

The Dangers and Risks of Smoking: A Social-Constructionist Analysis of Its Societal Impact

Rifka Cahaya Ulfa¹, Kailani Kusuma Ningrum¹,

¹ Universitas Islam Negeri Walisongo Semarang

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Abstract: Smoking is not merely an individual health issue but a form of social complexity deeply interwoven with a society's values, customs, and everyday interactions. This study examines the dangers and risks of smoking with a specific focus on their community and social dimensions. It addresses a gap in the literature by analysing in depth how smoking behaviour is socially constructed, how it is socialised within families, peer groups, and communities, and how it subsequently affects collective quality of life. Adopting a qualitative, descriptive-exploratory design underpinned by the Theory of Social Construction, the research explores perceptions, experiences, and social meanings through in-depth interviews, focus group discussions, and participant observation, with the resulting data interpreted by means of reflexive thematic analysis. The findings indicate that smoking is routinely normalised and reproduced through observational learning and social pressure, generating substantial negative consequences that include inequitable second-hand exposure, economic strain on households, and disrupted patterns of social interaction. On this basis, the study argues for a decisive shift in tobacco-control strategy from individualistic interventions towards holistic, community-based approaches that deconstruct pro-smoking norms and empower communities to build environments that sustainably support health and a smoke-free way of life. The article's contribution is a systems-thinking model that renders these reinforcing and balancing dynamics explicit and locates the community as the principal point of leverage.

Keywords:

Perilaku Individu, Keterampilan Hidup, Pesantren, Perilaku Adaptif, Pembinaan Karakter.

Abstrak: Merokok bukan sekadar persoalan kesehatan individu, melainkan sebuah kompleksitas sosial yang meresap ke dalam nilai, kebiasaan, dan interaksi masyarakat. Penelitian ini mengkaji bahaya dan risiko merokok dengan fokus khusus pada dimensi sosial dan kemasyarakatannya. Studi ini mengisi celah literatur dengan menganalisis secara mendalam bagaimana perilaku merokok dikonstruksi secara sosial, disosialisasikan di lingkungan keluarga, teman sebaya, dan komunitas, serta dampaknya terhadap kualitas hidup kolektif. Dengan pendekatan kualitatif deskriptif-eksploratori yang berlandaskan Teori Konstruksi Sosial, penelitian ini menggali persepsi, pengalaman, dan makna sosial melalui wawancara mendalam, diskusi kelompok terfokus, dan observasi partisipan, yang kemudian ditafsirkan menggunakan analisis tematik reflektif. Temuan menunjukkan bahwa merokok kerap dinormalisasi dan direproduksi melalui pembelajaran observasional dan tekanan sosial, sehingga menimbulkan dampak negatif berupa paparan pasif yang tidak adil, beban ekonomi rumah tangga, dan terganggunya interaksi sosial. Atas dasar itu, penelitian ini mendorong pergeseran strategi pengendalian tembakau dari intervensi individualistik menuju pendekatan berbasis komunitas yang holistik, yang mendekonstruksi norma pro-merokok dan memberdayakan masyarakat untuk membangun lingkungan yang mendukung kesehatan dan gaya hidup bebas rokok secara berkelanjutan. Kontribusi artikel ini adalah sebuah model berpikir sistem yang mengeksplisitkan dinamika penguat dan penyeimbang tersebut serta menempatkan komunitas sebagai titik ungkit utama.



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CONTACT: ✉ rifkacahaya@gmail.com

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INTRODUCTION

The tobacco industry continues to defend its economic significance, while public-health advocates work to refute these claims by foregrounding the harms of tobacco use. A recurring pattern in the literature is the industry's use of economic rationales to oppose regulation, shape policymaking, and perpetuate myths about the economic consequences of tobacco control. Globally, smoking remains the leading behavioural risk factor for premature death: an estimated 1.14 billion people were current smokers in 2019, and tobacco smoking accounted for approximately 7.69 million deaths and 200 million disability-adjusted life years that year ([GBD 2019 Tobacco Collaborators, 2021](#)). These figures make clear that the debate must be anchored in robust evidence that reconciles public-health imperatives with economic considerations.

