

Self Help Group Effect and Spiritual Emotional Freedom Technique as a Method in Decreasing Smoking Behavior among Adolescent: Systematic Review

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ABSTRACT

Background

Smoking behavior has been a common issue in Indonesian, more specifically in adolescence period. It causes some trouble, because in this periode of puberty, the adolescents still involve in growth and both physical and emotional development. Adolscence is described as the period to discover themselves. Their actualization and transformation are commonly based of their groups which they are with. so as the group-oriented therapy can be used to prevent and stop their smoking habits. Unpharmacological therapies which have the effectiveness to cease smoking. Firstly, Spiritual Emotional Freedom Technique that is to raise the confidence and to build motivation. Secondly, Self Help Group in community by the same interest. Both therapies have been known as the way to manage people to stop smoking

Methods

A Systematic Review using electronic database with key words “Self Help Group Therapy”, “Spiritual Emotional Technique”, “Adolscence”.

Result

The results of article browsing in Elseiver found 5 journals, Proquest: 2, Media Publication: 3 and Google Scholer: 12, and then there were 6 journals included in this study. The results show Self Help Group and SEFT are very effective in the effort to stop smoking.

Conclusion

There are 2 ways to reduce or stop the habitual smoking. Firstly, internal factor, the desire to stop smoking (SEFT). Secondly, external factor, social peers (SHG). So the SEFT and SHG are more effective to help an individual in effort to stop smoking.

Keywords

Self Help Group; Spiritual

Emotional Freedom Technique; Adolescence; Smoking.

BACKGROUND

Indonesia is a nation with the largest population of ciggaret consumers in the world. A survey, done by Global Adult Tabacco Survey (GATS) in 2011 showed that Indonesia was 16th on the global rank with the consupmtion prevalance of active-smokers higher than India and China. The total numbers of active smokers in Indonesia at 67% or 3,8 billion people and the rest were passive smokers in which both shared the same risk. The highest number is dominated by adult and adolescent.

Smoking is such inevitable problem in society which cannot be able to find an end nowadays. In Indonesia, smoking habitual is always on the topic of debat. More specifically about its consumption, eventhough the health care institution argued that there is no profit that will be gained by the consumers. On the other words, smoking can merely decrease the health condition than increas it, because, smoking can drive the health to the lowest level or can drive many other disease into body, even it can cause the death. (Ministry of Health, 2013). Smoking habitual can drive diseases into body such as, lung cancer (90%), 75% Obstructive Chronic Lung Cancer, heart attack (25%), and the total death due to smoking apparently 57.000 peolpe per year (Ministry of Health, 2013)

In 2013, there is 56.860.457 male active smokers and 1.890.135 female active smokers or approximately 56.860.457 active smokers in the whole category and started from 10 year-old, this number can increase every year. The highest proportion of active smokers from 25 – 29 year-old is 7.785.730 people. The numbers of male and female smokers are 7.641.892 and 253.273 respectively (TCSIAKMI, 2014). The variations of smoking habitual can be encountered from every aspects and backgrounds such as, age, gender, and work community. The group of citizens between 10-14 years old which have been found 1.4 % of adolescents are active smokers and for 15 year-old have significant increasing. 34,2% in 2007 to 36,3% in 2013. Meanwhile, the presentages of male smokers, 64,9% and female smokers 2.1% in 2013 (RISKEDAS 2013). The data from WHO in 2013 implied the highest prevalance is started from 15 year-old with 34.8%, male prevalance 67% and female 2.7% (WHO, 2013).

According to the data above, adolescents are implied as the most vulnerable for the health issue, because on the periode of adolescence the growth and development of the body still in terms. The cells regeneration are still in transformation. As the results, increasing the smoking habitual in the period can badly affect the physical health, emotional, immune, old-looking face, teeth disorder, lung disorder, asthma, heart diseas, brain disorder and senses (Sismanto, 2005)

Indonesian highly contributes prevalance rate of smoking habitual incidents in the nation. It drive the goverment to come up with some policies to tackle the incidents such as, TV advertisement, newspaper, sanction, pamflet, banner, no smoking area, changing the cover of ciggarete. Etc. (Minitry of Health, 2013), but all of the efforts do not give any significant change in the first place. Many health researches have been done, but the effective method is hardly found or some breakthrough that can evidently stop the smoking incidents. It is hard to find the scientific evidence of the effectiveness of the therapy to stop such incidents in adolescence periode (Sismanto, 2005). Until this day, there are both psychosocial and pharmacotherapy being in used as approaching methods on adolescents to prohibit the incidents.

