

Masida Model (Motivation, Affection, Strategic, Innovative, Development, Achievement) Prevent Smoking and Drugs in Children

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Abstract

Smoking is a very much problem today, especially among productive ages, especially adolescents. The purpose of the study is to Develop a model book that suits adolescents at the elementary and middle school level, Provide an understanding and analysis of the importance of smoking and drug prevention in adolescents through training in teachers, and health workers, Applying as a learning book in the classroom, there is legality as a learning book in children in school and out of school. The research output is the Model Book; there is a policy on the application of model books in schools, reputable International Journals or accredited national journals and IPR. This research method is carried out using the type of research "Research and Development", which is meant by the development research model. The design formulation used to test the effectiveness of the model book is to use research design "Intact Group Comparison", and Pre-experiment. The results of the study after training were carried out, the attitude score of health cadres increased with an average score of 13.25 (95% CI: 12.93-13.56) with a standard deviation of 0.93. The lowest score is 12.00 and the highest is 15.00. The results of the analysis with the Wilcoxon test $p=0.000$, because the value of $p < 0.05$, it can be concluded that there is a difference in the teacher's knowledge score before and after smoking and drug prevention training is carried out in adolescents. Based on the calculation results of the N-gain score test, it shows that the average N-gain score of knowledge is 70.57 or 70.6% with a minimum score of 38.46 and the highest of 85.71. So training is quite effective in increasing the knowledge of teachers about the prevention of smoking and drugs in adolescents. In conclusion there are differences in the knowledge of teachers and health cadres about cigarettes and drugs, about the dangers and impacts on adolescents before and after being given training and model development, and there are differences/changes in the attitudes of teachers and health cadres about cigarettes and drugs, about the dangers and impacts on adolescents before and after being given training and model development.

Keywords: Model • Smoking • Drugs

Introduction

In fact, in the field, it can be seen in elementary schools (SD) grade 5 and 6 around 20% who have smoked, as well as in smp and sma, especially in areas, most of their children have smoked around 70-90%, even in Makassar City there are elementary schools where students in grades 5 and 6 and junior high schools have smoked around 20-60%. The government is less concerned with the existence of a large number of young people smoking, because the government is more concerned about drug users, even though the results of the study show that 99% of drug users begin with smoking, and the largest transmission of HIV/AIDS is drug users, especially through drug syringes [1,2]. It shows that +18,000,000 teenagers die every year in Indonesia from cigarettes and drugs.

The entire data is very much needed attention from environmentalists, so that at the stage of strategic environmental studies (KHLS), one of the important points states that, "Increased risk to human health and safety." [3-5]. Research on several elementary schools in Makassar city, including SD IKIP 1

and 2 with a sample of 67 orgs, who smoked as many as 12 people (17.9%), SD Minasa Upa 1 and 2 with a large sample of 91 children, with children smoking as many as 37 people (40.6%), SDN Manuruki 1 and 2 with a large sample of 79 people with a total smoking of 47 people (59.4%), and SD Inpres Pacerakkang with a total of 72 children, who smoked 39 people (54.1%). In 2015, researchers have designed a model book for the prevention of smoking behavior for adolescents, and it was declared successful to be used, but the book is only limited to cigarettes and smoking, not yet related to the prevention of drug abuse for adolescents [6-8].

Methodology

This research was conducted using the type of research "Research and Development". According to Borg and Gall (1989), in Putra (2012), what is meant by the development research model is that in this study Research and Development is used to produce a learning model book for smoking prevention and drug abuse in adolescents [9,10].

The design formulation used to test the effectiveness of the model book is to use research design. "Intact Group Comparison", with the Pre-experimental method [11]. The design in the study used one group in each group of subjects. Large sample of 69 teachers and health cadres.

Results

Descriptive analysis results

Descriptive analysis is to describe the knowledge and attitudes of teachers, knowledge and attitudes of cadres about the prevention of smoking and drugs in adolescents.

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Teacher knowledge and attitudes on smoking and drug prevention in adolescents: The teacher's knowledge score and attitudes about the prevention of smoking and drugs are presented in the form of a mean, median, standard deviation, at a minimum-maximum with a confidence interval of 95%.

