

The Relationship between Health Promotion and Smoking Behavior of Health Workers at Langsa Hospital

Elfida¹ Eva Sulistiany² Afnina³

Nursing Study Program, Poltekkes Kemenkes Aceh, Aceh Besar District,
Province of Nangroe Aceh Darussalam, Indonesia^{1,2}

Hospital Administration Study Program, Sekolah Tinggi Ilmu Kesehatan (STIKes) Bustanul
Ulum Langsa, Langsa City, Province of Nangroe Aceh Darussalam, Indonesia³

Email: elfida@poltekkesaceh.ac.id¹ evasulistiany56@gmail.com² afnina@stikesydb.ac.id³

Abstract

This research is motivated by the phenomenon that there are still many health workers who smoke in their work environment, namely at Langsa Hospital, even though health promotion has been carried out. So they want to examine the relationship between health promotion and their smoking behavior. Health promotion consists of advocacy, social support, and community empowerment. This study involved 50 health workers at the RSUD using the accidental sampling technique and using the chi square analysis tool. The results of the study found a relationship between advocacy and social support with smoking behavior while for community support there was no relationship. This is due to the culture of Aceh and it allows every family to smoke and this habit is passed on to their children and grandchildren even though they have been educated in various ways. Therefore, it is suggested that the management of Langsa Hospital carry out promotional activities even more actively so that health workers do not smoke while working and are in the Hospital environment itself or at home. Even can stop smoking habit.

Keywords: Health Promotion, Smoking Behavior



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INTRODUCTION

According to Green, L.W. and Kreuter (2005) Health promotion as a combination of educational, policy (political), regulatory, and organizational efforts to support activities and living conditions that benefit the health of individuals, groups, or communities (Ariana, 2016). In Permenkes No.44, 2018, Hospital Health Promotion, hereinafter abbreviated as PKRS, is the process of empowering patients, patient families, Hospital human resources, Hospital visitors, and the community around the Hospital to participate actively in the care process to support behavior change. and the environment as well as maintaining and improving health towards achieving an optimal health degree (Related et al., 2019).

Health promotion in general is all planned efforts to influence other people, whether individuals, groups or communities, to do what is expected by the actors of health education or promotion. The expected result of health education is a change in behavior to maintain and improve conducive health (Hulu & Zai, 2021). Health promotion is an activity or effort to convey health messages to communities, groups or individuals. With the hope that with this message, communities, groups and individuals can gain better knowledge about health. So that this knowledge is expected to influence behavior or change in behavior (Notoadmodjo, 2017). The health promotion strategy set by WHO in 1994 in Nurmala, consists of three, namely (Ariana, 2016):

1. Advocacy is an effort made to gain the support of other people by convincing the person so that they can support the goals we will achieve. In health promotion, namely advocating for regulatory and policy holders to be able to support health programs that can be carried out in formal and informal forms (Nurmala, 2018). Formal advocacy is making presentations on

health programs to relevant officials or policy makers, while informal advocacy is taking the form of visiting policy makers by submitting health program proposals and asking for support, both funds and facilities. The expected results in this advocacy are the existence of policies and regulations that support the community to realize clean and healthy living behaviors and improve health, either through funds or other resources by taking an individual approach such as lobbying, dialogue, negotiation, debate, petitions, mobilization, seminars and others.

2. Social support where this strategy is a form of creating an atmosphere that gets support that supports health improvement so that people are encouraged to follow the established health program. This strategy is intended so that health promotion can run easily if there is support from the community, both formal (health workers and government officials), as well as informal reports (community, religious, and customary leaders). Approaches to the community can use existing communication media or social media, such as TV, magazines, newspapers, radio and internet sites which have a large impact on people's behavior regarding health.
3. Community empowerment is a movement carried out by the community, from the community, and for the community in terms of recognizing and maintaining their own health status and that of those around them with the aim of increasing awareness, willingness and skills of the community to have a clean and healthy lifestyle in order to improve their health status. One of the main missions of health promotion is to enable the community to be independent in maintaining and improving health status by exploring existing potential, providing training, providing information and a supportive environment by empowering the community.

