

## THE RELATIONSHIP BETWEEN FAMILY SUPPORT AND COMMITMENT TO ACTION PLANS FOR SMOKING PREVENTION AMONG ADOLESCENTS AT SMPN 4 MARTAPURA

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### Abstract

**Introduction:** Smoking habits among adolescents in Indonesia have become a public health concern that requires specific and targeted interventions. The harmful effects of smoking pose serious risks to adolescent health, particularly by interfering with lung development. Family support plays a crucial role in shaping adolescent behavior, as family attitudes and behaviors can serve as role models. Commitment to action plans for smoking prevention is essential to help adolescents avoid harmful smoking behaviors. **Objective:** To determine the relationship between family support and commitment to action plans for smoking prevention behavior among adolescents at SMP Negeri 4 Martapura. **Methods:** This study employed a quantitative correlational design with a cross-sectional approach. The research was conducted at SMP Negeri 4 Martapura, with data collected in December 2025. The study population consisted of 152 students, and a sample of 122 respondents was selected using stratified proportional random sampling. The instruments used were a family support questionnaire consisting of 20 items and a smoking prevention action plan commitment questionnaire consisting of 18 items, both measured using a Likert scale. Data analysis was performed using the Spearman rho test. **Results:** The results showed a  $p$ -value  $< 0.005$ , indicating a significant relationship between family support and commitment to action plans for smoking prevention behavior among adolescents at SMP Negeri 4 Martapura in 2025. Family support, in relation to commitment to smoking prevention action plans, was found to enhance students' knowledge in implementing smoking prevention both within the school environment and outside the school setting.

**Keywords:** Family Support, Action Plan Commitment, Smoking Prevention Behavior, Adolescents

### Introduction

Smoking behavior among adolescents in Indonesia has become a phenomenon that has reached a level requiring specific intervention. Cigarettes can cause addiction due to the presence of nicotine and tar, which pose potential risks to the health of individuals as well as the surrounding community (Humaidi et al., 2021).

Cigarettes can be described as a factory of harmful chemicals. By simply burning and smoking a single cigarette, more than 4,000 chemical substances are produced; approximately 400 of these are toxic, and around 40 can accumulate in the body and potentially cause cancer. Cigarettes are also classified as addictive substances because they can lead to addiction and dependence among users. In other words, cigarettes are included in the category of drugs or addictive substances (narcotics, psychotropics, alcohol, and other addictive substances) (Yolanda, 2024).

According to the World Health Organization (WHO), more than 8 million people die each year as a result of tobacco use, including 1.3 million non-smokers who are exposed to secondhand smoke (passive smokers) (WHO, 2023). The Institute for Health Metrics and Evaluation (IHME), through its annual Global Burden of Disease Study, estimates that approximately 8.7 million people die prematurely each year due to tobacco use (IHME, 2023).

The World Bank (2024) reported that between 2000 and 2020, tobacco use in Indonesia increased by approximately 2.2%, rising from 35.4% in 2000 to 37.6% in 2020. According to data from the Global Youth Tobacco Survey (GYTS) in 2019, 40.6% of students in Indonesia aged 13–15 years—two out of three boys and nearly one out of five girls—had used tobacco products. Of these students, 19.2% were current smokers, and among them, 60.6% were not prevented from purchasing cigarettes despite their age, while two-thirds were able to buy cigarettes individually (Amani, 2020).

Data from the Indonesian Ministry of Health (2014) indicate that smoking initiation begins at a very young age: 8.9% among children older than 7 years, 10.9% at ages 8–9 years, 25.6% at ages 10–11 years, 43.2% at ages 12–13 years, and 11.4% at ages 14–15 years. These data show that novice smokers are predominantly in the 12–13-year age group (early adolescence), which represents the highest proportion of smokers at 43.2%, exceeding that of other age groups.

The 2018 Basic Health Research (Riskesdas) reported that 23.5% of individuals aged  $\geq 10$  years in South Kalimantan Province were smokers. According to data from the Central Statistics Agency (BPS) in 2022, the percentage of smokers among the population aged  $\geq 15$  years in South Kalimantan Province increased to 24.51%. Furthermore, BPS data in 2023 indicated that the prevalence of smoking among residents aged  $\geq 15$  years in Banjar Regency was 14.62% (Central Statistics Agency, 2023).

