



## THE EFFECT OF ADOLESCENT ASSERTIVE ABILITY TRAINING ON THE PREVENTION OF SMOKING BEHAVIOR

**Siti Fatimah**

Faculty of Da'wah and Islamic Communication, State Islamic Institute, Bangka Belitung

Email: [ftmahsitiip17@gmail.com](mailto:ftmahsitiip17@gmail.com)

### Abstract

*Teenagers who tend to prioritize emotional considerations over rational ones cause an increase in Indonesian teenager's smoking rate. Apart from that, teenagers' experiences of receiving praise or ridicule from friends when smoking or not smoking and the desire to be accepted by the environment are the emotional reasons teenagers start smoking. In this case, efforts can be made to prevent smoking behavior by providing assertiveness training to teenagers. This research aims to see the difference in influence before and after being given assertive training on students. This research used an experimental research method with a one group pretest-posttest design. The population was 312 MTSN 1 Pangkalpinang students with a sample of 10 subjects. The sampling technique used was purposive sampling. The measuring tool used was a 49-item smoking behavior scale and the module used as an assertive training guide was the assertive training module (refusing invitations to smoke). The data processing technique used SPSS 22. From the results of the Paired Sample T Test data analysis, the coefficient  $p = 0.124 > 0.05$ , meaning there was no significant difference between before being given training and after being given assertive training. It can be concluded that providing assertive training can increase assertive attitudes in adolescents. However, in this study some factors caused no difference in influence before and after being given assertive training, including: inappropriate training methods, low motivation of young people to participate in the training, and limited discussion and training time.*

**Keywords:** Adolescent, Assertiveness, Smoking Behavior, Student, Training

### Abstract

*Remaja yang cenderung mengutamakan pertimbangan emosional dibandingkan rasional menjadi penyebab meningkatnya angka perokok remaja di Indonesia. Selain itu, pengalaman remaja mendapatkan pujian ataupun ejekan dari teman ketika merokok atau tidak merokok serta keinginan untuk diterima oleh lingkungan menjadi alasan emosional remaja mulai merokok. Upaya yang dapat dilakukan untuk mencegah terjadinya perilaku merokok adalah pemberian pelatihan asertif terhadap remaja. Penelitian ini bertujuan untuk melihat pengaruh dari perbedaan sebelum diberikan pelatihan dan sesudah diberikan pelatihan asertif pada siswa. Penelitian ini menggunakan metode penelitian eksperimen dengan one group pretest-posttest design. Populasi berjumlah 312 siswa di MTSN 1 Pangkalpinang dengan sampel 10 subjek. Teknik pengambilan sampel yang digunakan adalah purposive sampling. Instrumen alat ukur yang digunakan adalah skala perilaku merokok sebanyak 49 item dan modul yang digunakan sebagai pedoman pelatihan asertif adalah modul pelatihan asertif (menolak ajakan merokok). Teknik pengolahan data menggunakan SPSS 22. Dari hasil analisis data Paired Sample T Test menunjukkan bahwa koefisien sebesar  $p = 0,124 > 0,05$  artinya tidak terdapat perbedaan yang signifikan antara sebelum diberikan pelatihan dan sesudah diberikan pelatihan asertif. Dapat disimpulkan bahwa dengan melalui pemberian pelatihan asertif dapat membuat sikap asertif pada remaja menjadi meningkat. Akan tetapi, dalam penelitian ini terdapat faktor-faktor yang menyebabkan tidak adanya pengaruh dari perbedaan sebelum dan setelah diberikan pelatihan asertif diantaranya; metode pelatihan yang*



*kurang tepat, motivasi remaja yang rendah dalam mengikuti pelatihan, serta waktu diskusi dan pelatihan yang terlalu singkat.*

**Kata kunci:** Remaja, Asertivitas, Perilaku Merokok, Siswa, Pelatihan

## INTRODUCTION

Adolescence is a phase where they are looking for identity, trying new things, and are easily influenced by the environment where they live. A study showed that the reason teenagers start smoking is the transition from childhood to adolescence which causes many difficulties in themselves and the social environment adjustment. Various difficulties in adapting show an impact on teenagers' attitudes which appear as a reflection of their personality which is still said to be unstable (Almaidah et al., 2021).

