

Developing Framework for Youth Empowerment to Prevent Smoking Behavior in the Rural Setting: Protocol for a Participatory Action Research Study

by Heni Trisnowati

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Developing Framework for Youth Empowerment to Prevent Smoking Behavior in the Rural Setting: Protocol for a Participatory Action Research Study

Heni Trisnowati, Adi Utarini, Retna Siwi Padmawati, Djauhar Ismail, Arika Dewi

ABSTRACT

Purpose

This paper describes participatory action research (PAR) that will be utilized to develop a framework for empowering youth aged 17-25 years toward smoking behavior prevention. This research will be conducted in rural communities setting in Indonesia and will be divided into some pre-step, diagnosis, action planning, intervention and evaluation stages.

Design/methodology/approach

PAR is chosen as the approach to develop a framework for youth empowerment in smoking prevention programs. PAR cycle is begun with a pre-step stage through interviews with village heads, community leaders, youth organization organizers, observation of target resources, and participation in youth activities as well as forming teamwork with targets. Then, diagnosis stage will be carried out through focus group discussions (FGDs) on groups of male and female youth and assessment of empowerment domains through the Participatory Rural Appraisal (PRA) with the Empowerment Assesment Rating Scale (EARS), and measuring individual and group involvement levels related to the smoking behavior prevention program by questioner. Next phase will be an action planning stage in which the EARS assessment result will be presented and discussed then youth empowerment plan and strategy will be developed. In the action implementation stage, activities and programs will be carried out according to discussed planning. The action evaluation stage will be carried out by evaluating the empowerment domain in youth groups, doing focus group discussions with parents, evaluating the impact of empowerment on individual and group changes with a questionnaire and conducting self-reflection by the target.

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ini sebenarnya dua kalimat yang berbeda, involvement ini adalah perubahan tingkat individu dan tingkat kelompok yang diukur sebelum dan setelah intervensi dnegan kuesioner.

Yang akan diukur perubahan tingkat individu meliputi efikasi, persepsi kontrol sosial politik, kompetensi berprestasi, ketegasan, pengetahuan sumber daya, intensi terlibat dan keterbukaan merokok.

Sementara untuk perubahan tingkat kelompok meliputi : aktivitas program, efektifitas program dan kadersias/peminaan anggota

Finding

This protocol describes a doctoral student research project on developing a youth empowerment framework in smoking prevention and control programs through PAR.

Originality/Value

This research project is expected to contribute to the literature relating to PAR in rural settings and the use of empowerment strategies to prevent and control youth smoking behavior. The results can be replicated in the same settings.

Keyword: study protocol, youth empowerment, tobacco prevention, tobacco control participatory action research

Paper type: Research Paper

INTRODUCTION

Research on youth empowerment for smoking behavior prevention at the context of Indonesian rural communities is still very limited. Based on the current review, research on smoking prevention and control that focuses on youth more often conducted in school setting, while this research is conducted in the community with youth empowerment or engagement strategies. The community setting was chosen because there are youth organizations that naturally enable youth to do activities independently, and the informal ambience of community compares to school, which allows youth to interact with fellow youth in more relaxed situations. This strategy is believed can contribute to initiating social change (1). Other research also states that the youth empowerment model is effective in preventing teen smoking compared to helping them stop smoking when they have tried smoking once (2). Youth empowerment focuses on creating opportunities for active group participation in developing positive youth. Participation is a manifestation of the empowerment process and the direct cause of empowerment outcomes (3).

