

The Relationship Between Coping Mechanisms and Smoking Behavior Among Adolescents in Karang Taruna Harum Nogotirto

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ABSTRACT

There is a relationship between coping mechanisms and smoking behavior among Karang Taruna Harum in Nogotirto. In this case, adolescents are advised to develop adaptive coping mechanisms in dealing with stress to prevent smoking behavior as a negative response to pressure, even though it has a negative impact on health. One factor that influences smoking behavior in adolescents is the coping mechanisms used to deal with stress. This study aims to determine the relationship between coping mechanisms and smoking behavior among adolescents at Karang Taruna Harum in Nogotirto. This study is a quantitative study with a cross-sectional approach. A total of 57 adolescent was selected using purposive sampling. These instruments used were the Children's Coping Questionnaire and a smoking behavior questionnaire. Data analysis was conducted using the Spearman Rank test. The result showed that the majority of adolescent had adaptive coping mechanisms (75.4%) and moderate smoking behavior (49.1%). The significance value of the Sperman Rank test was $0.002 < 0.05$. There is a relationship between coping mechanisms and smoking behavior among Karang Taruna Harum in Nogotirto. In this case, adolescents are advised to develop adaptive coping mechanisms in dealing with stress to prevent smoking behavior as a negative response to pressure.

Keywords: Coping mechanisms, smoking behavior, adolescents

Received: September 2025; Accepted: Desember 2025; Published: Desember 2025



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INTRODUCTION

Adolescent is a vulnerable phase characterized by instability due to physical, hormonal, and social changes that differ from previous stages. Adolescents often face challenges in finding their identity and establishing their place in society [1]. Adolescents play an important role in religion, nation, and state. However, this period is marked by instability in thinking patterns and life principles due to the search for identity, the formation of values, and the influence of social and cultural environments. The process of identity search during adolescents often triggers deviant behavior, one of which is smoking. Currently, smoking is not only practiced by adults but has become a trend among adolescents [2]. Adolescents attitudes toward smoking tend to increase with age.

This is characterized by an increase in the frequency and intensity of smoking [3].

The prevalence of smoking in Indonesia shows an upward trend, including among adolescents aged 13 to 15 years, with a prevalence rate of 20%, dominated by male adolescents at 41%. Compared to 2016 data, there has been a significant increase from 23.1%. Additionally, 37.3% of students are recorded as smokers, with 30.9% of them starting to smoke before the age of 10. The proportion of male smokers reaches 21.4%, while females account for 15% [4]. Based on data from the Central Statistics Agency in 2023, 28.62% of Indonesians aged 15 and above smoke, an increase of 0.36% from the previous year. The percentage of male smokers reached 53.36%, while females only accounted for 1.06%. In the Special

Region of Yogyakarta, the smoking rate for those aged 15 and older was 24.82%, an increase of 0.82% from the previous year. In 2024, 22.31% of the population aged 15 – 24 in Sleman Regency were recorded as smokers.

Smoking behavior is influenced by internal factors such as personality, psychological condition, age, and gender. In addition, external factors such as parent, peers, and social environment also play a role [5]. Psychologically, adolescents smoke because they believe that cigarettes can provide a calming effect, reduce stress, alleviate boredom, and relieve academic pressure. Furthermore, smoking is perceived as creating a sense of comfort and evoking a calm and relaxed feeling [3]. The social environment plays a significant role in the development of smoking behavior among adolescents. Various factors from the school environment, community, and family can influence adolescent to engage in negative social circles that encourage smoking habits [6].

Deaths caused by smoking reach around 7 million per year, and this number is estimated to increase to more than 10 million per year by 2030. Smoking has a negative impact on health and triggers more than 25 diseases, such as coronary heart disease, lung cancer, respiratory disorders, stroke, and pregnancy complications [7]. Smoking behavior can have psychological effects, including disrupting the development of the adolescent brain. The nicotine in cigarettes can impair cognitive function, particularly attention, learning processes, and impulse control [5]. In the long term, smoking among adolescents carries the risk of becoming a difficult to break habit due to dependence on the nicotine in cigarettes. Nicotine affects the nervous system, leading to physical and psychological dependence in adolescents [8].

Adolescents live in an ever-changing environment and experience various changes. In this process,

adolescents often face demands that can trigger internal conflicts, known as stress [9]. Stress arises when cortisol, the primary stress inducing hormone, is released. Individuals experiencing stress typically attempt to reduce or divert the pressure they feel through coping mechanisms. Each individual has different mechanisms, both positive and negative. Adolescents often use negative coping mechanisms, such as smoking to seek calmness [5]. The ability to regulate emotions and behavior is an important form of adaptation for adolescents. Conversely, the inability to control oneself has the potential to trigger deviant behavior [10].