Table 1 shows that the average teacher knowledge score before training and model development on smoking and drug prevention in adolescents was 7.28 (95% CI: 6.92-7.64) with a standard deviation of 0.93. The lowest score is 6.00 and the highest is 9.00. The results of the interval estimation can be concluded that 95% it is believed that the average teacher knowledge score before training and model development is 6.92-7.64. After training and model development, the teacher's knowledge score increased with an average score of 16.21 (95% CI: 15.52-16.80) with a standard deviation of 1.75. The lowest score is 12.00 and the highest is 18.00. The results of the interval estimation can be concluded that 95% it is believed that the average teacher knowledge score after training and model development is 15.52-16.80.

Table 2 shows that the average teacher attitude score before training and model development on smoking and drug prevention in adolescents was 7.82 (95% CI: 7.56-8.08) with a standard deviation of 0.66. The lowest score is 7.00 and the highest is 9.00. The results of the interval estimation can be concluded that 95% it is believed that the average teacher attitude score before training and model development is 7.56-8.08. After training and model development, the teacher's attitude score increased with an average score of 13.50 (95% CI: 13.21-13.78) with a standard deviation of 0.74. The lowest score is 12.00 and the highest is 15.00. The results of the interval estimation can be concluded that 95% it is believed that the average teacher attitude score after training and model development is 13.21-13.78.

Knowledge and attitudes of health cadres on smoking and drug prevention in adolescents: The score of knowledge and attitudes of cadres on the prevention of smoking and drugs is presented in the form of a mean, median, standard deviation, at a minimum-maximum with a confidence interval of 95%.

Table 3 shows that the average knowledge score of health cadres before training and model development on smoking and drug prevention in adolescents was 10.47 (95% CI: 9.89-11.04) with a standard deviation of 1.69. The lowest score is 7.00 and the highest is 14.00. The results of the interval estimation can be concluded that 95% it is believed that the average knowledge score of health cadres before training and model development is 9.89-11.04. After training and model development, the knowledge score of health cadres increased with an average score of 17.19 (95% CI: 16.81-17.57) with a standard deviation of 1.11. The lowest score is 15.00 and the highest

is 19.00. The results of the interval estimation can be concluded that 95% it is believed that the average knowledge score of health cadres after training and model development is 16.81-17.57.

Table 4 shows that the average attitude score of health cadres before training and model development on smoking and drug prevention in adolescents was 7.47 (95% CI: 7.13-7.81) with a standard deviation of 0.99. The lowest score is 5.00 and the highest is 9.00. The results of the interval estimate can be concluded that 95% it is believed that the average attitude score of health cadres before training and model development is 7.13-7.81. After training and model development, the attitude score of health cadres increased with an average score of 13.25 (95% CI: 12.93-13.56) with a standard deviation of 0.93. The lowest score is 12.00 and the highest is 15.00. The results of the interval estimation can be concluded that 95% it is believed that the average attitude score of health cadres after training and model development is 12.93-13.56.

Inferential analysis results

Inferential analysis is used to determine the differences in knowledge and attitudes of teachers as well as the knowledge and attitudes of cadres before and after training on smoking and drug prevention in adolescents.

Comparison of teacher knowledge and attitudes before and after training/development of smoking and drug prevention models in adolescents: Comparison of teachers' knowledge and attitudes towards smoking and drug prevention in adolescents are using the Wilcoxon test. To determine the effectiveness of the intervention, an N-gain test was carried out.

Table 5 Comparison of Knowledge and Attitudes of Teachers before and After Training and Development of Prevention Models Smoking and Drugs in Adolescents (n=28).

Table 5 shows that teachers' knowledge of smoking and drug prevention in adolescents increased from 7.28 to 16.21 after training and model development. The results of the analysis with the Wilcoxon test obtained a value of $p=0.000$, because the value of $p < 0.05$, it can be concluded that there are differences in teacher knowledge scores before and after training and development of smoking and drug prevention models in adolescents.

Table 6 Effectiveness of Training and Development of Smoking and Drug Prevention Models on Teacher Knowledge and Attitudes.

Based on the calculation results of the N-gain score test, it shows that the average N-gain score of knowledge is 70.57 or 70.6% with a minimum score of 38.46 and the highest of 85.71. Thus it can be concluded that the training and

Table 1. Teacher Knowledge on Smoking Prevention and Drugs in Adolescents (n=28).

