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# Smoking and the Need to Belong: Peer Conformity as a Psychosocial Determinant among Junior High School Adolescents

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**Abstract**
Adolescent smoking requires early attention because experimentation can become established while social identity, decision-making, and the need for peer belonging are still developing. In junior high school, smoking may be reinforced not only by access to tobacco but also by fear of social rejection and the normalization of smoking within family and peer networks. This makes prevention urgent before smoking becomes a routine part of adolescent social life. This study examined the association between peer conformity and smoking behavior among male students at SMP Negeri 19 Kota Serang. An analytic cross-sectional design with total sampling included 95 ninth-grade students. Data were collected using structured questionnaires and analyzed using the Chi-square test. Fifty-one participants (53.7%) were classified in the high peer-conformity category, and 54 (56.8%) were classified in the high smoking-behavior category. Cross-tabulation showed that high smoking behavior occurred in 34 of 44 participants (77.3%) with low peer conformity and in 20 of 51 participants (39.2%) with high peer conformity. Peer conformity was significantly associated with smoking behavior ($p = 0.001$; OR = 0.190). All participants reported having a family member who smoked, indicating that peer processes operated within a broader environment where smoking was already familiar. These findings underscore the urgency of school-based prevention that goes beyond risk information by strengthening refusal skills, assertive communication, supportive peer norms, and family involvement while helping adolescents remain socially connected without adopting smoking behavior.

***Keywords:*** *adolescent, junior high school, peer conformity, smoking behavior*

## 1. INTRODUCTION

Adolescent smoking remains an important public health concern because it often begins while decision-making abilities, emotional regulation, and social identity are still developing. At this stage, adolescents do not make choices in a socially neutral environment. People in their immediate social environment shape decisions to try, continue, or refuse cigarettes by what they consider normal, acceptable, or even valued. The Indonesian Ministry of Health has reported a substantial number of active smokers nationwide, while data from BPS-Statistics Banten Province indicate that smoking remains common among young people [1-2]. These patterns highlight the need to understand adolescent smoking not only as a matter of knowledge about health risks but also as a behavior embedded in everyday social relationships.

Previous studies consistently identify peers as one of the social influences most closely associated with adolescent smoking. An analysis of Indonesian male adolescents found that encouragement from friends or others to smoke was associated with smoking habits [3]. Studies among school-age adolescents have also shown that exposure to smoking peers, group norms, and social support can increase the likelihood of adopting similar behavior [4-7]. In Indonesia, comparable associations have been reported in studies examining peer influence, peer relationships, and peer pressure in relation to smoking behavior [8-10].

Peer influence, however, does not always operate through an explicit invitation to smoke. In many situations, adolescents adjust their behavior because they want to remain part of a group. This process is referred to as conformity: a tendency to modify attitudes or behavior in response to group norms, expectations, or routines. During adolescence, the desire for acceptance and the fear of being perceived as different can give peer norms considerable influence. Systematic reviews have shown that social norms and perceptions of peer behavior are relevant to both smoking initiation and continued smoking among adolescents [5-6].

Research in Indonesia on conformity and smoking has provided an important foundation, but the social context of each adolescent group may differ. A study among male adolescents reported an association between peer conformity and smoking behavior [11], whereas other studies more commonly used broader constructs such as peer influence or peer pressure [8-10]. This distinction is conceptually important. Having friends who smoke does not necessarily mean an adolescent will imitate their behavior, whereas conformity focuses more directly on how a person adjusts to perceived group norms.

Examining conformity as a specific construct may therefore provide a more focused understanding of how peer relationships are linked to smoking behavior.

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At the study site, the urgency of this issue was evident before data collection. A preliminary assessment conducted on 24 October 2025 at SMP Negeri 19 Kota Serang indicated that smoking was more frequently observed among grade IX students than among grade VIII students. In brief interviews, five student-council members described smoking in peer-group situations, including direct invitations to smoke, and reported that boys who refused cigarettes could be labelled as 'cupu' (uncool) or less masculine. These observations suggested that smoking at this school was not only an individual health behavior but also part of a peer-mediated social experience. This local context provided a strong rationale for examining peer conformity among grade IX boys, because the need for acceptance may shape how adolescents respond to smoking norms within their friendship groups.

