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# FOSTERING RESPECT BETWEEN SMOKERS AND NON-SMOKERS IN THE SOCIETY

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**Abstract**

The study aims to enhance comprehension and unity between these two groups by examining current literature to find crucial observations and successful actions. This library research explores methods for cultivating mutual respect between those who smoke and those who do not, within the wider social framework. Moreover, the study investigates societal dynamics and the elements that impact respectful interactions by conducting a thorough analysis of scholarly articles, books, and pertinent publications. This study seeks to analyze existing literature in order to offer insightful viewpoints on the role of libraries and information resources in fostering respect and collaboration between smokers and non-smokers in various social contexts. The purpose of the research is to provide information for future efforts and interventions that aim to create a societal environment that is both courteous and inclusive.

**Keywords:** Fostering respect, smokers, non-smokers, public places, societal dynamics, harmony

## INTRODUCTION

Nowadays, the phenomenon of smoking in public places has become commonplace. We can find people who smoke anywhere. The problem of smoking has become a hot issue in various circles, not only in the social sphere but also in the educational sphere. Of course, this problem raises many pros and cons in multiple groups, especially between smokers and non-smokers. Global cigarette consumption has reached 5.8 trillion pieces (Nugroho & Atmanti, 2020), and Indonesia has the third largest number of smokers after China and India (Safitri & Rosemary, 2022). According to WHO (2019) quoted in Ayuningtyas et al. (2020), Indonesia is the country with the highest prevalence of male smokers in the world; around 62.9% of men smoke every day. These figures only show adult men, but in reality, many women and teenagers already smoke. WHO (2019) and Ayuningtyas et al. (2020) also note that the prevalence of female smokers in Indonesia is 4.8%. WHO (2015) Ayuningtyas et al. (2020) estimate that smoking rates in developing countries will continue to increase, including in Indonesia; in fact, the rate of increase is estimated to reach 87.2% in 2025 (WHO, 2015) (Ayuningtyas et al., 2020).

Considering the health issues, smoking significantly contributes to health disparities in numerous affluent nations, such as Scotland and the UK (Scottish Executive, 2004; Gordon, 2007; USSG, 2001; Huisman et al., 2005). According to a study conducted in 2003, the prevalence of smoking among individuals in semi-regular and routine employment in Scotland was 41% for men and 39% for women. In contrast, the prevalence of smoking among those in professional and managerial occupations was 17% for men and 16% for women (Bromley et al., 2005). Significant disparities exist at the local level, where more than 50% of adults are smokers in the most socioeconomically disadvantaged regions (NHS Health Scotland, 2004). Smoking is not only more common in these communities, but before the smoke-free laws were implemented, bars, pubs, and

other workplaces in socio-economically disadvantaged areas were less likely to have smoking regulations and more likely to allow smoking compared to affluent communities (Plunkett et al., 2000; Eadie et al., 2008).

Of course, the intention to smoke can be influenced by several factors, including social and cultural factors. Examples of social influences are the surrounding environment (Hapsari et al., 2022), and strong influences that encourage someone to smoke are peers and family, especially parents (Riyandi & Chandrawati, 2017) cited in (Bina et al., 2022). Apart from these social factors, factors that can influence the high prevalence of cigarette use are the norms in specific regions or cultures (Piko et al., 2005; Edvardsson et al., 2012) even in the research result of Edvardsson et al. (2012, p.1253) "subjective norms have a greater impact on the intention to smoke." and in the results of research conducted by Widiyaningsih & Suharyata (2020), for some Javanese people, smoking is no longer just a habit. However, it is considered to be part of the culture. We can see the significant influence of these factors on smoking behavior, and even the smoking prevalence rate in Indonesia is predicted to continue to increase. It means that more people will smoke, and there is a greater possibility that they will smoke in public places.

It is well acknowledged that cigarette smoking is now considered a socially unacceptable and disapproved behavior, particularly in western countries (Bayer & Stuber, 2006). In Australia, smokers are commonly portrayed in ordinary conversations and media depictions as having an unpleasant odor, being unappealing, self-centered, and lacking in consideration (Paretti-Watel et.al., 2014). They are also depicted as individuals who contribute to environmental pollution and pose a liability to employers (Chapman & Freeman, 2008). A 1999 opinion survey conducted in France revealed that smokers were perceived with hostility and disdain. The majority of the French populace regarded smokers as individuals addicted to drugs and believed they should be held accountable for their health issues. The authors of the study (Beck, Legleye, & Peretti-Watel, 2003) concluded that cigarette smoking had a greater negative impact on society compared to the usage of illegal substances.

