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Relation of Jovenile Knowledge Level About Danger of Smoking on their Behavior of Smoking

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ABSTRACT

Smoking are toxic substances which give the effect of suggestion relaxed and feel more manly. Behind the usefulness and benefits of cigarettes contained a very big danger for people who smoke and those around smokers who are not cigarettes. The aim in the study was to determine the relationship between the level of adolescent knowledge about the dangers of smoking and smoking behavior.

In this study used the type of *observational analytic* research with *cross sectional* approach. The sample obtained by simple random sampling was 85 teen respondents. The independent variable is the level of adolescent knowledge about the dangers of smoking, the dependent variable is smoking behavior in adolescents. The research instrument used a questionnaire. Data were analyzed by *Spierman Rank (Row)* statistic test $p < 0.05$.

The results of the study showed that from 85 respondents whose level of knowledge was obtained most of the knowledge was lacking, namely 65 respondents (76.5%), while the behavior of light smokers was 65 respondents (76.5%). These results indicate that there is no relationship between the level of adolescent knowledge about the dangers of smoking and smoking behavior with the results of the *Spierman Rank (Row)* test $p = 0.334$.

The conclusion of this study is that there is no correlation between adolescent knowledge on the dangers of smoking and smoking behavior. It is hoped that smokers pay more attention to health, by changing the behavior of smoking.

Keywords: Knowledge of adolescents about the dangers of smoking, and smoking behavior.

Background Problems

Smoking is a cylinder of paper measuring around 120 millimeters with diameter about 10 millimeters which contains tobacco leaves that have been chopped (Hall, Elizabeth Lisa: 2010). Because where are people often found smoking, men, women, small children - elderly, rich - poor, are no different. Usually cigarettes are sold in a box-shaped package or paper packaging that can be easily inserted into the bag. Since the last few years, the package is generally accompanied by a health message that warns smokers of the dangers that can be caused by smoking, such as lung cancer or heart attack (Trim, Bambang: 2006). But in reality there are still many teenagers who smoke in the Bulak village.

Based on data from the World Health Organization (WHO) (*World health organization*) in 2008, mentions some of the 2/3 of smokers live in 10 countries. At present, Indonesia in 2003-2005 was the largest country of the three cigarette users after China and India. In 2005 there were 5.4 million deaths from smoking or an average of one death every 6 seconds. Even in 2030 it is estimated that the number of deaths will reach 8 million. According to Notoatmodjo (2003: 17), knowledge is a person's response to stimuli or stimuli that are still veiled, while a person's real actions that have not automatically materialized in response to a stimulus are *overt behavior*. Knowledge itself is influenced by the level of education, where health knowledge will influence behavior as a medium-term outcome (*intermediate impact*) of health education, then health behavior will affect the increase in public health indicators as output from education. besides that, work, age, interests, experience, culture of the environment, information, and

economy. From the interviews of teenagers who stated about the dangers of smoking, interviews were conducted with 10 teenagers who smoked data obtained 40% of adolescents' knowledge about the dangers of smoking, (30%) lack of adolescent knowledge about the dangers of smoking, and (30%) sufficient knowledge of the dangers of smoking.

According to Skinner (1938) cited by Notoatmodjo (2005), behavior is an activity or activity of an organism or living organism that is related. Thus human behavior occurs process: stimulus → organism → response. He also explained that behavior (human) is all activities or human activities, both those that can be observed directly and which cannot be observed by outsiders (Notoatmodjo, 2003). while factors - factors that influence smoking behavior are the influence of parents, influence of friends, personality factors, social factors, and social influences. Smoking activities in the environment stimulate teenagers to try the same thing in order to be accepted as members of the environment (Trim, Bambang: 2006). The loss caused by the skirt is very much for health, because in the content of cigarette smoke there are 4000 dangerous chemicals for health, and at least 200 of them are stated to be very dangerous for health. Toxins and carcinogens that arise from burning tobacco can lead to cancer. At first cigarettes contain 8-20 mg of nicotine and after being burned nicotine which enters the blood circulation is only 25 percent. However, this small amount has only 15 seconds to get to the human brain. Nicotine is received by the acetylcholine-nicotinic receptor which then divides it into the reward pathway and the adrenergic pathway. This is what causes smokers very difficult to leave cigarettes, because it is dependent on nicotine. The negative effects of smoking have actually begun to be felt when people