The contribution of this study lies in positioning peer conformity as the central psychosocial construct among male junior high school adolescents rather than merely documenting the presence of smoking friends. The analysis also situates this relationship within the participants' demographic and social context, including exposure to smoking family members, type of tobacco product used, daily cigarette consumption, and daily allowance. This approach provides a more contextual picture of how smoking is experienced within adolescents' everyday social environment. The study does not assume that conformity is the sole cause of smoking; instead, it examines whether adjustment to peer-group norms is significantly associated with smoking behavior in the local context of SMP Negeri 19 Kota Serang. The findings are expected to support school-nursing interventions that go beyond health education by helping adolescents make autonomous decisions, resist social pressure, and maintain peer relationships without adopting risky behavior.

## 2. METHODS

### 2.1 Study design and participants

This quantitative study used an analytic cross-sectional design. The study population comprised 95 male students in classes IXA-IXE at SMP Negeri 19 Kota Serang, and all were included through total sampling. Data collection was conducted in November 2025. The manuscript was prepared in accordance with STROBE reporting principles for observational studies [12].

### 2.2 Instruments and data collection

Data were collected using structured questionnaires covering participant characteristics, peer conformity, and smoking behavior. The peer-conformity questionnaire consisted of 10 yes/no items using a Guttman scale and was adapted from an instrument on peer interaction [13]. Peer-conformity scores were categorized as low (≤6) and high (>6). Smoking behavior was assessed using a 12-item Likert-scale questionnaire and categorized as low (≤30) or high (>30). Participants completed the questionnaires individually after receiving an explanation of the study and agreeing to participate.

### 2.3 Data analysis

Univariate analysis was used to describe participant characteristics and the distributions of peer conformity and smoking behavior. Demographic variables included age, father's education, whether anyone in the family smoked, the type of tobacco product used, the average number of cigarettes smoked per day, and the average daily allowance. We tested the association between peer conformity and smoking behavior using the Chi-square test at a 5% significance level. All expected cell counts were at least 5, satisfying the assumptions of the Chi-square test. A p-value $< 0.05$ was considered statistically significant.

## 3. RESULTS

The analysis included 95 male ninth-grade students, whose characteristics are summarised in Table 1. The mean age was 14.79 ± 0.46 years, and most participants' fathers had completed junior high school (66.3%). Every participant reported at least one family member who smoked. Conventional cigarettes were the most common tobacco product (63.2%), followed by combined use of conventional cigarettes and vaping products (25.3%) and products classified as other (11.6%). Participants smoked a mean of 4.40 ± 3.61 cigarettes per day and received a mean daily allowance of IDR 14,842.11 ± 8,581.67.

Table 1. Demographic characteristics of respondents (n=95)

| Variable | Category | n | Percentage (%) |
|---|---|---|---|
| Mean age (years) | 14.79 (SD 0.46) | - | - |
| Father's education | Primary school | 4 | 4.2 |
| | Junior high school | 63 | 66.3 |
| | Senior high school | 25 | 26.3 |
| | Higher education | 3 | 3.2 |
| Family member who smokes | Yes | 95 | 100 |
| Type of tobacco use | Conventional cigarette | 60 | 63.2 |
| | Conventional cigarette + vape | 24 | 25.3 |
| | Other | 11 | 11.6 |
| Mean cigarettes per day | 4.40 (SD 3.61) | | |
| Mean daily allowance | IDR 14,842.11 (SD IDR 8,581.67) | | |

For the main study variables, 51 participants (53.7%) were classified in the high peer-conformity category, whereas 44 (46.3%) were classified in the low category. For smoking behavior, 54 participants (56.8%) were classified in the high category and 41 (43.2%) in the low category (Table 2).

