



Educational video of the risk on cigarette in increasing knowledge and attitude among "little doctors" at elementary school

Cecep Eli Kosasih¹; Tetti Solehati^{2*})

^{1,2*} Padjajaran University

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*) corresponding author

Faculty of Nursing, Universitas Padjajaran,
Bandung - Indonesia

Email: tetti.solehati@unpad.ac.id

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ABSTRACT

Cigarettes are a big problem in Indonesia which is a habit for adult men, even spread to children. Children become accustomed to see adult smoking patterns in their homes. This is danger for children to try smoking. It is necessary to prevent the dangers of smoking by empowering small doctors. Education in preventing the dangers of smoking can be done in various ways one of which is to use video media. This study aims to determine the effect of educational video on the level of knowledge about the risk of smoking on little doctors at the school. The research design uses quasi-experimental design with pre-test and post-test. The study was conducted at SDN Bojong Asih, SDN Pasawahan, SDN Canguang, and SDN Leuwi Bandung in 2017. The population in this study were all small class 4 to 6 doctors totaling 12 people. The sample used is total sampling. Little doctors are given a questionnaire before the intervention and then given education about the dangers of smoking through video, then given a questionnaire again to measure the level of knowledge about the dangers of smoking. Data analysis was performed using t dependent test analysis. The results showed that there was a significant difference in the average level of knowledge between before and after the intervention in small doctors from 69 to 89 ($p = 0.027$). The attitude variable shows that there is a significant difference in the average attitude of knowledge between before and after the intervention of the small doctor from 75 to ($p = 0.056$). Education through videos is effective in increasing the level of knowledge and attitudes of children. The need for support from the local government both from the Health Office and the Education Office as well as sub-district officials, village heads, and school principals for the sustainability of the smoking-free program in schools using video as a means of education for students by empowering small doctors in the implementation program.

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Edukasi video bahaya rokok dalam meningkatkan tingkat pengetahuan dan sikap pada dokter kecil di sekolah

ABSTRAK

Rokok merupakan masalah yang besar di Indonesia yang menjadi kebiasaan bagi pria dewasa, bahkan merambah ke anak anak. Anak menjadi terbiasa melihat pola merokok orang dewasa di rumahnya. Hal ini beresiko pada anak untuk mencoba merokok. Perlu adanya pencegahan bahaya rokok dengan memberdayakan dokter kecil. Edukasi dalam pencegahan bahaya merokok bisa dilakukan dengan berbagai cara salah satunya adalah dengan menggunakan media video. Penelitian ini bertujuan untuk Mengetahui pengaruh edukasi video terhadap tingkat pengetahuan tentang bahaya rokok pada dokter kecil di sekolah. Desain penelitian menggunakan quasi eksperimen dengan rancangan pre test dan post test. Penelitian dilakukan

Kata kunci:

Bahaya Rokok
Edukasi Video
Siswa Sekolah Dasar
Pengetahuan

di SDN Bojong Asih, SDN Pasawahan, SDN Cangkung, dan SDN Leuwi Bandung tahun 2017. Populasi pada penelitian ini adalah seluruh dokter kecil kelas 4-6 berjumlah 12 orang. Sample yang digunakan adalah total sampling. Dokter kecil diberikan quesioner sebelum intervensi kemudian diberikan edukasi tentang bahaya rokok melalui video, kemudian diberikan quisioner kembali untuk mengukur tingkat pengetahuan tentang bahaya rokok. Analisa data dilakukan dengan menggunakan analisis uji t dependent. Hasil penelitian menunjukkan bahwa terdapat perbedaan yang bermakna rata rata tingkat pengetahuan antara sebelum dan setelah intervensi pada dokter kecil dari 69 menjadi 89 ($p = 0,027$). Pada variabel sikap menunjukkan terdapat perbedaan yang bermakna rata rata sikap pengetahuan antara sebelum dan setelah intervensi pada dokter kecil dari 75 menjadi ($p = 0,056$). Edukasi melalui video efektif dalam meningkatkan tingkat pengetahuan dan sikap anak. Perlunya dukungan dari pihak pemerintah daerah setempat baik dari Dinas Kesehatan dan Dinas Pendidikan serta aparat camat, kepala desa, dan kepala sekolah bagi keberlanjutan program bebas rokok di sekolah dengan menggunakan video sebagai sarana edukasi pada siswa dengan memberdayakan dokter kecil dalam program pelaksanaannya.

