

## **The Cigarette Smoking Knowledge and Attitude Components of Adolescence in Muhammadiyah Junior High School of Jakarta**

**Fatin Najwa<sup>1</sup>, Nurdiyana Abdul Manap<sup>2</sup>, Ahmad Syazrain<sup>3</sup>, Muhamad Izzuddin<sup>4</sup>,  
Tria Astika Endah Permatasari<sup>5</sup>, Siti Riptifah Tri Handari<sup>6</sup>**

<sup>1,2,3,4</sup> Faculty of Medicine and Health Sciences Universiti Putra Malaysia, <sup>5,6</sup>Program Studi Kesehatan Masyarakat  
Fakultas Kedokteran dan Kesehatan Universitas Muhammadiyah Jakarta

### **Abstract**

The World Health Organization (WHO) attributes more than 4 million deaths per year due to tobacco, and it is expected that this figure will rise to 10 million deaths per year by 2020. Moreover, it is now a growing public health problem in developing world. To investigate the knowledge and attitude component of adolescence in Madrasah Tsanawiyah Muhammadiyah Indonesia about cigarette smoking. Across sectional study was conducted using self administered questionnaire among 97 students of Madrasah Tsanawiyah Muhammadiyah which has 2 components which are knowledge and attitude. Non probability sampling was used in selection of the respondents. Majority 78% of the respondent obtained a good rating for their knowledge component and about 79% obtained a good rating for attitude. The smoke-free could reduce both the acceptability (norms) and availability of tobacco to youth.

**Keywords :** Cigarette smoking, students of Madrasah Tsanawiyah Muhammadiyah

## **Pengetahuan dan Sikap tentang Kebiasaan Merokok pada Siswa SMP Muhammadiyah Jakarta**

### **Abstrak**

World Health Organization (WHO) menyatakan bahwa setiap tahunnya terdapat lebih dari empat juta kematian disebabkan oleh konsumsi tembakau. Diperkirakan jumlah tersebut akan meningkat hingga 10 juta kematian per tahun pada tahun 2020. Masalah kesehatan ini menjadi tren yang terus meningkat di negara berkembang. Tujuan dari penelitian ini adalah untuk mengetahui pengetahuan dan sikap tentang kebiasaan merokok pada siswa di SMP Muhammadiyah Jakarta pada tahun 2013. Desain studi penelitian menggunakan *cross sectional*. Data dikumpulkan secara langsung diisi oleh responden dengan alat bantu kuesioner. Sebanyak 97 siswa diambil sebagai responden dengan teknik non probabilitas sampling. Analisis deskriptif digunakan untuk dinilai pengetahuan dan sikap siswa tentang kebiasaan merokok.

Hampir sebagian besar siswa (78%) memiliki pengetahuan yang baik tentang kebiasaan merokok. Mayoritas siswa (79%) juga memiliki sikap positif untuk tidak melakukan kebiasaan merokok. Sekolah seharusnya ditetapkan sebagai Kawasan Tanpa Rokok (KTR) sehingga dapat mengurangi ketersediaan dan keterjangkauan rokok oleh siswa.

**Korespondensi:** Tria Astika Endah Permatasari, SKM, MKM, Program Studi Kesehatan Masyarakat, Fakultas Kedokteran dan Kesehatan Universitas Muhammadiyah Jakarta, Jl. KH. Ahmad Dahlan, Cirendeu-Ciputat 15419, *mobile* 085353708052, *e-mail:* tria\_astika@yahoo.co.id



## Introduction

Tobacco, a tall leafy plant that is can be grown in almost everywhere in the world. The tobacco plant are used to made cigarettes and it contains a drug called nicotine which one of the deadly poison if injected into the blood stream, it can kill a person less than an hour. The tobacco smoke contains very little trace of nicotine in cigarettes but still very bad for health (Canadian Lung Association, 2013).

