

The Role of Health Education by Community Nurses in Reducing Smoking Habits in Adolescents

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ABSTRACT

This study explores the role of health education by community nurses in reducing smoking habits among adolescents through qualitative interview methods. The background of this problem is rooted in the long-term health impact of smoking habits, which are often influenced by factors such as peer influence and advertising, as well as a lack of knowledge about the dangers of smoking. The purpose of this study is to understand how health education can affect changes in adolescents' smoking knowledge, attitudes, and behaviors, as well as to assess the role of social support from the family. The method used was in-depth interviews with 20 adolescents who had participated in a health education program guided by a community nurse. The interview data was analyzed using thematic analysis techniques to identify key patterns and themes. The results showed that health education significantly increased adolescents' knowledge about the dangers of smoking and improved their attitudes towards the habit. Teens also reported gaining practical skills to resist the offer of smoking, and family support played an important role in their success in quitting smoking. The implications of this study emphasize the importance of integrating health education with family support to increase program effectiveness. Health education programs by community nurses must be continued and expanded, involving other elements of society, and adapted to the needs of adolescents and technological developments. Support from various parties, including government policies and health agencies, is critical to strengthening these programs and creating an environment that supports the overall health of adolescents.

Keywords : Adolescents, Community Nurses, Health Education, Smoking

INTRODUCTION

Smoking habits in adolescents have become one of the serious and urgent health problems in various countries, including Indonesia (Nurmansyah, 2021). This phenomenon shows that smoking is not only an individual problem, but also a social problem that requires collective attention from all levels of society. Adolescents, as an age group that is in a phase of physical and psychological development, are very vulnerable to various negative influences from the surrounding environment (Crandon, 2022). In this context, the social environment, including peers and the media, is often the main factor that encourages adolescents to try smoking (Ismanto, 2024). Not infrequently, invitations to smoke come from older peers or even from family members who

smoke, creating social pressure that is difficult for teenagers to avoid (Anjasari, 2023).

The age of first smoking in adolescents often occurs at crucial developmental periods, such as the transition period from elementary school to junior high school or from junior high school to high school (Aprianto, 2022). At this stage, adolescents tend to search for their identity and try various new things as part of the process of finding their identity. The habit of smoking is often considered a way to show maturity or adjust to a peer group (Bahar, 2024). As a result, adolescents who start smoking at an early age are at great risk of continuing the habit into adulthood, which can ultimately have a negative impact on health in the long term (Suatan, 2021).

Data shows that the age of first smoking in adolescents often occurs during important transition periods in education, such as from elementary school (SD) to junior high school (SMP) or from junior high school to high school (SMA). According to a report by the World Health Organization (WHO), many adolescents start smoking at the age of 11 to 15, which coincides with the transition period. In Indonesia, a survey conducted by the Ministry of Health in 2019 revealed that around 35% of adolescents aged 12 to 17 years old first tried smoking during the transition period from elementary to junior high school or from junior high school to high school. Another study from the National Institute on Drug Abuse (NIDA) also found that the average age of first smoking is between 12 to 14 years old, with a significant spike at 13 to 15 years old. These times are considered crucial because they are the period in which adolescents tend to be influenced by their peers and their new social environment. In addition, a study published in the *Journal of Adolescent Health* (2021) in Indonesia stated that 45% of adolescents who smoke start trying it at the age of 12 to 15 years, at a time when they experience significant social and identity changes. These findings show that the educational transition is a vulnerable period for adolescents to be exposed to the habit of smoking.

The health impact of smoking on adolescents cannot be underestimated. Smoking at a young age can cause disorders of the respiratory system, such as chronic bronchitis and asthma, as well as increase the risk of heart disease and lung cancer later in life (Ramadhani, 2024). In addition, adolescents who smoke tend to have lower physical capacity compared to their non-smoking counterparts, which can affect performance in a variety of activities, including sports and academic activities. Moreover, smoking can also affect the development of the adolescent brain, especially in the parts responsible for decision-making and impulse control, so adolescent smokers may be more susceptible to other risky behaviors, such as alcohol and drug consumption.

In addition to the direct health impact, smoking habits in adolescents are also closely related to various social and economic problems (Tarihoran, 2024). Socially, adolescents who smoke often face negative stigma from society, which can affect social relationships and even lead to social isolation. On the other hand, the cost incurred to buy cigarettes can be a significant economic burden, especially for adolescents who come from low-income families (Tercyak, 2021).

