

PAPER NAME

**Draft PUBLIS_Yulinda_Rosini_28Maret20
22.docx**

WORD COUNT

2157 Words

CHARACTER COUNT

11215 Characters

PAGE COUNT

7 Pages

FILE SIZE

100.9KB

SUBMISSION DATE

Mar 28, 2022 10:45 AM GMT+7

REPORT DATE

Mar 28, 2022 10:46 AM GMT+7

● **3% Overall Similarity**

The combined total of all matches, including overlapping sources, for each database.

- 0% Internet database
- Crossref database
- 2% Submitted Works database
- 1% Publications database
- Crossref Posted Content database

● **Excluded from Similarity Report**

- Bibliographic material
- Cited material
- Manually excluded text blocks
- Quoted material
- Small Matches (Less than 20 words)

The Effectiveness of Posters on Increasing Knowledge of the Dangers of Smoking in SDIT Al Muddatsiriyah Students

Rosini¹, Yulinda¹

¹ Library Science, Faculty of Information Technology, YARSI University, Jakarta

Abstract. This study aims to determine the effect of the use of poster media on increasing the knowledge of students of SDIT Al Muddatsiriyah. The study population was fifth-grade students of SDIT Al Muddatsiriyah. This type of research is an experiment using one group pretest-posttest with a sample of 90 respondents. The sampling technique used is saturated sampling. The *t* test results show the sign value. (2-tailed) equal to $0.000 < 0.05$, which means t count $<$ from t table. Thus, there is a difference between before and after the treatment on the use of posters, H_0 is rejected and H_1 is accepted. It is known that the value before being given health literacy is equal to 32.56 and after being given treatment, the knowledge of students towards the dangers of cigarettes increases as much as 38.26. It can be said concluded that the media poster can increase students' knowledge about the dangers of smoking.

Keywords: Health literacy, media posters, danger of smoking, Elementary School

INTRODUCTION

The habit of smoking is an activity that is harmful to the health of the body because according to the World Health Organization (WHO) cigarettes are addictive substances that contain approximately 4000 elements, of which 200 elements are harmful to the health of the body. Toxic substances that are dangerous in cigarettes include tar, nicotine, and carbon monoxide. The poison is what will then endanger the health of the smoker (Jaya, 2009, p.12).

According to the Indonesian Ministry of Health, (2017) as many as 54 percent of Indonesian people in 2016 were smokers. The number of smokers in Indonesia is always increasing. In 2013 as many as 36 percent to 54 percent in 2016. Still according to the same source, among adolescents

aged 13-15 years, there are 20% smokers, 41% of whom are teenage boys and 3.5% adolescent girls.

The World Health Organization (WHO) places Indonesia as the third highest cigarette market in the world after China and India. The prevalence of adult male smokers in Indonesia is even the highest (68.8%) in the world.

Diana W. Stewart in her journal Associations Between Health Literacy and Established Predictors of Smoking Cessation (2013), stated that smoking is the leading cause of death in the United States. About a third of all deaths are caused by cancer, and 87% to 90% of deaths are caused by lung cancer each year. Although the prevalence of smoking has decreased in recent years, nearly 21% of adults in the United States continue to smoke despite warnings about the dangers of smoking but they still have not

succeeded in quitting smoking (Stewart et.al, 2013, e43). There have been many warnings and messages that we often hear from various media about the dangers of cigarettes, in fact there are even warnings about the dangers of cigarettes on the cigarette packaging itself.

The Indonesian National Health Survey (Sirkesnas, 2016) shows the prevalence of smokers aged children (under the age of 19 years) increased from 7.2% in 2013 to 8.8% in 2016. In DKI Jakarta, smokers who smoke every day are 21% with the average number of cigarettes smoked is 9 cigarettes per day. The young group (10-14 years) needs attention, although the prevalence is only 1.4%, but the average number of cigarettes smoked is 5 cigarettes per day and for this group it was found that 6.9% started smoking at the age of 5-9 years. In fact, there are many impacts of smoking on children, as stated by Nimas Mita Etika (2017) in her article entitled "Are under 18 years old already smoking? This is the impact", that adolescents who smoke have poor health status compared to adolescents who do not smoke.

