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Dear Reviewers and Editor

We want to thank you for your comments and suggestions. Here, we wish to re-submit the following paper entitled ‘Perceived social benefits vs Perceived harms of smoking among Indonesian boys aged 12-16: A secondary analysis of Global Youth Tobacco Survey 2014 (TPC-00431-2019-03) for publication in Journal of Tobacco Prevention and Cessation.We have addressed and responded to all reviewers’ comments. Please find detailed responses as below.

Kind regards,

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Authors

**Comments:** [Abstract] The second sentence of the results mentioned five/ three measures – in fact, there were four for both belief factors. This is something I pointed out earlier and has been changed, but not consistently. [Abstract] I also think the second and third sentences of these results need swapping and slightly wording: “Smoking-related belief items clustered into two components: perceived social benefits and perceived harms. The four beliefs representing smoking’s perceived social benefits and measures of smokers in the boys’ social circles increased with age while the four beliefs representing smoking’s perceived harms remained stable. The two components of smoking-related beliefs were associated with smoking in opposite ways…”

**Response:** Thank you for pointing this out. The second sentence did not discuss the components just yet. It was easier if all the measures that favour to smoking were referred to the component of perceived social benefits while all the measures that did not favour to smoking were referred to the component of perceived harms. However, the measure of it is safe to smoke for one or two years was unique. Logically, increased believed in this measure may associate with smoking behaviour positively. It also tends to have its percentage increased with age. Those two statements were similar to all measures that favour to smoking which belong to the component of perceived social benefits. Therefore, the number of measures that favours smoking were five. However, according to the PCA results, this measure belonged to the component of perceived harms. This PCA result makes perceived harms consist of four measures instead of three. This discussion is in line with comment related to line 251 as below.

**Comments:** [main text] Line 79 suggests a longitudinal study - I suggest: “behaviour outcomes among 12 – 16-year-old boys”.

**Response:** A change has been made according to the above suggestion.

**Comments:** [main text] Line 169 – I do not understand the sentence “interaction between perceived social benefit and age has been checked”.

**Response:** Thank you for your comment. That sentence was a mistake and this sentence has been deleted.

**Comments:** [main text]Line 189 repeats the results on line 186

**Response:** We thank you for the correction. The sentence in the line 189 has been deleted according to the above suggestion.

**Comments:** [main text] Line 249 says “the current only included three measures of smoking related beliefs (beliefs of smoking and secondary smoking are harmful and difficult to quit smoking)” – this needs correcting to four; the belief that it is safe to smoke for only two years needs adding BUT SHOULD THIS BE THAT IT IS NOT SAFE TO SMOKE FOR ONE OR TWO YEARS, AND SHOULD THE WEIGHTING FOR THE ITEM ON COMPONENT 2 SHOWN IN TABLE 3 BE NEGATIVE (AS I NOTED IN MY PREVIOUS COMMENTS, THIS HAS NOT BEEN ADDRESSED IN THE RESPONSE)?; And it needs to say that these are beliefs relating to smoking’s perceived harms.

**Response:** Thank you for your comment. The negative sign signifies the way the item is related to the component. It is mean that negatively loaded items measure opposite pole of your intended measured construct. We already mentioned in the main text that the two components were associated with smoking behaviour in opposite ways. Therefore, it is normal to have negative value in the components of perceived social benefits for items that did not favour to smoking behaviour.

**Comments:** [main text]Line 251 – I do not understand this statement “The five measures of beliefs that favour smoking – the PCA includes four in each dimension…”

**Response:** Thank you. It means exactly as stated in the sentence. The changes were made according to your previous suggestion in the 2round. Detailed explanation, please refer to the comment and response related to the abstract as above.

**Comments**: [main text] Line 282-284: I think these two sentences should be removed since they suggest a comparison has been made and no association found with maternal smoking – but maternal smoking was not included as a variable.

**Response:** **]** line 282-284 was based on psychologists’ argumentation. Their argumentation was very relevant to our data related to the low prevalence of smoking among mothers and very high prevalence among fathers. We have mentioned in the methodology that,

“..mothers’ smoking was not included in the current study because of the very low prevalence of smoking among women in Indonesia and mothers based on boys’ response in this GYTS 2014 dataset.

Previous line 282-284 has been amended as below:

“Possibly, such findings could be explained by boys’ gender identity development. Some psychologists argued that boys need to develop a separate gender identity than their mothers’ identity1 to be more similar to their fathers’ identity.”

**Comments:** [main text]Lines 288 – Again, to make sure that this does not suggest a longitudinal study, I suggest “whether the age-related increase in…”.

**Response:** A change has been made according to the above suggestion.

1. World Health Organization. *What about boys? A literature review on the health and development of adolescent boys. World Health Organization.* 2000.