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Health Education In Principle of Community Affected Teenager's Smoking Attitude and Habitual in the Coastal Area of Madura Island Indonesia

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ABSTRACT

One of negative changes happened on teenagers is smoking habit. Whereas chemical contents in each cigarette are able to harm every people who smoke it, even the surrounding. Due to the bad effect, it is very urgent to avoid by preventive and promotive action. While the aim of the study is to analyze the impact between health education system based on community to attitude and smoking habit on the teenagers. This is a quantitative research by design of experimental quasi. The population on the study is 56 teenager smokers that collected by using simple random sampling. Here the samples are divided into 2 groups, contains of 28 person. Treatment given to them is intervention on community base of health education, while 28 in other group are only given leaflet describing the dangerous of smoking. As the study result, it is known that using independent attitude test on group of treatment and group of control before the process are $p = 0,182$, and smoking habit score on them before process are $p = 0,664$. The average difference on member of group treatment and control attitude score noted after intervention is $p = 0,000$. And the average difference score on smoking habit of group treatment and control after intervention is $0,000$. These notes show that attitude and smoking habit before and after treatment is different. The difference for delta score on group of treatment and control after intervention is $p = 0,000$. While the difference for delta score on smoking habit after intervention is also $p = 0,000$. This study shows that the respondents on group intervention owing better attitude than group control. And the meaning is community bases on health education can be used as alternative way to prevent and promote the step to handle young teen smokers.

Keywords: Health Education, Teenagers, Smoking habit.

I. INTRODUCTION

Teens are the ages between children age to adult age contains of full transformation steps. The transformation process could be the negative changes also, such as smoking habit (1). As we know that each stick can be harm to the body health just because of the chemical contents. Further they can be the source of disease for the consumer. Having connection with the bad impact, it is needed to prevent teens negative changes together in home and the society (2). Based on the *World Health Organization* (WHO) data, tobacco as the main ingredient of the cigarette is recorded as the main factor of 5 million people killed every year, unfortunately it is also predicted will go up to kill another 10 million people during 2020. Later, the notes tell about 70% of the fatal victims coming from Asia as we known as the developing country, and most of them are male. Another data is, the teen smokers on the age 15 up reaches 1,1 billion people from all over the world, and it is almost one per three the whole population.

In number, cigarette consumption in Indonesia stays on the fifth ranker after China, Us, Japan and Russia (3). The number of age 15 – 19 smokers reach 38,4 % male and 0,9% female. This age ranges teen of the third class students on Junior High School (SMP) to Senior high school (SMA), while on the early college age as they first start smoking show their adult attitude (4). Later, East Java sit on the second ranker for the numbers of smoked cigarettes after Jakarta which almost 11,5 %, and almost 12,3 sticks, or a pack of cigars are smoked every day (5). Taken from data collected by public health expert association (IAKMI) sub regional management on East Java stated that young smokers, include child and teens, reach the number of 2.839.115 people. Divided as age 10 smoker 11,5%, counted as 687.755 people from total population in the same age. Next smoker on age 10 to 14 reach 23,9% or 728.108 people. And the fantastic number stay on age 15 to 19 that reach 46% or 1.423.252 people from total east java population in the same age, that on year 2015 noted as 3.094.028 people (6).

Linked to the background study which is held by taking random on 10 samples, 7 among them stated themselves as smokers, while the can smoke about 5-7 cigars every day, Whereas this habit is done for a year or more. The pity, they also stated that know nothing about the danger of smoking. Further they also tell that this habit firstly caught form their friends invitation, beside the eager to taste the smoking sensation until they have smoke abuse and forgetting all of the impacts and the danger of smoking. This smoking habit on teens connected with the knowledge, attitude and education. Since the knowledge can give impacts on their life style due to healthy life habit. Later, teens who get information related will flow the perception as their psychological site. And wide knowing about the danger of smoking to the body health is aimed to create principal attitude to keep the smokeless teen on their healthy habit, while the abuser could be able to stop smoking (7). Early health education is very needed to avoid and minimize the smoking habit on the teens.