Various reasons that cause children to start smoking at an early age include: just experimenting and then getting addicted, being invited by friends, feeling inferior, feeling more engrossed in smoking, thinking smoking is a cool activity, cheap cigarette prices - even for children and adults. Teenagers can carry a stick, don't

understand the impact of smoking on the health of themselves and those around them, high curiosity, bad and free association (Utami, 2011, p.1). Therefore, health literacy regarding the impact of smoking should be given from an early age so that children and adolescents know the information as early as possible that smoking has a very dangerous impact on health such as headaches, backaches, lung cancer and other diseases that can cause problems.

METHODS

This research uses quantitative types with experimental methods. Experiments carried out by researchers are one group pretest-posttest design, that is before being given a test – after being given a test in a certain sample group (Sugiyono, 2014, p.112). This method was chosen because the researcher wanted to examine the effect of poster on increasing knowledge about the dangers of smoking on 90 students in SDIT Al Muddatsiriyah, so it must be measured or observed before and after experimental treatment. While the data collection techniques used were questionnaires. Statements and questions on the questionnaire were made based on posters about the dangers of smoking. The data generated from the questionnaire was processed using SPSS version 20.00 and an analysis of the results was carried out by distinguishing interrelated variables, namely a) Health literacy on the dangers of smoking using

posters (X), b) Level of knowledge about the dangers of smoking (Y).

RESULTS AND DISCUSSIONS

1. T-test results

T-test is used to test the hypothesis of this study.

Table 1 Test Statistics

| | Posttest – Pretest |
|-------------------------|--------------------|
| Z | -8,163b |
| asympt. Sig. (2-tailed) | ,000 |

Based on the results of the t-Test table output, it is known that the value of sig (2-tailed) is 0.000 <0.05, meaning t count < from t table. Therefore, it can be concluded that H0 is rejected and H1 is accepted. This means that there is a significant effect on providing health literacy through poster media to increase students' knowledge about the dangers of smoking.

In this study, it was proven that the use of poster could increase the knowledge of SDIT Al Muddatsiriyah students about the dangers of smoking. This study is in line with the research of Fatimah (2012) which showed that there was a significant difference in the increase in knowledge in the two groups (p<0.05), with the highest mean difference in the health education and participatory poster groups (4.04). These results answer the hypothesis, namely health education methods and participation posters (active posters)

further increase students' knowledge of the dangers of smoking to health compared to using only health education methods.

Table 2 Descriptive Statistics

| | N | Minimum | Maximum | mean | Std. Deviation |
|--------------------|----|---------|---------|---------|----------------|
| Pretest | 90 | 23.00 | 38.00 | 32.5667 | 3.16955 |
| Posttest | 90 | 34.00 | 39.00 | 38.2667 | 1.27904 |
| Valid N (listwise) | 90 | | | | |

The statistical description above shows that the average value before treatment is 32.5667 and the average value after treatment is 38.2667. It can be seen that the value after treatment is higher than before treatment, which is 5.7. This means can be said that students' knowledge has increased after being given treatment through poster media.

The results of this study are in line with the results of Ambarwati's research (2014) on Leaflet Media, Videos and Elementary School Students' Knowledge of the Dangers of Smoking (Study on Students of SDN 78 Sabrang Lor Mojosoongo Surakarta)

2. Knowledge Level

In addition to testing hypotheses and using descriptive statistics to see the effectiveness of the use of posters, the study also compared research variables by calculating manually using excel to see the comparison of values so that the

increasing in knowledge could be seen.