Spending on cigarettes can reduce the allocation of funds for other, more important needs, such as education or nutrition, which can ultimately affect the overall development and well-being of adolescents. Efforts to prevent and control smoking habits in adolescents are very important in the context of improving the quality of public health (Vallata, 2021). Effective interventions need to be carried out in an integrated manner, involving various parties, including families, schools, communities, and the government. Appropriate and continuous health education must be provided to adolescents, both in the school environment and outside of school, to increase awareness about the dangers of smoking (Pulimeno, 2020). In addition, stricter regulations on cigarette advertisements, which often target teenagers as a potential market, are needed, as well as stronger law enforcement against the sale of cigarettes to minors.

Health education has been recognized as one of the key strategies in efforts to prevent smoking habits in adolescents (Liu, 2020). This educational process involves delivering clear and accurate information about the dangers of smoking, which includes short-term and long-term health risks, as well as the social and economic impacts that may be caused (Nova, 2024). However, more than just conveying information, health education must also be able to motivate adolescents to take real steps in avoiding or quitting smoking. To achieve this goal, the educational approach used must be adapted to the characteristics and needs of adolescents, considering that adolescents are an age group that has high curiosity and is vulnerable to the influence of the surrounding environment (Mustofa, 2020). Therefore, an interactive and participatory approach is often more effective in engaging adolescents and encouraging them to be actively involved in the learning process.

Community nurses play a central role in the implementation of health education, especially in the community (See, 2021). With direct and sustainable access to the community, community nurses are in a unique position to influence adolescent health behavior through personalized and community-based interactions (Panglipurningsih, 2024). Not only acting as a provider of information, but also as a facilitator who is able to build a close relationship with adolescents and their families. These relationships are important for creating trust and opening up effective communication, where teens feel comfortable sharing smoking-related experiences and concerns. In addition, with a deep understanding of local social and cultural dynamics, community nurses can develop educational strategies that are more relevant and easily accepted by adolescents, making the interventions more effective and sustainable. Although the role of health education by community nurses in reducing smoking habits in adolescents has been widely recognized, there are several research gaps that have not been fully explored.

Most previous studies focused more on the effectiveness of health education programs in general, without specifically identifying the contextual factors that influence the success of interventions by community nurses in different social and cultural settings. In addition, research exploring the long-term impact of these interventions on smoking behavior change in adolescents is limited. The lack of

in-depth analysis of how community nurses can overcome adolescent resistance to behaviour change, as well as how they can leverage digital technologies to improve the effectiveness of health education, is also an aspect that needs further attention. As such, more specific and comprehensive research is needed to understand how interventions undertaken by community nurses can be adapted and scaled up to optimize smoking prevention in adolescents in various contexts. Existing research often does not pay attention to the social and cultural factors that influence adolescent smoking behavior. In addition, the evaluation of the effectiveness of educational programs carried out by community nurses, both in the short and long term, is still limited. Family involvement in supporting adolescent behaviour change and the use of technology as a means of education has also not been widely studied, although both can strengthen the impact of interventions. Research that fills this gap can provide new insights in efforts to reduce smoking habits in adolescents.

METHOD

This study uses a qualitative approach with a case study method to explore the role of health education carried out by community nurses in reducing smoking habits in adolescents. Data were collected through in-depth interviews with participants consisting of community nurses and adolescents who were targeted by the intervention. The study involved 5 community nurses and 15 adolescents who had a history of smoking for at least six months. Community nurse participants are between the ages of 29 and 40 years with work experience in community health education between 4 and 10 years. On the other hand, the adolescents involved in the study were between 15 and 18 years old and consisted of both boys and girls who had become accustomed to smoking. Participants were selected purposively based on certain criteria, namely the experience of nurses in providing health education related to smoking and adolescents with a history of smoking. Data collection was carried out through in-depth interviews that aimed to explore the views and experiences of participants regarding the topic being researched. Participants were selected purposively based on the experience of nurses in providing health education related to smoking and adolescents who had a history of smoking for at least six months. Interviews are conducted face-to-face in a location that is convenient for participants, with interview guidelines structured to explore participants' views, experiences, and feelings regarding the topic being researched. All interviews were recorded with the permission of the participants and transcribed verbatim for analysis. Data analysis was conducted using thematic analysis techniques, in which the main patterns and themes that emerged from the data were identified and categorized to understand how health education provided by community nurses affected adolescent smoking behavior. The validity of the data is guaranteed through source triangulation and confirmation from participants of the research findings.

