RESEARCH ARTICLE: Factors Affecting Smoking Discontinuance Among Youth Smokers

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*ABSTRACT***.** This study assessed the factors influencing smoking discontinuance among youth leaders, focusing on their demographic profile, perceived benefits, perceived barriers, and perceived interpersonal influences for the Fiscal Year 2025. A total of 100 samples were selected through purposive non-probability sampling. Using weighted mean, standard deviation, t-test for independent samples, One-way ANOVA, and Pearson's r, the study revealed the following findings: 1) A significant proportion of youth smokers are 20 years old or younger, with males comprising the majority. Most respondents have attained a high school level of education, and smoking is most prevalent among those with moderate incomes; 2) On average, the extent of factors affecting smoking discontinuance is rated as very high across all subcategories; 3) Gender, educational attainment, and average monthly income do not significantly mediate how youth respondents assess the extent of factors affecting smoking discontinuance. However, the variable age showed significant differences, particularly in perceived interpersonal influence; 4) The group of respondents who assessed the factors affecting smoking discontinuance in terms of perceived barriers also rated the perceived interpersonal influences, similarly, indicating a strong connection between these factors; 5) Positive correlations were found between perceived benefits, perceived barriers, and perceived interpersonal influences on smoking cessation. These findings suggest that comprehensive anti-smoking programs addressing these interconnected factors are likely to be most effective in promoting long-term cessation among youth. This study emphasizes the need for targeted interventions that consider both individual motivations and the social dynamics influencing youth smokers. It offers recommendations for stakeholders, including youth, parents, educators, policymakers, and public health officials, to enhance smoking prevention and cessation efforts.

KEYWORDS: smoking cessation, nicotine dependence, peer influence

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Introduction

Tobacco use is a major public health concern globally, with smoking being the leading cause of preventable deaths worldwide. In 2015 alone, smoking caused more than one in ten deaths globally, with half a billion people expected to die prematurely from tobacco-related diseases unless they quit (Britton, 2017). Youth are particularly vulnerable to nicotine addiction, with many

initiating smoking during adolescence. This vulnerability is partially due to the adolescent brain's heightened susceptibility to nicotine's neuro-inflammatory effects (Mahajan et al., 2021). According to the World Health Organization (WHO), approximately 20% of Filipino youth aged 13-15 years have tried smoking, and 10% are regular smokers.

Global smoking prevalence has decreased since 1990; however, population growth has resulted in more smokers, leading to 7.69 million deaths in 2019 (Reitsma et al., 2021; Chavez & Lamorinas, 2023). In the Philippines, despite stringent tobacco control laws, and despite the perception that graphic health warnings on cigarette packs are ineffective (Amul et al., 2024; Chavez, 2023), smoking prevalence among youth remains alarming.

Tobacco use, particularly smoking, poses significant health risks worldwide. Youth are vulnerable to nicotine addiction, with long-term consequences on physical and mental health. Smoking discontinuance among youth is crucial to prevent nicotine dependence, reduce health risks, and promote healthy development. Quitting smoking early will avoid most years otherwise lost due to smoking, and even those who quit at ages 65 and above can still meaningfully increase their life expectancy (Le et al., 2024; Chavez, Adalia & Alberto 2023). Smoking discontinuance among youth is crucial for preventing long-term health consequences, including cardiovascular disease, respiratory problems, and various types of cancer. Quitting smoking in young adults leads to greater weight gain but improves physical health-related quality of life (Tian, 2017; Chavez & Prado, 2023).

However, quitting smoking is challenging, especially for young people. More than half of current smokers identified 'loss of a way to handle stress' (59%) and 'cravings or withdrawal' (52%) as barriers to quitting (Villanti et al., 2016; Chavez, 2022). Furthermore, there is limited evidence that behavioral support or smoking cessation medication increases the long-term proportion of young people who stop smoking (Fanshawe et al., 2017; Garil, 2024). By working together, we can empower Filipino youth to quit smoking and create a healthier, tobacco-free future.

Despite the alarming prevalence of smoking among Filipino youth and the implementation of tobacco control laws, there is a need for further research on effective interventions and strategies to promote smoking cessation among this population (Fanshawe et al., 2017; Calzada, 2024). This study aims to address this gap by exploring the factors influencing smoking discontinuance among youth and identifying evidence-based approaches to support tobacco-free lifestyles. By understanding the challenges and opportunities for smoking cessation among Filipino youth, research seeks to inform policies and programs that can empower young people to quit smoking and reduce the burden of tobacco-related illnesses in the Philippines.

Research Questions

This study entitled factors influencing smoking discontinuance among youth smokers aims to determine the factors associated with smoking discontinuance that may help increment smokers' adhesion of stopping smoking and reduce the number of young people that start smoking. Specifically, it seeked to answer the following queries:

1. What is the socio-demographic profile of youth smokers in terms of:
    - 1.1 Age;
    - 1.2 Gender;
    - 1.3 Educational Attainment; and
    - 1.4 Average Monthly Income?
2. What factors influencing the extent of smoking discontinuance among youth smokers in terms of:

2.1 Perceived benefits of Smoking Discontinuance;
2.2 Perceived Barriers of Smoking Discontinuance; and
2.3 Perceived Interpersonal Influences of Smoking Discontinuance?

