

REDUCING THE NUMBER OF SMOKING THROUGH HEALTH EDUCATION AND SEFT THERAPY IN THE PADUKUHAN KARANGSARI

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Abstract

There is a tendency to start smoking at a younger age. The number of teenage smokers in the world is 30%. In Indonesia, smokers aged 10-18 are 9.1%. In Yogyakarta, 1129 male students were smokers. Karang Sari Padukuhan shows 27.5% of teenagers smoking. There is a lot of evidence that shows the bad effects of smoking so that it requires intervention. Interventions that can be given are to provide health education about the dangers of smoking and SEFT therapy. This research method is quasy experimental quantitative research. This research was conducted in Karang Sari Elementary School. The data collection time is October, 2022. The sample in this study was selected from an affordable population using the purposive sampling method. The number of samples studied in this study was 30 adolescents. The measuring instrument uses the questionnaire. Data analysis using Wilcoxon. The average number of cigarettes per day is 4.3. After giving the intervention showed 3.43. The value of α shows 0.000, which means that there is an effect of providing health education about the dangers of smoking and SEFT therapy with the number of cigarettes daily. The conclusion of this study is that health education and SEFT therapy are scientifically proven to reduce the number of cigarettes

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1. Introduction

In everyday life, people often smoke everywhere, whether in offices, markets, or other public places or even in their households (Nasution, 2007). Smoking, as a form of health risk behavior, is increasingly becoming symptomatic among young people and teenagers. There is a tendency for the age to start smoking younger (Sarafino & Smith, 2011). Generally, the first cigarette started during adolescence (Nasution, 2007). World Health Organization data says that the total number of smokers is as much as 30% teenagers all over the world. In America, 50% of smokers, including teenagers. (Komasari & Helmi, 2000)

Research results from the Institute for Smoking Problems report that children in Indonesia started smoking at the age of 9 years. The age of first smoking generally ranges from 11-13 years of age. They usually smoke before eighteen years old (Komasari & Helmi, 2000). In

14 provinces in Indonesia, smoking begins at the age of 10, especially for boys. Several studies in Indonesia show that most people start smoking when they are in junior high school or at approximately the age of 12 (Sarafino & Smith, 2011). Riskesdas data (2018) shows that there is an increase in the number of young smokers. Smokers aged 10-18 years reached 9.1%. or up 0.3% from 2016. This is a phenomenon that is quite worrying, considering that the younger generation is the next generation of the nation.

Research in Yogyakarta showed that out of 1129 male students, 75% of them smoked both in the trial and error category, while for girls, 23% out of 1089 students smoked, 6% of whom were included in the frequent smoking category. (Sarafino & Smith, 2011). As many as 29.1 percent of school-age youth in Yogyakarta were active smokers. Of these, 93% were men, and 7% were women. (Anjarsari & Helmi, 2014)

Children who start smoking at the age of 10 support the emergence of a habit. It is predicted that 10-20 years later they will grow into individuals who have a high risk of suffering from certain diseases (Sarafino & Smith, 2011). Teenagers who are used to seeing people around them smoke in carrying out their daily activities will tend to perceive smoking as a positive thing and provide benefits to them. A positive assessment of smoking makes adolescents ignorant of the risks of smoking to their health, especially if smoking is considered an activity that is usually carried out by their environment (Asitasari, 2019). There is a lot of evidence that shows the bad effects of smoking on health, but some teenagers still do smoking behavior. Physically, smoking has an impact on oral and dental health and also on the lungs. Smoking can also affect the quality of life. (Asiking, Rottie, & Malara, 2016; Nisa, Sidharti, & Adityo, 2015)

The negative impact caused by smoking requires intervention. Interventions that can be given are to provide health education about the dangers of smoking and SEFT therapy. The results showed that there was a significant influence between health education on the dangers of smoking on behavior to reduce cigarette consumption. (Ihsan, 2013). The results of other studies also stated that there was an influence before and after health education was carried out on knowledge about the dangers of smoking at the YWKA High School in Palembang in 2019. (Hidayati, Pujiana & Fadillah, 2019). Knowledge plays an important role in changing one's behavior, (Kustantya & Anwar, 2013).

