

Submission date: 07/01/2022

Accepted date: 10/03/2022

DOI: 10.33102/abqari.vol26no1.497

SMOKING HABIT: COUNSELLING INTERVENTION FOR SECONDARY SCHOOL'S STUDENTS

Abdul Rashid Abdul Aziz^a, Amin Al Haadi Shafie^a & Ahmad Rajaie Amerudin^a

^aUniversiti Sains Islam Malaysia

¹rashid@usim.edu.my (corresponding author)

Abstract

The smoking habit among school students nowadays are worrying. Every day, more cases of smoking among them are reported. Studies show that smoking has a wide range of harmful consequences on people. Hence, this study focuses on identifying the causes, risks, and effects of smoking on students. Besides that, it was done to explore the role of counselling session in helping the involved student. This is a qualitative study using interviews sessions as a study design involving 14-years-old student who is a smoker as a subject in this study. The counselling theories that have been used were Person-Centred Counselling (PCC) and Rational Emotive Behaviour Therapy (REBT). Sources from the Quran and hadith are also shared in this study This study describes the issues identified, the psychometric tools used, the treatment process carried out, the results of the treatment, and the challenges throughout the session. Among the causes identified are from family factors, social relationships, and environmental factors. Meanwhile, the effect seen is from the aspects of health, finance, and dependence. As a conclusion, it is proven that counselling session may be helpful in increasing the awareness among the smoker about the implications of the smoking and further increase their motivation to stop smoking.

Keywords: smoking habit, treatment, school student, counselling intervention.

INTRODUCTION

The client is a 17-year-old, Indian, Christian teenager. He is the second from three siblings. The client currently resides near the school with his family. The school discipline unit referred the client after he was caught smoking around school compound and carrying a cigarette in his clothes. Usually, the client's father will send and pick up the client at the school. The client has a brother who is currently pursuing

his studies in electricity course at a private college in Kuala Lumpur. The client was seen smoking with his friends after school hours. The client was arrested by the disciplinary unit and action has been taken. Aside from his smoking habit, the client had committed other disciplinary offenses. The client also had been called up several times for counselling sessions for violations of school rules.

In this study, the issue identified in the session was smoking. The case was referred to the school's disciplinary unit, and the client was then handed over to the guidance and counselling unit for counselling session. The counsellor has conducted four counselling sessions. Client started involved with cigarettes since the age of 14-years-old, while he was in form two. The client began by trying cigarettes with his friends. The client had several times seen his friends smoking in front of him and felt compelled to try it. Furthermore, his friend always invites him to try smoking. Over time the client has been influenced by his friend's invitation and at age 14 he starts smoking. The client stated that when he smokes, he feels a sense of glamour and fun while hanging out with friends who also smoke, especially if a girl was around. The client has become addicted to cigarettes since beginning to smoke. The client would smoke with his friends every day. The client stated that he will smoke 6 or 7 sticks every day and usually, he will smoke after school hours with his friends. The client always saves a portion of his school pocket money to buy the contraband cigarette.

Apart from being influenced by a friend's invitation to smoke, the client was always exposed to smoking behaviour from home when he saw his father and brother smoking in front of him. In fact, sometimes his father and brother drank alcohol in the house. As a result, the client developed a preconception that smoking is not wrong because his family members are also smoke. In fact, his father and brother never prohibited him from smoking. The client saw that his father and brother had no effects despite smoking for so long. The client has good relationships with his family members including his brother and father. Therefore, any action and behaviour of his brother and father will have an impact and influence on the client. However, the client did not smoke at his house for fear of being scolded by his mother. The client's mother does not like the client smoking at home, probably because the client is still in school, and his mother is concerned about the client's health. The client used to smoke with his father and brother, but only outside of the house, and the client's father once told him he may drink alcohol once he reached the age of 18. The client stated that he had become aware of the health risks associated with smoking. He attempted to cut his cigarette consumption from 6 or 7 sticks per day to 2 or 3 sticks per day. The client hopes the intentions and efforts will continue and be able to survive and gain support from all parties. Therefore, the objective of the study was to this study focuses on identifying the causes, risks, and effects of smoking on students. Besides that, it was done to explore the role of counselling session in helping the involved student.

