



Plagiarism Checker X Originality Report

Similarity Found: 2%

Date: Senin, Juni 08, 2020

Statistics: 19 words Plagiarized / 898 Total words

Remarks: Low Plagiarism Detected - Your Document needs Optional Improvement.

Automatically rough by Proof from Valley Ltd DE International of Medicine Health.20170017
Lucky 1 /Arief 2 /hoirHadi 3 /Khair 4 Parent for smoking 1
Health Yogya, Tatabumi Banyuraden, Sleman, yaka post code Indonesia 2
Health Jakarta II, Hang III/F3, Jakarta 12120, Phone: Mobile phone: E-mail: @ 3
Health Denpasar Sanitasi 1 ya, Indonesia 4
Health Banjarmasin, HMCokrokusumo 1 Banjarbar Indonesia Abstract: Backg
Several have t i s signi? cant between and
smoking This was empower (smokers non-smokers) raise ' concerto describe '
knowledge smoking it to t stat u teen age behav- ior, to t number cigarette s Met
This a study, h pretest- post test roup They were
649 from he hrade juniors school st provinces Indonesia i n to i n-
tervention roup sone g The variable t implementation parent
(smokers non-smokers) were about and dangers. were by of (ANOVA) t Kr test, h signi? cant of
Results: The showed that the parent model t frequency parent n
signi? cantly improved about the of signi? cantly; t non-smoker
parent model t number respondents ' frequent status and
duced the of smoked by he smokers signi? cantly. Conclusion:
The educator can used preventing smoking Keywords: parent model, and teenage behavior
DOI: 10.1515/ijamh-2017-0017 Received: Januar 30, Accepted: March 2017 Introduction "
Smoking being hy " is decision hat be by who have infor-
mation smoking conjunction h dangers responsible be of he of their This not for (aged -
15 old) thavereceived information about and dangers. still parental to cigarette s. will " share " ,
consciously un cont negative on he and heir Them
to t behavior coughing, shortness breat and reduction smell taste
sensation, t long- tere? ect shat occur lip, t and cancer, y
ders, hearthy hypertension, kidney fertility skin and hers Smoking a impact mortality

The Data Health Research by Ministry of Health 2013 and created of aged 15 who smoke in provinces in Indonesia. 2007-2013 showed an increase of 34.2%, 34.7%, and 36.3%. Research on health in schools in Bantul, showed that of smokers in 2012. national number of cigarettes (for the older years) was cigarettes. category was classified as low. However, 39% of teenagers' behavior. The effect of smoking relates to family [6]. Smoking was one of the causes of teenage behavior [7]. With ignoring the factors, proven some investigators, his wanted to intervene in teenage behavior by empowering (smokers and non-smokers).

research considered the factors as models of behavior observed by teenagers in the learning theory proposed by Bandura. Moreover, the effect of the support of his parents [9]. was by parents, Johan Budiman is corresponding © 2017 deuyter Berlin/Boston. Brought to you by | The University of Hong Kong Authenticated Download Date | 6/14/17 4:14 AM Automatically through ProQuest from Valley Ltd Herawati.

DE smokers and non-smokers, increase of awareness of teenagers' behavior, reduce the effect of smoking on teenagers already or least teenagers become. Methods This quasi-experimental with tag design divided into two treatment groups. They were male in grade 16 junior schools, selected, and high in the province. Chosen on the proportions of smokers to prevent teenagers needed. Intervention updating about dangers. done the enforcement they called educators. parents were chance to take of their forms (June – July). Parents who were X1 parent who not as while he who not enforcement considered as he. The respondents student and 8 were into 2 groups student group 214 belonged to X2 215 were control group).

There four assessed: parent's teenage behavior, the parental smoking related communication teenagers' self-reported parenting. concern was using self-reported about dangers, using the consisting 12 which calibrated students were respondents, 0.653 reliability; respondents' smoking status assessed recognition respondents self-reported questionnaires; number of cigarettes especially smoker. The respondents' status categorized into non-smokers group never tried to smoke in the 30 but not for the 7 or the 24 and smoker group smoked cigarettes more last days smoked least cigarette in the 7 or the 24. Data analyzed analysis variance (ANOVA) t-test 95% of using the version for (IBM). Students parents voluntarily study gave their. Results Respondents 14 old, 12 old, 17 old) 46 (the youngest year to the oldest years mostly as private. Parents' concern their's

