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Health Belief Model, Self-Control, and Smoking Frequencies among Students as an Active Smokers

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Abstract: This study aims to measure the effect of health belief model and self-control on the smoking frequencies in active smokers. We applied the quantitative method with multiple linear regression analysis on this research. We tested the main variable using several instruments, each of which had been adapted and modified. The instruments of the health belief model scale, the self-control scale, and the smoking frequencies scale has good reliability. 141 students who were included in active smokers are is the primary object of this study. The results showed that, simultaneously, there was an influence upon health belief model and self-control on the smoking frequencies. Partially, through the results of the t-test, there is a significant effect between the health belief model on the smoking frequencies, as well as between the self-control variables on the smoking frequencies. However, the influence between health belief model and self-control has a very weak influence based on the results of the coefficient of determination.

Key Words: Health belief model; Self-control; Smoking Frequencies; College Students; Active Smokers

INTRODUCTION

Students in higher education institutions as intellectual candidates for the successor of the nation. The students must show good act to their community and society. But, most of the students usually show inappropriate action in front of the public as a smoking. Smoking behavior seems to be a normal behavior and can be accepted by the public because almost every time whenever and wherever we can see and meet people who are smoking.

These periods, not only adults, teenagers, and even children also already know how to consume cigarettes. They consider smoking to be their daily needs. Even though information about the impact caused by cigarettes since long ago until now has been intensively shown in several broadcasts on television, even printed on cigarette packs which indirectly inform and show a picture of the effects of smoking. However, this does not make cigarette enthusiasts stop consume cigarettes and they continue to be interested in these objects as if they think smoking is something beneficial for them and also makes cigarettes as primary needs. Actually, the chemicals in cigarettes are dangerous to the health of its users. As for the effects arising from these substances including coughing, bad breath, yellow teeth, black lips, thin body, shortness of breath and the elements in cigarettes can also cause disease, dangerous to the body for people

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who consume them such as cancer, heart attacks, impotence, disrupt pregnancy and fetal disorders, even death.

Smoking can generate about 90% of lung cancer deaths in men and 8% in women (Setiyawan et al., 2012). Factors that influence a person to smoke due to frequent witness of smoking behavior through parents or their peers. Someone assesses and believe in what they felt both positive and negative influences; so that smoking behavior is set up in him. This is like what was stated by Lewin (1942), that this behavior is not only the result of an internal factor that causes the individual to smoke, but also the influence of an external environment factor. One of the internal factors which affects a person to consume cigarettes so that being positive or negative about the object is the health belief model.

Smoking is one of the bad habits or unhealthy patterns of life. A smoker, especially college students aware of the impact caused by smoking on his health. However, even though they know that cigarettes contain many substances that can damage their health, they still make smoking as a necessity in their lives. By knowing the negative effects of smoking, they should be aware and be able to stay away from objects that can harm them. Because being aware of healthy alone is not enough if actions do not do it and maintaining behavior to always keep the body healthy.

We conducted a preliminary study using a questionnaire for 40 college students by taking 5 respondents randomly from each faculty and got data 77.5% of college students care about their health, but they can not stop smoking and they also feel that a lot of encouragement from the environment causes them to smoke. In addition, they also already consider that smoking as an object that can help him when experiencing many problems and those who smoke do not feel the effects of these negative effects, even among those who already consider smoking to be a part of his life. Then 20% of college students do not care about the impact of smoking on their health. While one of the other 2.5% felt conscious and unconscious of the effects caused by smoking. Because he felt there was no significant effect of smoking on his health. We recognize that most of the college students realized that smoking is a behavior that can damage their health.

Individuals who have good health beliefs, they should avoid behaviors that can harm their health. But the fact is that although they know the side effects of smoking, they still consume cigarettes and do not care about the possibility of various disease problems that they will experience later. The college student stated that they could not resist the desire that came from him to smoke. It relates manifestation of desires and desires arising from within the form of good or bad behavior to the way a person controls himself. Smoking behavior that occurs in these students is likely not only related to individual beliefs about their health, but can also be influenced by the lack of self-control of smoking behavior. Self-control expresses conduct that stems from all the within the individual's ability to control himself or control his behavior toward positive goals in life (Patty et al., 2016). Here, self-control can be said as controlling individual behavior; and smoking behavior that results because they assume that smoking can have a positive influence on him.