Many factors influence the background of adolescents developing smoking habits. Junior high school adolescents may smoke in various places, such as at home, in public areas, and even on public transportation (Cao et al., 2022). They believe that smoking can reduce concerns related to rules and social interactions, as well as alleviate the psychological distress they experience.

Adolescents believe that smoking helps them adapt to the physical, cognitive, and emotional changes they experience; however, numerous studies have shown that smoking reduces self-esteem and self-image among those who develop addiction (Fithria et al., 2021). This condition can make adolescents more vulnerable to engaging in risky behaviors.

The harmful effects of smoking pose serious health risks for adolescents. Adolescents who smoke have a higher risk of experiencing various health problems, including respiratory disorders, decreased lung function, increased risk of cardiovascular disease, and a greater likelihood of developing cancer. Adolescents are also more vulnerable to nicotine dependence because their brains are still in the developmental stage; nicotine, the active substance in cigarettes, can more rapidly trigger physical and psychological dependence that is difficult to overcome. Smoking behavior at a young age may also serve as a gateway to other unhealthy habits, as adolescents who smoke are more likely to engage in risky behaviors such as alcohol consumption, illicit drug use, and other dangerous behaviors.

According to the Indonesian Ministry of Health as cited in Muntiamar (2019), families fundamentally influence the formation of adolescent behavior. Given that family support strongly affects adolescent behavior, family attitudes can serve as role models for other family members. When family members demonstrate positive behaviors, others are likely to follow. Conversely, if a family member—such as a father—is a smoker, adolescents are more likely to adopt smoking behavior, as negative behaviors modeled by parents tend to be imitated by children. This situation may implicitly convey the perception that smoking is an acceptable behavior.

Adolescents are generally closely connected to their parents, and when parents exhibit smoking behavior, adolescents often begin to imitate these habits. The presence of smokers within the family

can lead adolescents to perceive smoking as a behavior that is permitted or accepted by their family (Fithria et al., 2021).

Not only parents, but peer interpersonal relationships can also influence smoking behavior, as adolescents may engage in such behaviors to gain acceptance within their peer groups, even if the behavior deviates from social norms. Adolescence is often referred to as a period of “storm and stress,” due to the mismatch between physical development that is not yet fully mature and psychological and social development that has not yet stabilized. Some adolescents adopt smoking behavior as a result of peer influence (Helmi, 2022).

Smoking habits among adolescents are frequently observed at the junior high school level because this age represents a transitional period from childhood to adulthood. This stage is particularly critical due to significant psychological and physical changes. Adolescents may experience emotional confusion resulting from psychological changes, which can make them more prone to deviating from societal norms (Fransiska & Firdaus, 2019, as cited in Maulinda, Linda, & A’yunin, 2024).

The findings of a study by Almaidah et al. (2021) showed that out of 103 adolescents involved in the study, 83 adolescents (80.6%) continued to smoke, while the remaining 20 adolescents (19.4%) had quit smoking (Almaidah et al., 2021). Meanwhile, a study by Amira et al. (2019) demonstrated a significant relationship between attitudes, knowledge, facilities, infrastructure, parents, advertising, and peers with smoking behavior (Amira et al., 2019).

Based on a preliminary study conducted among students at SMP Negeri 4 Martapura, located on Cindai Alus Street, Martapura District, South Kalimantan, the school has six classes with a total of 152 students. Interviews with five students revealed that three students were smokers, while two students did not smoke.

This study applies the Health Promotion Model (HPM) developed by Nola J. Pender as the theoretical framework to explain the relationship between family support and commitment to action plans for smoking prevention behavior among adolescents. According to Nola J. Pender (2002), health-promoting behaviors are influenced by individual characteristics, prior experiences, as well as cognitive and affective influences related to specific activities. This model emphasizes that health behaviors are not solely the result of internal individual factors but are also shaped by interpersonal factors, such as family support, and situational factors, including the social and school environment.

Commitment to smoking prevention action plans is crucial for strengthening adolescents’ commitment to smoking prevention behaviors, as smoking is a harmful behavior that can adversely affect adolescent lung development and potentially lead to death (Handayani et al., 2022). Based on the issues described above, it is necessary to implement smoking prevention efforts to ensure that students no longer engage in smoking and to prevent other students from initiating smoking behavior.