Overall, the parents' concern towards smoking increased initially of 75.30% to 79.78%, an increase of 4.48%. This occurred because parents given the opportunity to communicate with the highest concern was of the group (82.79%), by the parent group X2, and he was the parent group X1. Two hours post-test data was then shown to sequence changes, the percentage were in the group (89.53%), by the group (84.77%) lastly the control group. The difference changes pre-test post-test) for the group highest increase followed by the group however, he showed a decrease of (Table Table Parents' concern on smoking. Group Parents' concern (pre-test = 495) Location of parents' concern (post-test = 526) Mean difference (%) p-Value a X11 = 1.841 = 2.6 b Province (n = 1.672 = 2.65 Province (n = 2.763 = 4.16 Sub-total = 154) 361.57/154 2.348 Sub-total = 194) 681.12/194 3.51 1.16 X21 = 2.221 = 2.73 Province (n = 2.582 = 2.32 Province (n = 2.603 = 3.94 Sub-total = 163) 408.98/163 2.51 Sub-total = 196) 652.56/196 3.33 0.82 Control 1 = 2.771 = 2.44 Province (n = 2.312 = 3.20 Province (n = 2.153 = 1.16 Sub-total = 178) 409.76/178 2.30 Sub-total = 136) 275.96/136 2.03 - 0.27 - 0.11) Total = 1.81 1609.64/649 2.48 a ANOVA b 0.05 of the increase in the parents' concern among (p-value and he showed that the group of parent educators is the best model.

Table Parents' concern on behavior Group Prevalence parents' concern (pre-test = 495) Location of parents' concern (post-test = 526) Mean difference (%) p-Value a X11 = 1.841 = 2.6 b Province (n = 1.672 = 2.65 Province (n = 2.763 = 4.16 Sub-total = 154) 361.57/154 2.348 Sub-total = 194) 681.12/194 3.51 1.16 X21 = 2.221 = 2.73 Province (n = 2.582 = 2.32 Province (n = 2.603 = 3.94 Sub-total = 163) 408.98/163 2.51 Sub-total = 196) 652.56/196 3.33 0.82 Control 1 = 2.771 = 2.44 Province (n = 2.312 = 3.20 Province (n = 2.153 = 1.16 Sub-total = 178) 409.76/178 2.30 Sub-total = 136) 275.96/136 2.03 - 0.27 - 0.11) Total = 1.81 1609.64/649 2.48 a ANOVA b 0.05 of the increase in the parents' concern among (p-value and he showed that the group of parent educators is the best model.

DE Respondents' knowledge of smoking signs and symptoms. The mean score of respondents' knowledge before the intervention was 72.8 (intervention) and 78.03 (score 100) after the intervention. The increase in knowledge was 5.23 (9.19% increase) after the intervention. The difference was significant (p < 0.05), showing that there was a significant difference between the two groups. (Table Table Respondents' knowledge of smoking signs and symptoms before and after the intervention. Group Average score p-Value a Pre Post Gain % X1 Province 1 (n54) 70.34 10.98 b Province (n50) 71.36 2.66 Province (n116)

71.056.10 Sub-total average knowledge score 220 70.946.52 X2 Province (n51)
71.129.49 Province (n47) 73.891.80 Province (n116) 75.293.66 Sub-total average
knowledge score 214 73.994.64 Control Province (n48) 69.9313.00 Province (n51)
79.140.92 Province (n116) 72.912.23 Sub-total average knowledge score 215 73.724.32
Total 78.03 a ANOVA b 0.05 of Smoking Teenage behavior in trial and smokers 4).
dependent behavior (including smokers) intervention 55.71%, it
53.41% intervention. status all three groups dominated trial After the
parent intervention, here in ' status in ' status.