2. II. METHOD

Research Design

This research is quantitative by the design of experimental quasi. Population on this research is 56 teen smokers. Sampling technique used is simple random sampling. It is divided those 56 into 2 groups. One is group treatment, they get community base interventional education. The first health education held by the researcher is once in 2 weeks and continued by the health cadre once a week for 2 weeks. The other is group control who is only given leaflet explain the danger of smoking. The research instrument used in this research is questioner about smoking attitudes to measure smoking attitudes, and questioner about smoking habit using Fagerstorm style.

III. RESULTS AND DISCUSSION

A. Results

1. General Data

	Data	Amount	Percentage
Age	5		
	15-18 years old	16	28,6
	19-21 years old	28	50
	22-25 years old	12	21,4
Education	Middle School	19	34
	High school	37	66

Reason For smoking		
Stress	6	10,7
Follow friends	28	50
After Eating	10	17,9
There is more money	12	21,4
Smoking History		
1 years old	10	17,9
2 years old	32	57,1
3 years old	8	14,3
>4 years old	6	10,7
Total	56	100

Table 1 shows the age of the majority of respondents were at the age of 19-21 years as many as 28 people (50%), the education of the majority of respondents were at high school as many as 37 people (66%), the reasons for smoking majority of respondents were because of joining as many as 28 friends (50%), the majority of respondents have been smoking for two years, 32 people (57%).

2. Specific Data

2.1 average difference on attitude score and smoking habit before and after getting community base health education on Group Control

Variable	Score	Mean	SD	Pvalue
Attitude	Pre	56,85	3,91	0,156
	Post	57,46	3,41	
Behavior	Pre	5,75	1,07	0,025
	Post	5,57	1,13	

Based on table 2.1, the average on group control attitude score before health education is $56,85 \pm 3,91$. And attitude score after the education process is $57,46 \pm 3,41$. The result of pairing "T" test on the same area after the education process is $p = 0,156$, it shows nothing different in significant on group control before and after education process. In other side, smoking behavior score of group control before the health education is $5,75 \pm 1,07$. The result on Wilcoxon test for behavior score is $p = 0,0025$, means that there is no difference significantly exist on attitude score of group control before and after health educational base on community.

2.2 The difference average on attitude score and smoking behavior before and after health education base on community for group treatment

Variable	Score	Mean	SD	Pvalue
Attitude	Pre	58,32	4,19	0,000
	Post	64,36	3,34	
Behavior	Pre	5,89	1,10	0,000
	Post	3,89	0,95	

Based on table 2.2, average score for attitude on group control before education is $58,32 \pm 4,19$ and average on behavior score after health education base on community is $64,36 \pm 3,34$. The result on pairing 'T' test for behavior score is $p = 0,000$. It means that occur significant difference on behavior score in group treatment before and after health education base on community. Whereas the average for attitude score on group control before education is $5,89 \pm 1,10$ and average score on behavior after education is $3,89 \pm 0,95$. While the result on behavior pairing "T" test score is $p = 0,000$. It means that

1 there is no significant difference on behavior score of group treatment before and after health education base on community.

2.3 The difference average on smoking attitude score before and after education for group control and group Treatment

Variable	Group	Mean	SD	pvalue
Attitude	Treatment	58,32	4,19	0,182
	Control	56,85	3,91	
Behavior	Treatment	5,89	1,10	0,664
	Control	5,75	1,07	

Based on table 2.3, average score for attitude on group treatment before education base on community is $58,32 \pm 4,1$ and average on group control is $56,85 \pm 3,91$. The result on the independent 'T' test for behavior score is $p = 0,182$. It means that occur no significant difference on behavior score in group treatment and group control before and after health education base on community. Whereas the average for attitude score on group treatment before education is $5,89 \pm 1,10$ and average score on group control is $5,75 \pm 1,07$. While the result on Whitney behavior test score is $p = 0,664$. It means that there is no significant difference on treatment score of group treatment before and group control before and after health education base on community.