The development of the therapy should pay more attention to external and internal factors that lead the people to keep such behavior. More importantly, to find the reasonable factors which make them still in access to the behavior.

According to Green, the smoking habitual by an individual is rooted in predisposing factors which include, attitude, belief, tradition, and norms. the availability of factors and reinforcement of other people around can drive the others to do the same (Notoatmojo, 2012). When it comes to the way to prevent the behaviour, the motivation should be needed in order to do so.

Based on the publication by Kumbayono (2011), the motivation primarily has to be appeared inside an individual which is supported by acknowledge and the will to work hard on it. External factor or also known as environmental effect like peers and the other group take any significant role of how the adolescent has to behave in their period. Adolescence, implied as the period where the adolescent tries to find their true identities or build it themselves. Self-actualization is commonly based on the community where they belong or the community which they can share the same interest. This is why, the community plays an effective role to prevent or drive the adolescent to behave in accordance with the same interest. (Aspatrianti, 2017). Based on some discussion above and many other literature browsing. The author can pull some conclusion about the matter. There are two unpharmacological therapies which have the effectiveness to cease smoking. Firstly, Spiritual Emotional Freedom Technique that is to raise the confidence and to build motivation. Secondly, Self Help Group which is to build and grow in community by the same interest. Both therapies have been known as the way to manage people to stop smoking incident.

Purpose :

General

Reviewing the effectiveness of Self Help Group and Spiritual Emotional Freedom Technique to prevent adolescent smokers incidents

Specific

1. Identifying adolescent smokers based on habits
2. Identifying the effect of Self Help Group on adolescent
3. Identifying the effect of Spiritual Emotional Freedom Technique on adolescent
4. Knowledging the important effect of Self Help Group and SEFT on adolescent in order to pressure the smoking habitual

