

An Analysis Impact of No-Smoking Area Declaration Program in Adolescents Smoking Behavior in Purworejo Hamlet, Wonolelo Villages, Pleret, Bantul

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Abstract: Purworejo Hamlet has declared No-Smoking Area Program since 2010 to control people's smoking behavior. This study aims to determine the background and impact of the program in adolescents smoking behavior, especially in places of worship, education, workplaces, homes, and community meeting places. This study is qualitative research with a case study approach. Interviews and observations were employed as data collection techniques and the researchers also selected the informants purposively. The background of the program is the freedom of smoking, the encouragement and support of the public health services for the application of no-smoking areas. The implementation of no-smoking areas has positive impacts. There are no adolescents who smoke in places of worship, education, workplaces, homes and meeting places. Adolescents only smoke at the locations in which they are allowed to smoke. The sustainability of this program has been able to reduce the number of teenage smokers in the village. Adolescent compliance with the regulations applied is also due to their role models, involved older people and regulatory compliance. Programs that are carried out on an ongoing basis, maintaining compliance with the declaration agreement and the existence of a good role model make the program produce a positive impact on changes in adolescents' behaviour in smoking.

1 INTRODUCTION

Smoking is one of the risk factors for non-communicable diseases (Kementerian Kesehatan Republik Indonesia, 2018). The act of smoking is usually applied to tobacco/cigarettes (Baker and Hooper, 2017). The number of adolescent smokers aged 15 years and older increased from 2007 to 2013, from 34.2% in 2007 to 36.3% in 2013 with the classification of 64.9% men and 2.1% women who are still smoking. The data show that 1.4% smokers were 10-14 years old, 9.9% of the smokers in the Group didn't work, and 32.3% was in the lowest ownership index (Kementerian Kesehatan Republik Indonesia, 2013). Special Region of Yogyakarta is a province that is included in the top 15 highest prevalence of smokers in Indonesia, which amounted to 31.6%. Based on data from the Department of Health Research and Development in 2016, the smokers aged 15 years old increases every

year. Based on data at the Ministry of Health, 27.2% of population are smokers. This number increased in 2001 with 31.8% of smokers. The number of smokers increased about 34.2% from 2007 to 2010. The previous research in 2013 shows that the number of smokers increased amounted to 36.3% (Yogyakarta, 2013). Active smokers in Special Region of Yogyakarta reached 21.2% per day. The men smoking behaviour (>15 years) reached 64.9%, and the first time for smoking is 15-19 years old. The averaged of smoke consumption in Indonesia is 12.3 stems (more than one packs) per person (Kementerian Kesehatan Republik Indonesia, 2013)

No-Smoking Area is a regulation that support peoples to maintain the health. This programme needs supports and commitment from various parties. No-Smoking Area programme can provide protection for passive smokers and reduce the number of active smokers (Azkha, 2013). A supporting factor in implementing this policy is the existence of adequate resources. While the inhibiting

factors are more difficult to change smoking habits, easy to get cigarettes, lack of commitment from the implementer and the absence of SOPs (Monica and Pambudi, 2017). Support for policy of area without cigarettes is given by teenagers in Denpasar and Yogyakarta. They are smokers and non-smokers. Therefore, it is good to continue the intervention with a sustainable programme (Mardhiati, Fatimah and Andayani, 2017).

Governor of Special Region of Yogyakarta has a regulation number 42 the year 2009 about No Smoking Area. This regulation explained in article number 1 clause 1 that No-Smoking Area is an area which nobody can smoke, including public facilities, health facilities, workplace, and another specific place for study, children area, praying area, and public transportation. The purpose of the No-Smoking area is to protect peoples, both individual and group to avoid all threats of diseases caused by cigarettes. No-Smoking Area is implemented to reduce morbidity and mortality due to smoking (Pemerintah Daerah Isitimewa Yogyakarta, 2009). A smoke-free village was formed as an effort to protect those who do not consume tobacco from the dangers of cigarettes. Intensive socialization and warning is quite effective in controlling tobacco consumption (Gunawan, 2016). In addition, if toddlers are exposed to cigarette smoke, they will be exposed to cigarette smoke twice more dangerous than active smokers and smoke produced from the tip of a more toxic cigarette butt (Perdana, 2014).

