

# LEARNING METHOD OF EMOTIONAL DEMONSTRATION FOR IMPROVING TEENAGERS' SMOKING HAZARD INFORMATION LITERACY

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## ABSTRAK

**Abstrak:** Tujuan dari penelitian ini adalah untuk menganalisis pengaruh penyuluhan bahaya merokok dengan metode Emo Demo pada anak usia remaja. Penelitian ini merupakan penelitian kuantitatif dengan menggunakan desain penelitian pre eksperimental One Group Pretest Posttest Design dengan jumlah subjek penelitian sebanyak 20 orang. Penelitian dilaksanakan di SMPN 3 Sindangkerta Kabupaten Bandung Barat. Variabel yang akan diteliti meliputi pengetahuan dan sikap merokok yang diukur dengan menggunakan instrumen pengetahuan pretest dan posttest, lembar observasi perilaku, dan media penyuluhan dengan metode Emo Demo. Teknik analisis data menggunakan software statistic SPSS. Hasil pengolahan data pengaruh penyuluhan bahaya rokok dengan menggunakan metode emo-demo terhadap pengetahuan didapatkan diketahui nilai Sig (2-tailed) sebesar 0,000, maka dapat disimpulkan bahwa pengetahuan remaja setelah mendapatkan penyuluhan dengan metode emo demo lebih baik daripada sebelum mendapatkan penyuluhan emo-demo. Begitu juga pengaruh penyuluhan bahaya rokok menggunakan metode emo-demo terhadap perubahan sikap terhadap perilaku merokok didapatkan Asymp Sig (2-tailed) sebesar  $0,000 < 0,05$ , hal ini menunjukkan bahwa terdapat perbedaan sikap terhadap perilaku merokok setelah penyuluhan bahaya merokok dengan menggunakan metode emo-demo dengan sebelum. Dengan demikian dapat disimpulkan bahwa penyuluhan dengan menggunakan metode emo-demo mengenai dampak bahaya merokok efektif meningkatkan sikap dan pengetahuan literasi informasi remaja tentang bahaya merokok.

**Abstract:** The objective of this study was to examine the effectivity of counseling with the Emo Demo method learning model on improving teenagers' knowledge and attitude information literacy of smoking hazards. The study employed a quantitative research approach, specifically utilizing the One Group Pretest Posttest Design pre-experimental research design. The sample size for this study consists of 20 research subjects. The study was carried out at SMPN 3 Sindangkerta, located in the West Bandung Regency. The factors under investigation encompass smoking knowledge and attitudes, which will be assessed by pretest and posttest knowledge instruments, behavioral observation sheets, and counseling media utilizing the Emo Demo approach. This study focuses on the utilization of SPSS statistical software for data analysis approaches. The findings from the analysis of data on the impact of counseling on the risks associated with cigarette use, utilizing the emo-demo approach, revealed a statistically significant ( $p < 0.001$ ) improvement in adolescent knowledge following counseling with the emo-demo method. This suggests that the provision of emo-demo counseling leads to enhanced knowledge among adolescents regarding the dangers of cigarette use. Similarly, the impact of counseling on the hazards associated with cigarette smoking, employing the emo-demo approach to modify attitudes towards smoking behavior, yielded a statistically significant result (Asymp Sig, 2-tailed) of 0.000, which is less than the predetermined significance level of 0.05. This finding indicates that there are discernible disparities in attitudes towards smoking behavior before and after counseling on the dangers of smoking, utilizing the emo-demo method. Therefore, it can be inferred that the utilization of the emo-demo approach in counseling sessions is efficacious in enhancing the attitudes and understanding of teenagers' information literacy of smoking hazards.

