

ORIGINAL ARTICLE

The Effect of Spiritual Emotional Freedom Technique on Decreasing the Intensity of Smoking Among Adolescent in Indonesia

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ABSTRACT

Introduction: Spiritual Emotional Freedom Technique (SEFT) therapy using three stages, namely set up, tune in and tapping can overcome physical and psychological problems, including smoking behavior. This study aims to analyze the effect of SEFT therapy on decreasing the intensity of smoking in adolescents in Indonesia. **Methods:** The research design was experimental design by using the one group pretest-posttest design. The sampling technique used was purposive sampling with a sample of 17 people. **Results:** The results showed that the average smoking intensity in 1 day before SEFT therapy was 9.00 sticks while the mean smoking intensity in 1 day after SEFT therapy was 0.00. Statistical test results obtained p value = 0.001, meaning that in alpha 5% there was a significant difference in the average intensity of smoking in 1 day before and after SEFT therapy. **Conclusion:** These research findings provided insight for the promotion of self-care in pregnant women. Self-care by yet another range of solutions is a positive and personalized method for health and wellbeing campaigning.

Keywords: Spiritual Emotional Freedom Technique, Smoking Behavior, Adolescent

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INTRODUCTION

According to WHO in the year 2017, Indonesia ranks third in the world with the greatest number of smokers after China and India with a total of 82 million smokers, while data from the Global Youth Tobacco Survey (GYTS) declared Indonesia as the country with the highest adolescent smoker in the world. In addition, most of males first smoked at the age of 12-13, and most of the women first tried to smoke at the age of 14-14 years (Global Youth Tobacco Survey, 2017) (1,2). Even 20% of adolescent in Indonesia aged 13-15 years are smokers (3). The number of adolescent smokers in West Java aged 10-19 years amounted to 16.4 million.

This clearly shows alarming data in the years 2007, 2010, and 2013 that the first high smoking age is in the age group of 15-19 years.

Smoking habits are considered to be a pleasure for smokers, but on the other you can cause harm to their own smokers and those around him. Various substances in the cigarette have a negative impact on the body of the suction. Based on some research results, smoking can have a negative impact on health, impactful weight, progression, even concentration (4). Research conducted Zhao (5) finds results that the buildup of nicotine and various chemical substances in the brain will affect the stamina condition of the body and indirectly also affects the ups and downs of motivation so that it will affect to the individual learning process. Smoking at a young age tends to have a disease related to tobacco and is experiencing greater risk of death. Quitting smoking at a younger

age will have a huge impact on a person's health status. Younger ages for smoking are more likely to have a smoking-related illness like chronic obstructive pulmonary disease (COPD), compared with smokers in another age group (6).

Efforts should be focused not only on the activities of special smoking prevention programs for adolescent only as long as it is often done especially by health workers such as counseling smoking hazards to schools, but also designing Special smoking cessation intervention for adolescents who smoke. Many efforts have been done to reduce even stopping these smoking activities, with hypnotherapy, acupuncture, cold Laser therapy, herbal therapy, even drugs such as NRT (Nicotine Replacement therapy), yoga sports, and spiritual emotional freedom technique (SEFT). SEFT is one of the methods used to help a person in achieving at a more productive and effective stage in behaving (6). The paradigm of the SEFT approach refers to its predecessor in Energy Psychology that the cause of all sorts of negative emotions is the disruption of the body's energy system (7). SEFT is more stressed on the smoothness of the body's energy system by neutralizing the body's energy system which is impaired psychological reversal or psychological resistance (usually a spontaneous negative thought) with more emphasis on the control of mind and emotion so that it is not easily disturbed, and does the light-tapping by using fingertip (tapping) at the meridian points for each problematic point. SEFT therapy combines 3 techniques in complementary therapies is a acupressure, hypnotherapy and spiritual/prayer.

The SEFT according to (6) is similar to the acupuncture theory because both SEFT and acupuncture depart from the same theory however, the SEFT, which is only 18 points requiring a mild tap without the need for needle stirring with a duration of about 5-25 minutes, and can Done by everyone. Adolescent who behave in smoking are given positive emotional and mind stability so that the youth can determine their positive behavior. Positive emotional and mind-blowing conditions can direct adolescents to conduct adaptive actions and do not lead to behavior that violates the level of existing norms. Adolescents who are given SEFT therapy, will respond physiologically to express dislikes to cigarettes, so that the smoking intensity will also decline. Research on SEFT therapy was once conducted by previous researchers, (8) on the influence of SEFT therapy on the intensity of smoking in severe smokers that there is a significant influence of the therapeutic treatment of SEFT to Decreased smoking intensity in heavy smoker respondents. This study aimed to examine the effect of SEFT therapy on decreasing the intensity of smoking among adolescents in Indonesia.