Although the scientific literature has extensively documented the physical and psychological consequences of smoking—heart disease, cancer, and respiratory disorders among them—a significant gap persists in our understanding of the social construction of smoking and its broader societal effects ([Poland et al., 2006](#)). Much scholarship concentrates on prevalence statistics, clinical interventions, or governmental regulation, leaving insufficiently explored the question of how smoking becomes normalised, accepted, or even reproduced within social, cultural, and economic settings ([Marron, 2017](#)). This gap is especially evident when we attempt to grasp the mechanisms by which communities adapt to smoking risk and the role of communal values in shaping both smoking behaviour and prevention. The present study addresses these often-overlooked sociological dimensions.

The tobacco sector remains one of the largest economic industries, expanding in ways that run counter to rising global health awareness. In Indonesia the burden is acute: adolescent smoking prevalence is among the highest in the world and continues to rise, sustained by aggressive marketing directed at specific market segments ([Asyary et al., 2021](#)). Novel products such as e-cigarettes and heated tobacco further extend the market, and their uptake among youth is a recognised gateway to combustible cigarette use ([Soneji et al., 2017](#); [O'Brien et al., 2021](#)). Compliance failures at the point of sale—advertising and display bans that are unevenly enforced—compound the problem ([Nian et al., 2024](#)). Empirically, then, the dangers of smoking are entangled with powerful economic forces and pervasive cultural penetration, not with health alone.

Research on smoking has evolved rapidly from an initial focus on physical hazards to multidisciplinary study of policy effectiveness, community-based behavioural intervention, and the neurobiology of nicotine dependence ([Warner & Mackay, 2006](#)). Yet qualitative analysis of how social norms, family dynamics, peer groups, and media representation shape perceptions and practices of smoking at the community level remains comparatively scarce ([Liu et al., 2017](#)). This study therefore

comprehensively analyses the community and social impacts arising from the dangers and risks of smoking. Specifically, it pursues four objectives: (1) to identify public perceptions and acceptance of smoking within socio-cultural contexts; (2) to analyse the socialisation mechanisms of smoking within families, peer groups, and communities; (3) to examine its social impacts on community quality of life, including passive health exposure, household economic burden, and disrupted social interaction; and (4) to formulate community-based policy implications for mitigating these impacts and reducing smoking prevalence.

METHOD

This research employed a qualitative methodology with a descriptive-exploratory design in order to explore community perceptions, socialisation mechanisms, and the social impact of smoking within a local context. A qualitative approach was chosen for its capacity to capture rich data—narratives, subjective experience, and socially constructed meaning—consistent with the Theory of Social Construction ([Berger & Luckmann, 1966](#)) that framed the analysis. The descriptive-exploratory design allowed the phenomenon to be understood from multiple participant perspectives, yielding a holistic and contextual account.

Participants were selected through purposive sampling, targeting key informants judged to hold in-depth understanding and diverse perspectives on smoking and its consequences. These included active and former smokers, non-smokers exposed to second-hand smoke, community and religious leaders, teachers, and family members of smokers drawn from a range of socioeconomic backgrounds. Data were collected through a combination of in-depth interviews, focus group discussions (FGDs), and participant observation. Interviews elicited personal experience, individual perception, and life history; FGDs surfaced collective norms and social dynamics; and observation provided direct insight into smoking practices in public and private space, the social interactions surrounding smokers, and the implementation—or otherwise—of Smoke-Free Zones (Kawasan Tanpa Rokok, KTR).

Textual and observational data were interpreted using reflexive thematic analysis following the six-phase procedure of [Braun and Clarke \(2006\)](#): familiarisation, initial coding, searching for themes, reviewing themes, defining and naming themes, and reporting. The analysis specifically interrogated how the dangers of smoking are socially constructed, how socialisation operates across settings, and how these processes translate into passive health exposure, economic burden, and altered social dynamics. Trustworthiness was pursued through triangulation across the three data sources, prolonged engagement in the field, and an audit trail of coding decisions, so that interpretations remained grounded in participants' own meanings.