LITERATURE REVIEW

Counsellors used Person Client Centered Theory (PCC) theory and Rational Emotive Behaviour Therapy (REBT) during counselling session. The PCC theory founded by Carl Rogers is used at the beginning of counselling sessions because it emphasizes congruence, unconditional acceptance, and empathy. This theory is used so that the client feels comfortable and confident. Next, the counsellor used the REBT theory founded by Albert Ellis for the next session until the last session. This theory basically states that human beings are unique in that they tend to think rationally and irrationally. This theory also states that a person with a problem will have an irrational belief system. Thus, it is the counsellor's job to challenge or dispute the irrational belief system so that the client can get a new belief system that is more rational. The main concept of this theory is the concept of ABCDEF.

There are a lot of previous studies mentioning smoking habits in teenagers. For example, Roslee & Sharif (2006) revealed that age factors influence teenagers' views on smoking habits. Meanwhile, according to the findings of a study conducted by Kandel (2000), nicotine dependence rates vary according to age group, with nicotine dependence rates being higher among young smokers than older smokers. Furthermore, Mahathir, Noremy & Nazrie (2018) showed that the results of the interviews revealed four factors that influence respondents involved in smoking activities which are the influence of friends, stress, curiosity, and personal satisfaction. According to Noorlaile (2015), smokers are aware that smoking is an unhealthy, dangerous, and unbeneficial habit.

A smoker typically begins smoking at an early age, even while still in school. Most of them become hardcore smokers as teenagers, adults, and until marriage. Once they start working, they earn their own money and can allocate a certain amount of expenses for the habit, even after knowing the adverse effects of the habit (Noorlaile, 2015). According to Noorlaile (2015), children are a priceless possession for any married couple. The presence of children in the family fills the parents with joy and happiness. Therefore, it is the responsibility of parents to provide their children a good start in life. As a responsible parent, the husband and wife must protect and stop poisoning the children with cigarette smoke. The Malay proverb "Like father, like son" gives an idea of how attitudes and practices of a husband or father can be an example to children. If the attitude that is practiced and highlighted is good, the attitude that is exemplified by the children is positive as well; otherwise, that attitude will be inherited by the children is bad.

There is no denying that in addition to peer pressure, many young people who practice this smoking habit take the example or imitate the attitude or practice from their husbands, wives or parents who smoke. Although there are young people who smoke

while their parents do not smoke, the number is very low compared to those whose father or mother is a smoker (Noorlaile, 2015). According to Noorlaile (2015), smokers know that smoking is an unhealthy, harmful, and unbeneficial habit but when they are unable to give up or avoid practicing the habit, they have no reason to prohibit, avoid or scold children who start smoking. The nicotine that has been released near the child since his childhood may have permeated into his blood, causing the child to be addicted for a long time and as soon as he grows up, the tendency to start smoking is no longer restrained.

A different article shared that there are teenagers that they don't feel ashamed smoking in public. This phenomenon is commonly seen in various situations and some of them are completely dressed in school uniform (Roslee & Mohamed Sharif, 2006). Besides, age factors also influence teenagers' views on smoking habits. For them, the possibility of them smoking is just for fun without thinking about the negative effects of smoking. Smokers always maintain the belief that smoking has its own benefits such as better attention span, sharper thinking ability, and can reduce stress, tension, and feel calmer. The findings of this study also found that the social relationship factor as being among the causes of smoking. This situation illustrates that the factor of social relations is a component that needs to be considered in dealing with the problem of smoking among students.

A cigarette contains thousands of toxic substances and elements associated with cancer (carcinogen), and millions of people who live (and die) because they are addicted to cigarettes are influenced by nicotine which is as addictive as cocaine and heroin. This addiction ensures the smoker will smoke again and again. He does not stop smoking and may die due to a disease caused by cigarette poisoning (Noorlaile, 2016). Adolescence is the most sensitive phase of the onset of smoking. Changes in adolescents with the transition from childhood to adulthood lead to various desires to try new things including smoking. The use of cigarettes in adolescence is seen as a behaviour to experiment before the teenager then remains as a smoker as an adult.

The risk of a teenager becoming a smoker begins with his or her first attempt. Adolescents who try to smoke will be more likely to continue smoking until adulthood, compared to adolescents who do not try at all. This is because the nicotine content in cigarettes can lead to the same addiction syndrome as heroin and cocaine drug addiction. If seen, very few teenagers successfully quit smoking when they have started smoking. Because of this, we will find that not many smokers start smoking in adulthood.