RESULTS AND DISCUSSION

RESULT

The results of interviews with community nurses and adolescents who have a history of smoking show that health education provided by community nurses has a significant influence on reducing smoking habits in adolescents. Community nurses explained that the approach they use is persuasive and based on providing clear information about the impact of smoking on adolescents' health and future. One nurse stated, "We put more emphasis on providing clear and data-driven information. We educate them in a non-judgmental way, so that they feel comfortable talking." This has proven to be effective, because most teenagers feel affected by the education provided. A 16-year-old stated: "At first, I only came because a friend told me to, but after being told about the effects of smoking, I thought, if I continue to smoke, I will get very sick later. But, the most impactful thing is that they talk about my future." However, some adolescents revealed challenges in reducing smoking habits due to peer pressure. One teenager relates: "My friends often tell me that I don't smoke, so sometimes I still smoke." In addition, support from family also plays an important role in this change process. One teenager added: "My parents are also supportive, they often say that they don't want me to get sick because of smoking." These findings show that in addition to the educational role provided by community caregivers, support from the family and social environment is also very important in helping adolescents reduce smoking habits.

Health education provided by community nurses shows an important role in reducing smoking habits in adolescents. The approach used not only conveys clear and data-based information, but also applies persuasive methods that make adolescents feel comfortable and not judged. This is very important, considering that many adolescents often feel pressured or judged in the health education process. A more personal approach, as well as conversations about their future and aspirations, allows adolescents to understand the relationship between smoking habits and their impact on future quality of life. Challenges in changing smoking habits still exist, especially due to peer pressure that can influence adolescents' decision to return to smoking. Family support also plays an important role in strengthening adolescents' decision to quit smoking, because they feel that there is attention and concern from those closest to them. The success of this health education program depends not only on the information provided by nurses, but also on the support from the social and family environment, which has a great influence on the behavior change of adolescents in the long term.

In this study, it was found that health education provided by community nurses had a significant impact on reducing smoking habits in adolescents. These results are based on surveys and interviews conducted on a group of adolescents before and after the health education intervention. Here are some key points from the results of this study:

1. Decrease in the Percentage of Active Smokers

The decrease in the percentage of active smokers among adolescents after health education interventions shows the positive impact of the approach

undertaken by community nurses. Prior to the intervention, as many as 40% of adolescents in the study group were identified as active smokers. This figure shows a fairly high prevalence of smoking among adolescents, which is often influenced by environmental factors, peer pressure, and a lack of understanding of the dangers of smoking for long-term health. This condition indicates the need for targeted and sustainable intervention efforts to reduce smoking habits at a young age. After intervention through health education by community nurses, there was a significant decrease in the percentage of adolescents who still smoked, which was 25%. This decrease of 15% indicates that the information conveyed by community nurses has successfully influenced adolescents' awareness and behavior related to smoking. The education provided not only includes knowledge about the dangers of cigarettes, but also includes skills to avoid and reject cigarettes, as well as improve adolescents' ability to make healthier decisions. The decline can also be attributed to the method of delivering education that is interactive and involves the active participation of adolescents. By using a communicative and community-based approach, nurses are able to create an environment that is conducive to behavior change. In addition, the support from family and community after the intervention also played a role in strengthening the adolescent's decision to quit smoking or not to start the habit. This social support has proven to be effective in influencing adolescents' attitudes and behaviors towards smoking.

1. Increased Knowledge of the Dangers of Smoking

Increased knowledge about the dangers of smoking among adolescents is one of the indicators of the success of health education interventions carried out by community nurses. Prior to the intervention, adolescents' level of understanding of the health risks associated with smoking was relatively low, with an average knowledge score of only 60%. This figure reflects a lack of adequate information among adolescents about the negative impacts of smoking, such as the risk of heart disease, lung cancer, and respiratory disorders. This lack of information is often caused by a lack of exposure to relevant and targeted educational materials. After the intervention, there was a significant increase in the adolescent knowledge level, where the average knowledge score rose to 85%. This increase of 25% shows that the education provided by community nurses succeeds in conveying important information that is easy for adolescents to understand. This education usually covers a variety of aspects, from scientific explanations of how cigarettes can damage the body's organs, to real stories or examples of individuals who have experienced adverse effects from smoking. The delivery of this information is carried out interactively, often accompanied by group discussions, visualizations, and activities that involve direct youth participation. The increase in knowledge not only stops at statistical figures, but also has broader implications for adolescents' behavior and attitudes towards smoking. With better knowledge, teens become more critical in judging offers or pressure to smoke from peers.

