



BEHAVIORAL MANAGEMENT AS A FORMS OF SMOKING AND ALCOHOL CONSUMPTION PREVENTION IN ADOLESCENTS

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ABSTRACT

Background: The prevalence of risk behavior in adolescents is increasing and the impact is very worrying. Various data and facts related to risk behavior in adolescents, namely smoking, drinking alcohol, drug abuse, and premarital sexual relations.

Objective: The purpose of this study was to examine more comprehensively related behavioral management as a form of prevention of smoking and alcohol consumption among adolescents in South Sulawesi Province, Indonesia.

Method: Qualitative research with a design case study. The informants in this study were adolescents aged 12-24 years who live in South Sulawesi Province, Indonesia (Makassar City, Gowa Regency, Bone Regency, and Sinjai Regency).

Result: The main factors causing the behavior of consuming alcohol and smoking are the sense of wanting to try, peer influence, and lack of access to information. Regarding the behavioral management of adolescent risk behavior, it is known that the role of parents, relatives, neighbors, neighborhood communities, peers, and health workers contributes to efforts to prevent smoking and alcohol consumption among adolescents.

Conclusion: The contribution of parents is very necessary to supervise the daily life or behavior of children. The government and health workers are required to be more effective in dealing with the problem of adolescent risk behavior by routinely providing guidance and counseling. The community can play an active role in monitoring adolescents who engage in risky behavior. However, this will not be effective if there is no collaboration between the perpetrators at risk themselves, parents, family, peers, and the neighborhood where they live.

INTRODUCTION

Indonesia is one of the countries with the highest population in the Asia Pacific region. The total population of Indonesia is 261.1 million with 71 million adolescents aged 10-24 or 27% (Windiany E, 2018). Based on the projection of Indonesia's population in 2010 - 2035, the total population of Indonesia in 2017 is 261.890 people (Pustadin, 2018). Adolescence is a period of transition between childhood to adulthood and psychological symptoms that reflect a period of change and have not reached mental and social maturity so they must face conflicting emotional and social pressures (Jannah M, 2017).

Health in adolescence is an important aspect of the life cycle of an individual. This period is the period when individuals begin to learn and have functional and healthy abilities. Adolescence is a critical period in the human life cycle (Sunardi, 2020). This period is an important period for reproductive health and the early formation of healthy behavior.

The description of the problem of adolescent health risk behavior is important as a basis for determining the priority and direction of interventions that must be developed and to prevent disease or premature death at an older age (Litbangkes, 2015). During the modernization and globalization era, adolescents are very vulnerable to the influence of harmful risk behaviors (Kemenkes RI, 2011). The current

shift in new disease patterns and the increase in noncommunicable diseases that occur are due to lifestyle changes and an increase in data on cases of non-communicable diseases as the number of deaths due to smoking continues to increase from 41.75% in 1995 to 59.7% in 2007. Besides In the 2006 national economic survey, it was stated that the poor spend 12.6% of their income on cigarette consumption.

Smoking behavior among adolescents will generally increase according to the stage of development which is marked by the increasing frequency and intensity of smoking which causes them to experience nicotine dependence (Kemenkes RI, 2017). Based on data from Basic Health Research (RISKESDAS) in 2018, the smoking prevalence of people aged \geq national 10 years is 28.8%. The prevalence of smoking according to sex prevalence in males is 62.9 and for females is 4.8%. According to the place of residence, the prevalence of smoking in rural and urban areas is not too different, however, in rural areas, it is slightly higher (29.1%) compared to urban areas (27.9%). According to the age group, the highest prevalence was at the age of 40- 49 years at 39.5%, while at the young age/novice smoker (\leq 18 years) was 8.8% (Balitbangkes, 2018). In addition to smoking, another risk behavior carried out by adolescents is drinking alcohol. Drinking alcohol is a behavior that supports a person to consume narcotics. This is supported by research by Sitorus (2014) that

previous narcotics users have a habit of drinking alcohol, namely 76%, and the age at first using narcotics <20 years is 42.7% (Sitorus JR, 2014 & 2016).