No-Smoking Area is a health campaign initiated by Bantul Health Office as a form of Clean and Healthy Behaviour Pattern in the community. Purworejo Hamlet implements No Smoking Area, this hamlet as a pilot hamlet 4. The purpose of this programme is stated in article 3 of Bantul Regent’s regulation number 18 the year 2016 about Healthy Area Without Cigarette Smoke. It aims to protect a community, especially vulnerability group, like babies, toddlers, pregnant mothers, and elderly from cigarette smoke and reduce morbidity also mortality caused cigarette smoke in a way change community behavior for the healthy life. Based on Self Examination Survey 2016 in Pleret sub-district, the incidence of smoking is considered as high. Therefore, Pleret Public Health Service creates a programme innovation in the form a smoking regulation in education institutions and praying area, then implemented in a declaration programme of No-Smoking Area. Pleret Public Health Service also creates a programme, namely MBS Pleret Pesat Berkokok (Muhammadiyah Boarding School Pleret: Healthy Pesantren Free Cigarette Smoke and Ok) to

reduce the prevalence of smokers. No-Smoking Area Declaration has a framework about any places in which peoples cannot smoke because smoking has many negative impacts, both for active and passive smokers. Passive smokers consisting of babies and children have high risk because their organs such as lungs growing. The aim of this study is to identify the background and impact of the program in adolescent smoking behavior, especially in places of worship, education, workplaces, homes, and community meeting places.

2 SUBJECTS AND METHODS

This is qualitative research with a case study approach. The research subjects were purposively selected, namely those who were directly involved in the initiation and implementation of the no-smoking area program in Purworejo hamlet. They are Stakeholders, program founders, neighborhood heads, youth leaders, representatives of family welfare advisers, representatives of health cadres, and youth smokers in the village, amounted to 11 people. The data have been collected in two ways, namely interviews and observations to get data about the background of the declared and impact of the program in adolescent smoking behavior, especially in places of worship, education, workplaces, homes, and community meeting places.

3 RESULTS

This study gathered information from 11 informants (table 1) to obtain information about the background of the declared non-smoking area program and its impact on adolescents’ behaviour

Table 1. The characteristics of Informants

No	Gender	Position
1	Male	The Chairman of the program
2	Male	The Head of Purworejo Hamlet
3	Female	The Head of Wonolelo Villages
4	Male	Adolescent
5	Male	Adolescent
6	Male	Adolescent
7	Male	The Chairperson of the Neighborhood Association 01 of Purworejo Hamlet
8	Female	Fostering family welfare Cadre
9	Female	Health Cadre

10	Male	Public Figure
11	Male	The Chairperson of teenagers in Purworejo Hamlet

3.1 The Background of No-Smoking Area Program in Purworejo Hamlet

The research showed that before the No-Smoking Area was implemented, the smoking behavior was not controlled. In addition, the residents refused to implement the program. This condition caused some residents to have a job as tobacco farmers. Purworejo Hamlet has a suitable geographical condition for tobacco cultivation. The smokers in Purworejo Hamlet are mostly teenagers and adults. This condition was described by informant 1 and 9. *"...sebelum adanya program itu masih pada ngerokok semua, ning sekarang tidak..." (before the program, residents were still smoking, but now they were not)(by. Informant 1). "...kalo dulu sebelum adanya kawasan dilarang merokok itu sebelum adanya larangan seperti itukan sembarang mbak, mau itu ada rewangan, ada pertemuan, mau disitu ada anak balita mau ada disitu ada jagong bayi tetep mereka itu merokok didalam rumah..." ("... before the no-smoking area was implemented, many people smoke carelessly, in the meeting or other event, ladies and gentlemen, even though there are toddlers and go to the baby's birth celebration, they still smoke")(by informant 9).*

On the other hand, the No-Smoking Area is supported by residents for various motivational reasons such as because the program is useful for maintaining health, especially passive smokers.

