The Perspectives of Adolescents on Smoking Habits as a Reference for the Prevention Program

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Fithria Fithria
Universitas Syiah Kuala

✉ fithria@unsyiah.ac.id Corresponding Author
ORCiD: https://orcid.org/0000-0001-8175-3626

Muhammad Adlim
Universitas Syiah Kuala

Syarifah Rauzatul Jannah
Universitas Syiah Kuala

Teuku Tahlil
Universitas Syiah Kuala

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Abstract
Background: Religious factor has been used in tobacco control campaign but due to different perception among the Muslim scholars that might induce on the followers then, the control program strategics is still interesting to study. This qualitative research is, therefore aimed to explore the perspective of Muslim adolescents on smoking habits, as a reference in developing effective prevention intervention programs.

Methods: Three Focus Group Discussion (FGD) sets, consisting of a total of 24 junior high school students were the main source data for this phenomenological qualitative study. The discussion guide was developed by researchers, based on the reviewed literature and validated by experts. The research finding was analyzed by using an inductive-content method with systematical steps based on the stages of qualitative data analysis.

Results: Adolescent perspectives on smoking were grouped into two themes that were (a) perception, which encompasses three sub-themes consisting of smoking as the social habit, the contradictive feeling, and the Islamic perspective, (b) Smoking-related factors involving peer pressure, the parents’ smoking status, curiosity and masculinity.

Conclusion: The results indicated that adolescents consider smoking as a social habit with the existence of contradictive feelings. Their Islamic perspective believes that smoking is preferable but not forbidden by religion thought. The smoking habit also was stimulated by pressure from their smoker-peer, immitating their smoker-parents, being curiosity and feeling masculinity. We suggested the health profesionals who intersted in developing smoking prevention programs to consider about the adolescent perspective about smoking habit. So, the prevention program will be more effective and culturally appropriate for adolescents.

Background
Smoking habits brought a lot of consequences not only for the smokers but also for the environment. Smoking has been reported as an initiating factor in several cases in the world including fire [1], gambling [2] and drug addictive among adolescents [3]. Many health problems also occurred because of smoking. Various studies showed that smoking is a risk factor for cardiovascular diseases, stroke
and various types of cancer [4, 5], which affects both active and passive smokers. However, the percentage of smokers is still high especially in Indonesia which is third highest among 9 countries in North and Southeast Asia [6] and this prevalence did not decline significantly between 2007 and 2014 [7]. Among the 30 Moslem-high-population countries, Indonesia is the second largest percentage of smoker prevalence smoker prevalence [8].

National surveys in 2006 showed that out of 3,737 students, ages 13 to 15 years, 37.7% were smokers, 13.5% were currently on tobacco, while 11.8% took cigarettes and 3.8% were reported to use other substances. Furthermore, 95.1% of adolescents that stated to have never attempted any substance desired to start within the next 12 months [9]. Therefore, this shows a tendency for the increasing number of smokers - hence, an effective prevention effort must be prioritized because adolescents who attempted this habit at the age of 10-14, were predicted to continue in the next two years [10] and culturing his experience during adolescence is a predictor of future conducts [10]. These statistics further requires serious attention because teenagers are also involved.

The new enrolment high school students in age ranges of 12-13 years possess a high risk of smoking habit when they start to believe that smoking could reduce their apprehension to face the regulation and the social interaction in the school [11]. Previous studies also indicated that the highest rates in adolescents occurred during the transition between high schools due to psychological distress [12]. They tends to believe that smoking habit helps them to adapt their physical, cognitive and emotional changes although various studies have proven that smoking comparably reduced self-esteem and self-image for the severe addiction severe addiction [13]. The previous study also showed that smoking addiction associated with depression, the adolescents perceived that smoking could eliminate their negative feelings and this perception was one of the risk failure factors in the cessation program [14]. The previous report also elaborated that teenagers are vulnerable to negative social influences from cigarette-commercial-promotion groups and therefore building their self-confidence is crucial to reduce vulnerability [4].