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Introduction

Clean and Healthy Behavior (PHBS) in Indonesia is still unsatisfactory, one of which is the smoking habit in the community. Smoking is a big problem in Indonesia. Indonesia ranks on fifth in the country consuming the most cigarettes (WHO, 2008). Many effects can be caused by smoking. In terms of health, smoking is one of the main risk factors of several chronic lung diseases and cancer, and can even cause death (Sirait, Pradono, & Toruan, 2002). This is supported by previous research which states that there are five causes of death in 2020, four of which are related to smoking (Nardini, 2008).

When viewed from various perspectives, smoking is very detrimental, both for themselves and those around them (Komasari & Helmi, 2000). A person who is not a smoker but if constantly exposed to cigarette smoke can be at risk of developing heart disease and lung cancer (Rosita, Suswardany, & Abidin, 2012).

Smoking has become a habit for most adult men, even nowadays it has spread to children. Smoking is considered to be a pathway to maturity for men which eventually becomes a trademark or characteristic of a man (Priyatin, Marsito, & Sarwono, 2009). Increasing the number of smokers today is increasingly concerned where the level of spread is not only in adults but also is highest in children and adolescents (Durandt, Bidjuni, & Ismanto, 2015). This happens because children become accustomed to seeing adult smoking patterns, especially parents in their homes. Their experience of seeing parents at home smoking at risk for children to try smoking. There are several factors underlying smoking behavior in adolescents, one of which is modeling the parents (Komasari & Helmi, 2000; Priyatin et al., 2009; Wigunantingsih, 2015). Coupled with aspects of parental care that are permissive, will increase children to smoke. Durandt's research suggests that adolescents aged 12-17 years in Kilometer of third village, Amurang District, show that there is a significant relationship between parenting patterns and smoking habits (Durandt et al., 2015). Riskesdas data for 2018 shows that the prevalence of smoking in people aged over 10-18 years has increased by 7.2% in 2013, an increase of 8.8% in 2016, and 9.1% in 2018 (Kemenkes, 2018).

Smoking behavior is influenced by a person's level of knowledge about the dangers of smoking. Inadequate knowledge of the dangers of smoking causes a person to smoke. According to a study of SMPN 1 Pariaman, there is a relationship between the level of knowledge about smoking and the incidence of smoking (Andika, Khairisyaf, & Pertiwi, 2016). In research among Health Academy students in Rangkasbitung also showed that there was a significant relationship between the level of knowledge and smoking habits (Sinaga, 2016).

One factor in the low level of knowledge about the dangers of smoking is that health promotion efforts are not yet optimal in the health sector. Efforts are needed to prevent the occurrence of smoking smokes, one of which is by increasing children's knowledge early on. One effort to prevent diseases caused by smoking is to prevent smoking at a young age (Banerjee & Greene, 2009).

The degree of health is not only determined by health services, but also determined by behavioral and environmental factors which are dominant factors. Behavior in adults is difficult to foster compared to children. Children at school age are very sensitive to instilling understanding and healthy living habits. School is a place for children to learn, create, socialize, and play, so most of their time is spent at school. School age is the best time to instill values in children because children have the potential as agents of change in promoting PHBS (*Perilaku Hidup Bersih dan Sehat*), one of which is avoiding the dangers of smoking. The behavior of children who are implanted in school will be brought by children to the house so that it can influence the behavior of their families. Adults can often change their behavior after being notified by their children.