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Ini saya sesuaikan pedoman jurnal Leadership and development journal (LODJ) (Emerald insight) karena menerbitkan jurnal tanpa berbayar. Dan pedoman penulisannya berbeda dg journal lainnya seperti bmj

Nanti kukirim contoh jurnal studi protokolyag diterbitkan emeral. Dan pedoman penulisan jurnal untuk LODJ

Empowerment as a health promotion strategy can improve the health status of individuals, groups, and communities (4). Empowerment is the main concept of health promotion (5). Empowerment can be achieved through planning strategies that enhance each domain identified by community members. There are nine domains of community empowerment, namely: a) increasing participation, b) developing local leadership, c) developing organizational structure empowerment, d) increasing capacity in problem assessment, d) improve the ability of the community to be critical, e) increase resource mobilization, f) strengthen relationships with others and other organizations, g) create fair relations with outside agencies, and h) increase control over program management. These domains have been used to develop community empowerment in health promotion programs in Asia, Africa and the Pacific (6).

Youth empowerment focuses on creating opportunities for active group participation in developing positive youth. Participation is a manifestation of the empowerment process and the direct cause of empowerment outcomes. This model links the quality and natural participation of youth in building group atmosphere and structure, as well as the individual attributes that youth bring into the group. Adult involvement is indirectly associated with youth participation, namely by influencing the structure and dimate of youth organizations. Finally, youth participation is linked to changes in the concept of youth participation itself and also their potential actions as agents of social change that influence tobacco control efforts in adults and youth.

Youth participation in structure, organizational activities have been associated with positive impacts related to self-identity and social achievement. This includes an increase in self-esteem followed by an increase in competence and control and an increase in personal and social skills. Participation outcomes include reducing school dropout rates, increasing academic performance and involvement, reducing delinquency and drug use (3).

This study will develop the empowerment of youth smoking behavior prevention programs in rural communities setting in Yogyakarta, Indonesia. Youth empowerment emphasizes the participation of youth during the research process so that a good relationship between youth and researchers is needed and a good

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Salah ketik

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Gimana baiknya deh mbak, tapi ciri khas PAR itu memang diperlukan adanya hubungan yang baik antara sasaran dengan peneliti km proses penelitiannya dilakukan bersama, peneliti sebagai fasilitator dan sasaran (partisipan) sebagai pelaku utama

relationship⁹ between researchers and society in general (3). Youth involvement is known as best practice in health education and promotion by the Center of Diseases Control and Prevention (CDC) (7).

Health promotion through youth empowerment in the smoking behavior prevention program applies the theoretical framework of the stages of empowerment from Laverack (8) and the youth empowerment model in tobacco control from Holden (3). Empowerment is a process in which there are activities to increase the empowerment domain such as participation, local leadership, resource mobilization, etc. Factors that influence the process of youth empowerment are predisposing factors for youth, group structure, and group climate. The empowerment indicator is an increase in empowerment domains during the intervention. Furthermore, this empowerment will have an impact on individual or group changes.

Empowerment approaches have been used for non-communicable disease prevention programs in India (9), to prevent suicide in residents in Japanese cities (10), for malaria prevention in Thailand (11), for safe community programs, AIDS prevention and drug abuse, programs improving the quality of life of the elderly and many other health promotion activities (12). Then in Indonesia, several agencies have experience implementing community empowerment in immunization programs, integrated health posts for infants, integrated health posts for elderly and diarrhea control. Furthermore, an empowerment strategy has also been used to initiate non-communicable disease prevention programs in Yogyakarta, Indonesia (13).

This study uses a participatory action research (PAR) method, which is a type of research that uses a participatory approach to the target (14) or known as action research (AR) (15,16). PAR is a research approach⁸ with the perspective of prioritized needs and knowledge through collaboration with community members during the research process. PAR studies are not⁴ conducted on community members, youth, or other parties as generally, but rather research conducted with community members or youths, challenges the conventional differences between researchers and those studied (14). The main features of AR are educational activities, focus on the problem, specific context, collaboration between researchers

and those researched, generally carried out by practitioners in their workplaces for improvement (15).