## A. INTRODUCTION

Indonesia has officially accepted the Convention on the Rights of the Child (CRC), which recognizes the entitlement of children to attain optimal health conditions. Consequently, parents bear the responsibility of safeguarding their children's health, namely by taking measures to prevent them from engaging in smoking habits and assisting those children who already smoke in their efforts to quit. Indonesia is currently witnessing a significant surge in smoking prevalence, particularly among individuals who initiate this practice at an early stage of their lives. Among adolescents aged 10 to 14 years, a total of 2.0% engage in smoking behavior. This group can be further divided into two categories: 0.7% are daily smokers, while the remaining 1.3% are occasional smokers. On average, the occasional smokers use approximately 10 cigarettes per day (Rachmat, Muhammad; Mochtar, Ridwan; Syafar, 2013). According to the 2024 National Medium-Term Development Plan (RPJMN), Indonesia aims to decrease the proportion of young people's smokers from 9.1% to 8.7%. Based on the Basic Health Research (Riskesdas) data between 2013 and 2018, there was observed an upward trend in the prevalence of those engaging in smoking behavior (T. Hidayat et al., 2021).

The habit of smoking is a social phenomenon that raises significant concerns regarding its impact on health. The act of smoking is associated with a range of negative consequences, including but not limited to heart disease, stroke, lung cancer, respiratory issues, and ultimately, mortality. Cigarettes are known to include a range of detrimental substances, including but not limited to: 1) TAR, a viscous substance that adheres to the lungs, leading to the impairment of lung cells and the potential development of cancer; and 2) Carbon Monoxide (CO), a poisonous gas that hinders the blood's capacity to effectively bind oxygen. This chemical exhibit the ability to form a complex with hemoglobin molecules present in the blood, hence impeding the capacity of the blood to effectively bind molecular oxygen. The condition has the potential to initiate a myocardial infarction resulting in fatality. Additionally, nicotine, a stimulant compound, possesses the ability to impair cardiac function, disturb blood flow, and induce addictive tendencies. The chemical possesses carcinogenic

properties and has the potential to induce fatal lung cancer. The significance of acquiring knowledge and comprehension pertaining to the subject matter of detrimental addictive substances for the well-being of children and adolescents can result in the development of discerning attitudes towards all aspects of health, so safeguarding them from the perils associated with the misuse of such harmful addictive substances (Mardin et al., 2022).

One possible approach for addressing smoking habit involves imparting knowledge about the hazards of smoking to children and teenagers. According to the World Health Organization (WHO), the period of transition from childhood to adulthood, known as adolescence, typically encompasses individuals between the ages of 10 and 19. When an individual possesses a strong sense of curiosity over a certain matter, receiving inaccurate health-related information might lead to detrimental effects on their well-being. The enhancement of health education among teenagers via a health counseling program holds significant importance.

Counseling is an educational endeavor aimed at imparting knowledge, information, and diverse skills to individuals or groups, with the objective of influencing attitudes and actions in a manner that aligns with desired outcomes in life. Counseling can be understood as a type of non-formal education that aims to facilitate societal transformation towards an improved state, as anticipated. Counseling within the health sector represents a distinct modality of health promotion. Health campaigns implemented within educational institutions aim to enhance the capacity of adolescents, teachers, and the broader school community to engage in disease prevention, uphold optimal health, foster a conducive school environment and policies, and actively contribute to the betterment of the surrounding community's health. Health counselling is a proactive approach aimed at enhancing health literacy in order to attain an optimal level of health (Antara & Jati, 2019; Buzarudina, 2013; N. Hidayat, 2019; Muniroh, 2019).

The efficacy of health education in children and adolescents hinges upon the careful selection of teaching methodologies that align with the developmental features of school-age individuals, as well as the various elements that may be impacted as a consequence of the educational interventions. The

objective of health promotion initiatives in educational institutions is to foster a sense of community inside schools, enabling them to enhance their own health and well-being. Hence, this undertaking encompasses a minimum of three primary components, specifically: (a) establishing a conducive educational setting, encompassing both intangible aspects such as fostering positive relationships among educators, students, and other school personnel, and tangible elements such as ensuring personal hygiene and safety within the school premises; (b) imparting health education, with a specific focus on equipping adolescents with the knowledge and skills necessary to uphold their well-being and assume accountability for their own health; (c) health education, with a specific emphasis on instructing adolescents on the maintenance of their health and the assumption of personal responsibility for their well-being. To effectively fulfill the objectives of counselling for children and adolescents, it is recommended to employ various instructional modalities. These may include written instructions in the form of guidelines or booklets, practical demonstrations, or experiments, as well as engaging videos that are directly relevant to the desired outcomes. This approach is preferable as verbal counseling methods, such as explanations or lectures, can pose challenges in terms of comprehension, retention, and comprehension for young individuals in this age group.