The government continues to strive to control the impact of smoking behavior by reducing cigarette consumption through various regulations. This is stipulated in Government Regulation number 28 of 2024 on the Implementation of law number 17 of 2023 on health. These regulations include provisions on the sale of cigarettes in retail, restrictions on cigarette consumption, and the obligation to include health warnings on cigarette packaging. Additionally, the implementation of Smoke Free Zone (SFZ) is a key element in supporting regional regulation (PERDA) DIY Number 2 of 2017. Enforcing smoking bans in public spaces can limit teenagers access to and exposure to cigarettes, as well as establish social norms that support healthy behavior.

Based on preliminary study from 21 male adolescents in Nogotirto, 11 of them smoke. Reasons for teenagers smoking include peer influence, personal desire, media, and for fun. Seven adolescents felt that smoking could relieve stress, ten felt more relaxed, and one adolescent viewed smoking as a way to cope with problems. Adolescents began smoking between the ages of 12 and 14, with consumption ranging from 2 to 10 cigarettes per day. Based on these conditions, this study aims to examine whether there is a

relationship between coping mechanisms and smoking behavior among Karang Taruna Harum in Nogotirto.

METHOD

The type of research used is quantitative with a cross-sectional approach. This study was conducted in June 2025. The research population consisted of all Karang Taruna Harum adolescent aged 10 – 18 years in Nogotirto, totaling 129 adolescents. A sample of 57 adolescents was obtained using purposive sampling. The instruments used in the study were the Children’s Coping Questionnaire, modified by Chairun Nisak (2017), and the smoking behavior questionnaire, modified by Ropianda (2019). Both instruments were then re-tested for validity and reliability by the researcher on 30 adolescents in Mlangi Sawahan. The results of the test showed that the Children’s Coping Questionnaire consisted of 20 valid statements, with r table values ranging from 0.388 to 0.575 and a Cronbach’s alpha value of 0.0806. Meanwhile, the smoking behavior questionnaire consisted of 20 valid statements with table r values between 0.368 to 0.816 and a Cronbach’s alpha values of 0.834. Data collections were carried out directly through the distribution of questionnaires accompanied by informed consent. The researcher explained the purpose and procedures of the study, and respondents were then asked to complete the questionnaire after giving their consent. Data analysis techniques used the Spearman Rank test to determine the relationship between coping mechanisms and smoking behavior among adolescents. The study was approved by the research ethics committee of Universitas ‘Aisyiyah Yogyakarta with certificate number 4341/KEP-UNISA/III/2025 and wa conducted in accordance with research ethics principles.

RESULT AND DISCUSSION

Based on the data presented in Table 1. It can be seen that the majority of respondents in this study were between 13 to 15 years old (49.1%), had a junior high school education (47.4%), were male (84.2%), and mostly lived with their parents (84.2%).

Table 1. Frequency Distribution of Respondent Characteristics

Characteristics	N	(%)
Age		
10 – 12 y.o	4	7,0%
13 – 15 y.o	28	49,1%
16 – 18 y.o	25	43,9%
Education		
Elementary school	4	7,0%
Junior high school	27	47,4%
Senior high school	26	45,6%
Gender		
Male	48	84,2%
Female	9	15,8%
Living Status		
Living with parents	48	84,2%
Living alone/Islamic boarding school	9	15,8%
Total	57	100%

Based on the distribution of coping mechanisms (table 2.), the majority of respondents had adaptive coping mechanisms as many as 43 respondents (75.4%) and the minority of respondents had maladaptive coping mechanisms as many as 14 respondents (24.6%).

Table 2. Frequency Distribution of Coping Mechanisms Variable

Coping Mechanisms	N	(%)
Adaptive	43	75,4%
Maladaptive	14	24,6%
Total	57	100%

Based on the distribution of smoking behavior (table 3.), the data above shows that the most is the amount of moderate smoking behavior with 28 respondents (49.1%) and respondents who do not smoke as many as 20 respondents (35.1%).