Teacher Knowledge	n	Mean	Median	SD	Min-Mack	95%CI
Before training and model development	28	7.28	7.00	0.93	6.00-9.00	6.92-7.64
After training and model development	28	16.21	17.00	1.75	12.00-18.00	15.52-16.80

Table 2. Teacher attitudes on smoking and drug prevention in teens (n=28).

Teacher's Attitude	N	Mean	Median	SD	Min-Mack	95%CI
Before training and model development	28	7.82	8.00	0.66	7.00-9.00	7.56-8.08
After training and model development	28	13.50	13.00	0.74	12.00-15.00	13.21-13.78

Table 3. Cadre knowledge on smoking and drug prevention in adolescents (n=36).

Cadre Knowledge	n	Mean	Median	SD	Min-Mack	95%CI
Before training and model development	36	10.47	11.00	1.69	7.00-14.00	9.89-11.04
After training and model development	36	17.19	17.00	1.11	15.00-19.00	16.81-17.57

Table 4. Cadre attitudes on smoking and drug prevention in teens (n=36).

Cadre Attitude	n	Mean	Median	SD	Min-Mack	95%CI
Before training and model development	36	7.47	7.00	0.99	5.00-9.00	7.13-7.81
After training and model development	36	13.25	13.00	0.93	12.00-15.00	12.93-13.56

Table 5. Comparison of knowledge and attitudes of teachers before and after training and development of prevention models smoking and drugs in adolescents (n=28).

Teacher Knowledge and Attitudes	Before Training and Model Development	After Training and Model Development	P
Knowledge	7.28 (6.00-9.00)	16.21 (12.00-18.00)	0.000*
Attitude	7.82 (7.00-9.00)	13.50 (12.00-15.00)	0.000*

Table 6. Effectiveness of training and development of smoking and drug prevention models on teacher knowledge and attitudes.

N-gain Score	n	Mean	Median
Teacher Knowledge	28	70.57	75
Teacher's Attitude	28	78.89	75

development of models is quite effective in increasing the teacher's knowledge of smoking and drug prevention in adolescents.

Meanwhile, the results of the calculation of the N-gain score attitude test obtained an average score of 78.89 or 78.9% with a minimum score of 62.50 and the highest of 100. Thus it can be concluded that the training and development of effective models forms the attitude of teachers about the prevention of smoking and drugs in adolescents.

Comparison of knowledge and attitudes of health cadres before and after training/development of smoking and drug prevention models in adolescents: Comparison of knowledge and attitudes of health are cadres towards smoking and drug prevention in adolescents using the Wilcoxon test. To determine the effectiveness of the intervention, an N-gain test was carried out.

Table 7 Comparison of Knowledge and Attitudes of Health Cadres before and After Training and Development of Smoking Prevention Models and Drugs in Adolescents (n=36).

Table 7 shows that the health cadre's knowledge score on smoking and drug prevention in adolescents increased from 10.47 to 17.19 after training and model development. The results of the analysis with the Wilcoxon test obtained a value of $p=0.000$, because the value of $p < 0.05$, it can be concluded that there are differences in the knowledge scores of health cadres before and after training and development of smoking and drug prevention models in adolescents.

Table 8 Effectiveness of Training and Development of Smoking and Drug Prevention Models on Knowledge and Attitudes of Health Cadres (n=36).

Based on the calculation results of the N-gain score test, it shows that the average N-gain score of knowledge of health cadres is 70.56 or 70.6% with a minimum score of 50.00 and the highest of 90.00. Thus it can be concluded that the training and development of models is quite effective in increasing the knowledge of health cadres about the prevention of smoking and drugs in adolescents. Meanwhile, the results of the calculation of the N-gain score attitude test obtained an average value of 76.85 or 76.9% with a minimum score of 50 and the highest of 100. Thus it can be concluded that the training and development of effective models forms the attitudes of cadres about the prevention of smoking and drugs in adolescents.

Discussion

Basically, a guidebook is a form of learning that is depicted from beginning to end that is presented distinctively by the speaker towards teachers and health cadres to achieve learning objectives effectively [12]. Thus, a guidebook is a conceptual framework that describes a systematic procedure for organizing learning experiences that will be applied to students in the second year of research to achieve learning goals. To achieve learning objectives, namely children have knowledge about drugs and smoking as well as the ingrained positive attitudes of children towards smoking prevention, a learning product was developed in the form of a guidebook which in this study is called the Model Book for the Prevention and Handling of Smoking and Drug Abuse in Adolescents. The development of the model book in this study began with a needs analysis survey (stage analysis) with samples of elementary school teachers and health cadres in Makassar City and Samarinda City.