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are just starting to smoke cigarettes. In cigarette smoke that smolders from being sucked, tobacco burns imperfectly to produce CO (carbon monoxide), which is in addition to its own smoke, tar and nicotine (which also happens from burning the tobacco) inhaled into the airway. CO, Tar, Nicotine affects the nerves that cause anxiety, trembling hands (*tremor*), and reduced appetite. Various diseases ranging from damage to mucous membranes to malignancies such as cancer can be caused by smoking behaviors such as lung disease, coronary heart disease, impotence, cancer (skin, mouth, lips and congestion), damage the brain and senses (Tri, Bambang: 2006). Smoking behavior that has become their habit is to use cigarettes at all not because of controlling their feelings, but because it really has become a routine habit. Feelings of adolescents when smoking and after smoking are enjoyable, satisfied, calm, ordinary, relaxed, warm, bitter, confident, stylish, sleepy, headache. Factors that influence adolescent smoking are the influence of parents, influence of friends, personality, psychosocial influences, and environment. There are also other factors such as social needs, ease of getting cigarettes, relatively low prices, pocket money, far from family. There are two kinds of effects that affect adolescent smoking, namely the physical impact and psychological impact. The impact of physical smoking on adolescents is the risk of lung cancer, heart attack, stroke, risk of infertility, impotence, early menopause, tooth spots and bad breath. Then the psychological impact of smoking on adolescents is the concentration and learning disorder, dependence, crisis of confidence, poor time management and finance, opening up other bad habits (Trim, Bambang: 2006).

To overcome the problems faced by researchers in an effort to reduce

the number of smokers, besides providing knowledge about the dangers of smoking that can reduce the quality of life due to cigarette use, and adolescents from encouraging the influence of advertising and environment for the initiation of use and dependence on smoking, alertness, raising awareness, ability and community activities against the health hazards of using cigarettes). In these cases the relationship between adolescent knowledge about the dangers of smoking and smoking behavior is closely related because both are related to one another, and influence each other for teenagers who smoke. Community health efforts are to stop smoking so as not to interfere with health and exercise regularly. If we think for a moment, the characteristics of the smoker described earlier may be true. However, before getting to know the characteristics of smokers more deeply, we should first know about the types of smokers. In general the type of smoker is divided into two according to the book written by the Hall, Lisa Elizabet (2010: 45), namely active smokers and passive smokers. Active Smoker is someone who really has a smoking habit. Smoking has become a part of his life, so it feels bad if you don't smoke a day. Therefore, he will do anything to get cigarettes, then smoke. While the number of cigarettes smoked can be in units of rods, packs, pack per day. According to Mu'tadin (2002) Smokers can be divided into 4 groups, namely: a. Light Smoker : Light smokers are called that is when smokers spend about 10 cigarettes a day. b. perokok Medium: ie when cigarette smokers spend around 11-21 stems in a day. c. Smokers It is heavy if smokers spend about 21-30 cigarettes a day. d. Smokers are very heavy that is, if the smoker spends > 31 sticks in a day.

According to Sitepoe, if a cigarette is spent in ten times the smoke, then within a year smokers of a number of sticks (one

pack) per day will experience 70,000 smoked cigarettes. Some chemicals in cigarettes that are harmful to health are cumulative (stockpiled), one day the dose of poison will reach a toxic point so that symptoms will begin to appear (Suheni, 2007).

The purpose of this study was to analyze the relationship between the level of adolescent knowledge about the dangers of smoking and smoking behavior.

Materials and Methods

The design of this study was analytic observational with a cross sectional approach .

The population in this study were all adolescents in BulakRukem Timur Rw 07, Bulak Subdistrict, Bulak Subdistrict, Surabaya as many as 108 people in September 2015 with 85 respondents with criteria for adolescents aged 15 - 20 years, at least elementary education and active smokers

The variables of this study were the level of adolescent knowledge about smoking and smoking behavior in adolescence.

