

TESIS

**PENGARUH KONDISI LINGKUNGAN SOSIAL DAN EKONOMI
REMAJA TERHADAP PERILAKU MEROKOK REMAJA DI
KECAMATAN PANGARENGAN KABUPATEN SAMPANG MADURA**



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PROGRAM MAGISTER
PROGRAM STUDI ILMU KESEHATAN MASYARAKAT
SURABAYA
2015**

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**Untuk memperoleh gelar Magister Kesehatan
Minat Studi Promosi Kesehatan dan Ilmu Perilaku
Program Studi Ilmu Kesehatan Masyarakat
Fakultas Kesehatan Masyarakat
Universitas Airlangga**

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SURABAYA
2015**

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PENGESAHAN

Dipertahankan di depan Tim Penguji Tesis
Minat Studi Promosi Kesehatan dan Ilmu Perilaku
Program Studi Ilmu Kesehatan Masyarakat
Fakultas Kesehatan Masyarakat Universitas Airlangga
dan diterima untuk memenuhi persyaratan guna memperoleh gelar
Magister Kesehatan (M.Kes.)
pada tanggal 7 Agustus 2015



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3. Dr. Santi Martini, dr., M.Kes
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PERSETUJUAN

TESIS

**Diajukan sebagai salah satu syarat untuk memperoleh gelar
Magister Kesehatan Masyarakat (M.Kes.)
Minat Promosi Kesehatan dan Ilmu Perilaku
Program Studi Ilmu Kesehatan Masyarakat
Fakultas Kesehatan Masyarakat
Universitas Airlangga**

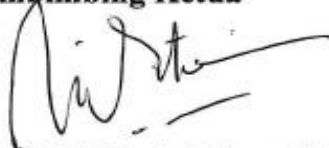
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PERNYATAAN TENTANG ORISINALITAS

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PENGARUH KONDISI LINGKUNGAN SOSIAL DAN EKONOMI REMAJA TERHADAP PERILAKU MEROKOK REMAJA DI KECAMATAN PANGARENGAN KABUPATEN SAMPANG MADURA

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Demikian surat pernyataan ini saya buat dengan sebenar-benarnya.

Surabaya, 7 Agustus 2015



Diah Wijayanti Sutha

KATA PENGANTAR

Puji syukur kehadirat Allah SWT atas karunia dan hidayah-Nya penyusunan tesis dengan judul “**Pengaruh Kondisi Lingkungan Sosial dan Ekonomi Remaja Terhadap Perilaku Merokok Remaja di Kecamatan Pangarengan Kabupaten Sampang Madura**” ini dapat terselesaikan.

Tesis ini berisikan mengenai analisis kondisi lingkungan sosial dan ekonomi remaja terhadap perilaku merokok remaja di Kecamatan Pangarengan Kabupaten Sampang Madura pada rentan bulan Maret-Agustus 2015, dari hasil temuan dapat membantu peneliti meningkatkan kualitas analisis data yang sebelumnya banyak terjadi kesalahan dalam proses pengolahan data.

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5. Semua teman Minat Studi PKIP Program Studi Ilmu Kesehatan Masyarakat Program Magister Fakultas Kesehatan Masyarakat Universitas Airlangga

Demikian, semoga tesis ini bisa memberi manfaat bagi diri sendiri dan pihak lain yang menggunakan.

Surabaya, 7 Agustus 2015

Penulis

SUMMARY

Influence Of Enviromental On Social and Economic Conditions for Smoking Adolescent Behavior In District Pangarengan Sampang Madura

By 2030 WHO estimates that, 70% of deaths caused by smoking that occur in developing countries, including Indonesia. In line with this, the Basic Health Research 2010 shows that the prevalence of current smokers at 34.7%, that means that more than a third of the population are smokers. Group Smoking and Health estimates that about six thousand adolescent try their first cigarette every day and three thousand of them become regular smokers, Smoking behavior that begins in adolescence will become a habit and become a permanent usage over a period of several years. Some studies reveal that most of smokers begin with the first cigarette at the age between 11-13 years, and 85% to 90% began before the age of 18.

