

The Effect of Life Skill Education on Cigarette Control in Adolescents



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Abstract: Cigarettes are one of the leading causes of death in the world and are the only legal product that kills up to half of its use. Smoking habit causes at least 30 types of diseases in humans. The purpose of this study was to determine the effect of life skill education models on cigarette control in adolescents in Tellulimpoe District, Sinjai Regency. The population in this study were all adolescents living in Tellulimpoe District, Sinjai Regency. A sampling of research with selected purposive sampling and selected cluster sampling techniques. Selected purposive sampling uses qualitative methods, with teenage informants aged 11 years to 15 years. Selected cluster Sampling uses quantitative methods with teenage respondents. The selected sample was 318 respondents. The study was conducted for three months, namely 1 July to 30 October 2019. The results of the study were that adolescent attitudes were good with the formation of a good smoking cessation category of 6 people (2.7%) and a category of less 217 people (97.3%) ; adolescent attitudes less with the formation of the intention to stop smoking with a good category of 2 people (2.1%) and less categories of 93 people (97.3%). Subjective norms are good with the formation of quitting intentions with good categories of 0 people (0%) and fewer categories of 89 people (100%); subjective norms less with the formation of the intention to stop smoking with a good category of 8 people (3.5%) and the category of less than 221 people (96.5%). Adolescent beliefs are good with the formation of the intention to stop smoking with a good category of 0 people (0%) and 21 people fewer categories (100%); adolescent confidence is less with the formation of the intention to stop smoking with a good category of 8 people (2.7%) and 289 people less (97.3%). The conclusions of the study are adolescent attitudes, subjective norms, and beliefs to stop smoking form the intention to stop smoking. Research suggestions are needed for life skill education to control smoking behavior.

Keywords: Life Skills, Education, Smoking, Adolescent.

I. INTRODUCTION

Smoking is an activity that many of our teenagers love now. Once upon a time, smoking was just a part of the lives of older adults.

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But now smoking has penetrated the lives of school children starting from high school junior high school, and the worst part is that there are already some elementary school children who are good at smoking. People who are active smokers say that smoking is fun and enjoyable because it can relieve stress. But behind the pleasure felt by smokers, there is a very deadly danger for himself and his future life. If smoking has become a habit carried out by the general public, then the dangers of smoking will also lurk its future. The future of smokers will be bleak, see when they are addicted to consuming a cigarette [1], [2]. If it is fatal, then they will do everything they can to enjoy a cigarette. Diseases that arise will depend on the levels of harmful substances contained, the period of the smoking habit, and how to smoke a cigarette. The younger a person starts smoking, the greater the risk that the person gets the disease when he is old. Many studies have shown that teenagers are more likely to smoke than adults. Even based on the results of the reset shows that teenagers smoke every year is increasing. In general, they claim to have started smoking between the ages of 9 to 12 years. Currently, of the 1,100 million cigarette smokers in the world, 45% of them are students. Every year an estimated 4 million people die due to tobacco-related causes. Based on a 1999 report from the World Health Organization (WHO), around 250 million children in the world will die if tobacco consumption is not stopped immediately. The smoking habit for students starts because of a lack of information and misunderstanding of information, being consumed by advertisements or persuaded by friends. According to the results of the Indonesian Heart Foundation questionnaire, as many as 77% of students smoke because of being offered by friends, association outside the home is also a matter of great influence on the mining of a teenager [3]. Regarding chewing tobacco consumption, in the group of women, the prevalence increased to twice as much as chewing tobacco consumption [4]. The high prevalence is partly due to the culture of chewing tobacco in several provinces. In the group of men smoke more, while in the group of women more who chew tobacco. In looking at the relationship between smoking and disease, this book shows that the prevalence of ARI in active smokers is higher (11.9% in men and 13.7% in women) compared to those who do not smoke (11.1% in men and 11.9% in women). Likewise, the prevalence of hypertension was higher in active smokers (22.1% in men and 38.3% in women) than in the nonsmoking population (17.9% in men and 26.9% in women). (WHO, 2008). The preliminary study was carried out in Pattonoko Village, Tellulimpoe District, Sinjai District, on 5 - 11 October 2018, to observe adolescent smoking behavior. Based on secondary data, it is known that the number of adolescents aged between 13-16 years is 231 people.

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Field observations carried out on adolescents between the ages of 14-16 years. The number of teenagers interviewed was 13 people. The observation found that teenagers aged 14-16 years had started smoking. The average teenager spends 5-12 cigarettes a day.

