






2001 6

# 성경림의 보건학 석사학위논문을 인준함

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연세대학교 보건대학원

2001년 6월 일

가

가

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1.	.....	1
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3.	.....	4
1)	.....	4
2)	.....	5
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1.	.....	7
2.	.....	9
1)	.....	9
2)	.....	11
3)	Mass media	.....13
4)	.....	15
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2.	.....	20
3.	.....	21
1)	.....	21
2)	.....	22
4.	.....	23
5.	.....	24
6.	.....	26
•	.....	27
1.	.....	27
1)	.....	27
2) 가	.....	30
3)	.....	30
2.	가.....	31
1)	.....	31
2)	.....	33
3)	.....	34
•	.....	36

•	.....	42
1.	.....	42
2.	.....	45
	.....	46
1.	.....	53
2.	.....	59
3.	.....	74
ABSTRACT	.....	75

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6. 가
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8. ,
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가 .

10 가 3

41.6% (28.2%),

(26.2%), (20.5%), (19.4%), (9.3%

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가 .

1 1

10 4 2 97 2 96

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2001 3 9 2001 4 16

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SAS

2 - , t -test

Two-way Anova

가 . 가

(t=-1.8881,p=.060)

(t=-1.3945,p=.169),

가

(t=3.1175,p=.0021)

가

(r=-0.1978,p=.0058)

가

(F=1.04,P=.3130)

가

(F=10.87,P=.0012)

가

.  
,

가

.(F=3.51,P=.0626)

가

가

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1.

, 가

가 (US DHHS, 1989).

1980 79.3%, 1992 75.4%, 1998 67.6%,  
1999 65.1%, 2000 66.3%

가 . (

, 2000) 10 가

1988 1.8% , 95 4.8%, 2000 7.4% 가

( , 2000)  
가

. ( , 1999)

16

9

16

19

6

,

,

가

. (Hammond,1997)

가

2

.(Simmons-Morton, et al, 1999)

가

가

( ) .

가 , 1998).

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2

가 . ( , 1998)

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( , 1999)

5

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가

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가

가 ( , 1996)  
가 ( , 1998)  
가 .

가

가

( , 1998)

가

가

가

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가

2.

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3.

1)

(1)

(2)

가

1 (50 )

2)

(1)



가

가

(2)

1 (50 )

OHP

1.

(WHO) (1997) 5

1 11

47%, 12%가 . 가 5 2

.

1960 가 1975

80% 1987 74% 2000 65 67% .

, 1977 1 1 2 60

34.6% 1996 35.1% 1.5%

56.1% 14% .

,

가 .( , 1997)

2000 ,

가 ,

가 . 1988 1.8% 2000

7.4% 4.1 23.0% 27.6%

1.2 가 가 .

1 19.9%, 2 29.8%, 3 37.9%

. 1991 1.2%, 2.4% 2000

3.2% 2.7 , 10.7% 4.5 가 가  
 가 .  
 가  
 가 . ( , 2000)  
 1988  
 (2.3%) (0.8%) 2000  
 5.6% 6.6% . 1988  
 22.5% 27.5% 5%  
 2000 32.0% 26.4% .  
 가 1991 2000  
 가 가  
 . 가 가 가 가  
 1988 1.7 , 2000 1.68 .  
 1977 1.98 2000 1.96 .  
 1988 2000  
 가 40.0%, 53.3% 가 , 가  
 16.7%, 20.3% . 1988 가 26.9%,  
 가 24.5% 2000 가 32.8%, 가 38.3% .  
 1991 52.5%, 가 11.3% 2000  
 43.4%, 30.7% , 가  
 가 .

5 , 1988 2000  
60.0%, 60.7%, 1991 2000 68.4%, 64.3% .  
6-10 가 1988 38.6%, 2000 42.0% 5  
1988 37.4%, 2000 35.5% . 5  
1991 45.1%, 2000 52.0% .  
20  
가 .  
, 가  
.  
가 .  
30 40 , , , 가  
가 .  
가 가

**2.**

1)

, , 가

(Epps ,et al, 1995)

가

Smoking and Health

1960

1974

가

65.3%가

35

.(U.S.Surgeon General Report, 1990)

가

, 5%(Gohlke , 1989),

10% (Cameron , 1999;Focarile Scaffino, 1994)

가

.