Table 3. Frequency Distribution of Smoking Behavior Variable

Smoking Behavior	N	(%)
No Smoking	20	35,1%
Mild Smoking Behavior	2	3,5%
Moderate Smoking Behavior	28	49,1%
Heavy Smoking Behavior	7	12,3%
Total	57	100%

Table 4. The Relationship of Coping Mechanisms with Smoking Behavior Among Adolescents in Karang Taruna Harum

Variable	Smoking Behavior								Total	Corelation Coefficient	p-value	
	No Smoking		Smokers Light		Moderate Smokers		Heavy Smokers					
	f	%	f	%	F	%	f	%				F
Coping Mechanisms												
a. Adaptive	20	46.6%	2	4.6%	18	41.9%	3	6.9%	43	100%	-0.404	0.002
b. Maladaptive	0	0%	0	0%	10	71.5%	4	28.5%	14	100%		

Illustrates the significance values of the Spearman Rank Test of 0.002. By using a significance level of 5% (Sig. < 0.05), it can be concluded that there is a statistically significant relationship between coping mechanisms and smoking behavior in adolescents of Karang Taruna Harum in Nogotirto.

Coping Mechanisms Among Adolescents in Karang Taruna Harum Nogotirto

Coping mechanisms are direct effort made to manage stress in order to maintain an oneself and act adaptively [11]. Coping mechanisms enable targeted and effective psychological interventions, which ultimately enhance and individual’s ability to cope with stress [12]. Based on the results of a study conducted on adolescents from Karang Taruna Harum in Nogotirto, it was found that the majority of respondents, namely 43 adolescents (74.4%), utilized adaptive coping mechanisms. This finding aligns with the research conducted by [10], which

found that the majority of their respondents had adaptive coping mechanisms, amounting to 51.9%. Adolescents generally demonstrate adaptive coping skills in solving problems, such as by sharing their problems with trusted individuals, such as close friends or family members. In addition, adolescent tend to develop action plans when facing difficult situations, show enthusiasms for learning, engage in social interactions with peers, seek information as a basis for considering solutions, and actively seek emotional support and attention from their surroundings. However, a small proportion or 24.6% of adolescents still use maladaptive coping mechanisms such as avoidance, self-blame, or impulsive behavior. If adolescents use effective coping mechanisms, the actions taken are usually appropriate and lead to positive outcomes. However, if the coping mechanisms used are ineffective, these strategies may result in negative behaviors or consequences [13].

Age is an important factor that influences mental and emotional conditions in dealing with problems [14]. The majority of respondents were aged between 13 to 15 years, namely 28 adolescents (49.1%), with 7 of them using maladaptive coping mechanisms. Among adolescents aged 14 – 16 years, the range of emotional issues arises because at this stage, adolescents have strong desires and unstable emotions, leading to underdeveloped ability to self-regulate, and often exhibiting unusual behavior [15]. As individuals age, they tend to accumulate more life experiences that can serve as supportive factors in the application of coping mechanisms. However, if these experiences are negative or destructive, they can impair the effectiveness of the coping mechanisms employed [16].

Based on the frequency distribution of respondent characteristics, the majority of respondents in this study were male, accounting for 84.2%, while female respondents only accounted for 15.8%. The World Health Organization (2024) states that gender is a biological characteristic that distinguishes males and females, including genetic factors (chromosomes), hormonal factors, and physical structures such as reproductive organs. The study result indicates that all female respondents, totaling 9 (100%), used adaptive coping mechanisms. Meanwhile, the majority of males adolescents used maladaptive coping mechanisms, totaling 14 (29.1%). These finding align with the result of Ardyani & Putri (2021), which showed that the majority of male adolescents used maladaptive coping mechanisms (82 or 28.7%), while most female adolescents used adaptive coping mechanisms (78 or 27.3%).

Male adolescents are more likely to use maladaptive coping mechanisms, attempting to solve problems logically and seeking ways to eliminate problems without considering the possible consequences [10].

In contrast, adolescents girls are more likely to use adaptive coping mechanisms and tend to share their experiences or problems with other [17]. Adolescents tend seek information as part of their effort to find solutions, while also seeking attention and support from their surroundings. To prevent new problems from arising, adolescents need to cultivate positive self-belief, accept reality, increase religious activities, and strive to reduce the psychological pressure they feel. When facing challenges, adolescents generally address problems according to the strategies or methods they believe are most appropriate [18]. Men and women have differences in coping mechanisms because men have lower levels of oxytocin than women. This can influence men to choose problem focused coping or even avoid problems when pressure is high [19].

The environment is one of the factors that influence an individual's coping mechanisms [14]. Most of the respondents in this study were adolescents who lived with their parents (84.2%) and the majority had adaptive coping mechanisms. Breaz (2020), states that adolescents living with their families generally have lower stress levels due to the presence of support and affection, while adolescents living alone are more vulnerable to stress because they must cope with problem without assistance from others. Socialization patterns and societal expectations regarding gender roles also influence how adolescents' express anger and frustration. Male adolescents tend to receive more positive reinforcement for aggressive behavior compared to female adolescents [21]. Thus, the living environment plays a crucial role in determining coping mechanisms, as support from parents, siblings, friends, and the surrounding community can influence how individuals handle problems [22].