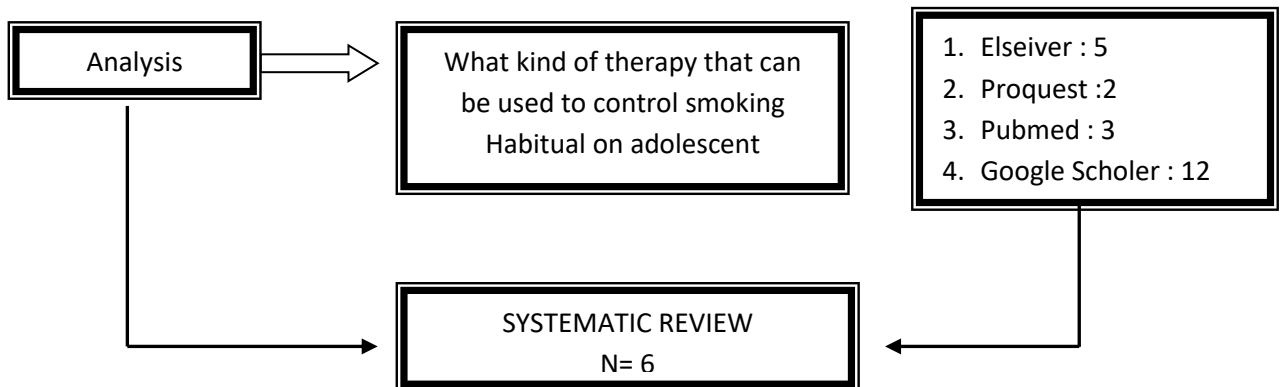
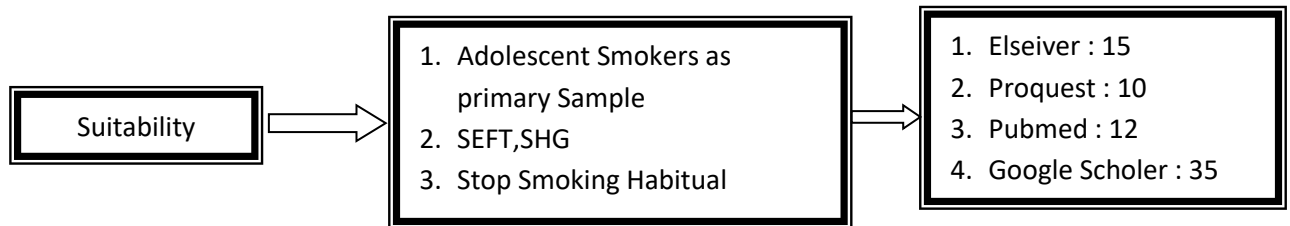
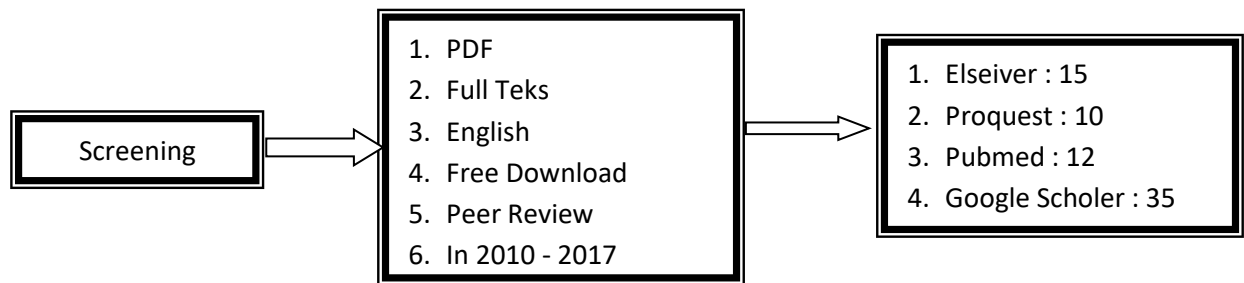
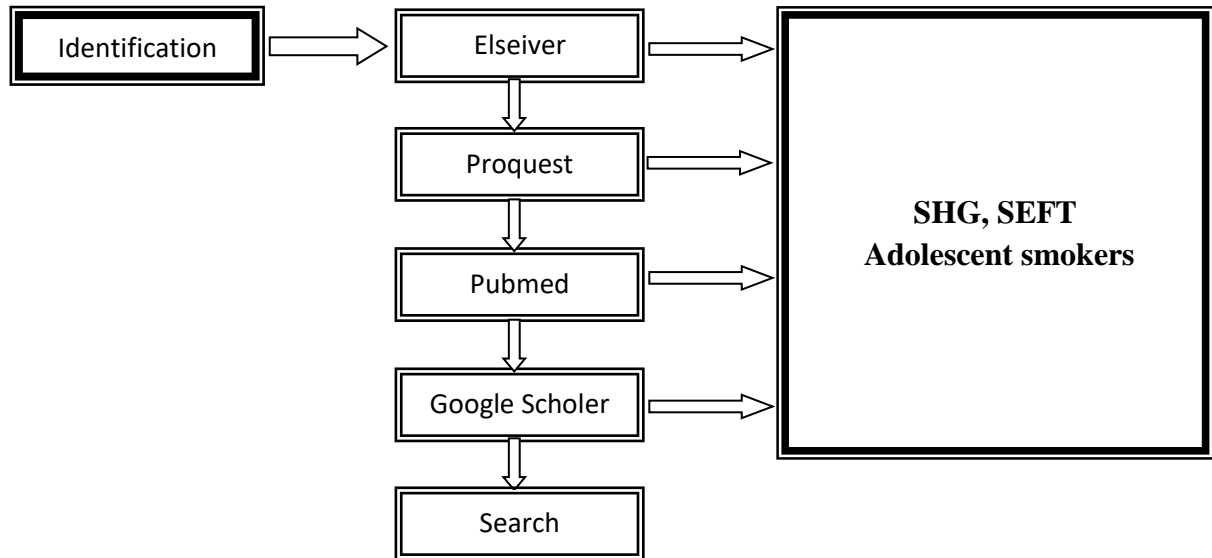
METHODS

Inclusion criteria

Inclusion criteria is the quantitative research methodology or random worked in 2010-2015 by using both English and Indonesian as the main languages. The sample of this article is adolescent in particular. Self Help Group and SEFT are the prominent methods in used. The result of the study is to encourage the adolescent to challenge their smoking habits.