Behavior is part of the activity of an organism. Behavior is what organisms do or what other organisms observe. Behavior is also part of the function of the organism involved in an action. Behavior is a response or reaction to a stimulus (external stimulus). Behavior occurs through a response process, so this theory is often referred to as the "S-O-R" theory or Stimulus Organism Theory. Organismal behavior is everything that is done including closed and open behavior such as thinking and feeling (Ariana, 2016).

Cigarettes as a toxic substance that continues to be a phenomenon in people's lives to this day. In our society there are so many wrong beliefs and suggestions about smoking. Many believe that smoking can help think, when in fact smoking can scatter thoughts and reduce the concentration of thinking. Not to mention those who say that it helps calm the nerves, even though smoking has a bad effect on the nerves resulting in a fast heartbeat and that is very dangerous (Asmaunizar, 2019). Smoking is a habit of Indonesian society which is very difficult to get rid of (Arifin et al., 2021). The habit of smoking has become a culture in various nations around the world. Smoking is a human right, but smoking harms health not only for the smoker himself but also for others around him (passive smokers). Even though those who are not smokers have the right to breathe clean, smoke-free air. Passive smokers are people who inhale other people's cigarette smoke. Passive smokers have the same health risks as active smokers (Tohari & Anisah, 2018).

Smoking behavior is not contagious but it is difficult to stop because smoking is an addictive substance that can lead to dependence for its users. Smoking behavior is a risk factor for health. This is because in cigarettes there are approximately 4,000 chemicals that threaten the health of active smokers and passive smokers (Sulis Winurini, 2012). Smoking behavior is a behavior that is harmful to health, but there are still many people who do it, even people start smoking when they are teenagers. Smoking behavior is a behavior that is considered very detrimental from various perspectives, both for oneself and for others around them. One of the

reasons why new smokers continue to increase is because of the incessant cigarette advertisements circulating in society, coupled with the image formed by these cigarette advertisements so that it looks as if the person who smokes is a successful and tough person who can overcome any obstacle (Mayestika & Hasmira, 2021).

Smoking habits are influenced by various factors, both internal and external, including parental education, lack of supervision from parents and the surrounding environment, such as siblings and close friends that cause someone to decide to smoke. Many health, economic and social problems due to smoking behavior have an impact on smokers and those around them (Wibowo & Widyatuti, 2018). A person's desire to stop smoking arises due to a person's knowledge of the dangers of smoking accompanied by a strong desire and motivation to carry it out. However, based on existing phenomena, many smokers fail to quit smoking even though they know the dangers that smoking can cause (Carin et al., 2018). In an educational institution, namely the Poltekkes Kemenkes Jakarta III under the Ministry of Health, it was found that many employees smoke on the grounds that smoking can relieve stress and provide a comfortable psychological effect, and they tend to agree with smoking habits which can lead to satisfaction (Ali, 2014).

Health workers include doctors, specialists, nurses, dentists, psychologists, pharmacists, nutritionists, medical records, analysts, general staff, and others who primarily interact directly with patients in health care settings who have an important role in identifying, assessing and treating addiction. cigarette. The smoking status of the health worker itself largely determines his ability to talk about smoking and its dangers to health. Health workers play an important role in preventing smoking because they function as role models in society (Nyoman et al., 2015). Health workers as health promoters have an important role as role models in society, especially in preventing tobacco use. The role of health workers is very important in directly identifying, assessing, and treating patients who are addicted to smoking. However, many health workers are found to be smokers. Knowledge about the dangers of smoking should be owned by health workers but they are ignored by continuing to consume cigarettes and then there is an argument that smoking can calm the mind and various other reasons which can be called educational distortions (Ulinuha et al., 2022).

Indonesia is the 13th ranked country as the most smokers in the world with a portion of 37.90% (Sujatmiko, 2023). In 2022 in Indonesia the prevalence of smokers aged 15 years and over is 28.26% (Mustajab, 2022). Aceh is one of the provinces with the highest prevalence of smokers in Indonesia. The increase in the number of active smokers in Aceh is influenced by several factors, namely smoking behavior which has become a culture and tradition, general smoking habits (normative behavior) (Arifin et al., 2021). The percentage of smoking in the population aged ≥ 15 years in 2022 in Aceh reaches 27.58%, which is the 6th largest composition of smokers in Sumatra (Statistics, 2023).