In relation to the issue of smoking in public places, there were an abundance of restrictions addressed by the government globally (Monson & Arsenault, 2017). The implementation of smoking restrictions or legislation prohibiting smoking in certain areas has consistently grown over the last thirty years. An outcome of this rise has been the standardization of smoke-free public areas, including workplaces and restaurants. Private venues, such as homes and cars, have typically taken the role of public areas as the main setting for secondhand smoke (SHS) exposure. Secondhand smoke, often referred to as passive smoke, involuntary smoke, tobacco smoke pollution, or environmental tobacco smoke, is the amalgamation of pollutants emitted while smoking a cigarette. Secondhand smoke (SHS) consists of two components: sidestream smoke, which is the smoke generated from the burning tobacco between puffs of a cigarette (about 85% of SHS), and mainstream smoke, which is the smoke exhaled by the smoker (the remaining 15% of SHS) (Martinez-Sanchez et al., 2014). SHS is widely recognized as the third most significant contributor to avoidable illness, impairment, and mortality on a global scale. It has long been recognized that secondhand smoke is linked to negative health consequences for individuals who do not smoke, including cardiovascular disease, acute respiratory illness, low birth weight in babies born to nonsmokers, morbidity and mortality in children, and many forms of cancer. Exposure to secondhand smoke (SHS) is dangerous, even in little amounts, and there is no level of SHS exposure that can be considered safe (Kairouz et al., 2014). The adverse consequences of smoking indoors

extend beyond the obvious health hazards associated with secondhand smoke (SHS) exposure. Children residing with an adult who smokes have a significantly higher probability, up to twice as much, of initiating smoking themselves. On the other hand, smokers who reside in a home where smoking is not allowed demonstrate a higher frequency of trying to quit smoking, a longer period of time before starting again, and a reduced amount of smoking (Kairouz et al., 2014). Smoke-free houses for young adults mitigate the influence of their friends' smoking on their own smoking habits and enhance their inclination to seek smoke-free accommodations when they move out (Monson & Arsenault, 2017).

The aim of this study is to explore and investigate the findings from the various previous studies concerning the topic of how smokers and non-smokers are able to respect each other in the public space. Furthermore, this study offers the solutions of how both smokers and non-smokers may reach their own rights in the society.

## METHOD

The method of this research is qualitative research with a library research technique. Library research is a technique of collecting the necessary data based on library sources. According to Nazir (1988) cited in Sari & Asmendri (2020, p.33) "Library research is a data collection technique by reviewing books, literature, notes and various reports related to the problem you want to solve." The aim of library research is to obtain information and deepen theoretical studies. Therefore, the data used in this research is secondary data, namely obtaining data based on sources or data that is already available in various forms such as books and journals. "Secondary data may include data that has been previously gathered and is under consideration to be reused for new questions, for which the data gathered was not originally intended" (Vartanian, 2010) cited in (Martins et.al 2018, p.2). The following journal sources were used as references in answering the research in this research, including:

1. Glenn, N. M., Frohlich, K. L., & Vallée, J. (2020). Socio-spatial inequalities in smoking among young adults: What a 'go-along'study says about local smoking practices. *Social Science & Medicine*, *253*, 112920.
2. Danielsen, D., Jensen, T. S., Kjeld, S. G., Bast, L. S., & Andersen, S. (2023). Context matters in smoking prevention: evaluating smoke-free school hours in Danish vocational schools. *Health promotion international*, *38*(2).
3. Dillard, A. J., Magnan, R. E., Köblitz, A. R., & McCaul, K. D. (2013). Perceptions of smokers influence nonsmoker attitudes and preferences for interactions. *Journal of applied social psychology*, *43*(4), 823-833.

