry of Health. Laporan Nasional Riskesdas 2018 [National Report of Basic Health Research 2018] [Internet]. Ministry of Health. Jakarta: Lembaga Penerbit Badan Penelitian dan Pengembangan Kesehatan; 2019. Available from: http://labdata.litbang.kemkes.go.id/images/download/laporan/RKD/2018/Laporan_ Nasional RKD2018 FINAL.pdf
- 6. Ministry of Health. Hasil Utama Riskesdas 2018 [Main Result of Basic Heatlh

- Research] [Internet]. Riskesdas. Jakarta; 2018. Available from: http://www.depkes.go.id/resources/download/infoterkini/materi_rakorpop_2018/Hasil Riskesdas_2018.pdf
- WHO-SEARO. Global Youth Tobacco Survey 2019 Factsheet (Indonesia) [Internet]. 2020. Available from: https://cdn.who.int/media/docs/default-source/searo/tobacco/global-youth-tobacco-survey/gyts-indonesia-extended-factsheet.pdf?sfvrsn=d202f34f 3
- 8. Bricker JB, Rajan KB, Zalewski M, Andersen MR, Ramey M, Peterson A V., et al. Psychological and Social Risk Factors in Adolescent Smoking Transitions: A Population-Based Longitudinal Study. Heal Psychol [Internet]. 2009;28(4):439–47. Available from: http://www.ncbi.nlm.nih.gov/pubmed/19594268%5Cnhttp://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=PMC2711523
- 9. Flay BR, Snyder F, Petraitis J. The Theory of Triadic Influence: a new theory of health behavior with implications for preventive interventions. Adv Med Sociol. 2009;4(May 2014):19–44.
- 10. Snyder FJ. Brief Introduction to the Theory of Triadic Influence. 2004;(August).
- 11. Defoe IN, Dubas JS, Somerville LH, Lugtig P, van Aken MAG. The unique roles of intrapersonal and social factors in adolescent smoking development. Dev Psychol. 2016;52(12):2044–56.
- 12. Ford KH, Diamond PM, Kelder SH, Sterling KL, McAlister AL. Validation of Scales Measuring Attitudes, Self-Efficacy, and Intention Related to Smoking Among Middle School Students. Psychol Addict Behav. 2009;23(2):271–8.
- 13. Lawrance L. Validation of a self-efficacy scale to predict adolescent smoking. Health Educ Res [Internet]. 1989 Sep 1;4(3):351–60. Available from: https://doi.org/10.1093/her/4.3.351
- 14. Chen CJ, Yeh MC, Tang FI, Yu S. The Smoking Outcome Expectation Scale and Anti-Smoking Self-Efficacy Scale for Early Adolescents: Instrument Development and Validation. J Sch Nurs. 2015;31(5):363–73.
- 15. Pashaeypoor S, Negarandeh R, Nikpeyma N, Amrollah Majd Abadi Z. Determinants of intentions toward smoking hookah in Iranian adolescents based on the theory of planned behavior. Iran J Public Health. 2019;48(7):1317–25.
- 16. Mohammed M, Eggers SM, Alotaiby FF, de Vries N, de Vries H. Effects of a randomized controlled trial to assess the six-months effects of a school based smoking prevention program in Saudi Arabia. Prev Med (Baltim). 2016;90.
- 17. Napirah MR, Amiruddin R, Magfirah, Nur R, Mahfudz, Basir M. Factors related to smoking habits of children aged 6–17 years. Enferm Clin. 2020 Jun 1;30:22–5.
- 18. Kuipers MAG, Best C, Wilson M, Currie D, Ozakinci G, MacKintosh AM, et al. Adolescents' perceptions of tobacco accessibility and smoking norms and attitudes in response to the tobacco point-of-sale display ban in Scotland: Results from the DISPLAY Study. Tob Control. 2020;29(3):348–56.
- 19. Prabandari YS, Dewi A. How do Indonesian youth perceive cigarette advertising? A cross-sectional study among Indonesian high school students. Glob