Table 7. Comparison of knowledge and attitudes of health cadres before and after training and development of smoking prevention models and drugs in adolescents (n=36).

Knowledge and Attitudes of Health Cadres	Before Training and Model Development	After Training and Model Development	p
Knowledge	10.47 (7.00-14.00)	17.19 (15.00-19.00)	0.000*
Attitude	7.47 (5.00-9.00)	13.25 (12.00-15.00)	0.000*

Table 8. Effectiveness of training and development of smoking and drug prevention models on knowledge and attitudes of health cadres (n=36).

N-gain Score	n	Mean	Median	SD	Min-Max	95%CI
Knowledge Health Cadre	36	70.56	72.07	10.54	50.00-90.00	66.99-74.13
Attitudes of Health Cadres	36	76.85	76.38	12.74	50-100	72.53-81.16

The results of the survey data analysis show that all elementary school teachers in Makassar City and Samarinda city have not made material about cigarettes as a sub-subject in any subject in the school curriculum. In other words, that cigarette and drug material has not been taught as a subject of local charges nor in a monolithic manner. The general response of teachers and health cadres is to expect that the material on cigarette content, the harm and impact of cigarettes and smoking and the impact of drug abuse is given to children as early as possible. Meanwhile, there are many obstacles faced by teachers and health cadres (especially teachers) in integrating material about cigarettes & drugs into science materials, if that is what will be done.

Some of the main obstacles experienced by teachers include: (1) difficulty inserting because the available time is very limited due to the content of science material that is too dense, (2) not knowing how to integrate material about drugs and smoking so that the science subject matter is not disturbed, (3) there is no learning media relevant to this material, (4) the lack of special resource books on cigarettes, (5) The lack of knowledge of teachers in inserting cigarette material into science lessons and (6) The lack of knowledge of teachers and health cadres about drugs and smoking. Therefore, the need for a guidebook is as a valid, practical and effective model book to apply in learning. Religious Teachers in elementary schools in Makassar city and Samarinda city suggested that drug prevention and smoking management learning can be carried out every day by every teacher who teaches, tucked into any subject, in Makassar city elementary school and Samarinda city.

Health cadres have not implemented education or counseling to mothers of toddlers who come to the hospital about the dangers of smoking and drug abuse to adolescents. They do not have a guidebook, so the health cadres claimed to have never implemented services on smoking and drugs to posyandu visitors. Response of Teachers and health cadres are as Participants in the Learning Process. The response of teachers and health cadres about the Media used in the learning process was very positive. The media used are: colourful and attractive power points, videos, and banners. The learning tools used include: Guidebooks, banners and videos.

Teachers and health cadres and speakers are very happy to carry out the learning process because of the learning tools that have been designed by

researchers and have been validated by a team of experts which are declared to be valid, effective and practical. The assessment of teaching materials is very good, by providing recommendations that teaching materials can be used unnecessarily revised it is a validator's statement during the manual of Quitting smoking in elementary school children", but this book is divided into a guidebook "Prevention and Handling of smoking and drug abuse in adolescents", and next year (2022) will be developed into a Textbook for Prevention & Handling of Smoking and Drugs as a textbook by all elementary school teachers.

This book will be revised and then expert tests will be carried out according to the competence of each expert. There are several considerations so that the material needs to be revised, including: The size of the image illustration must be adjusted to the size of the existing image, an interesting image of a child related to the dangers of drugs with the dangers of cigarettes, Material or children's books about drugs and smoking that are made separately with the appearance of pictures in accordance with the content of the existing material. In addition to material in the form of books, a video was also prepared about the history of the entry of the cigarette industry in Indonesia, the dangers of cigarettes for health, especially children who will later become the successors of the nation. Messages of drug prevention and handling of children smoking through banners with sizes of 100 cm × 80 cm and 200 cm × 80 cm, And the dangers of cigarettes and smoking through brochures that are coloured, and Using communicative language for children of elementary age.