RESULTS AND DISCUSSION

Theoretical Frame: Smoking as a Socially Constructed Reality

The analysis is anchored in the Theory of Social Construction, which holds that social realities—norms, values, and behaviours—are not objective givens but are produced through interaction, language, and cultural context (Berger & Luckmann, 1966). Applied to smoking, the theory illuminates how the dangers of tobacco are collectively framed: as an accepted habit, a marker of masculinity, a mode of self-expression, or a source of stigma. These shared understandings, in turn, shape individual decisions to smoke, communal adaptation to risk, and the reception of prevention efforts. The framework is complemented by social-cognitive accounts of observational learning (Bandura, 1986), which explain how smoking is acquired through modelling and reinforcement within a person's social environment.

Consistent with this lens, smoking is strongly patterned by socioeconomic disadvantage—lower income, limited education, and particular employment statuses (Schoenaker et al., 2018). Historically, cigarettes displaced older customs and became bound up with images of modernity, sophistication, and masculinity, so that altering these cultural meanings is as essential as it is difficult (Marron, 2017). The health evidence, meanwhile, is unambiguous: active smoking is causally linked to lung cancer and a wide spectrum of tobacco-related disease, while second-hand exposure independently raises the risk of coronary heart disease, stroke, and other outcomes (Barnoya & Glantz, 2005; Lv et al., 2015; Flor et al., 2024).

Societal Perceptions and Acceptance of Smoking

Public perception of smoking is not monolithic; it is shaped by social and cultural dimensions that extend well beyond awareness of health risk. Even where smoking is recognised as a public-health threat, it may remain acceptable—or actively normalised—as a component of interaction, tradition, or identity. This matters for policy, which frequently meets resistance when it collides with entrenched values (Poland et al., 2006). In many settings, including parts of Indonesia, smoking is woven into social custom and transmitted across generations, so that long-term hazards are underestimated through cultural acceptance.

Peer dynamics are similarly decisive, particularly among adolescents, for whom smoking can function as a symbol of maturity or a rite of passage into a group. A meta-analysis of normative influence confirms that peer behaviour is a robust predictor of both initiation and continuation, with the effect strongest where social and cultural closeness is greatest (Liu et al., 2017). Media representation and industry marketing have, in parallel, constructed durable positive associations—linking cigarettes to

status, success, and freedom—that persist even after advertising is restricted. Societal acceptance therefore rests not only on direct experience but on symbolic meanings sustained by economic and cultural forces. Shifting such perceptions requires more than transmitting facts; it requires the deconstruction of the norms that reproduce them (Schoenaker et al., 2018).

Socialisation Mechanisms across Family, Peer, and Community

The socialisation of smoking is a dynamic process in which individuals internalise norms and practices observed in their environment through interaction with three primary agents: the family, peers, and the wider community. The family is the foundational agent. Children raised by smoking parents face substantially elevated risk of initiation, largely through observational learning: when adults smoke at home, the behaviour is normalised and may even acquire positive associations with relaxation or adulthood. Intergenerational transmission is well documented, and—importantly for prevention—the effect is specific to [active](#) parental smoking, since children of parents who quit are no more likely to begin than children of never-smokers (Gilman et al., 2009).

During adolescence, peer influence often eclipses that of the family. The need for acceptance and identity formation renders young people highly susceptible to social pressure, and interaction with smoking peers is a critical determinant of adolescent smoking (Liu et al., 2017). The process is reinforced through the sharing of cigarettes, participation in smoking-centred social activities, and the consolidation of group norms that endorse use. The broader community—its cultural norms, product availability, and media visibility—further shapes behaviour: permissive norms and pervasive visibility normalise smoking, whereas robust community anti-smoking policies can cultivate healthier norms (Schoenaker et al., 2018). Because these three levels interact and mutually reinforce one another, effective prevention demands a multi-level strategy that addresses family, peer, and community norms simultaneously.