Another smoking vulnerability for children comes from their siblings and friends [15]. In some communities, the smoker usually has emotional and communication connections with their groups
and becomes a socio-cultural identity and smoking habit was accepted as a normative practice. The similar perception and behaviors will be adopted by the youth who are part of this community and intensively interact with those groups [16]. An earlier report also addressed that youth smokers are usually related to their low socio-economic circles, broken families with addicted parents [5], and household conflict [17].

Besides all mentioned influences, religion also influences smoking habits as reported in the USA that elevated doctrinism was associated with reduced risks [18]. In a Turkish study, fewer religious employees smoke compare to general staffs [19]. A study conducted in China also reported pious Muslim men were mostly none smokers [20]. Therefore, religious approaches can be effective in deserting cigarette and drug addicts, and Islamic teachings have been reported as effective ways to prevent children from this behavior [21]. However, this view is probably different in Indonesia, which consists of two major groups of Islamic scholars, which include Nahdatul Ulama (NU) and Muhammadiyah, possessing similarities in their sources and references. However, they maintain different ideologies and understandings about Islamic thought on smoking. Muhammadiyah issued a fatwa (Islamic scholars’ decision) that smoking is forbidden or haram, and NU tends to reject this fatwa [22], this leads to a different perception among the Islamic community including the adolescents.

Aceh Province Indonesia, which is the only province that implemented Islamic laws since 2000, has both NU and Muhammadiyah followers. Although NU religious model dominantly practices but for smoking perception, they might not consistently follow either one. Therefore, it is still interesting to study the smoking habit in this community. Regarding the Islamic view on smoking habit, Aceh Islamic Scholars (Majelis Permusyawaratan Ulama) supports smoking prevention by publishing a fatwa on smoking forbidden with registration number of 18 in 2014.

This qualitative research provides a specific description of the phenomenon of smoking among Muslim adolescents, especially in Indonesia, which focuses on an adolescents’ perspective as a whole, including the Islamic viewpoint and other related factors. The research finding will be a crucial reference to develop an effective smoking prevention intervention programs.
Methods
Study Design and Participants
This is a phenomenological study, which utilized Focus Group Discussion (FGD), aimed to explore the perspectives of Muslim adolescents on smoking habit, relevant to the qualitative concept [23]. Students from three junior high schools representing three sub-districts schools in Aceh Besar district were chosen as the participants to represent a moderate life condition (between city and village life). These schools are suburb, good public transportation and located less than 20 km from the Aceh Province Capital. Based on the district statistics in 2017, the total population in the district was 409,109 inhabitants which around 2000 people/km, average household size of 4, poverty of 15.41%, Labor Force Participation Rate of 59.17%, Open Unemployment Rate of 8.49% and most of the income sources are doing service, trading and agriculture [24]. Male students aged 12-18-year-old were invited to participate in this study after doing preliminary information with the permission of the school management and the data remain confidential for other students and teachers. The confirmation for participation was endorsed by their parents after explaining the purpose and procedure of research. 24 participants who were 8 students from each school were eligible to follow the research procedure. All communication with the students and their parent were conducted via their school management.

Data Collection And Procedure
Data collection was conducted in January 2019 in three junior high schools located within three sub-districts in Aceh. FGD was conducted in these three locations subsequently noted as FGD A, B & C and each FGD involved 8 students. FGD was conducted at each school with a duration of 60-90 minutes. The discussion protocol was developed by researchers, based on the reviewed literature and it has been discussed in a group meeting with several experts in qualitative research, prior to use it in FGD. The FGD process was guided by researchers with the expert-validated-protocol. The voice was audio-recorded and the verbatim transcripts were carried out by professionals. The FGD was formulated to obtain detailed information about adolescents' perceptions, opinions, and feelings about smoking habit. The FGD was initiated, by asking questions about perceptions on smoking “What do you think about smoking?” Subsequently followed by “Why do adolescents smoke a cigarette?” and they were
further asked to more deeply describe factors that predisposed the behavior. Each student was asked their opinion and was given enough time to explore their answers. Each student's response was confirmed to the others whether they agree, oppose or suggested other opinions.