The common phenomenon that happened to those smoking college students, they were actually aware of the terrible effects of cigarettes. But it cannot convince them that cigarettes are not giving any positive influence. They still consume cigarettes as primary necessities every day after eating, when hangout with friends, while in the cold weather, during a lot of problems, stress, or the tons of assignments and so the consumption frequency of cigarettes is increasing.

Smoking behavior correlated significantly to health belief model attitudes toward smoking (Mohammadi et al., 2017). Another study reported that a health education program designed according to the health belief model can positively influence prostate cancer behavior (Zare et al., 2016). Regarding the self-control relationship with smoking behavior, the result

show significant correlations with smoking behavior (Runtukahu et al., 2015) and consumer behavior (Anggreini & Mariyanti, 2014). Since good health models promote the students' well-being and avoid habits that could adversely affect them. When they had good self-control, then he will try to keep himself not influence by any tempting things that exist within himself or in his environment.

METHOD

Participants

We gained a target population of 210 college students. But, we only have 141 of the population for this study. Arikunto (2013) said if research has several hundred subjects in the population, researchers could determine roughly 25-30% of the number of subjects and if the number of subjects in the population were only 100-150 people should all the subjects be taken completely. For that reason, we took the entire population in this study as a research subject from the department of Psychology, Department of Chemistry and Department of Biology.

Sampling

We define the research population as the group of subjects to generalize the results of research. In this study, we used the students of UIN Sunan Gunung Djati, majored in psychology, and in biology and chemistry from the faculty of science and technology. As for the subject's characteristics in this study are: a) Male students of UIN Sunan Gunung Djati Bandung b), an active smoker; c). Department of psychology, chemistry and biology (faculty of science and technology); d) Admission on 2014, 2015 and 2016.

Instrumentation

There are 3 instruments in this study, namely the scale of health belief, self-control and the frequency of smoking. All measuring instruments used is a Likert-rating scale. Health belief model measuring instrument uses a questionnaire that was adapted and modified (Champion, 1984), as data collection to achieve research objectives. We will measure data about the health belief model based on five dimensions, perceived susceptibility/vulnerability, perceived seriousness, perceived benefits, perceived barriers, and health motivation. We adapt the self-control measuring instrument in this study (Tangney, Baumeister, & Boone, 2004), as data collection to achieve the goal of research. Data about self-control will be measured based on five aspects of self-control, namely self discipline, Deliberate/non-impulsive, Health habits (lifestyle), Work ethic, and reliability. Smoking frequency measurement tool in this study is made based on the smoking behavior (Smet, 1994), which is (1) heavy smokers consume over 15 cigarettes a day, (2) smokers are consume about 5-14 cigarettes a day, and (3) light smokers consume about 1-4 cigarettes per day.

Item analysis is testing item parameters to determine whether the item meets the psychometric requirements to be included as part of the scale. As a criterion for selecting items based on total item correlation, the coefficient ≥ 0.30 is usually used. All items that achieve a coefficient of correlation of at least 0.30 for differentiation are declared to meet the psychometric requirements as part of the test (Azwar, 2017).

There are 34 good items in the health belief model, namely item numbers 1, 2, 3, 4, 6, 7, 8, 9, 11, 12, 14, 15, 16, 17, 18, 19, 20, 21, 22, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 36, 37,

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38, 39, while for the self-control variable there were 27 items, namely numbers 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 14, 15, 18, 20, 21, 22, 24, 25, 27, 29, 30, 31, 32, 33, 34, 35, 36.

To interpret the validity coefficient that has been obtained, we using the Guillford classification. The results of the validity value of the health belief model variable include the perceived susceptibility aspect of 0.856, the perceived seriousness of 0.947, the perceived benefits of 0.670, the perceived berries of 0.784, and the motivation of 0.655. Meanwhile, the self-control variable got the validity value in the self-discipline aspect of 0.917, deliberate / non-impulsive value of 0.808, health habits of 0.783, work ethic of 0.682, and reliability of 0.842.