Literature Strategy of review

The systematic review is done by collecting the source of scientific publications through browsing by Elseiver, Proquest, Pubmed and Google Scholer by the key words “Self Help Group Therapy”, “Spiritual Emotional Technique” and “Adolescence”



RESULTS

Six E-Journals(EBSCO, Proquest, PubMed, BMC and Google search) have been analyzed by using quantitative systematic review, and it will be presented on the table below :

Authors and years	Level (JBI)	Purpose	Methods (Designs)	samples	intervention	Data analysis
Vivienne Maskrey et all 2014	Level 2 – Quasi – Experimental Designs	Self Help Booklit can reduce the dependence towards the ciggarettes in short-term since the first day of “no smoking movement” through medicine and pharmacology	The design of the experiments using both General Random and Pragmatical Random	704 respondents take part on the stop smoking therapy for 4 weeks	Given an opportunity to both smokers and not smokers in order to stop and prevent smoking	Single T Logistic Regretion in both parties
Lindsay F Stead 2017	Level 2 – Quasi – Experimental Designs	To understand the intervention effect of group’s behavior in order to stop smoking in the long-term	Through experiment	Controlling Groups and Actual Group (4923 members)	Medical treatment for 6 months, and then evaluation in each group. The main purpose is to make any change of the habitual	Metha-analysis by using fixed-effect model (Mantel Haenzel).
Fitri Aspatrianti and Dianita Sugyo 2017	Level 2 – Quasi – Experimental Designs	Self Help Group effect toward stop smoking behavior in machinary technique students of University of Muhammadiyah Yogyakarta 2015	Quantitative Research Method by using Quasy Experimental pretest post test with control group design	26 respondents 26 respondents were set in 2 parties both Non SHG and SHG	Questioners for both parties	Analysed by using Wilcoxon Test and Mann-Whitenney for attitudes
Arif Nurma Etika Dwi Septian Wijaya	Level 2 – Quasi – Experimental Designs	Figuring out SEFT’s effect to intensity of smoking towards student of SMAN 5 Kota Kediri 2015	Pre-experiment with a single group pretest posttest design	Simple random sampling method with 14 persons as the samples	Intensity of smoking was meassured before the SEFT therapy started, and than would be	Wilcoxon test

2015

Catharine Fristy Blaise 2016	Level 2 – Quasi – Experimental Designs	Analysing the effectiveness of SEFT therapy on decreasing the intensity of smoking in anti-smoking Clinic UPTD health-care center in pontianak city	Quantitative with quasy experiment design and pre and post test control group were chosen as the research methodes	Consecutive samplings was used on 38 participants which were divided into 2 groups (Intervention and Controlling Groups). Each group had half numbers of the participants	meassured after 9 sessions of SEFT in 3 weeks, which each session needed 20 minutes to be finished. The instrumrnt was ciggarete shaft. The SEFT therapy was run in Anti-Smoking Clinic UPTD healthcare center of pontianak city which had been modified and Smokerlizer tool	Mann Whitney test
Arfiki Dwila 2016		to examine the Self Help Group effects on motivation of stop smoking for technique students of University of Muhammadiyah Yogyakarta 2015 generation	Quasy-experimental wtih pre post and control group	The sample was taken by random method. 32 respondents were divided into both controlling andg experimnt groups	The experiment groups hit Self Help Group once a day by usindRichmond test of Motivational questioners	Wilcoxon and Mann Whitenney test

DISCUSSION

In this modern era smoking habitual can be done in both pharmacological and un-pharmacological ways. Pharmacological process can be done by every individual, however it is hard to reduce the relapse of smoking in this particular group (Maskrey, 2014). In her research entitled “Self-Help educational booklets for the prevention of smoking relapse following smoking cessation treatment: a randomized controlled trial”. she implies that pharmacological therapy cannot be able to change sort of habitual. As the results the relapse of smoking is inevitable. Basically, evaluation is needed to measure the effectiveness of pharmacological process, and then, the individual has to come up with some particular group in order to intervent the habitual.

Smoking habitual commonly appears by self-efforts based on desire and will. (Tulenan, 2015). In accordance with the research which has been done by Tulenan. In order to intervent the habitual, the will has to be the main factor in this effort. It is quite difficult to predict the person will stop smoking or not. Importantly, self-actualization is extremely needed in order to be able to stop smoking relapse. It plays some significant role to change the habitual. In this case, SEFT is needed to prevent in un-pharmacological way.