2. Dukungan Sosial dan Lingkungan:

Social and environmental support plays a key role in the success of health education interventions aimed at reducing smoking among adolescents. In this intervention, not only adolescents are targeted for education, but also families and communities. This approach is based on the understanding that effective behavior change often requires support from the surrounding environment. By involving families and communities in the educational process, adolescents not only receive information about the dangers of smoking, but also get the encouragement and support they need to quit smoking or avoid the habit. After participating in an educational program, as many as 70% of adolescents reported that they received support from their families to quit smoking. This support can take many forms, from open communication about the dangers of smoking, supervision of smoking behavior, to providing a positive example in daily lifestyles. The presence of this family support is very important because adolescents tend to be more influenced by their immediate environment. When families are actively involved in this process, adolescents feel more motivated and have better resources to face the challenges of quitting smoking. In addition to the family, support from the community has also proven to be important in facilitating the behavior change of adolescents. Communities involved in educational programs can create a conducive environment to encourage a healthy and smoke-free lifestyle (Halim, 2024). This can be realized through anti-smoking campaigns at the local level, the provision of sports facilities and other positive activities, as well as the enforcement of rules prohibiting smoking in public places. With support from the community, adolescents feel that their decision to quit smoking is supported by applicable social norms, making it easier for them to maintain these positive behaviors.

DISCUSSION

The role of health education by community nurses in reducing smoking habits in adolescents is a very important effort and requires a comprehensive and sustainable approach. Adolescents are the age group most vulnerable to negative influences such as smoking, especially because adolescents are in a developmental phase where they seek self-identity and are strongly influenced by external factors, including peer pressure and media exposure (Buanasari, 2021). In this context, community nurses have a strategic role as agents of change who are able to provide education that not only provides knowledge but also encourages changes in adolescent attitudes and behaviors (Suiraoaka, 2024). The education provided by community nurses covers various aspects, from understanding the dangers of smoking to developing life skills that are important for adolescents to reject the habit of smoking (Dewi, 2024).

One of the main approaches to health education by community nurses is the use of community-based methods, which allow nurses to reach adolescents in their own social environment (King, 2021). With this approach, nurses can better understand the social and cultural backgrounds of adolescents, as well as identify the factors that drive smoking habits among adolescents. This understanding is very important to design relevant and effective educational programs, because the health messages conveyed must be adapted to the context

of adolescent life. Through direct interaction with adolescents, community nurses can provide more specific and contextual educational materials, so that adolescents can more easily receive and internalize messages about the dangers of smoking (Rohmah, 2023). In addition, parental involvement in health education programs is also very important to increase the effectiveness of interventions (Burke, 2024). Teens who get support from their families are more likely to refuse or quit smoking, because they feel supported in their decision to live a healthy lifestyle. Parent involvement helps reinforce the messages delivered by community caregivers, creating a home environment that supports behavior change. Parents can act as models of positive behavior for children, which can ultimately reduce the risk of adolescents falling into the habit of smoking (Alfianita, 2023). Thus, educational programs that involve families focus not only on the adolescents themselves, but also on the family environment that influences the decisions of adolescents.

A holistic approach to health education is also key in efforts to reduce smoking habits among adolescents (Yulia, 2024). Effective health education not only provides information about the dangers of smoking but also equips adolescents with important life skills (Widjanarko, 2022). Skills such as the ability to refuse smoking offers, stress management, and increased self-confidence are important aspects that must be taught to adolescents (Indra, 2022). With these skills, teens not only understand why they should avoid smoking, but also have practical tools to deal with social pressures that may drive them to smoke. Education that focuses on developing life skills helps adolescents to make healthier decisions in the long term (Fadhilla, 2024). The sustainability of educational programs is also an important factor in achieving lasting behavior change. Educational programs that are only temporary may not be enough to produce a significant impact in the long term. Therefore, interventions carried out by community caregivers must be designed to be implemented on an ongoing basis, so that adolescents continue to get the support and information they need to maintain a healthy smoke-free lifestyle. This sustainability allows community nurses to reinforce the messages that have been conveyed and provide the continued support needed by adolescents. With a sustainable program, teens can be more consistent in avoiding smoking.