The reliability coefficient ranges from 0.0-1.0. However, in reality, the reliability coefficient to reach the number rxx= 1.0 has practically never been found (Azwar, 2017). The reliability result on the health belief model variable got a value of 0.949. Meanwhile, the self-control variable got a value of 0.883.

Data Analysis

We using multiple linier analysis, as it aims to know the effect between independent variables against dependent variables. Regression analysis is used to downturn how the conditions (up and down) dependent variables (criterion) if he or more independent variables as a predictor factor in the research (Sugiyono, 2011). The statistical hypotheses in this study are:

a. Major hypothesis

H0: $\beta 1 = \beta 1 = 0$ There is no effect of health belief model and self-control on smoking frequency in active smoking students.

H1: $\beta 1 \neq \beta 2 \neq 0$ There is an effect of health belief model and self-control on smoking frequency in active smoking students.

b. Minor hypothesis

H0: $\beta 1 = 0$ There is an effect of health belief model and self-control on smoking frequency in active smoking students.

H1: $\beta 1 \neq 0$ There is an effect of the health belief model on smoking frequency in active smoking students.

H0: $\beta 2 = 0$ There is no effect of self-control on smoking frequency in active smoking students.

H1: $\beta 2 \neq 0$ There is an effect of self-control on smoking frequency in active smoking students.

RESULT

Descriptive Analysis

Table 1. Results of descriptive analysis of research

	Mean	Median	Std. Deviation	Minimum	Maximum
HBM	95,0983	95,6720	17,36637	35,07	143,97
SC	85,3594	84,9440	10,57403	61,17	122,68
FM	2,5582	2,3510	0,89132	1,00	3,72

Table 1 shows data included 141 respondents, and the median of the health belief model scale was 95.67, the mean was 95.1, the standard deviation was 17.37, the minimum score was

35.07, the maximum score is 143.97 with a range between the scores (range) of 108.90. Then the median of the self-control scale is 84.94, the mean value is 85.36, the standard deviation is 10.57, the minimum score is 61.17 and the maximum score is 122.68. While the median of the smoking frequency score is 2.35, the mean value is 2.56, the standard deviation is 0.89, the minimum score is 1.00 and the maximum score is 3.72. While the median of the smoking frequency scale is 2.35, the mean is 2.56, the standard deviation is 0.89, the minimum score is 1.00, the maximum score is 3.72.

Variabel Categorization

This categorization divides individuals into certain groups according to a certain continuum and because of measured attributes (Azwar, 2017). Categorization was done by grouping individuals into three groups and on each attribute that is measured, which is groups of subjects with low, medium, and high categories. To categorize the subject of this study are:

Table 2. Research Subject Categorization Norms

Category	Equation	Health Belief Model	Self Control	Smoking Frequency
High	$x > (\bar{x} + s)$	x > 112,46	x > 95,93	x > 15
Medium	$(\bar{x}- s) < x \leq (\bar{x} + s)$	77,72 < x < 112,46	74,79 < x < 95,93	4 < x < 15
Low	$x \leq \bar{x} - s$	x < 77,72	x < 74,79	x < 4

Based on Table 2, we can be said the students who have a health belief model are high if the health belief model score over 112,46. College students in the medium category if their health belief model score in more than 77,72 and less than 112,46. Then, college students are classified as low if their health belief model score is less than 77,72. For the self-control scale, we can be said that college students who have relatively high score if the self-control score is over 95,93. College students in the medium category if their self-control score is over 74,79 and less than 95,93. Then, college students who have self-control are classified as low if their score is less than 74,79. The categorization for smoking frequency is based on the consumption number of cigarettes (Smet, 1994), college students have a high smoking frequency if the number of consumption is over 15 cigarettes per day, college students are in the medium category id they consume over 4 and less than 15 cigarettes per day. Then, college students are in the low smoking frequency if the number of consumption is less than 4 cigarettes per day.