The current approach to knowledge transformation mostly involves counseling and the use of lecture-based methods, which have been limited in their ability to effectively engage individuals on an emotional or affective level. Indeed, in order to modify an individual's understanding and perspective, it is necessary to engage in activities that have the capacity to evoke emotional responses (Nafilah & Palupi, 2021). The Emo-Demo intervention was designed inside an interactive gaming framework, with the aim of reducing the reliance on traditional one-way counseling or teaching approaches for delivering health information. The Emo-Demo technique is employed in each game to elicit unexpected occurrences, prompting individuals to reassess their conduct and intensifying their emotional response towards the intended activity. Certain behavior modification strategies primarily emphasize the provision of information only. Despite

our awareness that it only affects a certain region of the brain. Behavior Centered Design (BCD) is an emerging method that prioritizes behavior change effectiveness. It is founded on the principle of placing behavior at the center of the design process. This methodology exhibits distinct characteristics in comparison to established methodologies. This strategy encompasses a comprehensive process for effecting behavioral change, targeting both people and society as a whole. The inclusion of the five senses of participants, namely children and adolescents, in this context holds significance due to its potential to enhance their memory retention and emotional engagement with the exhibited content (Sutaryono, 2022).

The Emotional Demonstration (Emo Demo) technique is a novel way to public education that draws upon the principles of Behavior Centered Design (BCD) philosophy. The BCD theory posits that behavioral modifications can solely occur as a result of encountering novel, demanding, unexpected, or captivating stimuli. The Emo Demo technique employs creative and thought-provoking strategies to facilitate behavioral modifications within the realm of public health.

The BCD framework was developed by the Environmental Health Group at the London School of Hygiene and Tropical Medicine (LSHTM). It draws upon evolutionary principles and environmental psychology to provide a systematic approach for designing and evaluating behavior change interventions that are innovative and thought-provoking. The BCD framework incorporates both scientific principles and creative elements, as it posits that behavior can only be altered in the presence of novel, stimulating, unexpected, or captivating stimuli (Harna, 2020). Emo-Demo is an interactive activity guide designed to effectively communicate concise concepts in an engaging and emotionally resonant manner. By employing this approach, it seeks to enhance the memorability and effectiveness of its content, distinguishing itself from traditional behavior change tactics (Emodemo.org, 2021).

Emo-Demo encompasses various crucial components within the brain. The Emo-Demo framework facilitates the integration of three crucial elements in the learning process. Firstly, it enables individuals to acquire knowledge through hands-on experimentation, thereby promoting direct learning

experiences. Secondly, it facilitates the dissemination of information, engaging various cognitive functions and stimulating many areas of the brain. Lastly, Emo-Demo acknowledges the significance of emotional engagement in learning, recognizing the role of affective experiences in enhancing educational outcomes. Furthermore, the presentation of Emo-Demo incorporates the utilization of props, hence enhancing its memorability. The authenticity of the message sent through Emo-Demo facilitates its assimilation, fostering a greater willingness among the intended recipients to embrace novel behaviors. The Emo-Demo module comprises several components, including a title, main message, aims, time of action, equipment utilized, procedures, and a conclusion. The efficacy of the Emo-Demo approach can be enhanced by adopting a strategy that emphasizes the concentration on a limited number of messages during a group meeting. The Emo-Demo approach entails the use of emotions to elicit and establish associations between pleasant emotions and desired behaviors, such as nurturing and affection, while also establishing connections between negative emotions and undesirable behaviors, such as disgust and fear.

The objective of this study is to assess the efficacy of the Emo Demo learning model in public counseling sessions as a means to enhance information literacy regarding the hazards of smoking among children and adolescents.