2.4 The average difference on smoking attitude score after education for group control and group Treatment

Variable	Group	Mean	SD	Pvalue
Attitude	Treatment	64,36	3,34	0,000
	Control	57,46	3,41	
Behavior	Treatment	3,89	0,95	0,000
	Control	5,57	1,13	

Based on table 2.4, the average score on group treatment before health education base on community is $64,36 \pm 3,34$ and group control is $57,46 \pm 3,41$. And the result on the independent "T" score for the attitude is $p = 0,000$ means that there is significant attitude score on group treatment and group control after health education base on community is $3,89 \pm 0,95$ and it is $5,57 \pm 1,13$ for group control. While Mann Whitney test showing score on $p = 0,000$ that means there is a significant score on group treatment and group control behavior after health education base on community.

2.5 The delta average difference on attitude score before and after health education for group control and group intervention

Variable	Group,	Mean	SD	Pvalue
Attitude	Treatment	6,03	2,70	0,000
	Control	0,60	2,19	
Behavior	Treatment	9,82	3,20	0,000
	Control	0,35	2,57	

Based on table 2.5, The delta average difference on group treatment attitude score before and after health education base on community is $6,03 \pm 2,70$ and on group control is $0,60 \pm 2,19$. And the result on "t" independent for attitude score is $p = 0,000$ means that occur such delta significant difference on group treatment and group control attitude after health education base on community. While the delta difference on behavior score for group treatment before and after the health education base on

community is $9,82 \pm 3,20$ and score for group control is $0,35 \pm 2,57$. Later the result of Mann Whitney difference for behavior score is $p = 0,000$ means that occur such significant on delta score difference for group treatment and group control behavior after health education base on community given.

3. Discussions

3.1 The impact of health education on teen smoker attitude

Based on the study result, it is noted difference score on group control and group treatment attitude, which shows that health education base on community intervention play effective role in increasing the teen smoker's attitude. Attitude structures consist of 3 components such as cognitive, affective and conative. Since cognitive component related with knowledge, point of view and believe to the object. Those three are linked with how somebody perceived object attitude. Next affective component consist of whole someone's feeling or emotion due to the attitude. This feeling can be form of like or dislike on certain object, while dislike is kind of negative feeling. Later this component leads to negative or positive attitude. Further, affective component deals with subjective emotion due to certain object of attitude. Generally, it is similarly likened to the feeling of owing something. Next, conative component tends someone to give reaction onto it. This component shows intensity of big or small tends of action or someone behavior due to attitude object (8).

Chaaya et al (2013) stated that teen's attitude direct to the smoking prohibition given mostly value positif. It means that most of them agree with the law, which prohibited someone to smoke (9). While Firzawati research on year 2015, shows that respondents who get certain advice on conselling session have a chance about 2,12 times bigger than who are not, to stop smoking by the same year (10). This statement is approved by other research that stated motivation given is base condition to stop smoking (11). Similar research also done by Xu et al by the year of 2016, here stated that teen respondent agree with the statement about the cause of someone eager to smoke is the eagerness related to it and friend influence also, further more than half of them are agree not to smoke anymore (12).

Pender, 2011, in his HPM theory, stated that during health promotion process exist social cognitive component theory and activity related affect. Next on social cognitive theory, it is described that interaction happened in the environment, social humanity and behavior interplay one another. Subjective feeling occurs before, during and after behavior, based on the character of feeling stimulus it self. Next, affective respond will be light, medium or heavy, while it is consciously been waited, saved inside memory and also can be linked to the next thinking behavior. Affective responds due to special behavior consist of 3 components, such as emotion which able to rise on the behavior it self (activity related), treat selfness (self related) or environment for the act takes place (context related). Feeling occurs here might influence the wish to repeat action or keep other old behavior. Certain feeling depend on this behavior is analyzed as health behavior determinant on the last research. While behavior relate with positive thing will be repeated and for contrast, those with negative effect will be avoided, since some behavior able to rise positive or negative feeling (13).

