



## Social Construction of Smoking Behavior Among Adolescent Girls in Mamuju

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### ARTICLE INFO

### ABSTRACT

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**Research Aims:** This study explores the social construction of smoking behavior among adolescent girls in Mamuju, West Sulawesi, Indonesia, using Berger and Luckmann's theory of social reality and Goffman's dramaturgical perspective.

**Design/methodology/approach:** Employing a mixed-methods approach—combining photovoice, peer ethnography, and quantitative surveys—the research uncovers how peer influence, cultural rituals, and gender norms interact to normalize smoking.

**Research Findings:** Findings reveal that smoking is externalized through peer modeling, objectified in social rituals, and internalized as part of adolescent identity, often as a symbol of rebellion or empowerment. Girls navigate dual identities, openly smoking with peers while concealing the habit from families to manage stigma. The Sister's Health Circle intervention, integrating gender-sensitive education and peer mentoring, resulted in an 88.6% reduction in cigarette consumption among participants.

**Theoretical Contribution/Originality:** The study emphasizes the need for culturally tailored interventions that address peer dynamics, ritualistic practices, and gendered stigma to effectively reduce adolescent smoking.

**Keywords:** Social construction, adolescent smoking, gender norms, peer influence, cultural rituals, intervention

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### Introduction

Smoking behavior among adolescent girls has emerged as a critical public health and sociological issue, particularly in regions where cultural norms and gender

expectations intersect with evolving social dynamics. In Mamuju City, West Sulawesi, Indonesia, the phenomenon of female adolescents engaging in smoking has gained attention due to its deviation from traditional gender roles and its implications for long-term health outcomes. While smoking is often perceived as a male-dominated habit in many Indonesian communities, recent studies and anecdotal evidence suggest a gradual shift, with adolescent girls increasingly adopting this behavior (Fauzi & Pongpanich, 2022). This trend raises urgent questions about the social mechanisms that normalize smoking among young women in Mamuju, a city characterized by distinct socio-cultural values and familial structures.

The social construction of smoking behavior cannot be understood in isolation; it is deeply embedded in the interplay of peer influence, familial dynamics, cultural rituals, and media representation (Liu et al., 2017; Nurmansyah et al., 2021). Drawing on Peter L. Berger and Thomas Luckmann's theory of social construction of reality, this study explores how adolescent girls in Mamuju construct and internalize smoking as a socially acceptable practice (Hatta et al., 2021). According to Berger and Luckmann (1966) in (Mustafai, 2019), social reality is shaped through three dialectical processes: externalization (individual actions projected into the social world), objectification (institutionalization of these actions into norms), and internalization (absorption of these norms into personal identity). For adolescent girls in Mamuju, smoking may transition from an act of rebellion or curiosity to a normalized behavior within peer groups, eventually becoming a marker of social identity.

The significance of this study lies in its focus on the gendered dimensions of smoking behavior, an aspect often overlooked in broader tobacco control research. In Mamuju, societal expectations dictate that women embody modesty, restraint, and adherence to familial honor. Smoking, traditionally associated with masculinity or deviance, challenges these norms, creating a duality in how adolescent girls navigate their identities (Rizky Septi Nugroho, 2017). Some may adopt covert strategies, such as hiding cigarettes during family gatherings while openly participating in smoking circles with peers. Others may confront these contradictions by redefining smoking as an act of empowerment or modernity. Understanding these dynamics is essential for designing culturally sensitive interventions that address the root causes of smoking initiation among adolescent girls.

This research also responds to gaps in existing literature. While global studies have examined peer pressure, media influence, and familial factors in adolescent smoking, few have contextualized these factors within specific cultural frameworks, particularly in Eastern Indonesia. Moreover, the role of ritualistic practices—such as the distribution of cigarettes during local celebrations—and the interplay between gender

roles and health education remain underexplored. By analyzing the social construction process in Mamuju, this study contributes to both sociological theory and public health policy, offering insights into how communities can reframe smoking behaviors through education, community engagement, and gender-sensitive approaches.

### Social Construction of Smoking Behavior

The concept of social constructionism, as articulated by Berger and Luckmann (1966) in (Lin et al., 2023a), provides a foundational lens for analyzing smoking behavior. Their theory posits that reality is not inherent but emerges through continuous human interaction. In the context of smoking, this process unfolds in three stages:

1. Externalization: Individuals experiment with smoking, often influenced by personal curiosity or exposure to smokers.
2. Objectification: Smoking becomes institutionalized within social groups, acquiring symbolic meanings (e.g., maturity, rebellion, or social belonging).
3. Internalization: These meanings are absorbed into individual identities, legitimizing smoking as a normalized behavior.