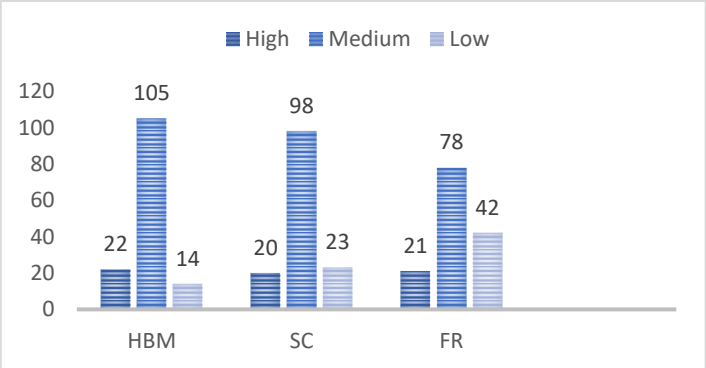

Figure 1 Category Results of Each Scale

Based on Figure 1, there are 22 college students classified as the high category; 105 college students classified as the medium category, and 14 college students classified as the low

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category on the health belief model scale. Then in the self control scale, 19 college students classified as the high category, 99 college students classified as the medium category, and 23 college students classified as the low category. Whereas in the smoking frequency there are 21 college students classified as heavy smokers, 78 college students classified as the moderate level of smokers, and 42 college students classified as the mild level of smokers.

Table 3 Result based on duration of cigarettes consumption

	Total
Primary School	21 (14,9%)
Junior High School	33 (23,4%)
Senior High School	60 (42,5%)
College	27 (19,2%)
Total	141 (100%)

Based on Table 3, we notice there's 21 (14.9%) of college students consumed cigarettes since they were in elementary school, 33 (23.4%) college students were consumed cigarettes since they were in junior high school, 60 (42.5%) college students consume cigarettes since they were in senior high school, and 27 (19.2%) college students consume cigarettes, starting when they enter college.

Table 4. Cross tabulation of health belief models with smoking frequency

		Frequency Smoking			Total
		Low	Medium	High	
	Low	5	7	2	14
HBM	Medium	11	60	34	105
	High	5	11	6	22
Total		21	78	42	141

Table 4 reported score of health belief model with the frequency of smoking by 141 college students. Health belief models with smoking frequency in the moderate category (60 people). The health belief models with a high smoking frequency 34 people also on moderate category; and there are 11 people in the category of moderate health belief models with the low smoking frequency and the category of health belief model is high with the moderate smoking frequency.

Table 5 Self control cross tabulation with smoking frequency

		Smoking Frequency			Total
		Low	Medium	High	
	Low	5	16	4	23
SC	Medium	13	54	29	98
	High	3	8	9	20
Total		21	78	42	141

Table 5 show the self-control scale with the frequency of smoking. College students are mostest in the self-control scale with smoking frequency in the medium category is 54 people then is the moderate self-control category with a higher smoking frequency is 29 people and there's 16 people in the low self-control category with the moderate smoking frequency.

Inferential Analysis

This research uses multiple linear regression test, before conducting this test there are requirements that must be meet classical assumptions. The classic assumptions include 4 tests, namely normality test, multicollinearity test, heteroscedasticity test, and autocorrelation test.

Table 6 Results of the Kolmogorov-Smirnov Test of normality

	Unstandardized Residual
N	141
Kolmogorov-Smirnov Z	1,244
Asymp. Sig. (2-tailed)	,090

Table 7: Multicollinearity Test Results

Model	**Collinearity Statistics**	
	Tolerance	VIF
(Constant)		
Health Belief Model	,952	1,050
Self Control	,952	1,050

Table 6 informs us that the significance value is greater than 0.05 which is equal to 0.090, so we can conclude it that the tested data are normally distributed. On Table 7, we know it that the tolerance value for each variable is more than > 0.10 which is equal to 0.952, and for the VIF value of each variable <10 that is equal to 1.050. It means the tested data does not have multicollinearity. That between independent variables does not interfere with each other or influence so that multicollinearity does not occur.

Table 8 Heteroscedasticity Test Results

Model	**Unstandardized Coefficients**		**Standardized Coefficients**	**T**	**Sig.**
	B	Std. Error	Beta		
(Constant)	-,272	,502		-,542	,589
HBM	,005	,003	,152	1,770	,079
SC	,005	,004	,107	1,245	,215

Table 9 Autocorrelation Test Results

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	,306[a]	,093	,080	,85479	1,964

On Table 8, we know it that the significance value on the independent variables is greater than 0.05 that is equal to 0.079 and 0.215, so we can conclude it that the tested data did not occur heteroscedasticity. On Table 9, the Durbin Watson (DW) of 1,964. It is known that the DW value based on the number of subjects (N = 141) with the independent variable (k-2) is 1.7537. So, the DW value is between DU and 4-DU, namely 1.7537 <1,964 <2.2463. Then it can be concluded that there is no autocorrelation problem.