Social Impacts on Community Quality of Life

Although smoking is frequently framed as a personal choice, its consequences radiate outward with significant implications for collective quality of life. The most immediate is passive exposure: non-smokers involuntarily inhale hazardous second-hand smoke, elevating the risk of cardiovascular disease, lung cancer, and respiratory conditions, with children especially vulnerable (Lv et al., 2015; Zhang et al., 2020). The magnitude of this externality is underscored by natural experiments in which comprehensive smoke-free legislation was followed by marked reductions in hospitalisations for acute coronary and other events (Pell et al., 2008; Mackay et al.,

2010; Tan & Glantz, 2012), evidence that the harm of passive exposure is both real and reversible.

A second impact is economic. Smoking imposes a substantial burden on households, particularly poorer ones, by diverting scarce income from essential needs and adding the medical costs of smoking-related illness. Cross-national evidence shows that tobacco expenditure crowds out spending on food, education, and healthcare in low- and middle-income countries (Do & Bautista, 2015; Khatoon et al., 2024), and household studies in Indonesia specifically document diversion away from food toward tobacco, with consequences for child nutrition (Block & Webb, 2009). At the macro level, the global cost of smoking-attributable disease reached an estimated US\$1.4 trillion—about 1.8% of world GDP—when health expenditure and lost productivity are combined (Goodchild et al., 2018; Chaloupka & Warner, 2000).

A third impact concerns the fabric of social interaction. The presence of smoking can generate tension in workplaces, public facilities, and families when the right of non-smokers to clean air conflicts with smoking habits, and evolving norms around designated areas can produce a degree of social segregation between smoking and non-smoking groups. Compounding this, children socialised in environments that normalise smoking are prone to internalise the behaviour, perpetuating the cycle. Taken together, compromised health, economic strain, and social friction erode community vitality, development, and cohesion, so that addressing smoking is inseparable from building healthier, more prosperous, and more harmonious communities.

Influential Factors within the Tobacco Industry

The tobacco industry operates within a complex ecosystem shaped by multifactorial determinants, primarily governmental policies and regulatory frameworks concerning advertising, marketing, sales, taxation, and usage restrictions. These regulations are often advanced by increasing public health awareness, supported by scientific evidence of smoking's hazards, despite persistent industry lobbying and legal challenges. Socio-cultural shifts, including changing norms and the emergence of product innovations like e-cigarettes, further influence market dynamics and consumer behavior, interacting with the physiological aspect of nicotine dependence. Additionally, global economic factors, market competition, agricultural conditions, and the pervasive influence of media and advertising significantly configure the industry's operational landscape, which is increasingly subject to international policy frameworks such as the WHO FCTC.



Figure 1: Factors influencing the tobacco industry

The control of tobacco consumption is profoundly influenced by government policies and existing regulatory frameworks. Regulations encompassing advertising, marketing, sales, taxation, and restrictions on designated smoking areas play a fundamental role in shaping societal tobacco consumption patterns. The efficacy of these policies is bolstered by international treaties, such as the WHO Framework Convention on Tobacco Control (FCTC), which encourages member states to adopt global standards in tobacco control initiatives. The implementation of comprehensive and consistent policies can significantly curtail the accessibility of tobacco products and diminish their appeal, thereby contributing to a reduction in smoking prevalence.

Conversely, the tobacco industry actively endeavors to maintain its market share through various strategic measures. Robust lobbying activities and industry influence frequently seek to sway policy and counteract restrictive regulations. Furthermore, product innovation such as the development of electronic cigarettes and other alternative tobacco products significantly shapes the dynamics of the tobacco market, presenting novel challenges to control efforts. These market dynamics also entail inter-corporate competition and the market entry of substitute products which impact the industry as a whole, while media influence and advertising continue to mold public opinion and promote tobacco products to a broader audience. Even the tobacco agricultural sector is influenced by policies regarding farming, subsidies, and technology, all of which impact production and associated costs.

Enhancing public awareness regarding the dangers of smoking constitutes a key strategy in mitigating the demand for tobacco products. Robust research and scientific evidence regarding the health implications of smoking serve as an essential foundation for supporting the development and implementation of evidence-based tobacco control policies. Rigorous health education efforts and anti-smoking campaigns, targeted at both smokers and non-smokers, play a vital role in transforming societal attitudes and behaviors. Through these campaigns, it is anticipated that the public will be empowered to make healthier choices and motivated to cease smoking or refrain from initiation.