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2

, 가

, 5

, ( ),

21

, 가 가

,

, , TV  
( ) .

가 .( , 2000)

가

2)

가

가

.( , 1998)

( , 1999) 18 25

, 가, 가,

가

, , 5  
.( , 1998)

가

.( , 1998)

가

Flay (1990) 22 6

Waterloo Smoking Prevention Project 가 3

가

6

가 ,

가

Rundall Bruvold(1992) 1980

47

가 29

### 3) Mass media

Perry Kedler(1992)

Mass media ,

3 14.6% ,

24.1%

9.5% 가 . (Perry, 1992)



가

. (Roy Cameron, et al, 1999)

,

, Mass media

가

7%

(Flynn , 1994:Flynn , 1997).

2010

,

88 3

가

,

12-13

가

. (Michael Siegel,et

al, 2000)

가

(Glyn,

1993)

4)

(Shaftel, 1990)

가

가

가

.( Sternberg & Garcia,1994)

( , 1998)

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(Feed back)

( , 1996)

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 .( , 2000)  
 AIDS AIDS

가 .

가

가

(kisman, 2001

)

가

가

가

가

가

20가

14

. (Crute , 1989)

가

가

가

. Blinchik (1989)

"

"

가

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**1.**

- (non-equivalent control group  
pretest-posttest design) . ( 1)

1.

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4

	Q1	X1	Q2	Q3
	Q1	X2	Q2	Q3

- Q1 : , , , ,
- Q2 : , ( )
- Q3 : , ( 4 )
- X1 : (50 )
- X2 :

**2.**

1 1 10

4 2

2

97 , 96 193 .

**3.**

1)

2001 3 13 .

(1)

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(2)

가

가

가

15 .

(3)

(4)

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(5)

가

(ventilator)

(catharsis)

(6)

가

(7)

2)

2001

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14

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가

4.

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가

1 21

가

가

4 Likert Scale

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21 84

가

5.

3 9 4 16 .  
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1)

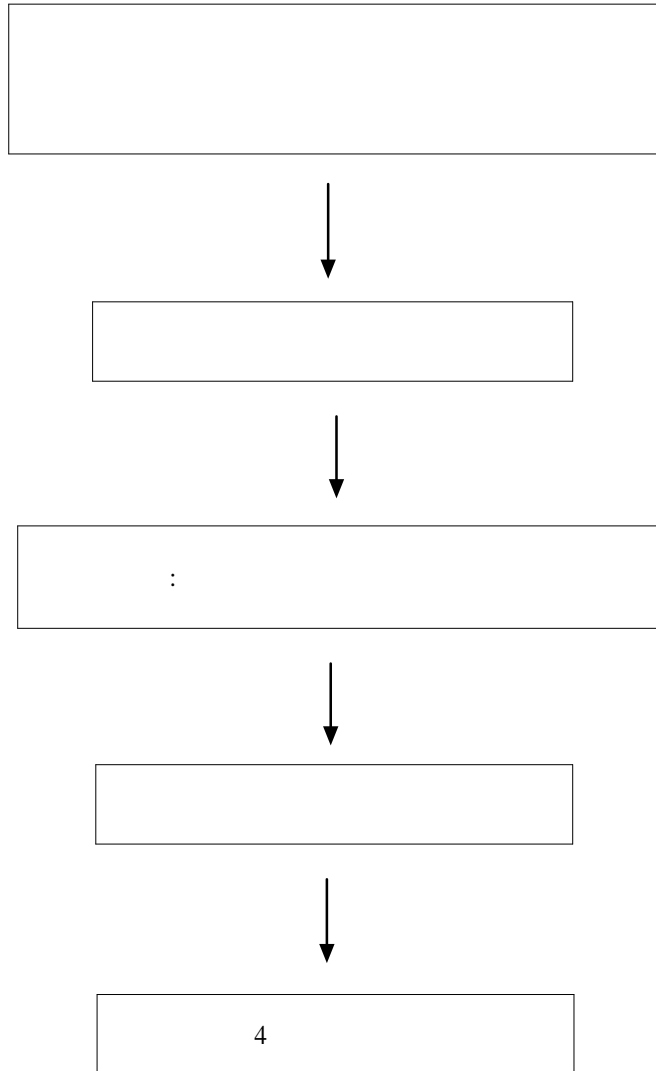
2001 3 9  
2 , 2 4 가

2)

3 13 3 14 1 .  
4 4 16 2

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6.