Teenagers often like approval from adults, in this case, which makes them follow and imitate adult habits without thinking carefully. The choices that must be considered gently during adolescence are quite urgent, due to their direct long-term impact on attitudes and behavior. Seeing the social world of teenagers that emphasizes smoking as a builder of self-existence makes teenagers complacent and indifferent to the negative impacts caused by smoking (Almaidah et al., 2021).

Therefore, smoking is a behavior that is considered normal among teenagers. There are even those who consider smoking as polite behavior and consider men who do not smoke to be losers. This misleading statement makes teenagers fall into the trap and choose to smoke (Mirnawati et al., 2018). Looking at the description above, the problems that occur in teenagers cannot be underestimated because they involve the

health problems of Indonesia's young generation, which means the next generation of the nation. In this case, one of the attitudes that teenagers today must have is assertiveness.

Assertiveness is an individual's ability to express themselves, their inner views, desires, and feelings directly, spontaneously, freely, and honestly without harming themselves or violating the rights of others. Students do need to have an assertive attitude, but in reality, many students do not dare to take an assertive stance, and express statements, opinions, thoughts, ideas, and feelings straightforwardly and firmly. Assertiveness is an attitude and action that is learned as a reaction to various social situations in the environment (Hidayah, 2017).

Based on research conducted by Widiyanti and Pratiwi (2013), the results of interviews with guidance and counseling teachers and several students were presented. One of the most important factors why students smoke is because of friends' invitation, the desire to experiment, stress relief, and self-confidence improvement. The strongest factor behind students smoking is by friends' invitation.

One form of invitation happens when students are in the canteen for the class break, then one of them invites another to sit in a group and offers him cigarettes as a symbol of friendship. Apart from that, when class changes, one of them usually invites other students to go to the bathroom to smoke. They do not want to



smoke because they know that smoking will have a bad impact on their health, and also because they are afraid of being scolded by their parents.

From the case above, the smoking case that befell the student revealed that his parents and siblings were not smokers, but because they were not able to express their attitude firmly, in the end, the student started smoking. The inability to refuse an invitation is a factor that makes students afraid of being hostile to their group, feeling uncomfortable with their group, not being considered a member of their group, and so on. Those things have a negative impact not only on students but also on schools and parents. Another impact that will occur due to smoking is that teenagers will experience health problems, reduced pocket money to buy cigarettes, and even decreased performance because they often leave the class just to smoke (Sari, 2021).

According to Alberti & Emmons, assertive behavior is positive self-affirmation behavior, shows personal life satisfaction, and improves the quality of relationships with other people (Sulistiyana, 2016). One way to increase assertive attitudes in adolescents as an effort to prevent smoking behavior is with assertiveness training. In this case, assertiveness training is a behavioral approach that seeks to obtain one's rights perfectly, whereas assertive behavior is interpersonal behavior that involves aspects of honesty and openness of thoughts and feelings. In Widianti's research (2013), assertive training can prevent smoking behavior in teenagers. Being assertive can help teenagers refuse their friends' invitations to smoke.

According to the National Commission for Child Protection in 2012, the age range of smokers in Indonesia is now getting younger, which means that children can be said to have tried cigarettes. This situation has caused Indonesia to be known as the country of Baby Smokers. The number of smokers among children aged 10-15 years in Indonesia in 2008 – 2012 was 1,200,000 people, and those aged less than 10 years were 239,000 children.

Based on age range, children start smoking in Indonesia at the age of 10-15 years, in 2007 the percentage was 9.6%, in 2010 it was 17.5%, and in 2013 it increased to 18%. The average proportion of cigarettes consumed by men is 1 cigarette per day at 35.6%, consumption of 2-5 cigarettes per day at 23.1%, and consumption of 6-10 cigarettes per day at 5.9 %. Meanwhile, the average proportion of cigarettes consumed by women is 1 cigarette per day, 31.5%, and consumption of 2-5 cigarettes per day is 10.2% (Siregar, 2020).

In today's era, smoking is a common habit among everyone, including women. Usually, smokers come from various circles and ages, this is because cigarettes can be obtained easily anytime and anywhere. Nearly 80% of smokers live in developing countries, a figure that has increased rapidly in just a few decades.

By 2020, it is estimated that 70% of all smoking-related deaths will occur in developing countries, up from the current figure of 50%. This means that in the next few decades, developing countries will be faced with higher health service costs for



smokers and lost productivity (Amira et al., 2019).