Operational definition

The instrument used in this study is a questionnaire to assess the level of knowledge of adolescents about the dangers of smoking which contains 15 questions about the dangers of smoking using said

good assessment criteria with a score of $\geq 76-100\%$ given code 3 , said to be enough with a score of $\leq 56-76\%$ given code 2 , and a score of $0-55\%$ was stated to be lack of knowledge given a score of 1 and a questionnaire to assess meokok behavior as measured by the number of cigarettes consumed by teenagers in 1 day. To assess smoking behavior: light smokers: spend 10 cigarettes / day, moderate smokers: spend 11-21 cigarettes / day, heavy smokers: spend 21-30

cigarettes / day, smokers are very heavy: spend > 31 cigarettes / day.

Research result

1. Age of Respondents

Based on the data mentioned from 85 respondents there were 60 people (70.6%) aged 19-22 years, 25 people (29.4%) aged 15-18 years.

2. Education Respondents

Based on the data obtained from 85 respondents based on education were 46 people (54.1%) senior high school, 23 people (27.1%) junior high school, 10 people (11.8%) did not go to school, 2 people (2.4%) elementary school, 2 people (2.4%) work in factories, 1 person (1.2%) DI, 1 person (1.2%) DIII.

3. Position of Children in the Family

Based on the data obtained from 85 respondents based on the position of the child in the family are 30 people (35.3%) in the middle child category, 29 people (34.1%) in the youngest category, 26 people (30.6%) in the firstborn category .

4. Your number in the family

Based on the data obtained from 85 respondents based on the number of siblings in the family were 38 people (44.7%) 3-4, 33 people (38.8%) < 2 , 14 people (16.5%) > 5 .

5. Smoking area

Based on the data obtained from 85 respondents based on the place of smoking were 43 people (50.6%) at home, 42 people (49.4) outside the home.

6. Family members who smoke .

Based on data from 85 respondents based on whether there were family members who smoked 73 people (85.9%) category yes, 12 people (14.1) categories no

7. Information Sources about the Dangers of Smoking .

Based on the data obtained from 85 respondents based on sources of information about the dangers of smoking were 45 people (52.9%) from television, 18 people (21.2%) from newspapers, 14 people (16.5%) counseling from health workers, 8 people (9.4%) of leaflets.

8. Level of Knowledge of Adolescents about the Dangers of Smoking.

Based on the data obtained from 85 respondents based on the level of respondents' knowledge about the dangers of smoking in the less category as many as 65 people (76.5%), enough categories as many as 15 people (17.6%) and good categories as many as 5 people (5.9%).

9. Smoking Behavior

Based on the data obtained from 85 respondents based on smoking behavior in the category of light smokers as many as 65 people (76.5%), moderate smokers category as many as 14 people (16.5%), heavy smokers category as many as 5 people (5.9%), categories very heavy smokers of 1 person (1.2%).

10. Relationship between Level of Knowledge and Smoking Behavior in Adolescents .

Based on data shows that respondents with less knowledge as many as 65 people, from 65 people 48 people behave light smokers, 11 people behave moderate smokers, 5 people behave heavily smokers and 1 person behaves very heavily smokers to prevent the occurrence of the dangers of smoking. as many as 15 people, of which 15 people 14 people behaved light smokers, and 1 person behaved moderately smokers to prevent the occurrence of the danger of smoking. And respondents with good knowledge as many as 5 people, of which 5 people 3 people behave lightly smokers, and 2 people behave moderately smokers to prevent the occurrence of the danger of smoking . Statistical test results The

statistical test results using the *Spearman Rank Row* test obtained a significance level = 0.283 at the significance level $p < 0.05$ with a correlation so that H_0 was rejected and H_1 was accepted which meant there was no relationship between the level of knowledge of the dangers of smoking and smoking behavior.

Discussion

1. Level of adolescent knowledge about the dangers of smoking .

The results showed that the average teenage respondent with less educational background was high school education as many as 46 respondents. According to Notoatmodjo (2003: 17), knowledge is a person's response to stimuli or stimuli that are still veiled . Educational factors are very influential on one's knowledge as expressed by Mubarok (2007: 30-31) stating that the higher a person's education the more knowledge he has. In contrast to the low education of adolescents , the lower the information obtained so that it will reduce the level of knowledge of health problems in this study is knowledge about the dangers of smoking.

The results of the study showed that adolescents with a background in age, ie age (19-22 years) showed a lack of knowledge, that is as many as 60 respondents (70.6%). Researchers argue that with age can be said to be above this average the respondents have a level of lack of knowledge because with that age can change, because of the physical aspects and psychological aspects (mental). The level of knowledge is also influenced by age factors in accordance with the statement of Mubarok (2007: 30-31) that is with increasing age a person will change to the psychological or

mental aspects of the level of thinking a person is more mature and mature.