The program was initiated in 2010, then it was declared in 2013. On the way to the declaration process, many preparations were made, including educating residents about the program. One of the aims of the education is to change the attitudes of citizens who do not agree with the implementation of the Non-Smoking Area Program in their hamlets. General health services provide counseling about Smoking and Non-Smoking Areas. This activity was created with the aim of increasing motivation and positive perceptions about the Non-Smoking Area Program. Counseling has a role in increasing one's knowledge and abilities through learning tactics or teaching techniques with the aim of changing or influencing human attitudes and practices so that they can participate in these activities.

Another obstacle when starting the program was the presence of residents who refused because they

were tobacco farmers. Residents have a group of tobacco farmers called Sido Rahayu Tobacco Group. However, due to the DIY Governor Regulation No. 42 of 2009, tobacco farmers stopped planting local Kedu Silo tobacco which had high nicotine content, so tobacco farmers chose Paiton Rasa tobacco which had much lower nicotine content. Tobacco farmers in Sido Rahayu have a long collaboration with one of the cigarette factories in Klaten. However, since the No Smoking Area program, residents of Purworejo Hamlet committed to selling tobacco plantation products and not consuming them. The identified chemical content of tobacco reaches 2,500 components, while there are 4,800 types of components. The nicotine levels are influenced by variety, cultivation, and environment.

Residents participated in the implementation of the No-Smoking Area program. It was done by participating in the socialization at the beginning of the introduction of the program, supporting the No-Smoking Area program after being approved by the Residents, helping to create facilities that supported programs such as making a seminar or venue or smoking and reading. After the declaration, the residents continued to hold regular meetings and remind each other of the No-Smoking Area regulations with other fellow citizens. Teenagers are also enthusiastic in supporting through young people. The important people who played a role in this program included the head of the farmer group, the Chairperson of the Neighborhood Association 01 of Purworejo Hamlet, and community leaders.

In its implementation, the Non-Smoking Area Program is supported by citizens for various motivational reasons. Motivation is a benefit of the program, a program that is useful for maintaining health, especially passive smoking. All informants strongly agreed that careless smoking would endanger passive smokers such as vulnerability groups, including women, children, infants and toddlers.

3.2 Adolescent Smoking Behavior In Places Of Worship, Educational Institution And Work Place, Home, And The Meeting Place After The No Smoking Area Program

Non-smoking area programs have led teenagers to have ethics in smoking. They no longer smoke in prohibited places, such as places of worship, workplaces, education, meetings, and residences.

Facilities that have been provided, such as "cakruk" which have been used as a smoking area. *"Mboten onten seng ngerokok teng masjid blas. Paling teng cakruk niko, mboten teng mriki tok, satu desa pun hampir sama"* ("Not everyone is in the mosque. Most of the nuk cakuk niko, not in the village, one village is almost the same") (by informant 1)

Based on the results of observations, there is no teenagers found smoking in places of worship, workplaces, education, meetings, and residences any longer. The results of observations conducted at one of the workshops (iron welding machines) in the village showed that none of the workers had smoked while working. They did that during the breaks at designated locations. The results of observations at the residence also showed that they did not smoke at home. Adolescents make use of the cigarette scans that have been installed in front of the entrance door to turn off cigarettes before entering the house. The results of observations at the meeting place also show the same thing. No ashtray was found as a means of smoking in community meetings. Penalties were also put in place to maintain the continuity of the no-smoking area program. The neighborhood leaders, program managers, and existing stakeholders work together to monitor the implementation of the program. Those who violate will be given a penalty. *"...apa lagi di pendidikan mbak, kita kan sudah ada kita pasang-pasang plakat, kita tekankan agar tidak ada yang merokok disitu, dan mereka pun akan sadar dengan sendirinya..."* ("... what's more in the education of mbak, we have already installed placards, we emphasize that no one smokes there, and they will realize themselves ...") (by Informant 9). *"...disaat jam kerja sudah ada jamnya sendiri. Kalau perokok mungkin jam istirahat untuk merokok, tapi kalau yang tidak merokok dia manfaatkan yang lain..."* ("... when working hours there is a time of its own. Smokers may take a break to smoke, but if they don't smoke, they use to the others activity..." (by Informant 11) *"...kalau ditempat usaha, kan disini kan ada tempat pembuatan roti, batako, nah saya survei itu mereka juga bisa membedakan jam-jam kerja dan jam istirahat. Kalau mau merokok mereka akan keluar"* ("... if it is a place of business, right here there is a bakery, brick making, now I survey it, they can also distinguish between working hours and rest hours. If you want to smoke they will come out" (Informant 11).