MATERIALS AND METHODS

Design and sample

The design in this study was an experimental design with the One Group Pretest-Posttest Design technique. The population in this study were all male students who smoked at Cimahi High School in 2018-2019, as many as 20 adolescents. Sampling was conducted using a purposive sampling method totaling 19 adolescents, with the preference of students who spend 1-14 cigarettes every day, students who do not do any therapy in their health.

Instruments

The instrument used in this study used the standard operational procedures (SOP) of SEFT therapy and standardized interview results according to (9). The procedure for implementing Spiritual Emotional Freedom Technique (SEFT) Therapy is available in several stages, namely (1) the preparation place for the room, equipment, and client; (2) work arrangements, set-up, Tune-in, and Tapping. To obtain smoking intensity data, researchers used interview sheets made by open field researchers to determine the number of cigarettes smoked during the 1 day before SEFT therapy and the number of cigarettes smoked during 1 day after SEFT therapy.

Procedure

The research process carried out the pretest assessment and post intervention test. One day after Pretests researcher's intervention in Community Health Center in accordance with the agreement. During the research process, providing SEFT therapy to posttest, researchers assisted by some Therapeutic Givers SEFT who is authorized to conduct SEFT therapy in daily practice, which amounted to 7 people and has a certificate of SEFT Issued by the LOGOS Institute as the copyright holder of SEFT therapy, which in this case the Therapeutic Givers SEFT has already committed a perception with researchers in conducting SEFT therapy. The next step of the intervention respondent is divided into 3 groups, of which 2 groups each numbered 7 people, while 1 group is only 3 people, the result of group 1 is 7 people, Group 2 of 7 people, and Group 3 amounting to 3 people. This is done because the number of Therapeutic Givers SEFT available is 7 people. Because the purpose in this research is to identify the number of cigarettes sucked by the sample in 1 day (or for 24 hours) before and after the SEFT therapy is performed, then the time for interventional is arranged by arranging the time of arrival Respondents with a 30-minute difference per group per group that has been shared, to govern the arrival of the group, researchers are doing a pressing that the group 2 results received first wave therapy, then group 1, and the last Group 3.

The intervention was carried out in a separate examination room in approximately 3 weeks as much as 9 times the therapy. The respondent was subsequently guided by the Therapeutic Givers SEFT on the procedure of SEFT therapy for the subsequent respondents to receive themselves while following the direction of the researchers. During the research process, all the samples follow according to the procedure without any drop out. If the treatment of SEFT therapy is expired, 1 day after administration of SEFT therapy, the respondent is given a question of cigarette smoked in 1 day (as Posttest), and recorded in the prepared stuffing sheet.

Data analysis

Researchers collect research data by separating Pretests and posttest data to be processed and analyzed. The results of data collection were analyzed univariate and bivariate. Previously the data was done using a saphirowilk normality test that is data before SEFT therapy was normally distributed so that it used the mean value. While the data after SEFT therapy is not normally distributed so it uses the median value. To determine the effect of SEFT therapy on decreasing the intensity of smoking in adolescents using the Wilcoxon Signed Ranks Test.

Ethical Clearance

This study was approved by Research Ethics Committee No. III/130/KEPK-SLE/STIKEP/PPNI /JABAR/ XI/2021

RESULTS

Table I shows the average number of cigarettes smoked for one day by adolescent before SEFT therapy is 9.59 rods, with a median of 10 rods/day (95% CI: 8.86-10.32) with a standard deviation of 1.417. The lowest number of cigarettes is 7 rods/ day and the highest number is 17 rods/ day. Based on estimated intervals it was concluded that 95% of the average smoking intensity in adolescent before SEFT therapy is between 8.86 and 10.32 rods/ day.

Table II shows the average number of cigarettes smoked for one day by adolescent after therapy SEFT is 1.88 stem, with median 2 rods/ day (95% CI: 1.44-2.32) with standard deviation 0.857. The lowest number of cigarettes is 0 rods/ day and the highest number is 3 rods/ day. Based on estimated intervals, it was concluded that 95% of the average smoking intensity in adolescent after SEFT therapy was between 1.44 and 2.32 rods/day.