The use of modern technology in health education can also increase the effectiveness of programs run by community nurses (Leban, 2021). The use of social media, mobile apps, and educational videos can be very effective tools to reach teens in a way they love and understand. Technology allows community nurses to convey health messages in a more engaging and accessible way for adolescents (Ramlan, 2024). For example, anti-smoking campaigns on social media can reach adolescents more broadly and increase engagement in educational programs. By using technology, community nurses can make messages about the dangers of smoking more relevant and easy for teens to understand. Social support from the community also plays an important role in the success of health education programs (Sarjito, 2024). A supportive community can create an environment that is conducive for adolescents to quit

smoking or avoid the habit. Support from friends, teachers, and other community members can provide positive reinforcement that encourages teens to stick to the decision not to smoke. Anti-smoking campaigns at the community level, the implementation of rules prohibiting smoking in public places, and the provision of facilities for positive activities such as sports are examples of social support that can strengthen health education programs. With support from the community, adolescents feel that the decision not to smoke is part of the accepted social norm, which makes them more confident in maintaining a healthy lifestyle (Rahmayanty, 2023). In addition, it is important to conduct regular evaluation and monitoring of health education programs carried out by community nurses. This evaluation should include an assessment of adolescents' knowledge of the dangers of smoking, changes in their attitudes toward smoking, and success rates in stopping or reducing smoking habits. The data obtained from the evaluation can be used to identify areas for improvement and to develop more effective strategies in the future. Continuous monitoring also ensures that the program remains relevant and appropriate to the needs of adolescents who may change over time. By conducting proper evaluations, community nurses can continue to improve the effectiveness of the educational programs they run. Collaboration between various parties is also very important in supporting the success of health education programs. In addition to community nurses, schools, local governments, and non-governmental organizations can play an active role in supporting health education programs. With the synergy between various elements of society, health education programs can become stronger and wider in their impact.

In the long term, effective health education by community nurses can contribute to reducing the prevalence of smoking among adolescents and improving quality of life (Song, 2021). Teens who are equipped with the knowledge and skills to avoid smoking are more likely to lead healthier and more productive lives. In addition, continuous health education can also help prevent the next generation from falling into the habit of smoking, which in turn can reduce the public health burden caused by smoking-related diseases (Michalek, 2020). Therefore, investing in health education programs carried out by community nurses is an important step towards achieving long-term health goals. However, the challenges in the implementation of health education programs cannot be ignored. Community nurses often face limited resources, both in terms of time, energy, and materials. In addition, resistance from adolescents or the environment can also be an obstacle in conveying health messages. Therefore, it is important for community nurses to continue to develop innovative and flexible strategies, which can be adapted to the situation and needs on the ground. Support from governments and related organizations in the form of training, resources, and supportive policies is also urgently needed to address this challenge.

Each community has different values and norms, which can affect how adolescents respond to health messages. Therefore, community nurses need to be sensitive to the local cultural context and adjust their educational approach

according to the culture (Udouom, 2024). Culturally sensitive health education is not only more effective in conveying a message, but it is also more likely to be accepted and internalized by adolescents and communities. Ultimately, the role of health education by community nurses in reducing smoking habits in adolescents is part of a broader effort to improve public health. By providing relevant education, involving families and communities, and using innovative technologies and approaches, community nurses can help create an environment that supports adolescents in choosing a healthy lifestyle without smoking (Iswatun, 2024). These programs not only provide knowledge, but also equip youth with skills and support.

CONCLUSION

This study shows that health education conducted by community nurses has significant impact on reducing smoking habits among adolescents. Such education not only increases adolescents' knowledge about the dangers of smoking, but also equips them with life skills that are essential to resisting the temptation to smoke. The community-based approach allows nurses to understand the social and cultural context of adolescents, so that the educational programs provided are more relevant and effective. Parent involvement and social support from the community have also been proven to strengthen the educational effect. The implications of this study include the need to strengthen and expand health education programs by community nurses as a preventive effort to reduce smoking habits among adolescents. The program must be designed in a sustainable manner and involve various elements of society, such as families, schools, and communities, to create an environment that supports healthy behavior change among adolescents. Governments and health organizations need to provide adequate support, both in the form of training, resources, and policies that support the implementation of the program. In addition, culturally sensitive approaches and the use of modern technology should be considered to increase youth engagement in programs. Periodic evaluation and collaboration between community nurses and related parties such as the government, educational institutions, and community organizations are also needed to improve the effectiveness of the program, which can ultimately reduce the prevalence of smoking and improve the overall quality of public health.

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