Table 3. Substance Content in Cigarettes

| QUESTION | BEFORE TREATMENT | | AFTER TREATMENT | | IMPROVEMENT | |
|------------------------------------------------------------------------------------|------------------|--------|-----------------|--------|-------------|--------|
| | CORRECT | % | CORRECT | % | VALUE | % |
| Cigarettes contain chemicals that are harmful to the body | 42 | 46,70% | 85 | 94,40% | 43 | 47,70% |
| Nicotine is a dangerous chemical substance that could be found in cigarette | 54 | 60% | 86 | 95,60% | 32 | 35,60% |
| Carbon monoxide is a dangerous chemical substance that could be found in cigarette | 57 | 63,30% | 86 | 95,60% | 29 | 32,30% |
| Tar is a dangerous chemical substance that could be found in cigarette | 57 | 63,30% | 85 | 94,40% | 28 | 31,10% |
| One cigarette contains more than 4000 chemical substances | 63 | 70% | 87 | 96,70% | 24 | 26,70% |

From Table 3, it can be seen that all knowledge has increased. However, the greatest increasing in knowledge about the substance content in cigarettes is "the presence of chemicals in cigarettes that are harmful to the body" with a percentage of 47.70%. Further increased knowledge is "Nicotine is a dangerous chemical found in cigarettes" with a percentage of 35.60%.

Table 4. Effects of Smoking

| QUESTION | BEFORE TREATMENT | | AFTER TREATMENT | | IMPROVEMENT | |
|-------------------------------------------------------------------------------------|------------------|--------|-----------------|--------|-------------|--------|
| | CORRECT | % | CORRECT | % | VALUE | % |
| Nicotine and carbon monoxide can cause heart disease and make the heart beat faster | 45 | 50% | 88 | 97,80% | 43 | 47,80% |
| Nicotine, tar and carbon monoxide substances in cigarette can cause lung disease | 51 | 56,70% | 84 | 93,30% | 33 | 36,60% |
| Nicotine can be harmful for brain and nerve system | 60 | 66,70% | 87 | 96,70% | 27 | 30,00% |
| Nicotine can cause a stroke | 60 | 66,70% | 86 | 95,60% | 26 | 28,90% |

From Table 4, it can be seen that all knowledge about the impact of smoking has increased. The greatest improvement is "Nicotine and carbon monoxide can cause heart disease and make the heart beat faster" with 47.80%. While the knowledge that

increases after is "Nicotine, tar and carbon monoxide substances found in cigarettes can cause lung disease" with 36.60%.

From Table 5, it can be seen the increase in knowledge are "Carbon monoxide can cause disease in the lungs" with a percentage of 46.60%, "Nicotine can cause lung disease" with a percentage of 42.30%

Table 5. Dangers of Smoking (summary)

| QUESTION | BEFORE TREATMENT | | AFTER TREATMENT | | IMPROVEMENT | |
|-------------------------------------------|------------------|--------|-----------------|--------|-------------|--------|
| | CORRECT | % | CORRECT | % | VALUE | % |
| Carbon monoxide can cause a lung disease | 42 | 46,70% | 84 | 93,30% | 42 | 46,60% |
| Nicotine can cause brain disorders | 42 | 46,70% | 83 | 92,20% | 41 | 45,50% |
| Nicotine can cause a lung disease | 48 | 53,30% | 86 | 95,60% | 38 | 42,30% |
| Tar can cause a lung disease | 57 | 63,30% | 86 | 95,60% | 29 | 32,20% |
| Nicotine can cause a stroke | 54 | 60% | 83 | 92,20% | 29 | 32,20% |
| Carbon monoxide can cause a heart disease | 63 | 70% | 87 | 96,70% | 24 | 26,70% |
| Nicotine can cause a heart disease | 78 | 86,70% | 83 | 92,20% | 5 | 5,50% |

Table 6. Students' Opinions about Cigarettes and Smoking

| QUESTION | BEFORE TREATMENT | | AFTER TREATMENT | | IMPROVEMENT | |
|--------------------------------------------------------------|------------------|--------|-----------------|--------|-------------|--------|
| | CORRECT | % | CORRECT | % | VALUE | % |
| I believe cigarette contains many harmful chemical substance | 54 | 60% | 90 | 100% | 36 | 40,00% |
| I believe smoking is not good for health | 57 | 63,30% | 90 | 100% | 33 | 36,70% |
| I believe smoking can cause several dangerous diseases | 57 | 63,30% | 88 | 97,80% | 31 | 34,50% |
| I do not want to try smoking | 60 | 66,70% | 90 | 100% | 30 | 33,30% |

On Table 6 it can be seen that a high increase in student understanding is found in the question "I think there are many harmful chemicals in cigarettes" with 40.00% and then an increase in understanding about "I think smoking is not good for health" with a percentage of 36.70.