There are seven principles of the PAR process namely ongoing self-examination, herring power, giving voice, facilitating awareness-raising, building strength and equipping the community the skills needed for social change (14). The outcomes achieved from the PAR process are dynamic and new things created by each PAR team constitute a cycle between education, reflection, investigation, interpretation, and action for a period of several months or years (14). PAR has been used successfully in many community development projects carried out in developing countries as well as in community-based projects in developed countries. PAR plays a role in various fields such as community development, agricultural expansion, education, health and organizational management (17).

AIM AND OBJECTIVES

This PAR project will develop a framework for empowering youth aged 17-25 years toward smoking behavior prevention involving stages, namely pre-step, diagnosis, planning, intervention and evaluation in the rural communities setting in Yogyakarta, Indonesia.

Study Objective

1. Describe the determinants of youth empowerment in smoking behavior prevention programs.
2. Develop youth empowerment strategies in smoking behavior prevention programs.
3. Implement youth empowerment programs in smoking behavior prevention programs.
4. Evaluate youth empowerment domains before and after health promotion interventions.
5. Evaluate the impact of youth empowerment on individual and group changes related to smoking behavior prevention programs.

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Sesuai masukan dari BU Yayi waktu itu lebih baik smoking prevention untuk krn dari promkes

Judulnya diganti prevention mbak. Saya sempet galau krn di beberapa referensi menggunakan kata control

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Oke mbak, bisa diperbaiki

METHOD AND ANALYSIS

³ This study uses participatory action research (PAR) or action research (AR) method in which research subjects are referred to as participant (17-25). Furthermore, the term participant is used to replace the subject of research. Participants in this study were the Karet Hamlet of Karet youth group, located in Pleret Village, Pleret District, Bantul Regency, and Purworejo Hamlet youth group, in Tirtonirmolo Village, Kasihan District, Bantul Regency, Yogyakarta. Adolescence between 17-25 years. The criteria of the research subjects were all youth who were willing to be involved in the program and not smoke during the study. At this stage of a preliminary study that became a key informant were the head of the village, hamlet chief and the wife of the head hamlets, administrators youth, health promotion officer Pleret Health Center and Health Department Health Promotion Section Bantul. While the number of youth who became the intervention group was around 50 people in Karet Village, Pleret Village and the number of youth groups for the control group was around 50 people in Purworejo Hamlet, Pleret Village.

The research organization consisted of the main researcher, two research assistants, and two co-researchers, namely the wife of the hamlet head (community leader) and the head of youth community (*Muda Mudi Dusun Karet or Madiska*). While the research subjects or participants are youth aged 17-25 in Karet Village. The study participants were all Madiska members who were willing to be involved in the program and voluntarily agreed to sign informed consent.

This research will be carried out in Karet Village, Pleret Village, Pleret District, Bantul Regency, Yogyakarta. Pleret Village is one of the villages in the Pleret District area which consists of eleven hamlets and 79 RT. The area of Rubber Village is 32 hectares. Hamlet Karet has located 1.5 km from Pleret District, 1 km from Pleret Village, 12 km from Bantul Regency and 15 km from Yogyakarta Special Region Province. The land use in Hamlet Karet is as follows: 60% for settlers and 40% for agriculture. The livelihood of the community is as a farm laborer. Hamlet Karet has 452 families (family cards) and 8 RT (neighborhood units) and is headed by a village head.

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Apakah memang beda mbak?
Sebenarnya istilah itu bisa saling menggantikan menurut sumber.
Biar ga bikin bingung bisa kita pake satu istilah saja misalnya youth

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² ah apa
WHO defines 'Youth' as individuals in the 10-19 years age group and 'Youth' as the 15-24 year age group. While 'Young People' covers the age range 10-24 years.
<https://www.who.int/southeastasia/health-topics/adolescent-health>