**B. METHOD**

This study is quantitative research employing a quasi-experimental design with a One Group Pretest Posttest Design. The purpose of this design is to measure the impact (effect) of an intervention conducted on the research subjects. The research was conducted at SMPN 3 Sindangkerta, West Bandung Regency. The method of subject selection employs Probability Sampling with the Simple Random Sampling method, which means that subject selection is conducted randomly without considering the strata present within the population. Based on the sampling calculation, a total of 20 subjects were obtained who met the inclusion criteria. The instruments utilized in this study encompass a knowledge questionnaire regarding cigarettes, an observation sheet for practical activities, as well as educational media on the dangers of smoking utilizing the Emo Demo method. These media include a laptop, LCD screen, videos on the contents of cigarettes, videos on the

impacts and hazards of smoking, videos of anti-smoking advertisements, educational modules, and posters on the contents of cigarettes. The data collection method employed involves conducting interviews to assess knowledge, as well as observations to evaluate smoking behavior. The data was processed using the statistical program SPSS Version 26, employing the Paired T-Test and Wilcoxon sign rank test at a significance level of 0.05



Figure 1. One Group Pretest-Posttest Design

**Table 1.** Statistical Tests in Research

N0	Test	Test 1	Test 2	Results
1	The Effect of emotional demonstration method Counselling on Knowledge	Normality test	Paired T-Test	p = 0,000
2.	The Effect of emotional demonstration method Counselling on Attitude	Normality test	Wilcoxon test	p = 0,000
3.	Comparison of Knowledge Pretest Scores of Adolescent Smokers with Non-Smokers	Normality test	Independent Sample t-test	P = 0,755
4.	Comparison of Attitude Scores (Pretest) of Adolescent Smokers with Non-Smokers	Normality test	Mann Whitney test	P = 0,871

**C. RESULTS AND DISCUSSIONS**

**1. Comparison of Pretest Scores on knowledge of Literacy Information on the Dangers of Smoking in Adolescent Smokers with Non-Smokers**

The data gathering was conducted over a period of two months, specifically from May to June 2023. The data that was collected underwent both univariate and bivariate analysis. The individuals from whom the samples were collected were adolescents between the ages of 12 and 14.

- a. Analysis of pretest scores of information literacy comprehension of smoking hazards of adolescent smokers with adolescents who do not smoke. This analysis was conducted to determine whether there was a difference in pretest scores between adolescents who smoked and adolescents who did not smoke. Based on the output of shapiro wilk, the Sig value of Adolescent Smokers is 0.750 and the Sig value of Adolescent Non-Smokers is 0.162. Since the Sig values of both classes are greater than 0.05, it can be concluded that both data are normally distributed, so the fourth condition for the independent t test has been met. Next, independent t-test steps are carried out.
- b. Based on the SPSS results, the average value of adolescent smokers was 10.27 and the average non-smoking teenager was 9.89. Descriptively it can be concluded that there is a difference in the average value of cigarette knowledge between adolescent smokers and adolescent non-smokers. To prove whether the difference is significant or not, it can be seen in the Independent Samples Test result.
- c. The results indicate that Sig Levene's test for equality of variance yielded a p-value of 0.907, which is more than the significance level of 0.05. The data variance between teenagers who smoke and those who do not smoke is found to be homogeneous. Therefore, the interpretation of the table output for the independent sample test is based on the assumption of equal variances. The Sig (2-tailed) value, which is 0.755, is greater than the significance level of 0.05. Based on the statistical findings, it can be inferred that there exists no statistically significant disparity in the mean knowledge scores between teenage smokers and non-smokers. There may be little variation in the information they get regarding cigarettes. The distinguishing factor is in the influence of the surrounding environment on certain adolescents, leading them to experiment with smoking.

## 2. Comparison of Pretest Scores of Information Literacy Behavior of Smoking

### Hazards of Adolescent Smokers with Non-Smokers (Using Independent Two-Sample T Test)

Based on the output of shapiro wilk, the Sig value of Adolescent Smokers is 0.007 and the Sig value of Adolescent Non-Smokers is 0.002. Because the Sig values of both classes are smaller than 0.05, it can be concluded that the two data are not normally distributed, so the Mann Whitney test is performed.

**Table 2.** Mann Whitney Test Result

Test Statistics	
	Attitude_score
Mann-Whitney U	47.500
Wilcoxon W	113.500
Z	-.162
Asymp. Sig. (2-tailed)	.871
Exact Sig. [2*(1-tailed Sig.)]	.882 <sup>b</sup>
a. Grouping Variable: REMAJA	
b. Not corrected for ties.	

