

The Influence of Lecturing Method Counseling about the Danger of Drugs on The Students Knowledge and Attitude at SMA Raksana, Medan, in 2014

Khairani Fitri, Amir Purba¹, Alam Bakti Keloko²

¹Alumnus of the Graduate Magister Faculty of Public Health, ²Lecturers of Public Health

University of Sumatera Utara, Indonesia

Abstract—One of the problems of adolescent is drug abuse which keeps increasing from year to year. Based on the result of survey conducted by the National Narcotics Board (BNN) about 90% of drug abuse occurred among the students and it brings negative influence on the continuity of national development. One of the factors causing the students to get involved in drug abuse was less of information about the danger of drug. One of the efforts that can be done to give the information about the danger of drug is through extension with lecturing method. The purpose of this quasi experimental study with static group comparison experimental design was to explain the impact of extension with lecturing method on the danger of drug on the knowledge and attitude of the students SMA Raksana. The population of this study was all of 383 students of SMA Raksana and 40 of them were selected to be the samples for this study comprising 2 groups, 20 students for treatment group and 20 students for control group. The data for this study were obtained in April 2014 through questionnaire distribution and analyzed through paired sample t-test level of confidence 95%. The result of this analysis showed that the extension on danger of drug had influence on the attitude ($p=000,1$) and knowledge ($p=000,1$) of the students. The teachers are suggested to provide the students with education on drug. School management is suggested to establish an organization to increase the students' creativity in avoiding the danger of drug and to cooperate with the National Narcotics Board (BNN) in providing in routine education on the danger of drug.

Keywords—Extension, Danger of Drug, Knowledge, Attitude.

I. INTRODUCTION

Young generation, especially adolescence is a transitional period, the transition from childhood to adulthood. In the transition period there is a rapid change in a person's physical, biological and psychological. The various changes experienced by teenagers often lead to a series of conflicts, either from within the individual in question or in contact with others around him. Such circumstances can adversely affect the intellectual life and health of adolescents and cause conflicts in life (Sarlito, 2005: 15)

One of the biggest conflicts occurs among teenagers is drug abuse, namely Narcotics, Psychotropic and other addictive substances. Drug abuse or abuse from year to year is on the rise, while the phenomenon of drugs itself is like an iceberg (Ice Berg) meaning that it looks smaller on the surface than the invisible or beneath the surface (Hawari, 2001: 6).

Within the scope of Southeast Asia, all ASEAN countries have recognized the problems they face regarding drug abuse. Southeast Asia has tremendous potential to become fertile ground for drug abuse due to the golden triangle of illegal drugmakers and distributors in the region comprising Myanmar, Cambodia and Thailand enabling the distribution of narcotic products through land, sea or air transport media to all countries in this region, did not escape also Indonesia (BNN North Sumatra, 2013: 13)

Similarly in Indonesia, cases of drug abuse are increasing rapidly. Although government and society have made various efforts, drug abuse seems so difficult to eradicate. Drug abuse in Indonesia has reached a worrying point. Based on data collected by the National Narcotics Agency (BNN), the number of drug cases increased from 3. 478 cases in 2000 to 8,401 in 2004, or an increase of 28.9% per year. Based on the results of the BNN survey in collaboration with the Center for Health Research of the University of Indonesia (UI) estimates the prevalence of drug abuse in 2009 amounted to 1.99% of the Indonesian population aged 10-59 years. In 2010 the prevalence is projected to increase to 2.21% and in 2015 to 2.8% or equivalent to 5.1-5.6% million people (BNN, 2011: 18).

All provinces in Indonesia are not clean from drug cases. The province of North Sumatra is the third largest province of narcotic and other addictive users in Indonesia after DKI Jakarta and DI Yogyakarta. In 2010 the number of narcotics abuse reached 2.2 percent of the 12 million population. While based on drug crime data revealed by North Sumatra Police and its staff, in 2010 there are 2,718

cases and 3,736 suspects. While in 2011 there were 2,728 cases and 3,514 suspects (BNN North Sumatra, 2013: 15).

Based on data obtained from Police North Sumatra known that in 2012 the number of suspects cases of drugs as many as 3237 suspects. This figure increased in 2013 to 4,209 suspects. From the data is also known that the city of Medan was ranked first with the number of 886 suspects in 2012 and 1,318 suspects in 2013 (Dit Res Drugs Sumut, 2014). Among the 1,318 suspects in the city of Medan, 126 suspects were obtained by Medan's Medan sub-district police resort and 4 suspects were students and Medan Police (Medan District Police Sector New Medan 2014). The findings of BNN North Sumatra Province in 2013 are known among 525 students in urine test, 21 of them are indicated to use drugs (BNN, 2014).

BNN survey results estimated the number of abuse try to use about 807 thousand to 938 thousand people, of which about 90% of the group is a student / student. In 2008 there were an estimated 16.9 million students. Approximately 4.6% of the total number of students is estimated to abuse narcotics and other addictive substances. In addition, the survey also showed that the age of the first use of narcotics and addictive substances at the age of 16-18 years (41%) or equivalent to those who are sitting in high school (SMA). At this age, teenagers are found to be under great pressure both from peer groups, curiosity or trial, and a sense of ego that encourages drug use and addictive substances (BNN, 2008: 15).

Adolescence is a phase of development between childhood and adulthood. The development of a person in childhood and adolescence will shape the person's own development in adulthood. That's why when the children and teenagers damaged by drugs, then gloomy or even destroyed his future. In adolescence, it is the desire to experiment, follow the trend and lifestyle, and have so much fun that young age (teenagers) is a productive age that requires special attention, because in this position, the level of identity search and tend to still be unstable. Young people's mindset is sometimes just instant, and searches for the easiest which faces something difficult. Although all trends are reasonable, it can also make it easier for teenagers to be encouraged to abuse drugs (Soetjningsih, 2007: 3).

There are several factors as the cause or that influence the behavior of a teenager, including: friendship factors, the development of information technology, cultural influences, hedonic lifestyle. Some factors that as a trigger in every pattern of life and basic thinking, including in the case of drug abuse. often a young child trapped into the black valley of drugs just because of the friendship factor that led to the desire to try. If analyzed by peer influence

becomes the most powerful method for drug trafficking (BNN, 2013: 6).

