

ASSESSMENT OF SMOKING CESSATION INTENTION AMONG MALE ADOLESCENTS AT SMAN 4 KOTA KUPANG BASED ON THE THEORY OF PLANNED BEHAVIOR

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Abstract

The intention to quit smoking among adolescents plays a crucial role in the success of smoking cessation behavior. According to the Theory of Planned Behavior (TPB), this intention is influenced by three main domains: attitude, subjective norm, and perceived behavioral control. This study aims to describe the intention to quit smoking among male students at SMAN 4 Kota Kupang. A quantitative descriptive design was used, with a total sampling technique involving 46 respondents. The findings showed that 80.4% were classified as light smokers; 39.1% reported a desire to smoke after meals; 67.4% started smoking after the age of 13; 37% smoked in private spaces; and 50% indicated curiosity as the primary reason for smoking. Based on univariate analysis, 63% of respondents had a strong intention to quit smoking; 87% showed a positive attitude toward quitting due to perceived health, economic, and social benefits; 67.4% reported a positive subjective norm supported by family encouragement and social expectations; and 52.2% had strong perceived behavioral control, indicating their ability to refrain from smoking in stressful situations.

Keywords: Adolescents, Intention, Smoking Cessation

Introduction

Smoking is a public health issue that can lead to non-communicable diseases and death globally (1–3). This life-threatening behavior is not only common among adults but also prevalent among adolescents. The 2018 Basic Health Research (Riskesdas) found that 9.1% of adolescents aged 10–18 in Indonesia were smokers, an increase from 7.2% reported in the 2013 survey (4). The Central Statistics Agency (BPS) also recorded that the percentage of smokers among Indonesians aged 10–18 increased by 5.75% in 2018 to 9.65%, and rose again by 0.21% in 2023 to reach 9.86% after a previous decline (5). Additionally, the percentage of smokers aged 15–19 rose to 9.62% in 2023, compared to 9.36% in 2022 (6). Despite this, the Global Adult Tobacco Survey (GATS) Indonesia 2021 reported that 63.4% of smokers aged 15 and above were planning or considering quitting smoking (7), while the Global Youth Tobacco Survey (GYTS) Indonesia 2019 revealed that 81.1% of student smokers had attempted to quit smoking within the past 12 months (8). Furthermore, Riskesdas 2018 showed that 2.9% of individuals aged 10–18 were classified as former smokers, based on a weighted sample of 176,556 respondents (9). These findings indicate that adolescents have a desire to quit smoking and that their smoking behavior can potentially be reversed.

The intention to quit smoking is a key aspect for adolescents to succeed in smoking cessation (10). The Theory of Planned Behavior (TPB), proposed by Ajzen, is a behavioral approach that is often used to interpret and predict intention based on specific attitudes (11). The stronger an individual's intention to perform a behavior, the more likely the behavior is to occur (12). TPB posits

that intention can be predicted with reasonable accuracy from attitudes, subjective norms, and perceived behavioral control (13). These three variables have also proven suitable for predicting smoking cessation intentions among adolescents (14). Ajzen describes attitude toward behavior as the degree to which an individual evaluates the behavior as favorable or unfavorable. A previous study by Ningsih et al. (2023) found that the more positive the attitude of male high school students, the stronger their intention to quit smoking, particularly if they believe smoking has negative health effects for themselves and others (15). Meanwhile, subjective norms refer to an individual's perception of social pressure to perform or not perform a behavior. Research by Kurniawan et al. (2023) revealed that subjective norms play a significant role in adolescents' compliance with rules, advice from parents, and their social environment (16). Perceived behavioral control refers to an individual's assessment of how capable or incapable they feel in executing a particular behavior. A study by Napitupulu et al. (2020) reported that 52.9% of respondents had strong perceived behavioral control regarding the ease or difficulty of quitting smoking, which in turn maintained their desire to quit (17).

Adolescents are individuals aged 10–19 years (18). Erik Erikson, a developmental psychologist, identified adolescence as a period of identity formation and potential identity confusion (19). Not all individuals are able to meet social expectations while trying to understand their identity. Erikson suggested that smoking behavior among adolescents is correlated with psychosocial crises experienced during this developmental stage, particularly during exploration (20). This condition makes adolescents more vulnerable to deviant behaviors such as smoking. Supporting this, national data show that the majority of smokers in Indonesia first tried smoking during adolescence (ages 15–19), accounting for 52.1% (9). In Indonesia, adolescents in this age group are typically in senior high school.