Table I : The intensity of cigarettes that are smoked for 1 day by adolescent before SEFT therapy

Variable	Mean	SD	Min-Max	95% CI
The intensity of smoking before therapy SEFT	9.59	1.417	7-12	8.86 –10.32

Table II : The intensity of cigarettes that are smoked for one day by adolescent

Variable	Median	SD	Min-Max	95% CI
The intensity of smoking after therapy SEFT	2	0.857	0-3	1.44 -2.32

Table III : The Effect of SEFT therapy on decreased smoking intensity in adolescent

Variable	N	Mean Rank	p-Value
The intensity of smoking before therapy SEFT	17	9.00	0.001
The intensity of smoking after therapy SEFT	17	0.00	

Table III shows the average smoking intensity in one day by a g adolescent before the SEFT therapy is 9.00 rods while the average intensity of smoking in one day by adolescent after the SEFT therapy is 0.00. Statistical test Results obtained $p = 0.001$ value, meaning that at Alpha 5% there is a significant difference in average-the average smoking intensity that is sucked by adolescent within one day before the treatment of SEFT therapy with a flat-average smoking intensity Adolescent are being sucked in adolescent within one day after the SEFT therapy.

DISCUSSION

The results of this study indicate that there is a decrease in smoking intensity. This is because the respondent has been given SEFT therapy voluntarily and without compulsion. The results of this study are aligned with research conducted by (10) about the effectiveness of SEFT therapy which shows that it can reduce smoking behaviour. The process of providing SEFT therapy in this study was 9 sessions for approximately 3 weeks every 2 days done on 17 respondents with 7 Therapeutic Givers SEFT. The adolescent behaved smoking that performed SEFT therapy was given positive emotional and mind stability through psychological intervention in the form of a spiritual approach and simple movement by doing mild taps using the fingertip on Meridian points by neutralizing the body's energy system that is disrupted "psychological reversal" or psychological resistance (usually a spontaneous negative mind), so that adolescent can determine their positive behaviour. Positive emotional and mind-blowing conditions can direct adolescents to conduct adaptive actions and do not lead to behaviors that violate the norms of (6).

SEFT significantly decreased the average smoking intensity of adolescent. Consistent with study conducted by (10) found that there was a significant decline in the intensity of smoking in heavy smokers. SEFT therapy is a series of processes occur in three phases, namely set up, tune in, and tapping that affects both physical and psychic levels from the set up phase of someone has done the process. Reframing is a process to rearrange an experience in this case the sentence set up used is "Oh God, although I cannot escape the cigarette addiction when I want to quit smoking, but I sincerely, I Post to Mu my healing ", so enter the tune in the individual ' forced ' stage enters the most unpleasant, most painful condition. In this case the respondent is told to suck cigarette is in and feel the favor of the cigarette, at the time of entering in the peak condition (tune in) that is done tapping is a lightly knocking with two fingertips at 9 acupoints along the line The meridian Energy is Crown, Eyebrow, Side of the Eye, Under the Eye, under the Nose, Chin, Collar Bone,

Under Arm, Bellow Nipple, which will neutralize the body's energy system disorders, because the body's energy flow goes with normal and balanced back, so the complaint becomes reduced or lost altogether, in this case the respondent will respond to physiological dislikes of cigarettes with cough cough or nausea and is not good in the mouth, so the intensity of smoking will also decline. Eventually the adolescent cognitive response of cigarettes will assess and positively evaluate the object of the cigarette itself, whether it is about the health, economic, and social impacts of (6).

Based on the results of the analysis of researchers during the research process, most of the respondents did not stop smoking due to several factors, in some of the respondents admitted that his home was largely a brother And her sister had a smoking behaviour, and was allowed by her parents, so that the respondent found it difficult to shy away from smoking habit even after being treated to SEFT, respondents said that the desire for smoking was much reduced, but not yet Can to stop completely. Playmates are also still the toughest temptation that some respondents have recognized to quit smoking. They usually smoke at the time of gathering with their friends at the caf  or at the time futsal. Basically, if the SEFT therapy is continuously applied and strengthened with the support of the family and the environment, it is expected to provide optimal results so that the respondent is no longer doing the smoking behavior.

CONCLUSION

The intensity of smoking before therapy SEFT is 10 rods per day. The average intensity of smoking after therapy SEFT is 2 rods per day. There is the influence of SEFT therapy on the decline in the smoking intensity of adolescent adolescent in High School Cimahi (p value = $0.001 \leq 0.05$). For nursing science is expected to research this as source input material and data in research related to lowering the intensity of smoking in adolescents especially with SEFT therapy as well as improving science in health particularly nursing sciences. For students to continue this SEFT therapy until it can completely escape the smoking behaviour, in the hopes that the students can behave appropriately, effectively, and productively as learners. SEFT therapy can be an alternative way of solving physical and psychic problems of smoking students ' guidance. Need to be considered to master the SEFT therapeutic technique. With the therapeutic ability of SEFT, a counselor can create a conducive atmosphere in the classroom to give students more focus and attention, so that students are more motivated to use counseling services, and students are more disciplined to the order Schools, more diligent in learning, and so on.

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