3. Increasing Knowledge of Each Respondent

To find out the amount of increased knowledge about the dangers of smoking by the respondents, the researchers calculated the increase in knowledge of each respondent (Table 7)

Table 7. Increased Knowledge of Respondents

| RESPONDENT | AFTER TREATMENT | |
|------------|-----------------|---------|
| | CORRECT | % |
| R1 | 19 | 95,00% |
| R2 | 20 | 100,00% |
| R3 | 14 | 70,00% |
| R4 | 17 | 85,00% |
| R5 | 16 | 80,00% |
| R6 | 15 | 75,00% |
| R7 | 20 | 100,00% |
| R8 | 13 | 65,00% |
| R9 | 19 | 95,00% |
| R10 | 20 | 100,00% |
| R11 | 18 | 90,00% |
| R12 | 17 | 85,00% |
| R13 | 17 | 85,00% |
| R14 | 20 | 100,00% |
| R15 | 19 | 95,00% |
| R16 | 20 | 100,00% |
| R17 | 18 | 90,00% |
| R18 | 20 | 100,00% |
| R19 | 20 | 100,00% |
| R20 | 20 | 100,00% |
| R21 | 19 | 95,00% |
| R22 | 15 | 75,00% |
| R23 | 19 | 95,00% |
| R24 | 20 | 100,00% |
| R25 | 14 | 70,00% |
| R26 | 19 | 95,00% |
| R27 | 20 | 100,00% |
| R28 | 20 | 100,00% |
| R29 | 19 | 95,00% |
| R30 | 18 | 90,00% |
| R31 | 17 | 85,00% |
| R32 | 17 | 85,00% |
| R33 | 20 | 100,00% |
| R34 | 19 | 95,00% |
| R35 | 20 | 100,00% |
| R36 | 17 | 85,00% |
| R37 | 20 | 100,00% |
| R38 | 16 | 80,00% |
| R39 | 20 | 100,00% |
| R40 | 18 | 90,00% |

| | | |
|-----|----|---------|
| R41 | 16 | 80,00% |
| R42 | 11 | 55,00% |
| R43 | 20 | 100,00% |
| R44 | 19 | 95,00% |
| R45 | 20 | 100,00% |
| R46 | 20 | 100,00% |
| R47 | 18 | 90,00% |
| R48 | 19 | 95,00% |
| R49 | 18 | 90,00% |
| R50 | 19 | 95,00% |
| R51 | 19 | 95,00% |
| R52 | 18 | 90,00% |
| R53 | 18 | 90,00% |
| R54 | 19 | 95,00% |
| R55 | 20 | 100,00% |
| R56 | 19 | 95,00% |
| R57 | 20 | 100,00% |
| R58 | 11 | 55,00% |
| R59 | 19 | 95,00% |
| R60 | 20 | 100,00% |
| R61 | 20 | 100,00% |
| R62 | 19 | 95,00% |
| R63 | 20 | 100,00% |
| R64 | 19 | 95,00% |
| R65 | 20 | 100,00% |
| R66 | 9 | 45,00% |
| R67 | 16 | 80,00% |
| R68 | 20 | 100,00% |
| R69 | 15 | 75,00% |
| R70 | 19 | 95,00% |
| R71 | 20 | 100,00% |
| R72 | 17 | 85,00% |
| R73 | 20 | 100,00% |
| R74 | 14 | 70,00% |
| R75 | 20 | 100,00% |
| R76 | 16 | 80,00% |
| R77 | 18 | 90,00% |
| R78 | 20 | 100,00% |
| R79 | 18 | 90,00% |
| R80 | 20 | 100,00% |
| R81 | 18 | 90,00% |
| R82 | 13 | 65,00% |
| R83 | 12 | 60,00% |
| R84 | 17 | 85,00% |
| R85 | 13 | 65,00% |
| R86 | 18 | 90,00% |
| R87 | 20 | 100,00% |
| R88 | 18 | 90,00% |
| R89 | 10 | 50,00% |
| R90 | 10 | 50,00% |

Based on the results of Table 7 above there is an increase in the percentage of each respondent.