Noorlaile (2016) also stated that there are three stages that lead to nicotine addiction among adolescents, which are the initial stage (initiation), problematic use (problem

use) and dependence (dependency). The first stage is the beginning, which refers to the factors that influence and motivate adolescents to smoke including low level of education and the influence of other smokers consisting of family members (parents or siblings) and peers. In the early stages, adolescents who smoke want to be seen as independent and free to do what they like.

Adolescents have the tendency to smoke based on the frequency and duration of their contact with individuals who smoke. The close and long relationships that emerge in adolescents are very important in the social learning process. For this reason, family and friends are in the main category of groups that can influence adolescent behaviour such as smoking. Adolescents who smoke may feel more confident in themselves or may be more likened by others because of the behaviour. If there are no controls, restrictions and penalties on smoking behaviour, this pattern of smoking behaviour will remain and a person's involvement in this smoking behaviour will become more serious. The self-concept that adolescents build in themselves is important in determining social and group identity. This leads to a tendency to have similar behaviours among adolescents in a group.

Family and friends are two groups of socializing agents besides schools and the media. As socializing agents, family, and friends play an important role in shaping the behaviour and self-concept of a teenager. The family is the main socializing agent from birth to adulthood. When a person left childhood and enters adolescence phase, parental influence as a socializing agent begins to be replaced by the role of peers. Friends become a place for teenagers to share social interactions and overcome fears, confusion, and problems. In addition, friends become a place for teenagers to try something together to get out of adult control and rules. The influence of families in determining smoking behaviour has attracted the interest of many researchers. Between smoking behaviour and family factors, researchers have found that smoking among older siblings encourages adolescents to smoke as well. As the main socializing agent, the behaviour of family members, especially parents, is an example and role model for children. Parents who smoke give an early impression to their children that such behaviour is part of the normal and acceptable norm in the family. When such behaviour is seen as the norm and habit, then children will be more likely to participate. If the smoking behaviour of family members is followed by teenagers, the influence of friends is also involved. Teenagers feel excited to smoke if the friends around them are smokers. In this case, teenagers smoke because they want to be part of the group and to prevent them from being left out. By also smoking, adolescents gain social validation and interaction among peers. Smoking behaviour among adolescents also makes them feel free and autonomous. Adolescents are often confronted with peers who will encourage them to try smoking. Adolescents may be

coerced and even teased if they refuse to do so. Both agents play an enormous role in shaping smoking behaviours and habits among adolescents.

The second socializing agent usually starts with the role of family. These peers also have families and are influenced by their family behaviour. These two agents seem to be chained and influential. Families play a role in controlling the selection of their children's peers. Concerned families will tend to get to know adolescent peers and can influence adolescent decisions to choose their partner. To control or prevent adolescents from smoking, parents have a role to play in identifying whether their children are friends with those who smoke or not. A Guideline for the Management of Smoking School Students has been issued as a reference and guideline to guidance and counselling teachers and all parties who intervene in students who smoke, to provide knowledge and awareness of the dangers of smoking to students and to enable smoking school students to quit smoking. This handbook contains a lot of information in various aspects related to school students who smoke. In a related study, the peer factor is the first factor to be studied to determine whether the peer factor influences smoking behaviour among school students. This research question includes 12 items in a questionnaire that touches on matters related to peers. A Guideline for the Management of Smoking School Students also examines the question of whether family factors influence respondents' behaviour to smoke. Furthermore, cigarettes are easy to buy which is why students are free to smoke without restrictions. The results of the interviews conducted found that there are four factors that influence respondents involved in smoking activities which are the influence of friends, stress, curiosity, and personal satisfaction (Mahathir, Noremy & Mohd Nazrie, 2018).