The above phenomenon clearly illustrates that there will be a danger to the continuity of national development if the next generation of nation becomes damaged by drug abuse. If a student misuses drugs it will be very detrimental for himself because he often sleeps in the classroom, unable to follow the lesson continuously and often skipping school, so many drug abusers become dropped out of school and eventually they feel no hope for the future. If allowed to continue drug abuse will be a very heavy family burden, and affect the community and state (BNN, 2013: 34)

According to Rahayuwati (2004: 23) to students at school, friends are the right people to share information about drugs, but almost all students are not well informed while schools are the right place to provide information about drugs to avoid students from drug abuse. School is a very important institution in drug prevention efforts, considering the wearer of most of the teenagers who are still a student. Based on these problems, in 2008 BNN focused on prevention target target among students through Anti Drugs Campaign Goes To School in order to fortify the next generation of the nation from the danger of drug misuse.

Efforts to change healthy behaviors have been implemented through Health Education or Health Promotion programs. Health Promotion is then conducted in the form of Extension activities. Counseling is a method of educating health that aims to improve the ability of the community through learning from, by and with the community in order to help themselves and develop community-sourced activities in health efforts, in accordance with the local social culture. Extension efforts can be done with several methods, including lecture methods and other methods. In the lecture method the role of communicator as the source of the message is very important. In addition to methods, the use of media such as print media such as leaflets, or electronics such as video playback, or media space is very supportive. In this case the media is used to create an atmosphere conducive to positive behavior change (Notoatmodjo, 2007).

The choice of adolescents as the target of counseling, based on the assumption that the psychological characteristics of teenage personality are unstable. Therefore, in order to change the wrong perception of drugs need to be prevented by providing information about drugs. The goal of consciously preventing drugs among adolescents is to increase adolescent knowledge and understanding of drugs and the dangers of abuse, as well as motivate and foster awareness of the responsibility of adolescents in fortifying themselves, the environment, the association of the dangers of drug abuse (MOH, 2006).

Drugs counseling is one of the activity programs that are often done by BNN. BNN is a non-ministerial body tasked to coordinate the relevant government agencies in the formulation and implementation of the national policy of drug prevention. The efforts undertaken to carry out the tasks carried out, among others, by empowering by establishing cadres eradication of drug abuse and also do a variety of counseling about the dangers of drugs (BNN Province of North Sumatra, 2013: 5).

SMA Raksana Medan is one of the schools located in Medan City. Based on information obtained from the BNN office of North Sumatra Province, it is known that the school is one of the schools located in areas prone to abuse and drug distribution. This is because around the school is a cemetery or known to the community with the title "KampungKubur" which is often used as a place of drug transactions and place tongkrongan adolescents. This condition is exacerbated because in the neighborhood there are brothels that operate until the morning. Environmental SMA Raksana Medan makes high school students Raksana Medan have a big risk to fall in drug abuse. In addition, based on the results of interviews with the Head of SMA Raksana Medan known that there had been students who were caught carrying drugs in school. Based on the results of interviews with BNN staff and principals it is also known that there has never been any information about the dangers of drugs in this school.

Based on the above description it is necessary to do counseling about the dangers of drugs to provide knowledge to students. For that we need to do research about the influence of education about the dangers of drugs to knowledge and attitude of high school students Raksana Medan Year 2014.

II. MATERIALS AND METHODS

Design, Time and Location Research

This research type is quasi experiment or quasi experiment research that is research to find out whether or not there is causal relationship and how big the causal relationship by giving certain treatments in some experimental group (Suryabrata, 2012: 92). The design used in this study is static group comparison experimental design which aims to explain the influence of counseling with lecture method about the dangers of drugs to the knowledge and attitude of students in SMA Raksana. This design can be described as follows:

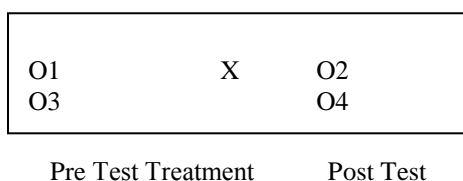


Figure 1. Research design

Population and Sample

The population in this study is all students of SMA Raksana 383 students with details that can be seen in the following table:

Table 1. Student State in SMA Raksana Medan

| Class | Man | Women | Sum |
|--------------|------------|------------|------------|
| Class 1 | 62 | 94 | 156 |
| Class 2 | 39 | 75 | 114 |
| Class 3 | 72 | 41 | 113 |
| Total | 173 | 210 | 383 |

The sample is part of the population to be used for research. In determining the sample in this study using the formula Slovin (Setiawan, 2007: 7)

$$n = \frac{N}{N d^2 + 1}$$

Where :

n = Number of samples

N = Population

d = Error of Estimation (error estimation used 15% = 0.15)

$$n = \frac{383}{383 (0,15)^2 + 1}$$

$$n = \frac{383}{9,62}$$

$$n = 39,81$$

$$n = 40$$

From the above calculation, the number of samples is 40 people divided into 2 groups, ie 20 students who were given treatment with the lecture method called the case group and the other 20 students without being treated, hereinafter referred to as the control group. Sampling will be done by proportional stratified random sampling method in which each level and gender are representative.

Data Analysis

Data analysis was obtained by using statistical test calculation using computer program aid.

1. Univariate analysis is an analysis that focuses on the description or descriptive data obtained. Describe the frequency distribution of each independent variable and the dependent variable.

2. Bivariate Analysis. Because the data design in this study is paired (control group with interpretive and posttest design), the analysis used to see the change of knowledge and attitude due to effective communication about the

danger of drugs before and after treatment and compare the knowledge of the control group with the case group before and after treatment using pair-T test at 95% confidence level.

III. RESULTS AND DISCUSSION

1. Characteristics of Respondents

Table I. Frequency Distribution of Respondent Characteristics by Class, Age and Sex

| No | Characteristics of Respondents | Control | | Treatment | |
|----|--------------------------------|-----------|--------------|-----------|--------------|
| | | n | % | n | % |
| 1. | Class | | | | |
| | Class 1 | 12 | 60,0 | 11 | 55,0 |
| | Class 2 | 8 | 40,0 | 9 | 45,0 |
| | Total | 20 | 100,0 | 20 | 100,0 |
| 2. | Age | | | | |

| | | | | | |
|----|--------------|-----------|--------------|-----------|--------------|
| | 16 year | 2 | 10,0 | 1 | 5,0 |
| | 17 year | 10 | 50,0 | 9 | 45,0 |
| | 18 year | 3 | 15,0 | 4 | 20,0 |
| | 19 year | 3 | 15,0 | 3 | 15,0 |
| | 20 year | 2 | 10,0 | 3 | 15,0 |
| | Total | 20 | 100,0 | 20 | 100,0 |
| 3. | Sex | | | | |
| | Man | 7 | 35,0 | 8 | 40,0 |
| | Women | 13 | 65,0 | 12 | 60,0 |
| | Total | 20 | 100,0 | 20 | 100,0 |

2. Respondents' Knowledge of Drug Dangers

Knowledge indicators are measured using 20 questions. Here is the frequency distribution of respondents' answers to the knowledge variables before and after the counseling about the dangers of drugs in the treatment group.