yes mbak

Hamlet Karet has a youth community called Madiska with activities to coordinate children's activities such as *Taman Pendidikan Alquran (TPA)*, assist activities held in the hamlet, such as being a committee of the Seventeen event, helping to clean tombs, helping clean water monitoring activities, and coordinating children's tarawih activities. Madiska holds regular meetings once a month but coordination activities are carried out at any time when needed by Whatsapp group media. Madiska consists of youth aged around 17-25 years who number about 50 people. Hamlet Karet has a leader who is very supportive of the youth program. The dukuh head and his wife play a role in motivating youth to be more active in advancing youth activities. Karet Village Youth initiates a library for children. Then there is also the PKK (Family Welfare Development) organization which consists of mothers and Bapak's meeting activities which are routinely carried out once. Researchers have a close relationship with youth leaders and stakeholders in the area of Karet Village, and this will facilitate the empowerment process in that place. The role of researchers in this case as facilitators. Meanwhile, the challenge at the study site is that there are already some youth who smoke and smoking behavior is still considered normal for most people as well as youth. At the time of youth activities, there were still youth who smoked. The expectation of community leaders and youth officials interviewed was that children and youth who had not smoked would not be interested in trying cigarettes. This is an opportunity for youth empowerment programs to prevent youth and children who have not smoked so that they are not interested in smoking.

Another opportunity that can support the youth empowerment program at the research site is Bantul has a regulation that regulates smoke-free healthy areas, namely Regent Regulation No. 18 of 2016. Furthermore, Hamlet Karet, is an area in Pleret Village that has declared a non-smoking area with the name of Smoke-Free Home or "*Rumah Bebas Asap Rokok*" (RBAR). Meanwhile, the control area is the Purworejo Hamlet, located in Pleret Sub-District, Bantul Regency. This hamlet has characteristics that are almost the same as the location of the intervention that is once declared a non-smoking area.

The action research process cycle is as follows: problem identification, planning, intervention and evaluation (16). While other authors add the *pre-step* stage before the diagnosis stage, namely the activity of understanding the context and explaining the objectives of the project whose objectives are the same as the problem identification stage (15). Then, the stages of planning action, taking action and evaluation action (15) are continued. Here is a picture of the stages of action research :

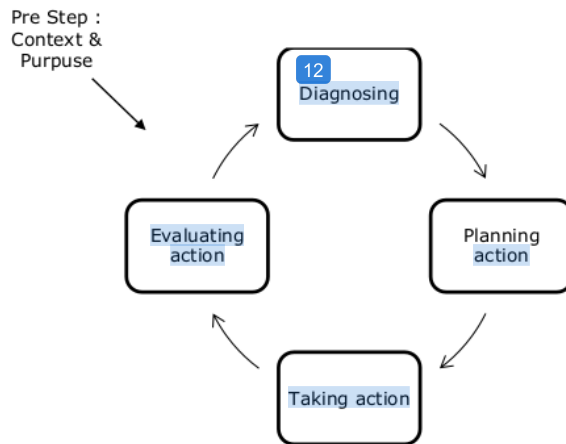


Figure 1. Stages of *action research* (15).

Pre-step: Context and purpose

The PAR cycle takes place in real-time frame, starting from finding an understanding of the program context, reasons why the program is needed and considered and change driving force. Prior the study, researchers established rapport with community at the study sites. Activities included introduction meeting with village head, hamlet head as well as youth administrators to convey the purpose of the intended activities. With these people, researcher conducted an interview to find target level of acceptance of the planned activity and identify the available resources. In addition, researchers also held meetings with health

promotion officers of Pleret Health Center and Health Promotion Section of the Bantul District Health Office to socialize the program and explore cooperation possibilities for the sustainability of program. At this stage, resources and potential target for change are identified. In addition to meetings key personnel, researcher also develops groups that will be invited to cooperate in tackling raised issue. Review secondary data of hamlet profiles (obtained from Bantul District website), *Perilaku Hidup Bersih dan Sehat/PHBS* (Hygiene and Healthy Behavior) Data obtained from Pleret Community Health Center. Furthermore, the principal researcher approached youth groups through participation in activities organized by youth, such as religious activities during Ramadan, and *halal bi halal* (Ied Mubarak celebration), supporting development of children reading corner initiated by youth by providing children's books and magazines.