The types of cigarettes smoked are more types of filters. Adolescent smoking habits are carried out while at school, at a place of recreation or a place to chat, parties, and at home. Teenagers use their allowance to buy cigarettes. In general, adolescents smoke unknown by their parents, but those that are known by their parents. Complaints of adolescents at the first time smoking is coughing and shortness of breath, but then become accustomed to now [5], [6]. People who influence teens to smoke come from their social environment [7], [8]. At first, adolescents only tried smoking but eventually continued and addicted. Teenagers consider smoking as a form of expression and self-actualization. They consider teen smoking as male and knight. This is what gives more reinforcement to teens to continue smoking. This preliminary study concludes that adolescents are influenced by the social environment which at first was just trial and error. To break the chain of adolescent smokers is to build adolescent self-identity in a positive direction through the empowerment model. (A preliminary study was carried out in Pattongko Village, Tellulimpoe District, Sinjai Regency on 5 - 11 October 2018). Based on the preliminary study, the authors chose the research title "The Effect of Life Skill Education on Smoking Control in Adolescents in Tellulimpoe District, Sinjai Regency."

II. METHODOLOGY

The research method is to use a quantitative research design. The population in this study were all adolescents living in Tellulimpoe District, Sinjai Regency. A sampling of research with selected purposive sampling and selected cluster sampling techniques. Selected purposive sampling uses qualitative methods, with teenage informants aged 11 years to 15 years. Selected cluster Sampling uses quantitative methods with teenage respondents. The selected sample was 318 respondents.

III. RESULT AND DISCUSSION

The results of this study can be seen in the following table:

Table 1. Formation of the Intention to Stop Smoking in Adolescents in Tellu Limpoe District, Sinjai Regency, 2019

adolescent attitude	Formation of the Intention to Stop Smoking				Total		p
	Good		Less		n	%	
	n	%	n	%			
Good	6	2,7	217	97,3	223	100	0,000
Less	2	2,1	93	97,9	95	100	

Source: Primary data, 2019

Table 1. above illustrates that adolescent attitudes are good with the formation of smoking cessation intentions with a good category of 6 people (2.7%) and a category of less 217 people (97.3%); adolescent attitudes less with the formation of the intention to stop smoking with a good category of 2 people (2.1%) and less categories of 93 people (97.3%).

There is an influence of adolescent attitudes towards the formation of the intention to stop smoking in Tellu Limpoe District, Sinjai Regency.

Subjective norms regarding the formation of an intention to stop smoking can be seen in the following table:

Table 2. Subjective Norms of Smoking Cessation among Adolescents in Tellu Limpoe District, Sinjai Regency, 2019

Subjective Norms	Formation of the Intention to Stop Smoking				Total		p
	Good		Less		n	%	
	n	%	n	%			
Good	0	0	89	100	89	100	0,000
Less	8	3,5	221	96,5	229	100	

Source: Primary data, 2019

Table 2 above illustrates that subjective norms are good with the formation of smoking cessation intentions with good categories of 0 people (0%) and fewer categories of 89 people (100%); subjective norms less with the formation of the intention to stop smoking with a good category of 8 people (3.5%) and the category of less than 221 people (96.5%).

Confidence in the formation of the intention to stop smoking can be seen in the following table:

Table 3. Confidence in Smoking Cessation for Adolescents in Tellu Limpoe Subdistrict, Sinjai District, 2019

Confidence	Formation of the Intention to Stop Smoking				Total		P
	Good		Less		n	%	
	n	%	n	%			
Good	0	0	21	100	21	100	0,024
Less	8	2,7	289	97,3	297	100	

Source: Primary data, 2019

Table 3 above illustrates that teenage beliefs are good with the formation of smoking cessation intentions with a good category of 0 people (0%) and a category of fewer than 21 people (100%); Teenagers lack confidence by forming good intention to stop smoking with 8 people (2.7%) and 289 people less (97.3%).

Confidence in the formation of the intention to stop smoking can be seen in the following table:

Table 4. Learning in Quitting Smoking in Adolescents in Tellu Limpoe District, Sinjai District, 2019

Stop Smoking Learning	Smoking Control				Total		P
	Good		Less		n	%	
	n	%	n	%			
Good	12	10	0	0	12	10	0,000
Less	7	0	18	98,4	25	100	

Source: Primary data, 2019

Table 4 above illustrates that learning to stop smoking is good with the formation of smoking cessation intentions with a good category of 127 people (100%) and less categories of 0 people (0%); smoking cessation control is lacking with good categories of 3 people (1.6%) and less categories of 180 people (98.4%).