Social, cultural, and demographic factors significantly shape patterns of tobacco consumption, with evolving social norms, socio-economic disparities, and population dynamics influencing its acceptability, prevalence, and demand. Nicotine dependence remains a critical determinant of consumer behavior and the efficacy of cessation efforts. Furthermore, legal actions and litigation against the tobacco industry have demonstrably altered corporate business practices and financial standings, compelling greater accountability. Concurrently, global economic conditions, including tobacco commodity prices and currency fluctuations, indirectly influence the production, pricing, and international availability of tobacco, ultimately affecting consumption patterns on a global scale.

The economic and health burdens resulting from smoking constitute a complex issue encompassing diverse categories of costs. [Bardach et al. \(2021\)](#) estimated that annual healthcare expenditures for smoking-related diseases exceed USD 400 billion, while the total economic cost attributable to smoking reaches USD 1,436 billion. These costs may be categorized into direct medical costs (prevention, diagnosis, and treatment), indirect morbidity costs (loss of income due to illness), and indirect mortality costs (premature death). Chaloupka and [Warner \(2000\)](#) argue that smokers should bear the burden of these costs given the social impact generated. Methods such as the attributable risk methodology and the human capital approach are utilized to estimate this impact, although experts have criticized these methods as inadequate in quantifying the premature loss of life.

Smoking poses a serious threat to long-term economic performance, primarily through associated chronic diseases. [Cheng \(2011\)](#) warned that China faces a significant increase in healthcare costs resulting from diabetes in the absence of immediate action. The contribution of smoking to this health burden is not limited to active smokers; [Eriksen & Chaloupka \(2007\)](#), [Hanna \(2013\)](#), [Hu & Mao \(1966\)](#), [Max et al. \(2010\)](#), [Mohan et al. \(2018\)](#), [Rao & Chaturvedi \(2010\)](#), [Smith et al. \(2008\)](#), and [Van Walbeek \(2004\)](#) all highlight the substantial financial burden imposed by exposure to second-hand smoke or other tobacco-related diseases. This results in elevated healthcare expenditures and losses due to reduced productivity or premature mortality, which impacts the economy on a global scale.

Although there may exist short-term financial benefits derived from taxes collected on cigarettes or reduced pension payments due to the shorter life expectancy of smokers, [Gruber \(2001\)](#), [Habebo & Takian \(2020\)](#), [Mayer-Foulkes \(2011\)](#), and [Philip Kenkel et al. \(2020\)](#) emphasize that the long-term social, economic, and health burdens far outweigh these gains. Chronic diseases associated with tobacco consumption exceed the pension savings generated from premature death, indicating an overall net negative impact. Consequently, experts advocate for more effective anti-smoking policies and measures to reduce smoking prevalence and its deleterious impact on society and the global economy.

This section comprehensively examines various aspects related to the economic costs of smoking and the analysis thereof. Several researchers, such as [Bardach et al. \(2021\)](#), discuss the economic implications of smoking, encompassing direct costs (healthcare expenditures for smoking-related diseases) and indirect costs (loss of income due to illness or disability, as well as the value of years of life lost to premature mortality). The methodologies utilized in smoking cost studies, as elucidated by [Chaloupka & Warner \(2000\)](#), include the attributable-risk methodology for estimating the incidence or prevalence of smoking-related diseases, and the human capital approach for calculating the value of lost years of life. However, these methodologies have faced criticism for their perceived inadequacy in assessing avoidable premature loss. Studies also highlight specific healthcare costs in certain nations; for instance, [Cheng \(2011\)](#) anticipates an increase in total healthcare costs in China attributable to diabetes. This analysis is expanded by comparing social costs between alcohol consumption and gambling ([Collins & Lapsley, 2003](#)), alongside evidence regarding the effectiveness of anti-smoking interventions—such as tobacco product price increases ([Contreary et al., 2015](#)) in generating healthcare savings and productivity enhancements. [Ekpu & Brown \(2015\)](#) further emphasize the benefits for individuals who cease smoking, such as reduced morbidity and mortality.