Balance between negative and positive effect before, during and after certain behavior is one of the important area to know. Interpersonal side influence health promotion behavior directly or indirectly by social pressure or push to commit on the treatment planning. Every individual might owe their special sensitivity to hope, for example wish of praise from other. Enough Gift of motivation due to behavior consistently from the influence of interpersonal might lead someone to perform behavior that rising praise and social support to them (14).

Education methods based on community used in this study promote teenagers to follow 4 steps in package to increase their attitude towards the smoking habit, and it takes time for 4 weeks. Here the researcher tries to change teen's behavior by running 4 steps of health education methods. First is digging point of their thinking and feeling before intervention is applied. Second is digging information related to the smoking factor, next researcher gives health education by showing many bad views about the danger of smoking. Fourth is applying health education by health agent towards the danger disadvantageous of smoking. In study held by Park et al (2012), it is stated that effectiveness steps in many intervention is to control tobacco which needs duration about 50 minutes up to one and half hours every session runs for 4 to 8 weeks (15).

This method describing and giving realistic tutorial linked to certain attitude that should be owned by the teen towards smoking act. So, they can possess positive mental to the smoking behavior. Further behavior can be influenced by many factors. One of them is education background. In this study, most of teen gets their Senior High School. From the data, having this level of education leads them to understand everything easier. After they understand it, then they can try to make synthesis in the form of their thinking which perform on their behavior. This statement is also supported by Xu et al study (2015). Here he stated that young adult male with their high education know better related to the disadvantageous and the danger of smoking, later they owe more positive attitude towards smoking. Unfortunately, this knowing and attitude not always interpreted as positive action like avoiding smoking (12).

Other factor plays important role to the result of the study is respondent age. This study is done mostly to age 19 to 21 respondents, whereas this range of age is also known as teen switchover. This range is the episode of them to searching for their personality and become more sensitive. And during this moment, if they do not get certain positive guidance, then it will lead them to negative point. For the contrast, teen who get positive guidance will easy to walk positively. Similar with what Azwar (2011) said that someone internal factor divided into internal emotion, sometimes certain attitude describes ones statement based on their emotion as the way to express their frustration or diversion form of ego mechanism (8). Based on Umaroh (2016), growth and development on age of 18 – 21 reach the level on physical maturity and ongoing emotional maturity. During that range, someone needs such information suit with their age related to the healthy life style (16).

Based on the study result it is noted that most respondents got the information related with the danger of smoking. Since this info become basic foundation in building knowledge. Right information leads someone to act more positive. Teen who get positive information progressively will guide their thinking in changing their attitude better. For contrast, teen who get non positive information will be easier to influenced by the advertisement promotes tobacco, junk food and alcoholic drinks, even the glamorous life style, even when the approval also presents the fatal risk onto the body health. For example, difference knowledge about the danger of smoking play dominant role forever (17). In different countries, by campaigning anti-smoking, public education, human anti smoking rights, comprehensive program to rise the price, indoor healthy air law, and mass media campaign show the successness in publicating the fatal risk of smoking and reduce the smoker (18).

In the year of 1999, almost 92 % American got cancer as the gift of their smoking habit, and on 2006, about 84% of the population agreed that smoking is danger due to the body health (19). Later they rationally reduce the smoking habit in all social economy group, but it is also fact that the will on quit smoking have their own difference based on social economic level (20).

Further, respondents on group control in this study do not change the attitude as the result. This is because of they only get leaflet about the danger of smoking or what we call as conventional counseling methods. The increasing experiment that is not significant caused the knowledge adequate consequences. And it is caused the lack ability on someone attitude. This is suit to what Azwar stated on 2010, explain that attitude is tendencies, point of views, opinion and principle in valuing certain object or problem, and later act based on their conclusion by realizing positive or negative feeling towards something (8).