Multiple regression test

Coefficient of determination is used to determine what percentage of the influence of the independent variable on dependent variable.

Table 10. Analysis of the Coefficient of Determination

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	,306[a]	,093	,080	,85479

Based on Table 10, results show that the value of R (Adjusted R Square) of 0.093. This means that the influence of health belief model and self-control (Independent Variable) on

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smoking frequency as dependent variable is 0.093 or 9.3% and the remaining 90.7% is influenced by other factors not examined in this study.

Table 10 Test Results F

Model	Sum of Squares	Df	Mean Square	F	Sig.
Regression	10,391	2	5,196	7,111	,001[b]
Residual	100,831	138	,731		
Total	111,222	140			

Dependent Variable: FR
Predictors: (Constant), SC, HBM

Table 10, a significance value of 0.001 is obtained, where the value is smaller than the p-value of 0.05. Then based on the results, the $F > F_{table}$ is 7.111 > 3.06, so that means the health belief model and self-control simultaneously have a significant effect on the frequency of smoking. T-test aims to determine the effect of each independent variable on the dependent variable. Whether the effect is significant. The results of the calculation are:

Table 11. Test Results t

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	-.098	.795		-.123	.902
HBM	.015	.004	.294	3.538	.001
SC	.014	.007	.170	2.045	.043

Table 11 the significance value of the health belief model and self-control variables has a significance or probability value of 0.001 and 0.043 where the value is smaller than the p-value of 0.05. Then based on the results, the values got in the health belief model $t_{count} > t_{table}$ is 3,538 > 1,977, and the self-control variable, $t_{count} > t_{table}$ value is 2,045 > 1,977. We can conclude it that the health belief model and self-control significantly influence the frequency of smoking.

Regression Equation Model.

After multiple linear regression analysis, the regression equation model is then used to see whether the health belief model and self-control can influence the frequency of smoking in active smoker students. It is known from Table 11 that it shows a constant value (β_0 coefficient) of -0.098 and a regression coefficient (β_1) for the health belief model of 0.015 and a regression coefficient (β_2) of self-control of 0.014, then the following equation is obtained:

$$\hat{Y} = -0.098 + 0.015\ X1 + 0.014\ X2$$

We can interpret these results as follows, Constant β_0 = (-0,098) This means that if the value of the health belief model coefficient and self-control value is equal to 0, the smoking frequency level is negative, that is -0.098. Constant β_1 = 0.015 This means that each increase in the value of 1 in the health belief model of students, the value of the smoking frequency constant will increase by 0.015. Constant β_2 = 0.014. This means that for every increase in value 1 in student self-control, the value of the smoking frequency constant will increase by 0.014.

DISCUSSION

Based on the result section, we can say that the major hypothesis in this research is that H_0 is rejected, and Accepted H_1. This means health models and self-control have effects of smoking frequencies in active smokers. But in this study, the impact on their frequency of smoking is very low. The output that comes from that calculation is 9,3%, and 90,7% influenced by another factor not covered in this study. As for other factors that may influence smoking behavior according Komasari and Helmi (2000) is family environment, peer environment, and psychological satisfaction.

In this study, F_{test} is used to test the significance of the health model and self-control influence joint-related to the smoking frequency. Significant value on the chart F_{test} results states 0,001, so the health models and self-control jointly significantly affect the frequency of smoking. The significant smaller value of p-value can see this joint effect 0,05. It also gets that F 7,111 > 3,06 and confirmed it that the H_1 was accepted for major hypothesis. For minor hypothesis, we looking at the significant value on each of the variables on multiple regression tests on the Table 11. As far as we can tell health screening models with the smoking frequency often produce more than t-tabel is 3,538 > 1,977, and smaller than p-value 0,05 (0,001 < 0,05). Thus, H_0 is rejected and may be concluded that there is a significant influence between health models on the smoking frequency. Previous studies about smoke prediction and health models corroborated this study Mohammadi et al. (2017). According to his study, smoking was a significant correlation with the health modification model against the attitude to smoke.