Stage 1. Diagnosis: This stage is carried out by conducting dialogue activities with stakeholders involved in the program to determine activities theme to be planned and carried out. Diagnosis includes an articulation of the underlying theory with careful. While diagnosis can change the iteration of the PAR cycle, some changes to the diagnosis need to be recorded and articulated or explained clearly, showing that the incident causes an alternative diagnosis is needed and showing evidence and reasons for the new diagnosis in the next action. What is important in diagnosis is the collaboration action between the researcher and target. At this stage, focus group discussions are conducted to equalize perceptions related to "the meaning of empowerment" and the domain of empowerment, assess the domains of youth empowerment through PRA (*participatory rural appraisal*), explore youth issues and determinants of youth empowerment such as predisposing youth group structure and group climate

Stage 2. Action planning: hold a meeting to share ideas and experiences as well as learn techniques, models, and experiences. Participants doing their own assessment of each domain, by comparing experiences and opinions (baseline assessment) then record the reason for the agreed rank. Tentatively an youth activation program can be planned such as ⁵competency development, healthy life skills trainings with the following materials: self-awareness, empathy, inter¹⁶personal relationship, effective communication, critical thinking, emotional control, problem-

solving, coping with stress and decision making. Others are education about health-conscious youth ("cool without cigarettes", "I am proud to be a high achiever healthy teenager"), the impact of smoking on youth' lives through poster making contests, campaigns against youth as targets for cigarette advertising, et

Stage 3. Implementation of the action: Discussion on how to improve the current situation, develop strategies to improve the current situation, and identify the resources needed to implement the planning strategy. Develop strategies to improve the current situation by making a list of activities to be carried out, determining the time and goals, giving responsibilities to certain individuals to carry out activities within the allotted time; assessing resources: participants assess internal and external resources to improve the current situation. Identification of internal resources includes a commitment to developing strategies, attending meetings, better interpersonal education. This section outlines the mechanism of youth empowerment programs consisting of enhancing local leadership and management skills, regular meetings to increase the flow of information between youth leaders and their members, developing clear action plans or determining roles and responsibilities directly. For example, the program activation youth: youth healthy life skills trainings, education on youth health care through the discussion forum on smoking and teenage life , parenting activities for parents of youth who are involved in the study, initiation youth movement concern about health eg. "gerakan remaja sehat tanpa rokok" (GemaStar) or no smoking healthy youth movement, the GemaStar declaration and inauguration of youth health ambassador.

Stage 4. Evaluation of action: Evaluation and visual representation at the group level, namely the evaluation of the youth empowerment domain which aims to find out the extent of the process and implementation of youth empowerment in smoking prevention programs. This is done with the PRA method with the EARS (Empowerment Assessment Rating Scale) measuring tool and then spider web configuration is made. Next, evaluate individual-level changes to assess attitudes towards control, efficacy, knowledge resources, assertiveness, advocacy, intention to engage and openness in smoking after an intervention has been given. Furthermore, evaluation of group-level changes includes the presence or absence of

activities for planning smoking prevention programs, effective or not activities implemented on the results, and whether or not there is an increase in the satisfaction of members of the youth group itself. Stages of research that have been adjusted to the design of participatory action research are presented in Table 1.

Qualitative data analysis was performed using three interacting stages, namely data reduction, data presentation and conclusion drawing or verification (18). The collected quantitative data is processed using the computer program evaluation phase with the PRA method (participatory rural appraisal) or participatory action research. Each domain is measured and displayed visually as part of an evaluation program using spider-web configuration. To ensure the trustworthiness (quality of data), researchers use three different techniques, namely: through prolonged involvement in the community, peer-debriefing in research participants and triangulation of resources with the research team. Figure 1 below is an example of a spider web configuration.