Data analysis
The data was analyzed manually by utilizing inductive content analysis, with steps carried out systematically, based on the stages of qualitative data analysis and various parties involved. All information from all FGDs were mixed and considered as the unit of analysis and transcribed verbatim. The transcripts were read repeatedly by three experts in qualitative research and the researchers to obtain an overall understanding. Then data were broken into units of meaning and labeled with codes. The codes were sequentially compared based on similarities and differences and further formulated into sub-themes and themes, which were later translated into English.

Ethical Consideration
This study obtained ethical approval from the Research Ethics Committee of the Faculty of Nursing, Universitas Syiah Kuala, Banda Aceh, Indonesia. Participants have the right to refuse to be involved, they knew the research objective and their personal identity was guaranteed confidentiality. The written consent to participate in this study was obtained from participants’ parents.

The researchers attempted to build relationships with the participants prior to FGD to establish trust. Direct communication with all participants and their parents was conducted by phone and talked in an informal meeting. The study objective was explained and we convinced that all information is given and their personal identity was confidential for the public, other students and teachers. During the FGD, the teachers were excluded from the process and the participants have the opportunity to explore their perception freely.

Results
Participants Characteristic
Majority of participants in this study were 13 years old, the minimum age was 12 years and maximum age was 18 years old. Then, most of participants and their parents were smoker (Table 1).
Table 1
Participant characteristic

| Participant | Age (year) | Smoking status | Parents smoking status |
|-------------|------------|----------------|------------------------|
| P1          | 16         | Smoker         | Smoker                 |
| P2          | 13         | Smoker         | Smoker                 |
| P3          | 14         | Smoker         | Smoker                 |
| P4          | 15         | Smoker         | Smoker                 |
| P5          | 12         | Smoker         | Smoker                 |
| P6          | 15         | Smoker         | Smoker                 |
| P7          | 13         | Smoker         | Smoker                 |
| P8          | 12         | Non-smoker     | Smoker                 |
| P9          | 14         | Non-smoker     | Smoker                 |
| P10         | 14         | Smoker         | Smoker                 |
| P11         | 13         | Smoker         | Non-smoker             |
| P12         | 14         | Non-smoker     | Smoker                 |
| P13         | 18         | Smoker         | Non-smoker             |
| P14         | 12         | Non-smoker     | Smoker                 |
| P15         | 14         | Smoker         | Non-smoker             |
| P16         | 13         | Non-smoker     | Smoker                 |
| P17         | 13         | Smoker         | Smoker                 |
| P18         | 13         | Smoker         | Smoker                 |
| P19         | 14         | Smoker         | Smoker                 |
| P20         | 13         | Smoker         | Smoker                 |
| P21         | 13         | Smoker         | Smoker                 |
| P22         | 12         | Smoker         | Non-smoker             |
| P23         | 16         | Smoker         | Smoker                 |
| P24         | 14         | Smoker         | Smoker                 |

This study explored the perspectives of Muslim adolescent's on smoking habits. Based on the results of the study, adolescent's perspective was grouped into two themes, including perception about smoking and factors related to smoking. Perception about smoking was further divided into 3 sub-categories, smoking is a social habit, contradictive feeling and Islamic perspective on smoking. Then, the second theme was based on factors related to this habit, were four sub-categories, including peer pressure, parents smoking status, curiosity and masculinity were observed.

Perception Of Smoking
The perception of smoking was the main theme when participants discussed smoking behavior. This theme divided into 3 sub-categories, smoking is a social habit, contradictive feeling and Islamic perspective.

Smoking Is A Social Habit
This habit is perceived as a social habit in the Acehnese community, as seen from the participant's statement stipulated:

"I think smoking is conventional, and that it is normal to see someone taking cigarettes", and other participants concurred. Therefore, the result illustrated that participants perceive smoking
behavior as a societal practice - hence, it was not considered a violation of the rules and customs of any form in the local community.