Overall, various authors highlight the significant financial burden resulting from exposure to second-hand smoke or tobacco-induced diseases, which leads to high healthcare expenditures and productivity losses, thereby threatening long-term economic performance. Consequently, notwithstanding potential short-term financial benefits derived from cigarette taxes or reduced pension payments, the long-term social, economic, and health burdens outweigh such gains, necessitating advocacy for more effective and comprehensive anti-smoking policies.

Tobacco use is collectively recognized as a cause of substantial global health and economic burdens, primarily through its contribution to Non-Communicable Diseases (NCDs) such as cardiovascular disease, cancer, chronic respiratory diseases, and diabetes. Andarini (2019) reports that in Indonesia, NCDs account for 73% of all deaths, with ischemic heart disease, cerebrovascular disease, diabetes, Chronic Obstructive Pulmonary Disease (COPD), and lung cancer serving as the largest

contributors to Disability-Adjusted Life Years (DALYs) in 2017. Similar emphasis is provided by Bitton et al. (2011), who note that at least 5.4 million people die annually due to tobacco-related diseases, a figure that surpasses the combined toll of HIV/AIDS, tuberculosis, and malaria. Research by Dobbie et al. further confirms that tobacco is a common risk factor for four major NCD groups, causing one in every six NCD deaths globally, while Elliott et al. add that NCDs have now become the leading cause of death worldwide, accounting for over 71% of global mortality.

The economic impact of smoking is massive, burdening healthcare systems and societal productivity. Bardach et al. (2021) demonstrate that healthcare expenditures for smoking-related diseases exceed USD 400 billion annually on a global scale. They developed a model that calculates an individual's lifetime risk for various disease events and their progression, identifying years of life lost due to premature death. Chaloupka & Warner (2000) further elucidate the analysis of smoking costs, which includes direct medical costs, indirect morbidity costs due to income loss, and indirect mortality costs associated with premature death. Additionally, Cheng (2011) highlights how diabetes serves as a potent risk factor for coronary artery disease, which is a leading cause of morbidity and mortality in modern China, demonstrating a significant indirect economic impact.

The absence of any safe threshold for tobacco smoke exposure, as articulated by Giovino, contributes significantly to premature mortality and a wide spectrum of diseases across diverse age demographics. Hu & Mao estimated smoking-attributable mortality to be approximately 673,000 deaths annually for merely three primary conditions. In the context of South Africa, Van Walbeek (2004) observed that in 1984, approximately 100,000 potential years of life were lost among individuals aged 35–64 due to tobacco-related premature mortality. Stebbins further emphasized that developing nations, already grappling with malnutrition and infectious diseases, are concurrently confronting a smoking epidemic directly correlated with the penetration of capitalist tobacco interests into emerging markets. Collectively, these studies underscore the urgent necessity for comprehensive global strategies to curtail tobacco consumption and its associated health and economic burdens, in pursuit of enhancing global societal well-being.

1. Epidemiology of Noncommunicable Diseases (NCDs) and Tobacco Use: This theme captures the global burden of NCDs, their association with tobacco use, and the specific diseases most affected by tobacco. It includes studies by Andarini (2019), Bitton et al. (2011), Dobbie et al., Mayer-Foulkes, Elliott et al., Williams et al., McNeill & Munafò, Hu & Mao.

2. Economic Impact of Tobacco Use: This theme focuses on the economic cost associated with smoking-related diseases including direct medical costs and indirect costs related to morbidity and mortality. Bardach et al.'s (2021) study and Chaloupka

& Warner's work in 2000 fall into this category, as well as Douglas et al., Ekpu & Brown's work.

3. Health Risks from Passive Smoking: The third theme highlights the health risks associated with exposure to secondhand smoke. Studies that would fall under this category include Giovino's work on tobacco smoke pollution and Douglas et al., Ekpu & Brown's work on passive smoking.