The tobacco smoke contains over 4,000 chemicals, many of which are carcinogenic. All of these chemicals mixed together and form a sticky tar that can stick to clothing, skin, and also to the cilia which look like tiny hairs that line insides of the lungs. The cilia functioning as cleaner to wipes out dirt, germs, and foreign particles from the lungs. If the tar covered the cilia, it can't function properly, worsen the lungs function and cause diseases due to the germs and chemicals stay inside the lungs.<sup>1</sup>

Most people associate cigarette smoking with breathing problems and lung cancer. A person's risk of heart disease and heart attack greatly increases with the number of cigarettes he or she smokes. People who smoke have a two to four times higher chance of having heart disease. And smokers continue to increase their risk of heart attack the longer they smoke. Women who smoke and also take birth control pills increase several times their risk of heart attack, stroke, and peripheral vascular disease.<sup>2</sup>

Cigarette smoke not only affects smokers. Environmental tobacco smoke (also called passive smoke or secondhand smoke) affects people who are frequently around smokers. Secondhand smoke can cause chronic respiratory conditions, cancer, and heart disease. It is estimated that nearly 70,000 nonsmokers die from heart disease each year as a result of exposure to environmental tobacco smoke.<sup>2</sup>

In Indonesia who have large population and smoking prevalence, it ranks fifth among countries with the highest tobacco consumption globally. Over 62% of Indonesian adult males smoke regularly, contributing to a growing burden of non-communicable diseases and enormous demands on the health care system. Widespread use of tobacco since the 1970s and the concomitant burden of non-communicable diseases have given rise to a more balanced view of the costs and benefits of tobacco production over the last decade. The first tobacco control regulation passed in 1999, succeeded by amendments in 2000 and 2003.

Today, few restrictions exist on tobacco industry conduct, advertising, and promotion in Indonesia.<sup>3</sup>

## Methodology

The study conducted was a cross-sectional study that was done at one point of time, without follow-up. This study was only a simple quantitative study which aimed to test the knowledge and attitude of the subjects towards smoking.

This study was conducted at Madrasah Tsanawiyah Muhammadiyah, Ciputat. It is a located near to Universitas Muhammadiyah Jakarta, Cirendeui. The school is for those students who pass their exam and can continue their primary high school (SMA).

Non-probability purposive sampling method was used in order to select the study location and subjects because of time constraints. The subjects consisted of about 97 students of Madrasah Tsanawiyah Muhammadiyah which aged 11 to 15 years old and they comprised of girls and boys.

The permission letters for this study were sent to the relevant authorities. And ethical approval was sent to the school by Faculty of Medicine and Health Sciences, UMJ. All subjects will be given information sheets on the study. Respondents who agreed to participate were given consent forms.