SEFT is the therapy run by using self confidence element as the basis. There are 3 level of the therapy. There are Set Up, Tune In and Tapping. The effectiveness of the therapy has been proved in which the therapy can reduce the smoking relapse. When the self-will to change the habitual appears inside, then Set Up is needed in the next level. Set Up, “Implying the will and the sincerity to stop smoking are supported by emotional factor which will be risen by smoking process, and after al of that, Tapping is done on 18 meridian cordinates in body to see if the smokers have the capability to control the habitual. Tapping and Tune will be done altogether to neutralize emotional issues of smokers. The main purpose is to eliminate the satisfaction of the ciggarettes or relapse (Etika, 2015)

Etika’s research by using SEFT towards smoking intensity on students showed the effectiveness of the therapy for reducing smoking intensity. Specifically, using Wilcoxon test at rate as being described as $p \text{ value } 0,003 < \alpha 0,005$ with the whole samples were active smokers. The similar research was done by Blaise in 2016. The result showed the difference between intensity of smoking by both Intervention and controlling groups. Statistically, Mann Whitenney gained $v : p=0,000 (p<0,05)$. Based on the data SEFT is more effective in order to decreas smoking intensity. It must be one of the prominent methods to change the habitual of smoking and also highly recommendate.

SEFT is said as one of the prominent alternative therapies, due to spiritual aspect in application. It does not have any side effect, and also any risk at all. SEFT therapy is brand new in educational field of study which is called “Psychological Energy” or the combination of Spiritual Power and Psychological Energy and also known as Amplifying Effect. There are three types of SEFT’s evaluation for active smokers. Firstly, the efficiency to manage the time. Secondly, the effectiveness for curing the smoking habitual. Thirdly, it has physical impacts

which are described as Physic, social, emotion, self-achievement, happiness. Those are the impacts having to be gained for personal greatness (Zainudin, 2012)

Another factor that can affect the effort to stop the smoking incidents is social support. For instance, social environment (family, or peer groups). It is much easier to effect the adolescent to do some particular things out of norms, due to the period of adolescence is the period of learning, knowing, or even practicing such either bad or good aspects into society. Hence, parental protection is extremely needed to guide them for healthy social life, and change their behavior towards smoking habitual. The adolescent who wants to stop the smoking behavior have to realize the place where they are or it depends on the place where they belong. If they leave in the environment which has lowest number of smokers. It will be helpful as motivational to change the habitual, and vice versa. As a recommendation, SEFT can play an important role for people who is in terrible to change the smoking habitual.

Aspatrianti's research held in 2016 entitled "SEFT effect towards stop smoking habitual for university students". Gives some difference between uploading the knowledge and change the behavior of smoking. Another research by Duwila (2016) showed the SHG is more effective to reduce the smoking incidents through motivational aspects. It had been done on machinery tech. Students of University of Muhammadiyah Yogyakarta 2015.

Self Help Group will be much more effective due to the most participants are peer of adolescents. Hence, they will be willing to support each other in sort of social community. SHG itself is a group built by the individual by peers in order to fulfill the common interest such as the efforts for problem-solving or in this case smoking incident (Keliat, 2008). SHG has the orientation on cognitive and habitual changes, which every member do some sharing and feedback in small group that has 7-10 members in each group for 60-120 minutes (Huriah, 2012)

SHG is one of the stop smoking programs that is oriented to change the habits, but basically, to achieve the target the person has to increase their will and motivation to transform themselves. The participants of SHG are commonly the individual or a group of people who have the same goal or to share the same interest in order to achieve the target.

Mafika (2011), argued that peer education system has the significant impact on preventing smoking whether in the place which the smokers belong or other places.

Komaria (2015) argued that there has been some impacts in positive mindset towards smokers to prevent the habits and the tendency to stop after the discussion session of the adolescent smokers who have willing to stop through SGH's help.

The success of SHG depends on the group members themselves. If interpersonal relationship is always in good terms, however to achieve the goal is not too difficult and vice versa. Hence, the cohesiveness plays the most important role to hit the target. On the other words, it is the determining factor in effort to stop smoking habitual (Brockman 2014)

CONCLUSIONS

The conclusion based on the Literature Review above. There are 2 ways to reduce or stop the habitual smoking. Firstly, the will and the desire to stop smoking. Both will and desire represent themselves through internal factor of the individual. Secondly, external factor or also known as social environment in this case social peers. On the other hand, SEFT and SHG are more effective to help an individual in effort to stop smoking.

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