Based on the results of the test statistics, the Asympt Sig (2-tailed) value is 0.871, which is more than the predetermined significance level of 0.05. Hence, no discernible disparity exists in the pretest scores related to attitude among teenage smokers and adolescent non-smokers. There was no statistically significant distinction observed in the attitudes regarding smoking behavior between teenage smokers and adolescent nonsmokers, similar to the lack of disparity in knowledge about cigarettes. This phenomenon can be attributed to the prevalence of smoking habit within their familial and environmental contexts. The findings indicate that there is a correlation between teenage smokers and non-smoking adolescents and the presence of household members who engage in smoking.

The prevalence of adolescent smoking behavior may be attributed to several factors. Firstly, adolescents may be motivated to experiment with cigarettes due to their perception that individuals who smoke are appealing or desirable. This curiosity stems from a desire to explore the unknown and understand the experience of smoking. Additionally, the desire for social connection and affiliation plays a significant role in influencing adolescent smoking behaviors. Adolescents often seek to establish associations with peers who smoke, leading to the

adoption of smoking behavior as a means of fitting in and conforming to social norms (Erfantini, 2014).

### 3. The Effect of Counseling with the Emo Demo Method on Knowledge of Information Literacy on the Dangers of Smoking

To assess the efficacy of counseling utilizing the emo-demo approach in enhancing information literacy regarding teenage cigarette usage, it is imperative to do appropriate statistical analyses.

**Table 3.** Paired Samples Statistics

		Mea n	N	Std. Deviation	Std. Error Mean
P air 1	PRET EST	45.9 0920	2 0	11.97 1620	2.67 6936
	POST TEST	68.1 8180	2 0	9.557 579	2.13 7140

The obtained results indicate that the average score on the pretest was 45.90920, whereas the average score on the posttest was 68.18180. Based on the observation that the posttest value exceeds the pretest value, it may be inferred that there exists a discernible disparity in the mean outcomes of the knowledge assessment pertaining to cigarettes, as evidenced by the pretest and posttest outcomes.

Based on the data presented in the output table, it can be observed that the Sig (2-tailed) value is 0.000. This value is obtained as a result of the hypothesis testing conducted by one party, whereby the Sig value is divided by 2, resulting in a final value of 0.000. It can be inferred that the cognitive abilities of adolescents are enhanced subsequent to receiving counseling utilizing the emo-demo approach, as compared to their pre-counseling state.

Umari et al. (2020) have established a correlation between information pertaining to cigarettes and smoking behavior. Consequently, it is imperative to implement engaging counseling interventions at an early stage to educate individuals about the hazards associated with smoking. This approach aims to mitigate the escalation of smoking habits among teenagers.

### 4. The Effect of Counseling with the Emo-Demo Method on the Information Literacy Attitude of Adolescents about the Dangers of Smoking

From the results of the normality test, it was found that the data was not normally distributed, thus the Wilcoxon test was carried out.

**Table 4.** Wilcoxon Test Result

		Ranks		
		N	Mean Rank	Sum of Ranks
POSTTEST - PRETEST	Negative Ranks	0 <sup>a</sup>	.00	.00
	Positive Ranks	20 <sup>b</sup>	10.50	210.00
	Ties	0 <sup>c</sup>		
	Total	20		

- a. POSTTEST < PRETEST
- b. POSTTEST > PRETEST
- c. POSTTEST = PRETEST

From the table above can be obtained several points including:

- a. Negative Rank or the difference (negative) between the attitude results for the pretest and posttest is ZERO, be it at the value of N, Mean Rank or Sum of Ranks. This ZERO value shows no decrease from the Pretest value to the Posttest value.
- b. In positive Ranks or the difference (positive) between attitude results for Pretest and Posttest there are 20 positive data (N), meaning that 20 students experience an increase in attitude results. The Mean Rank or average increase is 10.50, while the number of positive rankings or Sum of Ranks is 210.00.
- c. Ties is the similarity of Pretest and Posttest scores. The Ties value is ZERO, meaning that there is no equal value between pretest and posttest.