SMAN 4 is one of the public high schools in Kota Kupang that receives high enrollment interest. A preliminary study involving interviews with the school counselor revealed the existence of school regulations against smoking behavior and support from counselors to help students quit. In a preliminary survey of male students from classes XI IPS 5 and XI IPA 3, involving 25 students, it was found that two had already quit smoking, while eight reported having planned or attempted to quit. This study focuses on smoking behavior among male students in grades X and XI, considering that grade XII students had completed their final exams and were no longer present at school.

Many existing studies focus only on the determinants of smoking behavior and its prevention (21). Therefore, further exploration is needed regarding attitudes, subjective norms, perceived behavioral control, and the intention to quit smoking as a preferable option to avoid the harmful consequences of tobacco use. Based on the explanation above, the aim of this study is to describe the intention to quit smoking among male students at SMAN 4 Kota Kupang.

Methods

This research employed a quantitative descriptive design. Descriptive studies are types of research that use an approach to explain the findings of a study (22). The choice of this research design was based on the objective of the study, which is to describe the intention to quit smoking among male students at SMAN 4 Kota Kupang.

The population in this study consisted of male students in grades X and XI at SMAN 4 Kota Kupang who smoked, totaling 46 students. The sampling technique used was total population sampling, which is applied when the population is relatively small (fewer than 100 individuals), meaning all members of the population are included as research subjects (Arikunto in Indragiri, 2019) (23). Total sampling was conducted by distributing questionnaires to 184 male students from grade X

and 198 male students from grade XI at SMAN 4 Kota Kupang. This was done after a preliminary survey identified 46 students who met the criteria for being classified as smokers.

The inclusion criteria for this study were male students in grades X and XI at SMAN 4 Kota Kupang who smoked and were willing to participate as respondents. The exclusion criteria were male students in grades X and XI who smoked but were absent during the questionnaire distribution.

In this study, a survey method was used for data collection. The survey technique involves collecting information from respondents using a set of pre-structured questions (22). The instrument used in this study was a questionnaire, which was adapted from a previous study by Nurussama (2019) and had been tested for validity and reliability (24).

The data were analyzed using univariate analysis. Univariate analysis was conducted using the following formula

$$P = \frac{f}{N} \times 100\%$$

Where:

P = Percentage of the event or category

f = Frequency of a specific event or category

N = Total number of respondents

Results

The respondents in this study were 46 male students at SMAN 4 Kota Kupang who smoke. The characteristics of the respondents in this study are presented in Table 1:

Table 1. Characteristics of Respondents

Characteristics	F	%
Umur		
15 years old	2	4,3
16 years old	16	34,8
17 years old	23	50,0
18 years old	5	10,9
Grade level		
Grade XI Science	13	28,3
Grade XI Social	13	28,3
Grade X	20	43,5
Number of cigarettes smoked per day		
1–4 cigarettes/day	37	80,4
5–14 cigarettes/day	7	15,2
15 cigarettes/day	2	4,3
1–4 cigarettes/day	37	80,4
Craving triggers		
After eating	18	39.1%
When stressed	5	10.9%
When bored	9	19.6%
With friends	14	30.4%
Age at first smoking		

≤13 years	15	32.6%
>13 years	31	67.4%
Usual smoking place		
At home	12	26.1%
At school	2	4.3%
Public places	15	32.6%
Private places	17	37.0%

Table 1 shows that the majority of respondents were 17 years old, accounting for 50.0%, while the smallest group was aged 15 years, comprising 4.3%. In terms of grade level, most respondents were from grade X, making up 43.5%. Regarding smoking intensity, most were classified as light smokers, consuming 1 to 4 cigarettes per day (80.4%). As for smoking triggers, 39.1% reported a desire to smoke after meals. The majority (67.4%) started smoking after the age of 13. When it comes to the usual smoking location, 37.0% reported smoking in private places such as bedrooms or restrooms. Finally, in terms of smoking reasons, the most common reason given was curiosity (50%).