The Ministry of Health released the results of a global adult tobacco use survey (GATS) conducted in 2011 and repeated in 2021 involving 9,156 respondents. The results stated that over the last 10 years, there has been a significant increase in the number of adult smokers by 8.8 million people, from 60.3 million people in 2011 to 69.1 million smokers in 2021. The GATS survey results also showed an increase in the prevalence of electronics smokers up to 10 times, from 0.3% (2011) to 3% (2021). Meanwhile, the prevalence of passive smoking has also increased to 120 million people (Indonesia, 2022).

The World Health Organization (WHO) notes that currently, 36% of Indonesia's population are smokers or more than 60 million people. WHO also estimates that the number of smokers in Indonesia in 2025 will increase to 90 million people or 45% of the total population. Indonesia is the third largest country in the world with the highest percentage of heavy smokers after China and India. Indonesia even received the Ashray Award or Nicotine Basket country (Julaecha & Wuryandari, 2021).

From tobacco survey data on teenagers aged 13-15 years, the Global Youth Tobacco Survey (GYTS) conducted in 50 schools shows that the number of students who have ever smoked is 33%, while the number of current smokers (daily and occasional smokers) among teenagers who are students is 22%. Meanwhile, the percentage of daily smoking among the population aged >10 years nationally is 23.7%. The percentage of the population aged >15 years is 35.4% are active smokers

(65.3% men and 5.6% women). It means that 2 out of 3 men are active smokers. From this data, the number of smokers in Indonesia is increasing every year (Fithria, 2018).

Based on the results of observations and interviews at MTSN 1 Pangkalpinang, Student Representatives said that there were around 5% of smoking students who were monitored. However, during the online class, the school did not monitor student activities. Supported by the results of interviews with several students who stated that on average male teenagers at MTSN 1 Pangkalpinang consumed cigarettes.

Looking at the information above, many teenagers are making smoking a trend and many teenagers are following their friends to be accepted in their environment. As a consequence, MTSN 1 Pangkalpinang students are easily influenced by their friendship environment because of the lack of assertive behavior in these teenagers.

Therefore, there is a need for assertive training as a preventive effort to prevent teenagers from the negative influences of their environment (Mulyana & Izzati, 2019). Based on the background above, the author is interested in researching this matter with the title "The Effect of Adolescent Assertive Training on Efforts to Prevent Smoking Behavior at MTSN 1 Pangkalpinang". This research aimed to see the effect of assertiveness training on preventing smoking behavior in students.



## **PARADIGM, APPROACHES, THEORY, AND LITERATURE REVIEW**

### ***Assertive***

Assertive comes from the word to *confirm* which means to declare, or affirm. Alberti and Emmons say that assertive behavior is behavior that can make someone do good for themselves, defend their rights, be able to express feelings comfortably and exercise their rights without interfering with the rights of others.

Alberti and Emmons stated that assertive behavior can make someone behave by what is desired, defend themselves without fear, communicate feelings comfortably and honestly, and exercise personal rights without judging the rights of others (Mangundjaya, 2022). Lloyd describes assertive behavior as a natural attitude that is nothing more than being real, honest, and full respect when interacting with other people. Assertiveness is used for honest and healthy relationships (Kaloko, 2018).

Assertive behavior is one form, a pattern of human interaction. As stated by experts, relationships or interactions with other people can be defined into three basic qualities of individual behavior patterns, namely assertive, aggressive and passive (Sulistiyan, 2016).

Assertive behavior is interpersonal behavior that involves aspects of honesty and openness of thoughts and feelings. Assertive behavior is symbolized by adapting to the social environment and someone who behaves assertively takes into account the feelings and welfare of other people. Individual social skills, showing the ability to adapt.

Aspects of assertive behavior according to Alberti and Emmons include:

- a. Act according to his own wishes, such as the ability to make decisions, take the initiative, believe in what you say to yourself, set goals and try to achieve them, and be able to participate in social interactions.
- b. Able to express feelings honestly and comfortably, for example, the ability to express feelings of disagreement, and anger, show affection for others, admit feelings of anxiety and fear, express agreement, provide support, and be spontaneous.
- c. Able to defend himself, for example, the ability to say 'no' when differing in opinion with other people, being able to respond to criticism, criticism, and anger from other people, always being open, and being able to defend one's opinion.
- d. Able to express opinions, such as the ability to express opinions or ideas, build change, and respond to violations against oneself and others.
- e. Respect other people's rights. For example, the ability to criticize fairly without threatening, manipulating, intimidating, controlling and hurting other people (Misnani, 2016).