4. Global Trends in Tobacco Use and Policy Implications: This theme discusses trends in global tobacco use, potential future challenges such as Stebbins' discussion on a possible smoking epidemic in underdeveloped countries due to capitalist interests, Van Walbeek's study on premature mortality due to tobacco use, Philip Kenkel et al.'s study on smokers' healthcare costs, Cheng's work focusing specifically on China.

Each of these themes underscores different aspects of the multifaceted problem posed by tobacco use worldwide: its epidemiological impact; its economic toll; its risk even for non-users via secondhand smoke; and trends that may shape future policy.

The provisional argument of this research posits that, despite the widespread dissemination of information regarding the health hazards of smoking, socio-cultural factors play a predominant role in perpetuating and even normalizing smoking behavior at the societal level. This normalization is bolstered by social constructions that associate smoking with personal identity, social interaction, or serve as a coping mechanism. Consequently, cognitive comprehension of health risks frequently proves insufficient to alter smoking behavior due to robust reinforcement from the social environment. The deleterious impacts of smoking, whether direct or indirect, tend to become internalized within the social structure; thus, this necessitates an intervention approach that focuses not merely on the individual, but also on the deconstruction and subsequent reconstruction of societal perceptions regarding smoking.

Community-Based Policy Implications

Because smoking is inextricably linked to social norms, cultural values, and local structures, effective policy must move beyond individual interventions and top-down regulation toward a community-based approach that prioritises empowerment, resource mobilisation, and active participation. A first implication is the development of culturally tailored health-education and awareness programmes that resonate with local contexts—delivered through familiar channels such as religious gatherings or customary meetings—and that explicitly address passive risk for vulnerable members. Sustained, well-designed communication of this kind is associated with reduced prevalence and increased quitting when embedded in comprehensive programmes ([Durkin et al., 2012](#); [Bala et al., 2017](#); [Carson et al., 2017](#)).

A second implication is the establishment of community-owned Smoke-Free Zones (KTR) sustained by citizen participation rather than enforcement alone; communities should be empowered as custodians of their own zones in schools, places of worship, and health centres, and supported to curb tobacco promotion locally. A third is the strengthening of cessation support woven into the community's social fabric—peer-support systems and trained local champions—recognising that sustained social backing is decisive during cessation ([Reisinger et al., 2019](#); [Secker-Walker et al., 2002](#)). These measures are most effective when combined with population-level levers whose effectiveness is well established, including higher tobacco taxation—demand is price-inelastic but responsive, so tax increases reliably reduce consumption ([Nargis et al., 2021](#); [Jawad et al., 2018](#)), prominent pictorial health warnings ([Noar et al., 2020](#)), and comprehensive tobacco-control programmes ([Wakefield & Chaloupka, 2000](#); [Akter et al., 2024](#)). The evidence thus points to an integrated system in which community-level denormalisation and structural policy reinforce one another.

The study's principal contribution is to synthesise these findings into a single system-thinking model (Figure 1). Rather than treating perception, socialisation, impact, and policy as separate topics, the model represents them as an interconnected system with two feedback loops. A reinforcing loop (R1) shows how pro-smoking norms drive socialisation across family, peer, and community settings, which sustains smoking initiation and maintenance, which keeps smoking visible in everyday life, which in turn re-entrenches the norms. A balancing loop (B1) identifies the leverage point: community-based denormalisation—culturally tailored education, community-owned KTR, and peer cessation support—weakens the norms that power R1, prompted by growing awareness of declining community quality of life. The model's value is diagnostic and strategic: it explains why information-only or purely regulatory interventions underperform (they leave R1 intact) and why the community is the decisive point of intervention.