Confidence in the formation of the intention to stop smoking can be seen in the following table:

Table 5. Life skill education model of smoking control in adolescents in Tellu Limpoe sub-district, Sinjai district, 2019

Life Skill Education	Smoking Control				Total		P
	Good		Less		n	%	
	n	%	N	%			
Good	129	98,5	2	1,5	131	100	0,00 0
Less	1	0,6	178	99,4	179	100	

Source: Primary data, 2019

Table 5 above illustrates that Life Skill Education is good with Smoking Control with a good category of 129 people (98.5%) and fewer categories of 2 people (1.5%); Lack of Life Skill Education with Smoking Control with good category of 1 person (0.6%) and less category of 178 people (99.4%).

Human behavior and way of life is the cause of various diseases both in primitive times and in modern times. The disease is a disorder of various organs of the human body, while in terms of social conditions, the illness is considered as a deviation of behavior from normative social conditions. Deviations can be caused by biomedical disorders of the body's organs or human environment, but can also be caused by emotional and psychosocial disorders of the individual concerned. These emotional and psychosocial factors are the result of the environment or human ecosystems and human or cultural habits. In human life, health is even valuable. Health is not only related to disease but has a broader dimension. In the modern era, as now teenagers as a group that has many risks related to the quality of their health. The condition is caused by the existence of specific characteristics in the process of development, namely, the level of cognitive ability and reasoning has been able to understand and decide something logically, but on the other hand, it gets peer group pressure (peer-pressure) which leads to less rational behavior. Smoking is a form of behavior found in daily life and can be found in various public places. Even though there is a ban on smoking in public places, smokers still ignore the ban. The results of this study found no influence between adolescent attitudes on the formation of adolescent intentions to stop smoking. Cigarette consumption is one of the causes of health problems that are developing very rapidly in the world, and the problem of smoking has now become a global problem because of its very complex and detrimental effects, especially its impact on health. According to the World Health Organization, in 2006-2008, an estimated 5.4 million people worldwide died from smoking. There is a tendency for the prevalence of smokers to increase from time to time. In 2003 there were an estimated 1.26 billion smokers in the world, and if there was no adequate treatment, it was estimated that in 2030, there would be 1.6 billion smokers,

with deaths of 20% - 25% caused by cigarette consumption [9]-[11].

Smokers in Indonesian society are not only among adults but have spread to the Attitudes Affecting adolescents and children. WHO data in 2008 stated that 63% of men are smokers and 4.5% of women are smokers. Quitting smoking is a radical change in behavior. The intention is the main predictor of behavior. says that attitude is a disposition to respond positively or negatively to a behavior. Beliefs determine attitudes toward behavior about the consequences of a behavior, called behavioral beliefs. The formation of attitudes does not happen by itself or just carelessly. Its formation always takes place in human interaction, and about certain objects [12].

Social interaction within the group and outside the group can change attitudes or form new attitudes. Interaction outside the group is the interaction with the fruits of human culture that reached him through communication tools such as newspapers, radio, television, books, treatises, and others. Influence from outside the human self because the interaction outside the group itself is not enough to cause a change in attitude or the formation of new attitudes. Other factors that play a role are internal factors in the human person, namely his selectivity, his own choice, or interests to stop smoking. Subjective norms are functions that are based on beliefs called normative beliefs, namely beliefs about approval and or disagreement originating from referents or people and groups that influence individuals (significant others) such as parents, spouses, close friends, coworkers, or others towards a behavior. Subjective norms are defined as individual perceptions of social pressure to do or not do a behavior. The results of this study did not find the influence of adolescent subjective norms on the formation of smoking cessation intentions. Subjective norms are determined by a combination of individual normative beliefs and motivation to comply. Usually, the more individuals perceive that their social referent supports them to perform a behavior, then the individual will tend to feel the social pressure to bring up that behavior. The more individuals perceive that their social referents do not approve of behavior, then individuals tend to feel the social pressure not to do that behavior. Just as the values adhered to by adolescents to make smoking a positive value, then the teenager will still maintain the smoking habit. Smoking habits that manifest as habituation are difficult to change [13]-[15].

The results of this study did not find confidence in adolescents about the intention to stop smoking. Confidence to stop smoking is high, so the success rate reaches 70 percent. Therefore, if you want to stop smoking it will be more effective if you already have a strong motivation or belief. Although some people can stop smoking immediately, others must apply certain methods to stop smoking [16], [17]. Quitting smoking can also be done gradually. For example, if you want to stop smoking in a week, you can reduce the number of cigarettes per day until you don't smoke anymore. In addition to reducing the number of cigarettes smoked, stopping smoking can also be done by delaying smoking hours. If you are used to smoking at 07.00, it can be postponed to 09.00.