Behavioral management is indispensable in changing individual behavior and habits to implement prevention of risk behaviors. Behavioral management can influence a person in undergoing risk behavior, so that adolescent companions in this case parents, family, and government, the social community, and health workers need to master adolescent behavior management. Because the companion has the authority to influence how adolescents behave and act. What they learn and see can become an experience and shape their character.

Good management of adolescent behavior will affect the optimization of the process of better character building. Behavior management is the management of behavior during the process of life development, such as creating conducive conditions, motivation, cooperation, and calm so that adolescents can learn from everyday life. One of the factors influencing the behavior management of a teenager is the behavior management of parents and the environment. Bad parental behavior in the family will also affect all conditions in the family. In addition, good related to management behavioral management from the government and health workers will contribute to the prevention of adolescent risk behavior.

METHODS

This research is descriptive qualitative research with a case study research design. This qualitative descriptive model emphasizes a comprehensive (holistic), description pragmatic, strategic, and self-reflective. The informants in this study were adolescents who live in South Sulawesi Province and live in Makassar City, Gowa Regency, Bone Regency, and Sinjai Regency.

Data collection techniques using interview techniques and direct observation of informants who smoke or drink alcohol. Data analysis was performed using qualitative data analysis which was developed or better known as interactive analysis (*interactive models of analysis*). This interactive analysis consists of three main components, namely data reduction, data presentation, and drawing conclusions which are carried out in an interactive forum with the data collection process as a cycle.

Inclusion Criteria:

1. Adolescents with risk behavior (consuming alcohol or drinking alcohol)
2. 12-24 years of
3. Domiciled in Makassar City, Gowa Regency, Bone Regency, or in Sinjai Regency.
4. Parents of adolescents with risk behavior (Mr / Ms)
5. Relatives of adolescents with risk behavior
6. Close friends of adolescents with risk behavior
7. Community/neighbors where youths live with risk behavior

8. Local government (Village Head, RT / RW, Lurah) which is the area where teenagers with risk behavior live
9. Local health workers who are areas where teenagers with risk behavior live
10. Willing to become informants.

Exclusion Criteria:

1. Adolescents with risk behavior who do not live with parents.
2. Respondents are selected but suffer from physical and mental disorders (unable to communicate well).

RESULTS

Table 1. Research Informants

No	Informants	Total	Information
1	Adolescents in Makassar City (informants who engage in risk behavior)	5	Main informants
2	Adolescents in Gowa Regency (informants who engage in risk behavior)	5	Main informants
3	Adolescents in Bone District (informants who engage in risk behavior)	5	Main informants
4	Adolescents in Sinjai District (informants who engage in risk behavior)	5	Main informants
5	Parents main informants	12	Key informants
6	Main informant family	8	Key informants
7	Peers main informants (Close friends)	8	Key informants
8	Community/neighbors Where the main informant lives	4	Key informants
9	Local government (Village Head, RT / RW, Lurah)	4	Key informants
10	Local health workers who are the areas where adolescents live with risk behavior	2	Key informants

A. Description of Smoking Behavior

Based on the results of the interviews it is known that smoking is related in adolescents caused by 3 main factors, namely knowledge related to the impact of smoking, the influence of friends, and other triggering factors.

1. Level of knowledge

Based on the results of the interview, it is known that adolescent knowledge about the impact of smoking is still lacking.

Following are the results of the interview with the main informant:

“ I don't know the impact, except packs of cigarettes ”

(IP, 18 years old, Makassar City)

The results of interviews and other observations prove that they do not understand the risk of disease from the impact of smoking behavior, the following is an excerpt from the interview with the informant:

“ ...Sometimes when you don't smoke, your head is very dizzy, and body limp..... ”

(RN, 20 years old, Gowa Regency)

2. The influence of peers

In addition to the level of knowledge of the causes of other risky behavior in adolescents is peer invitation. The results of the interview from the informants showed that the influence of peers gave a very significant contribution in influencing adolescent risk behavior.