- Health Action [Internet]. 2016;9(1):30914. Available from: https://www.tandfonline.com/doi/full/10.3402/gha.v9.30914
- 20. Flay BR, Petraitis J. The Theory of Triadic Influence: A New Theory of Health Behavior With Implications for Preventive Interventions a New Theory of Health Behavior with Implications for Preventive Interventions. Adv Med Sociol. 1994;4(January):19–44.
- 21. Flay BR, Snyder FJ, Petraitis J. The theory of triadic influence. In: DiClemente RJ, Crosby RA, Kegler MC, editors. Emerging Theories in Health Promotion Practice and Research. second. San Francisco, CA: Jossey-Bass; 2009. p. 451–510.
- 22. Flay BR, Phil D, Petraitis J, Hu FB. The Theory of Triadic Influence: Preliminary Evidence Related to Alcohol and Tobacco Use. In: NIAAA Research Monograph-Alcohol and Tobacco: From Basic Science to linical Practice. Bethesda, MD: Government Printing Office; 1995. p. 37–57.
- 23. Milton B, Cook PA, Dugdill L, Porcellato L, Springett J, Woods SE. Why do primary school children smoke? A longitudinal analysis of predictors of smoking uptake during pre-adolescence. Public Health. 2004;118(4):247–55.
- 24. Urrutia-Pereira M, Oliano VJ, Aranda CS, Mallol J, Solé D. Prevalence and factors associated with smoking among adolescents. J Pediatr (Rio J). 2017 May 1;93(3):230–7.
- 25. Strong DR, Messer K, Hartman SJ, Nodora J, Vera L, White MM, et al. Preadolescent Receptivity to Tobacco Marketing and Its Relationship to Acquiring Friends Who Smoke and Cigarette Smoking Initiation. Ann Behav Med. 2017;51(5):730–40.
- 26. Lucia SS, Yetiani N, Suwarni L, Rusmitasari H, Maretalinia M, Suyitno S. The determinants of adolescent smokers in Indonesia. Int J Public Heal Sci. 2022 Sep 1;11(3):808–14.
- 27. Cohen LM, McCarthy DM, Brown SA, Myers MG. Negative affect combines with smoking outcome expectancies to predict smoking behavior over time. Psychol Addict Behav. 2002;16(2):91–7.
- Evans N, Farkas A, Gilpin E, Berry C, Pierce JP. Influence of Tobacco Marketing and Exposure to Smokers on Adolescent Susceptibility to Smoking. JNCI J Natl Cancer Inst [Internet]. 1995 Oct 18;87(20):1538–45. Available from: http://dx.doi.org/10.1093/jnci/87.20.1538
- Lovato C, Watts A, Stead LF. Impact of tobacco advertising and promotion on increasing adolescent smoking behaviours (Review). Cochrane Database Syst Rev [Internet]. 2011;(10):1–41. Available from: http://cochranelibrarywiley.com/doi/10.1002/14651858.CD003439.pub2/full
- 30. Chang F, Miao N, Lee C, Chen P, Chiu C, Lee S. The association of media exposure and media literacy with adolescent alcohol and tobacco use. J Health Psychol [Internet]. 2016;21(4):513–25. Available from: http://journals.sagepub.com/doi/10.1177/1359105314530451
- 31. Sudo A, Kuroda Y. Media exposure, interactive health literacy, and adolescents' susceptibility to future smoking. Int J Adolesc Med Health [Internet]. 2017 Apr 1;29(2):1–6. Available from: https://search.proquest.com/docview/1826633425?accountid=13771

- 32. Fulmer EB, Neilands TB, Dube SR, Kuiper NM, Arrazola RA, Glantz SA. Protobacco media exposure and youth susceptibility to smoking cigarettes, cigarette experimentation, and current tobacco use among US youth. PLoS One. 2015;10(8):1–14.
- 33. Septiono W, Kuipers MAG, Ng N, Kunst AE. Self-reported exposure of Indonesian adolescents to online and offline tobacco advertising, promotion and sponsorship (TAPS). Tob Control. 2021;1–8.
- 34. Nurjanah N, Manglapy YM, Handayani S, Ahsan A, Sutomo R, Dewi FST, et al. Density of tobacco advertising around schools. Int J Tuberc Lung Dis [Internet]. 2020;24(7):674–80. Available from: https://www.ingentaconnect.com/contentone/iuatld/ijtld/2020/00000024/00000007/art00005
- 35. Handayani S, Rachmani E, Saptorini KK, Manglapy YM, Nurjanah, Ahsan A, et al. Is youth smoking related to the density and proximity of outdoor tobacco advertising near schools? Evidence from Indonesia. Int J Environ Res Public Health. 2021;18(5):1–8.
- 36. Bier MC, Schmidt SJ, Shields D, Rucker B, Zwarun L, Sherblom S, et al. School-based smoking prevention with media literacy: A pilot study. J Media Lit Educ 23 [Internet]. 2011;2(3):185–98. Available from: www.jmle.org
- 37. Primack BA, Gold MA, Land SR, Fine MJ. Association of Cigarette Smoking and Media Literacy about Smoking among Adolescents. J Adolesc Heal. 2006;39(4):465–72.
- 38. Primack BA, Hobbs R. Association of Various Components of Media Literacy and Adolescent Smoking. Am J Health Behav. 2009;33(2):192–201.
- 39. Salgado MV, Pérez-stable EJ, Primack BA, Kaplan CP, Mejia RM, Gregorich SE, et al. Association of media literacy with cigarette smoking among youth in Jujuy, Argentina. Nicotine Tob Res. 2012;14(5):516–21.
- 40. Badan Penelitian dan Pengembangan Kesehatan. Laporan Provinsi Jawa Tengah Riskesdas 2018. Kementerian Kesehatan RI. 2018. 88–94 p.
- 41. Shensa A, Phelps-Tschang J, Miller E, Primack BA. A randomized crossover study of web-based media literacy to prevent smoking. Health Educ Res [Internet]. 2016 Feb 16;31(1):48–59. Available from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4883031/
- 42. Wellman RJ, Sugarman DB, DiFranza JR, Winickoff JP. The extent to which tobacco marketing and tobacco use in films contribute to children's use of tobacco: A meta-analysis. Arch Pediatr Adolesc Med. 2006;160(12):1285–96.
- 43. Taryaka A, Hurriyati EA. Late childhood merokok? Humaniora [Internet]. 2011;2(1):405–21. Available from: http://research-dashboard.binus.ac.id/uploads/paper/document/publication/Proceeding/Humaniora /Vol. 2 No. 1 April 2011/45 PSI Evi Afifah OK.pdf
- 44. Brown JD, L J. Media Literacy Has Potential to Improve Adolescent's Health. J Mass Commun. 2006;459–60.
- 45. Hapsari A, Upahita dr. D. Perkembangan Anak Usia 10 Tahun, Apakah Sudah Sesuai? hallosehat.com. 2021. p. 1.

- 46. Komasari D, Helmi AF. Faktor Faktor Penyebab Merokok Pada Remaja. J Psikol. 2011;27(1):37–47.
- 47. Ali MM, Dwyer DS. Estimating Peer Effects in Adolescent Smoking Behavior: A Longitudinal Analysis. J Adolesc Heal. 2009;1:1–7.

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