**Table 5.** Output Test Statistics

Test Statistics <sup>a</sup>	
	POSTTEST - PRETEST
Z	-3.970 <sup>b</sup>
Asymp. Sig. (2-tailed)	.000

- a. Wilcoxon Signed Ranks Test
- b. Based on negative ranks.

- d. Based on the test statistics presented in the table, it is evident that the Asymp Sig (2-tailed) value is 0.000, which is less than the significance level of 0.05. Consequently, it can be inferred that there exist significant differences in attitudes towards smoking behavior following counseling on the hazards of smoking, employing the emo-demo technique, as compared to the pre-counseling period.

The findings of this study demonstrate that the implementation of counseling using the Emo Demo approach has effectively enhanced awareness and altered perceptions regarding the hazards associated with smoking among adolescent individuals. The

optimal age to teach novel behaviors is throughout childhood. The cultivation of proper behavior is advocated for at an early stage due to the combination of children's heightened curiosity, proficient memory, and malleability in adopting novel actions. The provision of health education throughout this developmental stage possesses the capacity to foster the establishment of novel habits that can last into adulthood.

The acquisition of smoking behavior is contingent upon socialization agents, as it is a learnt activity. Additionally, the environment plays a crucial role in the initial exposure of adolescents to smoking behavior (Ihsan, Andriani & Yanti, 2022). The inclusion of contextual examples pertaining to the immediate surroundings is crucial in understanding the intricacies of smoking behavior. This implies that achieving successful behavior change is likely to include more than the mere provision of health information. Nevertheless, the process necessitates habituation and exposure to positive role models within the surrounding environment. Various factors can exert impact on smoking behavior, encompassing both external and internal elements. These considerations encompass parental engagement in teenage behavior. (Pertwi & Hamdan, 2022). The constant conveyance of information has the potential to enhance the retention and memorability of the information. However, conversely, it engenders a sense of apathy among individuals towards novel knowledge, hence impeding the attainment of behavioral modifications. There exists a necessity for engaging and experiential counseling interventions tailored to the unique needs and developmental stages of children and adolescents, which also incorporate their personal experiences and involvement in extension activities. In order to discourage children and teenagers from experimenting with smoking, it may be beneficial to consider hospital visits or testimonials from patients who have encountered smoking-related health issues. Such experiences can serve as a deterrent for non-smokers and prompt those who currently smoke to contemplate quitting (Chusniasih & Hidayat, 2018). The Emo Demo approach not only offers health-related information but also incorporates the assessment of the subject's emotions, hence fostering motivation for behavioral modifications. The elicitation of emotions such as fear of sickness and

disgust has the potential to induce behavioral modifications in research participants (Amareta & Ardianto, 2017). Humans have a natural inclination to avoid stimuli that are perceived as threatening, particularly those that elicit feelings of pain or disgust. The emo-demo method, as implemented in practical settings, involves conducting a sequence of uncomplicated experiments with readily available materials that serve as demonstration tools. These experiments are performed by counseling participants. The utilization of previously employed teaching aids in conjunction with practicum methods yields superior learning outcomes compared to students in control classes employing lecture methods (Nalle & Asih, 2022).

The findings derived from the experiment involving the utilization of tissue or white cloth as a filtration medium for cigarette smoke are indicative of the same effects observed in the lung tissue that is exposed to cigarette smoke. It is postulated that repeated instances of fumigation may potentially lead to respiratory complications. Cigarette smoke does not appear to be directly connected or deposited within the respiratory system. However, upon examination using a white cloth or tissue, discernible stains from cigarette smoke become visibly apparent, indicating the presence of smoke particles adhering to the fabric. This motivation will encourage individuals who have not smoked to adhere to the health message by refraining from attempting smoking, and prompt those who have previously smoked to quit. Undoubtedly, instances of addiction to substances with addictive properties necessitate a profound inclination to cease consumption.

The use of early counseling interventions for children and adolescents is expected to contribute to a reduction in the initiation of smoking behavior. Children and teenagers are commonly exposed to the notion that cigarettes possess toxic properties, are lethal, pose significant risks, equate to wasteful expenditure, and are causative agents of many illnesses. Therefore, teenagers possess the capacity to decline offers to engage in smoking activities extended by their peers or within their surroundings. In order to decline invitations from one's surroundings, it necessitates the utilization of effective communication skills to reject offers to engage in smoking, both from acquaintances and the broader environment (Sutatminingsih & Zulkarnain,

2022). The adoption of smoke-free behavior can be attributed to individuals' goal to avoid colonization and their dependence on cigarettes, as demonstrated by researchers.