Following are the results of interviews with informants:

`` At first, I just started smoking cigarettes from high school, because I saw my friend finally I was curious. So I tried it and it turned out delicious ... ''

(ICN, 22 years old, Sinjai Regency)

Apart from that, other informants also said that smoking is a form of pleasure. The following are the results of the interview:

`` Just for fun together. if I'm hanging out with my new friends smoking, Let me be a little cooler. And my parents also did not forbid smoking, because he also experienced the same thing ... ''

(ILN, 17 years old, Bone Regency)

Based on the results of the interview above, it can be concluded that smoking behavior in adolescents is influenced by peer factors and the environment. Peers have such a big and strong influence because adolescents feel that their existence is recognized if they can hang out and follow trends carried out by their friends.

3. The triggering factor

Factors for adolescent smoking habits are due to curiosity or want to relieve stress and boredom. The following are the results of the interview:

`` Well, at first I wanted to know, and it turned out that it was really good, especially if I had done this I felt calm, until finally I got addicted until now ''

(IP, 18 years old, Makassar City)

B. Description of Alcohol Consumption Behavior

Regarding the description of alcohol consumption behavior, it is known that the factors that most influence alcohol consumption behavior among adolescents are the influence of social environment and access to information.

1. The influence of the social environment.

Based on the results of in-depth interviews, several informants said that the association of teenagers was quite worrying even though they were still in junior high school, but they already knew and consumed alcoholic beverages. As said by the informant as follows:

`` I was introduced to alcohol for the first time since I was in junior high school. Initially, I wanted to just try it and over time I became a habit and it was a symbol of laung that it was difficult to stop drinking the drink ... ''

(FDL, 15 years old, Sinjai Regency)

`` I first drank alcohol for the first time because of an invitation from a friend who said that drinking alcohol can calm the mind ''

(ARH, 20 years old, Gowa Regency)

The risk behavior of alcohol consumption originates from the influence of the social environment where peers have a habit of drinking alcohol. By the results of the interview with the following informant:

“ I drank alcohol for the first time because of an invitation from a friend to join forces to buy the drink because my friend was short of money ”

(MN, 21 years old, Gowa Regency)

“ ... Until now I have not received any information from health workers or the government regarding consuming alcohol ”

(AD, 22 years old, Makassar City)

Based on the results of interviews from informants, it can be said that children who hang out with positive group friends will lead them to positive behavior, and vice versa, children who hang out with negative group friends such as friends in the group are a group who often drink alcohol, then members of the group will follow other friends to drink alcohol.

2. Access to information

Due to the lack of information they obtain about the risks of alcohol consumption, their knowledge of the effects of drinking alcohol is also limited, they do not know the consequences of their actions. This is as stated by the informant as follows:

“ I don't know the impact of consuming alcohol, because until now there has been no impact that I feel ”

(FDL, 24 years old, Sinjai Regency)

The behavior of consuming alcohol in adolescents proves that they do not know and understand what the impact is when they often consume these drinks. The lack of access to information on socialization and education about the impact of drinking alcohol is by what the informants said :

C. Behavioral Management of Adolescent Alcohol Consumption Behavior and Smoking Habits The

1. Role of parents in adolescent risk behavior management

Parents are the first environment that can help anticipate smoking behavior in adolescents. The results of the study prove that the parenting style influences the smoking behavior of adolescents. The role of parents is an important factor in dealing with adolescent smoking behavior. Based on the results of interviews with informants 'parents, it is known that the parents who play the most role in smoking prevention efforts in adolescents are mothers, while fathers/fathers are not significant in preventing smoking in adolescents because most of the informants' fathers/fathers also have a smoking habit.