TABLE II Frequency Distribution of Respondents' Knowledge of Drug Danger to Treatment Group

| No | Knowledge | Pretest | | | | Posttest | | | |
|----|---------------------------------------|---------|------|-------|------|----------|-------|-------|------|
| | | Correct | | False | | Correct | | False | |
| | | n | % | n | % | n | % | n | % |
| 1 | Definition of drugs | 11 | 55,0 | 9 | 45,0 | 17 | 85,0 | 3 | 15,0 |
| 2 | An extension of drugs | 6 | 30,0 | 14 | 70,0 | 20 | 100,0 | 0 | 0,0 |
| 3 | The purpose of using drugs initially | 6 | 30,0 | 14 | 70,0 | 17 | 85,0 | 3 | 15,0 |
| 4 | The origin of narcotics | 1 | 5,0 | 19 | 95,0 | 16 | 80,0 | 4 | 20,0 |
| 5 | Common types of narcotics | 12 | 60,0 | 8 | 40,0 | 16 | 80,0 | 4 | 20,0 |
| 6 | The name of marijuana is better known | 10 | 50,0 | 10 | 50,0 | 19 | 95,0 | 1 | 5,0 |
| 7 | Psychotropic types are often misused | 7 | 35,0 | 13 | 65,0 | 19 | 95,0 | 1 | 5,0 |
| 8 | Types of addictive ingredients | 8 | 40,0 | 12 | 60,0 | 13 | 65,0 | 7 | 35,0 |
| 9 | Drug reasons should be avoided | 18 | 90,0 | 2 | 10,0 | 19 | 95,0 | 5 | 5,0 |

| No | Knowledge | Pretest | | | | Posttest | | | |
|----|---------------------------------------|---------|------|-------|------|----------|-------|-------|------|
| | | Correct | | FALSE | | Correct | | FALSE | |
| | | n | % | n | % | n | % | n | % |
| 1 | Definition of drugs | 11 | 55,0 | 9 | 45,0 | 17 | 85,0 | 3 | 15,0 |
| 2 | An extension of drugs | 6 | 30,0 | 14 | 70,0 | 20 | 100,0 | 0 | 0,0 |
| 3 | The purpose of using drugs initially | 6 | 30,0 | 14 | 70,0 | 17 | 85,0 | 3 | 15,0 |
| 4 | The origin of narcotics | 1 | 5,0 | 19 | 95,0 | 16 | 80,0 | 4 | 20,0 |
| 5 | Common types of narcotics | 12 | 60,0 | 8 | 40,0 | 16 | 80,0 | 4 | 20,0 |
| 6 | The name of marijuana is better known | 10 | 50,0 | 10 | 50,0 | 19 | 95,0 | 1 | 5,0 |

| | | | | | | | | | |
|----|--|----|------|----|------|----|-------|---|------|
| 7 | Psychotropic types are often misused | 7 | 35,0 | 13 | 65,0 | 19 | 95,0 | 1 | 5,0 |
| 8 | Types of addictive ingredients | 8 | 40,0 | 12 | 60,0 | 13 | 65,0 | 7 | 35,0 |
| 9 | Drug reasons should be avoided | 18 | 90,0 | 2 | 10,0 | 19 | 95,0 | 5 | 5,0 |
| 10 | The effects caused when using cannabis | 5 | 25,0 | 15 | 75,0 | 17 | 85,0 | 3 | 15,0 |
| 11 | Effects caused when using extacy | 1 | 5,0 | 19 | 95,0 | 16 | 80,0 | 4 | 20,0 |
| 12 | Effect caused when using addictive substance type of inhalen | 12 | 60,0 | 8 | 40,0 | 16 | 80,0 | 4 | 20,0 |
| 13 | Short-term effects of using drugs | 10 | 50,0 | 10 | 50,0 | 19 | 95,0 | 1 | 5,0 |
| 14 | Physical dangers of drugs | 7 | 35,0 | 13 | 65,0 | 19 | 95,0 | 1 | 5,0 |
| 15 | Drug hazards are psychic | 10 | 50,0 | 10 | 50,0 | 12 | 60,0 | 8 | 40,0 |
| 16 | Drug hazards are social | 5 | 25,0 | 15 | 75,0 | 17 | 85,0 | 3 | 15,0 |
| 17 | Understanding addiction | 11 | 55,0 | 9 | 45,0 | 17 | 85,0 | 3 | 15,0 |
| 18 | The test used by BNN to find someone using drugs or not | 12 | 60,0 | 8 | 40,0 | 20 | 100,0 | 0 | 0,0 |
| 19 | Healing drug use | 12 | 60,0 | 8 | 40,0 | 19 | 95,0 | 1 | 5,0 |
| 20 | Efforts that need to be done to cause a deterrent effect on the perpetrators of drug abuse | 10 | 50,0 | 10 | 50,0 | 20 | 100,0 | 0 | 0,0 |

Based on table 2 above it is known that in the first question about the definition of drugs (natural substances that the body needs if put into the body either by drinking, inhaled, injected, intravenously and others can change the mind, mood, feelings and behavior), the respondents who answered correctly increased from 55.0% to 85.0%. This shows that the change of knowledge of respondents by 30.0% or the addition of the number of respondents who so know about the dangers of drugs after being given counseling.

In the second question about the extension of drugs, there is a significant increase in knowledge, respondents who answered correctly increased from 30.0% to 100.0%. This shows that the change of knowledge of respondents by 70.0% or all respondents to

know about the dangers of drugs after being given counseling.

Blood glucose measurement using a glucometer named *SD Check Gold* that obtained blood glucose response of respondents to the provision of a reference food that is white bread. The blood glucose response with white bread as a food reference can be seen in the table II.