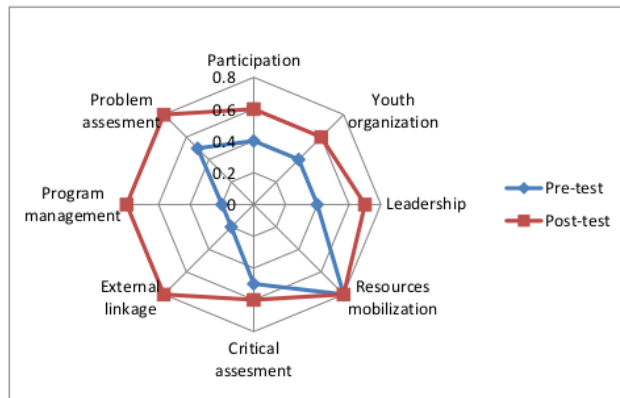


Figure 1. Example of a *spider web* configuration

Table 1. Research stages and methods

Research Stages & time	Activities	Data collection methods & Targets
<p>Pre step: context & purpose</p> <p>March-September 2019</p>	<ul style="list-style-type: none"> Understand the suitability of the context of the program Building trust with the target at the research location Socialization of research objectives on the target Identification of resources and potential possessed by the target Form a research team (co researcher) 	<ul style="list-style-type: none"> Introductions and interviews with the Pleret Village Head, Karet Hamlet Head, the representative of the youth organization (Madiska), health promotion officer at the Pleret Health Center, Health Promotion Section of Bantul District Health Office Participation in every activity held by Madiska Secondary data review from the Bantul Regency website, Hamlet Karet profile, Pleret Puskesmas data profile Discussion with co researcher (wife of Head of Karet Hamlet and Secretary of Madiska) related to the program, the division of roles and responsibilities in the research process
<p>1st Round</p> <p>Diagnosis</p> <p>The 1st week of November 2019</p>	<ul style="list-style-type: none"> To test the validity of the measuring instrument of empowerment and change the level of individuals and groups in Hamlet Kersan, village Tirtonirmolo, Bantul Yogyakarta 	<ul style="list-style-type: none"> Assessment of youth empowerment indicators and filling out questionnaires by Karang Taruna Plosok (hamlet youth group) of 30 people Discuss with the youth group about the measurement results and ask for input on the clarity and use of language in the

Research Stages & time	Activities	Data collection methods & Targets
<p>14 1st week of December 2019</p> <p>The 1st week of January 2020</p>	<ul style="list-style-type: none"> Collect data of the youth empowerment determinant : Apperception the meaning of empowerment (goals, forms of activity, indicators of empowerment success, duration of activity) Describe youth' understanding of youth health problems, and efforts to prevent smoking The target is to assess the domain or indicators of youth empowerment Pretest: 1) Individual level: attitude towards control, efficacy, knowledge of resources, assertiveness, advocacy, intention to engage, openness in smoking;2) Group level: there are activities to plan smoking prevention programs, effective activities improve results, there is a level of member satisfaction. Sharing sessions on the management of the Karangtaruna Organization 	<p>Data collection methods used</p> <ul style="list-style-type: none"> Focus group discussions on groups of young boys (6-12 people) Discussion group of young women (6-12 people) The same time with a youth meeting with a duration of 90-100 minutes Participants for the DKT are Madiska management and members who are willing to sign an informed consent Participatory rural appraisal: discussion with EARS measurement tools (30 male and female youth) Filling in the questionnaire on all members Madiska (Hamlet Karet) : 40 people and youth in Hamlet Purworejo group about 40 people.
<p>2nd Round Action planning 1st week of February 2020</p>	<ul style="list-style-type: none"> Describe the results of teenage assessments about the domain of youth empowerment in Karet Village (presentations and discussions) Determine empowerment goals, strategies, 	<ul style="list-style-type: none"> Presentation and discussion with Madiska group: around 30 people Discussions with madiska groups, main