The following are the results of the interview with the informant:

“ I have always reminded my child not to smoke, I was very angry when I first found out that my child was smoking, but it's useless I was angry because my child didn't want to listen, plus his father also has a habit of smoking, so it's useless to remind you ... ”

(ANN, 56 years old, Makassar City)

The results of other interviews revealed that the role of parents would be ineffective in efforts to prevent children's risk behavior, if

the parents, in this case, the father/father also had risk behavior habits:

" I hope my child does not smoke like Me, I have reminded him, but my child is grown, can already distinguish which one is good and what is bad ... "

(SYM, 59 years old, Gowa Regency)

Additional information was obtained from other parents, that their role was not allowing smoking and limiting pocket money:

" Now I don't allow smoking in the house and limit my allowance "

(ANW, 47 years old, Bone Regency)

2. The role of relatives/relatives in adolescent risk behavior management

Based on the results of interviews with families, it is known that the form of behavior management carried out by families is in the form of prohibitions, the following is an excerpt from the interview:

" My nephew smokes, but rarely. I have reminded him but because his name is also a young child, and indeed his current relationship is like that ... "

(NL, 33 years old, Gowa Regency)

Another role played by families is to tell experiences from events related to the impact of risk behavior, such as the following interview results:

" I am giving an example of a grandfather who died from a diagnosis of lung disease, initially following the advice but over time returning to smoking "

(TMR, 30 years old, Makassar City)

Unlike the case with other informant families, the action taken was not in the form of a direct reprimand, but instead reported the incident to the teenager's parents, following the results of the interview:

" I was caught when there was a bridal ceremony and I immediately reported it to her parents. "

(IF, 49 years old, Sinjai Regency)

3. The role of neighbors and the community where they live in the management of adolescent risk behavior

In general, neighbors and the community expect no-risk behavior to adolescents but this is only as hope because they do not want to interfere too much in this matter, the form of the role they do is only an occasional reminder, The following are the results of the interview with the informant:

" We hope that today's teenagers do not smoke or drink alcohol, we as neighbors occasionally remind us, because we are afraid that we will interfere too far... "

(AMR, 60 years old, Sinjai Regency)

Another form of role is direct snoring, the following is the result of the interview with the informant:

" Usually, when they gather until the early hours of the morning, I sometimes play the guitar because someone usually brings alcohol, but smoking is a habit. it's normal "

(RAI, 55 years old, Sinjai Regency)

It is not an easy thing to give memorials to adolescents who engage in risky behavior, because in their own families, many of them also carry out these risk behaviors, the following are the results of the interview:

" ... There are also children who hear when they are reminded. But usually only a little while back to smoking again. It's a bit difficult because the family at home is hard to remind, especially if other people ... "

(ANT, 47 years old, Gowa Regency)

4. The role of peers in the management of risk behavior for adolescents

Peers have a very big and strong influence because adolescents feel that their existence is recognized if they can hang out and follow trends carried out by their friends, here are the results of the interview:

" Most of my friends are smokers and I smoke, but we also remind each other not to smoke too often ... "

(FTR, 18 years old, Bone Regency)

It's different if peers know the dangers of risky behavior because it will provide direct education regarding the dangers of risky behavior, here are the results of the interview:

" I sometimes ask what is the pleasure of smoking and I happen to study health so I know the effects of smoking. I tell you the impact of smoking and consuming alcohol "

(IKA, 19 years old, Makassar City)

Another role of peers is to not allow smoking at close range and not allow alcohol consumption:

" ... When there is a group event, for those who smoke we ask not to smoke near us, but if we consume alcohol we are do not allow "

(AGG, 20 years old, Bone Regency)

5. The role of local government in the management of adolescent risk behavior.

The role of the local government will make every possible effort to prevent and overcome the problems of adolescent risk behavior, one of which is by launching a smoking and alcohol-free program, the following are the results of the interview:

" We hope there is a program smoking and alcohol-free, although it is difficult, we will still plan it ... "

(BR, 46 years old, Sinjai Regency)

The results of other interviews revealed that the strategic role of the local government was to involve apprentice / practical students to help educate and provide counseling regarding the dangers of smoking and alcohol consumption, here are the results of the interview:

" When students are practicing from health, We usually direct us to provide related counseling ... "

(TT, 58 years old, Bone Regency)

Another form of the role played by local governments who also have a smoking habit is by not smoking in public places, the following are the results of the interview:

" ... I am also a smoker, but as much as possible I do not smoke in public places or when gathering. with teenagers "