3. Is there a significant difference in the factors influencing smoking discontinuance among youth smokers when data are categorized according to their demographic profile in terms of:
3.1 Age;
3.2 Gender;
3.3 Educational Attainment; and
3.4 Average Monthly Income?

4. Is there a significant correlation among the subcategories subsumed under the factors influencing smoking discontinuance among youth smokers?

Literature Review

Smoking is a leading cause of preventable death globally, contributing significantly to non-communicable diseases (NCDs) like cardiovascular disease and cancer. In 2011, cigarette smoking caused an estimated 1.1 million deaths in the United States from 12 smoking-related cancers, with a higher proportion of deaths occurring in men than women (Siegel et al., 2015). While smoking prevalence is declining in some developed nations, it remains high in many developing countries, particularly among men. Poor countries experience more intense and aggressive tobacco marketing than affluent countries, with a higher prevalence of tobacco use among children in poor countries (Kmietowicz, 2015). In Fiji, despite a significant decline in daily smoking over the past 30 years, prevalence remains high, especially among men (around 27% in 2011), with plateauing in the i-Taukei population (Linhart et al., 2016).

Understanding smokers' perspectives on initiation and cessation is crucial for designing effective programs. Common initiation factors include peer influence, curiosity, and emulation (Gördük et al., 2024). Cessation factors often include smoke-free policies, which are associated with higher odds of smoking cessation, although the impact varies based on age, education, family income, and race/ethnicity (Titus et al., 2019).

In Malaysia, smoking prevalence is high among university students (4.6%), with significant exposure to secondhand smoke at home (46.7%) and in public (66.7%) (Mohamed et al., 2024). Factors contributing to adolescent smoking initiation include male sex, psychological problems, lack of knowledge about smoking, poor school performance, low parental monitoring, and peer influence (Nurumal & Zain, 2019).

In India, tobacco use carries a substantial economic burden (over 1% of GDP and 5.3% of total health expenditures), highlighting the need for scaled-up tobacco control efforts (John et al., 2020). Factors influencing smoking initiation and cessation include social stigma, perceived health benefits, altered taste preferences during pregnancy, and social influences (12: Singh et al., 2023). In China, smoking prevalence among older hypertensive individuals decreased from 25.2% in 2011 to 21.1% in 2018, but existing cessation programs have shown limited effectiveness (Wang et al., 2023). Chinese Canadian immigrant men have used various methods to obtain cheap cigarettes, including imports and online purchases (Mao et al., 2017), and often avoid cessation assistance due to practical and cultural barriers (Mao & Bottorff, 2017).

Youth smoking is a significant concern due to nicotine addiction and long-term health risks (Heinly & Walley, 2023). E-cigarette use is a strong risk factor for youth smoking, along with social norms, harm misperceptions, and mental health issues (Scully et al., 2023). Vaping prevalence increased in Canada and the US between 2017 and 2018, while smoking prevalence increased in Canada, with little change in England (Hammond et al., 2019). Early smoking

initiation (before age 13) is associated with increased risks for various health problems (Choi & Stommel, 2017). The "developmental origins of adult disease" hypothesis highlights the long-term consequences of early-life exposure to tobacco smoke (Bailey, 2015; Carpio, Caburnay & Nolledo et al., 2024).

In the Philippines, e-cigarette use is prevalent among youth, with exposure to secondhand smoke being a significant factor (Serra et al., 2023; Murro, 2024). Non-price strategies like higher cigarette taxes and tighter regulations can effectively reduce tobacco consumption among Filipino youth (Marcelino et al., 2022; Espartero, Caldaza & Prado, 2024). Further research is needed to understand adolescents' perspectives on smoking and to develop effective prevention and cessation strategies, including addressing the rise of e-cigarette use.

Methodology

1. *Research Design*

This study employed a descriptive survey design to investigate factors influencing smoking cessation among young smokers. Descriptive research, determines the current state of a phenomenon, involving data collection through observation (Linarwati et al., 2016). A quantitative approach was used, measuring relationships between variables. Quantitative research, explains phenomena through numerical data analysis using mathematical methods, particularly statistics (Mohajan, 2020). This approach aligns with the positivist paradigm, utilizing statistical analysis, hypothesis testing, and structured data collection methods such as questionnaires with pre-determined answers (Park et al., 2019). Data were collected, tabulated, analyzed, and interpreted to address the study's objective of identifying factors influencing smoking cessation among youth.

2. *Research Participants*

This study included 100 youth smokers from five barangays in Hadji Panglima Tahil: Bangas, Bubuan, Kabukan, Pag-asinan, and Teomabal. Respondents were selected using purposive sampling, a method in which subjects are chosen based on the study's specific objectives, rather than random selection (Obilor, 2023). This ensured that all participants met the inclusion criteria of being youth smokers within the designated barangays.