Contradictive Feeling Of Smoking

The contradictive feeling is a discrepancy between behavior and perception. Therefore, the desire to stay away from cigarettes is observed from the participant's statement:

"If people smoke, it means that they are not good" and "if they smoke, they should not stay close to other people because it is more dangerous for passive smokers than the active ones".

Other participants also stated:

"Smoking behavior causes cancer" and "smoking is not good, because it damages health".

They had known the negative effect of smoking but they were unable to reject the smoking behavior. The phenomenon is known as a contradictive feeling among adolescents, where one wants to reject, but is simultaneously unable to do. This was interpreted from the participant's statement:

"I smoked a cigarette because I could not stand (unable reject) to see my friend smoking beside me ."

Islamic Perspective About Smoking

Based on this study findings, the Islamic perspective consists of 3 sub-themes, forbidden (haram), acceptable (halal) and a moderate or better to avoid (makruh). The forbidden theme was reinforced by the participant's statement:

"based on my knowledge about Islam; smoking is not good because it is haram".

This perspective is further reinforced by other respondents, stating that

"In Islamic law, someone who commits suicide is definitely going to hell and smoking also means that you damage your body and it is like that you commit suicide step wisely."

It implies that the habit slowly damages one's health, it is just like a suicidal behavior. According to Islam, suicide is strictly forbidden or haram, then smoking likewise suicide because it subsequently causes death. Pertaining to the illegitimacy of smoking, other participants' fortified a statement that

"In the view of Islam, smoking is not good because it damages our health".

Other group opinions state that smoking is perceived as "Makruh", indicating that it is acceptable but it should be stopped. This type of perspective serves as a reference for adolescents to make a choice
to initiate or stop the habit, as shown by the participant's statement

"Based on Islamic view, the decision to smoke or not, depends on the Islamic understanding".

Participants mentioned that "Smoking is makruh because it is not prohibited in Islam",
there is none verses in Quranic and hadiths (Prophet Muhammad statements) explicitly stated that smoking is forbidden. Forbidding smoking comes from an analogy to forbidding drinking alcohol in Islam.

This research finding also indicated that Acehnese adolescents who portrayed this behavior were associated with the character of religious scholars as to the role models for the community. It is confirmed by the participant's statement that

"Muslims smoke because they see numerous religious scholars also smoke ".

This implies that the role of faith in providing exemplary behavior for an adolescent is significant because of the high tendency of imitation.

Besides haram and makruh, the Islamic perspective on smoking was interpreted based on the smoking effect and benefit as analyzed from the participant's statement that

"I know about Islamic smoking law, it depends, smoking is acceptable, but if it causes dizziness, then it is forbidden and considered as a sin".

This students statement were skeptical about the impact of smoking on health because teenagers tend to observe the short term influence, immediately after taking cigarettes.

This sub-theme indicates that some youths do not just follow their peer argumentation but they also elaborate on different opinions. The participants less understood the Islamic perspective and seem the majority would agree that the Islamic perspective on forbidding smoking depends on observable the immediate impact of smoking as analyzed from the statement :

"smoking can be haram for Muslims, it can become makruh because ... if we fall sick - hence, the law is haram, but if nothing happens to the body, then makruh law is adopted".

It can be infered that the adolescents do not possess adequate knowledge on the effects of smoking to health. Participants would only concerned the short term effect of smoking such as dizziness and the feeling of discomfort when taking cigarettes.
Smoking Because Of Peer Pressure
Peer pressure is defined as a condition where friends persuade or influence an adolescent into partaking in a habit. However, due to the strong ties and the tendency to behave in a similar manner among their acquaintances, adolescents obtain recognition and are thus considered a part of the group. This sub-theme was reinforced by the perception that avoiding smoking makes them a ridicule to their peers as illustrated by the following statement:
"if I don't smoke, I feel ridiculed by friends in my peer group", other participants also stated, "At the first time, I smoked because at that time I sat with my friends, and all of them were taking cigarettes - hence, I did too". These results further indicated that teenagers adopt this behavior because of peer and group pressure in order to survive in their units.