Table 2. Distribution of peer conformity and smoking behavior (n=95)

| Variable | Category | n | Percentage (%) |
|---|---|---|---|
| Peer conformity | Low | 44 | 46.3 |
| | High | 51 | 53.7 |
| Smoking behavior | Low | 41 | 43.2 |
| | High | 54 | 56.8 |

Cross-tabulation showed that among participants classified as having low peer conformity, 34 of 44 (77.3%) were in the high smoking-behavior category, whereas 10 (22.5%) were in the low smoking-behavior category. Among participants with high peer conformity, 31 of 51 (60.8%) were in the low smoking-behavior category and 20 (39.2%) were in the high category. The Chi-square test showed a statistically significant association between peer conformity and smoking behavior ($p = 0.001$), with an odds ratio of 0.190 (Table 3).

Table 3. Association between peer conformity and smoking behavior (n=95)

| Peer conformity | Low smoking-behavior category n (%) | High smoking-behavior category n (%) | Total | p-value | OR |
|---|---|---|---|---|---|
| Low | 10 (22.5) | 34 (77.3) | 44 | 0.001 | 0.190 |
| High | 31 (60.8) | 20 (39.2) | 51 | | |
| Total | 41 (43.2) | 54 (56.8) | 95 | | |

## 4. DISCUSSION

The main finding of this study was a statistically significant association between peer conformity and smoking behavior among male ninth-grade students at SMP Negeri 19 Kota Serang ($p = 0.001$; OR = 0.190). The cross-tabulation showed that high smoking behavior was more frequent among participants classified as having low peer conformity (77.3%) than among those classified as having high peer conformity (39.2%). Conversely, low smoking behavior was more frequent in the high-conformity group (60.8%). These findings indicate that peer conformity and smoking behavior were related in this sample, but the pattern was not a simple linear increase in smoking with higher conformity. Adolescent smoking therefore needs to be understood within the broader social relationships in which young people live, rather than being reduced to a single psychosocial mechanism.

The association should be interpreted in the direction shown by the cross-tabulation. When the odds ratio is read as high versus low peer conformity for the high smoking-behavior category, an OR of 0.190 indicates that students in the high-conformity group had approximately 81% lower odds of being classified as having high smoking behavior than those in the low-conformity group. This inverse distribution differs from the more commonly reported pattern in which stronger peer conformity accompanies greater smoking risk. It should not, however, be interpreted as evidence that conformity is protective. The cross-sectional design and bivariate analysis cannot establish causality, and the measured conformity score may reflect broader social adjustment rather than susceptibility specifically to smoking peers. In addition, all participants reported a smoking family member, suggesting that smoking was already normalized within the wider social environment. The most appropriate interpretation is therefore that peer conformity was significantly associated with smoking behavior in this sample, but the direction of that association was context-dependent rather than a simple dose-response relationship.

This significant association is consistent with several Indonesian studies across different school settings. Musniati et al. [8] linked family and peer factors with adolescent smoking, while Novariana et al. [9] identified a significant association between peer influence and smoking among junior high school students. Parawansa and Nasution [11] specifically reported an association between peer conformity and smoking among male adolescents, and Auliyah et al. [10] found that peer pressure was related to smoking behavior in junior high school students. More recently, Lubis et al. [14] reported a significant relationship between conformity and smoking among 94 male high-school students in Medan. These converging findings are also supported by systematic evidence showing that peer norms and perceived peer behavior are relevant to smoking initiation and continuation during adolescence [5-6]. Although the direction and magnitude of associations vary across instruments and contexts, the literature consistently indicates that peer-related processes are important in adolescent smoking.

Three recent studies provide additional support for interpreting peer conformity as a meaningful psychosocial factor in adolescent smoking. Nadya and Daulay examined male junior-high students aged 13-16 years and found a significant association between peer conformity and smoking behavior ($p = 0.034$), a population closely comparable in age and school level to the present sample. Saliko et al. likewise reported a significant relationship between peer conformity and smoking behavior among 80 adolescents, while a recent systematic review by Irwan and Neviyarni concluded that normative group pressure, close friendships, and social-network dynamics consistently shape adolescents' smoking initiation and maintenance [15-17]. Together, these findings strengthen evidence that peer-related processes shape adolescent smoking, while also supporting a cautious interpretation of the present study: an association appears consistent across settings, even as direction and magnitude vary by measurement, family context, and local group norms.