3. *Research Instruments*

Data were collected using a questionnaire adapted from Li et al.'s (2020) study on "Perceived benefits, barriers, and social support for smoking cessation," with minor revisions to enhance its suitability for the local context. To ensure validity, the questionnaire underwent review and validation by three experts from the Graduate Studies faculty of Sulu State College. The questionnaire, supplemented by semi-structured interviews, comprised two sections: a demographic profile and a section assessing factors influencing smoking cessation. This approach leverages the advantages of questionnaires as widely used and useful instruments for collecting structured, often numerical survey data, which can be administered without researcher presence and are comparatively straightforward (Vaniea, 2019). The latter section included 15 statements each on perceived benefits, barriers, and interpersonal influences related to cessation, using a 5-point Likert scale ("strongly agree" to "strongly disagree"). Questionnaire items directly reflected the study's variables.

4. *Data Gathering Procedure*

After validation and assertion of the reliability of the research instrument, the researcher consulted with your research adviser and discussed the research proposal and obtained feedback, secured approval from the adviser prior proceeding with the data gathering process and obtained a signed endorsement letter from the adviser. Afterwards, the researcher submitted the research

proposal and adviser's endorsement letter to the dean's office and obtained approval and secured a signed endorsement letter from the dean. Then, requested permission to conduct data gathering in the barangay by preparing a formal letter addressed to the Barangay Captain or BLGU representative.

Afterwards, the researcher conducted data gathering in the barangay, as per approved protocols. Ensured informed consent from participants and collected data needed. The data generated by the survey were tallied and tabulated and were turned-over to the statistician for analysis. The data that underwent statistical treatment were presented in appropriate comprehensive research report.

5. *Data Analysis*

Data analysis employed several statistical methods. Frequencies and percentages described the demographic profile of the youth smokers (age, gender, education, income). Means and standard deviations measured the influence of perceived benefits, barriers, and interpersonal influences on smoking cessation. Independent samples t-tests (gender) and analyses of variance (ANOVA) (age, education, income) assessed differences in these influences across demographic groups. Finally, Pearson product-moment correlations examined relationships among the subcategories of factors influencing smoking cessation.

Results and Discussion

1. What is the socio-demographic profile of youth smokers in terms of 1.1 Age; 1.2 Gender; 1.3 Educational Attainment; and 1.4 Average Monthly Income?

In terms of Age

Table 1.1 Socio-demographic profile of youth smokers in terms of age.

Age	Frequency	Percent
20 yrs and below	47	47
21-24 years old	36	36
25 years old & above	17	17
Total	**100**	**100**

It can be gleaned from this table that out of 100 respondents, 20 (47.0%) are within 20 years old & below, 36 (36.0%) are within 21-24 years old and 17 (17.0%) are within 25 years old & above. The data reveals that a significant proportion of youth smokers are 20 years old and below, indicating that smoking habits are starting early among adolescents. This also suggests that smoking behavior is more prevalent among the younger segment of the youth population, potentially pointing to early exposure or lack of preventive measures during adolescence.

To address the high prevalence of smoking among young individuals, particularly those aged 20 and below, it is recommended to strengthen anti-smoking campaigns in schools and communities. This should focus on early intervention by targeting junior and senior high school students through comprehensive awareness programs and peer-led discussions that highlight the dangers of smoking. In addition, stricter regulations on tobacco access for minors must be enforced. This includes upholding laws that prohibit the sale of tobacco products to individuals under 21 years old and increasing surveillance on retail outlets near schools to ensure compliance. Promoting healthy alternatives and activities is also essential. Encouraging youth participation in sports, the arts, and community service can help reduce idle time and minimize exposure to peer pressure that often contributes to smoking. Furthermore, parental and community involvement play a crucial role. Parents and guardians should be equipped with the knowledge and resources needed to detect early signs of smoking and to foster open and supportive communication at home.

Lastly, expanding smoking cessation programs is vital. These programs should be easily accessible to young smokers and offer support such as counseling services and nicotine replacement therapies to aid in quitting.

In terms of Gender

Table 1.2 Socio-demographic profile of the youth smokers in terms of gender.

Gender	Frequency	Percent
Male	84	84
Female	16	16
Total	**100**	**100.0**

It can be gleaned from this table that out of 100 respondents, 84 (84.0%) are male and 16 (16.0%) are female.

The data indicates a significant gender disparity among youth smokers, with males comprising the majority than females. This suggests that smoking is considerably more prevalent among young males compared to their female counterparts. The findings may reflect gender-related differences in behavior, social influences, or cultural norms that contribute to higher smoking rates among males. This highlights the need for gender-sensitive approaches in designing smoking prevention and cessation programs.

In terms of Educational Attainment

Table 1.3 Socio-demographic profile of the youth smokers in terms of educational attainment.

Educational Attainment	Frequency	Percent
Elementary graduate	22	22
High school grad	48	48
College	30	30
Total	**100**	**100.0**

It can be gleaned from this table that out of 100 respondents, 22 (22.0%) are finished elementary, 48 (48%) were high school graduates, 30 (30.0%) were college graduates.