Table 2. Univariate Analysis of Intention, Attitude, Subjective Norm, and Perceived Behavioral Control toward Smoking Cessation Behavior

Variable	Frequency (n)	Percentage (%)
Intention		
Strong intention	29	63.0%
Weak intention	17	37.0%
Attitude		
Positive attitude	40	87.0%
Negative attitude	6	13.0%
Subjective Norm		
Positive	31	67.4%
Negative	15	32.6%
Perceived Behavioral Control		
Strong perception	24	52.2%
Weak perception	22	47.8%

Table 2 shows that 63.0% of the respondents had a strong intention to quit smoking. This may be influenced by a positive attitude toward smoking cessation, which was reported by 87.0% of the participants. Furthermore, 67.4% of the respondents had a positive subjective norm, indicating support from their social environment for quitting. In addition, 52.2% demonstrated strong perceived behavioral control, suggesting confidence in their ability to overcome obstacles when attempting to quit smoking.

Table 3. Responses to Intention Variable Questionnaire Items Among Male Adolescent Smokers at SMAN 4 Kota Kupang

No	Statements	Answers	
		Strongly disagree /Disagree	Agree/Strongly agree
		n (%)	
1	I currently smoke, but I intend to quit smoking this year.	12 (26.1)	34 (73.9)
2	I am currently trying to quit smoking.	11 (23.9)	35 (76.1)
3	I have started reducing the number of cigarettes I smoke.	11 (23.9)	35 (76.1)
4	I will quit smoking in the next three months.	26 (56.6)	20 (43.5)
5	I will quit smoking within the next six months.	21 (45.7)	25 (54.3)
6	I will quit smoking by the end of this year.	16 (34.7)	30 (65.2)
7	I quit smoking because my pocket money has decreased.	24 (52.2)	22 (47.8)
8	I will quit smoking because I have been diagnosed with a lung disease.	30 (65.2)	16 (34.8)
9	I will quit smoking because a relative or family member died due to smoking.	25 (54.3)	21 (45.6)

Table 3 shows that 23.9% of the respondents were not currently attempting to quit smoking, while 76.1% reported that they were actively trying to quit and had begun reducing their cigarette consumption. Furthermore, 65.2% of respondents agreed or strongly agreed with the intention to quit smoking by the end of the year. However, 56.6% expressed disagreement or strong disagreement with the idea of quitting smoking within the next three months. The study also found that 65.2% of respondents did not agree or strongly disagreed with quitting smoking due to being diagnosed with a lung disease, and 54.3% of respondents disagreed or strongly disagreed with the notion of quitting smoking following the death of a relative or family member caused by smoking.

Tabel 4. Gambaran Jawaban Pertanyaan Kuesioner Variabel Sikap Terhadap Perilaku Berhenti Merokok pada Remaja Putra yang Merokok di SMAN 4 Kota Kupang

No	Statemen	Answers	
		Strongly disagree /Disagree	Agree/Strongly agree
		n (%)	
1	Quitting smoking can make me healthier.	9 (19.5)	37 (80.4)
2	Quitting smoking can help me avoid chronic diseases.	10 (21.7)	36 (78.2)
3	Quitting smoking makes me more financially efficient.	6 (13.1)	40 (86.9)
4	Quitting smoking makes me more noticed by my partner or close friends.	20 (43.5)	26 (56.6)
5	Quitting smoking makes me more loved by my parents.	14 (30.4)	32 (69.6)
6	Becoming healthier is something I want.	5 (10.7)	41 (89.1)
7	Avoiding chronic disease is something I want.	9 (19.6)	37 (80.4)
8	Saving more money is something I want.	5 (10.9)	41 (89.1)
9	Receiving more attention from a partner or close friend is something I want.	11 (23.9)	35 (76.1)
10	Being more loved by my parents is something I want.	4 (8.7)	42 (91.3)

Table 4 shows that 78.2% of respondents agreed or strongly agreed that quitting smoking is beneficial because it helps prevent chronic disease, and 80.4% also agreed that avoiding chronic illness is something they desire. In terms of social benefits, 69.6% of respondents agreed that quitting smoking would make them more loved by their parents, while 91.3% expressed that being loved by their parents is something they value. However, 43.5% of respondents disagreed or strongly disagreed that quitting smoking would make them more noticed by their partner or close friends. Additionally, 86.9% agreed that quitting smoking would help them save money, and 89.1% stated that financial savings are something they want.