Based on the above description, the author chose the research title “The Relationship between Family Support and Commitment to Action Plans for Smoking Prevention Behavior among Adolescents at SMP Negeri 4 Martapura in 2025.” The selection of SMP Negeri 4 Martapura as the research site was motivated by the author’s interest in examining and understanding the extent of family support in preventing adolescent smoking and the commitment to smoking prevention action plans at SMP Negeri 4 Martapura. The findings are expected to serve as a reference for the author in the preparation of this article.

## Methods

The type of research used in this study was a correlational study aimed at examining the relationship between variables. A cross-sectional approach was applied, in which measurements were conducted only once on the research subjects (Nursalam, 2016). The cross-sectional method in this study was used to assess the relationship between family support and commitment to action plans for smoking prevention behavior among adolescents at SMP Negeri 4 Martapura. The population of this study consisted of 152 students at SMP Negeri 4 Martapura. The sample was determined using the Taro Yamane formula. As the school consists of several grade levels Grade VII with two classes, Grade VIII with two classes, and Grade IX with two classes a proportional sampling approach was applied. Accordingly, the total sample size in this study was 111 students, with an additional 10% added to anticipate potential dropouts (Lwangga & Lemeshow, 1997). Data analysis was conducted using both univariate and bivariate analyses.

## Results

### 1. Respondent Characteristics

The characteristics of respondents in this study aim to describe the basic profile of the participants, including age, grade level, gender, place of residence, smoking status within the family, and peers' smoking history. The distribution of respondent characteristics is presented in the following table:

#### a. Age Range

The frequency distribution of respondents based on age range is presented in the following table:

**Table 1. Frequency Distribution of Respondent Characteristics by Age Range**

Characteristics	f	%
12-14	86	70%
15-18	36	30%
Total	122	100%

Primary data, 2025

Based on table 1, the majority of respondents were in the 12–14-year age range (70%), while 30% of respondents were aged 15–18 years.

#### b. Grade Level

The frequency distribution of respondents based on grade level is presented in the following table:

**Table 2. Frequency Distribution of Respondent Characteristics by Grade Level**

Characteristics	f	%
VII	43	35.2%
VIII	43	35.2%
IX	36	29.5%
Total	122	100%

Primary data, 2025

Based on table 2, the majority of respondents were from Grade VII and Grade VIII, each accounting for 35.2%, while respondents from Grade IX accounted for 29.5%.

### c. Gender

The frequency distribution of respondents based on gender is presented in the following table:

**Table 3 Frequency Distribution of Respondent Characteristics by Gender**

Characteristics	f	%
Woman	55	45.1%
Man	67	54.9%
Total	122	100%

Primary data, 2025

Based on table 3, the majority of respondents were male (54.9%), while female respondents accounted for 45.1%.

### d. Place of Residence

The frequency distribution of respondents based on place of residence is presented in the following table:

**Table 3. Frequency Distribution of Respondent Characteristics by Place of Residence**

Characteristics	f	%
Living with both parents	94	77%
Living with one parent	19	15.6%
Living with guardian/relatives	9	7.4%
Total	122	100%

Primary data, 2025

Based on table 4, the majority of respondents lived with both parents (77%), followed by those living with one parent (15.6%), and those living with a guardian or relatives (7.4%).

### e. Smoking Status within the Family

The frequency distribution of respondents based on smoking status within the family is presented in the following table:

**Table 5. Frequency Distribution of Respondent Characteristics by Family Smoking Status**

Characteristics	f	%
No family members smoke	32	26.2%
Father smokes	73	59.8%
Mother smokes	2	1.6%
Siblings smoke	15	12.3%
Total	122	100%

Primary data, 2025

Based on table 5, the majority of respondents reported that their fathers smoked (59.8%), followed by those reporting no family members who smoked (26.2%). Respondents who had smoking siblings accounted for 12.3%, while those whose mothers smoked represented 1.6%.

#### f. Peer Smoking History

The frequency distribution of respondents based on peers' smoking history is presented in the following table:

**Table 4. Distribusi Frequency Distribution of Respondent Characteristics by Peer Smoking**

History		
Characteristics	f	%
Yes	77	63.1%
No	45	36.9%
Total	122	100%

Primary data, 2025

Based on table 6, the majority of respondents reported having peers with a history of smoking (63.1%), while 36.9% reported no such peer smoking history.