Research Stages & time	Activities	Data collection methods & Targets
	<p>and resources needed, division of responsibilities</p> <ul style="list-style-type: none"> Make a list of activities to increase the empowerment domain: Youth camp: training in healthy life skills (outbound & training), initiation of cool teen movements without cigarettes or Madiska Empowered with the activity of making posters on the impact of smoking on youth life, (tentative) following youth agreement or initiatives youth for the prevention and control of smoking behavior 	<p>researchers as facilitators, secretaries of madiska and discussion participants were all youth present</p> <ul style="list-style-type: none"> Coordination with psychologists for Youth Camp activities and training modules Coordination with youth health care communities in Yogyakarta
<p>3rd Round Implementation of actions 4rd week of February -2nd week of March 2020</p>	<ul style="list-style-type: none"> Carry out youth activation programs Educating youth about health care Initiating youth health care movement (<i>Gerakan Remaja Sehat Tanpa Rokok or GemaStar</i>), contests, GemaStar declaration, the inauguration of health care youth ambassadors 	<ul style="list-style-type: none"> Healthy life skills training for youth (15 March 2020) Exposure to youth health, the impact of smoking on youth life (15 March 2020) Parenting education: The role of parents in realizing a healthy and superior young generation (Weeks 3 or 4 February 2020) Vlog or video contest about the impact of smoking on youth' lives (Early April 2020) Declaration of health care youth & Inauguration of health care youth ambassadors (Early April 2020)

Research Stages & time	Activities	Data collection methods & Targets
<p>4rd Round Evaluation of actions</p> <p>3rd week of April- 1st week of May 2020</p>	<ul style="list-style-type: none"> • Evaluate the empowerment domain • Evaluate individual-level changes, and group level changes (post-tests) related to smoking prevention programs. • Madiska conducts self-reflection, explains lesson learned with facilitators from researchers 	<ul style="list-style-type: none"> • Target number: 40 youth and 40-80 parents • PRA (Participatory Rural Appraisal) with focus group discussions to reassess the empowerment domain using the EARS measurement tool • Test post with a questionnaire to all members of Madiska (Karet Hamlet) and youth groups in Purworejo Hamlet • Focus group discussions on parents (father and mother groups) • Madiska wrote down her experiences while being involved in the program and made a follow-up plan • Number of Madiska : 30-50 people

ETHICS AND DISSEMINATION

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This study received ethics approval from the Faculty of Medicine, Public Health and Nursing, Gadjah Mada University (KE / FK / 1334 / EC / 2019).

Research ethics in the context of PAR research (participatory action research) is built on participation with the system in which the research is conducted. This participation is based on the assumption that system members understand the research process and actively participate significantly. Therefore, ethics includes the real relationship between researchers and research subjects both individually, in groups, and organizations. There are ethical considerations to ensure the anonymity and confidentiality of data, especially when the focus group discussions and interviews. Natural relationships in the youth community will be recognized in informed consent and taken into consideration when analyzing data and when presenting or reporting data there is no excessive mention of participant identity.

Besides, the establishment of a code of ethics for researchers, extended collaboration and negotiations so that participants managed to find solutions to problems. A significant element of both ethics and quality of PAR is the sustainability and long-term consequences of the program (15). Therefore, in the study of PAR, politics has a strong influence, so researchers need to consider their impact on the research process, know the main players and how researchers can involve them in the process. Ethics not only does not cheat or do damage/dangerous things but also does the right process.

This research is part of a supervised dissertation project to obtain a Doctorate. Some papers related to research results will be published in international journals and scientific meetings at an international and national level. In addition, the results of the activity will be published to local masses both online and off-line to increase public awareness of the importance of the program. The findings will also be disseminated to stakeholders, health centers and local health offices

Acknowledgment: Authors thank the community of Karet, Purworejo, Kersan Hamlet of Yogyakarta, for their support of this study, particularly the youth community of Karet (Madiska), youth community of Purworejo (Gemilang), Youth

community of Kersan and stakeholders.

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