Smoking Because Of Parent's Smoking Status
The next sub-theme was the parents’ smoking status. Teenagers who have smoker parents will think that smoking is acceptable due to their parents have a role in modeling and adolescents’ choice. The parents also might not strongly prevent their children to smoke because they have their own perception of the smoking habit. However, Acehnese teenagers possess a tendency to adopt the behaviors conducted by their guardians, as analyzed from the participant's statement:
"I smoke because my father smokes in front of me."
Another participant also states that
"I see my brothers smoke, my relatives and many people around me are smokers”.

Smoking Is A Symbol Of Masculinity
Masculinity is a feeling of being recognized as a real man, which it might have similar cases over in many countries in the world and adolescent in Aceh comprehends the term as an important issue. This study identified that smoking was affiliated with masculinity and teenagers perceived that a smoker showed the expected features. This is inferred from their following statement that:
"if you don't smoke, you do not look like a real man, and you are not mature - hence, ridiculed by friends to be weak man".
This perception predisposes the adolescent to the greater risks, and maintained their smoking habit.
to portray being strong men. A stigma of being a weak man for non-smoker is confirmed from the participant's statement:

"When I did not smoke, one of my friends ask me, why don’t you smoke, you look very weak?"

Therefore smoking habit was indicated as the way for adolescent to be recognized for their peer that they have masculine characteristics.

**Smoking Because Of Curiosity**

Adolescence is a transition period, characterized by the strong curiosity on everything, including trying to taste cigarettes, as found in the case of teenagers in Aceh. The phenomenon was confirmed from participant statement that,

"the first time I smoked was because I was curious about the taste of the cigarette - hence, I tried it, which got me addicted."

Then, this sub-theme was strengthened by other participant who stated,

"I smoke a cigarette because of its good smell, which stimulated me to take it,"

This result reflected a connection between curiosity and the smoking habit among adolescent in Indonesia.

**Discussion**

In this qualitative research, teenagers expressed their perceptions of smoking, based on social contexts and Islamic perspectives. The results obtained are very important for educators and health practitioners, especially those involved in making efforts to prevent smoking, stop the behavior and promote health. Furthermore, this determination was expected to assist in the development of effective intervention programs to promote appropriate cultural and religious characters and the following discussion were obtained, according to the sub-themes.

The outcomes of this research indicated that smoking is perceived as a social habit that exists in the local community. Adolescents consider it to be acceptable and not contrary to the norms of society. These results verified the previous studies, carried out in Mexico, that smoking habit was generally described as socially acceptable for men, but not for women [5]. Thereby such perception also promotes smoking habits among teenagers, they are more likely to adopt the foible. Conversely,
when smoking becomes a culture in a community, others discourage to avoid the smoking habit. This finding is consistent with previous studies, when smoking habit has been accepted in social networks, especially among family members and friends is strongly associate with cessation and relapse, so then prevention is likely ineffective [25].

Muslim teenagers in Indonesia apparently possess a similar smoking perception with adolescents in other countries. They tend to smoke because it is considered an acceptable habit in their social environment. This is in line with the previous research that teenagers were sensitive to friends who smoked, and also the atmosphere in general, within a wider network of friends [26]. Furthermore, other investigations reported that young adults have a special relationship with smoking, capable of perpetuating social inequality, based on their socio-economic status in the environment, which is worrisome, during this early stages of life because of the bad impact through life journey [27].

The results also described that teenagers experience contradictory feelings in relation to their opinion on smoking, which is linked to the information obtained as regards its consequences. However, warning labels that are contrary to the expectations of positive smoking results can reduce the expectation that the explicit outcome is slightly positive, subsequently reducing the behavior in the short term. Hence, these are very important to disseminate information to the public about the effects of smoking on health [28], although, teenagers are a vulnerable age group, easily influenced by various positive and negative things as some partake in this habit because there is no direct, immediate impact on health [28]. Furthermore, the warning about the dangers attributed to smoking causes contradictory feelings, as this incites fear in them. Therefore, contradictory warning labels are more meaningful, if targeted at current smokers, and it also prevents youth from starting the behavior [28]. However, this is an important thing to consider while initiating a program to this effect as it is supported by a previous study, which illustrated the importance of negative affect indirectly motivating the desire to stop smoking - hence, serving as a source of information to influence adult smokers and non-smoking adolescents to accept health the risks [29].