SEFT therapy can help teens who smoke. SEFT therapy for adolescents who smoke can provide emotional stability and positive thoughts so that adolescents can determine their positive behavior. Positive emotional and mental conditions can direct adolescents. In taking action that is adaptive and does not lead to behavior that violates existing norms. Such emotional conditioning and positive changes of mind can be carried out, one of which is by providing psychological intervention in the form of a spiritual approach and simple movements that lead to improving emotional conditions, cognition, and behavior, or what is called SEFT (Spiritual Emotional Freedom Technique) therapy (Aminudin, 2019). The results showed that at the end of the third week, the post-test was performed in this group. In this study, it was found that the pretest in this group showed mild smoking intensity. In the posttest, the intervention group showed a reduction of mild smoking intensity to light smoking intensity (50%). (Ethics & Wijaya, 2015)

The results of the initial assessment at the Karang Sari Padukuhan showed that 27.5% of adolescents smoked. Teenagers say they have never tried to quit smoking. In Padukuhan there is no youth program related to smoking. The existing program is a youth association (Arisan). Researchers are interested in knowing the effect of SEFT Health Education and Therapy on the Number of Cigarettes in Adolescents in Karang Sari Padukuhan

2. Methods

This research method is quasi-experimental quantitative research. This research was conducted in Karang Sari Elementary School. The data collection time is October 2022. The sample in this study was selected from an affordable population using the purposive sampling method. The number of samples studied in this study was 30 adolescents. The measuring instrument uses the questionnaire. Health education is carried out once and SEFT therapy is carried out 4 times in 1 month. Adolescents were asked about the number of daily smokes before and after the intervention. Data analysis using the Wilcoxon Test because the normality value of the data shows that it is not normal (0.000 and 0.045).

3. Result and Discussion

Table 1. Characteristics by Age, Occupation, Gender and Type of Smoker in Teenagers Smoking in Padukuhan Karang Sari

| Characteristics | n | % |
|----------------------|----|-------|
| Age | | |
| 1. Early Teen | 8 | 26.67 |
| 2. Late Teen | 22 | 73.33 |
| Occupation | | |
| 1. Student | 29 | 96.67 |
| 2. Worker | 1 | 3.33 |
| Jenis Kelamin | | |
| 1. Male | 30 | 100 |
| 2. Female | 0 | 0 |
| Tipe Perokok | | |
| 1. Mild | 30 | 100 |
| 2. Moderate | 0 | 0 |
| 3. Weight | 0 | 0 |

Table 1 shows that most teenagers who smoke are in their late teens. Almost all teenagers who smoke are students. All adolescents were male and light smokers.

Table 2 shows that the average number of cigarettes smoked daily by adolescents before the intervention was 4.3 with the lowest value being 2 and the highest being 7. After the intervention, the average value was 3.43 with a minimum value of 1 and a maximum value of 7.

Table 2. Number of Cigarettes (Per Day) in Adolescents in Karangasari Padukuhan

| Smoking | Mean | Min | Max | St Dev |
|---------|------|-----|-----|--------|
| Before | 4,3 | 2 | 7 | 1,32 |
| After | 3,43 | 1 | 7 | 1,31 |

Table 3. Effect of SEFT Health Education and Therapy on the Number of Smoking in Adolescents in Karangasari Padukuhan

| Smoking | Mean | Δ Mean | α |
|---------|------|---------------|----------|
| Before | 4,3 | 0,87 | 0,000 |
| After | 3,43 | | |

Table 3 shows the change in the average number of cigarettes per day in adolescents is 0.87. The value of α shows 0.000, which means that there is an effect of providing health education about the dangers of smoking and SEFT therapy with the number of cigarettes daily.

Before the intervention, adolescents smoked an average of 4.3 cigarettes per day. The minimum value is 2 and the maximum is 7 cigarettes per day. This shows that teenagers who smoke in Padukuhan Karangasari are in the mild category. Faridah (2017) states that many factors cause adolescents to smoke. Intrinsic factors that motivate adolescents to become smokers include gender factors, personality factors, work factors, and belief factors. Promkes RI (2012) states that the prevalence of smoking tends to be more in men. WHO data for 2011 stated that 63% of men were smokers and 4.5% of women were smokers. While the statistics of smokers among Indonesian adolescents, namely 24.1% of male adolescents are smokers and 4.0% of female adolescents are smokers. The results of this study showed that 100% of respondents smoked. Wijayanti & Dewi (2017) stated that teenagers do not want to be called 'cowards'. In addition, boys are more willing to take risks than girls, one example is the risky behavior of smoking.