Statistical Analysis System (SAS)

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. t-  
test .  
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Two-way Anova .

•

1.

1)

가

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가

( 2)

가

2 -

One-way Anova

( 3), ( 4),

( 5)

2.

	n=97(50.26%)	n=96(49.74%)	$\chi^2$	p
	16(16.49)	25(26.04)	4.846	0.303
	21(21.65)	18(18.75)		
	11(11.34)	6(6.25)		
	49(50.51)	49(48.96)		
	11(11.34)	2(2.11)	17.212	0.001
	18(18.56)	9(9.47)		
	50(51.55)	75(78.95)		
	18(18.56)	9(9.47)		
	11(11.34)	8(8.51)	2.052	0.358
	70(72.16)	63(67.02)		
	16(16.49)	23(24.47)		
	8(8.25)	15(15.63)	9.670	0.008
	49(50.52)	28(29.17)		
	40(41.24)	53(55.21)		
*	77(80.21)	63(70.00)	5.571	0.062
*	19(19.79)	27(30.00)		
	25(25.77)	29(30.21)	0.277	0.599
	72(74.23)	67(69.79)		

3.		n=193	
		$\chi^2$	p
3(5.56)	10(7.25)	0.609	0.894
9(16.67)	18(13.04)		
34(62.96)	91(65.94)		
8(14.81)	19(13.77)		
9(16.67)	14(10.07)	2.280	0.320
18(33.33)	59(42.45)		
27(50.00)	66(47.48)		

4.		n=193	
		F	P
15.69	1.60	0.12	0.9501
15.11	2.84		
15.29	2.90		
15.22	3.77		
14.82	3.44	0.98	0.4050
15.09	2.94		
16.05	2.90		

5.		n=193	
		F	P
58.84	11.25	1.10	0.3487
60.40	7.83		
62.56	8.33		
60.96	10.60		
61.78	11.10	3.13	0.0782
62.67	8.97		
64.83	9.28		



2) 가

가 . , .  
가  
가 .

6. 가

	n=97(50.26%)	n=96(49.74 %)	<sup>2</sup>	p
	61(62.89)	58(60.42)	0.042	0.838
	36(37.11)	38(39.58)		
	9(9.28)	9(9.38)	0.000	1.000
	88(90.72)	87(90.63)		
	17(17.53)	14(14.58)	0.344	0.842
	47(48.45)	47(48.96)		
	33(34.02)	35(36.46)		

3)

t-test

가 .

가

. ( 7)

(r= -0.0788, P=.2760)

. ( 8)

(r= -0.1978 , P=.0058)

가

(r= 0.0929, p=.1987)

가가

가 가

7.

(n=97)		(n=96)		t	p
11.76	5.01	13.68	5.11	-1.3945	0.1691
60.62	8.84	63.0	8.67	-1.8881	0.0605
15.93	2.87	14.64	2.88	3.1175	0.0021

8.

n=193

r=0.0929(p=.1987)	r=-0.0788(P=0.2760)
r=- 0.1978(P=0.0058)	

2. 가

1)

Two-Way

Anova( )

Two-Way Anova

가 가

( F= 0.38. P=.6862 )