PHBS in schools has 8 indicators, one of which is: not smoking at school or free from the dangers of smoking (Sulastrri, Purna, & Suyasa, 2013). Continued efforts are needed to make the community aware of the importance of not smoking by strengthening the understanding of the dangers of smoking at elementary school age in the form of providing education integrated into the education activities of school children. The application of the prevention of the danger of smoking at the elementary level can be done

through the School Health Efforts (UKS) approach. UKS is one vehicle to improve the ability to live healthy and health status of students as early as possible (Nurhayu, Shaluhayah, & Indraswari, 2018). The aim of the UKS is to improve the quality of education and learning achievement of students by improving clean and healthy living behaviors, creating a healthy environment, so as to enable optimal growth and development in the context of the formation of Indonesian people as a whole.

One effort to increase public awareness and behavior in preventing smoking is to instill an understanding of the dangers of smoking from an early age integrated in children's educational activities through educational programs. Educational programs for children must be interesting and not boring. To increase the level of knowledge one must involve the senses of the eyes and ears. Existing knowledge in a person is received through the senses and most human knowledge is obtained from the senses of the eyes and ears (Notoatmodjo, 2010). Many educational programs can increase children's knowledge, one of them is providing education through video.

In addition, education provided to students will influence student attitudes in behavior (Dewi, Dantes, & Sadia, 2013). Good education will provide a strong foundation in perception or determine the attitude of the behavior. Of course, a good attitude will directly or indirectly affect one's behavior in carrying out activities in life. A good attitude about the dangers of smoking will certainly affect these students and avoid smoking.

Videos attract the attention of children because the delivery of information provided through video will sense of sight and sense of hearing. Research conducted on Insan Taqwa Lampung Elementary School children shows that there is an influence of education using poster, leaflet, and video media, where the average value of videos is found to be higher (Yusnita, 2016). With an increase in adequate knowledge of children, it is hoped that this will form an attitude that supports the prevention of smoking behavior in children. Other research states that the provision of health education through audiovisual media can influence attitudes towards health programs (Mulyati, Suwarsa, & Arya, 2015).

Cigarette prevention education is carried out by empowering small doctors in schools on the grounds that small doctors are the same age as other students at school. Little doctors who have been given prior knowledge will spread information and influence their classmates. Education conducted with the approach of peer groups will be more effective and lasting at the age of school children. Research conducted on children in grades 6, 8 and 10 in Europe shows that peers effectively influence children's behavior (Tomé, de Matos, Simões, Camacho, & AlvesDiniz, 2012). Little doctors can also play a role in assisting the task of teachers in making

efforts to prevent the dangers of smoking to students at school.

Method

The study was conducted from 2017. The design of this study was a quasi-experimental design with pre-test and post-test. The study was conducted at Bojong Asih Elementary School, Pasawahan Elementary School, Cangkang Elementary School, Leuwi Elementary School Bandung Dayeuhkolot District, Bandung Regency. The population in the study was all small doctors grades 4-6 in the school. Of the four elementary schools, each school has 3 small doctors, so there are 12 small doctors. Sampling is done by total sampling. Interventions were given to all minor doctors using a video about the dangers of smoking with the theme "stay away from cigarette smoke" with a duration of 3 minutes 33 seconds, "the danger of smoking" with a duration of 1 minute 18 seconds, and "animation of the dangers of smoking" with a duration of 1 minute 23 seconds. Before and after the intervention students were given a questionnaire to measure their level of knowledge and attitude. The knowledge questionnaire was created and developed by researchers based on concepts related to cigarette knowledge. The questionnaire has been tested for content validity with a CVI value: 0.6 and for reliability with a reliability value: 0.75. Likewise, stationary attitudes made and developed by researchers the value of validity: 0.65 and the value of reliability: 0.7. Data analysis uses paired t-test analysis.

Results and Discussion

Table 1
 Frequency distribution of Gender "little doctors" (n = 12).

| Gender | <i>f</i> | % |
|--------|----------|------|
| Female | 6 | 50,0 |
| Male | 6 | 50,0 |

From the table above it was found that female respondents were 6 (50%) and men were 6 (50%). Judging from the characteristics of respondents it can be seen that the number of female and male respondents is balanced.

Steps of activities that have been carried out in the form of a pretest to a little doctor, followed by the provision of health education related to the dangers of smoking. After the health education is completed then it is ended with a post test. The results obtained from the pretest evaluation (before the intervention) can be seen in table 2.