Opinion of Joyce BR, et al. [1] said that there are 5 elements that a guidebook must have, namely (1) Syntax, namely operational steps of learning, (2) Social System related to the atmosphere and norms that apply in learning, (3) Principles of reaction which describe how a teacher and health care should look at, treat and respond to children, (4) Support system, related to all learning facilities, materials, tools or media that support the learning process and (5) Instructional and nurturing effects, related to learning outcomes obtained directly based on set goals (instructional effects) and learning outcomes beyond the established (nurturing effects).

A guidebook is a form of smoking prevention learning book for adolescents based on three approaches, namely the character approach, contextual approach and multimedia approach as an application in the guidebook is useful for instilling knowledge about drugs and smoking in children. In addition to being useful for increasing knowledge about drugs and smoking to children, guidebooks also play a role in changing attitudes to be positive to avoid smoking and the emergence of motivation not to smoke.

Knowledge of drugs and smoking is the cognitive mastery of the material that the child acquires through the learning process. Knowledge about drugs and children's smoking can be obtained through listening, seeing and being involved in the process of emerging knowledge, as supported by the opinion of Noto Atmodjo (2017) that children's cognitive abilities about drugs and smoking in this study can vary from the level of knowledge (C1), understanding (C2) to the level of application (C3). And it is also supported by the opinion of Mubarak (2012) which outlines that good knowledge is knowledge gained from reading and hearing.

Knowledge increases well so that a person can understand directly through learning activities by seeing, reading and hearing, be it knowledge from someone's teacher, tutor, or from a guidebook with interesting material and language.

Based on the calculation results of the N-gain score test, it shows that the average N-gain score of knowledge is 70.57 or 70.6% with a minimum score of 38.46 and the highest of 85.71. Thus it can be concluded that the training and development of models is quite effective in increasing the teacher's knowledge of smoking and drug prevention in adolescents. Meanwhile, the results of the calculation of the N-gain score attitude test obtained an average score of 78.89 or 78.9% with a minimum score of 62.50 and the highest of 100. Thus it can be concluded that the training and development of effective models forms the attitude of teachers about the prevention of smoking and drugs in adolescents. Test results N.

Gains in teachers are contrary to some theories that say that attitudes

can increase after having sufficient knowledge, but in the results of this study, the attitudes found are greatly increased so that 100% of participants have a high value after being given the learning process compared to the value of knowledge. This can happen because teachers and health cadres do not fully understand the content of a cigarette, the process of smoking disease, and cigarettes are the initial door for drug users, and these teachers and health cadres do not understand about drugs, just know their types.

However, their attitudes changed greatly after being given training, because they better understood in terms of smoking ethics, namely the impact of cigarette smoke on people around them, the dangers of smoking related to the achievement of their dreams and ideals, and the impact of cigarettes in terms of physical ugliness, for example yellow teeth, yellow eyes, black lips and so on, but they have not understood the impact of cigarettes on children related to the future of the child and as the successor of the nation. However, after attending the training, they understood that smoking children is a great opportunity to use drugs, related to the child's character that is different from the character of an adult.

Wilcoxon test results found that teacher knowledge with a value of $p=0.000$, meaning that there is a significant difference between teacher knowledge before training and model development. Based on the results of the validation of the practicality of these four aspects, it can be said that the model book is categorized as practical, so it is worthy of being a guidebook. Based on the results of the analysis of the three indicators of the effectiveness of the guidebook mentioned above, it can be said that the guidebook is effectively applied as a model book to increase knowledge and attitudes about drugs and smoking of adolescents in teachers and health cadres in Makassar City and Samarinda City.

Teachers and cadres are well aware after receiving a meter from the research team, that the child is now threatened with drugs that started from smoking. The child is the future of the nation, the successor of the nation. Every child has ideals, such as wanting to be a doctor, wanting to be a soldier, wanting to be a Policeman, but it is a pity that if the child has tried to smoke, then this kind of ideal will not be achieved by him. Teachers also realize that if the child has smoked, it is likely to be easy to get involved in drug abuse, compared to adults who have a different character from adolescents. The character of a teenager is that I am tall, always following the trend, wanting to always try what is considered more than smoking, for example trying drugs, liquor, and so on. So preventing children from avoiding drugs is one of not smoking or quitting smoking.