In the third question about the purpose of using drugs initially, there was an increase in knowledge, respondents who answered correctly increased from 30.0% to 85.0%. This shows that there is a change of knowledge of respondents by 55.0% or increase the number of respondents to know after given counseling about the dangers of drugs.

TABLE III: Frequency Distribution of Respondents' Knowledge of Drug Danger to Control Group

| No | Knowledge | Pretest | | | | Posttest | | | |
|----|---------------------|---------|------|-------|------|----------|------|-------|------|
| | | Correct | | False | | Correct | | False | |
| | | n | % | n | % | n | % | n | % |
| 1 | Definition of drugs | 10 | 50,0 | 10 | 50,0 | 10 | 50,0 | 10 | 50,0 |

| | | | | | | | | | |
|---|---------------------------------------|----|------|----|------|----|------|----|------|
| 2 | An extension of drugs | 6 | 30,0 | 14 | 70,0 | 6 | 30,0 | 14 | 70,0 |
| 3 | The purpose of using drugs initially | 9 | 45,0 | 11 | 55,0 | 9 | 45,0 | 11 | 55,0 |
| 4 | The origin of narcotics | 3 | 15,0 | 17 | 85,0 | 3 | 15,0 | 17 | 85,0 |
| 5 | Common types of narcotics | 8 | 40,0 | 12 | 60,0 | 8 | 40,0 | 12 | 60,0 |
| 6 | The name of marijuana is better known | 8 | 40,0 | 12 | 60,0 | 8 | 40,0 | 12 | 60,0 |
| 7 | Psychotropic types are often misused | 9 | 45,0 | 11 | 55,0 | 9 | 45,0 | 11 | 55,0 |
| 8 | Types of addictive ingredients | 7 | 35,0 | 13 | 65,0 | 7 | 35,0 | 13 | 65,0 |
| 9 | Drug reasons should be avoided | 17 | 85,0 | 3 | 15,0 | 17 | 85,0 | 3 | 15,0 |

| | | | | | | | | | |
|----|--|----|------|----|------|----|------|----|------|
| 10 | The effects caused when using cannabis | 6 | 30,0 | 14 | 70,0 | 6 | 30,0 | 14 | 70,0 |
| 11 | Effects caused when using extacy | 5 | 25,0 | 15 | 75,0 | 5 | 25,0 | 15 | 75,0 |
| 12 | Effect caused when using addictive substance type of inhalen | 9 | 45,0 | 11 | 55,0 | 9 | 45,0 | 11 | 55,0 |
| 13 | Short-term effects of using drugs | 10 | 50,0 | 10 | 50,0 | 10 | 50,0 | 10 | 50,0 |
| 14 | Physical dangers of drugs | 9 | 45,0 | 11 | 55,0 | 9 | 45,0 | 11 | 55,0 |
| 15 | Drug hazards are psychic | 9 | 45,0 | 11 | 55,0 | 9 | 45,0 | 11 | 55,0 |
| 16 | Drug hazards are social | 10 | 50,0 | 10 | 50,0 | 10 | 50,0 | 10 | 50,0 |
| 17 | Understanding addiction | 10 | 50,0 | 10 | 50,0 | 10 | 50,0 | 10 | 50,0 |
| 18 | The test used by BNN to find someone using drugs or not | 11 | 55,0 | 9 | 45,0 | 11 | 55,0 | 9 | 45,0 |
| 19 | Healing drug use | 14 | 70,0 | 6 | 30,0 | 14 | 70,0 | 6 | 30,0 |
| 20 | Efforts that need to be done to cause a deterrent effect on the perpetrators of drug abuse | 6 | 30,0 | 14 | 70,0 | 6 | 30,0 | 14 | 70,0 |

From table 3 above can be seen that there is no change of knowledge of respondents on any question items. This is because the respondent control group is not given counseling about the dangers of drugs so that knowledge of respondents did not change.

Based on the results of the research, it is known that the knowledge scores in the control group did not increase

with the highest score of 15 (pre and post) and the lowest 5 (pre and post). In the treatment group experienced an increase in knowledge score with the lowest pretest result 5 and the highest 12 and at the time of posttest the lowest score 13 and the highest 19. For more clearly can be seen in the following

table

TABLE IV: Distribution of Pretest and Posttest Scores of Respondents' Knowledge of Drug Dangers to Control Groups and High School Students Group Raksana Medan

| No Respondents | Knowledge | | | | | | | |
|----------------|----------------|------|----------|------|-----------------|------|----------|------|
| | Control Groups | | | | Treatment Group | | | |
| | Pretes | | Posttest | | Pretes | | Posttest | |
| | Skor | % | Skor | % | Skor | % | Skor | % |
| 1 | 7 | 35,0 | 7 | 35,0 | 6 | 30,0 | 15 | 75,0 |
| 2 | 13 | 65,0 | 13 | 65,0 | 9 | 45,0 | 18 | 90,0 |
| 3 | 9 | 45,0 | 9 | 45,0 | 8 | 40,0 | 17 | 85,0 |
| 4 | 5 | 25,0 | 5 | 25,0 | 11 | 55,0 | 18 | 90,0 |
| 5 | 6 | 30,0 | 6 | 30,0 | 7 | 35,0 | 15 | 75,0 |

| | | | | | | | | |
|----|----|------|----|------|----|------|----|------|
| 6 | 9 | 45,0 | 9 | 45,0 | 6 | 30,0 | 14 | 70,0 |
| 7 | 15 | 75,0 | 15 | 75,0 | 9 | 45,0 | 16 | 80,0 |
| 8 | 6 | 30,0 | 6 | 30,0 | 11 | 55,0 | 18 | 90,0 |
| 9 | 10 | 50,0 | 10 | 50,0 | 10 | 50,0 | 19 | 95,0 |
| 10 | 11 | 55,0 | 11 | 55,0 | 9 | 45,0 | 18 | 90,0 |
| 11 | 9 | 45,0 | 9 | 45,0 | 5 | 25,0 | 13 | 65,0 |
| 12 | 9 | 45,0 | 9 | 45,0 | 9 | 45,0 | 15 | 75,0 |
| 13 | 13 | 65,0 | 13 | 65,0 | 12 | 60,0 | 19 | 95,0 |
| 14 | 5 | 25,0 | 5 | 25,0 | 12 | 60,0 | 19 | 95,0 |
| 15 | 8 | 40,0 | 8 | 40,0 | 5 | 25,0 | 14 | 70,0 |
| 16 | 8 | 40,0 | 8 | 40,0 | 11 | 55,0 | 19 | 95,0 |
| 17 | 11 | 55,0 | 11 | 55,0 | 12 | 60,0 | 18 | 90,0 |
| 18 | 8 | 40,0 | 8 | 40,0 | 10 | 50,0 | 17 | 85,0 |
| 19 | 7 | 35,0 | 7 | 35,0 | 8 | 40,0 | 15 | 75,0 |
| 20 | 8 | 40,0 | 8 | 40,0 | 10 | 50,0 | 19 | 95,0 |

Based on table 4.it can be seen that from all the respondents control group did not change knowledge. This is because in the control group is not given counseling about the dangers of drugs so that the knowledge of respondents did not change.