There are several strategies that should be employed to address the issue of teenage smoking habit, one of which is the implementation of health education initiatives, particularly in elementary schools. By introducing comprehensive education programs that emphasize the risks associated with smoking, it is possible to mitigate this problem. The primary stronghold is situated within the familial domain. The maternal figure within a familial context assumes the responsibility of imparting knowledge to offspring on the potential hazards associated with the act of smoking, commencing from the early stages of their development. The father, as a role model, fails to represent this behavior. The presence of such an experience will instill in the child's mind the notion that smoking is hazardous and harmful. The necessity of familial guidance in strengthening children and teenagers against engaging in smoking behavior (Kurni, 2017).

The act of smoking is purportedly a gateway for adolescents to engage in substance misuse. Despite the fact that students or teenagers are considered valuable assets to a nation, it is imperative to provide them with appropriate guidance and direction to foster the development of high-quality and well-adjusted individuals (Asrina et al., 2020). Consequently, by fostering a smoke-free and drug-free environment for children and adolescents, we may cultivate a future generation that embodies good health and contributes positively to the nation.

Novel alterations may occur in response to anything innovative, thought-provoking, and enjoyable. Typically, conventional health education approaches involve the initial dissemination of knowledge followed by the cultivation of new behaviors. The implementation of the emo demo method is conducted as an intervention utilizing a Behavioral Centered Design (BCD) approach. This approach aims to use psychological components as novel strategies for modifying individual behavior. The integration of scientific principles and creative techniques in the development of communications enables this approach to effectively communicate behavior modification messages that are more readily embraced by the intended audience.

According to the philosophy of Behavioral Centered Design (BCD), an intervention is required to induce a modification within the environment. It is imperative to consistently prioritize the well-being of family members who are presently enrolled as students or adolescents. This responsibility extends to both parents, relatives, immediate family members, as well as educators and peers within the school environment (Syarif et al., 2018).

A crucial aspect of the behavior modification process occurs during the Deliver stage, wherein researchers execute a comprehensive set of planned actions that engage many channels. The channels under consideration encompass extension workers/teachers, parents, participants, demonstration media, poster media, video media, and internet media.

In the contemporary digital landscape, it is imperative to foster a culture of adolescent digital literacy pertaining to health, specifically about the hazards associated with cigarette consumption. This is due to the exponential growth of social media platforms, which unavoidably draws teenagers towards their utilization. The utilization of social media as a means to shape ideas and serve as an educational resource, particularly among adolescents, holds significant potential for beneficial outcomes. In order to effectively communicate health-related information, particularly regarding the hazards associated with smoking, it is crucial to target adolescents. Social media posts exhibit superior performance in terms of timeliness compared to official or government information. Additionally, they can facilitate the transmission of valuable insights into public opinion and perception.

(Nurhayati, 2021).

The formation of a new community, namely the anti-smoking adolescent community, has an important role in the formation of anti-smoking adolescent behavior. So that with the formation of a community, adolescents will be more confident and proud that they belong to the anti-smoking youth group, by indirectly providing a group mentoring effect. Even if there are teenagers who return to smoking because of the effects of addiction, they will be indirectly reminded by friends in their community. Counseling is carried out periodically accompanied by mentoring to be an excellent means to increase understanding and behavior change so that there will



be acceptance from the subject and generate strong motivation to quit smoking and be ready to stop smoking behavior (Rismawati et al., 2019).

#### D. CONCLUSION AND SUGGESTION

the utilization of the emo-demo approach in counseling sessions is efficacious in enhancing the attitudes and understanding of teenagers' information literacy of smoking hazards. Additional recommendations from scholars include conducting future research to examine the actual shifts in the behavioral patterns of counseling participants. These studies should focus on assessing alterations in smoking habits among adolescent smokers subsequent to the implementation of interventions for a duration spanning approximately 1 to 40 days.

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