There are still many health workers in hospitals who smoke. Even though they get knowledge about the bad effects of smoking. They seem to show less involvement and commitment to smoking control programs. This is an important challenge for the government, agencies, and society and households, especially for hospitals to make efforts to stop smoking. To be able to change a habit, efforts must be made as an effort to change behavior, namely by promoting health (Sukesi, 2018). The various efforts made by the RSUD are socialization through banners, posters, leaflets, and the Director's decree regarding smoke-free areas. In fact, visitors and permanent employees still smoke in much greater numbers than the number of employees who smoke (Ridwan & Amir, 2017).

Based on these problems, this study raised the title "Relationship between Health Promotion and Smoking Behavior of Health Workers at Langsa Hospital". The health promotion

in this study is viewed from advocacy, social support, and community empowerment (Ariana, 2016). The purpose of this research was to find out the relationship between: Advocacy and smoking behavior; Social support with smoking behavior; and Empowerment with smoking behavior.

RESEARCH METHODS

This type of research is quantitative with cross sectional method. The population in this study were all health workers at Langsa Hospital who smoked. Sampling used accidental sampling technique with the inclusion criteria of male health workers who smoke and are willing to be respondents in the study. During the research dates from 01 to 10 December 2022, 50 respondents were obtained. Collecting data by distributing questionnaires related to research variables. Data processing uses univariate and bivariate data analysis through the chi square test.

RESEARCH RESULTS AND DISCUSSION

Research Result

Based on the results of research conducted from 01 to 10 December 2023 at Langsa Hospital, with a total of 50 respondents, the results obtained were:

Table 1. Distribution of Smoking Behavior of Health Workers

No.	Smoking Behavior	n	%
1.	Mild (under 10 cigarettes/day)	23	46,0
2.	Weight (more than 20 cigarettes/day)	27	54,0
Total		50	100.0

Source: Primary Data (Processed 2022)

Based on Table 1 above, it can be seen that 23 people (46.0%) have light smoking behavior and 27 people have heavy smoking (more than 10 cigarettes per day) (54,0%).

Table 2. Advocacy Distribution

No.	Advocacy	n	%
1.	Support	39	78,0
2.	Does not support	11	22,0
Total		50	100.0

Source: Primary Data (Processed 2022)

Based on Table 2 above, it can be seen that advocacy regarding the smoking behavior of health workers at Langsa Hospital, which stated that they supported as many as 39 people (78.0%) and did not support as many as 11 people (22.0%).

Table 3. Distribution of Social Support

No.	Social Support	n	%
1.	There is	22	44,0
2.	There isn't any	28	56,0
Total		50	100.0

Source: Primary Data (Processed 2022)

Based on Table 3 above, it can be seen that social support regarding the smoking behavior of health workers at Langsa Hospital stated that there were as many as 22 people (44.0%) and there were not as many as 28 people (56.0%).

Table 4. Distribution of Community Empowerment

No.	Community Empowerment	n	%
1.	There is	31	62,0
2.	There isn't any	19	38,0
Total		50	100.0

Source: Primary Data (Processed 2022)

Based on Table 4 above, it can be seen that community empowerment regarding the smoking behavior of health workers at Langsa Hospital stated that there were as many as 31 people (62.0%) and there were not as many as 19 people (38.0%).

Discussion

Based on the results of the study in Table 1, it was found that the smoking behavior of health workers at Langsa Hospital from 50 respondents only had 2 categories, namely light smokers with smoking habits of 1-10 cigarettes/day and heavy smokers above 20 cigarettes/day. Where the portions are almost comparable between light and heavy smokers, namely 46.0% and 54.0%. While the majority are heavy smokers. According to WHO, it is categorized as light smokers if they smoke 1-10 cigarettes per day, moderate smokers if they smoke 11-20 cigarettes per day and heavy smokers if they smoke more than 20 cigarettes per day (Munir, 2019). The results of this study are in line with research (Prabowo et al., 2020) that the highest classification of smokers is included in the heavy category, namely 37 respondents (68.5%). Contrary to research (Usman, 2018) where the majority of light smokers (1-5 cigarettes/day) were recorded as 50.66%.