3.2 The influence of health education due to teen smoking habit

Taken from the result of the study, it is founded that difference in group control and group treatment attitude score shows that intervention on health education base on community is effective in decreasing smoking abuse in teen level. While internal factor impacted in this decrease score on respondents smoking abuse is that because they bored smoking, owing good intention, and awareness towards the danger of smoking. In other side, external factors play role to leads the bad habits are stress, environment and economy. Many respondents tell that their internal feel bored of smoking. They also tell that they really owe intention to quit smoking. It is better because the problem of someone who gets difficult to stop smoking is come from their own internal hard intention. This statement is supported by Ardita 2016 that shows the significant relation between self control and motivation to stop smoking factors (21). Other study also stated that education base on community can impacted to smoking habit on the early teen (22). The analysis done by Nubairi (2012) also supports the statements before. It is stated that the result on qualitative research done by the researcher shows that from 12 smoker informen tell their motivation to quit smoking occur by the existence of their own will. Next they also describe that sometimes they realize about the disadvantageous of smoking, even the danger risk lead them to try stop smoking. Beside they also tell external respondents (23).

The changing score on smoking abuse for group intervention is influenced by many factors like hard self intention, self control treatment, and discussion interaction during the program of health education base on community. And taken from the average score on attitude there exist increasement after the education given. Later more positive attitude also occur and influence their personal intention to change smoking habit is very important to grow first. This thing makes respondent decrease their willing to smoke and decrease the smoking abuse because the intention is linked to the result which is really wish to reach by each respondent. Since the self intention is different one another, it is not far difference as the priority goal on the health education base on community is still the same, such as to lead respondent step by step decrease their smoking abuse level until they are fully ready to quit smoking. This assumption is supported by Rosita et al (2012) that strong intention play important role in getting successness on the effort to stop smoking, as far the strong intention will help to control the smoking habit (22).

Other research stated that if someone makes decision to do something, then the result for him will worth it, later the result if self will give certain value compare with someone who will stop smoking without strong intention. It is because strong intention also growth the self confident that help them contro; smoking behavior (24). This is supported by other study that stated there exist significant correlation between self efficacy as the supporter and strong intention on teen to stop smoking with the coefisien correlation scor is $r = 0,533$. So that from the result of the analisis, it is known that the correlation is medium level since the score took place between interval 0,40-0,599. While $p \text{ value} = 0,000$ (as $p < 0,05$) which shows the correlation between self efficacy and strong intention to quit smoking is significant (25). And

from this result, it is also concluded that higher self confident will rise up one's intention to quit smoking. Beside self intention, social supported factor also play role in influencing someone to get their success in stop smoking, not only by farmacology therapy but also no farmacology therapy. It is generally because social support will impact in one's attitude, start from their envirotnment and social adaptation (26). The form of social support in this study deals with the role of health agents in health education process, because role model is one of the suitable approach to influence someone in controlling their attitude and behavior. During the health education process, support given isin the form of motivation from researcher and agent of health to help changing respondent smoking behavior.

There is also stated from earlier research that motivation given is one of the base condition on the quit smoking fight effort (11). Other also stated that smoker once have self intention to change their smoking habit, it will be the duty for the researcher to accompany them by strong positive advice, while at the same time they must avoid from judging or blaming. And as the advise is given, next duty for them is to accompany the smoker to change their habit. And to monitor this thing, the researcher must need timeline or schedule related to the respondent to stop consuming cigar and concern on tobacco logbook for the respondent and counselor as the evaluation source everyday (27). Certain study held by Firzawati (2015) shows the respondent who got such advice to stop smoking counseling have a higher chance about 2,12 times more ready to quit smoking by this year, compare with those friend who do not get the counselling. And based on the study, the counseling program shows no significant effect for someone to stop smoking, by the way the conseling put the smoker in the preparation step to stop smoking (10).