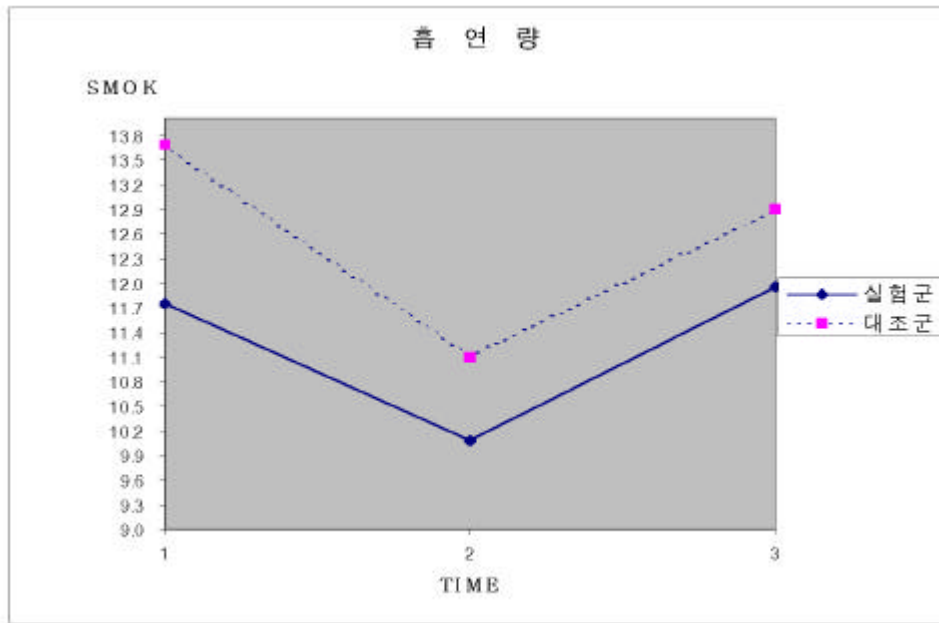
< 2>

가

9.

	(n=24)		(n=29)		F	P
	11.76	5.01	13.69	5.11		
	10.08	4.51	11.10	4.30	23.02	0.0001
4	11.95	4.70	12.90	4.55		
F (P )					1.04(0.3130)	

. 2



2)

가

가 가

(F= 19.31, P=.0001)

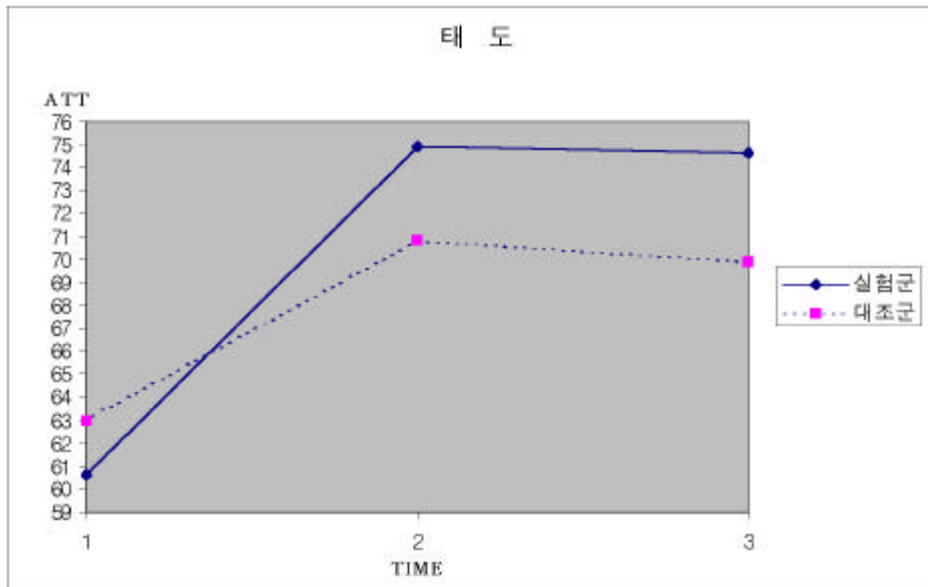
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가

10.

	(n=97)		(n=96)		F	P
	60.61	8.84	63.00	8.67		
	74.91	4.92	70.82	3.61	191.88	0.0001
4	74.68	8.61	69.90	3.89		
F (P )					10.87	(0.0012)

3



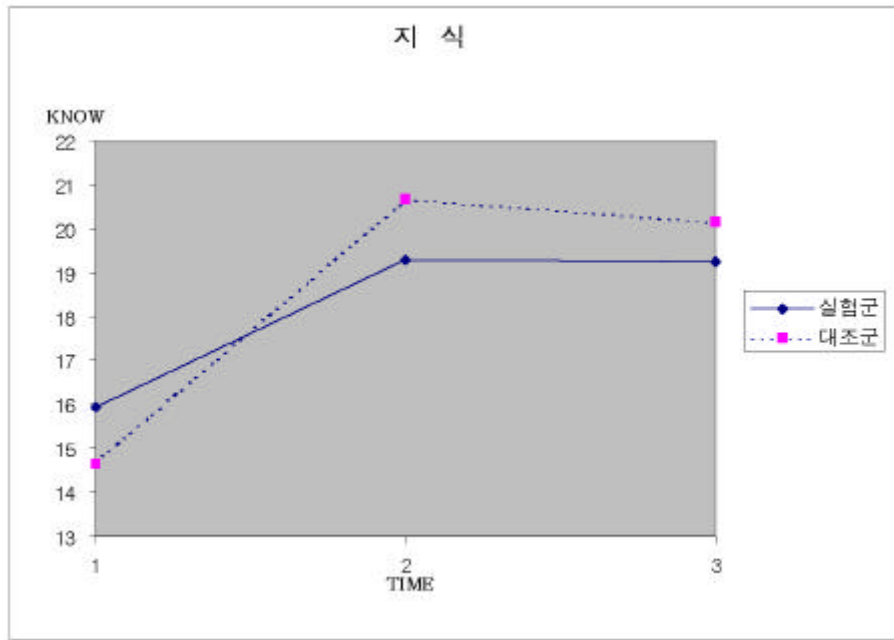
3)