In the treatment group there was a change of knowledge after being given counseling about the dangers of drugs. Tejadi increase in knowledge at least by 30.0%, ie on twelve respondents and respondents to seventeen. Then there is a change of knowledge of 35.0%, ie on the fourth respondent, seventh, eighth, thirteenth, fourteenth, eighteenth and nineteenth. Then there is a 40.0% increase in knowledge, which is the fifth, sixth, eleventh and

sixteenth respondents. While the biggest increase of knowledge on the first respondent, second, third, ninth, tenth, fifteenth and twentieth is equal to 45,0%.

From the above table it can be seen that the outreach about the dangers of drugs can increase knowledge of high school students Raksana Medan about the dangers of drugs by 30.0% - 45.0%.

3.Respondents' Attitudes about Drug Dangers

Attitude indicators are measured using 15 statements. Here is the frequency distribution of respondents' answers to attitude variables before and after the counseling about the dangers of drugs in the treatment group.

TABLE V: Frequency Distribution of Respondents' Attitudes about Drug Dangers to Treatment Groups

| Attitude | Treatment | | | |
|--|-----------|------|----------|------|
| | Pretest | | Posttest | |
| | n | % | n | % |
| The dangers of drugs are not important to know by teenagers | | | | |
| strongly agree | 4 | 20,0 | 3 | 15,0 |
| agree | 0 | 0,0 | 0 | 0,0 |
| disagree | 11 | 55,0 | 8 | 40,0 |
| strongly disagree | 5 | 25,0 | 9 | 45,0 |
| Efforts should be made to prevent the circulation of drugs in the school environment | | | | |
| strongly agree | 10 | 50,0 | 18 | 90,0 |
| agree | 8 | 40,0 | 2 | 10,0 |
| disagree | 2 | 10,0 | 0 | 0,0 |
| strongly disagree | 0 | 0,0 | 0 | 0,0 |
| Provide the most severe punishment to drug users | | | | |
| strongly agree | 8 | 40,0 | 16 | 80,0 |
| agree | 10 | 50,0 | 3 | 15,0 |
| disagree | 2 | 10,0 | 1 | 5,0 |
| strongly disagree | 0 | 0,0 | 0 | 0,0 |

| | | | | |
|---|----|------|----|-------|
| Give the drug dealer the hardest punishment | | | | |
| strongly agree | 19 | 95,0 | 20 | 100,0 |
| agree | 1 | 5,0 | 0 | 0,0 |
| disagree | 0 | 0,0 | 0 | 0,0 |
| strongly disagree | 0 | 0,0 | 0 | 0,0 |
| I do not want to hang out with drug dealers | | | | |
| strongly agree | 8 | 40,0 | 13 | 65,0 |
| agree | 7 | 35,0 | 2 | 10,0 |
| disagree | 5 | 25,0 | 5 | 25,0 |
| strongly disagree | 0 | 0,0 | 0 | 0,0 |
| I'm happy to be close to a collection of drug users | | | | |
| strongly agree | 1 | 5,0 | 1 | 5,0 |
| agree | 0 | 0,0 | 0 | 0,0 |
| disagree | 11 | 55,0 | 7 | 35,0 |
| strongly disagree | 8 | 40,0 | 12 | 60,0 |

| | | | | |
|---|----|------|----|------|
| I am not willing to attend counseling / seminars about the dangers of drugs | | | | |
| strongly agree | 0 | 0,0 | 0 | 0,0 |
| agree | 0 | 0,0 | 0 | 0,0 |
| disagree | 14 | 70,0 | 10 | 50,0 |
| strongly disagree | 6 | 30,0 | 10 | 50,0 |
| Smoking habits in adolescence will make it easier in drug abuse | | | | |
| strongly agree | 4 | 20,0 | 8 | 40,0 |
| agree | 6 | 30,0 | 8 | 40,0 |
| disagree | 9 | 45,0 | 3 | 15,0 |
| strongly disagree | 1 | 5,0 | 1 | 5,0 |
| Drugs need not be avoided because it can increase confidence | | | | |
| strongly agree | 1 | 5,0 | 0 | 0,0 |
| agree | 0 | 0,0 | 0 | 0,0 |
| disagree | 9 | 45,0 | 4 | 20,0 |
| strongly disagree | 10 | 50,0 | 16 | 16,0 |
| Keeping yourself safe from drugs is your own responsibility | | | | |
| strongly agree | 9 | 45,0 | 17 | 85,0 |

| | | | | |
|---|----|------|----|-------|
| disagree | 11 | 55,0 | 3 | 15,0 |
| strongly disagree | 0 | 0,0 | 0 | 0,0 |
| | 0 | 0,0 | 0 | 0,0 |
| I will declare "no" to friends / relatives or anyone who offers drugs | | | | |
| strongly agree | | | | |
| agree | 13 | 65,0 | 20 | 100,0 |
| disagree | 7 | 35,0 | 0 | 0,0 |
| strongly disagree | 0 | 0,0 | 0 | 0,0 |
| | 0 | 0,0 | 0 | 0,0 |