Parents have set a good example for adolescents, namely obeying the agreement on a no-smoking area program. This example leads adolescents to also obey the policy. Teenagers have a sense of

reluctance and respect for older people. This is a strategy that needs to be emulated in developing adolescent characteristics. Teenage peer support also plays a role in running a no-smoking area program for teenagers. For teens, peers have a strong urge to do something. If a friend does not smoke in a place that is prohibited then other teenagers will follow him. If a teenager is obedient, it will encourage their peers to obey the rules. Supports for social and physical environment and peer support are factors that play a role in adolescent adherence to adolescent smoking behavior in non-smoking area programs.

4 DISCUSSIONS

4.1 The Background of No-Smoking Area Program In Purworejo Hamlet

At first, Purworejo hamlet was a village that had a behavior that has no policy and regulation about smoking. This behavior is also reflected in adolescents. The adolescents can smoke anywhere in the desired place, such as a house, place of worship, institutional education, meeting place, and workplace. The nicotine effect in cigarettes causes smokers to become addicted, even though most of adolescents are high smokers. Teenagers are easy targets for cigarette marketing because adolescents are easily influenced because they are in a transition era, have many problems, lack ability to manage their life. They have many questions about who they are, what their interests are, and many things (Liem, 2014). In that situation, teens need help from parents and the environment (Ikatan Dokter Anak Indonesia, 2013).

Purworejo Hamlet realized the environmental support for the declared Non-Smoking Area Program. This program is intended to all residents, including adolescents. Even though the program had received rejection from a number of residents, eventually the program could be carried out sustainably because of the awareness of the residents. The awareness of citizens to live healthier and safeguard the rights of non-smokers is a good start to initiate a smoking behavior control program (Gunawan, 2016). This is because there is a situational analysis and an appropriate and intensive citizen approach. Without support from various parties, the area without smoking is difficult to implement (Azkha, 2013). Social environment has a strong influence to smoking behaviour. The social

environment includes family environment, peers, teachers, idols, and cultural environment (Sutha, 2016). The empowerment process was carried out by the community through three stages, namely the awareness stage, this stage the community held socialization by inviting human resource from the health center to talk about the dangers of smoking and the benefits of quitting smoking. Furthermore, the capacity building phase is the effort to stop smoking and not smoking in the area without smoking and a limited area of smoking (Sadono, 2018).

4.2 Adolescents smoking behavior in places of worship, educational institution and work place, homes, and the meeting place after the program of No Smoking Area

The results of this study indicate that there might be a change in behavior in adolescents by adhering to the agreement to declare no-smoking areas in Purworejo Hamlet. Teenagers do not show smoking behavior in places of worship, meeting places, workplaces, places of education, and homes. Teenage smokers still exist in the village, but they have ethics to perform their behavior. Adolescent behavior is influenced by moral education from the environment, namely the models of older people to obey and discipline rules. The moral education can be taught through conducting examples of good behavior from the teacher or elders. The most powerful factor that gives rise to moral emotion consists of two factors, namely external (such as the influence of parents, friends, and teachers) and internal (such as values possessed, character and moral identity) (Pratiwi and Adiyanti, 2017). No-Smoking Area Program has a tendency to reduce smoke behavior. Although it is not maximal to reduce the number of smoking behavior, the presence of No-Smoking Area Program increases residents' awareness about the dangers of smoking and slightly reduce the number of smokers (Azkha, 2013). Adolescent smoking behavior is related to environmental factors, such as parents, peer siblings (Trisanti, 2016). Adolescent smoking behavior can be formed by support from older peoples. Adolescents tend to imitate what adults do. As adults do not smoke in religious places, they imitate it. Therefore, adolescents need guidance and mentoring from adults in their daily behavior also obey the No-Smoking Area Program.