Age can also affect smoking behavior. The results showed that the age at first smoking varied from 8-14 years, including in the category of experimental smokers and frequent smokers. The start of smoking behavior in adolescence is inseparable from the typical characteristics of adolescents (Astuti, 2012). The results showed that almost all respondents were in their late teens. Nasution (2007) mentions that late adolescents have the following characteristics: their ego seeks opportunities to unite with other people and gain new experiences and egocentrism. This is what encourages teenagers to try new experiences with smoking. Wijayanti & Dewi (2017) also stated that other factors cause smoking behavior, namely a person's attitude, PHW (Pictorial Health Warnings), and the Environment.

The number of cigarettes smoked by adolescents decreased after the intervention. The results show that there is a decrease of 0.87 with the average bar being 3.43. The minimum value of a cigarette is 1. The results of the Wilcoxon test also show that there is an effect of providing health education about the dangers of smoking with SEFT therapy on the number of cigarettes in adolescents in Padukuhan Karangasari. Providing health education can make changes in behavior in adolescents. The occurrence of behavior is due to an urge in a person due to knowledge of how to do it, an urge to do it based on a perceived need and the means available to practice it (Arianto, Shaluhiah & Nugraha, 2014).

A person's behavior is due to a response to stimuli or stimuli from outside. Human behavior is all activities or human activities, both those that are directly observed and those that cannot be observed by outsiders (Notoadmojo, 2013). Health education is one way to increase public knowledge about the dangers of smoking. Good knowledge about the dangers of smoking can help adolescents to help themselves in overcoming their health problems and can contribute their energy and abilities for the benefit of their families and communities (Asmarani, 2019). The results of Ikhsan's research (2013) showed that there was a change in the number of cigarettes after being given health education. Sary & Dasril (2019) stated that health education was effective in changing the smoking behavior of family members (p -value = 0.001).

Apart from being given health education, teenagers are also given SEFT therapy as a smoking cessation therapy. SEFT therapy uses three stages. They are set-up, tune-in, and tapping. SEFT Therapy can overcome physical and psychological problems such as addiction, smoking behavior, and emotional stress (Masyitah, 2013). SEFT therapy can relax a person and free someone from emotional stress such as workload stress. Stress is one of the factors that can cause someone to want to smoke. Stress and a heavy workload may make a person a smoker because cigarettes contain nicotine which stimulates the hormones dopamine, endorphins, and serotonin which function as tranquilizers. Evaluation of results Evaluation of the results of the SEFT therapy method for smoking addicts is divided into 3, namely in terms of efficiency SEFT therapy has proven practical and efficient in terms of time. 13 In terms of the effectiveness of SEFT therapy it is effective for curing smoking addicts. Meanwhile, in terms of impact, it is divided into 3, namely physical, psychological, and social. Martino (2014)

SEFT as a therapy causes a person's body to relax, where relaxation can produce physiological

effects that are the opposite of the effects of anxiety such as decreased heart rate, increased blood flow, and neuromuscular stability (Kaplan, Sadock, & Grebb, 1997). This condition causes a person's brain waves to decrease, from Beta to Alpha. So that this condition makes it easier for the therapist to enter information into the subconscious of students to change perceptions about cigarettes and smoking habits. SEFT therapy also raises spiritual concepts and prayers during the therapy process. This allows a person to relax more quickly and quickly accept suggestions that are inviting to remind and recite only the Almighty (Aminuddin, 2019).

Providing Spiritual Emotional Freedom Technique therapy or abbreviated as SEFT is very beneficial for students who want to reduce the scale of their high smoking habit to decline. The study conducted by Sulifan & Muhid (2014) who found results that SEFT therapy was effective in reducing smoking behavior in SMA Negeri 1 Taman Sidoarjo students, namely that subjects smoked more cigarettes before being given SEFT therapy compared to after being given SEFT therapy. This shows that SEFT therapy has proven effective in reducing the behavior of pre-test and post-test subjects. Another study conducted by Yugistyowati and Rahmawati (2018) also showed that there was a significant effect of SEFT therapy on motivation to stop smoking in adolescents in Semampir Sedayu 2 Hamlet, Bantul, Yogyakarta.

4. Kesimpulan

The conclusion of this study is that health education and SEFT therapy are scientifically proven to reduce the number of cigarettes

5. Recommendations

Based on this research, teenagers are expected to be able to find information related to how to stop smoking. Teenagers can seek help from health workers to stop smoking. Community nurses can regularly provide SEFT therapy to adolescents who smoke.

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