Smoking Behaviors Of Street Childrens In Makassar Indonesia

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ABSTRACT

Street children are vulnerable groups of risky behavior, one of which is smoking behavior. Smoking behavior is influenced by several factors. This study aims to describe smoking behavior of street children in Makassar and its relation with school status, living with parents, family history of smoking, peer influence, and level of religiosity of the street children.

The research design used was analytical observational cross sectional study. Research was carried out in January until February 2013. The population of this study are 990 street children with the sample of 277 street children in Makassar. Sample election technique used is non probability in accidental sampling with inclusion criteria of respondents aged 10-19 years and Muslims. Data analyzed with chi square test with confidence interval of 95% (α=0.05).

Results of this research show that 48% of street children have ever smoked and 37.2% of street children were still smoking in the last 30 days. Results of statistical test using chi square test showed that there is a relationship between living with parents (p = 0.002; phi = -0.196) and levels of religiosity (p = 0.023; phi = 0.137) with smoking behavior of street children that have the strength of a weak association. However, there was no relationship with school status (p = 0.613), family history (p = 0.874), and peer influence (p = 0.157) with the smoking behavior of street children.

This research suggests to give education about dangers of smoking, provide religious values for them and involve them in religious social activities, family empowerment approach to parents to guide their children not to smoke, and optimize function of NGOs or shelters for street children.

Keywords : smoking behavior, street children, school status, living with parents, family history, peer influence, religiosity, Makassar

INTRODUCTION

Street children are a vulnerable group in conducting health risk behaviors. Adolescent is the largest of a group of street children so that health problems of street children is a problem of adolescent; smoking behavior, drug use, risky sexual behaviors, and reproductive health problems such as sexually transmitted infections and HIV-AIDS1.

The majority of risky behavior that occurs on street children in several countries of the world especially developing countries is smoking behavior. Study in Nepal showed the majority habit of street children smoke (87.5%)2. Study in Beni Sueif Egypt showed the majority of health problems of street children were smokers (83.2%)3.

Smoking behavior of street children in Indonesia as a developing country is also still a problem. Study by Tobacco Control Support Center and Public Health Association of Indonesia in Jakarta showed that 61% of street children are smokers4. Prevalence of smoking in young street boys aged 13 to 15 years is 41.3%, while the national prevalence of smoking in young school boys of the same age is only 24.5%, according to the Global Youth Tobacco Survey 2006 WHO version5. Smoking behavior also more performed by street children in Makassar. A survey 2009 in Makassar showed 55.2% had never smoked and 26.1% of them are still smoking6.

Smoking behavior of street children is influenced by several factors. Study in Makassar indicates that the level of education and parental controls are some characteristics considered significantly associated with several risk behaviors including smoking behavior7. Family factors play a major role in the form and appearance of the street children’s behavior, both positive and negative behavior8.

Peer group is also recognized to influence considerations and decisions of adolescent about behavior. Study in New York showed the role and approval from peers with intention of smoking and alcohol consumption in the future on adolescent9.

Religiosity is one of the internal factors that can affect the protective adolescent's decision to undertake risky behavior including smoking. Study in Utah showed that
adolescent who are religious are less likely to smoke, drink alcohol, and use marijuana than teens who are not religious. Based on the above description, it is important to do research on factors related to smoking behavior of street children. Makassar is one of the cities with the largest number of street children which is quite large and has increased in the last five years (2008 to 2012), therefore Makassar is selected as the study site. This study provides information on the relationship status of the school, living with parents, family history, peer influence, and level of religiosity with smoking behavior of street children.

MATERIALS AND METHODS

Design Study
Design from this study used observational analytic cross sectional study.

Site Study
This study was conducted at several locations in Makassar from January to February 2013 because Makassar is one of the major cities in Indonesia with a lot of street children and the number has increased in the last five years (from 2008 to 2012).

Population and Sample
The population in this study are all street children in Makassar 2012 (990 street children). The sample in this study used the Lemeshow equation sample with a 95% confidence level and 5% level of significance, so the number of samples obtained 277 street children with the inclusion criteria of street children aged 10-19 years who are Muslims and are willing to participate in the study, whereas exclusion criteria were street children under 10 years old or over 19 years who are not Muslims and were not willing to participate in the study.

Data Collection Method
Primary data were obtained from observations and interviews using a questionnaire instrument. Secondary data such as the number of data street children in Makassar 2012 were obtained from the Makassar Social Services in 2012.

Data Analysis
Data analysis was conducted to test the null hypothesis using chi square test. Univariate analysis is used to get a general idea by describing each of the variables used in the study. Bivariate analysis is used to examine the relationship of independent variables (status of school, living with parents, family history, peer influence, and the level of religiosity) with the dependent variable (smoking behavior in the last 30 days).