Table 5. Relationship between Advocacy and Smoking Behavior

No.	Advocacy	Smoking Behavior				Total	
		Light		Heavy		n	%
		n	%	n	%		
1.	Support (Running fine)	21	53,8	18	46,2	39	100,0
2.	Not support (Not running well)	2	18,2	9	81,8	11	100,0
Total		23		27		50	
$X^2_{hitung} = 4,393$ $p = 0,036$ $df = 1$ $OR = 5,250$							

Source: Processed Data, 2022.

Based on Table 2, it can be analyzed that health promotion carried out with great support by the management of RSUD in Langsa through advocacy regarding smoking behavior amounted to 78.0% and only 22.0% did not support or advocacy did not go well. This is because smokers actually do not care about advocating for them or not because they already know and understand the dangers of smoking, moreover they are health workers who should have higher knowledge than people who are not health workers.

Based on the bivariate analysis in Table 5, health workers at Langsa Hospital who support advocacy for smoking behavior are in the severe category at 46.2% and smoking behavior is in the mild category at 53.8%. Health workers at Langsa Hospital who did not support advocacy for smoking behavior were in the severe category at 81.8% and only 18.2% were in the mild category. The results of the chi square test at 95% confidence level yielded a p value of 0.036, which means that H_a is accepted (there is a relationship between advocacy and smoking behavior in health workers at Langsa Hospital). The relationship analysis between the odds ratio variables obtained a value of 5.250, which means health promotion through advocacy that supports or has gone well, can reduce smoking behavior by 5.250 times compared to advocacy that does not support or does not work well at Langsa Hospital.

This is in line with research (Usman, 2018) that there is a relationship between health promotion through advocacy and a decrease in the smoking behavior of RSUZA employees in Banda Aceh. Also the results of research (Enrekang, 2021) where advocacy regarding the Non-Smoking Area (KTR) in Bone-Bone village went as expected even though there were people who disagreed. While what is not in line is research from (Sitanggang et al., 2018) that the implementation of KTR in Kabanjahe Hospital has not gone well even though it has been implemented for eight years. This is due to several inhibiting factors such as the Hospital Director and his staff still smoking, there are no regional regulations governing KTR, the Director's lack of commitment in imposing sanctions and forming a KTR supervisory committee.

Table 6. Relationship between Social Support and Smoking Behavior

No.	Social Support	Smoking Behavior				Total	
		Light		Heavy		n	%
		n	%	n	%		
1.	There is	15	68,2	7	31,8	22	100,0
2.	There isn't any	8	28,6	20	71,4	28	100,0
Total		23		27		50	
$X^2_{hitung} = 7,782$ $p = 0,005$ $df = 1$ OR = 5,357							

Source: Processed Data, 2022

Based on Table 3, it can be analyzed that health promotion carried out through social support regarding the smoking behavior of health workers at Langsa General Hospital was 44.0% and 56.0% absent. This is due to Aceh's social culture which supports the penetration of cigarette consumption. For example, at festivals, cigarettes are always one of the dishes.

Based on the bivariate analysis in Table 6, it was stated that health workers at Langsa Hospital who received social support had heavy smoking behavior of 31.8% and light smoking behavior of 68.2%. Health workers at Langsa General Hospital who felt there was no support for heavy smoking were 71.4% and only 28.6% for light smoking. The results of the chi square test at 95% confidence level produce a p value of 0.005. This shows that statistically there is a relationship between social support and smoking behavior of health workers at Langsa Hospital. As for the relationship analysis between the odds ratio variables, a value of 5.357 was obtained, which means that health workers who received social support, had light smoking behavior of 5.357 times compared to those who did not receive social support.

Social support or atmosphere building is an effort to create an atmosphere or social environment that encourages individuals, families and communities to prevent disease and improve their health as well as create a healthy environment and play an active role in every effort to administer health. Someone will be compelled to want to do something if the social environment in which he is located (family at home, people who are role models, social gathering groups, religious assemblies and even the general public) has a positive opinion of this behavior. This social development has been implemented in Bone-Bone Village (Enrekang, 2021). Likewise with research (Usman, 2018) which states that there is a relationship between social support and smoking behavior of RSUZA employees in Banda Aceh. The results of the study (SKM & Nule, 2019) show that there is a relationship between social support (parenting, peer, and advertising) and smoking behavior. Research (Pratiwi & Yuliwati, 2022) states that there is a significant relationship between cigarette advertisements and smoking behavior.