### ***Smoking Behavior***

Behavior is all human activity or activities, both those that can be observed directly and those that cannot be observed by outside parties. According to Skinner, behavior is a person's response or reaction to a stimulus (external stimulus). In this





way, human behavior occurs through the organism's stimulus-response process. Thus, it is called the organism's stimulus-response SOR theory (Setyani & Sodik, 2018).

Cigarettes are cylindrical products that people consume to inhale the smoke that packaged tobacco products. Cigarettes are divided into several types, including electric cigarettes and non-electric cigarettes. In general, cigarettes are a tobacco product that is used by burning, smoking, or inhaling smoke produced from *nicotiana tabacum*, *nicotiana rustica*, and other or synthetic materials whose smoke contains nicotine and tar with or without additional ingredients (Setyani & Sodik, 2018). Nicotine can cause addiction, both in active smokers and passive smokers. Following Government Regulation No. 81 of 1999 concerning Safeguarding Cigarettes for Health, namely that the permitted nicotine level in one cigarette is 1.5 mg (Aji dkk., 2017).

According to Aritonang, smoking behavior is a function of the environment and the individual, meaning that smoking behavior is caused by several factors, namely from within and from the environment (Setiono, 2018). Smoking is a complex behavior because it includes interactions from cognitive aspects, psychological conditions, and physiological conditions (Khairatunnisa & Fachrizal, 2019).

According to Aritonang, there are four aspects of smoking behavior, including:

- a. The function of smoking in everyday life.

The function of smoking is shown by the feelings experienced by

smokers, such as positive feelings and negative feelings.

- b. Smoking intensity

Clarification from smokers based on the number of cigarettes smoked, namely:

- 1) Heavy smokers who smoke more than 15 cigarettes a day.
- 2) Moderate smokers who smoke 5-14 cigarettes a day.
- 3) Light smokers who smoke 1-4 cigarettes a day.

- c. Smoking area

The following are the types of smokers based on location (Mu'tadin, 2002 in Poltekkes Health Department, Jakarta, 2012):

- 1) Smoking in public places.
- 2) Smoking in private places.
- 3) Smoking time

Smoking behavior is influenced by the circumstances experienced at that time, for example, being with friends. Three indicators often appear in smokers, including (Setyani & Sodik, 2018). Physical activity, psychological activity, and smoking intensity is quite high.

## **METHOD**

### ***Research Design***

The research design used in the research is an experimental method design, which means identifying or showing the existence of a test. The type that the researcher used in this research was *One Group Pretest-Posttest Design*. At the beginning of the research, measurements were made of the subject's dependent variable. After being given treatment, the dependent variable is measured again with the same measuring instrument (Seniati et al., 2011).



### Participant

The participants in this research were 35 subjects has been determined by the researcher based on the criteria that the researcher desires. Then the researcher categorized the subjects' smoking behavior into three categories (low, medium, and high). In this case, the researcher took the category of subjects who had low smoking behavior and the results of the low smoking category totaled 10 subjects.

The sample collection method used in this research is non-probability sampling that is, the sampling technique does not provide an equal opportunity for each population to be selected as a sample using the Purposeful Sampling technique by selecting samples based on the criteria desired by the researcher. The sample was taken by setting criteria according to the research objectives so that it was hoped that it would be able to answer the research problems (Ansori, 2020).

### Instrument

In this study, the researcher used a smoking behavior scale. The data collection technique used a questionnaire that corresponded to aspects of smoking behavior which consisted of 4 aspects and 49 items whose validity had been tested by the researcher. Each aspect had items *favorable and unfavorable*. The measurement scale used in this research was the Likert scale.

The researcher also carried out retesting according to the characteristics of the sample. After testing, the reliability of the smoking behavior variable was 0.958 with a total of 49 items.

Table 1

Reliability of Smoking Behavior

Reliability Statistics	
Alfa Cronbach	N Item
.958	49

### Data Analysis Technique

This type of research is experimental, the aim is to find out how big the effect of a treatment is through this approach by comparing the pre-test and post-test scores. The analysis used in this research uses quantitative descriptive analysis and parametric statistical analysis of the t-test, namely the normality test and paired sample t-test. This analysis aimed to determine the difference between the average smoking prevention behavior score before treatment and the average score after treatment by looking at the results through the t-test value.