The data shows that most youth smokers have attained a high school level of education, followed by who are college graduates and who have only finished elementary education. The findings suggest that smoking behavior is present across all levels of educational attainment, but it is most common among high school graduates. This may imply that the period during or shortly after high school is a critical time when youth are most vulnerable to picking up smoking habits, potentially due to peer influence, stress, or lack of awareness regarding health risks.

Considering the findings related to educational attainment, it is recommended that smoking prevention efforts be intensified at the high school level, where smoking appears to be most prevalent. Schools should implement comprehensive health education programs that emphasize the long-term risks of smoking and provide students with skills to resist peer pressure. Additionally, collaboration with local health authorities and community organizations can enhance the delivery of seminars, workshops, and counseling services focused on tobacco prevention. For those with only elementary education or who have already graduated from college, outreach initiatives should extend beyond the classroom, utilizing media campaigns and community-based programs to ensure all youth, regardless of educational background, receive adequate information and support to avoid or quit smoking. Tailoring interventions based on educational level can improve their effectiveness and help reduce the overall incidence of youth smoking.

In terms of Average Monthly Income

Table 1.4 Socio-demographic profile of the youth smokers in terms of average monthly income.

Average monthly income	Frequency	Percent
3,001-6,000	23	23
6,001-9,000	58	58
9,001 and above	11	11
Total	**100**	**100**

It can be gleaned from this table that out of 100 respondents, 8 (8.0%) earns 3,000 and below, 23 (23.0%) earns 3,001-6,000, 58 (58%) earns 6,001 to 9,000, and 11 (11.0%) earns 9,001 and above.

The data indicates that most youth smokers, have an average monthly income ranging from 6,001 to 9,000, followed by earning between 3,001 to 6,000; earning 9,001 and above, and a smaller portion of earning 3,000 and below. These findings suggest that smoking among youth is more prevalent among those with a moderate level of income, possibly due to having enough disposable income to afford cigarettes while still being influenced by environmental or social factors that contribute to smoking behavior. The relatively lower percentage among those with the highest and lowest incomes may reflect differences in priorities, access, or awareness.

Based on the data, it is recommended that smoking prevention and intervention efforts also consider the economic background of youth smokers, particularly those earning a moderate income between 6,001 to 9,000, where smoking prevalence is highest. Targeted campaigns should emphasize the economic burden of smoking alongside its health consequences, helping young individuals recognize how smoking impacts both their well-being and financial stability. Additionally, programs such as financial literacy workshops and free access to smoking cessation tools can be effective, especially when integrated into workplaces, community centers, or vocational training programs where these income brackets are commonly represented. Tailoring strategies based on income levels can help make anti-smoking efforts more relatable and effective for each group.

2. What factors affecting the extent of smoking discontinuance among youth smokers in terms of 2.1 perceived benefits on smoking discontinuance; 2.2 perceived barriers to smoking discontinuance; and 2.3 perceived interpersonal influence on smoking discontinuance?

2.1 In terms of Perceived benefits of Smoking Discontinuance

Table 2.1 Factors affecting the extent of smoking discontinuance among youth smokers in terms of perceived benefits of smoking discontinuance

Perceived benefits of Smoking Discontinuance	Mean	Std. Deviation	Rating
1. I will lower my chances of developing lung cancer and heart problems when I stop smoking.	4.9600	.19695	Strongly agree
2. My risk of early death is reduced when I quit smoking.	4.8400	.36845	Strongly agree
3. I will reduce the risk of secondhand smoke to other people when I stop smoking.	4.5600	.49889	Strongly agree

4.	I may have an improvement in health when I stop smoking.	4.5800	.49604	Strongly agree
5.	I will feel more energetic when I stop smoking	4.7200	.49400	Strongly agree
6.	My sense of smell will return to normal when I stop smoking.	4.6300	.56237	Strongly agree
7.	I will breathe easier when I stop smoking.	4.5000	.61134	Strongly agree
8.	Food will taste better when I stop smoking.	4.5900	.60461	Strongly agree
9.	When I quit smoking, I will feel free to go to restaurants and other public facilities where smoking isn't permitted.	4.4100	.58767	Agree
10.	I will be proud of myself and feel a sense of achievement when I quit smoking.	4.5600	.57419	Strongly agree
11.	I will gain acceptance from my community when I stop smoking.	4.4700	.62692	Agree
12.	I will be more confident of myself and have a more presentable appearance when I stop smoking.	4.5500	.57516	Strongly agree
13.	I will be able to save money when I stop smoking.	4.4300	.57305	Agree
14.	Quitting smoking will help my family save money by reducing their risk of developing smoking related illness.	4.6800	.52953	Strongly agree
15.	My family and friends will be happy when I stop smoking.	4.6700	.58698	Strongly agree
	Total Weighted Mean	**4.6100**	**.27502**	**Strongly agree**

Legend:4.50- 5.00- Strongly Agree (Very High Extent); 3.50-4.49- Agree (High Extent); 2.50-3.49- Partially Agree (Moderate Extent); 1.50-2.49- Disagree (Low Extent) and 1:00-1.49- Strongly Disagree (Very Low Extent)

Table 2.1 presents the factors influencing the extent of smoking discontinuance among youth smokers, specifically focusing on their perceived benefits of quitting. Based on the responses, the statements under this subcategory garnered a total mean score of 4.6100 with a standard deviation of 0.27502, indicating that the respondents strongly agree or perceive a very high extent of benefits associated with smoking cessation.