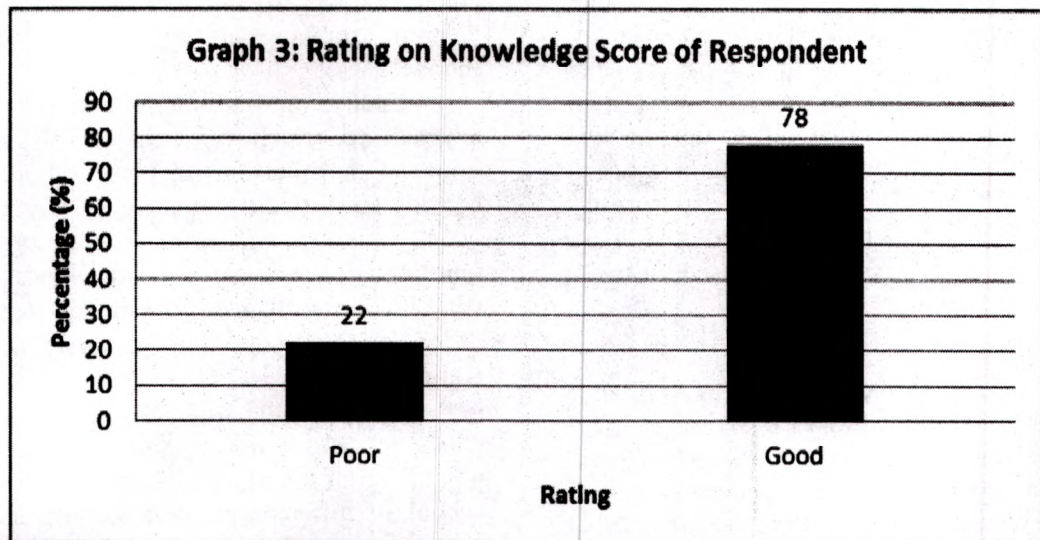
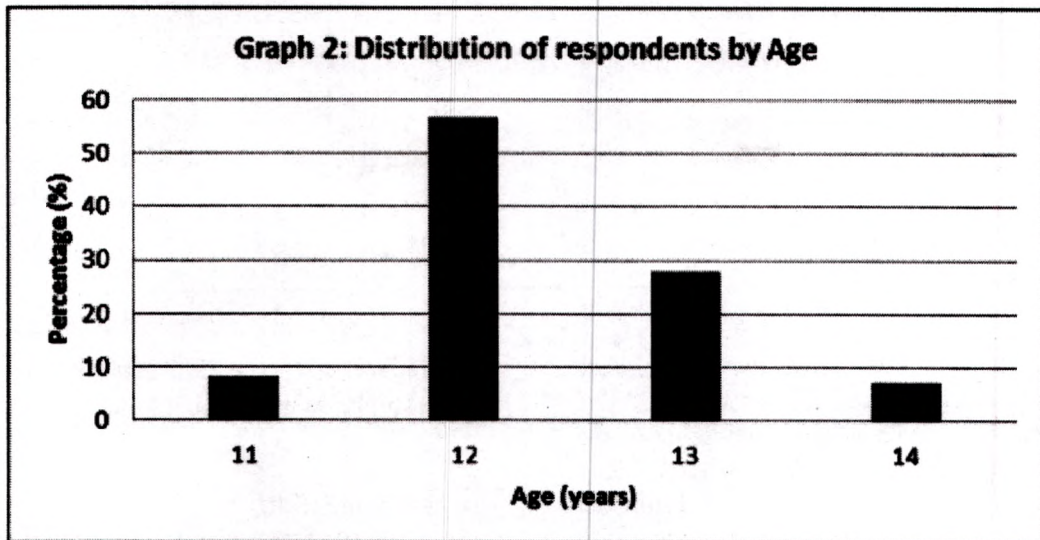
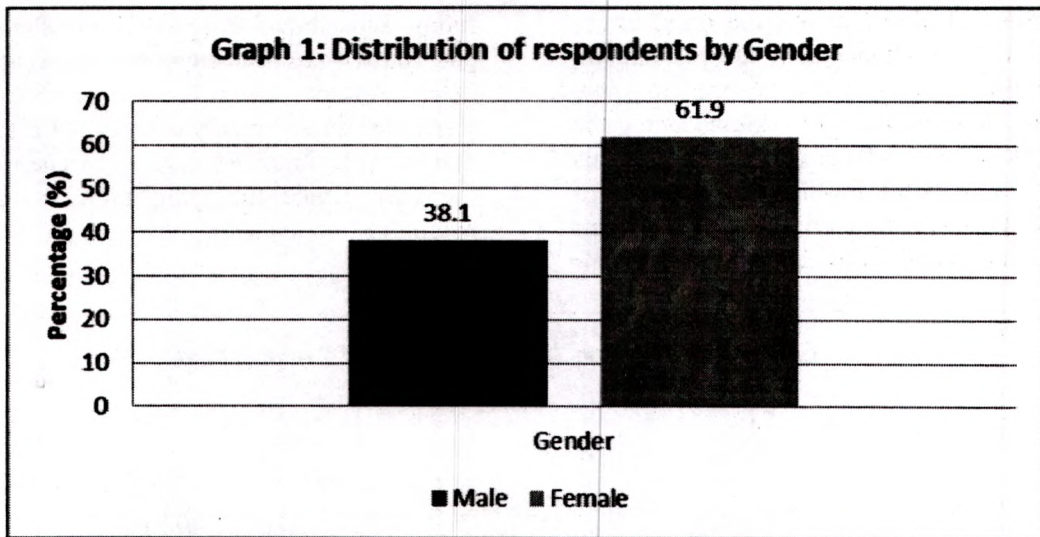
For the questionnaire, we used self-administered written questionnaire in Bahasa Indonesia. They were guided by us (facilitators) to answer the questions. The questionnaire consisted of 5 sections, which were demographic data (name, sex, age and etc), and also consist of component which comprised of awareness, knowledge, and attitude and practice level regarding to smoking habit.

All data were analyzed using the IBM SPSS version 21.0 software. For statistical test used in this study, we used univariat test as no one of them are categorised as smokers.

## Result and Discussion

Based on graph 1, there were 38.1% of male respondents and 61.9% of female respondents answered the questionnaire. Graph 2 shows the age distribution of the respondent where 8.2%, 56.7%, 27.8%, and 7.3% of respondent age 11, 12, 13, and 14 respectively. Respondent age 12 have highest percentage of attendance and respondent who age 14 have the lowest attendance.