Table 2
 Differences in average levels of knowledge about the dangers of smoking before and after intervention (n = 12)

| Knowledge level | Before intervention | | After intervention | | <i>P</i> |
|------------------------|---------------------|-----------|--------------------|-----------|----------|
| | <i>Mean</i> | <i>SD</i> | <i>Mean</i> | <i>SD</i> | |
| The dangers of smoking | 69 | 0,413 | 89 | 0,217 | 0,027 |

Table 2 shows that there was a significant difference in the average level of knowledge between before and after the intervention in small doctors from 69 to 89 ($p = 0.027$). Knowledge is the result of knowing that occurs after someone senses a certain object (Notoatmodjo, 2007). The results showed that there was a significant increase in the level of knowledge of small doctors before intervention ($p = 0.027$). The results of the interventions carried out were

significantly different between the pretest and post test on the knowledge of the dangers of smoking ($p < 0.05$). This suggests that education carried out using video media was effective in increasing the level of knowledge of small doctors about the dangers of smoking, good attitudes and behaviors in avoiding smoking behavior. According to Notoatmodjo (2010), knowledge is the domain of the formation of a behavior in a person. In the age children of

elementary school, the success of a health education depends on the learning component received by the student. The media is one component of learning process that will support the other components. The appropriateness of media selection given during education will have a positive impact on children's learning (Yusnita, 2016). Thus, children become easier to understand what messages are conveyed to the media.

Education provided through videos attracts attention to children because the delivery of information provided by children involves the child's sense of sight and sense of hearing. Children become not given the heavy educational information for them to think. Through education delivered with this video, children become happier because in addition to the duration that is not too long but the contents are

dense, also the cast in the video attracts the attention of the child when the cast in the video greet a message that will be easier for children to remember. Children become like learning while playing. The results of this study are in line with the results of previous studies conducted on SD IT Insan Taqwa Lampung showed that there is an influence of education using poster media, leaflets, and videos (Yusnita, 2016). In the results of this study it was found that the average value of the video was found to be higher than the average value of posters and leaflets. It is hoped that an increase in adequate knowledge of children is expected to change and shape attitudes that support the prevention of smoking behavior in children.

Table 3

Differences in average levels of attitude about the dangers of smoking before and after intervention (n = 12)

| Variable | Before Intervention | | After intervention | | P |
|-----------------------|---------------------|--------|--------------------|-------|-------|
| | Mean | SD | Mean | SD | |
| The danger of smoking | 75 | 0,0405 | 100 | 0,000 | 0,056 |

Table 3 shows that there are significant differences in the average attitude of knowledge between before and after the intervention in the small doctor from 75 to 100 (p = 0.056). The results showed that there were significant differences in the average attitude of knowledge between before and after the intervention in small doctors (p = 0.056). This proves that education provided through video media is also effective in increasing children's attitudes towards a positive direction. In previous studies showed that the provision of health education through audiovisual media can influence attitudes towards health programs (Mulyati et al., 2015). Thus, it is expected to prevent children from smoking behavior in the present and the future.

Children are essentially the most important assets in the achievement of the success of a country, this is because children are the next generation of the nation, the successor to the previous generation (Yusnita, 2016). Smoking is a hazard that threatens their health.

To achieve the success of the smoking-free program in schools, coordination is needed from various parties involved in supporting the smoking-free program in schools and in empowering small doctors in the implementation of the program. The main parties are schools, community health

center, education UPTD, and village government. Therefore, concrete steps are needed to encourage the schools in the three SDNs to run well and be sustainable. To be sustainable, things that need to be considered are support from various parties. From the community health center and Education UPTD in the form of knowledge and operational support, while from the local government in the form of policy and operational support as well.

Conclusions and Recommendations

Based on the results of research into the dangers of smoking, researchers found a significant difference in the increase in average knowledge and attitudes in little doctors before and after the intervention period. Educational video is effective in increasing the level of knowledge and attitudes of little doctors.

The need for support from the local government both from the Health Office and the Education Office as well as sub-district officials, village heads, and school principals for the sustainability of smoking-free programs in schools using video as a means of education for students by empowering little doctors in the implementation program.

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