Smoking Behavior Among Adolescents in Karang Taruna Harum Nogotirto

The frequency of smoking among adolescents continues to increase over time, indicating a tendency for smoking habits to form among adolescents. Smoking behavior is generally classified into three categories: mild, moderate, and heavy [23]. Based on the results of the study conducted, it was found that the majority of respondents, namely 28 adolescent (49.1%), exhibited moderate smoking behavior. This indicates that most adolescents have already developed a smoking habit with a certain frequency, although it has not yet reached the severe category. This finding aligns with research by Datangmanis et al. (2023), which found that the majority of respondents exhibited moderate smoking behavior at 64.5%.

Based on the analysis of questionnaire responses, the majority of respondents stated that adolescents smoke because they feel that cigarettes can provide a sense calm, especially when facing many problems. This aligns with the views of Nataliya & Manta Tambunan (2024), who noted that smoking behavior is a form of response to stress stimuli that influence one's actions to smoke. Internal factors driving this behavior include a high curiosity level, which can encourage adolescents to try smoking, especially when they are experiencing psychosocial crises during the process of self-identity formation. Additionally, positive emotional reactions such as reduced stress and the emergence of pleasure are factors influencing smoking behavior. The effects of nicotine in cigarettes can also lead to dependence, making individuals find it difficult to resist the urge to smoke and view cigarettes as a way to feel relieved or relaxed, even though this is a form of addiction.

From an external perspective, one of the main factors influencing smoking behavior among adolescents in

social factors. Currently, adolescents tend to smoke openly in various places and no longer try to hide this habit, often doing so with their peers. The more peers who smoke, the greater the likelihood that a adolescents will also smoke to meet the need to be accepted into a social group, even though such behavior contradicts health regulations [25]. This situation demonstrates that social environment and psychological factors play significant role in shaping smoking behavior among adolescents.

The results of this study show a difference from the theory, namely that there were 18 (48.6%) respondents who fell into the category of moderate smokers despite having adaptive coping mechanisms. This condition may be influenced by various factors, including the characteristics of the respondents, who were mostly ages 16 – 18 years, male, had a high school education, and lived with their parents. When looking at age distribution, the highest prevalence of smoking among adolescents is in the 16 – 18 age group. According to data from the 2023 Indonesia Health Survey, the 15 – 19 age group has the highest prevalence at 56.5% [26]. During adolescence, individuals greatly need social recognition and support. Emotional satisfaction is obtained through friendships, as part of the process of self-discovery [27]. In daily life, adolescents are greatly influenced by their peers because adolescence is the initial stage of getting to know and adapting to the social environment. During this phase, adolescents begin to detach themselves from their dependence on their parents and tend to seek out social groups that align with their way of thinking, namely their peers. Additionally, the urge to try new things and the desire to experiment are characteristic behaviors of adolescents at this stage [28].

Gender is one of the factors that influence smoking behavior. Data shows that 18 (100%) respondents

were male. This condition reinforces the general view that smoking is a behavior synonymous with men. Conversely, women who smoke are often seen as defying social norms and not fitting the roles expected of women [29]. This view reflects the social construction that differentiates smoking behavior based on gender, where men are more socially accepted for smoking, while women face stigma and negative judgment when doing the same.

Based on data from 18 adolescents, 15 of them lived with their parents and had moderate smoking behavior. The family environment can influence smoking behavior. This is because individuals who grow up in a positive family environment tend to develop good behavior. The role of parents is very influential in shaping children's behavior. Adolescents are more likely to be encouraged to smoke if they see their parents engaging in this habit. Additionally, adolescents from less harmonious families, where parents provide less attention and supervision, have a higher risk of smoking compared to adolescents who grow up in happy and supportive families [30]. Exposure to smoking in the family environment significantly influences adolescents' decisions to start smoking. When smoking is viewed as a normal or acceptable habit within the family environment, children are more likely to imitate such behavior. This becomes even more risky if teenagers do not receive adequate and comprehensive education about the negative health effects of smoking [31].

In addition, the most influential environment on adolescent smoking behavior is peers. Many adolescents start smoking because of curiosity and the perception that smoking is a normal, enjoyable activity that provides social benefits. Adolescents who do not smoke are often considered uncool, out of touch with trends, boring, or less accepted in their peer groups. Furthermore, factors from the school environment,

society, and family also contribute to the formation of unhealthy social circles among teenagers [6].