Contradictive feelings also arise because of the inability of adolescents to control behavior according to their desire. Smoking is a voluntary response to unintentional desires, which in some cases,
involves neglecting the use of voluntary efforts to resist impulsive actions. However, the case of adolescents tends to resemble other human behavior [30], as the results of this study indicate the experience of contradictive feelings, related to smoking, even though the decision has been made, they remain sensitive. Therefore, this theme also relates to differences in views about the laws governing the behavior, among scholars.

Related to the Islamic perspective, there are 2 groups of Islamic scholar in Indonesia, Nahdatul Ulama (NU) and Muhammadiyah, both of which possess different opinions on the law of smoking, Muhammadiyah scholars issue fatwa that forbids smoking, while NU tends to not support this standpoint [22]. However, teenagers who do not take cigarettes say that religion is a reason not to participate. Furthermore, this agrees with previous research in Jordan, which showed the close relationship between religious obedience and smoking, indicating the importance of being culturally appropriate to help health workers achieve this [31]. Moreover, one of the most significant factors associated with the habit is a decrease in religiosity [32], as Muslim smokers in Malaysia refer to their religion as a guide to stop it or not [33]. The Quran and the hadith are the primary references for law and live principles for the faithful [34], although the law on smoking is not directly stated in both.

Hence, it is still debated in Indonesia, especially in Aceh; therefore, scholars have issued fatwa about the topic, by also considering the contents of these sources. For a Muslim, a “fatwa” includes religious rules which are not specified in the Quran and Hadits but are considered by Islamic scholars.

The results of this study on teenagers in Aceh showed that some perceive this habit, according to Islam as Haram, as it is seen as unhealthy, due to its adverse effects, which can eventually lead to death. Therefore, Islam forbids any behavior that has a negative effect on the human body as stated by the implicit law of smoking, supported by Quran Al-Baqarah: 195, which means “And do not drop yourself into destruction”. Furthermore, it is also illegal because it is identified with suicide committed slowly, which is supported by the contents of the Quran, stating “And do not kill yourself; indeed, Allah is the Most Merciful to you. (Quran An Nisaa: 29). However, the prohibition is also due to the danger posed on others, reinforced by the words of the Prophet Muhammad, which meant, “It should not start giving bad effects to other people, as well as repaying it.” Moreover, this embargo was also
in accordance with the Fatwa of the Aceh Islamic Scholar Number 14, in the year of 2014, according to the Islamic view that stressed its prohibition by medical experts. A person that allows children to participate in this habit is a sinner, - hence, it is concluded that cigarettes must be avoided by Muslims.

In addition, the Muslim perspective is emphasized by prominent scholars that urge abstinence and announce fatwas against tobacco, on the grounds of their potential to cause poor health and further offend the commands of the Quran, therefore ensuring personal health and that of others [35]. However, some teenagers in this study view smoking as Makruh, which means it is allowed, although it is better to not. Furthermore, this result agrees with the previous study, which stated its permissibility, where Muslim smokers perceive the behavior as acceptable in Islam – hence, Makruh, although, if it is too much, it could be haram [36]. This awareness propels the desire to smoke among teenagers and the continuity to do so, eventually creating dependence.

Adolescents tend to observe the short term impact of smoking and therefore adopt the behavior because there is no immediate effect on health, indicating the adequacy of information about the dangers available to them. Furthermore, this study is in line with previous studies, which reported that a number of secondary school students in urban areas lack specific knowledge about smoking-related diseases [36], and also other studies that showed the main motivation to be social. However, the danger of tobacco is low, and an independent risk factor is a perception that friends and other students take the substance, and drink alcohol [37]. Based on the results, Muslim adolescents that consider this habit as Makruh and not forbidden are more at risk for participating. Hence, preventive efforts are urgently needed to inhibit the inception, which promotes dependence.