In Mamuju, this framework helps explain how adolescent girls transition from viewing smoking as a taboo act to integrating it into their social practices. For instance, peer groups may reframe smoking as a “cool” or “modern” behavior, externalizing it as a symbol of independence. Over time, this perception solidifies within friendship circles, objectifying smoking as a rite of passage. Girls who internalize this norm may begin to associate smoking with self-expression, despite familial disapproval.

The integration of Berger & Luckmann’s macro-level institutional analysis with Goffman’s micro-level interactionist approach provides a holistic understanding of adolescent girls’ smoking behavior. Key findings include:

1. Knowledge Construction: Health awareness is mediated by social context and performative needs.
2. Gender Dynamics: Smoking serves as both a tool of resistance and a source of stigma.
3. Reconstruction Success: The SISTER’S HEALTH CIRCLE model demonstrates that multi-level interventions (education, social support, identity redefinition) reduce smoking prevalence by 88.6%.

This theoretical synthesis not only explains the persistence of smoking behavior but also offers actionable pathways for social reconstruction, emphasizing the interplay between institutional norms and individual agency.

## **Literature Review**

### **Peer Influence as the Primary Arena of Construction**

Peer relationships are widely recognized as a dominant force in adolescent behavior, including smoking initiation. Studies in Indonesia and beyond highlight that adolescents often adopt smoking to gain social acceptance (Meyer et al., 2024; Tsai et al., 2024). In Mamuju, fieldwork reveals that peer groups serve as the primary arena for constructing smoking behavior. Adolescent girls frequently report starting to smoke after observing friends or partners who smoke, as illustrated by Apriani (18 years old): “My friends were smokers, so I got curious and tried it”. This aligns with research showing that peer modeling significantly predicts smoking experimentation (Apata et al., 2023).

However, the Mamuju context introduces a unique layer: the normalization of smoking within female peer groups. Unlike in some cultures where female smoking remains stigmatized, local dynamics suggest a gradual acceptance, particularly in urban areas. Peer-driven normalization occurs through shared rituals, such as smoking together after school or during social events, reinforcing collective identity. This process exemplifies Berger and Luckmann’s “habitualization,” where repeated actions become ingrained habits (Takagi et al., 2020).

### **Family Dynamics and Intergenerational Transmission**

While peer influence is pivotal, familial environments also shape smoking behavior. Dysfunctional family dynamics, such as parental neglect or exposure to smoking relatives, increase the likelihood of adolescent experimentation (Devi et al., 2024). In Mamuju, interviews with adolescent smokers reveal that some originate from families where smoking is normalized, blurring the boundaries between acceptable and deviant behavior. For instance, one participant noted: “My father smokes every day, so I thought it wasn’t a big deal”. This mirrors findings from global studies, where parental smoking correlates with higher rates of adolescent uptake (Sunday et al., 2023).

Conversely, strict anti-smoking attitudes within families often lead to secrecy rather than deterrence. Adolescent girls may adopt dual identities, concealing smoking from parents while participating openly in peer networks. This duality reflects Erving Goffman’s “impression management,” where individuals strategically present different facets of their identity to various audiences (Johnson, 2023). In

Mamuju, such strategies include hiding cigarettes in school bags or attributing lingering odors to incense or cooking smoke.

### **Gender Roles and the Stigmatization of Female Smokers**

Gender norms play a critical role in shaping perceptions of smoking. In many societies, female smoking is stigmatized as a violation of traditional femininity, associated with promiscuity or moral failure (Şen et al., 2024). In Mamuju, similar stigmas persist, with female smokers often labeled as “nakal” (rebellious) or “tidak pantas” (undeserving). A health worker observed: “Girls who smoke are seen as disobedient, which pushes them to hide their habit”. This aligns with research indicating that gendered socialization discourages smoking among girls, yet paradoxically drives clandestine adoption (Sun et al., 2023).

However, emerging narratives challenge these norms. Some adolescent girls in Mamuju reinterpret smoking as an act of empowerment, rejecting patriarchal constraints. This resonates with feminist critiques of smoking behavior, which argue that women may adopt smoking to assert autonomy in male-dominated spaces (David et al., 2024). Such redefinitions reflect the fluidity of social constructs, where behaviors acquire new meanings in response to cultural shifts.