| | | | | |
|--|----|------|----|------|
| The school is responsible for the abuse of drugs in the school environment | | | | |
| strongly agree | 3 | 15,0 | 9 | 45,0 |
| agree | 9 | 45,0 | 5 | 25,0 |
| disagree | 6 | 30,0 | 4 | 20,0 |
| strongly disagree | 2 | 10,0 | 2 | 10,0 |
| Drugs will benefit me and others | | | | |
| strongly agree | | | | |
| agree | 1 | 5,0 | 1 | 5,0 |
| disagree | 0 | 0,0 | 0 | 0,0 |
| strongly disagree | 8 | 40,0 | 2 | 10,0 |
| | 11 | 55,0 | 17 | 85,0 |
| Drug problems need not be incorporated into the education curriculum | | | | |
| strongly agree | | | | |
| agree | 2 | 10,0 | 2 | 10,0 |
| disagree | 5 | 25,0 | 0 | 0,0 |
| strongly disagree | 10 | 50,0 | 12 | 60,0 |
| | 3 | 15,0 | 6 | 30,0 |
| Sanctions given to the perpetrators of drug abuse is not too heavy | | | | |
| strongly agree | 1 | 5,0 | 1 | 5,0 |
| | 1 | 5,0 | 1 | 5,0 |
| agree | 12 | 60,0 | 8 | 40,0 |
| disagree | 6 | 30,0 | 10 | 50,0 |
| strongly disagree | | | | |

Based on table 5 above it is known that the first statement about the dangers of drugs is not important to be known

by teenagers, before given counseling the majority of respondents answered disagree, that is as many as 11

people (55.0%), whereas after given counseling the majority of respondents changed to answer very agrees,

that is 9 people (45,0%) This indicates that there is a change of attitude of respondent or addition of number of respondents who are good about the danger of drugs after being given counseling.

TABLE VI - Distribution of Respondents' Attitude Frequency on the Dangers of Narcotics in Control Groups

| Attitude | Treatment | | | |
|--|-----------|------|----------|------|
| | Pretest | | Posttest | |
| | n | % | n | % |
| The dangers of drugs are not important to know by teenagers | | | | |
| strongly agree | 2 | 10,0 | 2 | 10,0 |
| agree | 2 | 10,0 | 2 | 10,0 |
| disagree | 12 | 60,0 | 12 | 60,0 |
| strongly disagree | 4 | 20,0 | 4 | 20,0 |
| Efforts should be made to prevent the circulation of drugs in the school environment | | | | |
| strongly agree | 9 | 45,0 | 9 | 45,0 |
| agree | 10 | 50,0 | 10 | 50,0 |
| disagree | 1 | 5,0 | 1 | 5,0 |
| strongly disagree | 0 | 0,0 | 0 | 0,0 |
| Provide the most severe punishment to drug users | | | | |
| strongly agree | | | | |
| agree | 9 | 45,0 | 9 | 45,0 |
| disagree | 10 | 50,0 | 10 | 50,0 |
| strongly disagree | 1 | 5,0 | 1 | 5,0 |
| | 0 | 0,0 | 0 | 0,0 |
| Give the drug dealer the hardest punishment | | | | |
| strongly agree | | | | |
| agree | 16 | 80,0 | 16 | 80,0 |
| disagree | 4 | 20,0 | 4 | 20,0 |
| strongly disagree | 0 | 0,0 | 0 | 0,0 |
| | 0 | 0,0 | 0 | 0,0 |
| I do not want to hang out with drug dealers | | | | |
| strongly agree | | | | |
| agree | 5 | 25,0 | 5 | 25,0 |
| disagree | 6 | 30,0 | 6 | 30,0 |
| strongly disagree | 8 | 40,0 | 8 | 40,0 |
| | 1 | 5,0 | 1 | 5,0 |
| I'm happy to be close to a collection of drug users | | | | |
| strongly agree | | | | |
| agree | 0 | 0,0 | 0 | 0,0 |
| disagree | 1 | 5,0 | 1 | 5,0 |
| strongly disagree | 11 | 55,0 | 11 | 55,0 |
| | 8 | 40,0 | 8 | 40,0 |

| | | | | |
|---|----|------|----|------|
| I am not willing to attend counseling / seminars about the dangers of drugs | | | | |
| strongly agree | 0 | 0,0 | 0 | 0,0 |
| agree | 1 | 5,0 | 1 | 5,0 |
| disagree | 11 | 55,0 | 11 | 55,0 |
| strongly disagree | 8 | 40,0 | 8 | 40,0 |

| | | | | |
|---|----|------|----|------|
| Smoking habits in adolescence will make it easier in drug abuse | | | | |
| strongly agree | | | | |
| agree | | | | |
| disagree | 5 | 25,0 | 5 | 25,0 |
| strongly disagree | 7 | 35,0 | 7 | 35,0 |
| | 8 | 40,0 | 8 | 40,0 |
| | 0 | 0,0 | 0 | 0,0 |
| Drugs need not be avoided because it can increase confidence | | | | |
| strongly agree | | | | |
| agree | 0 | 0,0 | 0 | 0,0 |
| disagree | 1 | 5,0 | 1 | 5,0 |
| strongly disagree | 12 | 60,0 | 12 | 60,0 |
| | 7 | 35,0 | 7 | 35,0 |
| Keeping yourself safe from drugs is your own responsibility | | | | |
| strongly agree | | | | |
| agree | 7 | 35,0 | 7 | 35,0 |
| disagree | 13 | 65,0 | 13 | 65,0 |
| strongly disagree | 0 | 0,0 | 0 | 0,0 |
| | 0 | 0,0 | 0 | 0,0 |
| I will declare "no" to friends / relatives or anyone who offers drugs | | | | |
| strongly agree | | | | |
| agree | 9 | 45,0 | 9 | 45,0 |
| disagree | 11 | 55,0 | 11 | 55,0 |
| strongly disagree | 0 | 0,0 | 0 | 0,0 |
| | 0 | 0,0 | 0 | 0,0 |

| | | | | |
|--|----|------|----|------|
| The school is responsible for the abuse of drugs in the school environment | | | | |
| strongly agree | | | | |
| agree | 5 | 25,0 | 5 | 25,0 |
| disagree | 11 | 55,0 | 11 | 55,0 |
| strongly disagree | 4 | 20,0 | 4 | 20,0 |
| | 0 | 0,0 | 0 | 0,0 |
| Drugs will benefit me and others | | | | |
| strongly agree | | | | |
| agree | 0 | 0,0 | 0 | 0,0 |
| disagree | 0 | 0,0 | 0 | 0,0 |
| strongly disagree | 10 | 50,0 | 10 | 50,0 |
| | 10 | 50,0 | 10 | 50,0 |
| Drug problems need not be incorporated into the education curriculum | | | | |
| strongly agree | 1 | 5,0 | 1 | 5,0 |
| agree | 2 | 10,0 | 2 | 10,0 |
| disagree | 15 | 75,0 | 15 | 75,0 |
| strongly disagree | 2 | 10,0 | 2 | 10,0 |
| Sanctions given to the perpetrators of drug abuse is not too heavy | | | | |
| strongly agree | | | | |
| agree | 0 | 0,0 | 0 | 0,0 |
| disagree | 0 | 0,0 | 0 | 0,0 |
| strongly disagree | 13 | 65,0 | 13 | 65,0 |
| | 7 | 35,0 | 7 | 35,0 |

From table 6 above can be seen that there is no change in attitude of respondents on any statement item. This is because the respondent control group is not given counseling about the dangers of drugs so that the attitude of respondents did not change.