Based on the calculation results of the N-gain score test, it shows that the average N-gain score of knowledge of health cadres is 70.56 or 70.6% with a minimum score of 50.00 and the highest of 90.00. Thus it can be concluded that the training and development of models is quite effective in increasing the knowledge of health cadres about the prevention of smoking and drugs in adolescents. Meanwhile, the results of the calculation of the N-gain score attitude test obtained an average value of 76.85 or 76.9% with a minimum score of 50 and the highest of 100. Thus it can be concluded that the training and development of effective models forms the attitudes of cadres about the prevention of smoking and drugs in adolescents.

Wilcoxon test results showed that health cadres' knowledge scores on smoking and drug prevention in adolescents increased from 10.47 to 17.19 after training and model development. The results of the analysis with the Wilcoxon test obtained a value of $p=0.000$, because the value of $p < 0.05$, it can be concluded that there are differences in the knowledge scores of health cadres before and after training and development of smoking and drug prevention models in adolescents.

Training on health cadres is carried out with the aim of these health cadres becoming a team of educators and motivators to prevent early for children not to smoke, even children away from cigarettes starting from elementary school age children, both in Makassar city and in Samarinda city. These health cadres were given material about drugs and cigarettes during two meetings, so there was an increase in the knowledge and attitudes of health cadres, because the provision of materials was carried out by first providing material

through training activities, as well as distributing guidebooks and questions and answers. The material is explained through colored power points so that these health participants/cadres are interested in participating in the meter. These health cadres are expected to be tutors or directors to posyandu visitors once a month, namely inserting material about drugs and cigarettes to every mother who comes to the posyandu to prevent teenagers anywhere in their environment. Thus children are always enlightened, so that they have a warning to abstain from drugs and smoking.

The health care is well aware after receiving the meter, that the child is now threatened with drugs that started from smoking. The child is the future of the nation, the successor of the nation. Every child has ideals, such as wanting to be a doctor, wanting to be a soldier, wanting to be a policeman, but it is a pity that if the child has tried to smoke, then this kind of ideal will not be achieved by him. Health cadres also realized that if the child had smoked it would tend to be easy to get involved in illicit drug abuse, compared to adults who had a different character from adolescents. The character of a teenager is that I am tall, always willing to join the trend, willing to always try what is considered more than smoking, for example trying drugs, liquor, and so on. So preventing children from avoiding drugs is one of not smoking or quitting smoking.

The Implementation and evaluation Plan is the final stage of the research and development stage of the model book developed based on the adaptation and modification of the Borg and Gall development guide (2003). The final prototype that is already valid after going through the validation stage at the development stage, then implemented through the learning process. This implementation aims to test the practicality and effectiveness of the guide prototype. As explained by Joyce BR, et al. [1] that a new product produced in development research must at least meet 3 criteria, namely valid, practical and effective. A product or program is said to be valid if it reflects the soul of knowledge - the state of the art of knowledge, which can also be called the validity of the content. A product is said to be practical if the person using the product considers that the product is usable.

While the product is called effective if the product provides results in accordance with the goals that have been set. Product validation is carried out at the development stage as previously described, while product practicality and effectiveness tests are carried out at the implementation and evaluation stages. If the product validation data is obtained through the validity test of the contents of the learning device by experts, then the product practicality data is obtained through the results of observation of the implementation of the learning device, while the product effectiveness data is obtained through data on the response of teachers and health cadres to the learning process of neglecting training for two days and the results of knowledge tests, attitudes about the dangers of narcotics and smoking in children.

In the process of implementing the guidelines, data collection of knowledge and environmentally sound attitudes is carried out. Based on these two data, an evaluation of the effectiveness of the model book as a textbook was carried out later by teachers and health cadres at the next stage of research. The

results of the revision of the model book will be implemented in the second phase of research, namely in 2022, namely the provision of material directly by elementary school teachers to their students. The books used are equipped with material with simple language, drawing pictures according to the material, student learning evaluations and answer keys.

Conclusion

Increased knowledge of teachers and health cadres about the prevention and importance of handling smoking and drug abuse in children in Makassar city and Samarinda city, There is a change in the attitude of teachers and health cadres about cigarettes and drugs, There are differences in the knowledge of teachers and health cadres about cigarettes and drugs, about the dangers and impacts on adolescents before and after being given training and model development, and There are differences/changes in the attitudes of teachers and health cadres about cigarettes and drugs, about the harm and impact on adolescents before and after being given training and model development.

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