Based on research (Ulinuha et al., 2022) From the point of view of health workers, they do not agree regarding cigarette advertisements that are shown on television or social media, it is feared that it can influence people's smoking behavior because it can be seen by all groups.

Cigarette advertisements are negative by instilling that smoking is cool, it is not something good. Cigarette advertisements are often found by research subjects in several places such as on the cigarette packs themselves, TV, social media, to the media on the streets. The subject said that advertisements on cigarette packs were ineffective and had no effect on smokers, if they were afraid that the pictures on cigarette packs could be ignored or torn up. This is in line with research results (Asmaunizar, 2019) even though the government has made it mandatory to advertise the dangers of smoking on cigarette packs, the reality is that people still consume them.

Table 7. Relationship between Community Empowerment and Smoking Behavior

No.	Community Empowerment	Smoking Behavior				Total	
		Light		Heavy		n	%
		n	%	n	%		
1.	There is	13	56,5	18	66,7	31	100,0
2.	There isn't any	10	43,5	9	33,3	19	100,0
Total		23		27		50	
$X^2_{hitung} = 0,543$ $p = 0,461$ $df = 1$ $OR = 0,650$							

Source: Processed Data, 2022.

Based on Table 4, it can be analyzed that health promotion carried out through community empowerment regarding the smoking behavior of health workers at Langsa Hospital is 62.0% and 38.0% absent. This is due to the empowerment of the people who participate in the health program being implemented and they are aware that this smoking behavior reduction program was formed not for personal gain but that all people will feel the impact if people stop smoking. The importance of community empowerment in order to improve the social economy, health, and environment that is free from cigarette smoke.

Based on the bivariate analysis in Table 7, it was stated that health workers at Langsa Hospital felt community empowerment and had heavy smoking behavior of 66.7% and light smoking behavior of 56.5%. Health workers at Langsa General Hospital who felt there was no community empowerment and had heavy smoking behavior were 33.3% and 43.5% had light smoking behavior. The results of the chi square test at 95% confidence level yielded a p value of 0.461. This shows that statistically there is no relationship between community empowerment and smoking behavior in Langsa Hospital. From the analysis of the relationship between the odds ratio variables, a value of 0.650 is obtained, which means that community health empowerment can reduce the smoking behavior of health workers at Langsa Hospital by 0.650 times compared to no community empowerment. The results of this study are in contrast to research conducted by (Usman, 2018) which states that there is a relationship between community empowerment and smoking behavior.

Empowerment through family support will improve smoking behavior control (Widiyaningsih & Setyowati, 2021). As for community empowerment regarding KTR in Bone-Bone village, see how far the program has developed and involve community leaders so that the program is run more efficiently (Enrekang, 2021). Meanwhile, community leaders, for example tengku-tengku dayah (pasantren) and their students also smoke. Smoking has become a habit and a necessity for the people of Aceh. Hereditary from parents who smoke and followed by their children and grandchildren smoking. In almost all places there are people who smoke, especially young people. Air pollution due to cigarette smoke has polluted public places that should be smoke-free, such as hospitals, offices, mosques, meunasah (mushalla), Islamic boarding schools, schools, campuses, bus stops, recreational areas, parks, terminals, ports,

airports, cars. public passengers such as buses, turtles, L300 cars, buses and other public vehicles.

CONCLUSION

Health promotion through advocacy, social support, and community empowerment has been carried out at Langsa General Hospital to prevent and reduce the smoking behavior of its health workers. It's just that in the field of community empowerment this health promotion has not gone well, so there are still many smokers both in the community and in the health workers of Langsa Hospital itself. There is a relationship of advocacy and social support that has been running but health workers still smoke because for them smoking is a necessity. For this reason, it is necessary for the management of Langsa Hospital to involve the community in health promotion, reducing and even eliminating smoking behavior can be carried out in earnest and provide sanctions for health workers if they commit violations.

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