#### 2. Frequency Distribution of Family Support

The frequency distribution of family support among respondents in this study is presented in the following table:

**Table 7. Frequency Distribution of Family Support**

Category	f	%
No support	0	0%
Low support	0	0%
Moderate support	18	14.8%
High support	104	85.2%
Total	122	100%

Primary data, 2025

Based on table 7, 14.8% of respondents reported a moderate level of family support, while the majority (85.2%) reported a high level of family support.

#### 3. Frequency Distribution of Commitment to Smoking Prevention Action Plans

The frequency distribution of commitment to smoking prevention action plans among respondents is presented in the following table:

**Table 8. Frequency Distribution of Commitment to Smoking Prevention Action Plans**

Category	f	%
No commitment	0	0%
Low commitment	0	0%
Moderate commitment	32	26.2%
High commitment	90	73.8%
Total	122	100%

Primary data, 2025

Based on table 8, 26.2% of respondents demonstrated a moderate level of commitment to smoking prevention action plans, while the majority (73.8%) showed a high level of commitment.

#### 4. Cross-Tabulation Analysis and Spearman’s Rho Test of Family Support and Commitment to Smoking Prevention Action Plans

The analysis of the relationship between family support and commitment to smoking prevention action plans was conducted using cross-tabulation and the Spearman’s rho test. The results of the analysis are presented in the following table:

**Table 9. Cross-Tabulation and Spearman’s Rho Analysis of Family Support and Commitment to Smoking Prevention Action Plans**

Category		Smoking Prevention Action Plan Commitment		Total	
		Moderate Commitment	High Commitment		
Family Support	Moderate support	f	5	13	18
		%	4.1%	10.7%	14.8%
	High support	f	27	77	104
		%	22.1%	63.1%	85.2%
Total		f	32	90	122
		%	26.2%	73.8%	100%
P value = 0.000					
Correlation coefficient = 0.873					

Primary data, 2025

Based on Table 9, the majority of respondents who reported high family support also demonstrated a high level of commitment to smoking prevention action plans (63.1%). The Spearman’s rho test results indicated a statistically significant relationship between family support and commitment to smoking prevention action plans ( $p < 0.05$ ).

## Discussion

### 1. Level of Family Support for Smoking Prevention Action Plans among Adolescents at SMP Negeri 4 Martapura

Based on the results of this study, the majority of respondents were in the 12–14-year age group, followed by those aged 15–18 years. Most respondents were male, while the remaining respondents were female. Regarding family smoking status, the majority of respondents reported that their fathers smoked, followed by those who reported no family members who smoked, those with smoking siblings, and a small proportion whose mothers smoked. In terms of family support, respondents were predominantly categorized as having moderate to high levels of family support.

Based on a study by Sampe Juanly R. (2022), the largest proportion of adolescents was found at the age of 18 years, with 15 adolescents (34.1%), while the smallest proportion was at the age of 16 years, with 8 adolescents (18.2%). According to Fuad and Batubara (2020), greater curiosity among adolescents makes them more easily influenced by daily habits within their social environment. Many adolescents today tend to violate established norms; when they are influenced by negative peer associations, this can affect their attitudes and behaviors, determining whether their conduct becomes positive or negative. Referring to the findings of Simanjuntak et al. (2025), social development during adolescence is centered on identity exploration and interactions with peer groups. Adolescence is

characterized as a period of identity crisis versus role confusion, during which adolescents attempt to discover who they are and how they fit into the broader social environment.

According to a study by Linda et al. (2024), adolescents have distinctive characteristics marked by rapid physical and mental development that requires adjustment and the formation of new attitudes, values, and interests. Adolescence is also a transitional period from childhood to adulthood, involving biological, psychological, and social changes, as well as shifts in social roles, during which adolescents begin to assume more mature roles and responsibilities.

Based on a study by Ismawati et al. (2025), the majority of respondents were male, totaling 147 individuals (70%), while female respondents accounted for 63 individuals (30%). According to Brillianty's theory (2023), this occurs because some males perceive smoking as a way to enhance self-confidence in social interactions and to facilitate self-acceptance within their social environment. In contrast, females generally receive stricter family supervision and are subject to social norms that limit risky behaviors, resulting in a lower proportion of smoking behavior. Consistent with the findings of Nurlela et al. (2024), adolescents are highly susceptible to peer influence regarding smoking, due to persuasion, encouragement, and even coercion to smoke. Adolescents who smoke also perceive cigarettes as a means of social bonding, believing that smoking helps them gain more friends.

