

**EXECUTIVE SUMMARY**

**THE DEVELOPMENT MODEL OF FAMILY ROLE TO SEDENTARY LIFESTYLE IN ADOLESCENT BASED ON FAMILY CENTERED NURSING AND THEORY OF PLANNED BEHAVIOR**

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Sedentary lifestyle is a habit of life with characteristics of low levels of physical activity. Sedentary lifestyle in adolescent that is uncontrolled mainly occurs at home because there are no written regulations that regulate the time spent on using HP or watching TV. The results of the preliminary study from 6 out of 10 families represented by mothers with adolescent showed that, the role of the family began to lead less adolescents because it was considered to have become a factor that might cause a sedentary lifestyle in adolescents including the high category. The role of the family which can be a determining factor for adolescent lifestyle makes the study of family factors need to be considered. Family Centered Nursing can be used as a basic concept of theory to identify family factors and provide a family-centered nursing care model. This theory has not identified the main factors of belief that influence family intention to change previous habits in carrying out family roles, therefore Ajzen theory will be added, namely Theory of Planned Behavior. Based on these problems, this study aims to develop a family role model for the sedentary lifestyle of family-centered nursing and the theory of planned behavior.

This research uses explanative survey design with cross sectional approach. The population is the mother of 10 Sugio Muhammadiyah High School students in Lamongan Regency who represents the family as many as 187 mothers in January 2019. This study used stratified random sampling based on adolescent residence, with a sample of 122 mothers representing the family of 10 Sugio Muhammadiyah high school students. The independent variables in this study are family personal factors: functions, maternal social factors, behavioral belief, normative belief, control belief, attitude toward the behavior, subjective norms, perceived behavioral control and intention. The dependent variable of this study is the role of the family. Data was collected using a questionnaire and analyzed using PLS (partial least square).

Evaluation of the outer model is seen from the validity test of convergence of the validity of all valid variable indicators because having a loading factor greater than cut off (0.5). Evaluate the inner model to evaluate the goodness of fit of the coefficient of determination (R<sup>2</sup>). The total R-square value is 0.805 or 80.5%, indicating that the diversity of variables in the role of family sedentary adolescents can be explained by independent variables. The direct effect test results show family personal factors: functions influencing belief behavior, normative belief, and control belief, mother social factors influence belief behavior, belief behavior influences attitudes toward the behavior, normative belief influences subjective norms, influential belief controls towards perceived

behavioral control, attitudes toward the behavior, subjective norms, and perceived behavioral control influence family intentions, and intention influences the role of the family in the sedentary lifestyle of adolescents because of the value of T-statistics > T-table (1.96) and P value <0.05. The indirect effect test results show that social factors of the mother gives a significant indirect effect on the intention of the family through behavior belief and attitude toward to the behavior. The results of the path testing show that social factors of the mother do not significantly influence the family's role directly or indirectly through belief behavior, the attitude toward the theory and intention, but path almost significant than others because the p value is closest to 0.05 and t value the biggest.

Practical application of the development of family role models can be carried out by nurses by taking into account the social factors of mothers in making programs to increase family roles. The aim of the program is to improve the behavioral belief that is manifested in the attitude toward the family behavior by providing education about sedentary lifestyle concepts, physical and psychological causes and impacts on the development of youth posyandu in adolescent family development activities. Furthermore, increasing family intention to improve roles by applying GERMAS (Healthy Community Movement) and CERDIK (Regular health checks, Remove cigarette smoke, Diligent physical activity, Healthy diet with balanced calories, Get enough rest and Manage stress). The implementation of efforts to prevent sedentary lifestyles to support GERMAS or CERDIK can be done with behavioral change approach interventions such as familiarizing families that can be represented by mothers to be able to exemplify how to watch TV, use mobile phones, computers and electronic games, familiarizing families to limit the time spent on watching TV, using mobile phones, computers, and electronic games, familiarizing families to control the time spent by teenagers watching TV, using mobile phones, computers, and electronic games, and familiarizing families to tell and invite teenagers to exercise together and familiarize families with providing transportation that makes activities physical like a bicycle.