Table 5. Responses to Subjective Norm Variable Questionnaire Items Toward Smoking Cessation Behavior Among Male Adolescent Smokers at SMAN 4 Kota Kupang

No	Statements	Answers	
		Strongly disagree /Disagree	Agree/Strongly agree
		n (%)	
1	My peer group would accept it if I quit smoking.	19 (41.3)	27 (58.7)
2	My father would accept it if I quit smoking.	9 (19.5)	37 (80.4)
3	My mother would accept it if I quit smoking.	10 (21.7)	36 (78.3)
4	My partner or close friend would accept it if I quit smoking.	14 (30.5)	32 (69.6)
5	My best friend would accept it if I quit smoking.	17 (37.0)	29 (63.0)
6	My sibling would accept it if I quit smoking.	13 (28.3)	33 (71.8)
7	Often, when my peer group thinks I should do something, I will do it.	19 (41.3)	27 (58.7)
8	Often, when my father thinks I should do something, I will do it.	15 (32.6)	31 (67.4)
9	Often, when my mother thinks I should do something, I will do it.	12 (26.1)	34 (73.9)
10	Often, when my partner or close friend thinks I should do something, I will do it.	10 (21.7)	37 (78.2)
11	Often, when my best friend thinks I should do something, I will do it.	11 (23.9)	35 (76.1)
12	Often, when my sibling thinks I should do something, I will do it.	15 (32.6)	31 (67.4)

Table 5 shows that 80.4% of respondents stated that their father would support them if they quit smoking, and 78.3% reported the same for their mother. Furthermore, 67.4% agreed or strongly agreed that they tend to comply with their father's expectations, while 73.9% reported being influenced by their mother's expectations. The results also indicate that 41.3% of respondents disagreed or strongly disagreed that their peer group would support their decision to quit smoking. This suggests that while parental influence remains strong, peer support for smoking cessation is relatively weaker among the participants.

Table 6. Responses to Perceived Behavioral Control Variable Questionnaire Items Toward Smoking Cessation Behavior Among Male Adolescent Smokers at SMAN 4 Kota Kupang

No	Statements	Answers	
		Strongly disagree /Disagree	Agree/Strongly agree
		%	
1	For me, not smoking around people who smoke is easy.	25 (54.4)	21 (45.6)
2	For me, refusing a cigarette offered by a friend is easy.	21 (45.7)	25 (54.4)
3	For me, not smoking when stressed is easy.	17 (37.0)	29 (63.0)
4	For me, not smoking while hanging out with smoker friends is easy.	22 (47.8)	24 (52.1)
5	For me, not smoking when the weather is cold is easy.	20 (43.5)	26 (56.5)
6	I am able to refrain from smoking when I am stressed.	16 (34.7)	30 (65.2)
7	I am able to refrain from smoking when people around me are also smoking.	19 (41.3)	27 (58.7)
8	I am able to refuse a cigarette offered by a friend.	23 (50.0)	23 (50.0)
9	I am able to refrain from smoking when hanging out with my smoker friends.	23 (50.0)	23 (50.0)
10	I am able to refrain from smoking when the weather is cold.	21 (45.7)	25 (54.3)

Table 6 shows that 65.2% of respondents stated that they were able to control themselves to avoid smoking when feeling stressed. In addition, 47.8% of respondents felt that not smoking when being around smoker friends was difficult, and 50.0% were unable to refrain from smoking in such situations. Moreover, the results of the perceived behavioral control variable also revealed that 50.0% of respondents were unable to refuse a cigarette offered by a friend.

Discussion

The intention to quit smoking is an individual's determination to consciously stop the habit of smoking in the future (25). This strong internal desire is a key factor in efforts to quit smoking (26). According to the Transtheoretical Model or Stages of Change Model, actual smoking cessation is considered to occur when an individual consistently refrains from smoking over a specific period, generally six months or more (action and maintenance) (27).

Based on the results of the study, respondents with strong intentions had begun to try to stop the smoking habit by reducing the number of cigarettes consumed. Reducing cigarette consumption is a fairly effective strategy for adolescents who are not yet ready to quit smoking in the near future. This process helps to gradually reduce nicotine dependence, thereby minimizing emotional discomfort symptoms that often arise (28). According to Subekti (2024), this approach enables individuals to adapt more psychologically to the reduction in smoking frequency until they are ready to quit completely (28).