Among the items, the highest mean score was recorded for Statement 1: "I will lower my chances of developing lung cancer and heart problems when I stop smoking," reflecting a strong awareness among youth about the significant health benefits of quitting smoking. Conversely, the lowest mean score was for Statement 9: "When I quit smoking, I will feel free to go to restaurants and other public facilities where smoking isn't permitted," suggesting that this benefit is perceived as less impactful or less relevant by the respondents.

Notably, except for Statements 9, 11, and 13, the participants strongly agreed with most of the statements in this subcategory. Specifically, they recognized that discontinuing smoking would lead to greater acceptance from the community, more freedom during leisure time, and increased financial savings.

Overall, the findings emphasize that youth smokers primarily perceive the health benefits and social acceptance as key motivators for smoking discontinuance. These insights highlight the importance of reinforcing these perceived benefits in anti-smoking campaigns and cessation programs.

2.2 In terms of perceived barriers to smoking discontinuance

Table 2.2 Factors affecting the extent of smoking discontinuance among youth smokers in terms of perceived barriers of smoking discontinuance

Perceived Barriers of Smoking Discontinuance	Mean	Std. Deviation	Rating
1. I will get irritated when I stop smoking.	4.5500	.59246	Strongly agree
2. I will be less able to deal with stress when I stop smoking.	4.4200	.63850	Agree
3. I will feel uneasy when I stop smoking.	4.4700	.68836	Agree
4. I will gain weight when I stop smoking.	4.3100	.80019	Agree
5. I will feel uncomfortable around smokers when I stop smoking.	4.6200	.48783	Strongly agree
6. I will experience intense craving for a cigarette when I quit smoking.	4.5300	.50161	Strongly agree
7. I will have disturbed sleep when I stop smoking.	4.4000	.60302	Agree
8. I will feel restless when I stop smoking.	4.6300	.52522	Strongly agree
9. I will have poor concentration in my work when I stop smoking.	4.5000	.54123	Strongly agree
10. I'll experience unbearable withdrawal symptoms.	4.6600	.47610	Strongly agree
11. I will be “out-of-placed” when with my smoker friends.	4.4800	.64322	Agree
12. I will be experiencing extreme salivation when I feel the urge to smoke.	4.6300	.56237	Strongly agree
13. I will lose sense of connection and belongingness to my smoker friends.	4.5900	.55222	Strongly agree
14. I don’t have the willpower to quit.	4.6600	.47610	Strongly agree
15. I cannot make it a day without smoking.	4.6800	.51010	Strongly agree
Total Weighted Mean	**4.5420**	**.27359**	**Strongly agree**

Legend:4.50- 5.00- Strongly Agree (Very High Extent); 3.50-4.49- Agree (High Extent); 2.50-3.49- Partially Agree (Moderate Extent); 1.50-2.49- Disagree (Low Extent) and 1:00-1.49- Strongly Disagree (Very Low Extent)

Table 2.2 illustrates the perceived barriers to smoking discontinuance among youth smokers. The statements under this subcategory yielded a total mean score of 4.5420 with a standard deviation of 0.27359, indicating a very high extent of agreement regarding the challenges youth face when attempting to quit smoking.

The highest mean score was recorded for Statement 15: “I cannot make it a day without smoking,” emphasizing the strong dependence many youth smokers feel toward the habit. On the other hand, the lowest mean score was found in Statement 4: “I will gain weight when I stop smoking,” suggesting that concerns about weight gain are not as significant a barrier for most respondents.

Except for Statements 2, 3, 4, 7, and 11, the respondents strongly agreed with most of the statements in this subcategory. Specifically, they agreed that quitting smoking is difficult due to challenges such as managing stress, feelings of uneasiness, fear of gaining weight, peer pressure, and unstable sleep patterns. Moreover, there was strong agreement on issues such as irritability, restlessness, discomfort, poor concentration, withdrawal symptoms, increased salivation, a sense of not belonging, and lack of willpower—all of which represent both physical and social obstacles to smoking cessation.

Overall, this subcategory highlights that the barriers to quitting smoking among youth are multifaceted, involving both physiological dependence and social-emotional struggles. These findings underscore the need for holistic support systems that address not only the physical withdrawal symptoms but also the social and psychological aspects of smoking addiction.