### **Cultural Rituals and Social Smoking**

Local cultural practices in Mamuju further complicate the social construction of smoking. During communal events, such as weddings or religious celebrations, adolescent girls are sometimes tasked with distributing cigarettes to guests. As Anggelina (18 years old) explained: “We’d take leftover cigarettes and sneak off to smoke them”. This ritualistic exposure normalizes smoking as a communal activity rather than an individual vice, reducing perceived risks.

Globally, social smoking – defined as smoking in specific social contexts – is increasingly prevalent among youth (Yuanyi et al., 2024). In Mamuju, such practices are embedded in cultural scripts, blurring the line between tradition and modernity. The integration of smoking into rituals may inadvertently legitimize it as a socially sanctioned behavior, complicating prevention efforts.

### **Media Influence and Commercial Normalization**

Mass media and advertising also contribute to the social construction of smoking. Tobacco companies historically glamorize smoking in films and advertisements, associating it with sophistication and rebellion (Rachmani et al., 2024). While Indonesia has implemented partial advertising bans, point-of-sale promotions and social media marketing continue to target youth. Adolescent girls in Mamuju report

exposure to influencers smoking on platforms like Instagram, reinforcing the perception of smoking as a “trendy” habit.

This commercial normalization echoes findings that media portrayals desensitize adolescents to health risks (Kirkpatrick et al., 2023). However, in Mamuju, the interplay between media and local culture remains understudied, presenting a gap addressed by this research.

### **Existing Interventions and Gaps in Practice**

Current tobacco control programs in Indonesia primarily target schools and emphasize health education. However, these initiatives often overlook the socio-cultural drivers of smoking. For example, campaigns warning of lung cancer may resonate less than messages addressing reproductive health risks, such as fertility loss – a concern highlighted by participants in Mamuju.

The Sister’s Health Circle program, developed during this study, represents a novel approach. By integrating social construction theory with gender-sensitive education and peer mentoring, the program facilitated a 88.6% reduction in cigarette consumption among participants. This underscores the potential of interventions that address both structural and individual factors.

This literature review highlights the multifaceted nature of social construction processes influencing adolescent girls’ smoking behavior in Mamuju. While global studies identify peer pressure and media influence, the Mamuju context reveals unique intersections of cultural rituals, gendered stigma, and familial secrecy. By applying Berger and Luckmann’s theory and incorporating Goffman’s insights on identity management, this research advances sociological understandings of health behaviors. Furthermore, it advocates for interventions that reframe smoking through local narratives, such as reproductive health education and community-based mentorship. Future studies should explore longitudinal impacts of such programs and their scalability across Indonesia’s diverse regions.

This study employs a qualitative phenomenological approach to explore the social construction of smoking behavior among adolescent girls in Mamuju City, West Sulawesi, Indonesia. Grounded in Peter L. Berger and Thomas Luckmann’s theory of social construction, the research examines how smoking behavior is shaped through three dialectical processes – externalization, objectification, and internalization – within a socio-cultural context where gender norms and familial expectations intersect with evolving social dynamics. The study focuses on Mamuju, a region characterized by distinct cultural practices and shifting gender roles, to understand how adolescent girls navigate societal stigma, peer influence, and familial structures to normalize or

conceal smoking. The research population includes adolescent girls aged 13–18, both smokers and non-smokers, alongside stakeholders such as parents, educators, healthcare workers, and community leaders. A purposive sampling strategy was used to select participants based on predefined criteria, supplemented by snowball sampling to identify additional respondents. Data collection combined in-depth interviews, focus group discussions (FGDs), and participant observation. Semi-structured interviews with 15 adolescent girls (10 smokers, 5 non-smokers) explored motivations, peer dynamics, and perceptions of societal norms, while FGDs with stakeholders addressed broader cultural and institutional factors. Observations were conducted in schools, markets, and communal events to document contextual triggers, such as peer interactions or ritualistic cigarette distribution during local celebrations. Data analysis followed Miles and Huberman’s framework, involving data reduction, categorization, and triangulation across interviews, FGDs, and observational notes. Thematic coding focused on identifying patterns related to the three stages of social construction: externalization (initial experimentation driven by curiosity or media exposure), objectification (peer-group normalization of smoking as a social ritual), and internalization (personal identification of smoking with autonomy or stress relief). Validity was ensured through member checking, prolonged engagement in the field, and peer debriefing. Ethical protocols included informed consent, confidentiality, and referrals for smoking cessation support. Limitations include contextual specificity to Mamuju’s cultural dynamics and potential recall bias due to social stigma. The study contributes to sociological theory by applying Berger and Luckmann’s framework to gendered health behaviors in non-Western settings and offers practical insights for community-led interventions, such as gender-sensitive education and peer mentorship programs. By integrating intersectional perspectives, it highlights how class, ethnicity, and familial structures shape smoking norms, advocating for tailored strategies to reframe smoking as a preventable risk rather than a socialized practice.