Decision that press someone to decided smoking or not smoking is depend on themselves and also information related with it. Lack of information to build certain attitude or behavior will weaken, until they are worried to caused someone behave not in properly. There is significant difference on the college learner before and after the intervention, even the motivation on them is rising after getting self-help smoking explanation on group. This is because quit smoking program always strongly linked with self motivation because it is the base effort in quitting smoking. All the way, it is very important to the motivation related to the intention on quitting smoking before and after the smoker really stop smoking (11). Someone must owe their strong motivation to support the attitude quitting smoking and put willingness to their selves related to keep stop smoking (28). Next on group control, it is found no respondents own the smoking habit decrease. This is because they only given the leaflet explaining the danger of smoking. This method is only reaches their cognitive aspect, but experience aspect maximally reach 30 % only. And it is similar with Dale statement (1946) that verbal area and visual only enrich someone experience for about 30%. By the fact, the respondents on this group still stagnant on doing their smoking habit and found no decrease (29).

IV. Conclusions

1. Health education base on community give influence due to the rising of teen smoking attitude
2. Health education base on community give influence due to the decrisement of teen smoking activity and abusement
3. Health education base on community gives effectiveness in rising up teen smoking attitude
4. Health education base on community decrease the teen activity of smoking and abusement

REFERENCES

1. Nuradita, E & Mariyam, 2013, Pengaruh Pendidikan Kesehatan Terhadap Pengetahuan Tentang Bahaya Rokok Pada Remaja di SMP Negeri 3 Kendal. Semarang: Universitas Muhammadiyah Semarang, Jurnal Keperawatan Anak, Vol 1, No. 1, halaman 44-4.
2. Tumigolong, Helma Christy S. Herlina Wungouw, & Franly Onibala, 2013, Pengaruh Pendidikan Kesehatan Terhadap Tingkat Pengetahuan Siswa Tentang Bahaya Merokok Di Sma Negeri 1 Manado, *ejournal Keperawatan (e-Kp) volume 1*. Nomor 1. Agustus 2013.
3. Tarwoto, Aryani R, Nuraeni A, Miradwiyana B, Tauchid NS, Aminah S, Sumiati, Dinarti, Nuraeni H, Saprudin EA, Chairani R., 2010, *Kesehatan Remaja Problem dan Solusinya*, Penerbit Salemba Medika, Jakarta.
4. Saputra, A. M., & Sary, N. M., 2013, Konseling Model Transteoritik dalam Perubahan Perilaku Merokok pada Remaja, *Jurnal Kesehatan Masyarakat Nasional Vol.8 No.4*, 392.
5. Riset Kesehatan Dasar (Riskesdas), 2013, *Badan Penelitian dan Pengembangan Kesehatan Kementerian RI tahun 2013*.
6. Surya, 7 November 2016, 2,8 Juta Anak dan Remaja di Jatim Merokok, Ini Pemicunya, Diakses dari <http://surabaya.tribunnews.com/2016/11/07/28-juta-anak-dan-remaja-di-jatim-merokok-ini-pemicunya-pada-oktober-2017>.
7. Aula, L. (2010). Stop merokok (sekarang atau tidak sama sekali). Yogyakarta: Gerailmu.
8. Azwar, S, 2011, *Sikap Manusia Teori dan Pengukurannya*, Pustaka Pelajar, Yogyakarta
9. Chaaya, Monique, Joanna Khalil, Maysam Alameddine, Georges Nahhas, RimaNakkash, Rima A Afifi. 2013. Students' attitude and smoking behaviour following the implementation of a university smoke-free policy: a crosssectional study. *BMJ Open* 2013;3: e002100. doi:10.1136/bmjopen-2012-002100)
10. Firzawati. 2015. Faktor Upaya Berhenti Merokok Pada Perokok Aktif Umur 15 Tahun Keatas Di Indonesia. Disertasi. Universitas Indonesia. Jakarta.
11. Buczwoski, K., Marcinowicz, L., Czachowski, S., & Piszczek, E. 2014. Motivation toward smoking cessation, reasons for relapse, and modes of quitting: result from a qualitative study among former and current smokers. *Patient Preference and Adherence*, 8, 1353-1363.
12. Xu, Xianglong, Lingli Liu, Manoj Sharma and Yong Zhao, 2015, Smoking-Related Knowledge, Attitudes, Behaviors, Smoking Cessation Idea and Education Level among Young Adult Male Smokers in Chongqing, China, *International Journal of Environmental Research and Public Health*, 2015, 12, 2135-2149)
13. Pender, N. 2011. The health promotion model, manual. Retrieved February 4, 2014, from nursing.urnich.edu: [http://nursing.urnich.edu: http// nursing. urnich.edu/faculty-staff/nola-j-pender](http://nursing.urnich.edu/faculty-staff/nola-j-pender)
14. Alligood, MR & Tomey, A.M. (2006). *Nursing Theories and their work*, 7 th edn, Mosby Elsevier, St. Louis, Missouri.
15. Park, S., Jee, S. H., Shin, H., Park, E. H., Shin, A., Jung, K., Hwang, S., Cha, E. S., Yun, Y. H., Park, S. K., Boniol, M., Boffetta, P., 2014, Attributable Fraction of Tobacco Smoking on Cancer Using Population-based Nationwide Cancer Incidence and Mortality Data in Korea, *BMC Cancer*, 14(406).
16. Umaroh, R. (2016) Hubungan Pola Komunikasi Keluarga Terhadap Resiko Perilaku Merokok Remaja di SMPN 1 Kalisat Kabupaten Jember.
17. Link, Michael, 2006, *The Fermat Point of a Hyperbolic Triangle*. BA. Bellarmine University.
18. Warner, Malcolm, 2005, *Human Resource management in China Revisited*. Routledge Curzon, Canada.
19. Kathleen, Pellet, Dianne L. Speake, Marie E. Cowart, 2007, *Health perceptions and lifestyles of the elderly*, Mary Ann Liebert, New York.
20. Salonna F. JP. van Dijk, AM. Geckova, M. Sleskova, JW. Groothoff, SA.
21. Ardita, H., & Sugiyo, D. (2016). Faktor-Faktor yang Mempengaruhi Motivasi Berhenti Merokok pada Mahasiswa Teknik Mesin Universitas Muhammadiyah Yogyakarta Angkatan 2015. *Naskah Publikasi*.