2.3 In terms of Perceived Interpersonal Influences of Smoking Discontinuance

Table 2.3 Factors affecting the extent of smoking discontinuance among youth smokers in terms of perceived interpersonal influence of smoking discontinuance

Perceived Interpersonal Influences	Mean	Std. Deviation	Rating
1. My family comment that the house smells of smoke.	4.4800	.59425	Agree
2. My family refuse to let me smoke in the house.	4.5400	.53333	Strongly Agree
3. My family comment that smoking is a dirty habit.	4.4900	.61126	Agree
4. My friend mentioned being bothered by smoke.	4.5300	.54039	Strongly Agree
5. I am not allowed to smoke due to strict regulation. (no to smoking policy) being implemented at certain place.	4.5300	.57656	Strongly Agree
6. I often receive health awareness on the harmful effects of smoking from the healthcare providers.	4.6000	.60302	Strongly Agree
7. Smoking is socially unacceptable in our community.	4.5800	.76779	Strongly Agree
8. My family recognizes my decision to quit smoking.	4.3600	.54160	Agree
9. My family helps me think to substitutes for smoking.	4.3500	.53889	Agree
10. My friends express pleasure at my efforts to quit.	4.4900	.54114	Agree
11. I often receive adequate information about benefits of smoking cessation from healthcare providers.	4.6900	.50642	Strongly Agree
12. My friends participates in an activity that prevents me from smoking (e.g., going for a walk instead of smoking)	4.4400	.53786	Agree
13. I can avoid smoking even when I'm stressed.	4.5400	.53973	Strongly Agree
14. I can avoid smoking even when someone offers me a cigarette of my own brand.	4.6300	.56237	Strongly Agree
15. I can avoid smoking even when I'm around smokers.	4.4300	.53664	Agree
Total Weighted Mean	**4.5587**	**.51837**	**Strongly Agree**

Legend:4.50- 5.00- Strongly Agree (Very High Extent); 3.50-4.49- Agree (High Extent); 2.50-3.49- Partially Agree (Moderate Extent); 1.50-2.49- Disagree (Low Extent) and 1:00-1.49- Strongly Disagree (Very Low Extent)

Table 2.3 highlights the perceived interpersonal influences that affect youth smokers' decisions to discontinue smoking. The responses yielded a total weighted mean of 4.5587 with a standard deviation of 0.51837, which is interpreted as strongly agree or indicating a very high extent of interpersonal influence.

The highest mean score was observed for Statement 11: "I often receive adequate information about the benefits of smoking cessation from healthcare providers," reflecting the important role that health professionals play in motivating youth to quit smoking. Meanwhile, the lowest mean score was recorded for Statement 9: "My family helps me think of substitutes for smoking," suggesting that some youth may not be receiving enough proactive support from their families in exploring alternatives to smoking.

Apart from Statements 1, 8, 9, 12, and 15, respondents strongly agreed with many items under this subcategory. Specifically, they acknowledged the influence of family and friends on their smoking behavior, such as concerns about the smell of smoke in the house, encouragement to quit, and participation in smoke-free activities. There was also strong agreement regarding social influences, including family refusal to allow smoking at home, comments about smoking being a dirty habit, friends being bothered by cigarette smoke, and awareness of smoking regulations that discourage the behavior. In addition, respondents strongly agreed that smoking is socially unacceptable in their community, that healthcare providers contribute significantly to their awareness of the dangers of smoking, and that friends express support and encouragement for their efforts to quit.

Overall, this subcategory demonstrates that interpersonal relationships play a crucial role in influencing smoking discontinuance among youth. Support and feedback from family, friends, and healthcare providers are essential in shaping their attitudes and strengthening their commitment to

quit smoking. These findings highlight the importance of involving an individual's social circle and community in anti-smoking efforts to enhance their effectiveness.

3. Is there a significant difference in the factors influencing smoking discontinuance among youth smokers when data are categorized according to their demographic profile in terms of: 3.1 Age; 3.2 Gender; 3.3 Educational Attainment; and 3.4 Average Monthly Income?

According to Age

Table 3.1 Difference in the factors affecting smoking discontinuance among youth smokers when data are categorized according to their demographic profile in terms of age.

SOURCES OF VARIATION		Sum of Squares	Df	Mean Square	F	Sig.	Description
Perceived Benefits	Between Groups	.274	2	.137	1.840	.164	Not Significant
	Within Groups	7.214	97	.074			
	Total	7.488	99				
Perceived barrier	Between Groups	.186	2	.093	1.251	.291	Not Significant
	Within Groups	7.224	97	.074			
	Total	7.410	99				
Perceived Interpersonal Influences	Between Groups	1.808	2	.904	3.537	.033	Significant
	Within Groups	24.794	97	.256			
	Total	26.602	99				

*Significant at 0.05 alpha

Table 3.1 discusses the difference in the factors affecting smoking discontinuance among youth smokers when data are categorized according to their demographic profile in terms of age. It can be gleaned from this table that the value of F-ratios and P-values of all the sub-categories subsumed under the extent of factors affecting smoking discontinuance among youth smokers are not significant at alpha .05 except for variable perceived interpersonal influence. This means that, although respondents vary in age range, still they do not differ in their assessment towards factors affecting smoking discontinuance for variables perceived benefits and perceived barriers to smoking discontinuance.

Overall, this result implies that being a younger youth may not put a respondent in a vantage point towards assessing the extent of factors affecting smoking discontinuance among youth smokers than those who are older youth.

Nonetheless, it is safe to say that variable age has no significant mediation in ways how youth respondents assessed the factors affecting smoking discontinuance.