## FINDINGS AND DISCUSSION

### Socio-spatial inequalities in smoking among young adults: What a 'go-along'study says about local smoking practices

The relationship between neighborhood and smoking is intricate (Frohlich et al., 2002; Pearce et al., 2012). The collective lifestyles paradigm offers a method for comprehending the relationship between neighborhood-level impoverishment and social disparities in smoking (Abel and Frohlich, 2012; Frohlich et al., 2002). The framework relies on three fundamental concepts: social structure, social practices, and agency. In addition to the theory, disparities in smoking rates stem from varying limitations and possibilities within

the social structure at the community level. The social structure, including regulations, conventions, and assets, serves as a framework that regulates the acquisition of authority (Frohlich et al., 2002). Differential social positions are developed and reinforced by the implementation of rules, norms, and the provision of resources. The social structure both shapes and is shaped by individuals' daily activities, known as their social practices. Individuals exert agency, which refers to their ability to cause change, through their social practices. This agency can either uphold or initiate changes in the social system (Abel and Frohlich, 2012). Even in situations where options are limited, individuals have the ability to either solidify or alter the current social systems by their behaviors (Frohlich et al., 2002). In a nutshell, smoking is considered a social practice within the context of collective lifestyles in the society.

Adhering to the collective lifestyles' paradigm, the impact of place-based health inequalities in smoking is not just determined by the quantity or quality of local resources. Instead, it depends on how people are able to utilize these resources to support their health or not, as stated by Frohlich et al. (2002). Hence, the matter at hand pertains not only to the availability of resources, but also to their real accessibility (Vallée et al., 2020). For instance, the presence of limited health-promoting resources such as parks or an excess of health-damaging resources such as tobacco merchants in deprived neighborhoods has been associated with the socio-spatial disparity in smoking (Farley et al., 2019). However, it is important to note that high-deprivation neighborhoods may not always lack resources in terms of both quality and quantity when compared to low-deprivation areas (Pearce et al., 2007; Frohlich et al., 2002).

In essence, this study examines the correlation between smoking and neighborhood attributes by employing the collective lifestyles paradigm and placing particular emphasis on the interaction between social structure, social practices, and individual agency. In addition to resource availability, disparities in smoking rates are also influenced by the manner in which individuals navigate and employ these resources in the context of society. The consequences of health disparities based on location are contingent not only on the quantity or quality of resources, but also on their accessibility. The prevalence of health-damaging factors and the accessibility and utilization of health-promoting resources impact socio spatial disparities in smoking. The social practice of smoking is depicted as an integral part of collective behaviors, underscoring the importance of implementing focused interventions that tackle the availability and accessibility of resources in order to advance health equity in diverse communities.

**Context matters in smoking prevention: evaluating smoke-free school hours in Danish vocational schools.**

In the context of Denmark, promising outcomes have been observed with school-based interventions that target the sociocultural processes and policy dimensions of smoking in an effort to reduce prevalence and uptake. The results of a qualitative process evaluation of the smoking prevention intervention Focus in a vocational school (VET) environment are presented in this study. The study specifically examined the impact of contextual elements on the execution of smoke-free school hours (SFSH). Focus groups and participant observations were conducted in four VETs from October to December 2018 as part of the implementation period. The study discovered that SFSH was not properly communicated to students due to the instructional framework and chaotic rhythm of the school day, equivocal views among teachers toward smoking rule enforcement, and a lack

of clear administrative support. The interaction of these issues hampered SFSH deployment in the VET environment.

Regarding to the article, there are a number of factors which influence the influence of vocational school students who do not respect the SFSH in that school as follows.

*Chaotic school environment*

As the field note extract demonstrates, the SFSH policy was not always readily visible and was not always followed by many students. Furthermore, for those coming into VETs from the outside, such as researchers and new students, the school day appeared quite chaotic in terms of social 'feel' and mood, daily routines and breaks. It was frequently unclear what was going on and what was about to occur. Thus, chaotic refers to a school environment characterized by unpredictability, unexpected changes, a lack of routines, and, at times, an apparent lack of meaning. The chaotic school environment appeared to be the result of a combination of circumstances, including a lack of motivation among students, a lack of vocational focus in the basic course 1 (BC1), parallel and sometimes interrupting support activities for the many students with personal and social problems, and the amount of waiting time and restlessness in the school's everyday social processes. We propose that contextual elements such as time and educational organization, regulations, and expectations made it unclear to students whether SFSH rules counted or not.