The study results showed differences in intentions based on the time target for quitting smoking, where respondents tended to be less confident about quitting in the near future. This difference may occur due to adolescents' perceptions of the barriers to quitting smoking. The more barriers and the fewer supports perceived by individuals in performing an action, the lower their perceived ability to control that action (25). Adolescents with low self-control tend to have difficulty resisting the urge to smoke (29). This causes some adolescents to feel less confident about quitting smoking in the short term. In addition, there are certain conditions that may lead someone to have the intention to quit smoking, but this study showed that experiences such as suffering from a disease or the death of relatives due to smoking are not necessarily significant motivators for quitting. This is related to the respondents' perceptions of the impact of smoking, which are formed from knowledge gained from personal past experiences or those of close individuals (30). These past experiences may

trigger adolescents to consider health risks and strengthen motivation to quit smoking. However, due to research limitations, the researchers did not determine how many respondents had experienced such conditions and how many had not. Respondents who had never experienced conditions such as lung disease or the death of relatives due to smoking would feel safe from the effects of smoking.

The intention to quit smoking is influenced by three domains: attitude, subjective norm, and perceived behavioral control. Ajzen defines attitude as a disposition to respond favorably or unfavorably to specific people, objects, events, or situations, while subjective norm refers to the individual's perception of social influence or expectations toward their behavior, and perceived behavioral control reflects the individual's belief about the ease or difficulty of performing the behavior (25).

Related to the intended behavior, attitude is the evaluation of the benefits and losses of engaging in that behavior. The more individuals evaluate that a behavior will result in benefits, the more they will tend to have a favorable attitude toward the behavior (31). In this study, the measurement of the attitude variable was carried out by examining the belief and evaluation of the consequences of quitting smoking for health, economy, and social aspects. The decision to quit smoking may offer health benefits, one of which is the avoidance of chronic diseases. People who start smoking during childhood and adolescence are at risk of developing chronic obstructive pulmonary disease (COPD), as tobacco smoke significantly slows the growth and development of the lungs, which continues to affect them in the form of chronic respiratory disorders in adulthood (32). A study conducted by Lubin et al. (2017) showed that long-term smoking, even at low intensity, increases the risk of death from chronic diseases such as lung cancer and cardiovascular diseases (33). The social benefits of quitting smoking were also felt by respondents. The role of social support, especially from parents, such as giving attention and affection if respondents quit smoking, can influence adolescents' attitudes toward quitting. A study by Muri et al. (2018) found that more than half of adolescents with good family support showed a positive attitude toward quitting smoking (34). This support is considered significant in helping them develop positive attitudes because the family provides substantial social and emotional influence. In contrast to the family, respondents tended not to agree that quitting smoking would make them more noticed by their partner or friends. In addition, respondents agreed that quitting smoking would make them more economical. A study by Satya et al. (2024) also found that one of the benefits of quitting smoking is financial savings due to the high cost of cigarettes (35). This economic benefit certainly becomes a consideration for adolescents to quit smoking, especially since most of them do not yet have their own income.

Based on the subjective norm domain, individuals tend to perform a behavior when motivated by others who support the behavior (25). The assessment of subjective norms was conducted by observing the influence of subjective norms from parents, siblings, best friends, close friends/partners, and peer groups. The support provided by parents to respondents included prohibiting smoking at home and enforcing rules not to associate with friends who smoke. A previous study by Adiwijaya and Kasmiaty (2021) found that family support, especially from parents, can play an important role in shaping adolescents' perceptions and decisions regarding smoking cessation behavior (36). The results of this study also showed the emergence of motivation due to the desire to fulfill parents' expectations to quit smoking. This support and expectation serve as moral encouragement, where adolescents tend to value their parents' views and wishes in making decisions (25). However, there were still respondents who smoked at home, and some reported family as the reason for smoking. This condition indicates differences in the pressure to quit smoking due to varied parental approaches in implementing rules at home. A study by Lin et al. (2023) showed that parental social support, such as expectations to quit smoking, is not effective without clear and strict rules, and many adolescents continue to smoke when they observe such behavior in the household or among friends (37).

According to the U.S. Department of Health and Human Services (2018), during social development, adolescents spend less time with family and more time with peers (38). Friends have a strong influence on adolescents, especially in shaping attitudes and behaviors. The study results indicated that there is social influence from friends in shaping adolescent smoking behavior and that peer groups do not provide support for quitting. A study by Deve et al. (2019) showed that the presence of smoker friends in the adolescent environment may increase the tendency to start or continue smoking habits. Positive peer support or the presence of non-smoking friends can provide encouragement for adolescents to quit smoking. Conversely, a social environment that tolerates smoking behavior or peer pressure from smoker friends may weaken the intention to quit smoking (39).