가 .  
 가 가 .  
 ( 14.64) ( 15.93) ( .  
 20.12) ( 19.25) 가 .  
 가 가  
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 . ( F=25.43, P=.0001)  
 < 4> 가

11.

					F	P
	15.93	2.87	14.64	2.88		
	19.27	1.25	20.64	1.04	349.87	0.0001
4	19.25	0.98	20.12	1.76		
F (P )			3.51	(0.0626)		

4.



•

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.( , 1999)

가

· ,  
, , , , ,

가

가



가

60.2%

65.8%가

가

feed back

(Rapport)가

가

.( , 2000)

가

.(P=.3130)

가

가

가

(1996)

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 가  
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 (P=.0005)  
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 (Rundall et al,  
 1992)  
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가

(p=.001)

(p=.005)

가

(1992)

가

(P=.0058)

가

가

(P=.0027)

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가

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가

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(P=.0626)

가

( 14.64)

( 15.93)

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( 20.12)가

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(1996)

(1998)

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SAS

<sup>2</sup> -

, t-test

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Two-way Anova

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 가 . 가  
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 가  
 , 가 (  $\eta^2=0.042$ ,  $p= .838$  ),  
 (  $\eta^2= 0.00$  , $p= .00$  ) , (  $\eta^2=0 .344$ ,  $p=.842$ )  
 가 .  
 , (t=-1.3945,p=.169), (t=-1.8881,p=.060)  
 (t=3.1175,p=.0021)  
 가  
 가 .  
 , ,  
 .(r=-0.1978,p=.0058)  
 (r=-0.0788,p=.2760) (r=0.0929,p=.1987)

가 .(F=1.04,P=.3130)

가 .(F=10.87,P=.0012)

가

가 .(F=3.51,P=.0626)

가 .(P=.0021)

가

가

가

가

가

가

가

가

2.



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가 .

1996;26:77-93  
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1998;28:94-115  
1990.  
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. 1992;10(2):37-48  
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1996  
가 . , 1996:534-537

1996:2:92  
1994  
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1999;12(17)  
1992;5(2)  
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1988:10(2):131-137  
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1998;19(1):43-57  
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. 1991;4(2):193-215  
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. 2000;17(2):75-85  
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. 1997;8-14  
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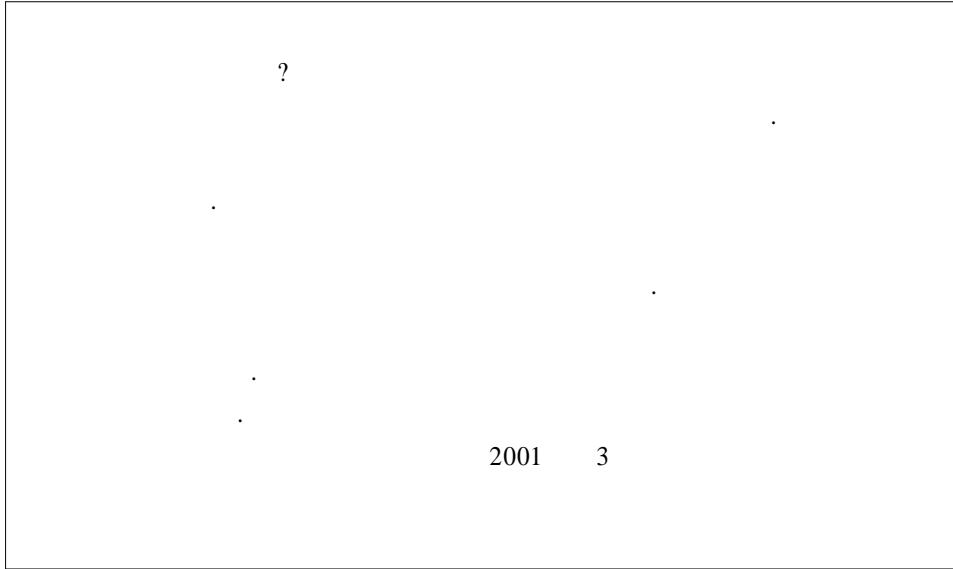
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## ABSTRACT