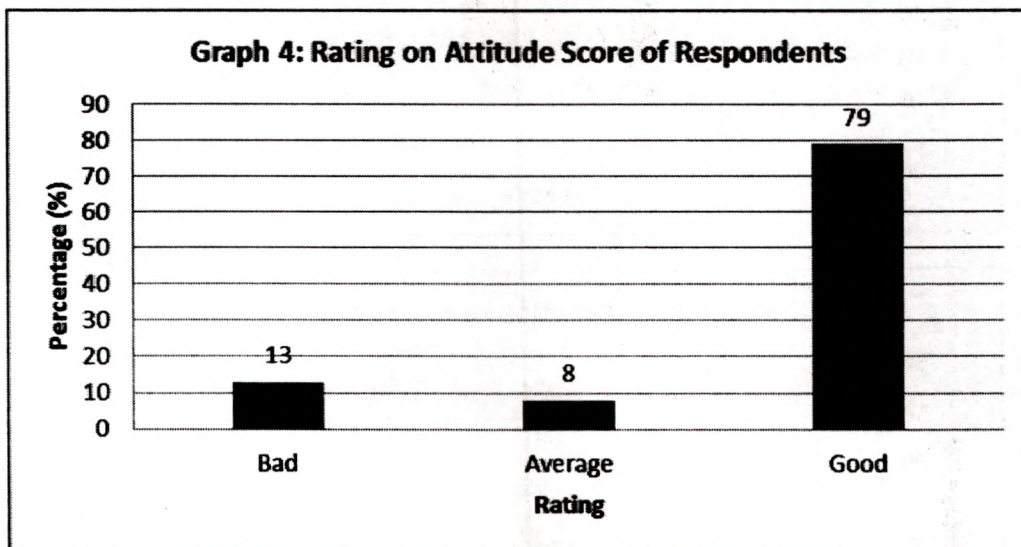






The graph 3 above shows the rating score for the knowledge component of the respondent. The knowledge component can be used to show how much information or knowledge the respondent has on the subject being asked, in this case it is about smoking. From the graph, 78% of the respondent obtained a good rating for their knowledge component while 22% obtained a poor

rating. This shows that majority of the respondent has knowledge on cigarette smoking to some extent. Another reason that can be given is that the respondents had already been exposed to programs that provide knowledge on cigarette smoking in the past, hence the good rating of knowledge among the respondents.



The graph 4 above shows the rating score for the attitude component of the respondents. The attitude component represents the viewpoint of the respondents on cigarette smoking, whether they are fine with cigarette smoking or not. From the graph, a majority of the respondent, about 79% obtained a good rating while 13% of the respondent obtained bad rating and 8% obtained an average rating. This shows that most of the respondents have already set in their mind that cigarette smoking is not beneficial to the smoker and the people around them. Their attitude towards cigarette smoking may be caused by exposure to cigarette smoking awareness program that they may have seen or took part in and based on their own experiences as well.

**Conclusion**

As a conclusion, mostly the knowledge and attitude of respondents towards smoking is in a good rating. There were 78% of the respondents who has a good rating in knowledge and consistently with the score of attitude which 79% has a good rating in attitude. The smoke-free could reduce both the acceptability (norms) and availability of tobacco to youth. Any policy that

can reduce the perception that smoking is normal and acceptable will likely reduce youth smoking.

**Recommendation**

There are several recommendations that could be given to improve the current study on cigarette smoking among teenagers in Jakarta, Indonesia.

Firstly, the questionnaire survey should be adjusted to match the respondent's age range. Some of the questions in the questionnaire were considered difficult to answer by the respondents which caused a reduced motivation to answer the questionnaire seriously. The questions should be simplified and focuses mainly on teenagers in order to obtain the most accurate answer and compliance rate.

Secondly, the study should be conducted in a larger scale so that it can represent the whole population of teenagers in Jakarta. Teenagers from school in different areas in Jakarta should also participate so that the results obtained can be applied for the whole district of Jakarta, not just certain areas in it. Furthermore, it increases the quality and validity of the result obtained in the study.

Thirdly, the study design should be adjusted to make the data obtained valid for association or assumption. From the result obtained, we still cannot make an association or assumption between the factors involved. Hence, other study design should provide the necessary data needed to make an association or assumption.

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