The reduced wastage X1 (smoker educator) However,
the statistical result, here no difference all three groups respondents decreasing behavior p-value
Brought to you by | The University of Hong Kong Authenticated Download Date |
6/14/17 4:14 AM Automatically rough by Proof from Valley Ltd DE Herawati. Table
Smoking students and intervention = Pre Post Difference behavioratus
Smoking status Smoking status p-Value a ACBAC X1 = 220 Prevalence 8222107 + 10 - 9 - 1 0.153 b
%52.7241.819.54 - 4.09 - 0.55 X2 = 214 Prevalence 9615103 + 4 - 4 %48.1346.735.140 -
1.86 C = 215 Prevalence 1091290 + 1 - 4 %43.7251.166.97 - 1.86 Total Prevalence
28749300 + 15 - 13 - 2 %48.1946.567.21 AA Total 44.2746.56 Anon-smoker; trial C, smokers.
a Kuskal-Wallis b 0.05 of T number cigarettes by
The of smoked respondents and intervention be in 5.

was declined average of smoked/day frequent ' respondent all
The was in the parent group (X2). post-test, here still 46 smoker Using analysis, h0.05 level, here a
difference number cigarettes by in the groups 0.020)t
post result st non-smokers educator was a test used determine he between the smokers '
knowledge get number cigarettes day. result st higher he ' knowledge, he cigarette shat smoked -
0.385 coefficient 0.0082-tailed).

Table Number cigarettes by Before (pre-test) After (post-test) Difference a Cigarettes
smoked/day Cigarettes smoked/day X1 Sub(3 location) = 22 11.78 total = 20 9.55 - 2.33 b
X2 Sub(3 location) = 15 15.45 total = 11 5.21 - 10.24 Control Sub(3 location) = 12
10.82 total = 15 7.32 - 3.5 Total = 620.75/49 12.67 Total = 358, 11/46 7.78 a ANOVA b
95% of Brought to you by | The University of Hong Kong Authenticated Download Date |
6/14/17 4:14 AM Automatically rough by Proof from Valley Ltd Herawati.

DE Discussion Smoking teenagers generally potentially a of number of social namely
unhealthy sexual school and delinquency. the educator parents
can by maintaining the end of the smoking. studies been by researcher st smoking in by
peers mentors, his wanted complement the empowerment parents sh
smokers non-smokers [11], The (fat should responsible his behavior

especially families still onto the " patriarchal system " .fat is role? guret his is ved imitated t teenager, is in he learty Bandura and a factor wit peer, and as in he of he of [9]. is wit temp owerment parents hers), hort twill t numerous thav em adered uce he of smoked per (for whos moke) it prevent he of children becoming smokers. teenagers need money to t cigarettes.

Parents ' concert toward s smoking was This is reater han ' s research 2003 There an parent n teenage behavior after smoker educators intervention. was dues smoking ' wishest teenage childrent o t behavior, increasing n t dangers smoking / warnot tot number cigarette s per from average 2.33.5 frequency 2hs. There an in ' knowledge all rroup st highest was in he smoker educators intervention. is due parent st smoker educators had te? ect s smoking which concer by t explanation he of On he hert respondents willingly and parental hority t war was about and because he was acceptable han he issued education and and friends, and to [13]. respondents ' knowledge, in he parent model was statistically The of was likely to int refreshing / debrie? ng parent seach (in heroup school individually / home and spare foreducators meet because of h type parents ' work. of he success est teaching t g size In addition, he educators ' limited to wit respondents also t dept of and of dangers. of he ' parents were as employees were so hat of he ir was t house in Bali, wherewere or product t t day). addition t t women- tioned t short time in? uenced he of ' knowledge Intervention (parent was out 2hs. et selected articles on he of and smoking measured a of 6- mont period t beginning t intervention Considering hat, his study v ershort, an of he ' scould found. There several m sparental n teenager ' s behavior. t study, hens giving about and dangers, teenagers avoid whore minding t not smoke, t tot number cigarette s hat they reminding hem stop listening t problems helping issues they facing. parent apply somem intervention. for of mostly is " giving about and its " , by parents where ash e selected t parent " helpt issues they facing " , by 38 (8.75%). Teenage behavior (respondent st t gathe of he (pretest) 55.71% at he of he was The behavior trial This behavior was compared somer research, as of smok- ers 54.3% prevalence? ve (Florida, h New Wisconsin West Virginia) 1998 2006 51% teenagers smokers non- Hispanic n- Hispanic and Mexican in – 1994 a questionnaire 50% smoker st rial at high (aged – 15 in Yogyakarta [2] 29.3% juniortarget class (aged – 14 in Indonesia [18]. There changessmoking status all hreeroups. highest behavior