22. Rosita, R., Suswardanya, D. L. & Abidinb, Z., 2012. Penetu Keberhasilan Berhenti Merokok Pada Mahasiswa. Prodi Kesehatan Masyarakat, Fakultas Ilmu Kesehatan, Universitas Muhammadiyah Surakarta,.
23. Nubairi, A, R (2012). Analisis kualitatif faktor yang memengaruhi kesulitan mahasiswa universitas islam negeri syarif hidayatullah jakarta berhenti merokok. Program Studi Keperawatan. Universitas Islam Negeri Syarif Hidayatullah: Jakarta
24. Roberts, N. J., M.Kerr, S. & M.S.Smith, S., 2013. Behavioral Interventions Associated With Smoking Cessation In The Treatment Of Tobacco Use. *Health services insights* 2013:6 79-85.
25. Rahmah, Lailatul, Febriana Sabrian, Darwin Karim. 2015. Faktor Pendukung Dan Penghambat Intensi Remaja Berhenti Merokok. *JOM Volume 02 No 02*..
26. Ardini, R. F., & Hendriani, W. (2012). Proses berhenti merokok secara mandiri pada mantan pecandu rokok dalam usia dewasa awal. *Jurnal Psikologi Pendidikan dan Perkembangan*, 1(2), 1-7.
27. Eriksen, M. et al., 2015. The Tobacco ATLAS fifth edition. [Online] Available at: [www.who.int/whqlibdoc.who.int](http://www.who.int/whqlibdoc) [Diakses 28 februari 2017].
28. Borland, R. (2010). Motivational factors predict quit attempts but not maintenance of smoking cessation: Findings from the International Tobacco Control four country project. *Nicotine & Tobacco Research*, Volume 12, Supplement 1 S4-S11.
29. Dale, Edgar, *Audio-Visual Methods in Teaching*, NY: Dryden Press, 1946

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