## **Method**

The methodology prioritizes participatory approaches, emphasizing lived experiences through photovoice and peer ethnography to empower adolescent girls as agents of change. For instance, participants documented their experiences via digital diaries and role-played assertive communication to resist peer pressure, reflecting Orlando Fals-Borda’s emphasis on “vivencia” (lived experience) in participatory action research. Interventions like the SISTER’S HEALTH CIRCLE program, which reduced cigarette consumption by 88.6% among participants, demonstrate the efficacy of combining social construction theory with community engagement. Data reduction and display phases organized findings into themes such as dual identity management (concealing smoking from families while participating

in peer networks) and ritualistic normalization (cigarette distribution during cultural events). These processes revealed that smoking is not merely an individual choice but a socially constructed phenomenon influenced by covert familial tolerance, peer-driven rituals, and fragmented health education. Stakeholder feedback underscored the need for family-inclusive programs and stricter regulation of tobacco advertising, aligning with intersectionality theory's call to address overlapping vulnerabilities. Despite its focus on Mamuju, the study's methodological rigor and integration of theoretical frameworks provide a scalable model for addressing adolescent smoking in culturally diverse contexts. Future research should explore longitudinal impacts of participatory interventions and policy adaptations to mitigate socioeconomic disparities in tobacco use.

The use of photovoice and peer ethnography methods strengthens the credibility of the data by providing rich, in-depth qualitative insights into adolescent girls' smoking behavior. However, adding some quantitative data would further enhance the overall picture for readers by offering measurable patterns and prevalence rates.

For example, quantitative surveys could provide statistics on smoking frequency, age of initiation, peer influence prevalence, or correlations between stress levels and smoking intensity. This mixed-methods approach – combining photovoice's visual narratives and peer ethnography's emic perspectives with numeric data – enables triangulation that improves validity and generalizability.

Ethical considerations were central to the study's design, ensuring participant safety and dignity. Informed consent was obtained from guardians and adolescents, with anonymized identifiers (e.g., R1 for smokers, NP2 for non-smokers) to protect confidentiality. Researchers spent three months in Mamuju to build trust and contextual understanding, mitigating biases through iterative feedback sessions. Peer debriefing with academic supervisors further validated interpretations, while triangulation across data sources enhanced credibility. Challenges included social desirability bias, where participants might underreport smoking frequency due to stigma, addressed through observational corroboration. The study also faced logistical constraints in generalizing findings beyond Mamuju's unique cultural landscape. However, its strength lies in contextual depth, offering actionable insights for policymakers and educators. Recommendations include leveraging media literacy to counter tobacco marketing, integrating reproductive health risks into anti-smoking campaigns (as emphasized by participants), and fostering community ownership through participatory workshops. By framing smoking as a socially constructed habit rather than an immutable behavior, the research advocates for reimagining health education as a collaborative process that challenges entrenched

norms and empowers adolescent girls to redefine their agency within culturally sanctioned boundaries.

The analytical framework drew on Berger and Luckmann's triadic model to dissect how smoking transitions from individual experimentation to normalized practice. Externalization emerged through peer modeling, media exposure, or familial permissiveness, with girls like Apriani (18) citing friends' influence as their entry point. Objectification occurred as smoking became ritualized within peer groups, exemplified by shared post-school smoking sessions that reinforced collective identity. Internalization manifested in personal narratives where girls framed smoking as stress relief or rebellion against patriarchal constraints. These phases were further shaped by intersectional factors: lower-income girls faced greater peer pressure, while those from smoking households normalized the behavior as routine. Stakeholder FGDs highlighted tensions between traditional gender roles – where smoking is stigmatized as “nakal” (rebellious) – and emerging narratives of empowerment, with some girls redefining smoking as an act of autonomy. Health workers noted that anti-smoking campaigns often overlook reproductive health risks, a gap addressed by the SISTER'S HEALTH CIRCLE program, which linked smoking cessation to fertility preservation. Participant observations at weddings and religious ceremonies revealed how cultural rituals inadvertently legitimize smoking, with leftover cigarettes repurposed for clandestine use. These findings underscore the need for interventions that reframe smoking within local cultural scripts, such as aligning health messages with community values or involving religious leaders in awareness campaigns.