Pangarengan especially Sampang District of the target area researchers to do research to date no studies or surveys that the local government held records about smoking behavior of adolescent or adolescent morbidity data with risk factors caused by smoking behavior. Preliminary surveys conducted on students in three Junior High School and High School in Sampang who have vulnerable average age 14-18 years, as many as 9 out of 10 students were smokers and 5 of them are included in the group of heavy smokers. They spend at least > 10 cigarettes for a day, and consumption could increase if they were gathered together fellow smokers. Results of brief interviews most of the adolescent who smoke because of their family members who smoke, as well as their peers. Teen smokers in Sampang that 7 out of 10 adolescent revealed that they also want to look cool like what is described tobacco advertising in media were touched by them when they smoke.

Healthy is a prosperous state of body, soul, and social life which enables socially and economically productive. In this sense, the health must be viewed as a unified whole composed of elements of the physical, mental and social and in which mental health is an integral part of health. Adolescent are considered as a group that has a lot of risk associated with the quality of their health. The condition is due to specific characteristics in the process of its development, namely the level of cognitive ability and reasoning have been able to understand and decide something logically, but on the other hand pressure peer group (peer-pressure) which leads to irrational behavior. In such situations it is very likely adolescents are more affected by the behavior of the group that exhibit behaviors that involve risks (risk-taking behavior). Another influential factor is the incessant advertisements in print and electronic media that offer less support health products one of which is tobacco products, namely cigarettes, drinks or foods that are considered nutritious, luxurious lifestyle by consuming alcohol (Sumiyati, 2007). Various fact that there are a lot of adolescent who smoke followed the association of friends of their playmates. Adolescent who smoke are 87% have at least one or more friends who smoke, as well as adolescent non-smokers (Nasution, 2007).

Bahar in Jericho (2007), found that children generally come from middle and upper class families more got a good direction and guidance of their parents. Children low economic backgrounds, are less able to obtain sufficient guidance and direction from their parents, because parents are more focused on how to meet daily needs, from where the economic conditions allegedly able to bring an influence on the incidence of smoking behavior. Adolescent do for way of compensatory smoking behavior. As said by Brigham (1991) that for adolescent smoking behavior is the behavior of a symbol. Symbol of maturity, strength, leadership, and attractiveness to the opposite sex. Adolescent do not even care about that would be caused if he is smoking even though she knows that smoking is unhealthy. Adolescent believes, if she smokes she will get more calculations and considered manly in the group. This indicates that the actual adolescent have a concept of health in its own way. Adolescent know that smoking is bad behavior and unhealthy, but as long as he has not felt sick teenager would still thinks that he is healthy.

Respondents' knowledge about the dangers of smoking largely in the high category. The study says that most of the respondents have learned the dangers of smoking behavior. But in terms of the materials contained in cigarettes danger that is still poorly understood by the respondent. It can be seen from almost half of the knowledgeable one can not mention because of the hazardous substances that can harm health are contained in cigarettes, there were respondents consider that the fumes are not harmful to the health of the ingredients contained in cigarettes that else. The result between knowledge and behavior analysis Smoke knowledge with smoking behavior of respondents. The study states that there is a relationship between knowledge and smoking behavior. Respondents' attitudes on smoking presented that most of the respondents have a good attitude about the dangers of smoking behavior, which means respondents are well aware of the dangers of smoking. Results of the analysis of the attitudes and smoking behavior of the respondents stated that there is a relationship between attitudes and smoking behavior of respondents. Positive perception of smoke will provide assurance to each and every individual that smoking activity was good and in the end that individual will take the decision to behave smoke. One of the reasons adolescent smoke is because of poor perceptions and attitudes towards health. Adolescent will continue to smoke when adolescent still feel that the smoke was much give psychological satisfaction to him, regardless of the effect it will have on the longer term against him.

Conclusion: The majority of respondents were female, aged 11-13 years with a high school education level are equal. All respondents who smoke sex male, educated junior and 14-15 years old and come from the economic conditions that are not capable of. Respondents smokers have family, peers, teachers, idols and culture (social environment) that supports smoking behavior. Peer support is factor the most influence on the formation of the smoking behavior of respondents. All respondents who smoke have the knowledge, perceptions and attitudes to danger and less smoking behavior.