RESULTS

Characteristics of Respondents
The results are based on data from interviews with respondents obtained results about the characteristics, smoking behavior of respondents, and several factors related to smoking behavior of respondents during last 30 days. Average respondent was 12 years old (22.0%) and male sex (80.1%). Most of the street children have not finished primary school (58.5%) and the others have completed primary school (29.2%). There are more respondents living with their parents (96.8%) and 84.5% of the respondents came from Makassar, but there are also those who came from outside of Makassar as Bantaeng, Bone, Bulukumba, Gowa, Java, and others.

Most respondents have become street children less than 5 years (80.5%). The biggest reason to become a street child was to make money (71.1%). The most time spent on the street was in the category 4-8 hours (74.0%). Most of them are buskers (45.8%) with income per day is at most Rp21,000 to 50,000 (41.2%). Respondents who participate in non-governmental organizations (NGOs) / Foundation is 19.1%, such as Yayasan Bina Anak Mandiri Indonesia (YABAMI), Istana Anak Ceria (IAC), and Komunitas Pengamen Jalanan (KPJ).

Graph 1. Characteristics of Respondents by Period becoming Street Children in Makassar in 2013

Source: Primary Data 2013
Graph 2. Characteristics of Respondents by Time Spent on the Street in Makassar in 2013

Source: Primary Data 2013

Smoking Behavior

Most of the respondents had never smoked (52.0%) the rest of the respondents smoked (48.0%), but the difference is not much different (4%). Age of first smoking has the largest percentage of the age categories 9-10 years (33.1% of the respondents who had never smoked). Respondents who still smoked in last 30 days were 37.2% whereas there are more male respondents who smoke (45.9%).

Graph 3. Smoking Behavior of Street Children Last 30 Days in Makassar in 2013

Source: Primary Data 2013

Most of the respondents smoke everyday (56.3% of the respondents were still smoking), average numbers of cigarettes a day spent in the highest is in the group is less than or equal to ten cigarettes (62.1% of the respondents were still smoking).

Most time to start smoking after waking up in the morning were in category smoking > 60 minutes (72.8%). Type of smoker respondents can be determined based on the amount of cigarettes a day and time to start smoking after waking up. Most type smokers are light smokers (47.6%) who spending ≤ 10 cigarettes per day and started smoking more than 60 minutes after waking up. No respondents were included in type very heavy smokers. Type of other smokers is the type of smoker that do not fulfill the category of light, moderate, heavy, and very heavy. Based on the results obtained 28.2% of the respondents had tried to quit smoking.

Graph 4. Amount of Rods Cigarette Spent in a Day by Street Children Who Smoking Last 30 Days in Makassar in 2013

Source: Primary Data 2013

Cigarette filters are the most commonly consumed in the last 30 days (96.1%). Most of them smoke cigarettes with the smoke only going as far as the mouth (34.0%). More respondents get their cigarette by buying cigarettes in shops or stalls (59.2%), but there are still the respondents who earn by taking cigarette butts (7.9%) of respondents who were current smokers. From total respondents who still smoked, 75.7% had tried to quit smoking.

More respondents who were enrolled in school (94.2%) and living with their parents (96.8%). More respondents have family members who smoke (76.2%). The most family members who smoke based on the interview was the father of the respondents (68.7%). Besides other family members who smoke are mother, sister, uncle, aunt, cousin, in-law, grandfather, and grandmother. Furthermore results obtained 8.5% of the family members who smoked had invited respondents to smoke. There are 69.0% of the respondents who have family members that prohibits respondent to smoke.
Respondents were more likely to have friends smoke (76.9%). Respondents who made friends with a smoker for a year had the highest percentage of 29.5%. Based on interviews conducted result that 48.4% of respondents had smoked invited by a friend of respondents who smoked, and 76.7% among respondents who claimed to be affected by smoke invited invitation. The results obtained by scoring from religiosity variables that 59.2% had sufficient religiosity.

Table 1 shows no significant relationship between school status with smoking behavior of street children in Makassar in 2013 with chi-square statistical test p = 0.613 (p ≥ 0.05). Respondents who attended school more do not smoke (62.5%). But more smokers among respondents who attended school (37.5%) than smokers who do not attend school (31.2%).

There is a significant association between living with parents with smoking behavior of street children in Makassar in 2013 obtained from the fisher's exact test statistics (chi - square are not eligible) with a value of p = 0.002 (p <0.05), strength correlation values obtained phi = -0.196 showing the strength of weak ties. Negative direction phi coefficient indicates that if street children do not live with their parents, the more likely to smoke.