Based on a study by Weiha et al. (2025), the majority of fathers were aged 32–39 years (38.5%) and had smoking habits (73.1%). According to Swastiningsih (2019), although fathers may remind their children not to smoke, they are often unable to provide positive role models when they are active smokers. In line with the findings of Zulham and Beta (2021), communication fundamentally begins within the closest and simplest setting, namely the family. The more frequent the communication that occurs as children grow, the easier it becomes for them to develop responses in the form of behaviors in their social lives. Therefore, frequent and effective communication within the family can assist parents in preventing smoking behavior among adolescents.

Based on the study by Munawaroh et al. (2025), the majority of respondents were reported to have a high level of family support, with 19 respondents (63.3%), while 11 respondents (36.7%) were categorized as having a moderate level of family support. The study by Zaborskis et al. (2021) demonstrated that family support is strongly associated with a lower risk of smoking, as long as families are able to support adolescents in smoking prevention. This finding indicates that consistent family support plays a protective role against smoking behavior among adolescents. Furthermore, according to Yulianto and Budi (2020), family support consists of attitudes and acceptance toward family members, including informational support, appraisal support, instrumental support, and emotional support. Therefore, family support can be defined as a form of interpersonal relationship that encompasses attitudes, actions, and acceptance toward family members, enabling them to feel cared for and supported.

Based on the study by Minasochah et al. (2020), a positive and significant relationship was found between family functioning and self-control. According to systemic theory, active and interconnected family members influence one another; therefore, the active role of the family during sensitive periods of adolescence is an important factor in adolescents' lives.

Adolescence is a crucial period characterized by rapid physical and mental development, requiring processes of self-adjustment and the formation of new attitudes, values, and interests. In addition, adolescence represents a transitional phase from childhood to adulthood that involves biological, psychological, and social changes. During this stage, changes in social roles also occur, in which adolescents begin to assume more mature roles and responsibilities in life. Therefore, family support plays a vital role in shaping adolescents' commitment to smoking prevention action plans.

This indicates that peer influence tends to be stronger among males, particularly during adolescence. Males are more likely to be involved in peer groups that encourage trying new behaviors

as a form of solidarity or self-affirmation. In contrast, females generally receive stricter family supervision and are subject to social norms that limit risky behaviors such as smoking. Social and familial expectations to maintain appropriate behavior and self-image make females more cautious in their actions.

The high level of family support observed in this study, despite the majority of fathers being smokers, can be explained by the fact that family support is not solely determined by parents' smoking behavior but rather by the family's attitudes, attention, and efforts to prevent adolescents from smoking. Fathers who smoke do not necessarily model or encourage smoking behavior in their children; instead, some fathers actively prohibit their children from smoking and provide advice based on their personal experiences. Furthermore, family support in this study encompassed various forms, including providing information about the dangers of smoking, monitoring adolescents' peer interactions, enforcing clear household rules regarding smoking prohibition, and offering emotional support from other family members such as mothers and siblings. The more intensive role of mothers in daily caregiving may also strengthen family support for smoking prevention behaviors among adolescents.

On the other hand, the development of social media also plays a role, as adolescents are increasingly exposed to health information and educational content about the dangers of smoking, which can foster negative attitudes toward cigarettes. When such exposure is supported by family supervision and guidance, it can strengthen adolescents' decisions not to smoke. This indicates that family awareness of the negative health impacts of smoking encourages parents, including fathers who smoke, to continue providing support so that their children do not adopt the same behavior.

The high proportion of adolescents who received strong family support indicates that the family plays a crucial role as a source of emotional, informational, appraisal, and instrumental support in shaping adolescents' health behaviors. Consistent family support is believed to enhance self-control, a sense of security, and adolescents' confidence in maintaining non-smoking behavior, even when facing peer influence. Conversely, adolescents with a moderate level of family support are assumed to experience less optimal family involvement, resulting in weaker reinforcement of their commitment to smoking prevention action plans.

Thus, the higher the level of family support, the stronger adolescents' commitment to planning and maintaining smoking prevention behaviors, as the family serves as the primary support system influencing attitudes, self-control, and health-related decision-making during adolescence.

## **2. Commitment to Smoking Prevention Action Plans among Adolescents at SMP Negeri 4 Martapura**

Based on the results of this study, the majority of adolescents demonstrated a moderate level of commitment to smoking prevention action plans. In addition, a substantial proportion of respondents showed a high level of commitment to smoking prevention action plans among adolescents.