Mahathir, Noremy & Mohd Nazrie (2018) revealed that the highest social influence on adolescents to smoke is personal influence or self-motivation. The second highest social influence that influences adolescents to smoke is the influence of peers. Peers do play a role in the lives of teenagers because they spend a lot of time with friends. This is supported by Tomé et al. (2012) which mentioned that adolescents are more likely to choose their peers and their behaviour is determined by their peers' behaviour. In addition, the third highest social influence is family influence. The family is indeed an important institution in the life of a teenager. Lack of a family support will give a bad implication to the adolescents. This opinion is supported by Lim et al. (2018) whose found the relationship between smoking with smoking rules in the family. Scholars found that there is a strong relationship between non-smoking habits and their own parents' prohibitions. Another study by Daing Diana & Mohd Nizam (2013) assumed that parents influence their children's various behaviours; that is, if parents smoke, children also have a high percentage to smoke and if parents do not smoke, then most likely their children will not be smoking.

Islamic Perspective

In the Qur'an, Allah says in Surah Al-Ra'd verse 11 meaning '*Surely Allah does not change what is in a people until they change what is in themselves*'. The Islamic approach prohibits smoking due to the negative consequences of smoking's consequences. Islam emphasizes the law of *haram* on something that causes harm. According to Zulkifli Mohamad al-Bakri (2015), based on the decision of the fatwa council by the Selangor State Fatwa Committee has gazetted a fatwa banning cigarettes effective December 7, 1995, under the Administration of Islamic Law Enactment 1989. In the Enactment it is explained that the practice of smoking any type of cigarette is *haram* for Muslims. This is due to the disadvantages that involve health problems to oneself and others and the waste of money through the purchase of cigarettes. Individuals need to be clear with the established laws because every such prohibition is bound to be good for each other.

METHODOLOGY

This is a qualitative study using interviews sessions as a study design. The client was chosen based on the referral that was being made to the counselling unit in school. This case study was based on individual counselling interventions which were done periodically for four sessions within three-month duration. In this case study, to better understand about the client condition, counsellor employed two psychometric which are i) Making Decision in Everyday Life (and ii) Students Needs Checklist in New Habit Ministry of Education (MOE, 2020). The treatment plan was discussed in relation to the aim of reducing the numbers of cigarettes consumed daily and identifying the causes, risks and effects on the clients.

Assessments

The first instrument, Making Decision in Everyday Life, was developed by C. C. Mincemoyer and D. F. Perkins in 2001. The target audience(s) are youth aged 12 to 18. This assesses the youth's decision-making ability by examining the frequency of use of the following skills that are needed to engage in decision-making: 1) Define the Problem. 2) Identify the Alternatives. 3) Identify the Risk and Consequences. 4) Select an Alternative. 5) Evaluate. From the test, the client showed the highest answer score in the Family section. The client scored 71%, which means family influence when he made decisions. Probably one of the reasons the client obtained the highest score on family was because of the client's family background. The client's family is a simple family but in good condition. The family still lives together in the house. His father, mother and brother carry out their responsibilities well. Although there were occasional issues and disagreements in the household, but in the end, all could be handled well, and the family still remained together. In addition, it may also be due to the client's own factor in the minor category and still being dependent on his father and mother. Thus, the actions and thoughts of the client are still influenced by his

parents. Another factor may be because the client is a good child to his parents. Thus, all the actions of the client will look at the impact on his parents to try to maintain the good name of them. The purpose counsellor uses this test because want to measure what influence client more.

The next instrument is Students Needs Checklist in New Habit developed by the Ministry of Education (MOE) in 2020 after the Covid-19 pandemic. After the Movement Control Order (MCO) and the school started reopening after almost three months of school closure, MOE asked the school to make sure all students answer this instrument. This instrument contains three parts, which are objective questions (20 questions), structural questions (2 questions) and objective questions (2 questions). There are four aspects assessed from the question, which are personal aspects, family, friends and social media and teachers and schools. This checklist question aims to find out about students within three months of the school closing because of the MCO until after the school starts to open. The client's results show a high score on the family. It is the same as the score on the previous instrument. From the client's score in the two instruments, we see that the family factor greatly influences the client. The causes for family influence to greatly affect the client have been explained as above. Thus, in this issue, the strength and assertiveness of the client is very important to ensure that the client can be completely free from smoking. This instrument assesses what influence client in life.