The adolescents in Purworejo Hamlet show better smoking behaviour in educational institution. They comply to perform their behaviour in the specified place. Self-control and compliance with rules have a relationship with smoking behaviour (Ramdani, 2016; Rukmy, Dwirahayu and Andayani, 2018). The number of smoking behavior in educational institution has decreased after the implementation of No-Smoking Area Program. The adolescents smoke in the place provided. There is a relationship between the environment and the smoking behavior of an adolescent, whether from a family environment, peers, or advertisement. Peers education is very influential (Windahsari, Candrawati and Warsono, 2017). Educational institution is a place for learning and teaching which must implement No-Smoking Area Program. It is as a country commitment to protect the citizens from the dangers of smoke and create a healthy and strong society. This program helps peoples to reduce smoking people to smoking in public area (Trisnowati and Sunarti, 2016). Application of No-Smoking Area Program has been fully supported by some parties who have an important role in their place, such as call for appeal and verbal warning. The warning must be carried out continuously, so No-Smoking Area Program can be maintained.

After the declaration of no-smoking area program, the adolescents show that they did not smoke at home. They have better smoking behaviour. They went to "cakruk", a place that the agreement allow people to smoke there. "Cacakan" is a small container of sand that is hung on the wall. This container is used to put out cigarettes before entering the house. Adolescents obey this rule. This is done to protect vulnerable groups from exposure to cigarette smoke. There is a significant relationship between cigarettes smoke exposure with primary dysmenorrhoea (YS, Ermawati and Medison, 2016). The older peoples in a family need to introduce about what cigarette is, especially the dangers and the negative impact. Parents have strong influence to their children to avoid smoking behavior. Parents must control continuously to maintain smoking behavior at home. the role of parents and siblings has a relationship with adolescent smoking behaviour (Isa, Lestari and Afa, 2017).

Based on this study, adolescent smoking behavior in meeting place is better. They do not smoke at meeting places. If they want to smoke, they went out and look for places to smoke that are allowed. This behavior is implemented by adolescent because they respect other peoples and comply to the regulation. At meeting place, they

cannot find ashtray, it is as a commitment from residents and the support to maintain the implementation of declaration. The adolescent behavior is formed due to some factors. They are the environment and peers. Peers in Purworejo hamlet have strong influence, especially smoking behavior. This condition is applied in a positive control, if an adolescent does not smoke in meeting place, the others will do the same. Adolescents tend to smoke if they have friends or family members who smoke. Although in their environment many peoples do not smoke, but in their relationship they will look strangely to those who have an environment as active smokers. This is the cause of adolescent smoking habits to be fostered properly. Therefore, a good environment that supports the existence of the No-Smoking Area program is needed, that makes the adherence to smoking in place prohibited from smoking can be adhered to by adolescents.

5 CONCLUSION

Residents in Purworejo Hamlet have the habit of smoking freely before the declared Smoking Area. Residents were introduced to the Non-Smoking Area Program in 2010. Pleret District Health Service Center introduced this program to residents. The socialization process is carried out by health personnel. Barriers to program initiation are in the form of disagreement by some residents to implement non-smoking area programs. The Community Health Center made various efforts to change the attitude of the population to accept the program. One of the conditions of the community is the work of citizens as farmer groups. However., some residents who refused, now support and have the motivation to succeed the program. Purworejo hamlet boldly stated that the program will be successful, even though many of its citizens were tobacco farmers. The tobacco farmers group has a commitment to support this program by changing the type of tobacco that has low levels of nicotine. Farmers do not consume tobacco, but they sell to other industries. Puowrejo Hamlet has successfully implemented a Non-Smoking Area Program. After the declared non-smoking area program was declared and implemented the program agreement, the smoking behavior of adolescents in places of worship, in education / educational institutions, workplaces, and homes had changed. Teenagers have not shown their smoking behavior in places that are prohibited. They follow the rules and smoke in a designated place. Parents create good models for

teens to adhere to policies for program sustainability. The social environment has a great power to support the ongoing program and achieve program targets.

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