Based on the study by Sary and Nuryani (2014), among 227 respondents in late adolescence (16–19 years), only 90 respondents (38.5%) demonstrated tertiary prevention commitment, whereas among 186 respondents in middle adolescence (12–15 years), 144 respondents (61.5%) showed tertiary prevention commitment. A high level of commitment to smoking prevention action plans among adolescents can help prevent smoking behavior. In line with the findings of Handayani and Riyadi (2020), adolescents' awareness is essential in selecting and adopting positive behaviors, particularly those that can improve their health status. It is widely recognized that smoking behavior is highly detrimental, not only to individuals but also to others in their surrounding environment.

Based on a study by Devi and Handayani (2022), commitment to action plans was reported to be significantly associated with lower smoking intention among secondary school adolescents. Adolescents with a high level of commitment are better able to resist peer pressure to smoke.

According to Pender et al. (2011), commitment to smoking prevention behaviors among school adolescents is strongly influenced by interactions with peers, as peers play a significant role in shaping adolescents' attitudes and behaviors toward smoking. Furthermore, a study by Dewi (2022) indicated that peers play an important role in fostering positive relationships; the more positive the peer influence, the greater the likelihood that adolescents' friends are non-smokers.

The high level of commitment to smoking prevention action plans among most adolescents can be attributed to their awareness of the negative impacts of smoking on health and their future. Adolescents with strong commitment tend to have well-established attitudes and intentions to avoid smoking behavior, enabling them to exercise self-control and make more positive decisions.

In addition, a high level of commitment is also associated with the social environment, particularly the role of peers. Adolescents who are in peer groups that support healthy behaviors are more likely to maintain their commitment to not smoking and are better able to resist invitations or pressure from peers. This indicates that positive social interactions play an important role in shaping and strengthening adolescents' commitment to smoking prevention behaviors.

### **3. The Relationship between Family Support and Commitment to Smoking Prevention Action Plans among Adolescents at SMP Negeri 4 Martapura**

Based on the results of the Spearman's rho test conducted on 122 respondents at SMP Negeri 4 Martapura, a significant relationship was identified between family support and commitment to smoking prevention action plans. The significance value obtained was 0.000, with a very strong correlation, as indicated by a p-value of  $0.000 < \alpha = 0.05$ .

Based on the study by Khairunisa & Hartati (2015), the Spearman Rank statistical test yielded a p-value of 0.000 ( $< 0.05$ ). Meanwhile, the correlation coefficient from the Spearman Rank test was -0.279, indicating a weak correlation between the variables of family support and maladaptive behavior.

According to the Health Promotion Model (HPM) developed by Nola J. Pender, health-promoting behaviors are influenced by individual characteristics, prior experiences, and specific cognitive and affective factors related to the behavior. One of the main components of HPM is commitment to a plan of action, which serves as the link between intention and actual behavior.

According to the study by Haiya & Nugraheni (2025), parental supervision refers to the extent to which parents are involved in monitoring, controlling, and guiding their children's behaviors, including daily activities. This reinforces the general role of family support in adolescent smoking prevention and enhances adolescents' ability to resist exposure to smoking environments.

According to the study by Ricky & Kristiani (2023), family support that can help prevent adolescents from being motivated to smoke includes several forms. Emotional support involves showing empathy, attention, and care. Instrumental support provides direct assistance, such as material help, effort, and necessary resources. Value and appraisal support includes giving positive reinforcement, encouragement, and recognition. Finally, informational support involves offering advice, guidance, and instructions that can be used to prevent health-related problems within the family, including adolescent smoking behavior.

Adolescents who receive high levels of family support such as parental attention, supervision, advice, role modeling of non-smoking behavior, and effective family communication tend to have a stronger commitment to resisting and preventing smoking behavior. Effective supervision typically includes monitoring activities, peer interactions, and the environments in which adolescents spend time. This level of oversight plays a significant role in shaping adolescents' behavior, including preventing harmful habits such as smoking.