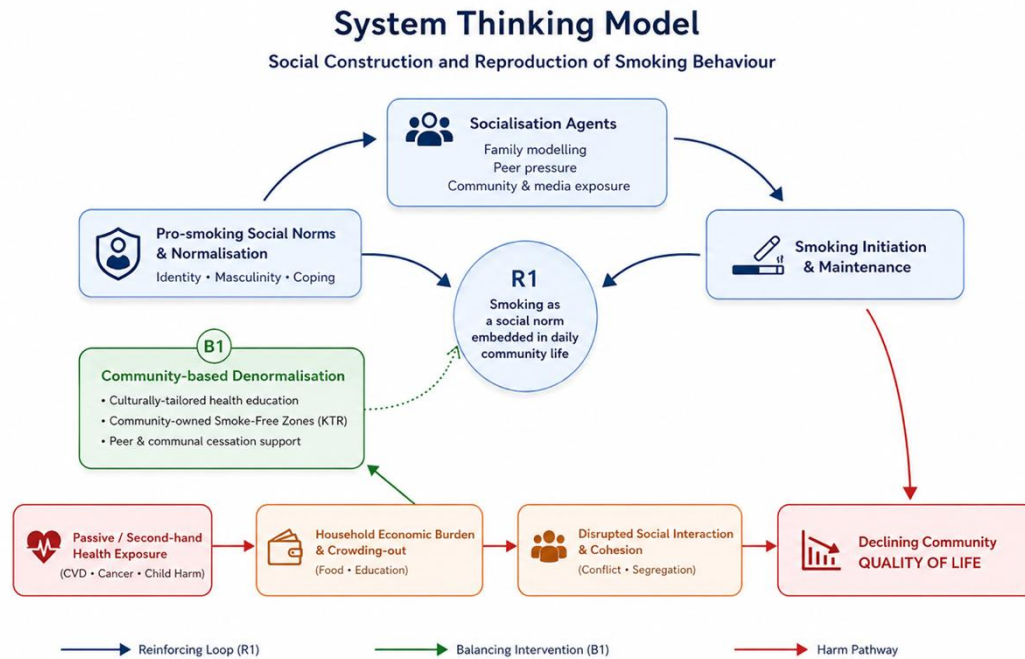


Figure 1. System-thinking model of the social construction and reproduction of smoking behaviour

The provisional argument that the model formalises is this: despite the wide dissemination of information about health hazards, socio-cultural factors predominate in perpetuating and normalising smoking at the societal level. Because normalisation is bolstered by constructions that tie smoking to identity, interaction, and coping, cognitive awareness of risk is frequently insufficient to change behaviour against strong environmental reinforcement. It follows that intervention must target not only the individual but the deconstruction and reconstruction of the social meanings of smoking itself.

CONCLUSION

This study set out to analyze the community and social impacts of smoking through four objectives, and its conclusions correspond directly to these aims. First, societal perceptions and acceptance of smoking are shaped less by health knowledge than by socio-cultural meanings, which frame smoking as an expression of identity, tradition, or a tool for social bonding. Second, smoking is socialized through mutually reinforcing mechanisms across family, peer, and community settings, with active parental modeling and peer normative influence proving especially formative. Third, these processes generate significant social harm, such as inequitable passive exposure, economic strain that crowds out essential household spending, and disrupted social interactions, that collectively erode the quality of community life. Fourth, consequently, effective control requires a paradigm shift from individualistic

interventions toward a holistic, community-based strategy that deconstructs pro-smoking norms and empowers communities to build health-supportive, smoke-free environments. By adopting the Theory of Social Construction and presenting the findings as a systems-thinking model, the study illustrates why information-only and top-down measures are insufficient and positions the community as the decisive leverage point. This approach fulfills the study's initial aims and offers a coherent basis for future policy and research.

Author Contributions. Rifka Cahaya Ulfa conceptualised the study, designed the research framework, conducted the fieldwork and data analysis, and drafted the manuscript; Kailani Kusuma Ningrum contributed to the literature review, assisted with data interpretation, and critically revised the manuscript for intellectual content. Both authors read and approved the final version of the manuscript.

Informed Consent Statement. Informed consent was obtained from all individual participants involved in the study; each participant was informed of the study's purpose, voluntary nature, and confidentiality safeguards, and gave written or recorded verbal consent prior to participation, with the right to withdraw at any time.

Declaration of Generative AI. The authors declare that a generative artificial-intelligence tool was used solely to assist with language editing, structural refinement, and reference formatting; all research design, data collection, analysis, interpretation, and final scholarly judgements are the authors' own, and the authors take full responsibility for the content and integrity of the published work.

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