(ASW, 51 years old, Makassar City)

6. The role of local health workers in the management of adolescent risk behaviors

Health workers have a strategic role in changing adolescent behavior to be conducive to risk behavior through health promotion, here are the results of interviews with local health workers :

" There is a routine program at the Puskesmas to socialize the dangers of smoking and consuming alcohol ... "

(RCK, 33 years old, Makassar City)

Another program carried out is by involving wives/mothers to encourage husbands and not to smoke, the following is an excerpt from the interview:

" When there is a posyandu activity, we do counseling related to the dangers of passive smoking. and the role of the wife in encouraging husbands and children not to smoke "

(DWI, 39 years old, Makassar City)

DISCUSSION

1. The role of parents and relatives/siblings in the management of adolescent risk behavior

Parents and relatives play an important role in preventing adolescent risk behavior (Gustina, 2017). Family involvement in child development is very important, especially for parents. Parents are sometimes so busy with their activities without caring about how their children are developing. Parents tend to think only of their child's external needs by working hard regardless of how their children grow and develop. Therefore, it is necessary to know more in-depth various explanations regarding the function (Rochaniningsih, 2014). The family function consists of (6) dimensions, namely problem solving, communication, role, affective responsiveness, affective involvement, behavior control (Appulembang, 2019).

Based on the results of interviews with parents and relatives of adolescents with risk behavior, it is known that parents and families have made prevention efforts such as prohibiting smoking, advising, not giving permission to smoke in the house, and limiting pocket money, however, there are some parents and families that have surrendered to the behavior of their children and their parents do not supervise their children's interactions. This concurs with the results of research by Munawir Kadir Yang, who said that underage children consume alcohol are also because their parents do not supervise their children's

relationships, some of the conditions found in the field are that some teenagers smoke and often consume alcohol. family or parents, in this case, the father also has the habit of smoking and consuming alcohol, so that the child does not get a good education, guidance, and role models from the father. Parents greatly contribute to changing children's behavior and paradigms (Kadir, 2018).

The family is the smallest unit in social, national, and state life. Every family bears *responsibility* for the safety, tranquility, happiness, and well-being of each member. The first education is obtained by a child from his parents (El-Dairi, 2019). It is with the parents that a child initiates interaction and communication. Communication is an important thing in individual life to interact with their environment. Warm conversations between children and parents have important meaning and happiness for a child (Kadir 2018).

2. The role of neighbors and the community where they live in the management of youthful risk behavior

The role of society is stated in Law Number 20 of 2003 Articles 8 and 9 which states that the community has the right to participate in the planning, implementation, monitoring, and evaluation of educational work programs and is obliged to provide resource support in providing education. From the contents of the article above, it can be understood that the community has an obligation for education around them. These

obligations start from planning the implementation to the results to be achieved. Every individual has a role in his life, the social relationships that occur in society are a collection of the various roles of each existing individual. However, this returns to the individual whether he can carry out his role properly or not. A role that is carried out properly by the perpetrator can make a person have an orderly life because the role can control a person's behavior.

Based on the results of the interview, it was found that the community wants a change in risk behavior in adolescents, but it cannot be denied that this will be difficult to achieve if there is no intention from the teenagers and their families. People do not want to go too far to give warnings even though communication of behavior change is needed in the current situation. Because the communication approach to society that can be used is different from communication in general. For situations like this, with a risk communication approach that refers to increasing public knowledge of the potential risks and threats of health problems so that they can decide on steps and actions that can protect themselves from these problems. The World Health Organization (WHO) defines risk communication as the exchange of information and views on risk and risk-related factors among risk assessors, risk managers, consumers, and various other interested parties.

3. The role of peers in the management of adolescent risk behavior

Adolescence has certain characteristics that distinguish it from the period before and after it. Adolescence is a transitional period means a transition from one stage of development to the next (Prasasti, 2017). This means that what has happened before will leave its mark on what is happening now and in the future, as well as influencing new patterns of behavior and attitudes. In adolescence, the role of peers makes a very significant contribution in influencing behavior.