Theory Applied

In the treatment process, counsellor applied Person Centered therapy and Rational Emotive Behaviour Therapy (REBT). The person-centered therapy founded by Carl Rogers is commonly used at the beginning of counselling sessions because it emphasizes congruence, unconditional acceptance and empathy. This theory is used so that the client feels comfortable and confident. Next, the counsellor used the REBT founded by Albert Ellis for the next session until the last session. This theory basically states that human beings are unique in that they tend to think rationally and irrationally. Thus, it is the counsellor's responsibility to challenge or dispute the irrational belief system so that the client can obtain a rational belief system. The main concept of this theory is the concept of ABCDEF. In this case study, A is activating event, which is the client that is involved in cigarette addiction. B is the irrational belief system that the client believes smoking is a health hazard, making the client feel glamorous and innocent. C is the consequence of the effect of the client feeling fun, innocent, and glamorous. D is the dispute that the counsellor challenges the client's irrational thinking such as stating to the client the advantages of being a glamorous student, whether it is worth pursuing glamor to endanger one's health and that glamor will not help in education. E is the new belief that the client gets, which is a new belief to forget for a moment the fun and glamor for something more important such as SPM and health.

RESULT AND DISCUSSION

As the result of the counselling sessions, the client successfully reduces the quantity of cigarettes. If the client used to smoke 6 to 7 cigarettes per day, following the last session, he reported that he was able to cut the cigarettes to 1 or 2 sticks per day. Furthermore, the client expressed that after successfully reducing smoking, he felt healthier than when he was addicted to cigarettes. The client felt that his health condition improved. Now, because the client is an active person in sports, he felt more energetic after quitting smoking. The client also claimed that after the session, he would be less likely to get addicted. Cigarettes can be addictive due to the presence of chemicals such as nicotine in its composition. When a client is addicted, it is tough for him to quit smoking. The client may eventually continue to smoke until he reaches adulthood. However, after the session, the client stated that he had successfully reduced his dependence and addiction to cigarettes. There were situations such as withdrawal symptoms at the beginning, but the client was eventually able to overcome them successfully.

After undergone the four counselling sessions, it is hoped that the risk of being involved in drug abuse can be reduced. As previously informed, smoking is a gateway to drug abuse. People who have been addicted to cigarettes while they were in school are at a significant risk of becoming involved in drug addiction. In my experience conducting counselling sessions at AADK, the majority of clients claimed that they began smoking cigarettes in youth and eventually tried narcotics. Therefore, smoking prevention programs are very important to be carried out at all levels, especially at the school level. The client had the insight and willingness to stop smoking. After the session, the client expressed a strong awareness of the importance of quitting smoking. The client is striving to quit smoking in a reasonable way, such as gradually reducing the quantity of cigarettes consumed, and so on. If an action is forced, typically difficult to maintain consistency and it is simple to relapse. If the action is made sincerely from the heart and self-awareness, it is usually easier to accomplish and more consistent.

Treatment and progress

In this first session, the counsellor used person-centered therapy that emphasizes congruence, unconditional acceptance, and empathy. This aims to create client comfort and trust in the counsellor. The counselling procedure that took place in this session was rapport building, structuring, and identifying the issue. Client has been referred to counsellor by the school discipline teacher for smoking offenses around the school grounds. Referred clients typically do not talk much at the beginning of the session due to fear and lack of trust in the counsellor. Therefore, it is important for the beginning of the session to establish therapeutic relationships and build intimacy between clients and counsellors. With that, the client will feel it easier and more comfortable to tell stories and recount real issues.

In this second session, the counsellor asked about the client's self-development since the first session. The client stated that he had not smoked at school since the incident but still smoked outside the school. During this session, the counsellor made further exploration to identify the real causes and factors influencing the client's smoking. Counsellors also try to explore what are the risk factors and protective factors on the client to discuss the appropriate and correct action plan for the client. In this session, the client stated his belief system on this cigarette issue as stated earlier. During this session, the counsellor also disputed the belief system so that the client obtains a rational new belief system. After discovering the real issues and situations of the client, the counsellor assists the client in developing a strategy for change. The action plan is one that is proposed by the client or agreed by the client. The action plan discussed has the characteristics of simple, attainable, measurable, immediate, involved, controlled by client, committed and consistent.