The present study adds to this literature by focusing on conformity as a process of social adjustment rather than treating peer influence as a general exposure. This distinction matters because two adolescents can belong to the same peer group yet respond differently to its norms. One adolescent may remain close to friends who smoke without adopting the same behavior, while another may smoke for reasons linked to belonging, identity, habit, family modeling, or other social influences. The pattern observed in this study reinforces the need to avoid interpreting adolescent smoking as simple 'peer imitation.' Prevention should instead strengthen adolescents' capacity to make healthy decisions while remaining socially connected.

The demographic profile helps place these findings in the participants' everyday lives. The mean age of 14.79 years indicates that smoking-related behavior was present during the junior high school period. All participants reported having a family member who smoked, suggesting that tobacco use was familiar within their family environment. Most participants used conventional cigarettes, while some reported dual use of conventional cigarettes and vaping products. The reported mean of 4.40 cigarettes per day illustrates the regularity of cigarette use among participants, while daily allowance may shape practical access to tobacco, although purchasing behavior was not directly measured in this study. Peer norms therefore exist within a broader social environment that also includes family exposure and tobacco availability rather than operating in isolation.

The presence of smoking family members is also relevant because social learning during adolescence occurs partly through observing people who are emotionally or physically close. Previous research has demonstrated the role of family, parents, and the wider social environment in adolescent smoking patterns [18-19]. When smoking is visible and normalized within the family as well as within peer groups, messages describing smoking as a health risk may become less persuasive. School-based information alone may therefore be insufficient unless it is accompanied by

efforts to build consistent non-smoking norms in both family and peer settings. This broader social interpretation is consistent with Lubis et al., who also found that parenting and the social environment were significantly associated with smoking behavior in the same adolescent male population [14].

From pediatric, community, and school-nursing perspectives, these findings have practical implications. Nurses working in primary health care and school health programs can broaden smoking screening beyond a simple question about whether a student smokes. Assessment can also explore when smoking occurs, who is usually present, how the student responds to invitations to smoke, and whether smoking is perceived as important for group acceptance. Such information can guide more appropriate interventions, including assertive-communication training, role-play for refusing cigarettes, brief counseling, and peer-educator activities that make non-smoking socially acceptable and desirable.

Prevention programs should also remain realistic and nonjudgmental. Adolescents who smoke are often embedded in social networks that are meaningful to them; simply telling them to "stay away from friends who smoke" may be difficult and may not address the underlying need for belonging. A more person-centered approach is to help adolescents maintain valued relationships while setting boundaries around behaviors they do not wish to adopt. Family involvement is equally important because all participants reported having a family member who smoked. Smoke-free policies, family counseling, and positive peer-group activities can work together so that a non-smoking norm is experienced not only as a rule but also as a credible and supportive social reality [20-23].

This study has several limitations. Its cross-sectional design does not establish temporal or causal relationships, and the sample consisted only of male ninth-grade students from one school, limiting generalizability. Self-reported measures may also be affected by recall bias or social-desirability bias. In addition, the analysis was bivariate, so the observed association between peer conformity and smoking behavior was not adjusted for other potentially relevant factors such as family smoking, access to tobacco products, or daily allowance. Despite these limitations, the study contributes to understanding adolescent smoking by showing that peer conformity is significantly related to smoking behavior within a social environment where family smoking is also highly prevalent.

## 5. CONCLUSION

Peer conformity was significantly associated with smoking behavior among male ninth-grade students at SMP Negeri 19 Kota Serang ($p = 0.001$; OR = 0.190). Among participants with low peer conformity, 77.3% were classified as having high smoking behavior, whereas 39.2% of those with high peer conformity were in the high smoking-behavior category. Overall, 53.7% of participants had high peer conformity and 56.8% had high smoking behavior. These findings show that smoking behavior in early adolescence is linked to psychosocial and social-contextual factors and should not be understood solely as an individual choice. School-based prevention should combine smoking-risk education with assertive communication, refusal skills, supportive peer activities, and family involvement. Future studies involving multiple schools and multivariable analysis are recommended to examine how peer conformity interacts with family and other social determinants of adolescent smoking.

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