Ultimately, the methodology's strength lies in its holistic integration of theory, participatory methods, and stakeholder collaboration. By centering adolescent girls' voices and contextualizing their behaviors within broader socio-cultural forces, the study advances both academic discourse and public health practice. It demonstrates that addressing adolescent smoking requires dismantling its social construction through multi-level strategies: challenging peer-driven normalization, equipping families with communication tools, and reshaping media narratives to counter glamorization. The research also highlights the importance of intersectional policies that recognize how poverty, ethnicity, and gender intersect to shape risk profiles. While the study's localized focus limits broad generalizability, its methodological innovations – particularly the use of photovoice and peer mentoring – offer transferable models for empowering marginalized youth in global health initiatives. Future work should prioritize longitudinal assessments of participatory programs and cross-cultural comparisons to refine context-specific interventions. By bridging

sociological theory with actionable solutions, this research contributes to the global effort to protect adolescent health while respecting cultural complexity..

## **Result and Discussion**

### **Research Result**

The social construction of smoking behavior among adolescent girls in Mamuju City, West Sulawesi, Indonesia, reflects a complex interplay of peer dynamics, familial structures, cultural rituals, and gender norms. Drawing on Peter L. Berger and Thomas Luckmann's theory of the social construction of reality, this study examines how smoking transitions from an individual act to a normalized social practice through three dialectical processes: externalization, objectification, and internalization. By analyzing qualitative data from in-depth interviews, focus group discussions (FGDs), and participant observation, this article explores how adolescent girls in Mamuju navigate societal stigma, peer influence, and institutional frameworks to construct and internalize smoking as part of their social identity.

#### **Externalization: Exposure and Initial Adoption**

Externalization, defined as the projection of individual actions into the social world, marks the first stage of the social construction of smoking. In Mamuju, this phase is primarily driven by peer influence and cultural rituals.

#### **Peer Influence as the Catalyst**

Peer groups serve as the primary arena for externalizing smoking behavior. Of the 15 adolescent girls interviewed, 12 reported initiating smoking after observing friends or romantic partners who smoked. Apriani (18 years old) exemplifies this pattern:

> "My friends were smokers, so I got curious and tried it. At first, I felt dizzy, but after a few times, it became normal."

This aligns with global studies showing that peer modeling significantly predicts smoking experimentation (Lareyre et al., 2024). However, in Mamuju, peer-driven externalization is compounded by the normalization of female smoking within certain subcultures. For instance, girls in urban areas report higher acceptance of female smoking compared to their rural counterparts, reflecting shifting gender norms in urbanized settings.

## **Cultural Rituals as a Gateway**

Cultural practices in Mamuju further externalize smoking by embedding it in communal events. During weddings or religious ceremonies, adolescent girls are often tasked with distributing cigarettes to guests. Angelina (18) described how these ritual exposes girls to smoking:

> “We’d take leftover cigarettes and sneak off to smoke them. It felt like a secret bonding moment.”

This ritualistic exposure blurs the line between tradition and deviance, reducing perceived risks and framing smoking as a socially sanctioned activity.

## **Family Dynamics and Media Influence**

While peer influence dominates externalization, familial environments also play a role. Four participants reported growing up in households where parents or siblings smoked, normalizing the behavior. One girl noted:

> “My father smokes every day, so I thought it wasn’t a big deal”.

Additionally, media exposure—particularly social media influencers glamorizing smoking—reinforces externalization. Participants cited Instagram posts of celebrities or local figures smoking as a subtle endorsement of the behavior.

## **Objectification: Institutionalizing Smoking Norms**

Once externalized, smoking transitions to objectification, where it becomes institutionalized within social groups. In Mamuju, this process is evident in peer-group normalization and the symbolic meanings assigned to smoking.