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The next day, postponed again. So over time smokers will break their habits. The results of the study did not find a direct effect on the formation of quitting intentions on attitudes, subjective norms, and beliefs. This means that the factors of attitudes, subjective norms and beliefs that exist in a person do not automatically form the intention to continue smoking or stop smoking. These factors are factors that are very individual or very personal. Therefore, the prevalence of smoking is becoming increasingly serious. Some smokers in Indonesia have assumed that smoking is an inevitable necessity, so smoking is common for young people. Appearance for young people becomes the main capital in associating not only with the same sex but also with the opposite sex. Stopping smoking behavior is not an easy endeavor, especially for smokers in Indonesia.

Intention or intention itself is interpreted as an individual's intention to conduct behavior-based on attitudes toward behavior, subjective norms, and perceptions of behavioral control. Also, the number of smokers is increasingly increasing, but on the other hand, teenagers who have become smokers have good intentions, namely the intention to stop smoking, although there are still many factors that inhibit and encourage this intention. On the other hand, according to Albert Bandura in Stephen P Robbins on organizational behavior (2015), states intention or intention is a determination to carry out certain activities or produce a certain situation in the future. The intention to stop smoking is interpreted as a strong desire from individuals to stop smoking and do it consciously. The intention of this behavior is closely related to the desire of cigarette consumers to behave in certain ways to continue consuming or stopping smoking. Learning to stop smoking through the smoking cessation section or smoking cessation section is not well known. Yet through this section, a person will receive therapy on a step-by-step basis and counseling from experts. Health services to stop smoking are based more on the experiences of others. In the Health Anthropology study, Kleinman divided health services into three sectors where the three sectors overlapped and were interconnected. Therapeutic options used by people are generally non-paying and without consultation both traditional and modern medical healers. The social aspects of smoking are affecting family, friends, and coworkers in one office [18], [19].

A person who is not a smoker if constantly exposed to cigarette smoke can suffer the greatest risk of being affected by heart disease. Smokers can also cause bad breath, brownish colors on the nails and teeth, and bad odors on hair and clothes. Also, smoking causes a decrease in beauty namely wrinkles on the skin more easily seen, so that it seems older than actual age 1. Therefore, the behavior to not smoke in public places or closed spaces is a new habit in the learning process that needs to be continued next. To control nicotine addiction or conditions when a person is dependent on nicotine. Requires life skill education, in the form of skills in building a deep understanding and awareness of risk — awareness of tobacco products, such as cigarettes. The condition of nicotine addiction makes sufferers can not be separated from the influence of nicotine, although it can pose a danger to health. Smokers with strong levels of addiction may experience severe withdrawals. Symptoms include stress, irritability, and depression. If you have tried to quit smoking without anyone's help but are experiencing quite severe withdrawal symptoms, don't hesitate to consult a

doctor. If nicotine withdrawal symptoms arise, you can ask for help from a doctor. Nicotine has a temporary pleasure effect on the brain, which makes a person addicted. As a result, people who are addicted to nicotine will feel anxious and irritable if suddenly the body does not get nicotine intake. Toxins contained in cigarettes cause individuals who are addicted to nicotine to have a higher risk of heart attack, stroke, and cancer than those who do not smoke [19]–[21]. The form of life skill education is in the form of brainstorming, which is carried out continuously on peer groups so that teenagers are aware of the risks of smoking.

IV. CONCLUSIONS

This study concludes that there is an influence of adolescent attitudes towards the formation of the intention to stop smoking in Tellu Limpoe District, Sinjai Regency. There is an influence of subjective norms on the formation of the intention to stop smoking in Tellu Limpoe District, Sinjai Regency. There is an influence of belief in the formation of the intention to stop smoking in Tellu Limpoe District, Sinjai Regency. There is an effect of learning in controlling smoking in Tellu Limpoe District, Sinjai District. This study recommends that a person's attitude shapes one's intention to stop smoking, but teenagers need continuous counseling when they have smoking habits. Subjective norms are ideologies in a teenager, although they do not have a direct influence on the formation of an intention to stop smoking but need to be widely socialized on the effects of smoking. Belief or motivation influences the formation of smoking cessation intentions in adolescents, but adolescents need to be constantly reminded about the dangers of smoking. Learning through brainstorming methods in adolescents continuously influences smoking control in adolescents. Life skill education in the form of an adolescent's ability to recognize the dangers or risks posed by smoking effects smoking control in adolescents.

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