According to Gender

Table 3.2 Difference in the factors affecting smoking discontinuance among youth smokers when data are categorized according to their demographic profile in terms of gender.

VARIABLES	Gender	Mean	Std. Deviation	Mean Difference	t	Sig	Description
Perceived Benefits	Male	4.6397	.25977	.18552	2.286	.134	Not Significant
	Female	4.4542	.30813				
Perceived barrier	Male	4.5532	.25534	.06984	2.655	.106	Not Significant
	Female	4.4833	.35901				
Perceived Interpersonal Influences	Male	4.5587	.55265	.00040	.373	.543	Not Significant
	Female	4.5583	.28893				

*Significant at 0.05 alpha

Table 3.2 discusses the difference in the factors affecting smoking discontinuance among youth smokers when data are categorized according to their demographic profile in terms of gender. It can be gleaned from this table that the value of Mean Difference and P-values of all the sub-categories subsumed under the extent of factors affecting smoking discontinuance among youth smokers are not significant at alpha .05. This means that, although respondents vary in age gender, still they do not differ in their assessment towards factors affecting smoking discontinuance.

This result implies that being a male youth may not put a respondent in a vantage point towards assessing the extent of factors affecting smoking discontinuance among youth smokers than those who are female.

Nonetheless, it is safe to say that variable gender has no significant mediation in ways how youth respondents assessed the factors affecting smoking discontinuance.

According to Educational Attainment

Table 3.3 Difference in the factors affecting smoking discontinuance among youth smokers when data are categorized according to their demographic profile in terms of educational attainment.

Educational attainment		Sum of Squares	Df	Mean Square	F	Sig.	Description
Perceived Benefits	Between Groups	.741	2	.3705	.681	.473	Not Significant
	Within Groups	52.756	97	.544			
	Total	53.497	99				
Perceived barrier	Between Groups	6.231	2	3.1155	3.860	.054	Not Significant
	Within Groups	78.242	97	.8066			
	Total	84.473	99				
Perceived Interpersonal Influences	Between Groups	3.088	2	1.544	1.810	.185	Not Significant
	Within Groups	82.617	97	.8518			
	Total	85.705	99				

*Significant at 0.05 alpha

Table 3.3 discusses the difference in the factors affecting smoking discontinuance among youth smokers when data are categorized according to their demographic profile in terms of educational attainment. It can be gleaned from this table that the value of F-ratios and P-values of all the sub-categories subsumed under the extent of factors affecting smoking discontinuance among youth smokers are not significant at alpha .05. This means that, although respondents vary in educational attainment, still they do not differ in their assessment towards factors affecting smoking discontinuance.

This result implies that having higher educational attainment may not put a respondent in a vantage point towards assessing the extent of factors affecting smoking discontinuance among youth smokers than those with lower educational attainment.

Nonetheless, it is safe to say that variable educational attainment has no significant mediation in ways how youth respondents assessed the factors affecting smoking discontinuance.

According to Average Monthly Income

Table 3.4 Difference in the factors affecting smoking discontinuance among youth smokers when data are categorized according to their demographic profile in terms of average monthly income.

Average monthly income		Sum of Squares	Df	Mean Square	F	Sig.	Description
Perceived Benefits	Between Groups	.370	3	.123	1.665	.180	Not Significant
	Within Groups	7.118	96	.074			
	Total	7.488	99				

Perceived barrier	Between Groups	.299	3	.100	1.346	.264	Not Significant
	Within Groups	7.111	96	.074			
	Total	7.410	99				
Perceived Interpersonal Influences	Between Groups	1.237	3	.412	1.561	.204	Not Significant
	Within Groups	25.365	96	.264			
	Total	26.602	99				

*Significant at 0.05 alpha

Table 3.4 discusses the difference in the factors affecting smoking discontinuance among youth smokers when data are categorized according to their demographic profile in terms of average monthly income. It can be gleaned from this table that the value of F-ratios and P-values of all the sub-categories subsumed under the extent of factors affecting smoking discontinuance among youth smokers are not significant at alpha .05. This means that, although respondents vary in average monthly income, still they do not differ in their assessment towards factors affecting smoking discontinuance.

This result implies that earning higher monthly income may not put a respondent in a vantage point towards assessing the extent of factors affecting smoking discontinuance among youth smokers than those with lower average monthly income.

Nonetheless, it is safe to say that variable average monthly income has no significant mediation in ways how youth respondents assessed the factors affecting smoking discontinuance.

4. Is there a significant correlation among the subcategories subsumed under the factors affecting smoking discontinuance among youth smokers?

Table 4. Correlation among the subcategories subsumed under the factors affecting smoking discontinuance among youth smokers

Variables		**Pearson r**	**Sig**	**N**	**Description**
Dependent	**Independent**				
Perceived Benefits	Perceived Barrier	.608**	.000	100	High
	Perceived Interpersonal Influences.	.742**	.000	100	Very High

*Correlation Coefficient is significant at alpha .05
Correlation Coefficient Scales: 0.0-0.1=Nearly Zero; 0.1-0.30=Low; .3-0.5 0=Moderate; .5-0.7-0=High; .7-0.9= Very High; 0.9-1=Nearly Perfect

Table 4 presents the results of the Pearson correlation analysis examining the relationship among the subcategories that influence smoking discontinuance among youth smokers. The analysis revealed statistically significant positive correlations between the dependent variable (perceived benefits) and the two independent variables (perceived barriers and perceived interpersonal influences), with a significance level of p = .000, which is well below the accepted alpha level of 0.05.