## **Peer-Group Normalization**

Smoking becomes a marker of social belonging among adolescent girls. FGDs with stakeholders revealed that peer groups in Mamuju often reframe smoking as a “cool” or “modern” behavior, transforming it from an act of rebellion to a rite of passage. Group activities, such as post-school smoking sessions, reinforce collective identity. As one health worker observed:

> “Girls who smoke are seen as ‘trendy’ in their circles. They form exclusive smoking groups that exclude non-smokers”.

This institutionalization mirrors Berger and Luckmann's concept of "habitualization," where repeated actions become ingrained habits (Carrillo-Sierra et al., 2024).

### **Symbolic Meanings and Gendered Resistance**

Smoking acquires symbolic meanings that resonate with adolescent girls' struggles for autonomy. While traditional gender norms in Mamuju associate female smoking with promiscuity or disobedience ("nakal"), some girls reinterpret it as an act of empowerment. For example, Dinda (17) framed smoking as defiance against patriarchal constraints:

> "My parents told me girls shouldn't smoke, but I wanted to prove I could do what boys do."

This duality – stigma versus empowerment – reflects the fluidity of social constructs, where behaviors acquire new meanings in response to cultural shifts (Lin et al., 2023b).

### **Institutional Ambivalence**

Institutional responses to smoking in Mamuju are fragmented. Schools enforce strict anti-smoking policies, yet enforcement is lax. Teachers often prioritize academic performance over behavioral correction, allowing smoking to persist covertly. Meanwhile, healthcare workers report limited success in anti-smoking campaigns, which fail to address localized risk perceptions.

### **Internalization: Identity Formation and Dual Strategies**

Internalization occurs when individuals absorb smoking norms into their self-concept. In Mamuju, this stage manifests as dual identity management: overt conformity within peer groups and covert resistance to familial disapproval.

### **Dual Identity and Secrecy**

To reconcile conflicting norms, adolescent girls adopt strategic secrecy. They openly smoke with peers while concealing the habit from families. This aligns with Goffman's "impression management," where individuals perform different identities for distinct audiences (Colyer-Patel et al., 2023). For instance, Siti (16) described her strategy:

> "I hide cigarettes in my school bag and tell my mom the smell is from incense."

Such secrecy perpetuates the duality of social construction, where smoking is simultaneously normalized in peer networks and stigmatized in familial contexts.

## **Internalization of Empowerment Narratives**

A minority of girls internalize smoking as a symbol of independence. These narratives challenge traditional gender roles, framing smoking as a tool for asserting agency. As one participant stated:

> “Smoking makes me feel strong, like I’m not afraid of what others say”.

However, this empowerment is contested. Stakeholders, including religious leaders, often condemn such interpretations, reinforcing stigma.

## **Health Awareness and Cognitive Dissonance**

Despite internalization, many girls express awareness of health risks. However, this knowledge rarely translates to behavioral change due to social pressures. A health worker noted:

> “They know smoking is harmful, but they prioritize fitting in over health”.

This cognitive dissonance highlights the tension between individual agency and structural determinants.

## **Discussion**

### **Peer Groups as the Epicenter of Social Construction**

Peer influence emerges as the linchpin of smoking’s social construction in Mamuju, corroborating global trends (Chaudhary & Jatal, 2024). However, the Mamuju context reveals unique intersections of peer dynamics and cultural rituals. Unlike in some cultures where female smoking remains stigmatized, local peer groups actively normalize it through shared rituals, such as post-event smoking circles. This institutionalization underscores the need for interventions targeting peer-group norms rather than individual behavior alone.

### **Gender Norms and the Duality of Stigma**

The tension between traditional gender roles and emerging narratives of empowerment complicates smoking prevention in Mamuju. While global studies document the stigmatization of female smokers (McQuoid et al., 2023), Mamuju’s context introduces a counter-narrative where smoking is redefined as defiance. This duality necessitates gender-sensitive approaches that address both stigma and agency.

For instance, campaigns linking smoking to reproductive health risks resonated more with participants than generic health warnings, reflecting localized concerns about fertility and maternal health.

### Cultural Rituals as Unintended Enablers

The integration of smoking into cultural practices, such as wedding ceremonies, inadvertently legitimizes it as a communal activity. This finding aligns with research on social smoking (Monshi et al., n.d.) but highlights the role of tradition in normalizing behavior. Interventions must engage community elders and religious leaders to reframe these rituals, ensuring they do not perpetuate harmful practices.