Such support provides adolescents with a sense of security, values, and self-control, enabling them to maintain their decision not to smoke even under peer influence. Adolescents who receive

family support in the form of emotional, instrumental, appraisal, and informational assistance demonstrate stronger motivation and commitment to resist smoking behavior. Consistent support helps adolescents feel cared for, boosts their confidence, and reinforces their decisions to engage in smoking prevention. Moreover, strong family support can enhance adolescents' commitment to smoking prevention action plans and create a healthy environment. This explains the high correlation observed between family support and commitment to smoking prevention action plans among the respondents.

## Conclusion

Based on the results of the study on the relationship between family support and commitment to smoking prevention action plans among adolescents, it can be concluded that:

1. The level of family support for smoking prevention action plans among adolescents at SMP Negeri 4 Martapura was categorized as high.
2. The commitment to smoking prevention action plans among adolescents at SMP Negeri 4 Martapura was categorized as high.
3. There is a significant relationship between family support and commitment to smoking prevention action plans.

## References

- [1] Almaidah, S., Fitri, Y., & Saputra, A. (2021) 'Faktor perilaku merokok pada remaja', *Jurnal Kesehatan Masyarakat*, 12(3), pp. 115–122.
- [2] Amani, A. (2020) 'Global Youth Tobacco Survey Indonesia 2019', Ministry of Health Indonesia, pp. 1–45.
- [3] Amira, D., Santoso, H. & Rahma, L. (2019) 'Faktor yang mempengaruhi perilaku merokok pada remaja', *Jurnal Promosi Kesehatan*, 8(1), pp. 12–21.
- [4] Badan Pusat Statistik (2022) *Statistik Kesehatan Provinsi Kalimantan Selatan*. Jakarta: BPS.
- [5] Badan Pusat Statistik (2023) *Statistik Kabupaten Banjar*. Jakarta: BPS.
- [6] Brillianty, S. I (2023) 'Hubungan antara Persepsi tentang Peringatan Kesehatan Bergambar pada Kemasan Rokok dengan Perilaku Merokok Remaja di SMA 4 Palangka Raya', *Poltekkes Kemenkes Palangka Raya*.
- [7] Cao, X. et al. (2022) 'Smoking behavior among middle-school adolescents', *Addictive Behaviors*, 135, pp. 1–9.
- [8] Dewi, S. K. (2022) 'Faktor-Faktor Yang Mempengaruhi Perilaku Merokok Pada Remaja Di Parung Panjang', *Jurnal Kesehatan Masyarakat*, 10(2), 249–253.
- [9] Fithria, L., Wirman, W. & Hadi, S. (2021) 'Self-esteem and smoking habit among adolescents', *Journal of Behavioral Health*, 6(2), pp. 77–85.
- [10] Fuad, A., & Batubara, S. (2020). 'Pengaruh Penyuluhan Terhadap Pengetahuan dan Sikap Tentang Penyakit Menular Seksual (PMS) Pada Siswa Kelas XI IPA SMA Banuhampu Kabupaten Agam Sumatera Barat Tahun 2018'. 3(2), 9–16.
- [11] Haiya, N. N. & Nugraheni, A. H. (2025) 'Hubungan Pengawasan Orang Tua dan Riwayat Keluarga Dengan Perilaku Merokok Pada Remaja di Desa Lembah Putih', *Jurnal Ilmu Kesehatan Umum*, 3(4), pp. 174-189.
- [12] Handayani, N., Pratiwi, D. & Jannah, S. (2022) 'Komitmen pencegahan merokok pada remaja', *Jurnal Ilmu Kesehatan*, 9(2), pp. 33–41.
- [13] Helmi, A. (2022) 'Peer influence on smoking among adolescents', *Journal of Adolescent Health*, 70(6), pp. 950–957.