TABLE VII: Distribution of Pretest and Posttest Result Respondents' Attitudes about Drug Danger on Control Group and Treatment Group of Raksana Medan High School Students

| No Respondents | Attitudes | | | | | | | |
|----------------|---------------|------|----------|------|-----------------|------|----------|-------|
| | Control Group | | | | Treatment Group | | | |
| | Pretes | | Posttest | | Pretes | | Posttest | |
| | Skor | % | Skor | % | Skor | % | Skor | % |
| 1 | 47 | 78,3 | 47 | 78,3 | 42 | 70,0 | 52 | 86,7 |
| 2 | 50 | 83,3 | 50 | 83,3 | 39 | 65,0 | 45 | 75,0 |
| 3 | 47 | 78,3 | 47 | 78,3 | 49 | 81,7 | 50 | 83,3 |
| 4 | 48 | 80,0 | 48 | 80,0 | 45 | 75,0 | 48 | 80,0 |
| 5 | 49 | 81,7 | 49 | 81,7 | 47 | 78,3 | 54 | 90,0 |
| 6 | 50 | 83,3 | 50 | 83,3 | 45 | 75,0 | 52 | 86,7 |
| 7 | 53 | 88,3 | 53 | 88,3 | 45 | 75,0 | 45 | 75,0 |
| 8 | 51 | 85,0 | 51 | 85,0 | 50 | 83,3 | 53 | 88,3 |
| 9 | 44 | 73,3 | 44 | 73,3 | 57 | 95,0 | 60 | 100,0 |
| 10 | 54 | 90,0 | 54 | 90,0 | 50 | 83,3 | 57 | 95,0 |
| 11 | 57 | 95,0 | 57 | 95,0 | 50 | 83,3 | 52 | 86,7 |
| 12 | 45 | 75,0 | 45 | 75,0 | 45 | 75,0 | 50 | 83,3 |
| 13 | 45 | 75,0 | 45 | 75,0 | 48 | 80,0 | 55 | 83,3 |
| 14 | 51 | 85,0 | 51 | 85,0 | 54 | 90,0 | 59 | 91,7 |
| 15 | 50 | 83,3 | 50 | 83,3 | 43 | 71,7 | 55 | 98,3 |
| 16 | 43 | 71,7 | 43 | 71,7 | 55 | 91,7 | 56 | 91,7 |
| 17 | 41 | 68,3 | 41 | 68,3 | 51 | 85,0 | 53 | 93,3 |
| 18 | 50 | 83,3 | 50 | 83,3 | 48 | 80,0 | 56 | 88,3 |
| 19 | 48 | 80,0 | 48 | 80,0 | 51 | 85,0 | 54 | 93,3 |
| 20 | 51 | 85,0 | 51 | 85,0 | 53 | 88,3 | 59 | 90,0 |

Based on table 7 above can be seen that of all respondents control group does not change attitude. This is because in the control group is not given counseling about the dangers of drugs so that the attitude of respondents did not change.

4. Differences in Average Value of Pretest and Posttest Result of Knowledge and Respondents' Attitudes about Drug Danger on Control and Treatment Group

TABLE VIII: Differences in Average Values of Pretest Outcomes Knowledge and Respondents' Attitudes about Drug Dangers in Control Groups and High School Students Group Raksana Medan

| Group | Pre Test | | | | | | | |
|-----------|-----------|------------|------|-------|-----------|------------|------|-------|
| | Knowledge | | | | Attitudes | | | |
| | Average | Disaverage | t | p | Average | Disaverage | t | p |
| Treatment | 9,00 | 0,15 | 0,19 | 0,847 | 48,35 | 0,35 | 0,24 | 0,813 |
| Control | 8,85 | | | | 48,70 | | | |

Table 8 above shows that the mean value of knowledge in the treatment group is 9.00 and the control group is 8.85. From result of paired samples t-test is known that t count 0,19 with p value 0,847 ($p > 0,05$). This shows that there is

no difference of average of respondent knowledge in control group and treatment group before given counseling.

TABLE IX: Differences in Average Values of Posttest Result of Knowledge and Respondents' Attitudes about Drug Dangers in Control Groups and High School Students Group Raksana Medan

| Group | Post Test | | | | | | | |
|-----------|-----------|------------|-------|-------|-----------|------------|------|-------|
| | Knowledge | | | | Attitudes | | | |
| | Average | Disaverage | t | p | Average | Disaverage | t | p |
| Treatment | 16,80 | 7,95 | 11,09 | 0,001 | 53,25 | 4,55 | 3,36 | 0,003 |
| Control | 8,85 | | | | 48,70 | | | |

From table 9 it can be seen that the average value of knowledge in the treatment group 16.80 and control group 8.85. From result of paired samples t-test is known that t

count 11,09 with p value 0,001 ($p < 0,05$). It shows that there is real difference mean of knowledge of responder in control group and treatment group after giving counseling.