Moreover, this investigation also showed the similarity between factors related to smoking, as in previous studies, where the influence of friends was observed as an important factor. Furthermore, it was also stated that the main related factors include having addicted allies, being offered cigarettes, and also the easy of access [38]. However, relatives and accomplices that smoke played an important role in influencing these practices [15], consistent with the study which reported a significant association between the status of family and friends with adolescent behavior [39]. Therefore,
teenagers in Aceh and the world at large are highly influenced by their associates – hence, they tend to adopt the common behaviors [40]. Furthermore, other research, which stated that habit was driven by peer pressure and fashion [41], agreed with this investigation.

Adolescents feel more comfortable possessing greater similarity with their friends, including connections with smoking behavior, as those who possess such accomplices do tend to behave likewise [42]. This agrees with previous studies, where the importance of peer pressure on this habit among students, was shown [43]. Furthermore, this investigation indicated that this factor remains one of the focuses in prevention intervention programs, which involves practices to increase self-efficacy, in an attempt to anticipate peer pressure and prevent culturing the habit. Hence, its predictors include regular physical activity and low rejection of self-efficacy among men [44].

Furthermore, parenting seems to be an important stimulus for adolescents through the period of conduct development [42]. As seen generally, Muslim teenagers in Indonesia are strongly influenced by guardians, because they serve as role models as shown in the analysis carried out in Aceh. Furthermore, this agreed with previous studies, where families play a strong role and therefore affect adolescent smoking behavior [45]. However, other papers reported the close relationship between tobacco use and exposure as second-hand smoke (SHS), with low socioeconomic status in non-intact households, where parents also smoke [5]. Furthermore, the continuity of this practice by guardians enhances dependence in the teenager, which is consistent with studies that show a strong positive relationship between parents and behavior of adolescents, most significantly the father [46], as this is a strong risk factor for habit initiation, between the ages of 12–17 years [47].

This research further illustrates the importance of exemplary behaviors in adolescents as role models are significant in a community (at home are parents and siblings), at school and university (teacher/lecturer) and then at work (director/head) [43]. However, the presence of addicted family members also reduces the desire to quit [48], while within the school environment, role models play an important part [49], as the behavior is significantly associated with the intention factors, rejection skills, self-efficacy, friends and parents, and anti-smoking environment [50]. Furthermore, based on this discussion, the importance of the character is known, although, past research showed differences
in the influence of parents with a history of smoking and also those currently addicted. Hence, an adolescent who has parents with a history of smoking possesses a lower risk than children with current habitual guardians [51].

Adolescents were determined to smoke because it made them appear strong and mature, agreeing with the earlier research, which related the initiation with the desire to be a real man. Therefore possessing a positive subjective health status, promoting self-perception of being thin or of average body weight, portrays average happiness, stressed, consuming alcohol, suicidal ideation, possessing sexual relations, with low or average academic achievement. Furthermore, having an education level for middle school or lower parents, skipping travel trips with family within the previous 12 months, and having relations that agreed to smoke at home [52]. However, the results do not support previous studies in Canada, which perceived smoking as unhealthy and uncool [16], occurring because misunderstandings about the topic still occur in Aceh, due to the perception that it indicates a person's maturity. Hence, this illustrates the problem of self-concept, experienced by teenage smokers, as against the goals of elevating self-confidence. Therefore, agreeing with previous studies that showed men with lower self-esteem exhibit more positive beliefs and behaviors than women [53]. However, others found that out of the 13 risk factors investigated, eight of them (including smoking status of parents and friends, the absence of ban at home, exposure to cigarettes in cars, vulnerability, increased symptoms of depression, and self-esteem) were statistically significant in relation with the initiation of the habit in teenagers, after adjusting to the age and education of parents [53]. Furthermore, previous research also uncovered that another influence was due to the stigma of not smoking (such as reducing smoking), and also non-intense consequences, e.g. guilt, loss of self-esteem, self-defense and determination to continue [54].