- [14] Humaidi, R. et al. (2021) 'Efek nikotin pada remaja', *Jurnal Farmasi Klinis*, 7(3), pp. 89–98.
- [15] Ismawati, S., Hendriani, D. & Palin, Y. (2025) 'Pemahaman dan Persepsi Remaja tentang Bahaya Penggunaan Rokok Melalui Kampanye Kesehatan di Media Sosial di SMKN 18 Samarinda', *Jurnal Penelitian Sains dan Kesehatan Avicenna*
- [16] IHME (2023) *Global Burden of Disease Database*. Seattle: Institute for Health Metrics and Evaluation.
- [17] Juanly, R., Sulaemano, E. & Munayang, H. (2022) 'Hubungan pengetahuan dan sikap terhadap perilaku merokok remaja di Desa Kayuwi Satu Kecamatan Kawangkoan Barat Kabupaten Minahasa', *Jurnal KESMAS*, 11(5), pp. 105–113.
- [18] Khairunisa, P. & Hartati, E. (2015) 'Hubungan antara dukungan keluarga dengan perilaku maladaptif siswa di SMP N 3 Kedungwuni Kabupaten Pekalongan', *Jurnal Keperawatan Komunitas*, 3(1), pp. 11–16.
- [19] Linda., Octaria, S. & Izzani, A. T. (2024) 'Perkembangan Remaja', *Jurnal Ilmu SOSIAL, Pendidikan Dan Humaniora*, 3(2), pp. 259-273
- [20] Maulinda, R., Linda, A. & A'yunin, N. (2024) 'Risiko penyimpangan perilaku remaja SMP', *Jurnal Psikologi Remaja*, 11(1), pp. 13–26.
- [21] Minasochah., Karmiyati, D. & Djudiyah. (2020) 'Hubungan Keberfungsian Keluarga Dengan Kontrol Diri Remaja Pada Siswa SMA Di Bawean', *Jurnal Keluarga*, 6(1)
- [22] Munawaroh, N., Isnaeni, Y. & Suryani. (2025) 'Hubungan Dukungan Keluarga dengan Intensi Berhenti Merokok Remaja di Desa Sidoarum Yogyakarta', *Jurnal Ilmiah Indonesia*, 5(5), pp. 1813-1821
- [23] Muntiamar, R. (2019) *Psikologi Keluarga dan Remaja*. Jakarta: UI Press.
- [24] Nurlela & Pranoto, H. H. (2024) 'Hubungan Teman Sebaya dengan Perilaku Merokok pada Remaja Laki-laki di SMP X', *Journal of Holistics and Health Sciences*, 6(1).
- [25] Nursalam (2016) *Metodologi Penelitian Keperawatan*. Jakarta: Salemba Medika.
- [26] Ricky, P. D. & Kristiani, E. (2023) 'Gambaran Dukungan Keluarga Dan Pengaruh Teman Sebaya Terhadap Perilaku Merokok Remaja', *Jurnal Penelitian Perawat Profesional*, 5(3).
- [27] Sary L, Nuryani D. (2014) 'Hubungan Faktor Interpersonal Dengan Komitmen Pencegahan Tersier Pada Siswa Perokok di Kota Bandar Lampung Tahun 2013', *Jurnal Kesehatan Holistik*, 8(4), 167-73.
- [28] Simanjuntak, S., Simbolon, P. F. & Hutapea, C., F. (2025) 'Karakteristik Perkembangan Kognitif Sosial Dan Masa Remaja Dan Dewasa', *Jurnal Pendidikan Agama Kristen dan Katolik*, 2(1), pp. 159-167
- [29] Swastiningsih (2019) 'Komunikasi Interpersonal Ayah Perokok Aktif Dengan Anak Perokok Aktif Dalam Memberikan Pendidikan Kesadaran Bahaya Merokok Di Jakarta Selatan', *Jurnal Sekretari & Administrasi (serasi)*, 17(2), pp. 91-100.
- [30] Weiha, O. R, Solikhah, S. L. & Hardianti. (2025) 'Hubungan Perilaku Merokok dan Keterlibatan Ayah Dengan Stunting pada Balita', *Jurnal Media Gizi Ilmiah Indonesia*, 3(2), pp. 143-152.
- [31] WHO (2023) *Tobacco Fact Sheet*. Geneva: World Health Organization.
- [32] Yulianto & Budi. (2020) 'Perilaku Pengguna Apd Sebagai Alternatif Meningkatkan Kinerja Karyawan Yang Terpapar Bising Intensitas Tinggi,' *Scopindo Media Pustaka*, p. 26
- [33] Zaborskis, A., Kavaliauskienė, A., Eriksson, C., Klemėra, E., Dimitrova, E., Melkumova, M., & Husarova, D. (2021). Family support as smoking prevention during transition from early to late adolescence: a study in 42 countries. *International Journal of Environmental Research and Public Health*, 18(23), 1–15.
- [34] Zulham, M., & Beta, P. (2021). Pengaruh Metode Stimulus Respon terhadap Daya Serap pada Pembelajaran Keterampilan Berbicara. *Jurnal Onoma: Pendidikan, Bahasa, Dan Sastra*, 7(1).