Similar results also occur with variable tests self-control over the smoking frequency, where t 2,045 > 1,977 (p-value 0.05). Hence, to conclude that there was a significant influence between self-control over the smoking frequency, meaning that H_0 was rejected and accepted H_1. Daly et al. (2015) explained the self-control has a significant correlation to the conditioning of cigarettes.

According to descriptive analysis, for categorization of health commodities model, the most category falls to as much as the current 74,5%. And the most common variable self control falls under the current category which is as much 69,5%. Based on this result, it is learned that the students who were the subject of this study actually most of them have a fairly good health controllers, as well as self controllers. But it turns out that, they still have a pretty bad smoking frequency, which is that they're in a moderate category which means they're smoking cigarettes about 5-14 cigarettes a day. Based on these results, it seems that they are still lacking in controlling emotions and urges which could bring themselves to smoke so that quite several them still have good health models and self-control but have poor smoking frequencies. On the other hand, they cannot stop their smoking behavior because they already believe that cigarettes have been used as a self-help and have a positive effect on themselves, such as having peace, can eliminate boredom, can eliminate stress, or provide inspiration even though they know precisely the dangers posed by the objects. They believe they can eliminate tension or loneliness, give them an ability to solve problems, and it is even thought to increase concentration (Chang et al., 2020). But cigarettes are time-bombs that can cause diseases such as, coronary heart disease, impotension, cancer, and so many other diseases.

College students in range 20 to 22 years old, should be realistic and already think relative and reflective of smoking problem. They should be able to assess something based on good and bad judgment first, and should be able to solve each problem by seeking solutions that lead to more positive consequences. And the subjects who were targeted by this study came from psychology, biology and chemistry, which they had entered adulthood, so they should be able to control themselves from the conditioning of cigarettes. Because in college, they were given knowledge that somewhere between them explained addictive substances so that the students

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not only knew based on what they heard from others or from social media, but they also gave more extensive science to the dangers of smoking. From such knowledge they should have more control over themselves and realize that caring for one's health, there is a need to be awareness of one's health and self-control and therefore be unaffected by both environmental and environmental factors. Because with high self control, most students could still control the impulses in the current system.

If the student has good health models, they should be able to control him. They have been given more in-depth knowledge based on the material they have gained. Regarding health education programs based on health screening models on prostate cancer screening behaviors (Zare et al., 2016). The research shows that a health education program designed according to the health care model can positively influence prostate cancer prevention behavior. This is because health model-enhancing models can increase their knowledge levels so they can consider health motivation.

Health belief models should also positively influence the conditioning of cigarettes because they increase both knowledge and motivation to more health care. But we make the knowledge of them gain known only as its knowledge, so it has no awareness of its ill effects on health and does not apply it by shunning that behavior. Self-control may also have a connection to the conditioning of cigarettes, but it does not seem to help them quit. Thus, it only helps them in reducing the number of controls or the change from heavy smokers to light smokers.

A better understanding of cigarettes, it could be a useful step in reducing mortality rates, cost, and improving public-health outcomes according to Reisi et al. (2014). Smoking behavior had the closest relationship to health knowledge than that of sports or alcohol consumption (Liu et al., 2019). Then it does more to harm oneself than it does to others. The statement argues that smoking is an item that should never be consumed because the substance can damage the health; both for active smokers and for passive smokers.

Based on what it comes down to, the most majority of consumer cigarettes are sitting in high school that 42.5% that at the time were in their adolescence. In these teens, they are usually still in the life-finding process, so they are susceptible to internal factors, and their peers' influence, curiosity, boredom, and stress, which contribute to the start of smoking and carry over into adulthood. The study found that self-control has a significant connection to educational attainment and smoking in adulthood. Smoking is one way for youth to socialize and be friend; it contributes to the starting out of a new person (Scholten et al., 2019).