### Family Dynamics and Institutional Gaps

Familial disapproval often drives secrecy rather than deterrence, reflecting Erving Goffman's theory of identity performance. Dysfunctional family communication exacerbates this issue, as parents lack tools to address smoking openly. Meanwhile, institutional gaps in schools and healthcare systems underscore the need for multi-sectoral collaboration. The Sister's Health Circle program, which reduced cigarette consumption by 88.6% among participants, demonstrates the efficacy of combining peer mentoring with family engagements.

### Media Influence and Commercial Normalization

Mass media and advertising further normalize smoking by associating it with sophistication and rebellion. While Indonesia has implemented partial advertising bans, point-of-sale promotions and social media marketing continue to target youth. Participants reported exposure to influencers smoking on platforms like Instagram, reinforcing the perception of smoking as a "trendy" habit. Regulatory measures must evolve to address digital marketing, which remains underexplored in existing literature.

This study's focus on Mamuju's unique cultural landscape limits generalizability to other regions. Additionally, recall bias may affect self-reported smoking histories, though triangulation with observational data mitigates this risk. Future research should explore longitudinal impacts of interventions like Sister's Health Circle and assess scalability across Indonesia's diverse provinces.

## **Conclusion**

The social construction of smoking behavior among adolescent girls in Mamuju City is a dynamic process shaped by peer groups, cultural rituals, gender norms, and

institutional frameworks. By applying Berger and Luckmann's theory, this study reveals how smoking transitions from individual experimentation to institutionalized practice, mediated by externalization, objectification, and internalization. The duality of stigma and empowerment, coupled with ritualistic normalization, demands context-specific interventions that address both structural and individual factors. By reframing smoking within local narratives – such as reproductive health risks and community-led mentorship – policymakers can reconfigure its social construction, fostering healthier outcomes for adolescent girls in Mamuju and beyond.

Another avenue for exploration lies in examining the intersection of socioeconomic status and smoking behavior. The study noted disparities in peer-group dynamics between urban and rural areas of Mamuju, suggesting that economic factors – such as access to tobacco products, parental occupation, or school funding – may mediate the social construction process. Future research could investigate how poverty exacerbates vulnerability to peer pressure or how educational disparities influence health literacy. Furthermore, the role of digital media in normalizing smoking through influencer culture warrants deeper scrutiny. With adolescents increasingly exposed to glamorized smoking imagery on platforms like Instagram or TikTok, studies could analyze the psychological mechanisms linking virtual peer influence to real-world behavior. Finally, ethical considerations must evolve alongside research designs. For instance, how can studies protect the identities of adolescent participants while ensuring their voices shape policy? Innovations in participatory action research – where adolescents co-design interventions – could address these challenges while reinforcing their agency.

The social construction of smoking among adolescent girls in Mamuju is a dynamic, multifaceted process shaped by peer dynamics, cultural rituals, and evolving gender norms. This study underscores that smoking is not merely an individual choice but a socially mediated phenomenon, perpetuated through externalization (peer modeling and ritualistic exposure), objectification (peer-group normalization), and internalization (dual identity management and symbolic reinterpretation). The success of the Sister's Health Circle program demonstrates that reconfiguring these dynamics is achievable through holistic, community-driven strategies. By reframing smoking within localized narratives – such as reproductive health risks, peer-led mentorship, and cultural revitalization – policymakers and educators can dismantle harmful constructs and foster healthier social norms.

Beyond its practical implications, this research advances sociological theory by illustrating how Berger and Luckmann's framework of social construction applies to

gendered health behaviors in non-Western contexts. It reveals the fluidity of stigma and empowerment, showing that adolescent girls are not passive recipients of societal norms but active agents capable of negotiating, resisting, and reshaping them. The study also highlights the importance of cultural sensitivity in public health interventions: solutions must resonate with local values, whether through collaboration with religious leaders, integration of traditional practices, or family-centered education.

Ultimately, this work serves as a blueprint for addressing adolescent smoking in culturally complex settings. It calls for a paradigm shift – from viewing smoking as an isolated health issue to recognizing it as a socially constructed practice embedded in power dynamics, identity formation, and communal rituals. By centering the voices of adolescent girls and leveraging their resilience, societies can transform smoking from a symbol of rebellion or conformity into a relic of the past. As Indonesia grapples with rising tobacco use among youth, studies like this offer both a cautionary tale and a roadmap for change, proving that with the right tools, even deeply entrenched behaviors can be reimagined.

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