## RESULTS AND DISCUSSION

### Results

Table 2

Tests Paired Samples T Test

Paired Sample Test		T	Df	P
<b>Pair 1</b>	prates – pascates	-1.695	9	.124

Information. t = value, df = *degrees of freedom*, p = mean

Based on the results of statistical analysis tests paired samples t-test in Table 2 above, it can be concluded that there is no difference in the pretest and post-test results between before and after training. The research results showed  $p = 0.124 > 0.05$ , meaning there was no difference between before and after the training was given. Therefore, it can be said that the



assertive ability of teenagers at MTSN 1 Pangkalpinang is low. Therefore, the hypothesis proposed by Ha is rejected.

### **Discussion**

The findings of this study prove that there is no difference in assertiveness training and smoking behavior before and after treatment. This is in line with research by Indra, Sudirman, and Umniyah (2018) which found that there was no influence of assertive communication on the intensity of the father's smoking behavior at home. This is caused by several factors, including, training materials that need to be adjusted again in relation to the subject's educational level and a lack of in-depth understanding of the dynamics of fishing community life. Meanwhile, in Purnama et al., (2013) research, there was no significant difference between the assertive behavior of passive-smoking teenagers before and after being given assertive training.

According to Kerlinger (Arjanggi & Setiowati, 2013) four reasons allow a hypothesis to be rejected, including inaccurate theories and hypotheses, inaccurate methods, inaccurate measurements, and inaccurate analysis. The possible cause of this research is that the training method was not in accordance with the initial plan. Training methods that do not fit into this plan include:

- a. Researcher do not give homework and provide feedback when giving roleplay.
- b. Average involvement of training participants who are active smokers (9 students).
- c. Researcher did not carry out additional training, providing

modeling and construction by mentors.

- d. Discussion and training time is too short.

The first factor that can influence the failure of a training is the training method as seen from the opinion of Rimm & Masters (in Arjanggi & Setiowati, 2013) who state that assertive training is training that has many components and is built on the basis of behavior training (behavior rehearsal), for example by providing models (modeling), training (construction), providing input, and providing homework as additional assignments. In this study, the researcher did not provide homework as an additional training assignment.

The second factor, namely low motivation in participating in training, is also one of the factors that assertive training is not proven to prevent smoking behavior. Before the training was carried out, the researcher had given informed consent to the subjects to express their willingness to become training subjects. Possibilities that are often found in the low motivation of participants in participating in training are the lack of pleasant interaction between the training participants and the trainer, the facilities used for training are too comfortable and a little dark which makes it possible for the training participants to start to feel sleepy, and the psychological condition of the training participants is also very influential on the motivation of participants to participate in the training well.

Looking at the situation during training, there were 5 subjects who gave their full attention to the trainer. Meanwhile, the other 5 subjects paid less attention to this as evidenced by the





subjects lowering their heads, playing with pens, and talking to the friend next to them. Another factor that might occur is that the subject starts to get bored with the explanation given by the trainer.

The third factor, the discussion and training time was too short, namely 4 hours with one meeting. The researcher only used one meeting because at the research location, there were obstacles that made the researcher consider several things, including the teacher who taught the research subject feeling disturbed. After all, some students could not take part in learning as usual, then because there was a building renovation which took a long time causing students to be sent home and in the last few months only able to participate in face-to-face learning.

## CONCLUSIONS

Based on the results of research that has been conducted, there was no significant difference between before being given training and after being given assertive training as a prevention of smoking behavior at MTS Pangkalpinang. It means that there was no difference between before and after being given assertive training to prevent smoking behavior at MTSN 1 Pangkalpinang.

From the description above, it can be concluded that providing assertive training can increase assertive attitudes in teenagers. However, in this study, some factors did not influence the differences before and after being given assertive training, including; inappropriate training methods, low motivation of young people in participating in training, and too short discussion and training time. Therefore, Ha

was rejected. The findings of this research is suggested to provide new knowledge for further research, especially in research related to assertiveness training and smoking behavior which has not yet been linked to it. Regarding the information contained in this research, it can be used as a basis for further research or as an illustration for assertive training interventions on smoking behavior. For researchers who want to research the same topic, can consider data collection before training and the maturity of the module creation process.