In the third session, the client appeared more comfortable in communicating with counsellor. This was probably due to the therapeutic relationship, or the counsellor was not judgmental even though the client was referred to by the disciplinary unit and that this was not the first time he has made a mistake in school. During this session, the counsellor questioned the client's self-development. The counsellor wanted to know if the client's development in cigarette addiction was declining. The counsellor also wanted to know if the client had implemented the action plan discussed in the previous session. The counsellor also explored the client's current belief system. During this session, the counsellor planned and implemented a Psychometric test. The two psychometric tests implemented were Making Decision in Everyday Life (Mincemoyer & Perkins, 2001) and Students Needs Checklist in New Habit (MOE, 2020).

This fourth session was the last session or closing session for this issue. The counsellor asked the client's self-development during this session. The client mentioned that he has begun to cut his cigarette use from 6-7 sticks previously to only 1-2 sticks now. Based on that, the client has shown positive changes. The counsellor also asked about actions that have been successfully made from the action plans discussed earlier. The client stated that several actions have been taken and succeeded. The counsellor also explored the client's latest belief system and the client stated that there was an awareness of the focus of the dangers of smoking and how to avoid addiction. In this last session, the counsellor made a summary and conclusion. The counsellor hoped the client will succeed in the act of avoiding smoking. The counsellor also hoped the client would be consistent in their actions. The session ended well, and it was hoped that the client will succeed in SPM and his life.

Treatment outcomes

Every action and effort carried out will have expected results and impact. If the results are not too much, a little is enough to strengthen the spirit and help for the consistency of a treatment. If there is no result, then the session process may need to be re-evaluated on whether it is appropriate or not or there may be shortcomings that need to be improved. In this case study, some results or effects were obtained from the treatment process carried out. Among the effects or results were that the client can reduce the number of cigarettes taken. If in the past the client would smoke in 6 to 7 cigarettes a day, after the last session, the client stated that he has successfully reduced to only 1 or 2 sticks a day.

In addition, the client stated that after successfully taking action to reduce smoking, the client felt healthier than when addicted to cigarettes. The client is an active person in sports, so the client felt healthier during sports after smoking less. The client also stated that after undergoing the session, the client could lower the risk of addiction. Cigarettes can be addictive because the content in cigarettes includes substances such as nicotine. When involved in addiction, client finds it difficult to quit smoking. Eventually, the client may continue to smoke until adulthood. However, after the session, the client stated that he had successfully reduced his dependence and addiction to cigarettes. At first there were situations such as withdrawal symptoms, but eventually the client could overcome them well.

Complicating factors or barriers

Among the obstacles and constraints encountered in the process of the session is the risk factor of the client's father and brother. As explained in the previous section, the client's father and brother are hardcore smokers and often smoke in front of the client. This greatly affected the client in the act of smoking at school age. In fact, the client saw the two figures he respected had no obvious health effects, causing him to feel that smoking was not wrong and there was no danger. The family member not only did not set a good example to prevent smoking, but also seemed to give the client permission to drink alcohol after the client was 18 years old. Peer factors also caused challenges to the client. As a normal human being and teenager, the client needs peers to socialize. The problem was that many of the client's friends smoke and have no awareness to quit smoking. When hanging out with friends, the client would surely see his friends smoking in front of him. In fact, some may invite the client to smoke together. There may also be those who would mock the client if he does not smoke with them.

Another challenge is because the main strength is SPM. The client made SPM as one of the strengths to quit smoking. This is because the client felt it was easier to learn and review when not smoking. When smoking, the client felt that his brain was slower

to receive exam-related teaching and training. The problem was that if SPM is the main driver, what will happen after SPM? At that time there are no more exams and the time after SPM may be seen as a time of fun to release stress after feeling tired of studying for the exam. So, the client may re-engage with cigarette addiction after SPM is completed.

Another barrier is that the client was always absent from school. Even though SPM is around the corner, the client was always absent from school. He said the main reason was that he was always tired because he always helped his mother in the evening. Then, at night, he would go to additional class or private tuition. So, he felt tired in the morning the next day and became absent from school. When the client is often absent from school, this will further increase the risk factor because the client may fill the time with smoking. The client was also unable to come for the session as planned because by chance, the client was not present on the day of the appointment. In addition, another obstacle is the time constraints due to the client being a Form 5 student. Clients from form 5 should always be in class for the learning session as SPM is approaching. Therefore, sometimes, the class teacher for some subjects does not allow the client to go out to see the counsellor unless the counsellor contacts the subject teacher. This becomes a bit of a constraint as the session needs to be conducted on time so that the session runs smoothly. This is especially if the client is often absent from school. Thus, the counsellor needs to review the client's class schedule every time he wants to call the client for a session.