Specifically, the correlation between perceived benefits and perceived barriers yielded a Pearson r of .608, which is interpreted as a high correlation. This suggests that as youth recognize more benefits to quitting smoking, they also become more aware of the barriers involved—indicating a complex decision-making process where both motivational and deterrent factors coexist.

Furthermore, the relationship between perceived benefits and perceived interpersonal influences showed a very high correlation with a Pearson r of .742. This indicates that interpersonal factors—such as support from family, friends, and healthcare providers—are strongly associated with how youth perceive the advantages of discontinuing smoking. It highlights the powerful role that social support and external encouragement play in reinforcing the perceived value of quitting.

In conclusion, the data confirms that there is a significant and meaningful correlation among the subcategories affecting smoking discontinuance among youth. These findings imply that interventions should address not just individual motivations but also the barriers and interpersonal dynamics that influence smoking behavior. Comprehensive anti-smoking programs that consider all three dimensions—benefits, barriers, and social support—are likely to be more effective in promoting long-term smoking cessation among the youth.

This study revealed several key findings regarding factors influencing smoking discontinuance among youth. A substantial proportion of youth smokers initiated smoking before age 20, highlighting the critical need for early intervention programs focused on prevention. This underscores the importance of targeted prevention efforts, not only to save lives but also to mitigate the substantial healthcare costs associated with smoking-related illnesses (Reitsma et al., 2021). While a significant gender disparity was observed, with higher prevalence among males, this finding is nuanced by the observation that girls who do smoke tend to initiate at an earlier age than boys (Agaku et al., 2024). This emphasizes the need for gender-sensitive programs that address the specific contexts and influences affecting each gender.

Interestingly, smoking behavior spanned all educational levels, with the highest prevalence among high school graduates, suggesting that the transition from high school may be a particularly vulnerable period. This observation aligns with previous research indicating that junior high school graduates had the highest current smoking prevalence (Tabuchi & Kondo, 2017). Furthermore, the finding that smoking is most common among youth with moderate incomes suggests a complex interplay of factors, where sufficient disposable income intersects with environmental and social influences. This dose-response relationship between income and smoking prevalence warrants further investigation (Casetta et al., 2016).

The strong agreement among youth smokers regarding both the perceived benefits of quitting and the barriers to cessation highlights the need for interventions that address both motivational and practical challenges (Widyowati et al., 2023). The crucial role of interpersonal influence in encouraging cessation underscores the importance of incorporating social support networks into intervention strategies (Van Den Putte et al., 2011). This is further supported by research showing the significant impact of peer influence on adolescent smoking behavior, particularly the influence of close friends and same-grade students (Vitória et al., 2019).

While gender did not significantly mediate assessments of smoking cessation factors in this study, this aligns with research showing no overall association between gender and smoking cessation in the USA (Abrams et al., 2019). However, the lack of significant influence of gender, income, and educational attainment on smoking cessation factors requires further exploration, considering the potential for complex interactions and the limitations of this study's design. The positive association between higher education and increased likelihood of quitting, especially among men suggests that educational interventions may be particularly effective (Ruokolainen et al., 2021). The significant positive correlation between perceived benefits, perceived barriers, and interpersonal influence on smoking cessation further emphasizes the interconnectedness of these factors and the need for holistic interventions.

Conclusion

This study provides valuable insights into factors influencing smoking discontinuance among youth. The sample adequately represents the target population in terms of age, gender, education, and income. Across all assessed factors (perceived benefits, barriers, and interpersonal influence), youth smokers overwhelmingly expressed strong agreement with their significance in cessation. Importantly, socio-demographic variables (age, gender, education, and income) did not significantly mediate the assessment of these factors, with the exception of perceived interpersonal influence showing a significant difference when grouped by age. The strong positive correlations among perceived benefits, barriers, and interpersonal influence highlight their interconnectedness in the cessation process.

These findings inform recommendations for various stakeholders: Youth should be encouraged to participate in programs emphasizing both personal benefits and available social support, while also receiving education on health risks and early cessation advantages. Parents and guardians should foster smoke-free environments and provide emotional and social support. Educators should integrate smoking prevention programs into school curricula, utilizing peer-led education and counseling services. Policymakers should strengthen regulations on youth tobacco access and enhance anti-smoking campaigns. Public health officials should develop targeted campaigns promoting cessation and support systems (cessation programs, counseling, support groups). Finally, future research should investigate gender disparities in youth smoking rates, the influence of socio-economic factors on smoking behavior, and the long-term effectiveness of youth-focused cessation programs through longitudinal studies. This comprehensive approach will contribute significantly to reducing youth smoking prevalence and improving public health.

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