## BIBLIOGRAPHY

- Aji, A., Maulinda, L., & Amin, S. (2017). Isolasi nikotin dari puntung rokok sebagai insektis. *Jurnal Teknologi Kimia Unimal*, 4(1), 100–120.
- Almaidah, F., Khairunnisa, S., Sari, I. P., Chrisna, C. D., Firdaus, A., Kamiliya, Z. H., Williantari, N. P., Akbar, A. N. M., Pratiwi, L. P. A., & Nurhasanah, K. (2021). Survei faktor penyebab perokok remaja mempertahankan perilaku merokok. *Jurnal Farmasi Komunitas*, 8(1), 20–26.
- Amira, I., Hendrawati, H., & Senjaya, S. (2019). Faktor-faktor yang berhubungan dengan perilaku merokok pada siswa sman 2 garut. *Jurnal Keperawatan BSI*, 7(1).
- Ansori, M. (2020). *Metode penelitian kuantitatif edisi 2*. Airlangga University Press.
- Arjanggal, R., & Setiowati, E. (2013). Meningkatkan belajar berdasar regulasi diri melalui pembelajaran kooperatif tipe jigsaw. *Makara Seri Sosial Humaniora*, 17(1), 55–63.

- Fithria, F. (2018). Peran keluarga dalam pencegahan perilaku merokok pada remaja. *Jurnal Ilmiah Mahasiswa Fakultas Keperawatan*, 3(2).
- Hidayah, N. (2017). *Pengembangan sikap asertif dengan teknik sinema edukasi untuk mencegah perilaku bullying di sekolah*. 24–34.
- Indonesia, K. (2022). *Temuan survei gats: perokok dewasa di indonesia naik 10 tahun terakhir*.
- Julaecha, J., & Wuryandari, A. G. (2021). Pengetahuan dan sikap tentang perilaku merokok pada remaja. *Jurnal Akademika Baiturrahim Jambi*, 10(2), 313–318.
- Kaloko, B. (2018). *Hubungan pola asuh otoritarian dan konformitas teman sebaya dengan asertivitas siswa smk negeri 1 pergetteng getteng sengkut kabupaten pakkpak bharat*.
- Khairatunnisa, K., & Fachrizal, I. (2019). Hubungan persepsi tentang kawasan tanpa rokok (ktr) dengan perilaku merokok pegawai di dinas kesehatan kota tebing tinggi tahun 2018. *Jumantik (Jurnal Ilmiah Penelitian Kesehatan)*, 4(1), 69–81.
- Mangundjaya, W. L. (2022). *Psikologi komunikasi di tempat kerja*. Penerbit Qiara Media.
- Mirawati, M., Nurfitriani, N., Zulfiarini, F. M., & Cahyati, W. H. (2018). Perilaku merokok pada remaja umur 13-14 tahun. *HIGEIA (Journal of Public Health Research and Development)*, 2(3), 396–405.
- Misnani, J. (2016). Hubungan perilaku asertif dan kesepian dengan kecemasan sosial korban bullying pada siswa. *Psikoborneo: Jurnal Ilmiah Psikologi*, 4(4).
- Mulyana, O. P., & Izzati, U. A. (2019). *Peningkatan Asertivitas Pada Remaja Melalui Pelatihan*. 1, 104–107.
- Sari, E. N. (2021). *Penyelenggaraan layanan bimbingan kelompok untuk mengurangi perilaku merokok peserta didik di sma negeri 1 darul imarah aceh besar*.
- Seniati, L., Yulianto, A., & Setiadi, B. N. (2011). Psikologi eksperimen. *Jakarta: Indeks*.
- Setiono, A. (2018). *Hubungan antara kontrol diri dengan perilaku merokok siswa smk 'x'teknik pemesinan salatiga*.
- Setyani, A. T., & Sodik, M. A. (2018). *Pengaruh merokok bagi remaja terhadap perilaku dan pergaulan sehari-hari*.
- Siregar, D. M. (2020). Meta-analisis data efektivitas pelatihan asertif sebagai pendidikan karakter untuk menurunkan perilaku merokok siswa di era revolusi industri 4.0. *Psikostudia: Jurnal Psikologi*, 9(1), 38–45.
- Sulistiyan, S. (2016). Upaya meningkatkan komunikasi interpersonal menggunakan latihan asertif di smp negeri 1 banjarbaru. *Jurnal Konseling Gusjigang*, 2(1).