Follow-up

Only four sessions can be conducted due to a few constraints including time constraints. However, in the fourth session, the session was terminated because the client gained insight and acted for change. However, it is critical to act once the session has completed. As a result, the counsellor has referred this client's case to the school's Chief Counsellor for further action. It may not be necessary for an individual counselling session but may be beneficial to have individual or group guidance or to involve the client in related programs.

CONCLUSION

There are a lot of risks factors that can contribute to the smoking habits in students. Besides that, smoking habit also led to many bad consequences in people who used it. It might lead to the addiction. However, with the help from the counselling intervention, the risk of addiction can be lower down. It is proven that counselling session may be helpful in increasing the awareness among the smoker about the implications of the smoking and further increase their motivation to stop smoking.

REFERENCES

- Daing Diana Maarof & Mohd Nizam Osman (2013). Pengaruh faktor sosial kesan kempen media tak nak merokok Kementerian Kesihatan Malaysia. *Jurnal Komunikasi.Malaysian*, 29(1), 179-198.
- Kandel, D. B., Chen, K. (2000). Extent of smoking and nicotine dependence in the United States. *Nicotine & Tobacco Research*, 2(3), 263–274. <https://doi.org/10.1080/14622200050147538>
- Lembaga Kaunselor. (2018). *Kod Etika Kaunselor Lembaga Kaunselor (Malaysia)*.
- Lim K.H. (2018). Prevalence and factors associated with smoking among adults in Malaysia: Findings from the National Health and Morbidity Survey (NHMS) 2015. *Tob. Induc. Dis*;16:01. doi: 10.18332/tid/82190.
- Mahathir Yahaya, Noremy Md Akhir & Mohd Nazrie Sulaiman. (2018). Faktor tingkah laku merokok dalam kalangan mahasiswa universiti. *Jurnal Personalia Pelajar*, 21(2), 37-44.
- Melati Sumari, Ida Hartina Ahmed Tharbe, Norfaezah Md. Khalid dan Azmawati Mohamad Nor (2017). *Teori kaunseling dan psikoterapi*. Kuala Lumpur. University of Malaya Press.
- Ministry of Education. (2020). *Garis panduan pengendalian murid sekolah yang merokok*. Retrieved from <http://jknj.jknj.moh.gov.my/ncd/kendalianmerokok/Garis%20Panduan%20Pengendalian%20Murid%20Sekolah%20Yang%20Merokok%20>
- Noorlaile binti Jasman. (2016). *Merokok satu amalan yang tidak boleh diterima masyarakat*. Retrieved from <http://taknak.myhealth.gov.my/merokok-satu-amalan-yang-tidak-boleh-diterima-oleh-masyarakat/>.
- Noorlaile Jasman (2015), *Realiti seorang isteri perokok*. Retrieved from <http://taknak.myhealth.gov.my/realiti-seorang-isteri-perokok/>
- Roslee Ahmad & Mohamed Sharif Mustaffa. (2006). *Kajian punca, risiko merokok dan sumbangan merokok terhadap penagihan bahan*. Satu kajian di Pusat Giat Mara Bukit Payong, Marang, Terengganu. *Annual Conference on Teacher Education*, 6-8 Sept 2006, Kota Kinabalu, Sabah.
- Sidek Mohd Noah. (2018). *Pengujian & penilaian dalam kaunseling teori & aplikasi*. Serdang: UPM Press.
- Sidek Mohd Noah. (2002). *PerkembangankKerjaya: Teori & praktis*. Serdang: UPM Press.
- Tomé G., Matos M., Simoes C., Diniz J.A., Camacho I. (2012). How can peer group influence the behavior of adoles-cents: Explanatory model. *Global Journal. Health Sci*, 4, 26–35. doi: 10.5539/gjhs.v4n2p26.
- Zulkifli Mohamad al-Bakri. (2015). *Bayan Linnas Siri Ke-18: Merokok: Hukum dan penyelesaiannya*. Retrieved from <https://muftiwp.gov.my/en/artikel/bayan-linnas/2634-bayan-linnas-siri-ke-18-merokok-hukum-dan-penyelesaiannya>