The results of the study show that the level of knowledge of the respondents not only from education or age was also obtained from previous experience. Experience is an event that has been experienced by someone in interacting with their environment (Mubarak, 2007: 30-31). The researcher believes that if your family or friends previously lack knowledge about the dangers of smoking, then indirectly provide information about the dangers of smoking and for further action if there are family members who do not understand can prevent the initial handling of smoking. Therefore health workers should provide more counseling, much about the dangers of smoking so that adolescent knowledge increases and understands the dangers of smoking.

2. Smoking Behavior in Adolescents

Researchers show that the incidence of smoking behavior is much influenced by intrinsic and extrinsic factors. Here the most dominant is extrinsic factors, for example if there are parents who smoke in most of their children, they will also imitate their parents' behavior. According to Atikah (2012) things - things that cause smoking behavior are as follows: Heart disease, vascular disorders, lung cancer, oral cancer, laryngeal cancer, bronchitis, high blood pressure, and pregnancy disorders, and defects in the fetus. Intrinsic factors as follows are friends, and the influence of advertising. Merokok are toxic substances which give the effect of suggestion relaxed and feel more manly. Behind the usefulness and benefits of cigarettes contained a very big danger for people who smoke and those around smokers who

are not smokers (Jaya, Muhammad 2010 : 14). This is due to the fact that smoking behavior is rarely recognized by adolescents or society so that the handling is often late. For this reason, good knowledge is needed on preventing the occurrence of smoking behavior in adolescents. The researcher argues that smoking behavior is caused by poor adolescent knowledge. Therefore, good knowledge is needed on preventing the occurrence of smoking behavior in adolescents. So that the incidence of smoking behavior can be avoided or even not happen again.

3. Relationship between Knowledge Levels About the Dangers of Smoking and Smoking Behavior in Adolescents .

Based on education, most of the respondents only had high school education, the researchers argued that indeed in the past education upwards was still rare or even still not available for indigenous people. According to statement Mubarak (2007: 30-31) states that the higher a person's education the more knowledge he has. In contrast to the low education of adolescents, the lower the information obtained, the better. Based on the results of educational research in adolescents there is no relationship to the level of knowledge with smoking behavior. Based on age, most of the respondents were 19-22 years old because of that age someone will change very specifically. In accordance with the statement of Mubarak (2007: 30-31) that is with increasing age a person will change to the psychological or mental aspects of thinking a person is getting mature and mature. Based on the results of the study of age in adolescents there is no relationship to the level of knowledge

with smoking behavior. Are there any members of your family who smoke, most of the respondents are yes, because smoking has become a routine habit carried out by people smoking. According to Jaya, Muhammad (2010) cigarettes are toxic objects that give a relaxing effect and suggestions feel more manly. Behind the usefulness and benefits of cigarettes is a very big danger for people who smoke and those around smokers who are not smokers. Based on the results of research whether there are members of your family who smoke in adolescents there is no relationship to the level of knowledge with smoking behavior. Based on the data it was found that the total number of respondents in this study was 85 adolescents. Where adolescents have a level of insufficient knowledge with light smokers of 48 (56.5%), adolescents who have a level of lack of knowledge with moderate smokers number 11 (12.9%), adolescents who have a level of lack of knowledge with heavy smokers are 5 (5.9%), and teenagers who have less knowledge with very heavy smokers are 1 (1.2%). The level of knowledge is sufficient with light smokers as many as 14 (16.5%), the level of knowledge is sufficient with moderate smokers number 1 (1.2%), and the level of knowledge is sufficient with heavy smokers and very heavy smokers. The level of knowledge is good with light smokers by 3 (3.5%), the level of knowledge both with moderate smokers is 2 (2.4%), and the level of knowledge is good with heavy smokers and very heavy smokers is absent. Based on the results of the study showed that smoking behavior is more common in less knowledge compared to good and sufficient knowledge, because knowledge is