Subjective norms are not only derived from family and peers but also from schools, which serve as places of learning and character development and thus play a role in encouraging adolescents to quit smoking. SMAN 4 Kota Kupang enforces strict regulations on student smoking behavior at school. Sanctions are imposed on those caught smoking, including calling their parents and the possibility of expulsion. These rules help limit smoking behavior in schools. This shows that subjective norms play an important role for respondents to comply with prevailing regulations in their environment (16).

Based on the domain of perceived behavioral control, the more supporting factors and the fewer inhibiting factors perceived by individuals in performing a behavior, the greater the control they feel over the behavior (25). High self-control tends to support smoking cessation behavior (29). The measurement of the perceived behavioral control variable in this study was carried out by observing individuals' beliefs about the barriers to quitting smoking. External factors include situations such as being around smokers, hanging out with smoker friends, being offered cigarettes, and cold weather, while the internal factor is stress. Stress in adolescents can be caused by various situations, such as academic pressure, family problems, or peer pressure. In stressful conditions, some adolescents feel driven to smoke as a way to reduce tension. Smoking is often used as an escape to cope with emotional situations, although its effects are temporary. The study results showed that there was relatively good self-control among respondents in managing stress without smoking. A study by Kosasi (2018) supports this finding, showing that adolescents' ability to control smoking behavior even when experiencing stress is generally influenced by coping strategies. Adolescents who have effective coping strategies such as seeking social support from family and friends and applying self-control techniques are more likely to overcome the urge to smoke (40). With social support, they can redirect their stress and gain a sense of understanding and empathy, thus reducing the desire to smoke.

In addition to stress, other conditions can influence the desire to smoke, such as after eating. A study by Nurlizawati et al. (2024) showed that the urge to smoke after meals starts as a trial and eventually becomes a habit. This habit continues to develop as a way to enhance the feeling of relaxation or satisfaction after eating (41). A study by Salawati and Amalia (2010) showed that several informants relapsed into smoking because they felt used to smoking after meals and would feel that something was missing if they did not smoke afterward (42). Therefore, adolescents need to recognize the situations that trigger the urge to smoke, one of which is after eating. According to Suri (2018), former smokers usually use adaptive and maladaptive coping strategies. Adaptive coping includes engaging in activities and avoiding smokers, while maladaptive coping includes chewing gum and snacking. These strategies help divert former smokers' thoughts from smoking (43).

In addition to internal urges that hinder smoking cessation, the social environment often presents challenges for adolescents who want to quit, especially if they find it difficult to avoid environments that encourage the habit. In this study, respondents felt it was difficult to avoid smoking around smoker friends and were unable to refuse cigarette offers. Nurussama (2019) found that respondents might not smoke, but when they gather with their smoker friends, they no longer believe

in their ability to resist smoking (24). According to a study by Akira and Fitlya (2024), one reason adolescents find it difficult to refuse cigarette offers is social pressure and the desire to be accepted in their group. Adolescents feel that smoking strengthens their friendships and helps them fit in with their social circles (44).

Conclusion

Based on the results of the study on the intention to quit smoking among male adolescents at SMAN 4 Kota Kupang, it can be concluded that 63% of respondents had a strong intention to quit smoking. This intention was supported by a positive attitude (87%), a positive subjective norm (67.4%), and strong perceived behavioral control (52.2%).

It is recommended that adolescents recognize the situations or environments that trigger the urge to smoke and either avoid or change their routines. Adolescents should also set clear goals for quitting, starting by reducing the number of cigarettes per day until they reach a target to quit completely. In addition, adolescents need to continuously convince themselves that they are capable of quitting and able to control their behavior. Schools can also provide education on the dangers of smoking to health. Health promotion can be conducted by inviting individuals who have experienced the impact of smoking to share emotional, experience-based knowledge. Furthermore, schools are expected to offer attention and support to students who wish to quit smoking, in collaboration with families. Self-efficacy training is also recommended, involving positive thinking exercises, the development of healthy habits, and the involvement of role models who have successfully quit smoking, to enhance students' confidence in overcoming the challenges of smoking cessation. Future researchers are encouraged to explore other factors related to smoking intention through open-ended interviews using qualitative research methods.

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