Based on the theory of development, adolescence is characterized by an elevation in curiosity towards various objects as it is a cognitive development stage, enhancing the need to explore new activities, including smoking. Furthermore, curiosity is identified as a person's internal motivational system, activated by specific stimuli or activities, which contain uncertainty and novelty, and further motivates exploratory behavior [55]. This study showed inquisitiveness to be a major factor
contributing to the risk of smoking among adolescents in Aceh, therefore, supporting previous studies that reported a close relationship between seeking a sensation and cigarette use. Conversely, the search for an elevated thrill was significantly associated with e-cigarette experience, among Texas teens [56], driven by curiosity, peer pressure and fashion [41].

Being inquisitive is also attributed to other factors, as hypothesized where pro-smoking attitudes and perceived social norms support smoking and low self-efficacy, against the relation to this habit in a cross-sectional manner [54]. Furthermore, the consequences of interest, tend to expel adolescents to the behavior, which is difficult to terminate, due to trips comparison or cessation processes with first time experience [41]. Hence, the issue of curiosity is essential when developing prevention programs for adolescents. Furthermore, the existence of rejection of self-worth is an important predictor of smoking incidence, which does not depend on specific communication about the topic, among parents, siblings and friends / good friends [57]. However, this result complements various prior findings, which serve as a guideline for the development of effective smoking prevention and interventions. Hence, the limitations of this study include the gap between the proportion of smokers and non-smokers as the majority of the participants in this research smoked.

Conclusion
The results of this study illustrated that adolescents consider smoking as a social habit - a contradictory feeling experienced, and according to the Islamic perspective, it is deliberated by most teenagers to be Makruh. Furthermore, it was also reported that the initiators were peer pressure, parents' smoking status, curiosity and masculinity, to be referenced in the development of Islamic-based prevention intervention programs for adolescents. We recommended the health professionals who interested in developing smoking prevention programs to consider about this adolescent perspective about smoking habit. So, the program will be more effective and culturally appropriate.

Declarations
List of Abbreviations:

FGD: Focus Group Discussion
NU: Nahdatul Ulama
SHS: Second-Hand Smoke

**Ethics approval and consent to participate**

This study obtained ethical approval from the Research Ethics Committee of the Faculty of Nursing, Universitas Syiah Kuala, Banda Aceh, Indonesia. Participants have the right to or refuse to be involved, as they also obtained optimal information about research and were further guaranteed confidentiality. The written consent to participate in this study was obtained from participants’ parents.

**Consent for publication**

All data about respondents listed in this article were approved by participants for publication.

**Availability of data and material**

The datasets used and the current study is available from the corresponding author on reasonable request.

**Competing interest**

There was no conflict of interest among fellow authors.

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**Authors' contribution**

The author's contributions are as follows: FT is the principal author of the article, involved in all aspects of research, including research designs, data collection and analysis. AL was involved in research invention, data interpretation, editorial reviews and revision. SRJ assisted in these aspects as well. TT participates in helping in research planning, in data analysis and interpretation, as well as a review of articles. Furthermore, all authors agreed to publish this article and the final article.

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**Authors information**

1. Graduate School of Mathematics and Applied Sciences, Universitas Syiah Kuala, Banda Aceh 23111, Indonesia (fithria@unsyiah.ac.id, adlim@unsyiah.ac.id)
2. Department of Family Health Nursing, Faculty of Nursing, Universitas Syiah Kuala, Banda Aceh, 23111 Indonesia (fithria@unsyiah.ac.id).
3. Department of Psychiatry and Mental Health Nursing, Faculty of Nursing, Universitas Syiah Kuala, Banda Aceh, 23111, Indonesia (syarifah_rauzatul_jannnah@yahoo.com).
4. Department of Community Health Nursing, Faculty of Nursing, Universitas Syiah Kuala, Banda Aceh, 23111 Indonesia (ttahlil@unsyiah.ac.id).

Correspondence: fithria@unsyiah.ac.id

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