Peers have such a big and strong influence because adolescents feel that their existence is recognized if they can hang out and follow trends carried out by their friends. The results of the interviews that have been conducted show that peer influence is a very domain. The results of other studies indicate that there are enough close friends of the informants to do the same behavior, namely smoking. So that this is a major health problem in existing adolescents. From the results of interviews conducted by researchers with adolescents from informants, it was found that curiosity, curiosity to try were the highest causes that made them smoke and partly because of the environment in which they lived. This is in line with the opinion of Nurmiyanto and Rahmani in 2013 which said that teenagers tend to have a great curiosity. Because adolescence is a time when a person is still looking for his identity and is unstable,

especially against environmental influences. Adolescence is a period where an individual experiences a transition from one stage to the next and experiences changes in both emotions, bodies, interests, behavior patterns, and is also full of problems (Nurmiyanto, A & Rahmani, 2013).

The results showed that there were enough close friends of the informant drinking ballo drinks. Adolescents who consume alcoholic beverages in general because the drink promises something that is a sense of enjoyment, comfort, pleasure, and serenity, the most important thing is to get rid of the burden and all the problems faced and have curiosity by experimenting (Maula and Yuniastuti, 2018).

4. The role of local government and health workers in the management of youth risk behavior.

Health development is an integral part of development national. In 1948, the World Health Organization / WHO agreed that obtaining the highest degree of health was a fundamental right for everyone regardless of race, religion, politics, and socioeconomic level. Changes in understanding the concepts of health and illness and the advancement of science and technology have overturned the old health paradigm which prioritized curative and rehabilitative health services, replaced by a new health development paradigm, namely the proactive Healthy Paradigm. In a healthy Indonesia 2010, what is expected is a

conducive environment, supported by proactive community behavior and able to reach health services.

Based on the results of the interview, it can be concluded that the role of local government and health workers has made every possible effort to prevent and overcome the problem of adolescent risk behavior. However, this will not be effective if there is no collaboration between the perpetrators at risk themselves, parents, family, peers, and the neighborhood where they live. To accelerate the improvement of public health status, a health development strategy, targets, and policies for health development that are sustainable, sustainable, comprehensive, equitable, and integrated are required.

In health development, public health personnel is part of human resources whose role is very important to raise a higher awareness of health services that are promotive and preventive. For this reason, it is necessary to prepare trained personnel in the field of health promotion including experts who understand sociology, anthropology, behavior, science extension, and others. In addition, public health workers can also play a role in curative and rehabilitative fields.

Public health workers have a strategic role in changing people's behavior to be conducive to risk behavior through health promotion. Promotions that are carried out need to follow 4 stages, namely: 1) introducing healthy behavior ideas and techniques, 2) identifying and developing healthy behavior

change strategies, 3) motivating the community so that changes in healthy behavior occur and 4) understanding how to communicate and designing communication programs.

CONCLUSION

The main factors causing risk behavior in adolescents such as drinking alcohol/alcohol are the desire to try, peer influence, and the lack of information they get about the risk of alcohol consumption. Meanwhile, the factors that cause smoking behavior in adolescents are that smoking is considered a habit and *lifestyle* and is difficult to stop because it causes a sense of comfort and addiction. Regarding the *behavioral management* of adolescent risk behavior, it is known that the role of parents, relatives, neighbors, neighborhood communities, peers, and health workers contributes to efforts to prevent smoking and alcohol consumption among adolescents.

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RECOMMENDATIONS

Behavioral management of risk behavior in adolescents is very necessary for controlling risk behavior. The contribution of parents is needed in supervising the daily life or behavior of children. Meanwhile, the government and health workers are required to be more effective in dealing with the problem of adolescent risk behavior by routinely providing guidance and counseling. *And the community can play an active role in supervising adolescents who engage in risky behavior.* the role of the local government and health workers has made every possible effort to prevent and overcome the problem of youth risk behavior. However, this will not be effective if there is no collaboration between the perpetrators at risk themselves, parents, family, peers, and the neighborhood where they live.

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