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<th>Table 1. Factors Related with Smoking Behavior of Street Children in Makassar 2013</th>
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Source : Primary Data 2013
DISCUSSION

Respondents who were still smoking in last 30 days are as big as 37.2%. This shows an increase in smoking behavior when compared with the street children who also partook in the conducted research in Makassar in 2009, only 26.1% were still smoking when the survey took place. Reasons from respondents for not smoking because it is prohibited by most parents (72.9% of respondents who had never smoked and ex-smokers) and only 16.6% were non-smokers who argue that smoking is not good for health. Other reasons include because they do not want to, not tasty, is still young, tired, prohibited by the brothers, and some reason because smoking is a sin.

The results showed no relationship between school status and smoking behavior of street children in Makassar in 2013. Someone is getting a good education has been largely due to the danger posed know smoking behavior that should be able to refrain from smoking. In addition, warning of the dangers of smoking have been included in every pack of cigarettes.

The existence of other factors that could influence smoking behavior possibility of becoming the cause of street children that education does not affect a person's smoking behavior. One of which is the age factor that is included in the youth category. In the adolescent phase associated with search for identity and adolescents typically make smoking behavior as a symbol of power.

Based on the results of this study also showed that level of education the most of the respondents are not complete primary school (58.5%) that is suspected to be one cause of the immaturity of thinking about the impact of smoking behavior. Curiosity sometimes encourage adolescents to try or experiment which is one of the psychosocial changes that occur during the adolescents.

This is not in consistent with research in Makassar in adolescents aged 10-24 years showed that the level of education is considered to be one of the characteristics significantly associated with several risk behaviors including smoking behavior. Utami and Winarno research shows there is a direct and significant relationship between level of education and knowledge about the dangers of smoking. In that study also found positive results between age and smoking behavior. So the study found no association between knowledge with an attitude of rejection towards smoking behavior.

The results showed an association between living with parents and smoking behavior of street children in Makassar in 2013, which shows the strength of weak ties. This suggests that living with parents can exhibit better behavior.

Time of the study claimed that some street children are at home when they do not dare to smoke because of the presence of their parents who forbid to smoke, so the smoke activity is only done at the time on the streets. The results support the possibility of living with the relationships with the parents of smoking behavior is because 96.8% of street children living with parents, and 64.6% were non-smokers. Results also indicate that more street children do not live with parents was smoke (88.9%).

Residence is one of the factors that influence behavior of street children. Street children are "pure" or stay on the road a lot more shows antisocial behavior. Children living on the streets are also vulnerable to threats. Environment where street children live physically and emotionally vulnerable. A study in Tanzania found that children living on the streets engaging in substance abuse, including smoking behavior to survive in the current discrimination and difficulty obtaining food.

Contribution of social factors is necessary in handling the problem of street children. Several things that can help street children in preventing and responding to their health problems one of which creates a safe and supportive environment. The goal is to increase positive behaviors of street children.

One of environmental factors that can influence the behavior of street children is the concern of parents, peers, and other adults. So it is important to connect with the families of
street children, but for children not together with their parents who are able to set up a group that can help fulfill the needs of children so they can create a new family for them. In addition, the necessary communication skills within the family and build parenting skills so that they can develop a more positive interaction with street children. Street children who do not live with their family can also build a group of adolescents who support for their positive behavior.

One of handling model street children is focused on the provision of social support or family empowerment so as to prevent children becoming street children, or street children draw back to his family. In addition, the handling of street children also concentrated in institutions, either temporarily (prepare reunification with his family) and permanent (especially if street children not have parents or relatives). This approach also includes temporary shelter facility that provides shelter for street children. Other treatment is centered on a community by involving community development by promoting networking through various institutions both governmental agencies and civil society organizations.

The results showed no association between family history and smoking behavior of street children. This possibility occurs because 83.4% of families with a history of smoking remains prohibits respondents to smoke, based on the results of crosstab between family history of smoking with the smoking prohibition by family members. In addition, only 8.5% of respondents who had invited family respondents to smoke.

Smoking behavior is influenced by the social environment. Evans et al in De Vries states that social factors impact directly and indirectly on the individual. Family factors play a major role in the form and appearance of the street children's behavior, both positive and negative behaviors. Real behavior of street children are either directly or indirectly influenced by family background variables (22.0%) than by background environmental variables, physical characteristics, psychological characteristics and sociological characteristics.

This study is not consistent with Kristanti and Wismanto (2000) research, which showed that parents who smoke have a tendency to permissive toward adolescents who smoke, than fathers who did not smoke. It happens because parents who smoke can not forbid their children to smoke due to the parents do the same. Conversely, parents who do not smoke able forbid their children not to smoke because they are able to do the same and give a good example.