*Teacher ambivalence*

The students' apparent lack of clarity regarding the SFSH policy and the school's apparent indifference towards sanctions was exacerbated by the instructors' profound ambivalence. While some educators exhibited a predilection towards support or opposition, the majority held a nuanced perspective on the matter due to the prevalence of diverse arguments. In general, the rationales in favor of SFSH were grounded in concerns pertaining to society and the workplace, whereas the opposition primarily focused on practical and pedagogical obstacles that are encountered in the classroom.

*Unclarity of rules and sanctions*

Overall, a significant number of students continued to smoke as a result of the ambiguity surrounding regulations and penalties. This situation appeared to diminish teacher engagement and instill a sense of helplessness, as they lacked sufficient leadership support to manage the numerous tasks and additional resources necessary to enforce SFSH. The field notes indicate that the students discovered secluded areas on or beyond the school premises where they could smoke clandestinely. On multiple occasions, students smoked without the instructor noticing while on school trips. Furthermore, the majority of students perceived the risk associated with smoking during school hours to be minimal. At the start of the academic year, a small number of students were given a cautionary notice. However, during subsequent observations, there were no repercussions for being detected smoking. The field notes document numerous instances of students engaging in smoking behavior without facing any disciplinary action, despite being observed by teachers. Consequently, students inferred that the teachers were not interested in enforcing the regulation.

*Lack of resources, communication, and willingness*

The prevailing sense of powerlessness among teachers can be primarily attributed to management that appeared indifferent. While the specific managerial deficiencies differed among the institutions, a prevalent theme was the failure of administration to assume responsibility and give precedence to execution. Insufficient managerial engagement in certain educational institutions led to inadequate resource allocation for the Focus intervention. This included failing to invest in facilities and instruments for smoke-free break activities and insufficient time to prepare, plan, and disseminate knowledge. As a result, teachers' dedication to the intervention was diminished. Furthermore, teachers expressed dissatisfaction with the manner in which leadership assigned tasks without providing adequate guidance and without any apparent commitment or involvement from management. Ultimately, the study highlights the significant influence that contextual factors have on the implementation of smoke-free school hours (SFSH) in Danish vocational schools. The disorganized school environment, characterized by its unpredictability and absence of established routines, presents a considerable obstacle in effectively conveying and implementing SFSH policies. The complex issue of teacher ambivalence surrounding SFSH has resulted in a lack of consistent enforcement, as teachers hold diverse and conflicting viewpoints on the matter. The study emphasizes the widespread confusion regarding rules and consequences, which leads to a feeling of powerlessness among both teachers and students. The apparent disregard for enforcing regulations, along with limited resources and lack of managerial support, undermines teachers' commitment to SFSH interventions. In summary, the study highlights the importance of using well-rounded and adaptable approaches, as well as proactive leadership, to tackle the various obstacles that impede the effective execution of smoking prevention programs in vocational schools.

**Perceptions of Smokers Influence Non-Smoker Attitudes and Preferences for Interactions**

Dilliard et al. (2013) researched nonsmokers' perceptions of smokers and the consequences of these perceptions. This research is divided into two studies.

*Study 1*

In study 1, Dilliard et al. (2013) asked smokers to report their beliefs and behaviors regarding how they feel as smokers, their dependence on cigarettes, and how motivated they are to quit. On the other hand, Dilliard et al. (2013) also asked nonsmokers to report their perceptions of these characteristics. The results of Study 1 show that there are substantial differences between nonsmokers' perceptions and smokers' self-reports regarding self-concept, addiction, and motivation to quit. Based on perceptions of these characteristics, nonsmokers think that smoking has a significant role in smokers' feelings of self; they think that smokers also have less motivation to try to stop smoking. Not only do they have a negative view of smokers' addiction, but nonsmokers also have a negative view of the personality and social characteristics of smokers. This finding is also evidence that smoking groups are stigmatized (Gibson, 1998; Goldstein, 1991), cited in Dillard et al. (2013). This stigma can lead to prejudice and discrimination (Heaton et al., 2000) (Dilliard et al., 2013). Likewise, this stigma can give rise to discrimination and prejudice against smokers.