CONCLUSION

Based on the results of analysis and discussion of data, the conclusion drawn is that simultaneous influences between the health models and self control smoking frequencies in active smokers students of UIN Sunan Gunung Djati majored psychology, chemistry, and biology with a profound 9.3% influence. That accounts for that amount of determination coefficient value (R2) by 0.093. Another factor left unstudied in the study influenced the remaining 90.7%. Partial t_{test} of health models and smoking frequencies suggests that H_1 is acceptable, thus concluding that there is a significant influence on health models and smoking frequencies. Then testing self control and smoking frequency via t-test stated that H_1 is acceptable, thus concluding that there is a significant influence among self-control over the smoking frequency.

References

Anggreini, R., & Mariyanti, S. (2014). Hubungan antara kontrol diri dan perilaku konsumtif mahasiswi Universitas Esa Unggul. *Jurnal Psikologi Esa Unggul, 12*(01), 126664.

Arikunto, S. (2013). *Prosedur Penelitian Suatu Pendekatan Praktik*. PT Rineka Cipta.

Azwar, S. (2017). *Metode penelitian psikologi*. Pustaka Pelajar.

Chang, E. C., Liu, J., Yi, S., Jiang, X., Li, Q., Wang, R., Tian, W., Gao, X., Li, M., & Lucas, A. G. (2020). Loneliness, social problem solving, and negative affective symptoms: Negative problem orientation as a key mechanism. *Personality and Individual Differences, 167*, 110235.

Daly, M., Delaney, L., & Baumeister, R. F. (2015). Self-control, future orientation, smoking, and the impact of Dutch tobacco control measures. *Addictive Behaviors Reports, 1*, 89-96.

Komasari, D., & Helmi, A. F. (2000). Faktor-faktor penyebab perilaku merokok pada remaja. *Jurnal Psikologi, 27*(1), 37-47.

Lewin, K. (1942). Time perspective and morale. In *Civilian morale.* (pp. 48-70). Houghton Mifflin.

Liu, Y., Liu, M., Xu, H., Wang, H., Liu, C., Zeb, F., Jiang, P., Wu, X., Tian, Y., & Li, M. (2019). Association of Smoking-Related Knowledge, Attitude, and Practices (KAP) with Nutritional Status and Diet Quality: A Cross-Sectional Study in China. *BioMed research international, 2019*.

Mohammadi, S., Ghajari, H., Valizade, R., Ghaderi, N., Yousefi, F., Taymoori, P., & Nouri, B. (2017). Predictors of smoking among the secondary high school boy students based on the health belief model. *International Journal of Preventive Medicine, 8*.

Patty, S., Wijono, S., & Setiawan, A. (2016). Hubungan Dukungan Sosial Teman Sebaya, Kontrol Diri, Dan Jenis Kelamin Dengan Prestasi Belajar Siswa Di SMA Kristen YPKPM Ambon. *PSIKODIMENSIA, 15*(2), 204-235.

Reisi, M., Javadzade, S. H., Shahnazi, H., Sharifirad, G., Charkazi, A., & Moodi, M. (2014). Factors affecting cigarette smoking based on health-belief model structures in pre-university students in Isfahan, Iran. *Journal of education and health promotion, 3*.

Runtukahu, G. C., Sinolungan, J., & Opod, H. (2015). Hubungan kontrol diri dengan perilaku merokok kalangan remaja di SMKN 1 Bitung. *eBiomedik, 3*(1).

Scholten, H., Luijten, M., & Granic, I. (2019). A randomized controlled trial to test the effectiveness of a peer-based social mobile game intervention to reduce smoking in youth. *Development and psychopathology, 31*(5), 1923-1943.

https://doi.org/10.46637/ach.v1i1.9

Setiyawan, E., Aisah, N. S., & Rosidi, A. (2012). Perbedaan Pengetahuan Dan Sikap Siswa Perokok Dan Bukan Perokok Di SMP Negeri 1 Blado Kabupaten Batang. *FIKkeS, 5*(2).

Sugiyono, S. (2011). *Metode Penelitian Kuantitatif, Kualitatif, dan R&D*. CV Alfabeta.

Zare, M., Ghodsbin, F., Jahanbin, I., Ariafar, A., Keshavarzi, S., & Izadi, T. (2016). The effect of health belief model-based education on knowledge and prostate cancer screening behaviors: a randomized controlled trial. *International journal of community based nursing and midwifery, 4*(1), 57.