5. Effect of Extension Against Narcotics on Respondents' Knowledge and Attitude

TABLE X: The Effect of Counseling about Drug Dangers to the Knowledge of High School Students of Raksana Medan

| Grup | Knowledge | | |
|-----------|---------------------------------|--------|-------|
| | Disaverage Pretest and Posttest | t | p |
| Treatment | -7,80 | -33,02 | 0,001 |
| Control | 0,00 | | |

Table 10 shows the mean values of pretest and posttest knowledge in treatment groups -7.80 and control group 0.00. The result of the analysis using paired samples t-test is obtained by t value -33,02 with p value 0,001 ($p < 0,05$). It can be concluded that the provision of counseling about the dangers of drugs is effective to increase knowledge in the treatment group which means there is influence of counseling about the dangers of drugs to the knowledge of respondents. Based on the results of the research, it is known that the knowledge scores in the control group did not increase with the highest score of 15 (pre and post) and the lowest 5 (pre and post). In the treatment group experienced an increase in knowledge score with the lowest pretest result 5 and the highest 12 and at postes lowest score 13 and the highest 19. Improved scores that occurred in the treatment group due to counseling that has been given about narcotics to the treatment group, while in the control group is not given counseling so that there is no change of score. This situation is in accordance with the results of Erwin's (2010) study on the effectiveness of lecture methods on family knowledge and attitude in the treatment of pulmonary tuberculosis in the work area of Puskesmas Guguk Panjang Kota Bukit Tinggi 2010, suggesting that prior to counseling the two groups of respondents had the characteristics of knowledge and attitude about handling Similar pulmonary TB and after counseling using a lecture method there was a difference in knowledge between the treated and non-treated groups. Arikunto (2005) argues that one of the requirements of experimental research is to attempt both groups of respondents in the same conditions so that the exposure of

the final result can actually be the result of the presence and absence of treatment.

After giving counseling about the dangers of drugs, generally the knowledge of the respondents to be good. From the research results obtained that there are differences in the average value of knowledge. The mean value of posttest knowledge in treatment group 16,80 and control group 8,85, so it can know the difference of treatment group average with control group equal to 7,95. From the test results it is known that t arithmetic 11.09 with a value of p 0.001 ($p < 0.05$). This shows that there is a significant difference average knowledge of respondents in the control group with the treatment group after being given counseling.

The hazards and consequences of drug abuse may be a personal hazard to the user and may also be a social hazard to society or the environment (Makaro, 2003: 26). In general, the impact of drug addiction can be seen in the physical, psychological and social circumstances of a person.

From the explanation that has been described can be concluded that there is increased knowledge of high school students Raksana Medan about the dangers of drugs before and after getting counseling. This situation illustrates that counseling is an activity that can affect the change of knowledge of respondents from those who do not know to know. With the giving of counseling then the respondents get learning that produces a change from the previously unknown to be known, which has not been understood to be understood. This is in accordance with the ultimate goal of counseling so that students can know about the dangers of drugs.

Counseling with lecture methods on the dangers of drugs is influenced by communicators that can affect the interests of the recipient of the message. The existence of

the ability of this communicator due to the communicator has experience in delivering material about the dangers of drugs

TABLE XI: The Effect of Counseling about Drug Dangers to High School Students Attitude of Raksana Medan

| Grup | Kelompok | Attitude | | |
|-----------|-----------|---------------------------------|--------|-------|
| | | Disaverage Pretest and Posttest | t | p |
| Treatment | Perlakuan | -4,90 | -6,897 | 0,001 |
| Control | Kontrol | 0,00 | | |

Table 11 can be seen that the average difference of pretest and posttest attitude in treatment group -4.90 and control group 0.00. The result of the analysis using paired sample t test is obtained by t value -6,897 with p value 0,001 ($p < 0,05$). It can be concluded that the provision of counseling about the dangers of drugs is effective to improve attitudes in the treatment group which means there is influence of counseling about the dangers of drugs on the attitude of respondents.

Based on the results of the research, it was found that attitude scores in the control group did not increase with the highest score of 57 (pre and post) and lowest 41 (pre and post). In the treatment group experienced an increase in attitude scores with the lowest pretest result 39 and the highest 57 and at postes lowest score 45 and highest 60. Improved score that occurred in the treatment group because of the extension that has been given about narcotics to the treatment group, while in the control group is not given counseling so that there is no change of score. Mean attitude values in treatment group 48.35 and control group 48.70. From result of paired samples test t-test is known that t arithmetic -0,24 with p value 0,813 ($p < 0,05$). This shows that there is no difference of average attitude of respondent in control group and treatment group before given counseling

This situation is consistent with the results of Supardi's research (et al. (2004) that after drug counseling there was

a significant increase in the scores of knowledge, attitude scores and action scores compared to the control group (non-counseled group) in line with Girsang 2009) in his research on the influence of pesticide extension on the knowledge and attitude of pesticide sprayer in Perteguhan Village Simpang Empat Subdistrict, Karo Regency, in 2009 proved that there is an increase of knowledge and attitude of respondent after getting pesticide education.

Attitude is a certain order in terms of feelings, thoughts and predisposes one's actions to an aspect in the surrounding environment (Azwar, 2007: 85). According Notoatmodjo (2010: 146) attitude is a reaction or a person who is still closed to a stimulus or object.

Increased attitude after being given counseling about the dangers of drugs caused all the respondents willingly volunteered and interested in following the counseling in hopes to avoid the narcotics. According Mardikanto (2005), a person can follow the learning process well if the learning activities in accordance with the needs of the target and will provide something useful for the target. It is also said that learning process will be more successful if the learning atmosphere is conducive or fun and facilitator master the material presented. In this research, attitude improvement is not as significant as knowledge improvement. This is because the process of attitude improvement is not only influenced by the treatment but influenced by other factors such as student residence environment and also the process of formation of the attitude is not as fast as the increase of knowledge.

IV. CONCLUSIONS

1. Increased knowledge is more significant than the increase in attitude on counseling with the method of lectures on the dangers of drugs in high school students Raksana Medan. This is because the lecture counseling method is one of the effective methods of transferring knowledge to high school students Raksana Medan so as to influence the change of knowledge of students who do not know to know.
2. Increasing knowledge and attitude on counseling with lecture method about the dangers of drugs in high school students Raksana Medan, one of them dipenagruhi by the ability of communicators in delivering extension materials so as to stimulate students to change.

V. SUGGESTION

1. It is desirable for further investigators to further examine what factors lead to counseling with effective lecture methods
2. It is expected that teachers in SMA Raksana increase their knowledge about drugs to be able to give counseling with lecture method to their students.
3. It is expected that parents to increase their knowledge about drugs to be able to socialize to their children and to know when their children take drugs.

4. 4. Expected to the school and parents to work together to facilitate the National Narcotics Board in meberikan information in SMA Raksana Medan.
5. 5. It is expected that student organizations that have been formed to be developed and have activities that are able to avoid students abusing drugs.

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