The results showed no relationship between smoking behavior of peers with street children in Makassar in 2013. It occurs because although respondents had friends who smoked and 48.4% of the respondents have been invited by their friends to smoke, but 71.8% of them are not affected by the invitation.

Besides the most old friends among respondents with friends who smoke are less than one year and one year, respectively 18.4%. This suggests that friendship between respondent and their friends who smoke not so old could be one possibility is no relationship between smoking behavior with peer influence. So suspected that longer friends with smokers, more possibility to smoke. Other risk factors that may arise due to the length of children working on the streets are street children vulnerable to air pollution and noise.

Other results from this study also show that there is a relationship between street children who live with parents with smoking behavior. It shows that street children who not living with their parents will tend to behave smoke and possibility influenced by environmental factors including street children who live with their colleagues or peers. The results show street children of smokers who lived with his partner is 83.3%. However, based on data obtained 100% of the street children who lived with his partner was not affected by the smoke even invited their friends who smoke. This suggests that the smoking behavior of street children who lived with his partner was not influenced by peers, but possibility influenced by other factors.

Sarafino mentions several factors that may influence smoking behavior in addition to environmental factors are genetic factors, the influence of advertising, and psychological factors for relaxation or calmness, and reduce anxiety or tension. Psychosocial changes during adolescence are also possibility of becoming other factors of smoking behavior are not influenced by peers like curiosity.

These results contrast with some previous studies which showing association
between peer influence smoking behavior. Research in Laos shows smoking behavior with peers associated with the occurrence of multiple risk behaviors simultaneously on males aged 15 years and over 19. Study that peer influence is associated with smoking behavior and drinking alcohol in adolescents is also supported by study in New York that the existence of roles and approval from peers with the intention of smoking and alcohol consumption among adolescents in the future. Results from this study showed there is correlation between levels of religiosity with smoking behavior of street children which showed a weak relationship. This is important because the level of religiosity is one of internal factors that protective of street children can affect the decision to undertake risky behavior such as smoking behavior. Understanding and appreciation of the religious respondents to provide guidelines in behave in everyday situations, including the decision to smoke or not. Importance of instilling religious values in adolescence so that street children can be considered to perform risky behaviors.

However, the weakness in this study was measured religiosity respondents see only the attitude and practice dimension without knowing how the respondents appreciation and understanding of the Islamic religion, so this may be a consideration for future research. There might be other factors that influence the religiosity of street children in addition to their religious attitudes and practices such as the influence of their social activity. Bartkowski and Xu stated that one of the mechanisms congruent with the conceptualization of religion to build a group is the notion of social capital. Faith-based social as a combination of three components are exposure to religious norms, integration in religious activity, and believe in religious values. These components are interrelated functions to inhibit substance use in adolescents. One of component that can affect the activity in the field of religion is that using adult roles and peer groups that provide opportunities to engage in prosocial activities.

Religious affiliation serves as one exposure to religious norms. Involved with a forum in activity in the field of religion can provide opportunities to street children to develop a relationship with a positive peer group and adults. Study in Mexico indicates that the integration of religious activity serves as a basic component of religious social capital. Integration in religious activity is possible key role in inhibiting the use of harmful substances. Attendance in religious activities such as frequency to the mosque more often reduces the possibility of the amount of time street children to smoke. Thus, the socio-religious activity showed a protective effect on smoking behavior. This relates to several studies that show consistent results that religiosity was associated with smoking behavior of street children. Study in Utah shows that adolescents who are religious are less likely to smoke, drink alcohol, and use marijuana than adolescent who are not religious. Other studies have also demonstrated an association between religiosity with smoking behavior.

CONCLUSION

The results showed that there is a correlation between living with parents (p = 0.002; phi = -0.196) and levels of religiosity (p = 0.023; phi = -0.137) with smoking behavior of street children. The study also showed no correlation between school status (p = 0.613), family history (p = 0.874), and peer influence (p = 0.157) with smoking behavior of street children.

Need for education about the dangers of smoking on street children through education and equip religious values for street children so that the embedded value can be protective factor against behavior of street children. Need for involve street children in religious social activity to establish positive behaviors on street children.

Family empowerment especially approach to parents deemed important because most of the street children live with their parents. Important for family members to provide guidance on street children because the role from nearest person crucial in determining how a child's interactions with the environment. The Government further optimize the function of the NGO/shelters/foundations to empower children who do not live with her parents so that it remains in positive behavior guidance.

For the next researcher in order to dig up more information about smoking behavior of street children and connecting with other variables that have not been previously studied or if possible use an existing variable using...
qualitative research. Next research may also develop a more specific measurement of religiosity thus providing more information and in-depth.

REFERENCES