Recapitulation table or conclusions based on the grouping used (Table 8).

Table 8. Knowledge Level

| KNOWLEDGE RATING | MARK | PERCENTAGE OF MAGNITUDE VALUE | NUMBER OF RESPONDENT | PERCENTAGE |
|------------------|---------|-------------------------------|----------------------|------------|
| High | 16 -20 | ≥ 76% | 76 | 84.4% |
| Average | 12 - 15 | 56 – 75% | 9 | 10% |
| Low | 0 - 11 | < 55% | 5 | 5,6% |

From Table 8 above can be concluded that most of the respondents has increased their knowledge about the dangers of smoking after being given treatment with 84%. Only 10% respondents in average level, and only 5,6% respondents has low increase in knowledge.

CONCLUSIONS

Based on the results of the analysis described previously, it can be concluded as follows:

Poster media has a role in increasing knowledge about the dangers of smoking at SDIT Al Muddatsiriyah. This role can be seen from the influence of literacy conveyed through poster media on the respondents.

The effect of this increase is quite significant. This can be seen from the value of the t-Test before and after treatment.

All students of SDIT Al-Mudadsuriyah has an increase in knowledge about the dangers of smoking after being given health literacy through poster media. The biggest ones were in the group that has a "high" level in increase of knowledge.

References

Ambarwati et.al. (2014). Media Leaflet, Video, dan Pengetahuan Siswa SD tentang Bahaya Merokok (Studi pada Siswa SDN 78 Sabrang Lor Mojosoongo Surakarta). Kemas: Jurnal Kesehatan Masyarakat, Vol 10 No 1 Tahun 2014. <https://journal.unnes.ac.id/nju/index.php/kemas/article/view/3064>

Diana W. Stewart., (2013). Associations Between Health Literacy and Established Predictors of Smoking Cessation, Vol.103, Iss. 7, E43-E49, (ProQuest online).

Etika, N, M., (2017). Under 18 years old already smoking? This is the impact. <https://hellosehat.com/center-kesehatan/berhenti-merokok/Danger-merokok-since-small-anak-remaja/>

Jaya, M., (2009). That Dangerous Killer Named Cigarettes. Yogyakarta: Riz'ma.

Kementrian Kesehatan Republik Indonesia, (2017). *Profil Data Kesehatan Indonesia*. Depkes RI. Jakarta.

Kementrian Kesehatan Republik Indonesia, (2016). *Profil Data Kesehatan Indonesia*. Depkes RI. Jakarta.

Ministry of Health of the Republic of Indonesia, (2017). Indonesian Health Data Profile. Indonesian Ministry of Health. Jakarta.

Sugiyono, (2014). Combined Research Methods (Mixed Methods), Alfabeta, Bandung.

Utami, (2011). Inilah Alasan Anak Mulai Merokok. <https://gaya.tempo.co/read/330044/inilah-alasan-anak-mulai-smoking/full&view=ok>

(WHO) World Health Organization (2009) Track 2:
Health literacy and health behaviour, World
Health Organization. Available
in:[https://www.who.int/healthpromotion/confer
ences/7gchp/track2/en/](https://www.who.int/healthpromotion/conferences/7gchp/track2/en/)

● 3% Overall Similarity

Top sources found in the following databases:

- 0% Internet database
- 1% Publications database
- Crossref database
- Crossref Posted Content database
- 2% Submitted Works database

TOP SOURCES

The sources with the highest number of matches within the submission. Overlapping sources will not be displayed.

| | | |
|----------|----------------------------------------------------------------------------------|-----------|
| 1 | Flinders University on 2017-10-26 | 2% |
| | Submitted works | |
| 2 | Nur Indahsari, Nur Nasry Noor, Dian Sidik Arsyad. "Relationship Of Exp... | 1% |
| | Crossref | |

● Excluded from Similarity Report

- Bibliographic material
- Cited material
- Manually excluded text blocks
- Quoted material
- Small Matches (Less than 20 words)

EXCLUDED TEXT BLOCKS

t table

jurnalmahasiswa.unesa.ac.id

Based on the results of the t-Test

eprints.ums.ac.id