less influential on age and education. Most teenagers who have a lot of smoking behavior are caused because they are used to smoking. Even though the respondents' knowledge is less in reality, respondents show behavior towards smoking still have a fear of the dangers of smoking. According to the researchers' opinion, respondents who lack knowledge about smoking behavior, respondents who have knowledge less or no idea about the dangers of smoking. This gives an explanation to the respondent so that the respondent understands the dangers of smoking, so the respondent shows my preference for smoking to have a fear of the danger of smoking. Statistical test results The statistical test results using the *Spearman Rank Row* test obtained a significance level = 0.283 at the significance level $p < 0.05$ with a correlation so that H_0 was rejected and H_1 was accepted which means there was no correlation between the level of knowledge of adolescents about the dangers of smoking and smoking behavior in Bulak Rukem Timur RW 07 Bulak Sub-District of Bulak Sub-district Surabaya on February 3 to 2013. The reason that the level of adolescent knowledge about the dangers of smoking is not related to smoking behavior is the presence of variables that cannot be controlled. In this case the variable that cannot be controlled is the action when conducting the research and the respondent is not cooperative. According to Azwar (2009: 95), the reason that the level of knowledge of adolescents about the dangers of smoking is not related to smoking behavior in Bulak Rukem Timur RW 07, Bulak Sub-District, Bulak District Surabaya is because changing attitudes can be learned and

attitudes can change if there are conditions and conditions. certain conditions that include motivation from a friend or closest person, association also affects the attitude of a teenager who likes to imitate and try something new, if the teenager associates with a group of teenagers who do not smoke then the teenager will follow the behavior of a group of teenagers who do not smoke. Adolescence or Adolescence is a phase of dynamic development in the life of an individual. This period is a transition period from childhood to adulthood which is characterized by the acceleration of physical, mental, emotional, and social development and takes place in the second decade of life (Cahyaningsih Sulisty Dwi, 2011: 89). One way to display self-identity to be recognized by peers or their social environment, usually using status symbols in the form of luxury or other pride that can get himself noticed or appear different and individualist in public. From the developmental period a teenager tends to always look for or try something new including trying to smoke and gulp down the liquor until he finds his identity after that the teenager will sort out a behavior that should be done and change the behavior of his life pattern so that he does not disease occurs from the dangers of smoking to smoking behavior itself. According to Notoatmodjo (2003: 17), knowledge is a person's response to stimuli or stimuli that are still veiled, while a person's real actions that have not automatically materialized in response to a stimulus are *overt behavior*. Knowledge itself is influenced by the level of education, where health knowledge will affect behavior as an intermediate outcome (health *intermediate*) of health education, then health behavior will

affect the increase in public health indicators as outputs from education. The researcher argues that the role of health workers is also very important in immediate action as a prevention of the danger of smoking. Through health education can increase a person's knowledge, namely youngwomen, families, and society. Health knowledge can affect health behavior as a medium-term result (*intermediate impact*), then health behavior will affect the increase in public health indicators as outputs from education. This knowledge is needed to know how to prevent the dangers of smoking. By knowing how to prevent the dangers of smoking, it is expected that teenagers and family members can prevent the danger of smoking. Besides counseling about smoking behavior so that adolescents can reduce smoking habits against the dangers of smoking and not late until the initial treatment so as not to arrive at a serious condition or to die. Therefore adolescents need to increase their knowledge to recognize, prevent and change healthy lifestyle patterns so as not to be affected by the dangers of smoking. Based on the concept above, it can be concluded that the level of adolescent knowledge about the dangers of smoking is not related to smoking behavior .

Conclusion

1. The level of adolescent knowledge about the dangers of smoking is largely included in the category of lack of knowledge.
2. Most teenagers' behavior about smoking behavior is included in the category of light smokers.
3. There is no significant relationship between the level of adolescent knowledge about

the dangers of smoking with smoking behavior.

Suggestion

1. The need to increase adolescent knowledge about the dangers of smoking by providing information or health education through print or electronic media, and health education or counseling from health workers so that accurate information can be obtained.

2. The need to improve human resources in terms of increasing the knowledge of health workers. Improve facilities and infrastructure as well as service quality and raise awareness through providing counseling or conducting health promotions about the dangers of smoking.

3. B agi nursing profession in providing nursing services, especially in health promotion to address the number of teenagers who smoke.

4. For the next researcher it is expected that the results of this study can be used as input in the development of further research to look for other factors that can influence the relationship between the level of knowledge and the side effects of the dangers of smoking by consuming cigarettes.

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