*Study 2*
Study 2 aims to test the results of study 1, whether the differences between smokers and nonsmokers have implications for
1. the attitudes of nonsmokers,
2. perceptions regarding the personality and social characteristics of a smoker and
3. willingness to maintain close relationships with smokers.

This study shows differences in the views of smokers observed in study 1, namely that smokers have more positive attitudes towards people who smoke and assess that they are better in terms of personality and social characteristics. The subsequent finding is that they are willing to have interactions with smokers. It is different from nonsmokers, who prefer to interact with people who do not smoke. Dilliard et al. (2013) expanded this research by showing that negative attitudes stemming from nonsmokers' perceptions of smokers lead to interaction preferences. Two reasons can cause this preference. First, psychological research shows that we tend to like people who are similar or the same as us and dislike people who are different from us (Byrne, 1971; Newcomb, 1961; Singh & Teoh, 1999) in Dilliard (2013). The second reason is related to health problems, where nonsmokers are increasingly aware of the impact of passive smoking.

Based on these two studies, research shows that smokers are considered harmful in terms of their smoking characteristics, such as dependence and motivation to want to stop smoking. This research also shows that negative perceptions influence attitudes towards smokers, which can affect their availability to interact and establish close relationships.

## CONCLUSION

The issue of smoking in public places has become a significant concern, with global cigarette consumption reaching 5.8 trillion pieces. Indonesia has the third largest number of smokers, with 62.9% of men smoking daily. Smoking rates in developing countries are expected to increase, including Indonesia, to reach 87.2% in 2025. Smoking significantly contributes to health disparities in affluent nations, such as Scotland and the UK. Social and cultural factors influence smoking behavior, with social influences such as the surrounding environment, peers, family, and cultural norms playing a role. In Western countries, smoking is considered socially unacceptable and disapproved, with smokers often depicted as unappealing, self-centered, and lacking consideration. Secondhand smoke (SHS) is widely recognized as the third most significant contributor to avoidable illness, impairment, and mortality on a global scale. Governments worldwide have implemented smoking restrictions or legislation prohibiting smoking in certain areas, leading to the standardization of smoke-free public areas. Private venues, such as homes and cars, have traditionally taken the role of public areas as the main setting for secondhand smoke exposure. SHS is linked to negative health consequences for individuals who do not smoke, including cardiovascular disease, acute respiratory illness, low birth weight in babies born to nonsmokers, morbidity and mortality in children, and many forms of cancer.

There are several factors that influence the influence of vocational school students who do not respect the SFSH in that school. These include a lack of motivation among students, a lack of vocational focus in the basic course 1, parallel and sometimes interrupting support activities for the many students with personal and social problems,

and the amount of waiting time and restlessness in the school's everyday social processes. However, the implementation of smoke-free school hours (SFSH) in Danish vocational schools has been hindered by various factors, including teacher ambivalence, lack of clarity regarding rules and sanctions, and a lack of resources, communication, and willingness from management. The students' lack of clarity on the policy and the school's indifference towards sanctions have led to a significant number of students continuing to smoke, as they perceive the risk associated with smoking during school hours to be minimal.

In summary, the widespread concern surrounding smoking transcends public spaces and has implications for specific environments, such as vocational institutions, in addition to worldwide health. The alarming global cigarette consumption statistics emphasize the critical nature of confronting this issue of public health. Although Western countries have made significant progress in prohibiting smoking and establishing smoke-free policies, developing countries such as Indonesia are confronted with increasingly dire circumstances due to the escalating prevalence of smoking. The complex interplay of social and cultural factors that shape smoking habits emphasizes the necessity for all-encompassing approaches. Moreover, the Danish vocational schools case provides insight into the challenges that arise during the institutional implementation of smoke-free policies, underscoring the critical importance of effective communication, allocation of resources, and commitment from management. To ensure a healthier and smoke-free future, tackling smoking-related issues requires a multifaceted strategy that addresses both individual decisions and systemic obstacles to foster the respect between smokers and non-smokers in schools, or in any other public spaces in order to enhance the harmonization in the society.

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