The Relationship Between Coping Mechanisms and Smoking Behavior Among Adolescents Karang Taruna Harum Nogotirto

Based on Table 2, it shows that 57 respondents had adaptive coping mechanisms, with 43 respondents (75.4%) exhibiting adaptive coping mechanisms and 14 respondents (24.6%) exhibiting maladaptive coping mechanisms. Meanwhile, 20 respondents (46.6%) did not smoke, 2 respondents (4.6%) had light smoking behavior, 18 respondents (41.9%) had moderate smoking behavior, and 3 respondents (6.3%) had heavy smoking behavior.

Based on the data analysis of coping mechanisms and smoking behavior, it can be seen that there is a relationship between coping mechanisms and smoking behavior, as indicated by the significance value or sig (2-tailed) between the coping mechanism variable and the smoking behavior variable, which is 0.002 ($p < 0.10$). Based on the Spearman Rank correlation test output table, the correlation coefficient between the coping mechanism variable and smoking behavior tendency is -0.404. Thus, it can be concluded that there is a relationship between coping mechanisms and smoking behavior among adolescents in Karang Taruna Harum Nogotirto.

This study is in line with the results of a study conducted by Putri (2020) entitled "The Relationship between Coping Mechanisms and Smoking Behavior in Adolescents." Out of 110 respondents, 65 had adaptive coping mechanisms, while 45 had maladaptive coping mechanisms. All respondents engaged in smoking behavior, with 12 respondents exhibiting light smoking behavior, 98 respondents

exhibiting moderate smoking behavior, and no respondents exhibiting heavy smoking behavior. From the Mann-Whitney statistical test, a p-value of 0.037 was obtained, which is less than 0.05 ($p\text{-value} < 0.05$). Therefore, it can be concluded that there is a relationship between coping mechanisms and smoking behavior among junior high school students.

The results of the study indicate that 23 respondents (40.4%) had adaptive coping mechanisms but still engaged in smoking behavior. This condition suggests that even though an individual may possess adaptive coping mechanisms, such mechanisms do not always prevent the emergence of smoking behavior. This phenomenon can be influenced by various external factors, such as peer influence, a socially permissive environment toward smoking behavior, and easy access to cigarettes (Sanggu & Wibowo, 2023). Additionally, physical and psychological dependence on nicotine causes individuals to continue smoking to obtain temporary comfort despite having positive coping strategies. It is also not uncommon for individuals to view smoking as part of their coping mechanism, even though such behavior is an maladaptive coping strategy and can have negative long-term effects [34]. The deeply ingrained habit of smoking is also one of the reasons why adaptive mechanisms do not align with smoking behavior.

Furthermore, this study also found that there were 7 respondents who had heavy smoking behavior and 4 of them had maladaptive coping mechanisms. When adolescents are unable to manage stress in a positive way, they tend to seek outlets such as smoking. Individuals who smoke believe that cigarettes can help them feel relieved and relaxed when stressed, but what they actually experience is nicotine dependence (Sanggu & Wibowo, 2023). Choosing the appropriate coping mechanism can help adolescents act more adaptively, thereby avoiding behaviors that are

harmful to themselves or others. Conversely, the use of ineffective coping mechanisms tends to lead to maladaptive behaviors, such as smoking. Therefore, the selection of coping strategies plays a crucial role in determining how adolescents manage stress or pressure they face [35].

CONCLUSION

The majority of Karang Taruna Harum adolescents in Nogotirto have adaptive coping mechanisms (75.4%) and moderate smoking behavior (49.1%). The Spearman Rank test result show that there is a relationship between coping mechanisms and smoking behavior among Adolescents in Karang Taruna Harum Nogotirto ($p\text{-value} 0.002 < 0.05$). Although the majority of adolescents use adaptive coping mechanisms, this is not entirely effective in preventing smoking behavior, which is also influenced by external factors such as peers, social environment, access to cigarettes, and nicotine dependence. Adolescents with maladaptive coping tend to show higher levels of smoking. In this case, adolescents are advised to develop adaptive coping mechanisms to deal with stress in order to prevent smoking behavior as a negative response to pressure. Interventions that can be carried out include health education on the dangers of smoking, training in adaptive coping skills, and the formation of peer groups that provide positive support. In addition, family involvement in setting an example and creating a smoke-free environment is an important strategy for preventing the development of smoking behavior in adolescents.

ACKNOWLEDGMENT

The researchers would like to express their appreciation to the Karang Taruna Harum youth organization for their participation and times as

respondents in this study. They would also like to thank the Faculty of Health Sciences at Universitas `Aisyiyah Yogyakarta and their supervisors for all their support and guidance from the beginning of the study to the publication of this research.

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