changes in the parent's (X2) to the herg. Such
can be seen decreasing the frequency. The decrease in non-smokers' parents can be explained through
social learning theory [6] that cannot be brought to you by | The University of Hong Kong Authenticated
Download Date | 6/14/17 4:14 AM Automatically through Proof from Valley Ltd DE
Herawati. Newby and Vigners' smokers' behavior would indicate their
status (who do not and do not smoke from smokers
non-smokers. The finding is not significant. However, his study showed that
parental behavior prevention in teenage behavior is empowering
(for educators). Her study proved parental alcohol
with peer [6]. Lack of statistical significance in smoking status is likely
because the early based results were that respondents had smoked,
smoked 3 ago since they were in elementary school. It is
assumed that they introduced cigarettes to go for a number of cigarettes by smokers found all
the years of school of "No-Smoking School". National for the average of smoked day =
10 cigarettes. This is the parent's from cigarettes/day 5.21
cigarettes/day. Declining was significant (0.020). Decline in number
cigarettes by smokers in withdrawal of smoking status.
In the parent's was significant number of frequent and are reduced of smoked/day to the herg. Their
number of cigarettes related to knowledge of intervention. Higher their
edges of smoking is a reduction in number of cigarettes was
This is a withdrawal concept. Green has been one of the factors that influence person's
status of factors, and factors. In his study, teenagers knew how to reduce the number of cigarettes. Research
The mental on behavior and concern is collected through
explanations questionnaire), asking directly
parent. In addition, here various for parents become educators.

Conclusion: Parents become educators in influencing smoking. Parents whose smokers are able to increase the
status of teenagers' knowledge
in the dangers of smoking, non-smoker educators are able to decrease the
behavior and the amount of smoked/day. Compliance ethical
This received ethics from the ethics faculty of medicine health University
Muhammadiyah in All had informed consent for participating in
study. And declare that they are not of all parts of the study not published in journal. Brought to you by | The
University of Hong Kong Authenticated Download Date | 6/14/17 4:14 AM
Automatically through Proof from Valley Ltd Herawati.

DE References 1. Promkes, on [Internet]. prom.ta: Promkes. Available www.promkes.dep-
kes.go.id/images/download/factsheet1cov.pdf. 2. KAN view teenage-smoker Bantul Insight.
– 87. 3. K Result national on 2013.ta: Kesehatan, http://www.depkes.go.id/resources/down-
load/general/Hasil. 4. SH, J, S, J, S. Population of smokers: history and overview Heal Psychol. – 52.

5.R.awerenessadolescentuse.Behav. – 9. 6.J.alcoholintoperceptionsunderageareview.WI: GraduateUniversityWisconsin-Stout,
7.MAFamilyonsmokingamongychildrenKotauSingaporeJ.

2000;4(4):167 – 71. 8.SH.influencinglifetimeandsmokingSouthusingfrom10th,Youth RiskWeb-BasedJAcad2016;46(4):552 – 61.

9.LW,reuter.frameplaningevaluation:evolutionapplicationtheHealthplan- ning:educationalecological4thNewMcGrawhill,

10.RE,D,W.adolescentpreventugalcoholPubMedNov
DOI:10.1002/14651858.CD007381.pub2.

11.lairMentor,drandprotection[Internet].GreatStreet,EC2A2009.from: <http://www.mentor>

12.SAAvis.reasonspeerfails.Adolesc. – 7. 13.C.legitimacyparentalandanduseearlyJHealth. 2002;31(5):425 – 32. 14.S.promotionypractice.ta:Cipta,

15.RE,RABakerFamily-basedforsmokingchildrenadolescents.C

Health. – 82.

16.KABranstetter,GAJarrettTworekZhangetPotentialofparentalenrollingsmokers intoschool-basedprogram.Tob2009;11(11):1359 – 67.

17.RS,GAPechacekSelf-reporcigarettevsamongAdolescents.Tob 2004;6(1):19 – 25.

18.L,JAHarW,W.teenagersbehavior.Comm2017;42(1):78 – 82.

19.LW,reuterHealthplaningeducationalenvironmental2ndTorontoMay?eld

lishing1991:223. Brought to you by | The University of Hong Kong Authenticated
Download Date | 6/14/17 4:14 AM

INTERNET SOURCES:

<1% - <https://www.businessinsider.com/household-name>

<1% - https://works.bepress.com/julien_chaisse/90/download/

<1% - <http://starfall.com/>