### **A comparison of smoking prevention effect with role play and lecture education for adolescence**

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Yonsei University

The smoking rate of Adult Korean has decreased each year, but the smoking rate of women & adolescents has increased rapidly. Especially adolescence smoking has increased rapidly for the last 10 years and it is reported that the smoking rate of the boy students in the third grade of high school is 41.6%. This situation is serious and worse than those of U.S.(28.2%), Japan(26.2), England(20.5%), Russia(19.4%), and Israel(9.3%).

So the purpose of this article is to compare the effectiveness of role play with that of and existing smoking prevention lecture education and it to analyze what influence role play has on the adolescence knowledge, attitude and quantity about smoking.

The research subject students are selected at random from 4

classes among the 10 classes of the first graders of an academic high school which is located in Joongrang-Gu Seoul Korea. And they are divided into two groups of an experimentation group of 2 classes with 97 students and a contrast group of 2 classes with 96 students. This research data were collected from May 9th 2001 to April 16th 2001.

The data collection was implemented from March 9th, 2001 to April 16th, 2001. On the data collection progress, pre research was performed first about knowledge, attitude and quantity of smoking for experimentation and contrast group before intervention. After that role play was performed on experimentation groups and smoking prevention education was performed on contrast groups. Post researches are formed twice(immediately after the experimentation, 4 weeks later after the experimentation).

Collected data are analyzed by using the SAS program. Analysis on general characteristics of research subject students used frequency and percentage. And it used  $\chi^2$ -test and t-test for analysis on homogeneity character inspection between experimentation group and contrast group. And the Two-way Anova was used for analyzing effectiveness of pre and post program. And correlation analysis was used to see the correlation of smoking quantity, knowledge and attitude.

The results of the study were as follow;



1. On comparison to pre research homogeneity character contrast group school life satisfaction is less than experimentation group, stress more higher than experimentation group. School life satisfaction, stress is relationship smoking quantity, attitude, knowledge show no statistically difference significant.

2 On comparison of pre research homogeneity character of experimentation and contrast group, there is no statistically difference significant smoking quantity ( $t = -1.3945, p = .169$ ) and attitude ( $t = -1.8881, p = .060$ ). But smoking knowledge ( $t = 3.1175, p = .0021$ ) is statistically difference significant.

3. According to correlation analysis on smoking quantity, knowledge and attitude, the smoking knowledges is no statistically difference significant by smoking quantity and attitude. On the other hand smoking attitude is statistically difference significant by smoking quantity. ( $r = -0.1978, p = .0058$ )

Because of smoking knowledge has no connection with smoking quantity and attitude, the difference of smoking knowledge on experimentation and contrast group has no controlled when compare to effectiveness of smoking education.

4. For context of program performance the change of smoking quantity is no statistically difference significant by between

experimentation and contrast group( $F=1.04$ ,  $P=.3130$ ).

5. For context of program performance the change of smoking attitude is statistically difference significance by between experimentation and contrast group( $F=10.87$ ,  $P=.0012$ ). For the changing smoking attitude of the peer, the role plays was more effective than lecture smoking prevention education.

6. For context of the program performance, the changes of smoking knowledge is no statistically difference significance by between experimentation and contrast group( $F=3.51$ ,  $p=.0626$ ). But on the contrast group which performed smoking prevention lecture education are expressed fairly increasing of the smoking knowledge after program performed.

As a conclusion, the change of smoking attitude was more effective in reducing the smoking quantity than the change of smoking knowledge. So role play was effective in changing the smoking attitude. smoking prevention lecture education was more effective in the change of smoking knowledge than role play. For that reason, in order to make decrease of smoking rate by the change of smoking knowledge and attitude, this article suggest that the role play should be used with the existing smoking prevention lecture education at the same time.